

***Kentucky Tuberculosis Prevention and Control Program Audit Tool***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treating Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Enter check mark under MET (M), Not Met (NM), or Not Applicable (NA). Use Comments for pertinent information.

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| **Parameters and Time Limits** | **Standard**  **M NM N/A** | | | **Comments** |
| 1. **Data Base Completed:** Includes history and clinical, socio-economic, environmental assessments; reflects plan of care, significant findings, and client outcomes.    1. Within 30 days: |  |  |  |  |
| * 1. Client’s clinical condition is determined:      1. Basic PE requested/done within 7 days of notification? |  |  |  |  |
| * + 1. Was patient examined by a clinician on initial visit for TB diagnosis |  |  |  |  |
| * + 1. If patient presents with treatment failure, or in on a 4 drug treatment contrary to recommended guidelines was an expert consulted at SNTC and the resources utilized correctly? |  |  |  |  |
| * 1. Home visit is made to strengthen rapport and assess environment/contacts within:      1. ≤ 3 days, from notification if patient is probably infectious. |  |  |  |  |
| * 1. Documentation addresses social/environmental needs |  |  |  |  |
| * 1. TB Risk Assessment tool evaluation:      1. Has a risk assessment tool been obtained on patient?      2. Is the tool completely filled out?      3. Was the assessment tool utilized correctly? |  |  |  |  |
| * 1. Infectious period determined within 3 days of interviewing active/suspect TB case. |  |  |  |  |
| 1. **TB Drug Allergies/Resistance:**   Identified, documented and reported to clinician ASAP |  |  |  |  |
| 1. **Tuberculin Skin Testing:**    1. Mantoux test given by LHD and read within 48-72 hours    2. (Sanofi-Pasteur) Tubersol used    3. Results recorded (mm of induration)    4. 2 Step Testing performed if indicated by LHD       1. Second test documented 1-3 weeks from initial two-step testing |  |  |  |  |
| * 1. Blood assay done? |  |  |  |  |
| 1. **Chest X-Ray (Pulmonary and Extrapulmonary):**    1. Monitoring (pulmonary disease) |  |  |  |  |
| * 1. Immediately if acute or new onset of S/S and or positive TB skin test. |  |  |  |  |
| * 1. For children < 5 years, was a PA and lateral view completed? |  |  |  |  |
| * 1. CXR repeated after completion of initial phase or at 2 months if diagnosed with TB/Clinical case of TB? |  |  |  |  |
| * 1. Repeat CXR done at completion of therapy for TB/Clinical TB patients? |  |  |  |  |
| * 1. On CXRs performed, are results documented in the chart and signed by a clinician? |  |  |  |  |
| * 1. For extrapulmonary TB case, was pulmonary ruled out? |  |  |  |  |
| 1. **Sputum Bacteriology:** Obtain spontaneous specimens or, when indicated attempt induction    1. Diagnostic: Initially 3 sputum specimens to include NAA testing when appropriate. Obtain sputum specimens 8-24 hours apart for patients with S/S of TB before medication initiated. |  |  |  |  |
| * 1. **Smear and Culture positive Monitoring:**      1. Is there documentation that samples were submitted every 2 weeks until smears were consistently negative?         1. Are dates consistent? |  |  |  |  |
| * 1. **Smear Negative, Culture Positive Monitoring:**      1. Samples submitted 1 time for 3 days monthly until culture negative times 2? |  |  |  |  |
| * 1. **Once smear and culture negative or for Clinical Case:**      1. Submit one sputum per month until drug treatment completed and then at the completion of therapy |  |  |  |  |
| * 1. If culture positive after 2 months, was the patient reevaluated and treatment plan adjusted? |  |  |  |  |
| * 1. If culture positive after 3 months, was patient reevaluated for resistance, noncompliance, and/or absorption problems? |  |  |  |  |
| * 1. If culture positive after 4 months, was patient reevaluated for treatment failure? |  |  |  |  |
| 1. **Blood Work:**    1. Initially order AST, ALT, Bilirubin, Alkaline Phosphatase, Serum Creatinine, CBC and Platelets |  |  |  |  |
| * 1. Repeat if:      1. Baselines are abnormal      2. Patient is pregnant or in immediate postpartum period      3. Patient has s/s or is high risk for adverse reactions |  |  |  |  |
| * + 1. HIV testing and education on the 1st or 2nd visit |  |  |  |  |
| * + 1. Other blood work **PRN**; for specific drug monitoring and s/s of toxicity |  |  |  |  |
| 1. **Signs and Symptoms Assessed:** For each client receiving drugs directly from the LHD public health nurse    1. At 2 weeks |  |  |  |  |
| * 1. At 4 weeks |  |  |  |  |
| * 1. At 8 weeks of treatment |  |  |  |  |
| * 1. Monthly |  |  |  |  |
| * 1. Immediately if s/s reported |  |  |  |  |
| 1. **Vision tests:** If Ethambutol (Myambutol) is being administered, visual acuity **and** simple red/green color discrimination    1. Pre-treatment |  |  |  |  |
| * 1. Monthly while on Ethambutol, 1st month |  |  |  |  |
| * 1. 2nd month |  |  |  |  |
| 1. **Vestibular and Hearing Tests:** If Streptomycin, Kanamycin or Capreomycin are being administered, audiometry **and** balance exam, including conversational tones and dizziness    1. Pre-treatment |  |  |  |  |
| * 1. Monthly while on Streptomycin, Kanamycin or Capreomycin |  |  |  |  |
| 1. **Compliance Assessed/DOT Implemented: DOT is the standard of care for all TB patients**    1. DOT agreement signed and dated by RN and patient |  |  |  |  |
| * 1. DOT record is current and doses counted |  |  |  |  |
| * 1. Compliance assessed and follow-up action if necessary |  |  |  |  |
| * 1. Incentives and Enablers used **PRN** |  |  |  |  |
| * 1. Documentation of reason client **NOT** on **DOT** provision made for compliance of DOT |  |  |  |  |
| * 1. Follow-up of missed appointments within 1-2 working days |  |  |  |  |
| * 1. DOT/Health order implemented if noncompliance determined |  |  |  |  |
| * 1. Legal process used **PRN** |  |  |  |  |
| 1. **Medical Treatment is Appropriate:**    1. **Current clinician order on chart with signature/date** |  |  |  |  |
| * + 1. Clinician has signed and dated for verbal orders |  |  |  |  |
| * + 1. Drug name, dosage frequency, duration and route |  |  |  |  |
| * + 1. Initial orders are for 4 or more drugs |  |  |  |  |
| * 1. **Reactivation cases receive at least 4 drugs until sensitivities are reported** |  |  |  |  |
| * 1. Client and/or record evaluated by clinician |  |  |  |  |
| * 1. RN reports s/s, abnormal tests, other problems or needs to treating physician |  |  |  |  |
| 1. **Client/Family Teaching Completed:**    1. Infection vs Disease (on first visit) |  |  |  |  |
| * 1. TB Transmission Prevention (on first visit) |  |  |  |  |
| * 1. TB Medications: Actions, side effects, drug toxicity, how and when to report or stop a medication (on first visit) |  |  |  |  |
| * 1. TB/HIV Connection: documentation of HIV education (on first visit) |  |  |  |  |
| * 1. Documentation of HIV testing on the 1st or 2nd visit |  |  |  |  |
| * 1. Documentation of continuous HIV testing offering on subsequent visits if refused above (e) |  |  |  |  |
| * 1. TB Educational information given to patient and documented (on first or second visit) |  |  |  |  |
| * 1. Documentation of that patient verbalized understanding |  |  |  |  |
| * 1. If interpreter is needed, name or number and language documented |  |  |  |  |
| 1. **Contact Investigation Conducted** (based on concentric circle approach and prioritization)   **Is contact roster complete?** |  |  |  |  |
| * 1. **High priority contacts:** TST within 7 days of identification |  |  |  |  |
| * 1. **Medium priority contacts:** TST within 14 days of identification |  |  |  |  |
| * 1. **Contacts who are symptomatic or have a positive TST** will be evaluated by a clinician |  |  |  |  |
| * 1. HIV status: Offer testing, must obtain information regarding HIV status |  |  |  |  |
| * 1. Use Legal Process to ensure compliance with evaluation |  |  |  |  |
| 1. **Referrals Made and Followed-up:** As soon as need for referral is identified; document efforts to obtain results of referrals (interjurisdictional) |  |  |  |  |



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| **Parameters and Time Limits** | **Standard**  **M NM N/A** | | | **Comments** |
| **LTBI**   1. **Treatment of Latent TB Infection:**    1. Documentation of:       1. HIV testing |  |  |  |  |
| * + 1. Lab testing |  |  |  |  |
| * + 1. CXR |  |  |  |  |
| * + 1. Sputum results |  |  |  |  |
| * + 1. Evaluation by a clinician |  |  |  |  |
| * 1. Previous completed preventive treatment documented |  |  |  |  |
| * 1. Medication prescribed for appropriate therapy per CDC guidelines and stated in the CCSG |  |  |  |  |
| * 1. Was risk assessment tool used correctly? |  |  |  |  |
| * 1. Documentation of completion of therapy and date. |  |  |  |  |
| * 1. Completed LTBI form (TB2) and sent to TB Program. |  |  |  |  |