

***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.
 |  |  |  |  |