

Team Communications

What we told the Outreach Workers
Confidentiality, Documentation, and Pharmacy
Communication with the TB Program

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Objectives – The participant will:

- Appreciate options for using TB outreach workers as part of the TB team.
- Be able to state selected requirements of VDH confidentiality, documentation, and pharmacy policies.
- Be able to state the 5 situations that should always result in communication with the TB Program/Central Office during management of a TB case.
- Can name at least three other circumstances that must prompt consultation with the TB Program/Central Office.

Role of an Outreach Worker

- **Observe DOT and document dose**
- **Inquire about drug side effects**
- Observe for compliance with isolation
- And observe, observe, observe....
 - Identify additional contacts for investigation
 - Substance abuse
 - Diet and factors that may interfere with treatment
- Reinforce teaching of the TB nurse case manager
- Provide opportunity for client to ask questions
- Encourage the client on progress
- Transport clients to clinic and/or MD appointments
- Provide support services to enhance compliance
- Collect sputa or bloodwork
- Provide feedback to the nurse

Additional ORW Contributions

- Measure TST induration
- Send for medical records
- Download lab results from WebVision
- Enter encounters
- Track when reorders are needed for pharmacy
- Phone calls/letters
- Make appointments
- Make up blank records for cases and LTBI treatment
- Make up teaching packets
- Data entry on spreadsheets
- Complete TB risk assessments with direct PHN supervision
- Interpreter services
- Community Outreach

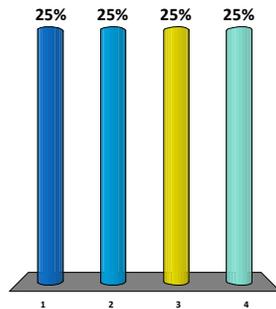
ORWs Can Not

- Do original client teaching
- Initiate contact investigations
- Administer TSTs
- Interpret TST results
- Complete TB risk assessments independently
- Complete the drug regimen section on DOT sheets
- Count doses towards treatment completion
- Conduct the VDH health history interview
- Complete LTBI medication pick-up visit independently
- Determine when specific services are needed



Where do your ORWs usually document?

1. DOT flow sheet only
2. DOT flow sheet and progress notes
3. DOT flow sheets, lab and progress notes
4. DOT flow sheets, plus progress notes and monthly clinical assessment flow sheet



Appreciate the ORW Contribution

- Treat them as a valuable member of the team
 - Communicate client information
 - Listen
 - Voice appreciation
- Consider added roles if time allows



ORWs received information on:

- Confidentiality
- Documentation
- Pharmacy requirements



Confidentiality



Confidentiality

- Based on VDH Confidentiality Policy (OCOM #1.01) on intranet sign-in page at bottom 
Confidentiality Policy
- Public Health with unique access to information
 - Prevent and control communicable disease
 - Public health surveillance
 - Public health investigations and interventions

Confidentiality Responsibility

- Protect client and provider anonymity
- Aggressively protect confidentiality
- Not to abuse governmental authority
- Limit our access to necessary information
- Avoid deliberate, accidental and/or unwarranted disclosure of information



Confidentiality Policy

- Collection
- Disclosure *
- Use, Access and Storage *
- Destruction
- Reports and Data



Disclosure and Use

- Limit Disclosure
 - To authorized persons only
 - As defined by the confidentiality procedures, which specify when and to whom disclosures can be made.
 - To the minimum amount of information necessary to accomplish the intended purpose
- Limit the Use of Confidential Information to:
 - those purposes for which it was collected
 - other public health purposes
 - work-related tasks permitted by law



Practical Applications

- Self identification during phone calls
- Business card contents
- Confirming client identity before speaking
- Discrete mask use
- Dealing with nosey neighbors
- Talking with clients about other clients



Access and Storage (1)

- Limit Access to:
 - Work-related staff only
 - The smallest number of staff possible
- Kept locked up at all times when they are not actually being used.
 - Physical records
 - Computer storage
 - Electronic media



Access and Storage (2)

- Computers not in open, unlocked spaces
- A limited number of staff access storage locations
- Not removed from the work site unless authorized, and for work related purposes
- Not be transmitted by email unless encrypted
- Not be downloaded to a moveable device unless authorized by an office director or equivalent
- Kept out of the sight of unauthorized persons, including fax machines
- Copies not made, or destroyed as soon as business need is over

Access and Storage (3)

- Records taken into the field
 - Store securely
 - Not left unattended
 - Not removed from the work site unless authorized, and for work related purposes

What practical issues do these access and storage requirement raise?

1. None
2. Not enough locked offices
3. No privacy for phone calls
4. Fax machine in public place
5. Copies regularly made
6. No policy for taking records out of LHD

Issue	Percentage
1. None	17%
2. Not enough locked offices	17%
3. No privacy for phone calls	17%
4. Fax machine in public place	17%
5. Copies regularly made	17%
6. No policy for taking records out of LHD	17%

Practical Applications

- Transport and use of records outside the LHD
 - Locked in trunk of car; if no trunk store hidden in rear
 - In a locked container
 - Records taken into home only for the client(s) in that home
- Transport to door in separate bag/mask hidden
- TB DOT Record
 - Page 1 of CHS-1A only (2nd page with income information)
 - Current DOT sheet
 - Progress note pages, labeled "DOT" notes
- Record and meds returned to the LHD at the end of the day

What is Identifying Information?

- Name
- Address
- Dates (except year), including
 - birth date
 - admission date
 - discharge date
 - date of death
- Telephone numbers
- Fax number
- Email address
- Social Security Number

AND

What is Identifying Information? (2)

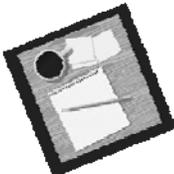
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate/license number
- Any vehicle or other device serial number
- Device identifiers or serial numbers
- Web URL
- Internet Protocol (IP) address numbers
- Finger or voice prints
- Photographic images
- Any other characteristic that could uniquely identify the individual

Documentation



Documentation

- Based on VDH policy “Documentation in the Medical Record”
- On VDH Website
 - Office of Community Health
 - Forms and Manuals: Agency Policy Section
- Contains all client care and treatment information
- Should *not* contain notes about:
 - Policy
 - Legal issues
 - Personnel issues
 - Opinions about quality of care
 - Notes about adverse events



Language and Assistive Services (1)

- Document prominently primary language and linguistic service needs
- Includes:
 - Limited English proficiency
 - Hearing impairment
 - Visually impairment
- Document interventions provided for services of:
 - Clerical
 - Medical
 - Nursing



Language and Assistive Services (2)

- Include:
 - Interpreter's full name and title, or
 - Interpreter's number
 - Followed by the full name and title of staff member
 - Each staff person providing services must sign the portion of the medical record entry
- Document any refusal



Who can document care?

- Practitioners (MD, NP, PA)
- Public Health Nurses
- Outreach Workers
- Clerical Personnel
- Volunteer Translators
- Anyone with a responsibility in the client's care



Documentation Expectations (1)

- Client ID on every page of record
- Objective statements
- Orders and notes each signed by the author
 - First and last name
 - Title
- Focus on client status
 - Psychological
 - Environmental
 - Cultural
 - Behavioral

Documentation Expectations (2)

- No blank spaces between entries
- Dated entries in consecutive order
- Late entries noted as such, with current date and time
- Additions/addendums can be added later, with current date and time



Red Ink Please

- Allergies specifically and prominently noted in **red** ink, to:
 - Medications
 - Food
 - Latex
- No known allergies documented in blue or black ink



Medical Record Entries

- Legible to “any and all readers”
- Each entry dated (month/day/year)
- Indelible blue or black ink
- No corrective paper



Avoid Number Confusion!#

- No trailing zeros! Ex. 1 mg vs. 1.0 mg
- Zero before a decimal; Ex. 0.5 mg vs. .5 mg
- Commas when dose at or above 1,000;
Ex. 2,000 mg vs. 2000 mg
- Space between dose and unit of measure;
Ex. 10 mg vs. 10mg
- No period after units of measure;
Ex. mg vs. mg. or mL vs. mL.



Proper Corrections

- Errors crossed through with a single line and initialed
- Do not write "error"
- Do not write any further explanation

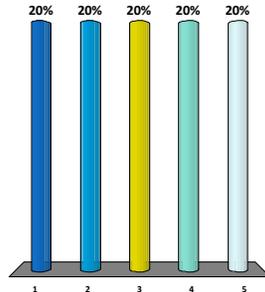
~~Corrections~~ JS

Approved Abbreviations

- From VDH "Approved Abbreviations and Symbols For Use in Medical Records"
- Not to be abbreviated
 - Daily
 - Discontinue
 - Positive
 - Every
 - Without, and many others

Reasons the TB record is not a “documentation by exception” record include:

1. TB client information varies
2. To support legal action
3. To require more writing
4. To document teaching and client understanding
5. Answers 2 and 4



The TB Record

The potential for legal action with TB cases requires positive documentation of DOT doses, efforts to educate the client, and client response regarding:

- Isolation requirement and avoiding exposure of others
- Need to take medication consistently
- Need to cooperate with follow-up evaluations
 - Office visits
 - Further testing

Documentation of DOT

- “Guidelines for Tuberculosis Record and Form Use”
- Document on actual day dose is ingested
- Demographics and case manager at top, N-95 use
- Signature line
- Current medication regimen – entered each month by case manager preferred
- First column is cumulative dose count – enter after dose is taken
- Initial **only** if dose is taken

DOT Log Responsibilities

TB Nurse Case Manager

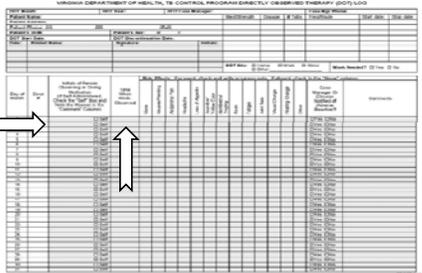
DOT Log Responsibilities – DOT provider

Review the regimen, visit location and PPE needed.

DOT Log Responsibilities

The DOT Provider

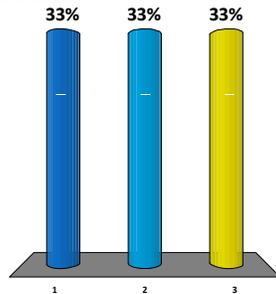
DOT Log Responsibilities



The DOT Provider

Do you or the ORW have a DOT sheet or record during the visit?

1. Yes
2. No
3. Sometimes



Response	Percentage
1. Yes	33%
2. No	33%
3. Sometimes	33%

The Benefit of Documentation

- Factual information provides for:
 - Continuity of care
 - A legal record of care provided
 - Documentation for reimbursement



Contact TB Program as Needed

Question about TB Management	Answer	Date	By Whom
How long is the TB treatment course for TB? What is the standard of care?	The length of treatment depends on the type of TB disease. For drug-sensitive TB, the standard of care is 6 months of treatment with four first-line drugs: isoniazid, rifampin, pyrazinamide, and ethambutol. For multidrug-resistant TB, the standard of care is 18-24 months of treatment with a combination of second-line drugs.		
When should I contact the TB program?	Contact the TB program if you have any of the following symptoms: cough, chest pain, weight loss, fever, night sweats, or hemoptysis. You should also contact the TB program if you have been diagnosed with TB or if you are on TB treatment.		
What are the side effects of TB treatment?	Common side effects of TB treatment include: loss of appetite, weight loss, nausea, vomiting, diarrhea, and joint pain. Some side effects may be more serious, such as liver damage, kidney damage, and vision changes. Contact your healthcare provider if you experience any side effects.		
How can I ensure I take my medicine correctly?	Take your medicine exactly as prescribed. Do not skip doses, do not stop taking your medicine, and do not share your medicine with anyone else. Use a pillbox or reminder system to help you remember to take your medicine.		
What should I do if I miss a dose?	If you miss a dose, take it as soon as you remember. If it is almost time for your next dose, skip the missed dose and take your next dose as scheduled. Do not take two doses at once.		
Can I stop taking my medicine when I feel better?	No, you should not stop taking your medicine when you feel better. Stopping your medicine too early can lead to drug resistance, which makes your TB harder to treat.		
How can I prevent TB?	There are several ways to prevent TB, including: getting vaccinated with the BCG vaccine, avoiding close contact with people who have TB, and practicing good hygiene (covering your mouth and nose when you cough or sneeze).		
What should I do if I have TB?	If you have TB, you should contact the TB program as soon as possible. They will help you get the treatment you need and provide support throughout your treatment.		
How can I get more information?	For more information, contact the TB program at (800) 458-5231 or visit their website at www.tbcprevention.org.		

Teamwork Gets it Done!

Coordinated
Provision of Services

Protection of
the Public



Optimal
Outcomes

Questions



Discussion




Talk Back
