TB Program Quality Assurance

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VDH Division of Disease Prevention
TB Control Program
TB Nurse Training – December 2, 2011

TB Program QA Components

- Consultation
- Case Review
- Cohort Review
- Program Evaluation

Consultation

- TB Program Director and Nurse Consultants
  - Consistent with CDC guidelines
  - Access to resources
- Medical Consultants
  - Dr. Eric Houpt, UVA
  - Dr. Beth Gadkowski, EVMS
Case Review

- One or more TB Program staff
- On-site or by poly-com
- Concurrent with TB treatment, to impact outcomes
- Case presentations by PHN case manager and other TB program staff
- Discussion
  - Case challenges
  - Approaches
  - TB best practice standards
  - Resources
  - Referral to medical consultants as necessary
- Targeted

Cohort Review

- Retrospective
- Outcome focused
- Based on CDC National TB Indicators
  - Central Office review of 2009 cases
  - District level review of 2010 cases
    - Focus on 6 NTIP indicators
- Requirement of the CDC Cooperative Agreement

Cohort Review at District Level

- Includes:
  - Local TB program staff and other HD staff
  - DDP-tb staff
- Goals:
  - Discussion
  - Education
  - Team-building
  - Setting of local program strategies and goals
- When majority of cases with tx complete
- Frequency and location morbidity dependant
Southwest TB Forum Cohort Review

Data Feedback at District Level

Sputum Culture Report

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia 2010 Goal</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>National 2014 Goal</td>
<td>95.7%</td>
<td>95.7%</td>
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HTSP objective: Increase the proportion of TB cases with a pleural or respiratory site of disease ≥ age 12 with a sputum-culture result reported.
Provisional Cohort Performance 2009-2010*

<table>
<thead>
<tr>
<th></th>
<th>2009 Cohort*</th>
<th>2010 Cohort* Virginia 2010 Targets</th>
<th>National 2015 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spuca sample – respiratory disease site (%)</td>
<td>92%</td>
<td>97.5%</td>
<td>88%</td>
</tr>
<tr>
<td>Spuca conversion ≤60 days (%)</td>
<td>54.9%</td>
<td>66.0%</td>
<td>40%</td>
</tr>
<tr>
<td>Drug susceptibility result (%)</td>
<td>87.2%</td>
<td>98.8%</td>
<td>87.4%</td>
</tr>
<tr>
<td>Standard 4 drug treatment initiation (%)</td>
<td>97.8%</td>
<td>97.1%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Completion of treatment in &lt;366 days (%)</td>
<td>85.8%</td>
<td>86.5%</td>
<td>86%</td>
</tr>
<tr>
<td>HIV result (%)</td>
<td>84.6%</td>
<td>79.6%</td>
<td>75%</td>
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*to date, 104 cases completed of 268 total

Program Evaluation

- Components
  - Planning and policy development
  - ID of persons with clinically active TB
  - Managing TB suspects or confirmed active cases
  - ID and management of persons with LTBI
  - Provision of lab and diagnostic services
  - Collecting and analyzing data
  - Providing training and education

Program Evaluation - 2

- Emphasis on:
  - Prioritization of TB control activities
  - Coordinating with other health care providers
  - Using alternative approaches to TB control
  - Targeted screening and prevention programs in high-risk populations
  - Following current TB treatment recommendations
District Program Evaluation

- On-site triennial evaluation by DDP-tb staff
- Review of local plans and policies
- Evaluation of essential components of TB program
- Record Review
- Feedback

TB Program Quality Assurance

- TB QA
  - Consultation
  - Case review
  - Cohort review
  - Program evaluation
- Goal - continued improvement of TB program performance
  - Objective data to local districts
  - Identify staff development needs
  - Affirmation to high achieving and improving TB programs
  - Identification of areas where additional program assistance is needed
- Teamwork for ongoing quality TB management in the midst of change

Questions / Comments?