



TB Program Quality Assurance

Debbie Staley, RN, MPH
TB Nurse Consultant – QA Coordinator
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

	2009 <small>(Q2-Q4) (n=)</small>	2010 <small>(Q2-Q4) (n=)</small>
DISTRICT		
Virginia 2010 Goal	88%	88%
National 2014 Goal	95.7%	95.7%

NTIP objective: Increase the proportion of TB cases with a pleural or respiratory site of disease \geq age 12 with a sputum-culture result reported.

Provisional Cohort Performance 2009-2010*

	2009 Central Office Cohort	2010 Cohort*	Virginia 2010 Targets	National 2015 Targets
Sputa sample – respiratory disease site	92%	97.5%	88%	95.7%
Sputa conversion ≤60 days	54.9%	66.0%	40%	61.5%
Drug susceptibility result	87.2%	98.8%	87.4%	100%
Standard 4 drug treatment initiation	97.8%	97.1%	91.4%	93.4%
Completion of treatment in <366 days	85.8%	86.5%	86%	93%
HIV result	84.6%	79.6%	75%	88.7%

*to date, 104 cases completed of 268 total

Program Evaluation

- Based on “Essential Components of a Tuberculosis Prevention and Control Program,” MMWR Vol. 44, No. RR-11, November 8, 1995
- 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 district
 - 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?


