

Chart Organization		
Clip		Document present, in the correct place, and as complete as can be
Comments		
<b>Clip 1 – Registration and Consent</b>		
Registration Form	VDH Registration Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
CHS – 1A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Income, insurance, photo ID etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Voter Registration Form		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Isolation Instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
DOT Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
VET Agreement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Clip 2 – Medications</b>		
VDH Summary of Providers of Care		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Medication List		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Prescriptions		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drug Interaction List		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Completed DOT Logs		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Clip 3 - Assessment</b>		
Active TB Case Summary		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Monthly Clinical Assessment		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
TB & Newcomer Health History		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
TB Risk Assessment 512 Form, or Contact Registration Form		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Clip 4 – Progress Notes</b>		
Progress Notes		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Clinician Orders/Progress Notes		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Clip 5 – Lab Specimens</b>		
Bacteriology Flow Sheet		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Lab Flow Sheet		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Sputum Smears & Cultures		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Lab Work (LFTs, HIV, HgbA1c, IGRA)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Radiology Reports		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Vision & Hearing Monitoring		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Clip 6 - External</b>		
EDN Forms/TB Follow-up Worksheet		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Correspondence and Miscellaneous		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Medical records from other providers, Medical releases, Epi 1, IJNs, AHIP		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# HIPAA – Auth. for Disclosure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
TB Treatment/Discharge Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Recommend a tab/divider inserted to help organize clip		

Case Management and Treatment Fidelity			Initial	2-4 Months	Closure
Clip 1	CHS-1A	Signed. Payment section complete/up to date			
	Voter Registration	Signed or documented NA			
	Isolation Instructions	Signed			
	DOT Agreement	Signed			
	VET Agreement	Signed for cases using VET			
Clip 2	Health Providers	Signed by all providers who have documented in chart			
	Medication List	Up to date. Inclusive of all meds (not just TB).			
	Prescriptions	All prescriptions match clinician orders and DOT log			
	Drug Interaction List	Present, reviewed by clinician. Interactions addressed			
	DOT Log	Doses initialed and with time			
Side effects addressed					
Medication orders updated					
Clip 3	Active TB Case Summary	Up to date			
	Monthly Clinical Assessment	Weight monitoring, dosages correct			
		Medication side effects addressed			
		Treatment compliance assessed			
Health History	Complete				
Clip 4	Progress Notes	Initial contact within 1 business day of report			
		Detailed, education provided			
	Clinician Orders/Prog Notes	All clinician orders reviewed and carried out			
Clip 5	Bacteriology Flow Sheet	All specimens logged			
		Initial 3 sputa collected and logged			
		Sputum collected per recommendations			
		Drug sensitivities completed. Action taken on results.			
		Culture conversion documented			
	Lab Work	Initial and monthly lab monitoring (as ordered)			
		Abnormal results reported to treating clinician			
		HIV test documented			
		HgbA1C conducted			
			Therapeutic Drug Monitoring if warranted. Adjustments to meds made if necessary.		
CXR	At least 2 for pulmonary cases (baseline, closure). At least 1 for extra-pulmonary.				
Vision & Hearing Monitoring	Vision monitoring while on ethambutol				
	Hearing monitoring if on aminoglycoside				
Clip 6	TB Follow-up Worksheet	Completed, faxed to central office/entered in EDN			
	Auth. for Disclosure	Complete. Renewed and signed annually.			

Contact Investigation	Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
502 Contact List	Initiated within 3 business days			
	Up to date. Documentation of patient interviews.			
	High-priority contacts evaluated w/in 7 days			
	Electronic initial 502 submission			
	Final 502 faxed to central office			