

Revised TB Materials

April 3, 2019

TB & Newcomer Health Program

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Why the change? What's the goal?

2018 District visits (28 districts)

- Desire standardization
- Desire streamlining of forms
- Help with transition to electronic health record

Goal: Make case management tools more helpful and easier to use.



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Overview of Materials

- Recommendations for TB Record and Form Use
- Chart organization tools
- Chart review tools
- Chart forms
- Adverse Reaction Report
- RVCT Crosswalk



All materials will be found on our website:

<http://www.vdh.virginia.gov/tuberculosis-and-newcomer-health/tuberculosis-new/forms/>

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Recommendations for TB Record and Form Use

Virginia Department of Health
Recommendations for Tuberculosis Record and Form Use

General

Accurate documentation is an integral part of the treatment and management of all patients served by the Virginia Department of Health (VDH) for a variety of tuberculosis (TB) related diagnoses. Accurate and complete documentation enhances the continuity of care for patients with TB, particularly if different providers are involved in the care over the course of treatment. Appropriate documentation of treatment and its outcome is required for many facets of the TB Program including surveillance and monitoring, assurance and legal enforcement with Virginia's TB Control team. The TB Program does not use the Document by Exception (DBE) system. Therefore, a case management record with thorough and complete documentation must be kept for the assessment, evaluation, and treatment of patients with TB related diagnoses.

For all persons served by the TB program, a record of the encounter should be initiated and, at minimum, include a completed TB Risk Assessment (TB RA) form. All individuals reported to the health department as a presumptive or confirmed case of active TB disease, regardless of the source of care, should have a permanent VDH case management record. This record should remain open until the case has a final disposition and be retained according to library of Virginia policies and procedures for record retention and destruction. A record should also be initiated for all individuals referred for chest x-ray and/or recommended for treatment for any TB-related diagnosis.

Anytime an interpreter is used, the health department staff shall make a note in the progress notes. Record the date of the visit or call, the name and ID number of the interpreter, and the interpreting service (e.g. Prolog, Language Line, etc.) used, if applicable.

The TB Program recommends TB records be set up in a standardized format, utilizing a 6-prong chart. For individuals with TB infection that decline treatment, a record must be kept, but a 6-prong chart may not be necessary. Refer to the VDH Policy, Documentation in the Medical Record, for additional information on documentation. The following recommendations provide additional information on the use of specific forms that have been designed for use in VDH TB records. Please note that electronic, fillable, PDF versions of all of the forms can be found on the TB Program website: <http://www.vdh.virginia.gov/tbrecordsandassessment/docs/TBrecordsandforms/Forms/>

Clip 1 – Registration and Consent

This clip in the TB record should house any registration information (registration form, voter registration, eligibility documentation as needed), consents (OH 1A), and TB agreements (Isolation instructions, DOT Agreement, VOT Agreement).

Isolation Instructions – Complete for any patient that needs to be placed in isolation.

- Place a patient label in the patient label box. In the absence of a label, write in the patient's name and date of birth.
- Review instructions thoroughly with the patient and/or guardian in the case of a child.

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- Instructions for complete TB record forms
- Organized by Clip
- Inclusive of TB infection & TB disease forms

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This is a revised document that now includes instructions for all of the forms used in TB records. This document is organized by clip for a 6 clip chart and includes forms used for both active TB disease and latent TB infection.

TB Case (Confirmed or Presumptive) Chart Organization

TB Case (Confirmed or Presumptive) Chart Organization

	Documents are listed from top to bottom on each clip	# Recommend a tab/divider inserted to help organize clip
Clip 1 Registration	Report of Confirmed Case of Tuberculosis (RPT/TS) Case Closure Form Registration Form CCL – IS Income, Insurance, photos (ID etc.) Voter Registration Form Registration Instructions CCL Agreement VET Agreement	This clip includes required registration forms, consent forms, and financial information. These documents may vary by site. Make sure to include any specific directions to the patient's home. Include for patients requiring retention Include for patients eligible for and participating in the use of video Enhanced Therapy
Clip 2 Medication	VDM Summary of Providers of Care Medication List Prescriptions Drug Interaction List # Completed DOT Logs	Includes all medications, not only for TB, that the patient takes throughout treatment Complete drug-drug interaction list for all of the medications. The prescribing clinician may request this information is completed from a specific website at their choice. File the DOT logs here each month after they are completed
Clip 3 Assessment	Active TB Case Summary Monthly Clinical Assessment TB & Non-tubercular Health History TB Risk Assessment (T2, Family, or Contact) Registration Form	Updated throughout care. Used to collect the majority of cohort information, to be used for case reviews, and to be used for intake information. If dates not managed by Health Dept, a monthly visit summary from the outside provider should be here Documents may or may not be in the chart depending on the history of entry into care
Clip 4 Progress	Progress Notes # Clinician Orders/Progress Notes	For PRN and case management details only For treating clinician to document orders and notes
Clip 5 Lab	Microbiology Print Sheet # Lab Print Sheet # Sputum Smears & Cultures # Lab Work (uric, etc., region, site) # Pathology Reports # Vision Monitoring	Sputum smears and cultures should be filed chronologically, newest on top, by date collected, then date of report. May also need to create a section for therapeutic drug monitoring Reserve monitoring here for atypical medications
Clip 6 Other	# Electronic Disease Notification (EDN) forms # Correspondence and Information # Medical records from other providers, medical releases, Epi 1, etc. # Admissions/Discharge for Discharge of TB # Hospital Discharge Plan	For use with refugees and immigrants with a TB classification Forms, letters, etc. Tag outside lab results, pathology reports, etc. in the outside medical records for easy removal

- How to set up a chart
- Organized by clip
- Align with other VDH programs
- # = page divider recommended

This is a new tool to help outline how to set up a chart for an active TB case. The tool is organized by clip and strives to align with other VDH programs. The hashtag symbol next to documents denotes a place where it is recommended to use a page divider to make it easier to locate the section. There is no specific page divider that must be used, each district or nurse can determine what they would like.

TB Infection Chart Organization

TB Infection Chart Organization		
Documents are listed from top to bottom on each clip. # Recommend a tab/divider inserted to help organize clip.		
Note: Most forms used in this chart are the same as the forms used in a presumptive/confirmed TB case chart.		
Clip 1 Registration & Consent	# Include after latent disease letter	
	# Treatment completion letter	
	Registration forms	This clip includes required registration forms, consent forms, and financial information. These documents may vary by site.
	CHS-1A	
	Income, insurance, photo (if any)	Make sure to include any specific directions to the patient's home.
Clip 2 Agreements	Latent Registration Form	
	DOT Agreement (2019)	For use with patients on 3HP
	VET Agreement (2019)	Include for patients eligible for and participating in the use of video Enhanced Observance
Clip 3 Medications	VDH Summary of Providers of Care	
	Medication List	Includes all medications, not only for TB, that the patient takes throughout treatment
	Prescriptions	
	Drug Interaction List	Complete drug-drug interaction list for all of the medications. The prescribing clinician may request this information is completed from a specific website of their choice.
Clip 4 Assessment	# DOT Log for 12-Dose 3HP	
	Monthly Clinical Assessment	This is the same form that is used by a confirmed or presumptive TB case.
	TB & Non-tubercular Health History	
Clip 5 Orders	TB Risk Assessment/SLT Form, or Contact Registration Form	Documents may or may not be in the chart depending on the history of entry into care.
	Progress Notes	For PHH and case management details only.
	# Clinician Orders/Progress Notes	For treating clinician to document orders and notes.
Clip 6 Lab	Lab Work (LFTs, etc.) when a water	Only when have been sent to the lab and specimen results have been received. Do not include as a presumptive TB case.
	# Radiology Reports	
Clip 7 Other	Electronic Disease Notification (EDN) forms	For use with refugees and immigrants with a TB classification.
	# Completed and Miscellaneous	Forms, letters, etc.
	# Medical records from other providers, medical records, etc. (if any)	Tag outside lab results, radiology reports etc. in the outside medical records for easy retrieval.
	# HIPAA - Auth. for Disclosure of PHI	

- How to set up a chart
- Organized by clip
- Align with other VDH programs
- # = page divider recommended
- Almost all same forms as TB Case

This is a new tool to help outline how to set up a chart for someone with latent TB infection. The tool is organized by clip and strives to align with other VDH programs. The hashtag symbol next to documents denotes a place where it is recommended to use a page divider to make it easier to locate the section. This tool is very similar to the active TB case tool as most of the forms used for the program are now the same, whether for active disease or latent infection.

TB Case (Confirmed or Presumptive) Chart Review Form - PAGE 1

TB Case (Confirmed or Presumptive) Chart Review Form

Reviewer: _____
Date of Review: _____

Case Manager: _____ Client Database ID: _____
Site of Disease: _____ Treatment Start Date: _____

CDP	Document present, in the correct place, and is complete as of 1/1/16	Comments
Step 1 - Registration and Consent		
Registration Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CDP-1a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income, insurance, photo ID etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Letter Registration Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isolation Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DOT Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 2 - Medications		
CDP Summary of Provider of Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication List	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescriptions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug Information List	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 completed DOT Logs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 3 - Assessment		
Active TB Case Summary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Clinical Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TB & Non-TB Health History	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TB Risk Assessment (CDP Form, or Contact Registration Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 4 - Progress Notes		
Progress Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Clinical Notes/Progress Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 5 - Lab Specimens		
Bacteriology Form Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 sputum smears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 sputum smears & cultures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Lab Work (LFT, Hb, Hct, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Serology Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Vision & Hearing Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 6 - Follow-up		
CDP Form TB Follow-up Worksheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Correspondence and Miscellaneous	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Medical Reports from other providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical releases, sig. 1, 101	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 eRefill - Auth for Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TB Hospital Discharge Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Recommendation & follow-up needed to help organize care		

- Documents present?
- In correct place?
- Complete?
- Space for comments

The TB Case Chart Review Form is a new tool for nurses, supervisors, and managers to use to review TB records. This first page of the tool has the reviewer determine if the document is present in the chart, if the document is in the correct place, and if the document is complete. This first page is really about organization and correct use of the chart forms, and is organized by clip.

TB Case (Confirmed or Presumptive) Chart Review Form - PAGE 2

TB Case (Confirmed or Presumptive) Chart Review Form

Reviewer: _____ Date of Review: _____

Case Management and Treatment Fidelity		Initial	2-4 Months	Closure
Case 1	Case 1A	Signed. Payment section completed up to date		
	Case 1B	Signed or documented NA		
	Case 1C	Signed		
	Case 1D	Signed for cases using VET		
Case 2	Health Providers	Signed by all providers who have documented in chart		
	Medication List	Up to date. Inclusion of all meds (not just TB)		
	Prescriptions	All prescriptions match clinician orders and DOF log		
	Drug Interaction List	Present, reviewed by clinician. Interactions addressed		
Case 3	DOF Log	Consistent and up to date		
	Adverse TB Case Section	Up to date		
	Monthly Clinical Assessment	Weight monitoring, dosages correct		
	Health History	Medication side effects addressed		
Case 4	Progress Notes	Completed compliance assessment		
	Health History	Complete		
	Progress Notes	Initial contact within 3 business days of report		
	Clinician Orders/Pres Notes	Reviewed, education provided		
Case 5	Bacteriology Flow Sheet	All specimens signed		
	Lab Work	Initial 3 spots collected and signed		
	Lab Work	Sputum collected per recommendations		
	Lab Work	Drug susceptibilities completed. Action taken on results		
Case 6	Lab Work	Culture conversion documented		
	Lab Work	Initial and monthly lab monitoring as ordered		
	Lab Work	Abnormal results reported to treating clinician		
	Lab Work	First test documented		
Case 7	Lab Work	Regimen completed		
	Lab Work	Therapeutic Drug Monitoring if warranted		
	Lab Work	Adjustments to meds made if necessary		
	Lab Work	At least 3 for pulmonary cases (baseline, closure). At least 1 for extra-pulmonary		
Case 8	Vision & Hearing	Vision monitoring while on ethambutol		
	Monitoring	Weight monitoring if on isoniazid		
	Monitoring	Completed, need to central office/entered in EHR		
	Monitoring	Completed, forwarded and signed annually		
Case 9	Contact Investigation	Completed, forwarded and signed annually		
	Contact Investigation	Completed, forwarded and signed annually		
	Contact Investigation	Completed, forwarded and signed annually		
	Contact Investigation	Completed, forwarded and signed annually		

10/17/19/02/2019

- Assess case management
- Assess tx. fidelity
- Timeframes
 - Initial
 - 2-4 months
 - Closure
- Organized by clip
- Contact investigation

The second page of the tool is used to examine case management and treatment fidelity. This page looks at the management of the case and assesses whether or not appropriate and recommended actions have been taken. There are 3 time frames for review: initially, between 2-4 months, and at the closure of a case. The gray shaded boxes indicate a time frame that is not applicable. This page is also organized by clip. The bottom box asks the reviewer to consider some basic contact investigation information.

TB Infection Chart Review Form - PAGE 1

TB Infection Chart Review Form

Reviewer: _____
Date of Review: _____

Case Manager: _____ Client Database ID: _____
Site of Disease: _____ Treatment Start Date: _____

Clip	Document present, in the correct place, and is complete as left to be	Comments
Clip 1 - Registration and Consent		
Registration Form	Other CNA	
CMS - SA	Other CNA	
Insurance, Insurance, Photo (ID etc)	Other CNA	
Under Registration Form	Other CNA	
DOT Agreement (3HR)	Other CNA	
VLT Agreement (3HR)	Other CNA	
Clip 2 - Medication		
VLT Summary of Providers of Care	Other CNA	
Medication List	Other CNA	
Prescriptions	Other CNA	
Drug Information List	Other CNA	
# DOT Log for 12 Dose 3HR	Other CNA	
Clip 3 - Assessment		
Monthly Clinical Assessment	Other CNA	
TB & Newcomer Health History	Other CNA	
TB Risk Assessment SLL Form, or Contact Registration Form	Other CNA	
Clip 4 - Progress Notes		
Progress Notes	Other CNA	
# Clinical Orders/Progress Notes	Other CNA	
Clip 5 - Lab Specimens		
# Lab Work (LFTs, etc) etc as needed	Other CNA	
# Radiology Reports	Other CNA	
Clip 6 - Follow-up		
EDN Form/TB Follow-up Worksheet	Other CNA	
# Correspondence and Miscellaneous	Other CNA	
# Medical records from other providers, Medical history, Etc.	Other CNA	
# HRA - Auth. for Disclosure	Other CNA	
# Recommended a lab/monitor involved in help organize etc	Other CNA	

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- Documents present?
- In correct place?
- Complete?
- Space for comments

The TB Infection Chart Review Form is a new tool very similar to the TB Case Chart Review Form. This first page of the tool has the reviewer determine if the document is present in the chart, if the document is in the correct place, and if the document is complete. This first page is really about organization and correct use of the chart forms, and is organized by clip.

TB Infection Chart Review Form - PAGE 2

TB Infection Chart Review Form

Reviser: _____
Date of Review: _____

Case Management and Treatment Fidelity		Initial	Closure
Clip 1	Civil ID	Signed. Payment section complete/up to date	
	Visor Registration	Signed or documented NA	
	DOT Agreement	Signed for SHP cases	
	VET Agreement	Signed for SHP 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	
	Drug Interaction List	Present, reviewed by clinician. Interactions addressed	
Clip 3	DOT Log	Doses initiated and with time	
		Side effects addressed	
	Monthly Clinical Assessment	Weight monitoring, insights correct	
		Medication side effects addressed	
Clip 4	Health History	Complete	
	Progress Notes	Detailed, education provided	
	Clinician Orders/Prog Notes	All clinician orders reviewed and carried out	
	Lab Work	Initial and monthly lab monitoring (as ordered)	
Clip 5	DOT	At least 1 radiology report	
	TB Follow-up Worksheet	Completed, saved to central office/entered in EHR	
	Auth. for Disclosure	Complete. Renewed and signed annually	

- Assess case management
- Assess tx. fidelity
- Timeframes
 - Initial
 - Closure
- Organized by clip

VDH TB-02/2018

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The second page of the tool is used to examine case management and treatment fidelity. This page looks at the management of the case and assesses whether or not appropriate and recommended actions have been taken. There are 2 time frames for review: initially, and at the closure of a case. The gray shaded boxes indicate a time frame that is not applicable. This page is also organized by clip.

CLIP 1 - Registration & Consent

We will now move into the TB record forms by clip. We will only review in detail the TB specific forms. We recommend use of some standard VDH forms that are used by other programs and those will be highlighted but not reviewed in details. Each clip has a title which should help you determine the documents that belong in that clip. Clip 1 is Registration and Consent.

Direct Observed Therapy Agreement

Patient Label

The Directly Observed Therapy (DOT) program was explained to me. I understand that taking this medication is the best way to kill the TB germ. I agree to have a tuberculosis (TB) worker watch me take my TB medicine.

I, _____, understand and agree that:

1. I will be at _____ home _____ work _____ (time/day) _____ (other specify) _____ between the hours of _____ and _____ to take my TB medicine.
2. If I cannot take my medicine at the normal place and time, I will call _____ at _____ to make other plans.
Name of Person Phone Number
3. If I do not call to make other plans, I will go to _____ before the end of the day to take my medicine.
Name/Address of place
4. I will tell my DOT worker if I have any problems taking my medicine.
5. I know that if I miss my appointments and do not take my medicine as ordered, legal action can be taken.
6. The _____ agrees that the DOT worker:
 - Will watch you take your medicine at the agreed place and time.
 - Will tell you in advance if your appointment needs to change.
 - Will keep your information private.
 - Will answer your questions and concerns.
 - Will make sure your case manager knows about your concerns.

Signature of Patient, Parent/Guardian, or Person Acting in Lieu Parents

Nurse Case Manager Signature

Interpreter Name/ID Number

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DOT Worker Name

Date

- Same content
- Reduced reading level
- Same terminology for consent of guardian as on CHS consents

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This is a revised document, used to obtain consent from the patient or guardian for Direct Observed Therapy, which is the standard of care for all active TB clients in Virginia as well as for the TB infection regimen, 3HP. The content has stayed the same but the reading level has been reduced. Additionally, the same terminology for consent of the guardian has been used as that on the CHS consents.

Isolation Instructions

Isolation Instructions

Patient Label

I have been told that I have/for might have tuberculosis (TB) in the lungs. I have also been told that I might be able to spread the TB germ to other people.

1. I will be at home on isolation until health department staff tell me I can no longer spread the TB germ.
2. I will stay away from other people in my house.
3. I will cover my mouth with my hand or a tissue when I cough or sneeze.
4. I can only leave home to go to health appointments. I will wear a mask when I leave my house for these appointments.
5. I will talk to my nurse case manager about going to any appointments that are not for my TB treatment. I will only go if my nurse case manager says it is ok.
6. I can leave home to do things where I am not close to other people, such as walking outside or driving in a car ~~alone~~.
7. I cannot go to work, places of worship, school, the grocery store, the movie theater, the mall, shopping, birthday parties, family reunions, or go to any other activity where I will be close to other people including _____.

until I am told by health department staff that I can no longer spread the TB germ to others, if an activity is not listed on this form, I will ask before I go to the place.

B. Other comments/instructions: _____

I agree to follow these instructions until I am told by health department staff that I can no longer spread the TB germ to people around me.

My nurse case manager has told me that legal action can be taken if I do not follow these instructions and expose others to the TB germ on purpose.

Signature of Patient, Parent/Legal Guardian, or Person Acting in Lieu Parents _____ Date _____

Witness Signature _____ Date _____

Interpreter Name/ID Number _____

VDH 7/6/2020

- Same content
- Reduced reading level
- Same terminology for consent of guardian as on CHS consents

This is a revised document, used to review isolation instructions with all TB patients requiring isolation. The content has stayed the same but the reading level has been reduced. Additionally, the same terminology for consent of the guardian has been used as that on the CHS consents.

Video Enhanced Therapy Participant Agreement

Patient Label

Video Enhanced Therapy
Participant Agreement

1. I understand and agree to the following for Video Enhanced Therapy (VET):

- Health department staff may use VET to watch me take my tuberculosis (TB) medications by live video instead of in-person.
- VET will be taken away if I do not follow the rules.
- I need to use my own smartphone or computer/Internet connection, and my phone company may charge me for data use.
- If I connect to VET, it may not be a secure connection.
- I will let health department staff know right away if my phone number or address changes.
- I will set up and keep VET appointments with health department staff.
- If I cannot keep my VET appointment, I will call health department staff right away.
- I will do VET from a private place so other people cannot hear my information.
- I will take my medicine during VET, and will show my face and medicine when I swallow the medicine.
- I will see my healthcare worker in-person when they ask me to.

2. I understand and agree that health department staff will:

- Use the nickname I choose when talking to me on VET and not say my real name or diagnosis.
- Make sure that others do not hear my private information.
- Ask me about any side effects of the medicine and any symptoms of my diagnosis.
- Not record the VET.

I understand and agree that if I do not follow the above rules that I will need to see health department staff in-person to take my medicine.

Participant Printed Name	Signature of Patient, Parent/Legal Guardian, or Person Acting in Lieu Parents	Date
Witness Printed Name	Signature	Date

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- Same content
- Reduced reading level
- Same terminology for consent of guardian as on CHS consents

This is a revised document, used to obtain consent for Video Enhanced Therapy, which can be used with some active TB patients, and is also recommended for use with the TB infection regimen, 3HP. The content has stayed the same but the reading level has been reduced. Additionally, the same terminology for consent of the guardian has been used as that on the CHS consents.

Other documents: Clip 1

- Registration forms (district specific)
- CHS-1A

After case closure:

- Report of Verified Case of Tuberculosis (RVCT)
- Case Closure Form

In addition to the 3 documents we just reviewed, these documents should be included in Clip 1. A note about the Report of Verified Case of Tuberculosis, aka the RVCT. This is a document that is completed with all of the details of an active case of TB and submitted to the CDC. This is the form that Tim, and formerly Bill, complete when they come to your district and review your charts. Some districts have transitioned to inputting the RVCT information directly into VEDSS (the Virginia Electronic Disease Surveillance System). If your district has this access to VEDSS, the RVCT can be printed from the system and filed in the chart. For districts without VEDSS access, the RVCT will be mailed to you for review and you can place it in the chart.

CLIP 2 - Medications

Clip 2 is Medications

Medication List

Medication List

Known medication allergies: _____

Patient Label: _____

TB Medications	Strength	Total Dose	Route	Freq.	Start Date*	Stop Date	Prescriber

Other Medications – List all other medications including over the counter medications

Medication	Total Dose	Route	Freq.	Start Date	Stop Date	Prescriber/OTC	Reason for Medication	Interaction with TB meds identified?

Prescriber notified of identified interactions ☐ Medications continued on second page ☐

Prescribers/Clinicians of Care	Name	Phone Number/Contact Information

10/17/2012 10/17/2012

- Include ALL meds, both TB & other
- If 2nd page needed, mark & include page 2
- Include all prescribers & clinicians of care with contact info
- *NTIP/VA Indicator

The Medication List has been revised. On this form, make sure to list ALL medications the patient is taking, both TB and other over the counter and prescribed medications. A second page is available if space is needed. If using a second page, mark the “Medications continued on second page” box. If a second page is not needed, it doesn’t need to be in the chart. This page has space for you to include all prescribers and clinicians of care for the case, including their contact information. It is important to know all of the clinicians caring for your clients so that you can assure each clinician is aware of treatment.

Throughout the revised materials, you will see some items marked with an asterisk and in bold, these are National Tuberculosis Indicator Project indicators. These are the indicators that are reviewed during cohort review, and are major goals of the TB program. The asterisk and bolding of elements aims to serve as a reminder of the program goals throughout case management and care.

Directly Observed Therapy Log

[illegible]

- Case or TB Infection
- Medication(s) & changes
- Calculating weeks of treatment column
- Patient initials
 - ↑ accountability
 - NA for VET

The Directly Observed Therapy Log has been modified slightly. This log can now be used with either an active TB case or TB infection. It is imperative that all medications are listed on the log and any changes to medications made that month are also updated. A new column has been added to help with calculating the weeks of treatment completed for the month. A patient initials column is included to increase accountability, however, this will not be applicable for clients on VET.

[illegible]

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Other documents: Clip 2

- VDH Summary of Providers of care
 - VDH form used by other programs
- Drug Interaction List
 - All medications
 - Use online checker
 - Give to clinician to review
 - Keep in chart
- Prescriptions

[illegible]

Here are the other documents that should be included in clip 2. The VDH Summary of Providers of care is a standard VDH form used by other VDH programs. An important component of this clip is the drug interaction list. For all TB clients, a drug interaction report should be run using an online checker. The report should be printed, reviewed by the clinician, and kept in the chart. This clip also houses any prescriptions.

CLIP 3 - Assessment

[illegible]

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Monthly Clinical Assessment

Monthly TB Clinical Assessment
Presumptive (suspected) TB infection

Patient Label: _____

	Date	Date	Date	Date	Date	Date	Date	Date	Date
Treatment Month	Baseline								
Weight									
Height									
Pulse / Heartbeats	/	/	/	/	/	/	/	/	/
Temperature (°C)									
Assessment									
Cough/Frequency									
Sputum amount/color									
Night sweats									
Fatigue									
Loss of appetite									
Weight loss									
Fatigue									
GI symptoms									
Nausea/vomiting									
Dark urine									
Dark stool									
Jaundice									
Flu-like symptoms									
Neurology									
Joint pain/swelling									
Headache									
Unexplained weight									
Alcohol changes									
Change in vision									
Heating/Cooling/Heat									
ETV/Susceptibility									
Lab for culture									
Tests									
Sputum	Yes	No	Yes	No	Yes	No	Yes	No	Yes
	Collected	Collected	Collected	Collected	Collected	Collected	Collected	Collected	Collected
Urine microscopy	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None
Heating microscopy	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None
Blood tests	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None
Adherence	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None	Yes/None
# missed doses									
Notes									

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- Use for active TB & LTBI
- Components:
 - Vitals
 - Assessment
 - Tests
 - Adherence
- Use progress notes for comments

The Monthly Clinical Assessment has been revised and is now a combination of all of the many versions that were previously available. This form is for use with both active TB cases and TB infection. The assessment is divided into 4 main components: vitals, assessment, tests, and adherence. Make sure to document comments in the progress notes as this form does not have adequate space for comments.

TB and Newcomer Health History

TB and Newcomer Health History

Patient Label: _____

DATE: _____

1. Demographics	2. TB History	3. TB Testing	4. TB Treatment	5. TB Medication	6. TB Symptoms	7. TB Risk Factors	8. TB Prevention	9. TB Control	10. TB Management	11. TB Outcomes	12. TB Follow-up	13. TB Referral	14. TB Referral	15. TB Referral	16. TB Referral	17. TB Referral	18. TB Referral	19. TB Referral	20. TB Referral	21. TB Referral	22. TB Referral	23. TB Referral	24. TB Referral	25. TB Referral	26. TB Referral	27. TB Referral	28. TB Referral	29. TB Referral	30. TB Referral	31. TB Referral	32. TB Referral	33. TB Referral	34. TB Referral	35. TB Referral	36. TB Referral	37. TB Referral	38. TB Referral	39. TB Referral	40. TB Referral	41. TB Referral	42. TB Referral	43. TB Referral	44. TB Referral	45. TB Referral	46. TB Referral	47. TB Referral	48. TB Referral	49. TB Referral	50. TB Referral	51. TB Referral	52. TB Referral	53. TB Referral	54. TB Referral	55. TB Referral	56. TB Referral	57. TB Referral	58. TB Referral	59. TB Referral	60. TB Referral	61. TB Referral	62. TB Referral	63. TB Referral	64. TB Referral	65. TB Referral	66. TB Referral	67. TB Referral	68. TB Referral	69. TB Referral	70. TB Referral	71. TB Referral	72. TB Referral	73. TB Referral	74. TB Referral	75. TB Referral	76. TB Referral	77. TB Referral	78. TB Referral	79. TB Referral	80. TB Referral	81. TB Referral	82. TB Referral	83. TB Referral	84. TB Referral	85. TB Referral	86. TB Referral	87. TB Referral	88. TB Referral	89. TB Referral	90. TB Referral	91. TB Referral	92. TB Referral	93. TB Referral	94. TB Referral	95. TB Referral	96. TB Referral	97. TB Referral	98. TB Referral	99. TB Referral	100. TB Referral
1. Demographics	2. TB History	3. TB Testing	4. TB Treatment	5. TB Medication	6. TB Symptoms	7. TB Risk Factors	8. TB Prevention	9. TB Control	10. TB Management	11. TB Outcomes	12. TB Follow-up	13. TB Referral	14. TB Referral	15. TB Referral	16. TB Referral	17. TB Referral	18. TB Referral	19. TB Referral	20. TB Referral	21. TB Referral	22. TB Referral	23. TB Referral	24. TB Referral	25. TB Referral	26. TB Referral	27. TB Referral	28. TB Referral	29. TB Referral	30. TB Referral	31. TB Referral	32. TB Referral	33. TB Referral	34. TB Referral	35. TB Referral	36. TB Referral	37. TB Referral	38. TB Referral	39. TB Referral	40. TB Referral	41. TB Referral	42. TB Referral	43. TB Referral	44. TB Referral	45. TB Referral	46. TB Referral	47. TB Referral	48. TB Referral	49. TB Referral	50. TB Referral	51. TB Referral	52. TB Referral	53. TB Referral	54. TB Referral	55. TB Referral	56. TB Referral	57. TB Referral	58. TB Referral	59. TB Referral	60. TB Referral	61. TB Referral	62. TB Referral	63. TB Referral	64. TB Referral	65. TB Referral	66. TB Referral	67. TB Referral	68. TB Referral	69. TB Referral	70. TB Referral	71. TB Referral	72. TB Referral	73. TB Referral	74. TB Referral	75. TB Referral	76. TB Referral	77. TB Referral	78. TB Referral	79. TB Referral	80. TB Referral	81. TB Referral	82. TB Referral	83. TB Referral	84. TB Referral	85. TB Referral	86. TB Referral	87. TB Referral	88. TB Referral	89. TB Referral	90. TB Referral	91. TB Referral	92. TB Referral	93. TB Referral	94. TB Referral	95. TB Referral	96. TB Referral	97. TB Referral	98. TB Referral	99. TB Referral	100. TB Referral

DATE: _____

Signature of patient completing form: _____

Signature of provider: _____

DATE: _____

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- Combined health history
- TB components added, nothing taken away from Newcomer

The TB and Newcomer Health History is a combination of the Newcomer Health History and the TB Health History and Assessment. This history form can now be used for both the TB patients as well as refugees. Nothing from the newcomer health history was taken away from this form, TB components were only added.

[illegible]

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CLIP 4 - Notes

Clip 4 houses all notes

Progress Notes

[illegible]

- Can use electronically
 - Print
 - Original signature
- Use any version available
- Used by nurses, outreach workers

The progress notes can be used electronically. If used electronically make sure to print the notes and place an original signature on the notes. Districts can use any version of the progress notes that they have available locally. The progress notes are used by nurses and outreach workers.

Clinician Orders/Progress Notes

Clinician Orders/Progress Notes

Patient Label	
Clinician Orders/Progress Notes/Orders	
Date _____	Clinician Signature _____
Clinician Orders/Progress Notes/Orders	
Date _____	Clinician Signature _____
Clinician Orders/Progress Notes/Orders	
Date _____	Clinician Signature _____
Clinician Orders/Progress Notes/Orders	
Date _____	Clinician Signature _____

VDH 78-002 (2020)

- Used by prescribing clinicians
- Orders & notes from prescribers can be easily tracked

The Clinician Orders/Progress Notes are used by prescribing clinicians. These notes are kept separately from the progress notes of the nurses and outreach workers so that the orders and notes from prescribers can be easily located and tracked.

CLIP 5 - Lab Specimens

Clip 5 houses all information about lab specimens

[illegible]

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Lab Flow Sheet

Lab Flow Sheet

Patient Label

Date	NTIP*	VA*	Reg D	Reg C	Reg
Result					

Date	AST	ALT	Bilirubin	Alkaline phosphatase	Phosphorus	Creatinine

Date	AST	ALT	Bilirubin	Alkaline phosphatase	Phosphorus	Creatinine

Date	Other Labs

Date	Therapeutic Drug Monitoring

NTIP/VA Indicator

- Baseline labs
- Monthly labs
 - As ordered
- Other labs
- Therapeutic Drug Monitoring (aka serum drug levels)
- NTIP/VA Indicator

The Lab Flow Sheet is a new form created for easy tracking of labs over time. The flow sheet collects baseline labs as well as monthly labs that may be ordered by the clinician. There is an additional area for other labs that may be ordered. The bottom table is for any therapeutic drug monitoring that is conducted during the course of treatment. Note the NTIP indicators are marked with an asterisk and in bold.

Vision Monitoring

Patient Label

Vision Monitoring

Visual acuity and color perception should be evaluated for all clients before etanercept or other second line drugs (Infliximab, adalimumab, etanercept, infliximab) are initiated. If a client starts medications prior to the local health district becoming aware of the client, without baseline screening, screening should occur before continued treatment is provided by the health district. Continue monthly vision exams while the client is taking these medications. To document final visual status, perform the last screening when these medications are discontinued. The goal of monthly vision screening is to capture any changes in vision (acuity or color perception) and notify the treating clinician immediately.

Visual Acuity - assessed using a Snellen chart

Color Discrimination - assessed using Ishihara test plates

Date	Visual Acuity		Color Discrimination		Initials of health care worker	Comments
	Right Eye	Left Eye	Both Eyes	Both Eyes		
	/	/	/	/		Baseline Testing
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		
	/	/	/	/		

Color Discrimination testing instructions:

The Ishihara test plates should be held at an arm's length from the eyes for the test. The first test plate in the Ishihara book should be recognizable by everyone (even those with color deficiency). The client should be shown at least one test plate from each of the groups of colors in the book (getting progressively more difficult). Document the number of plates that client reviewed and how many were recognizable.

VISION-10-2020-001

- Separated from hearing monitoring
- Monthly while on meds affecting visual status
- Includes basic screening instructions

The Vision Monitoring tool has been separated from the hearing monitoring as most clients will only need vision monitoring and not hearing monitoring. Baseline vision monitoring and monthly screening should be conducted for clients on medications affecting visual status. The tool now includes instructions for screening.

Hearing Monitoring

Hearing Monitoring

Patient Label

hearing and balance should be evaluated for all clients receiving ototoxic drugs (aminocyclitol, aminoglycosides). If a client starts medications prior to the local health district becoming aware of the client, without documented hearing screening should occur. Local health district screening is provided by the health district. Continue monthly hearing and balance exams while the client is taking these medications. To document final auditory status, perform the best screening when these medications are discontinued. The goal of monthly hearing and balance screening is to capture any changes and notify the hearing clinician immediately.

Auditory: assessed using an audiometer

Vestibular: assessed through observation of gait, heel to toe walking, and Romberg (obvious balance when feet are together, arms down, and eyes closed)

Date	V/F to hear frequency		Circle a response for each assessment				Comments
	dB	Right Ear Left Ear	Gait	Walking	Romberg		
1000 Hz			OK	Does well		Normal	
800 Hz			OK	Jerky		Loss of balance	
600 Hz			Weakens	Stagger		Loss of balance	
400 Hz			Stagger	Stagger		Loss of balance	
300 Hz			OK	Does well		Normal	
200 Hz			OK	Jerky		Loss of balance	
100 Hz			Weakens	Stagger		Loss of balance	
80 Hz			Stagger	Stagger		Loss of balance	
60 Hz			OK	Does well		Normal	
50 Hz			OK	Jerky		Loss of balance	
40 Hz			Weakens	Stagger		Loss of balance	
30 Hz			Stagger	Stagger		Loss of balance	
20 Hz			OK	Does well		Normal	
10 Hz			OK	Jerky		Loss of balance	
8 Hz			Weakens	Stagger		Loss of balance	
6 Hz			Stagger	Stagger		Loss of balance	
5 Hz			OK	Does well		Normal	
4 Hz			OK	Jerky		Loss of balance	
3 Hz			Weakens	Stagger		Loss of balance	
2 Hz			Stagger	Stagger		Loss of balance	
1 Hz			OK	Does well		Normal	
0.5 Hz			OK	Jerky		Loss of balance	
0.3 Hz			Weakens	Stagger		Loss of balance	
0.2 Hz			Stagger	Stagger		Loss of balance	

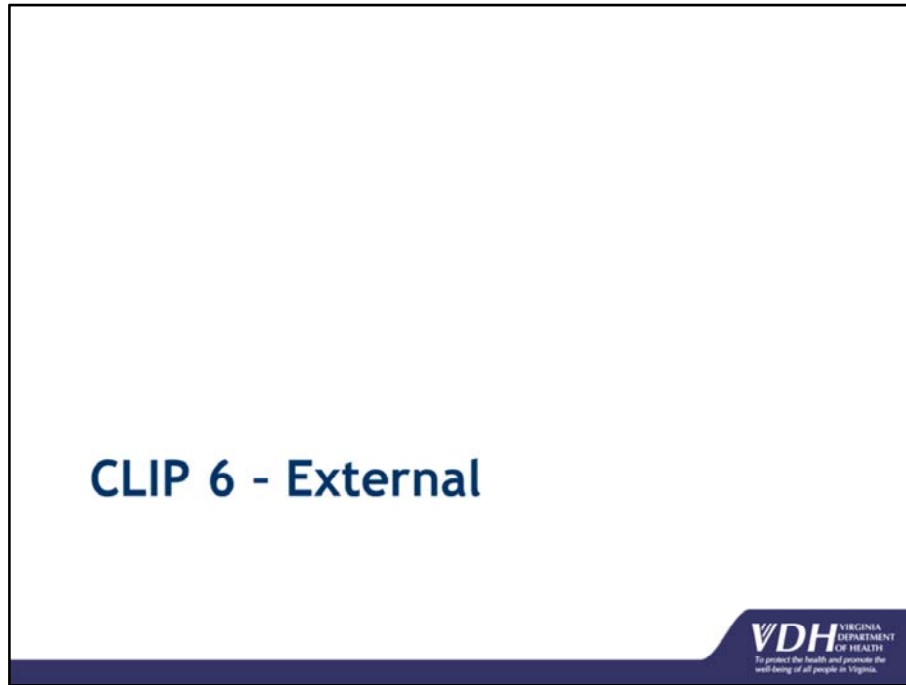
- Separated from vision monitoring
- Monthly while on ototoxic meds
- Includes basic screening instructions

The Hearing Monitoring tool has been separated from the vision monitoring. Hearing monitoring should be conducted at baseline and monthly while clients take ototoxic medication. Screening includes audiometry, and balance. Health Departments should have an audiometer on hand for hearing monitoring. The tool also includes basic screening instructions.

Other documents: Clip 5

- Sputum smear & culture results
- Lab work (LFTs, HIV, HgbA1c, IGRA)
- Radiology Reports

Other documents that will be kept on this clip are sputum smear and culture results, lab work results, and radiology reports.



Clip 6 is used for external communication documents.

[illegible]

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Other documents: Clip 6

- Electronic Disease Notification (EDN) forms
 - Overseas medical paperwork
 - TB Follow-Up Worksheet
- Correspondence & Miscellaneous
- Medical records from outside providers, medical releases, Epi 1, interjurisdictional notification paperwork (IJNs), AHIP
- HIPAA - Authorization for Disclosure of PHI (VDH form)

Clip 6 houses many different types of documents. The Electronic Disease Notification (EDN) forms should be kept on this clip, both the overseas medical paperwork and the TB Follow-Up Worksheet. Any correspondence between providers, as well as letters should be kept here along with outside medical records, medical releases, Epi 1s, interjurisdictional notification paperwork, and AHIP (Alternative Housing Incentive Program) paperwork. The VDH form: Authorization for Disclosure of PHI should also be on clip 6 to align with other VDH program recommendations.

ADDITIONAL DOCUMENTS

We have 2 other documents to discuss that you may need to use.

Adverse Reaction Report Form

Adverse Reaction Report Form
TS Medications
Complete in the event of death,
hospitalization, or severe reaction
causing long term disability

Patient Label

Sex: _____ Weight: _____ pounds Height: _____ feet/inches

All TS medications taken since TS treatment initiation

Medication	Date Started	Date Stopped	Medication	Date Started	Date Stopped
Ethambutol			Ceftriaxone		
Isoniazid			Cyclospine		
Pyrazinamide			Etanercept		
Rifampin			Ethionamide		
Rifapentine			Empagran		
Trimethoprim			Linezolid		
Amoxicillin			Linezolid		
Amoxicillin			Mefenamic		
Bedaquiline			Mefenamic		
Levofloxacin			Linezolid		
Linezolid			Streptomycin		

Date Symptom Began	Symptom Onset after Dose	Symptom Duration	Hospital Admission	Outcome
	<input type="checkbox"/> < 2 hrs. <input type="checkbox"/> 2-24 hrs. <input type="checkbox"/> > 48 hrs. <input type="checkbox"/> Unknown	<input type="checkbox"/> < 1 day <input type="checkbox"/> 1-7 days <input type="checkbox"/> > 7 days <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Continued medications <input type="checkbox"/> Changed regimen (describe in note below) <input type="checkbox"/> Stopped treatment <input type="checkbox"/> Unknown <input type="checkbox"/> Death

Comments: Thoroughly describe the adverse event, including symptoms, time of onset in relation to last medication dose, duration and resolution, suspected cause of adverse event, other related factors (other medical conditions, medications), any medication changes and current patient status.

Signature of person completing form _____ Date _____ Phone number _____

VDH TS 02/2019 Fax completed form to TS Central at 804-575-0298

- Complete if:
 - Death
 - Hospitalization
 - Severe reaction causing long term disability

The Adverse Reaction Report Form should be completed in the event of an adverse reaction resulting in death, hospitalization, or severe reaction causing long term disability.

Completing the Report of Verified Case of Tuberculosis using TB Chart Forms

Completing the Report of Verified Case of Tuberculosis using TB Chart Forms

This document is intended to help collect the data needed for the Report of Verified Case of Tuberculosis (RVCT). An RVCT is completed with all TB cases that will be counted. This document will highlight where each data component on the RVCT can be found within the VDH TB record.

The RVCT data elements are numbered through 40. Please refer to the table below to crosswalk where each RVCT data element can be located in the VDH TB record. For questions about definitions of the RVCT data elements, please contact a member of the tb@vdh.virginia.gov or refer to the [VDH TB record](https://www.vdh.virginia.gov/tb).

RVCT Data Element	VDH TB Record	Comment
1 Name	Active TB Case Summary	Report date/source
2 Date Reported	Active TB Case Summary	Date confirmation submitted in VEDSS
3 Date Submitted	Progress Notes	Date confirmed by district
4 Case Number	Active TB Case Summary or Registration	First address of case
5 Reporting Address	Active TB Case Summary or Registration	Address associated with jurisdiction where the case is counted
6 Count Status	Active TB Case Summary or Registration	Not entered by district
7 Date Counted	Active TB Case Summary or Registration	Not entered by district
8 Previous Diagnosis of TB Disease	Active TB Case Summary or Registration	Not entered by district
9 Date of Birth	Active TB Case Summary or Registration	Not entered by district
10 Sex at Birth	Active TB Case Summary or Registration	Not entered by district
11 Ethnicity	Active TB Case Summary or Registration	Not entered by district
12 Race	Active TB Case Summary or Registration	Not entered by district
13 Country of Birth	Active TB Case Summary or Registration	Not entered by district
14 Months Since Reported to IDU	Active TB Case Summary or Registration	Not entered by district
15 Predominant TB Pathogen (≥ 15 years old)	Active TB Case Summary or Registration	Not entered by district
16 Status at TB Diagnosis	Active TB Case Summary or Registration	Not entered by district
17 Site of TB Disease	Active TB Case Summary or Registration	Not entered by district
18 Sputum Smear	Active TB Case Summary or Registration	Not entered by district
19 Sputum Culture	Active TB Case Summary or Registration	Not entered by district
20 Urine/Plasma/CSF/Other Fluid	Active TB Case Summary or Registration	Not entered by district
21 Culture of Urine and Other	Active TB Case Summary or Registration	Not entered by district
22 Nucleic Acid Amplification Test Result	Active TB Case Summary or Registration	Not entered by district
23 Initial Chest Radiograph	Active TB Case Summary or Registration	Not entered by district
24 Initial Chest CT or Other	Active TB Case Summary or Registration	Not entered by district
25 Tuberculin Skin Test at Diagnosis	Active TB Case Summary or Registration	Not entered by district
26 Interferon Gamma Release Assay	Active TB Case Summary or Registration	Not entered by district
27 Primary Reason Evaluated for TB Disease	Active TB Case Summary or Registration	Not entered by district
28 HIV Status at Time of Diagnosis	Active TB Case Summary or Registration	Not entered by district

VDH TB-02/2019

1

- For districts with TB VEDSS access
- Crosswalk for where to find RVCT data in the TB chart

This tool has been created to assist districts that have TB access to VEDSS and are entering the RVCT data into the system. This tool is a crosswalk for where to find RVCT data in the TB chart.

Using the materials

- Start now!
- Phase in materials as you open new cases
- Transition by November 2019
- New & old forms on website until November

You can begin using the materials now! All of the materials are on our website. Your district can individually determine the best way to begin implementation of the materials. We would like to have the transition to the materials completed by November of 2019. For now we will post both the new and old TB materials on our website, but will take the old materials down in November.

QUESTIONS?