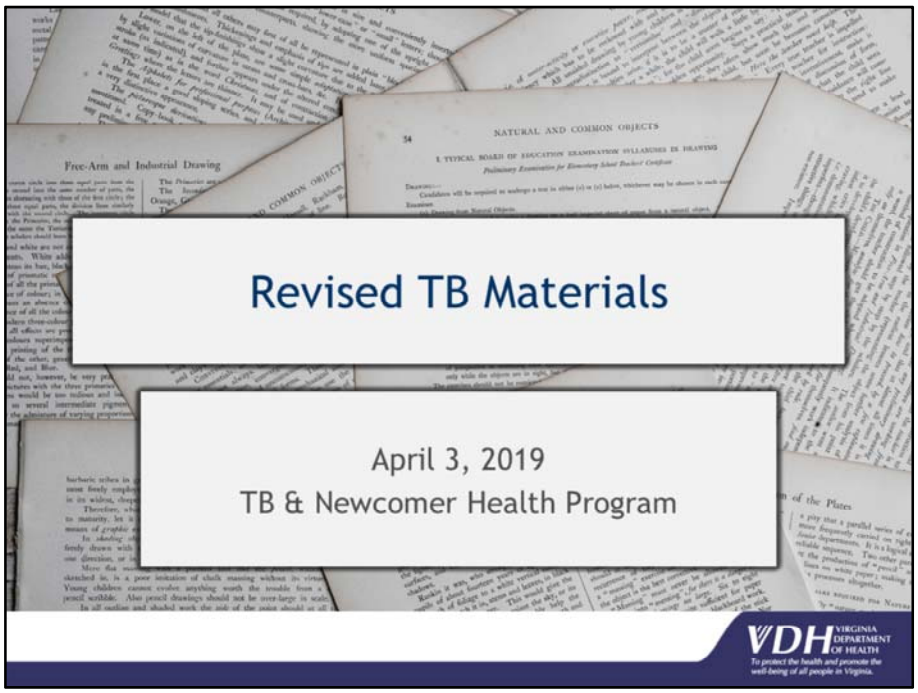
Free-Arm and Industrial Drawing
NATURAL AND COMMON OBJECTS
Revised TB Materials
April 3, 2019
TB & Newcomer Health Program
VDH
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To protect the health and promote the well-being of all people in Virginia.

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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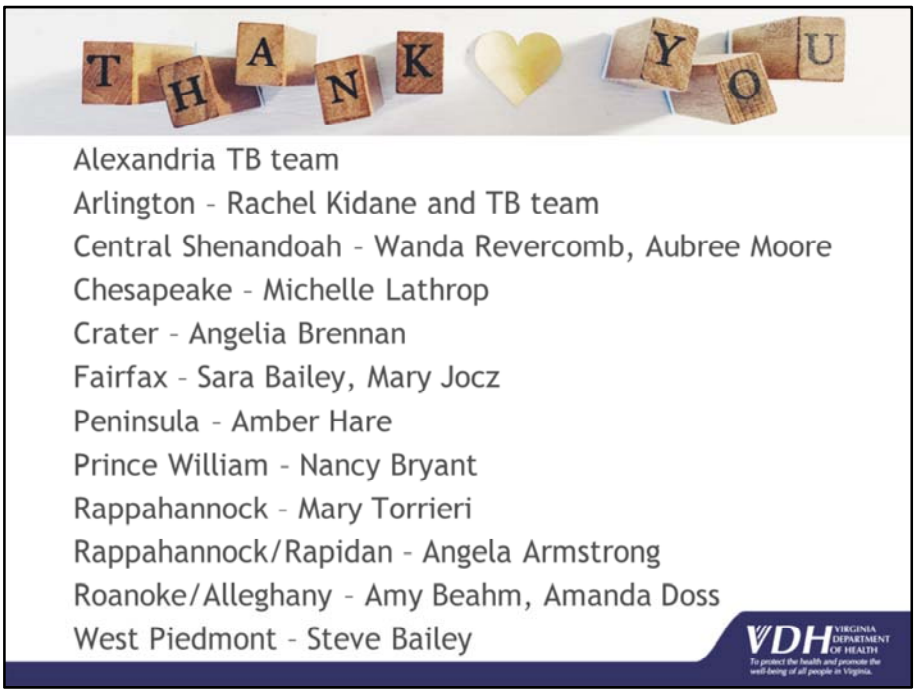
THANK YOU
Alexandria TB team
Arlington – Rachel Kidane and TB team
Central Shenandoah – Wanda Revercomb, Aubree Moore
Chesapeake – Michelle Lathrop
Crater – Angelia Brennan
Fairfax – Sara Bailey, Mary Jocz
Peninsula – Amber Hare
Prince William – Nancy Bryant
Rappahannock – Mary Torrieri
Rappahannock/Rapidan – Angela Armstrong
Roanoke/Alleghany – Amy Beahm, Amanda Doss
West Piedmont – Steve Bailey
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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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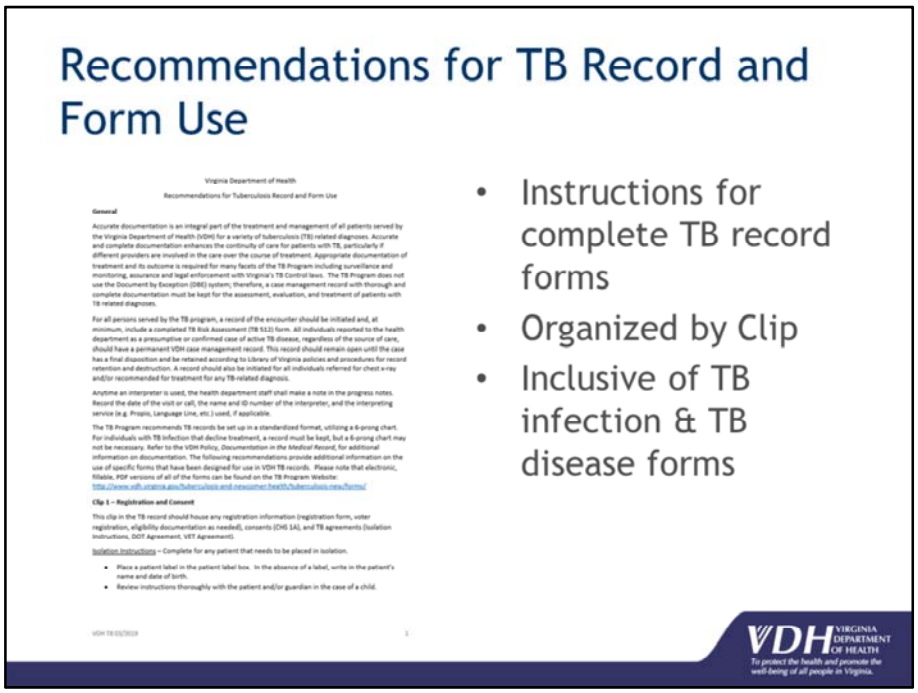
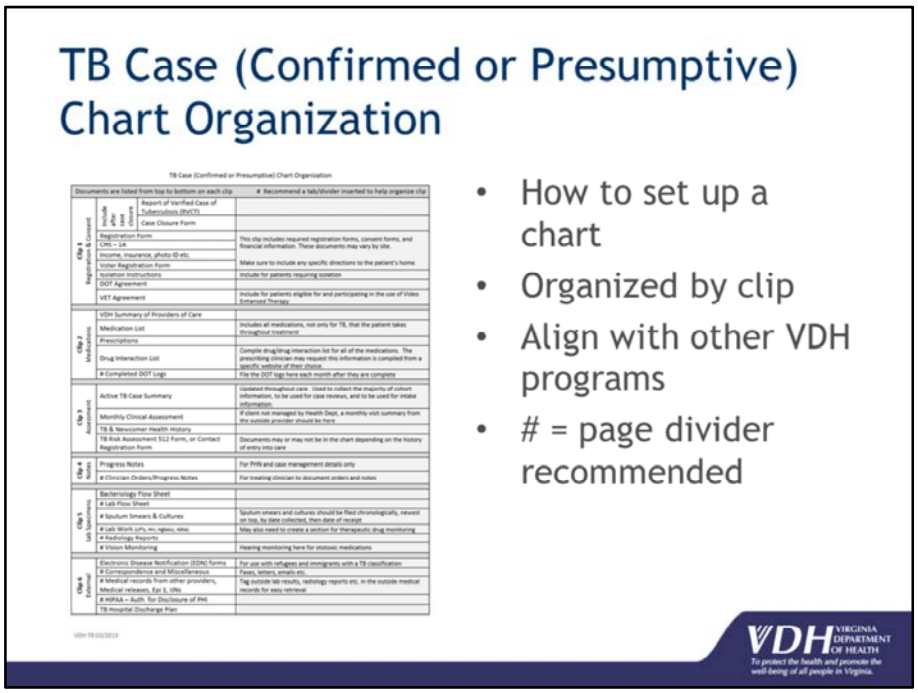
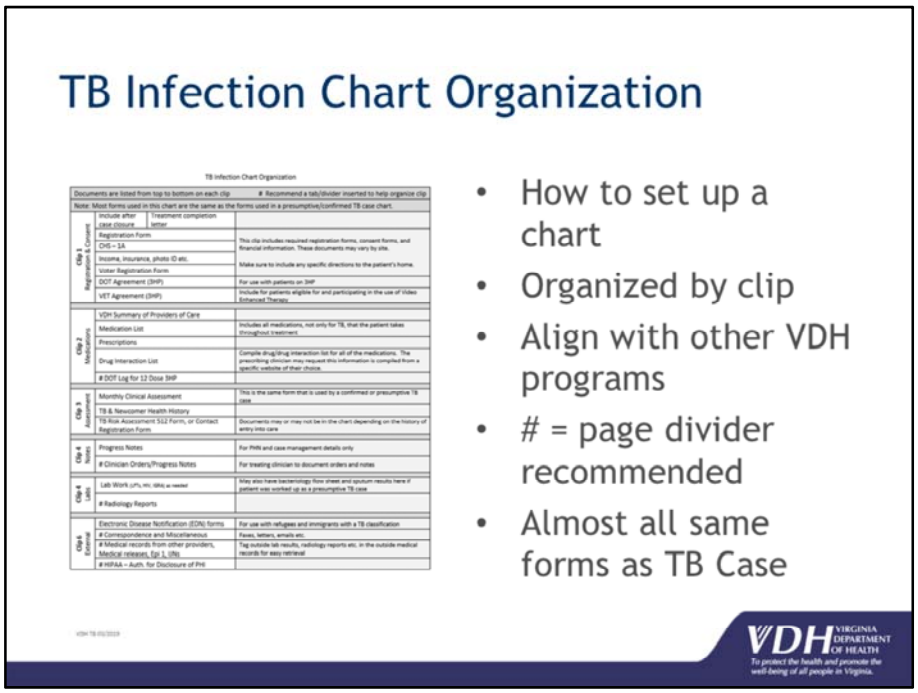


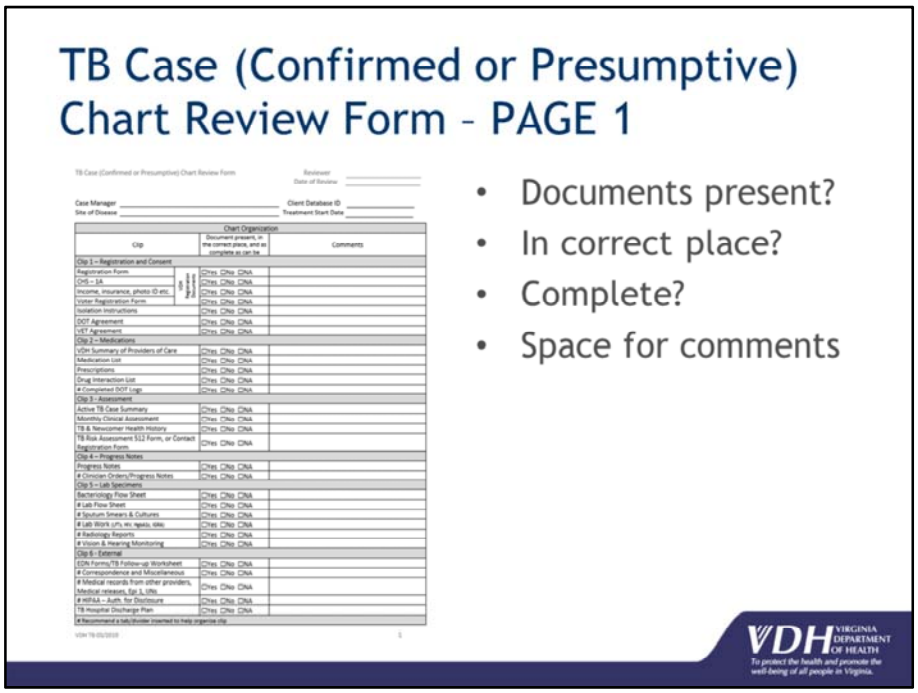
This is a revised document that now includes instructions for all of the forms used in TB records. This document is organized by clip for a 6 clip chart and includes forms used for both active TB disease and latent TB infection.



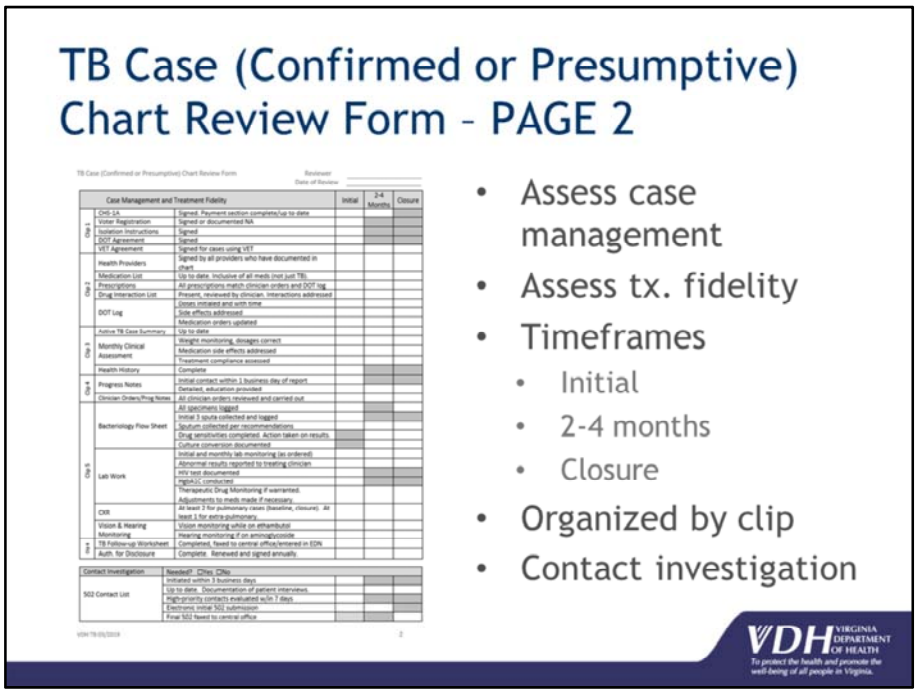
This is a new tool to help outline how to set up a chart for an active TB case. The tool is organized by clip and strives to align with other VDH programs. The hashtag symbol next to documents denotes a place where it is recommended to use a page divider to make it easier to locate the section. There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



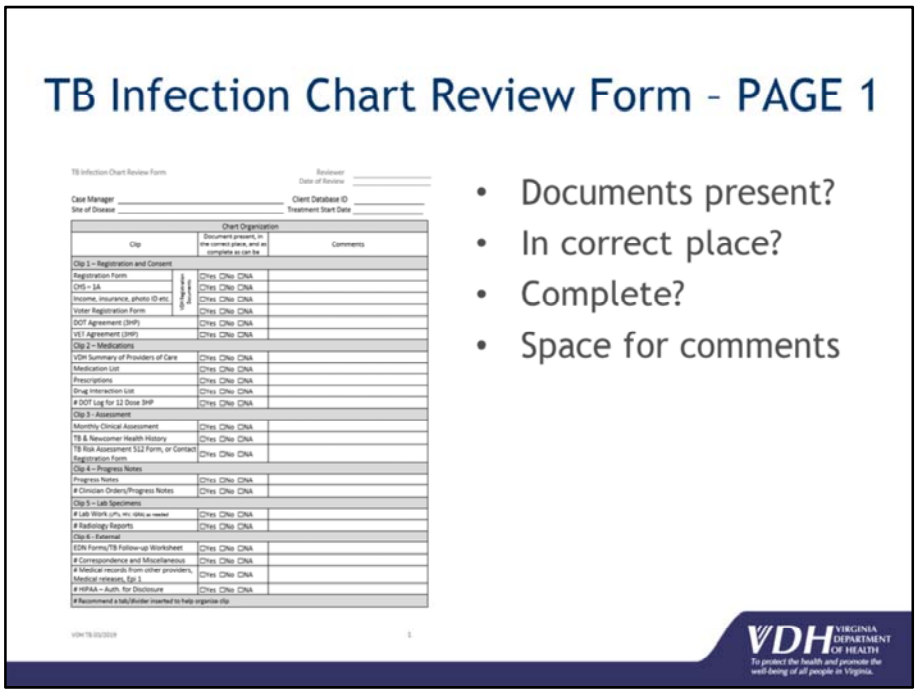
This is a new tool to help outline how to set up a chart for someone with latent TB infection. The tool is organized by clip and strives to align with other VDH programs. The hashtag symbol next to documents denotes a place where it is recommended to use a page divider to make it easier to locate the 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.



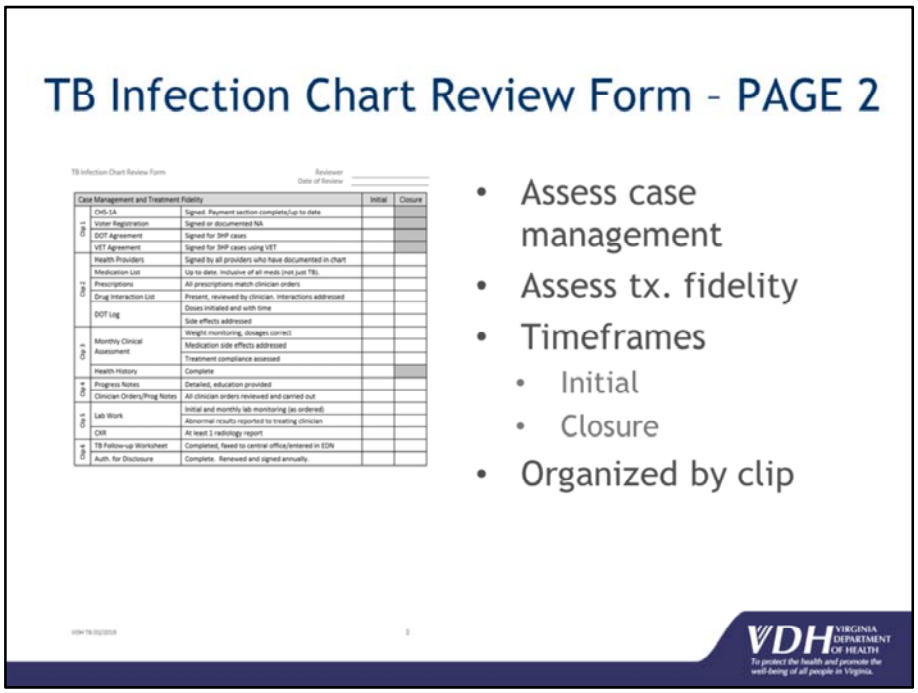
The TB Case Chart Review Form is a new tool for nurses, supervisors, and managers to use to review TB records. This first page of the tool has the reviewer determine if the document is present in the chart, if the document is in the correct place, and if the document is complete. This first page is really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



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.



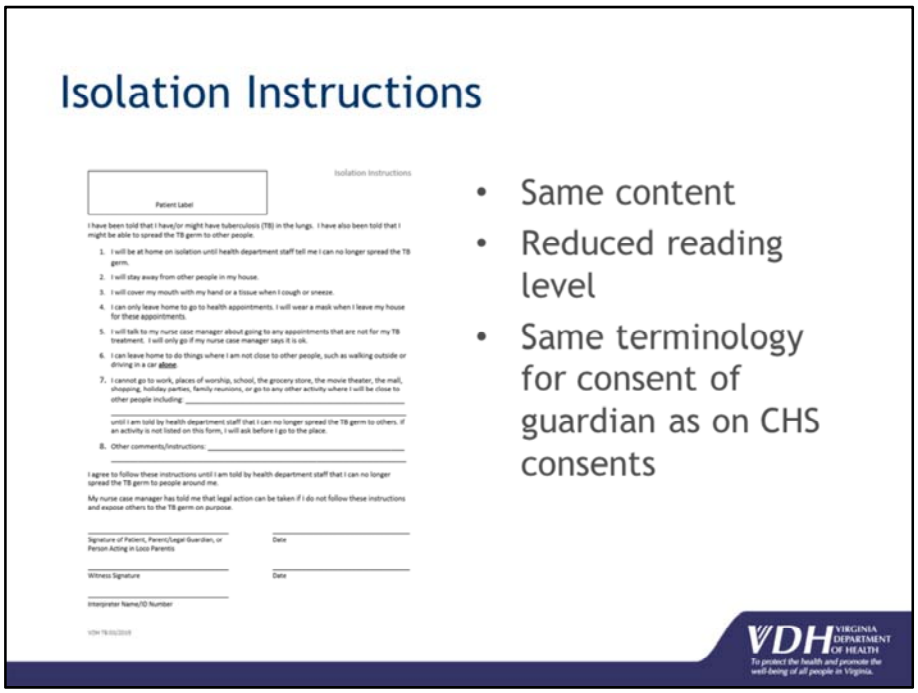
The TB Infection Chart Review Form is a new tool very similar to the TB Case Chart Review From. This first page of the tool has the reviewer determine if the document is present in the chart, if the document is in the correct place, and if the document is complete. This first page is really about organization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



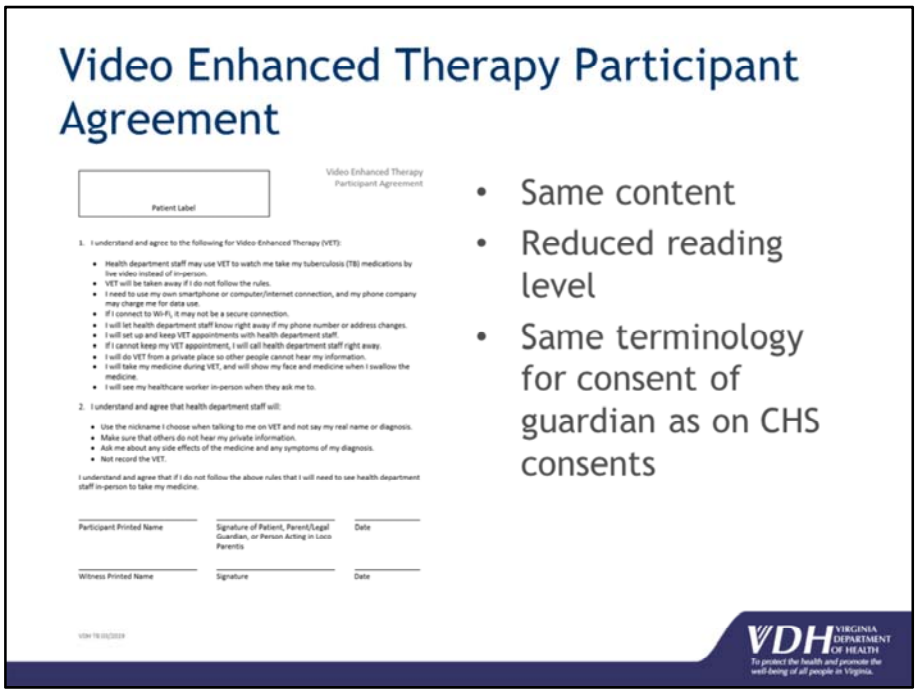
The second page of the tool is used to examine case management and treatment fidelity. This page looks at the management of the case and assesses whether or not appropriate and recommended actions have been taken. There are 2 time frames for review: initially, and at the closure of a case. The gray shaded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

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.

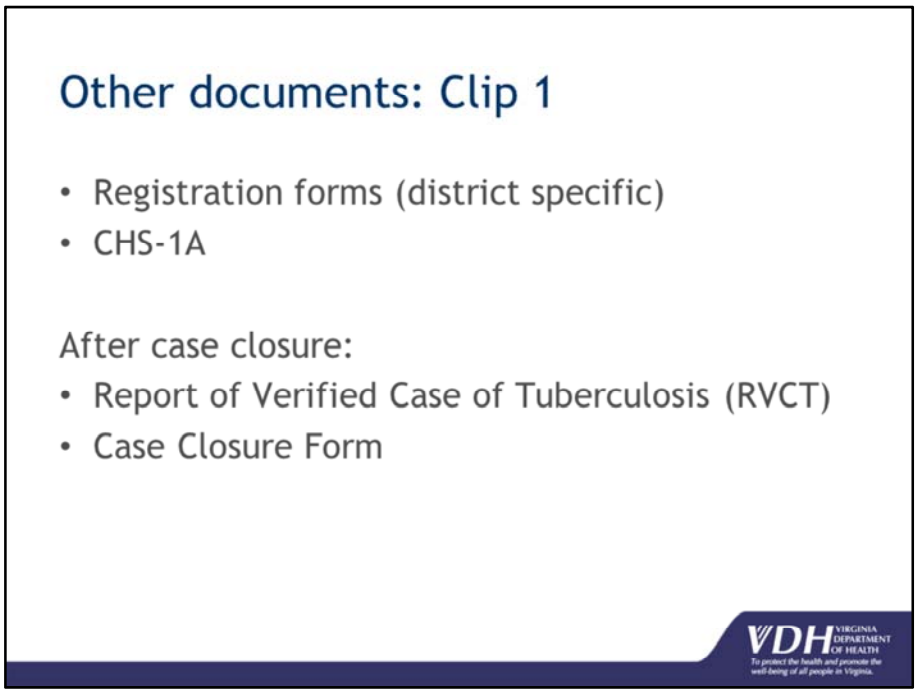
This is a revised document, used to obtain consent from the patient or guardian for Direct Observed Therapy, which is the standard of care for all active TB clients in Virginia as well as for the TB infection regimen, 3HP. The content has stayed the same but the reading level has been reduced. Additionally,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



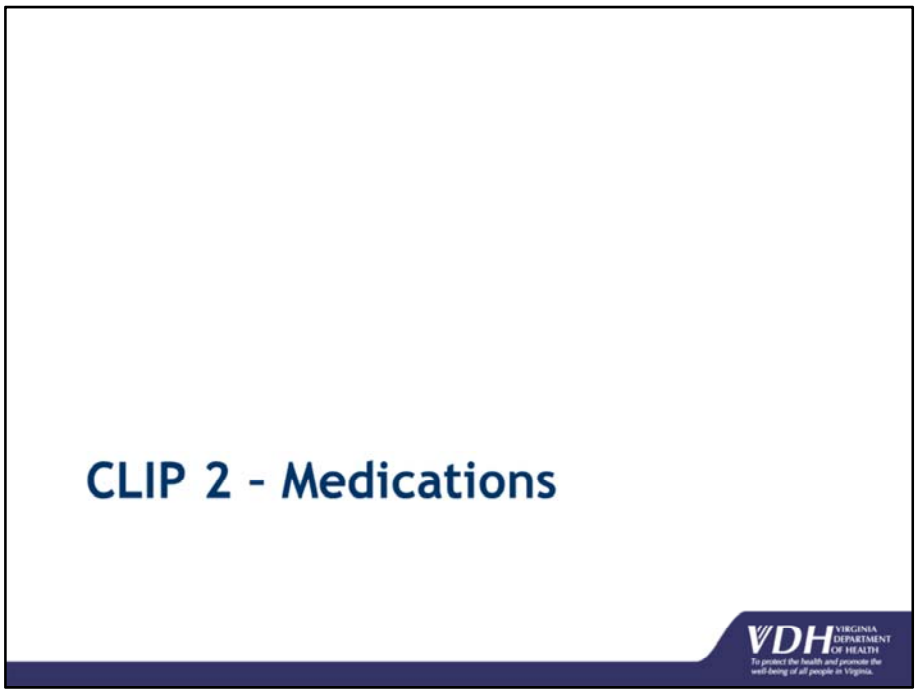
This is a revised document, used to review isolation instructions with all TB patients requiring isolation. The content has stayed the same but the reading level has been reduced. Additionally, the same terminology for consent of the guardian has been used as that on the CHS consents.



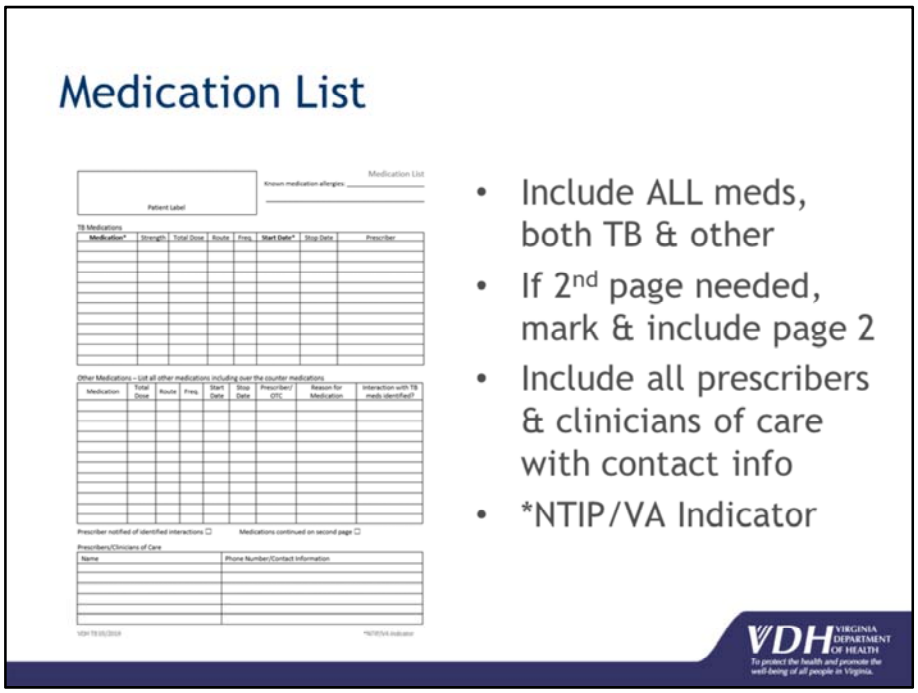
This is a revised document, used to obtain consent for Video Enhanced Therapy, which can be used with some active TB patients, and is also recommended for use with the TB infection regimen, 3HP. The content has stayed the same but the reading level has been reduced. Additionally, the same terminology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



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.

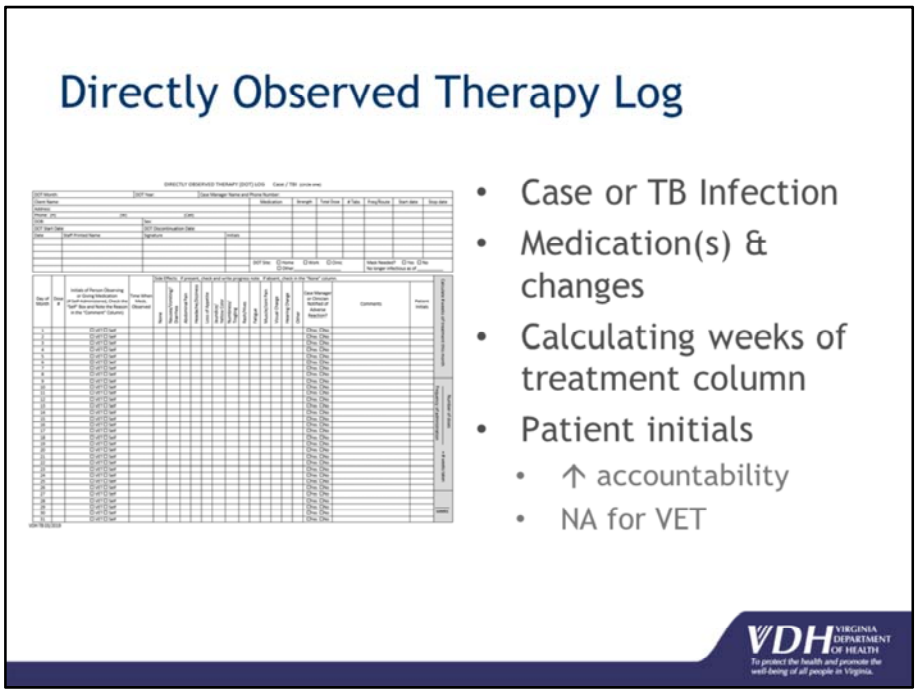


Clip 2 is Medications

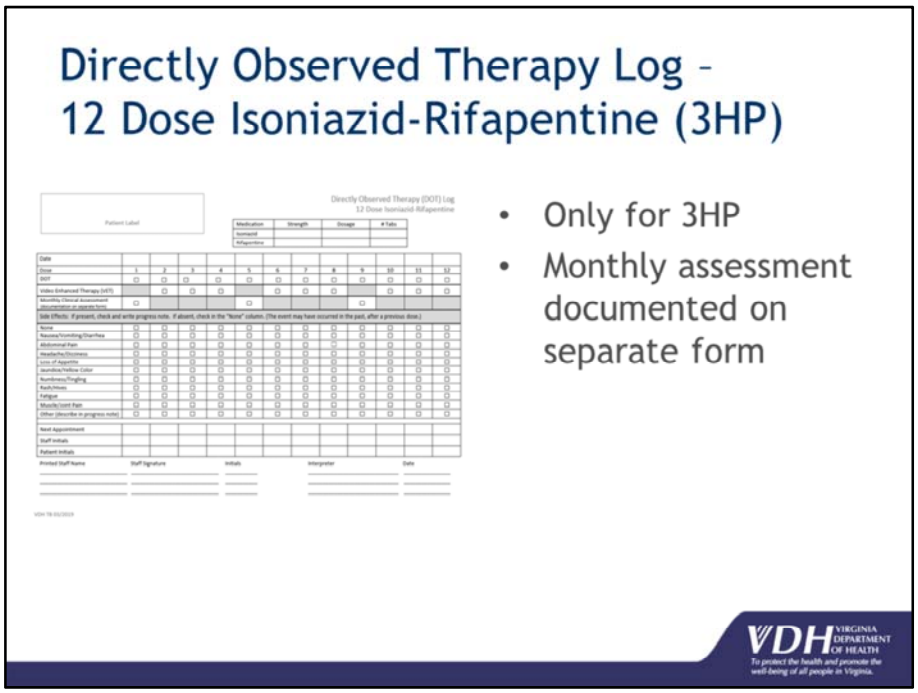


The Medication List has been revised. On this form, make sure to list ALL medications the patient is taking, both TB and other over the counter and prescribed medications. A second page is available if space is needed. If using a second page, mark the "Medications continued on second page" box. If a 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.

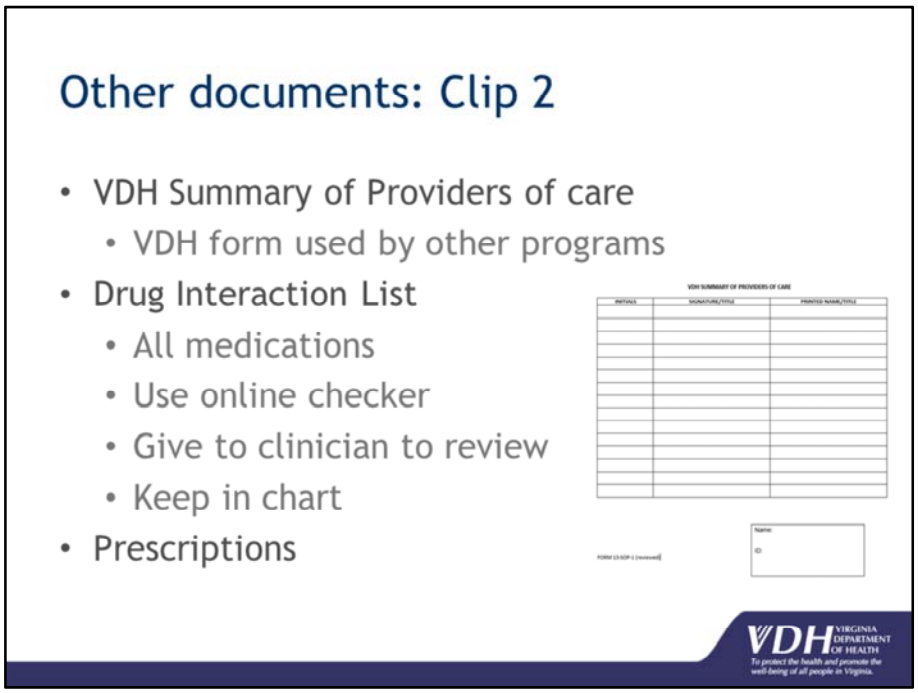
Throughout the revised materials, you will see some items marked with an asterisk and in bold, these are National Tuberculosis Indicator Project indicators. These are the indicators that are reviewed during cohort review, and are major goals of the TB program. The asterisk and bolding of elements aims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



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.



The DOT Log for 3HP has been revised slightly. Note that the monthly clinical assessment needs to be documented on the on the monthly clinical assessment sheet, this form is only for DOT.



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

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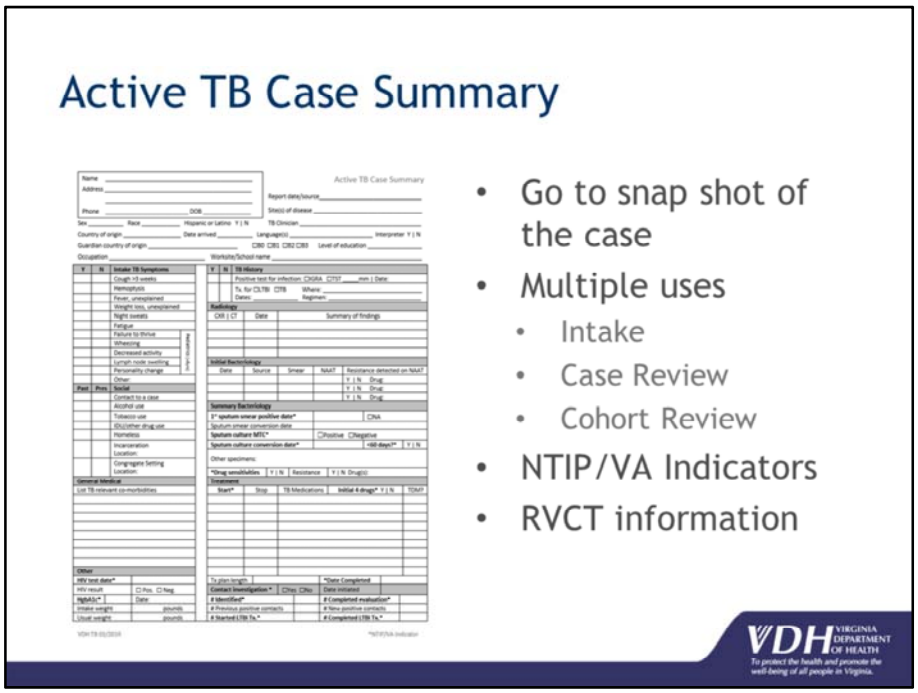
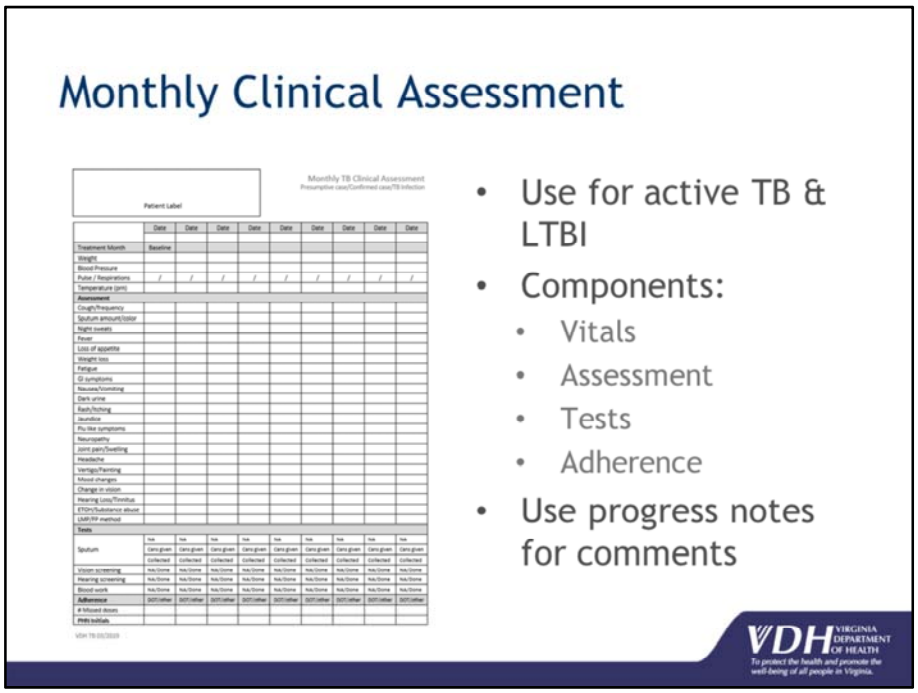
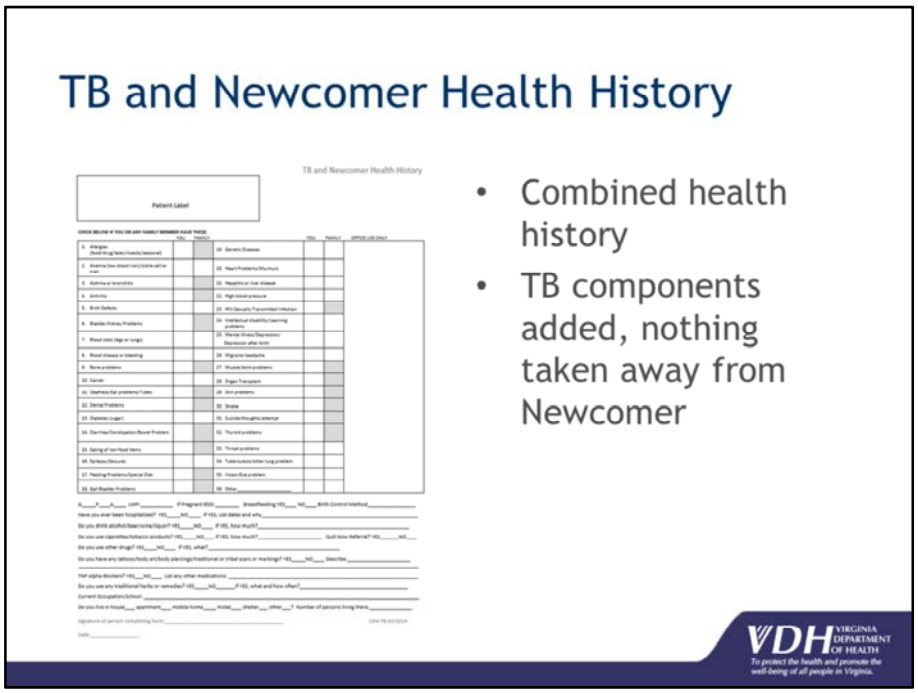


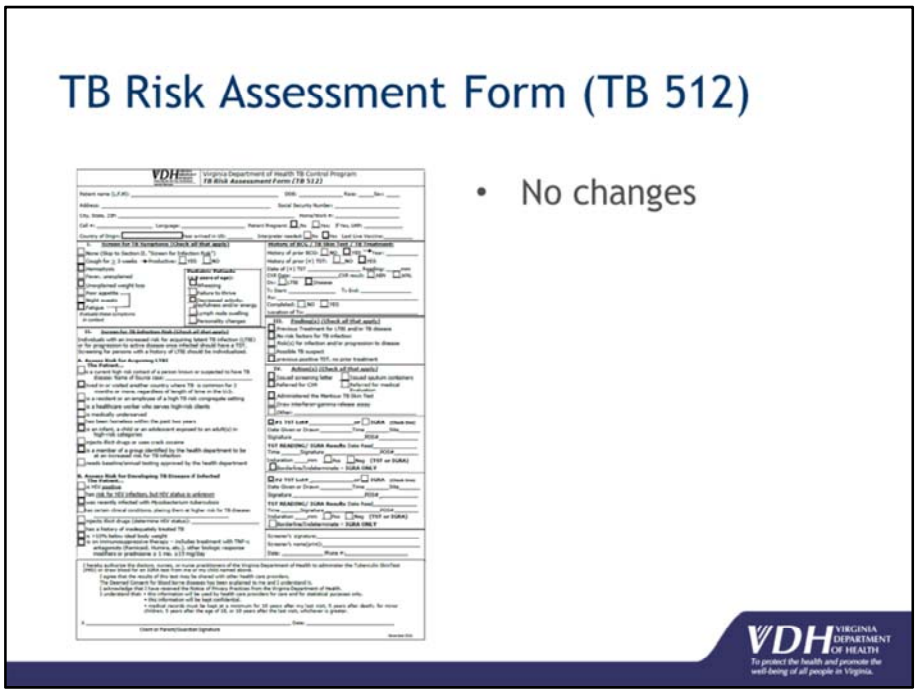
The Active TB Case Summary is a new form and is used as a go to snap shot of the case. The form has multiple uses and replaces the intake form, case review form, and cohort review form. This will be one of the first forms that is completed with a new case. This form captures many of the NTIP indicators as well as information needed for the RVCT.



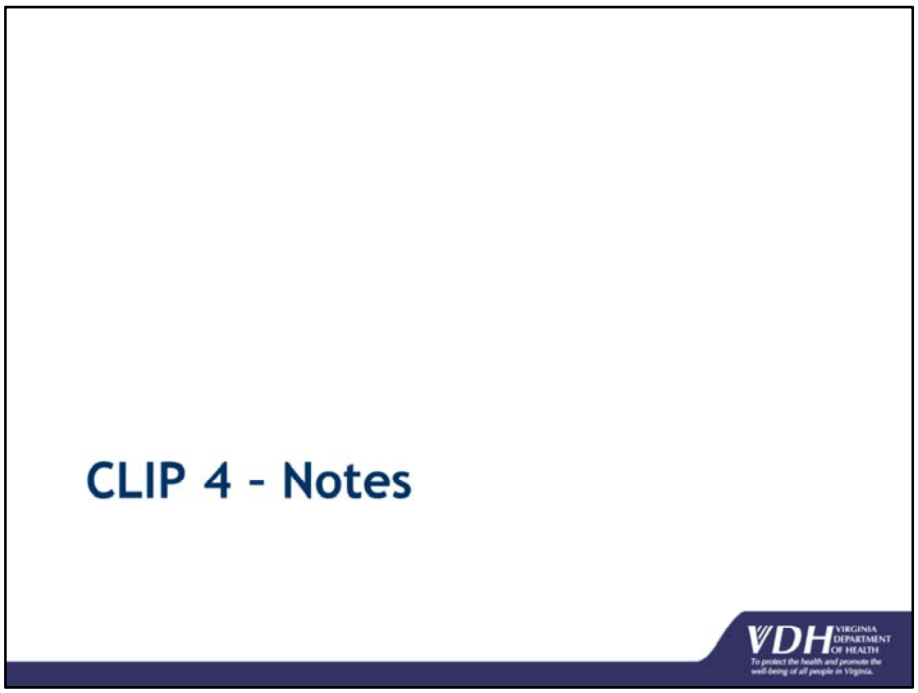
The Monthly Clinical Assessment has been revised and is now a combination of all of the many versions that were previously available. This form is for use with both active TB cases and TB infection. The assessment is divided into 4 main components: vitals, assessment, tests, and adherence. Make sure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



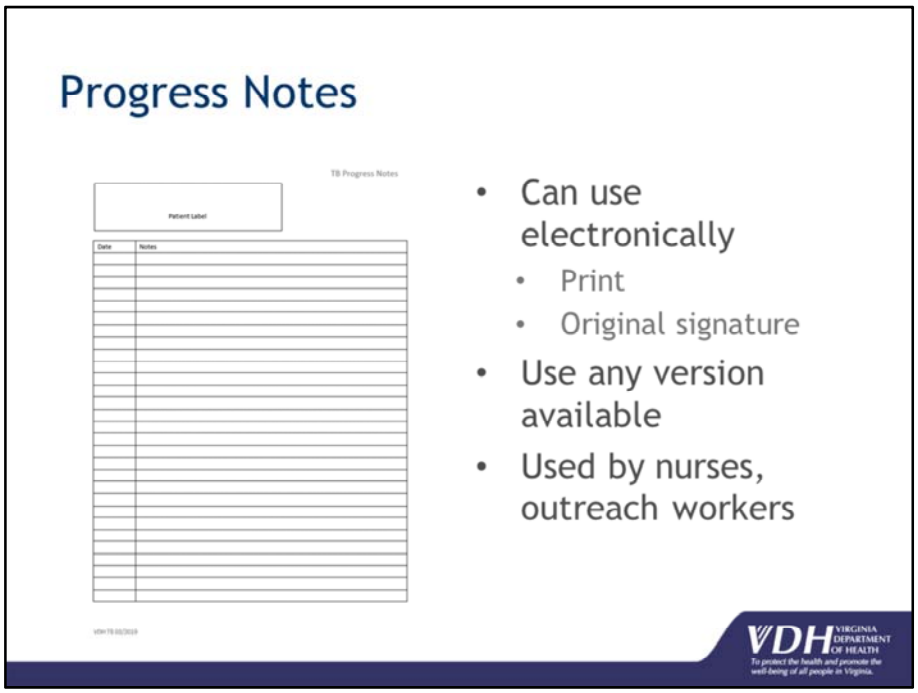
The TB and Newcomer Health History is a combination of the Newcomer Health History and the TB Health History and Assessment. This history form can now be used for both the TB patients as well as refugees. Nothing from the newcomer health history was taken away from this form, TB components were only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



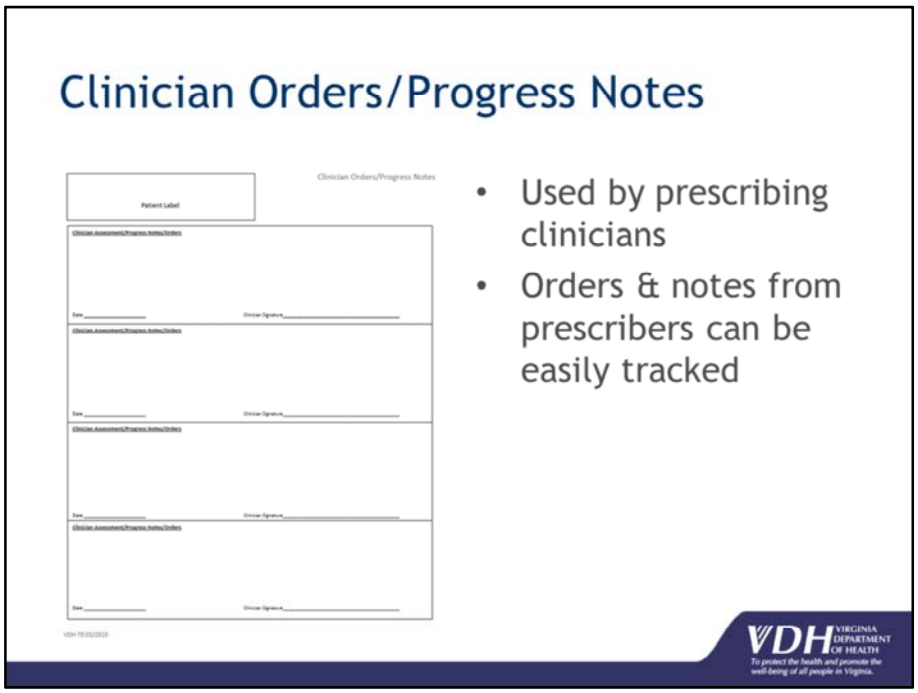
No changes were made to the 512.



Clip 4 houses all notes

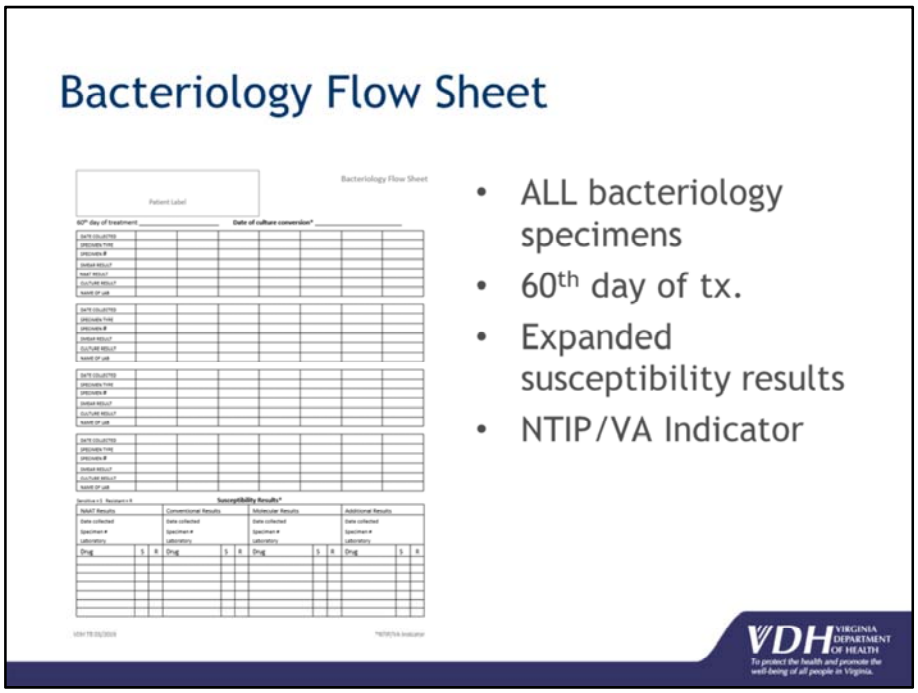


The progress notes can be used electronically. If used electronically make sure to print the notes and place an original signature on the notes. Districts can use any version of the progress notes that they have available locally. The progress notes are used by nurses and outreach workers.

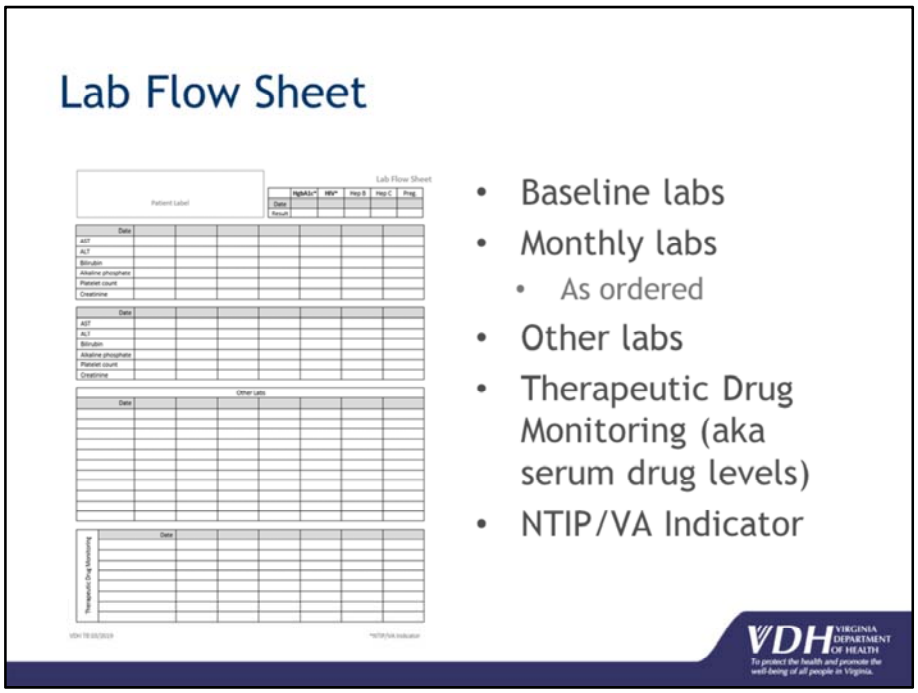


The Clinician Orders/Progress Notes are used by prescribing clinicians. These notes are kept separately from the progress notes of the nurses and outreach workers so that the orders and notes from prescribers can be easily located and tracked.

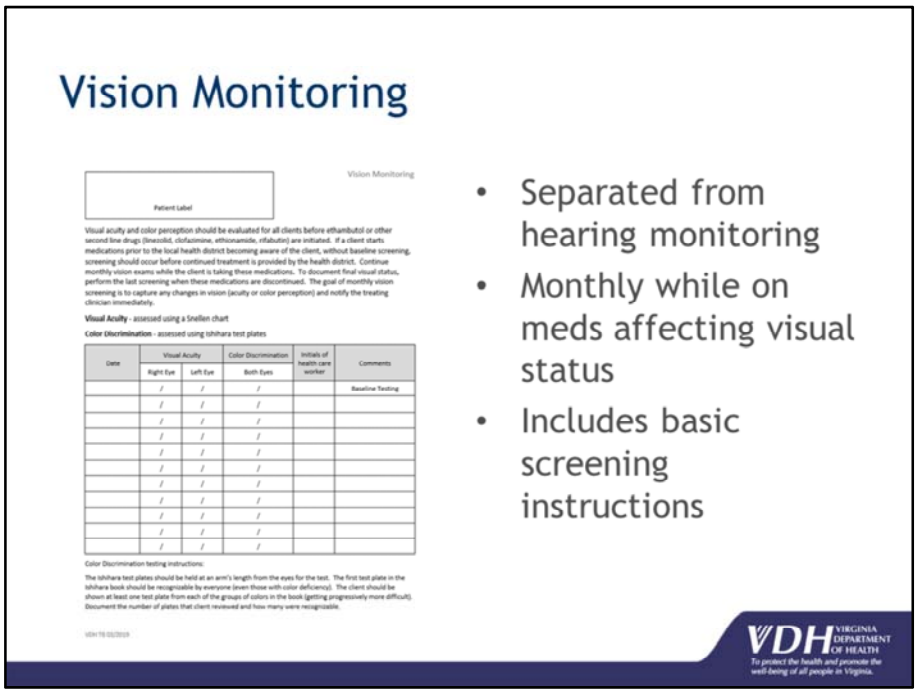
Clip 5 houses all information about lab specimens



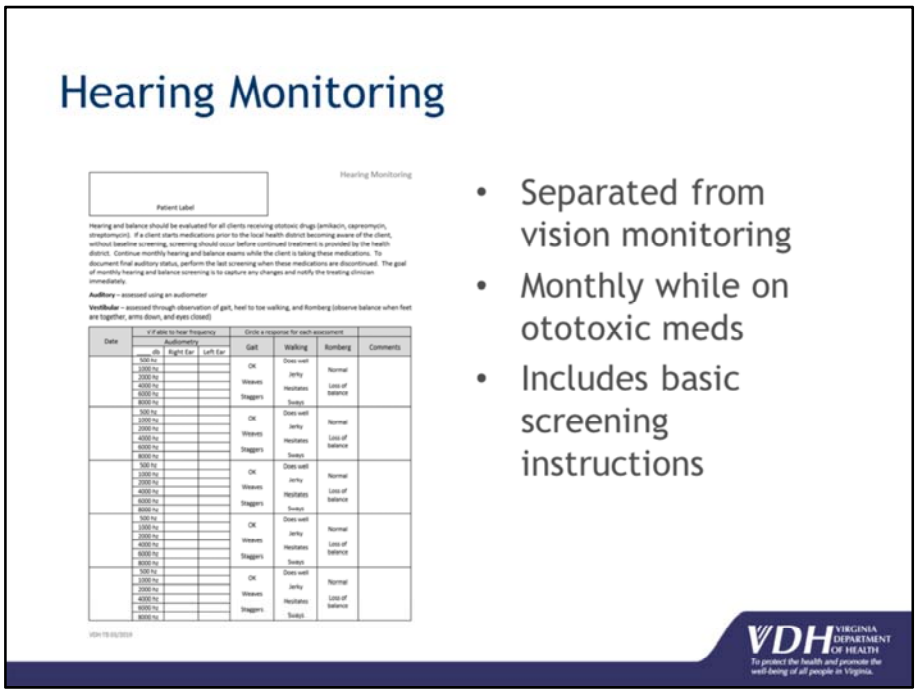
The Bacteriology Flow Sheet has been revised slightly. All bacteriology specimens should be included on this flow sheet, including those from labs outside of the State Lab, DCLS. A line for the 60th day of treatment has been added to serve as a reminder that sputum should be collected as close as possible to this date. The susceptibility results section has been expanded, and the NTIP indicators are marked with an asterisk and in bold.



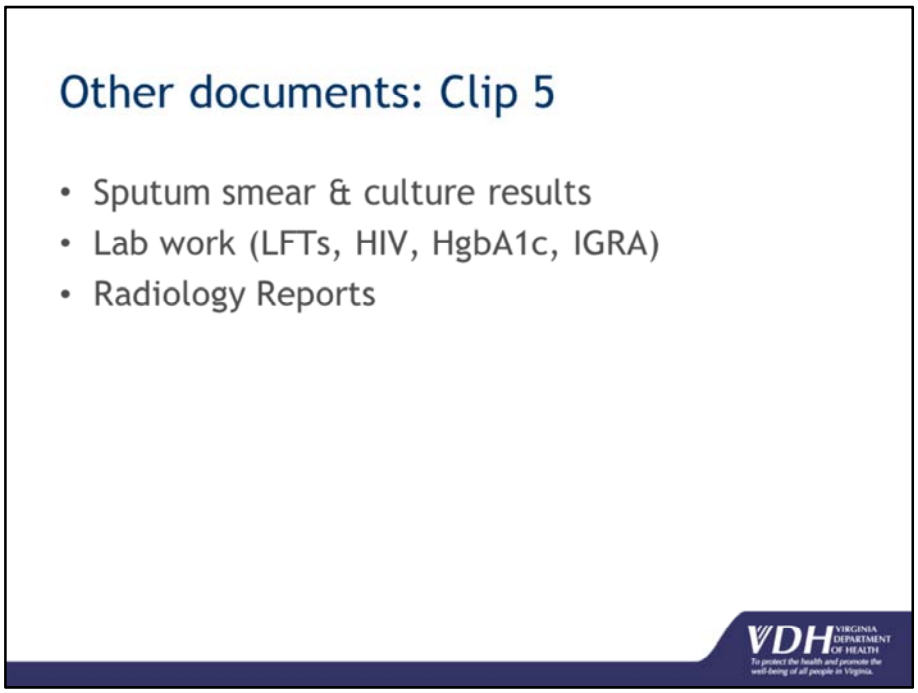
The Lab Flow Sheet is a new form created for easy tracking of labs over time. The flow sheet collects baseline labs as well as monthly labs that may be ordered by the clinician. There is an additional area for other labs that may be ordered. The bottom table is for any therapeutic drug monitoring that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



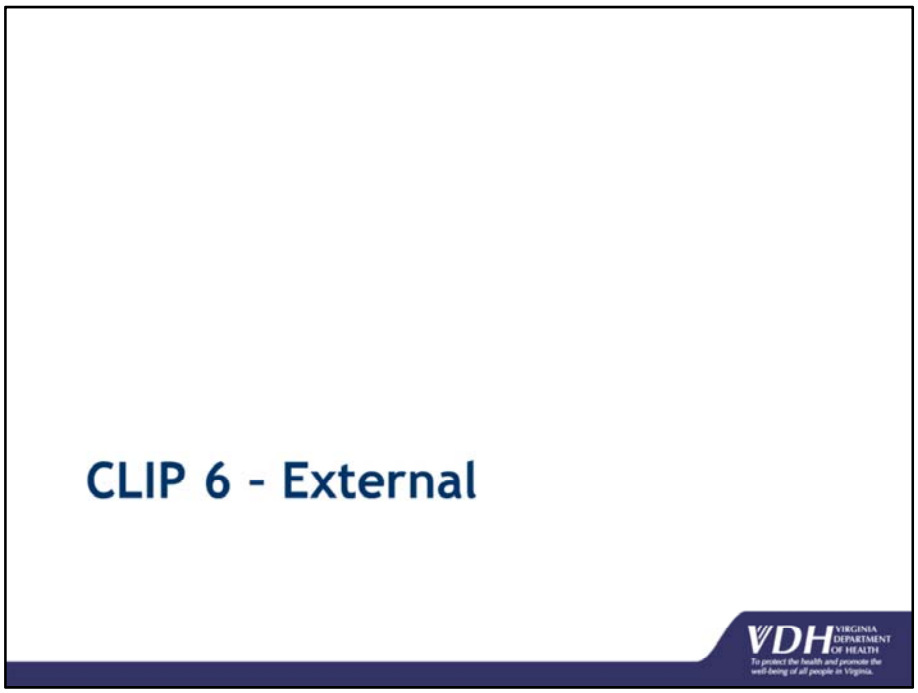
The Vision Monitoring tool has been separated from the hearing monitoring as most clients will only need vision monitoring and not hearing monitoring. Baseline vision monitoring and monthly screening should be conducted for clients on medications affecting visual status. The tool now includes instructions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



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 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.

TB Treatment/Discharge Plan


TB Treatment/Discharge Plan

- No changes
- Hospitalized clients

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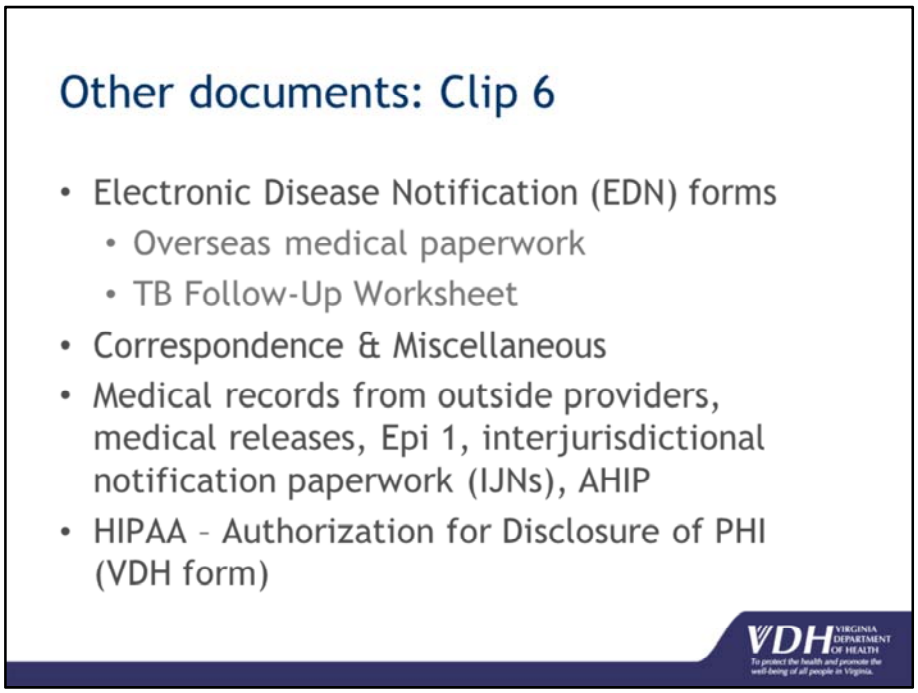
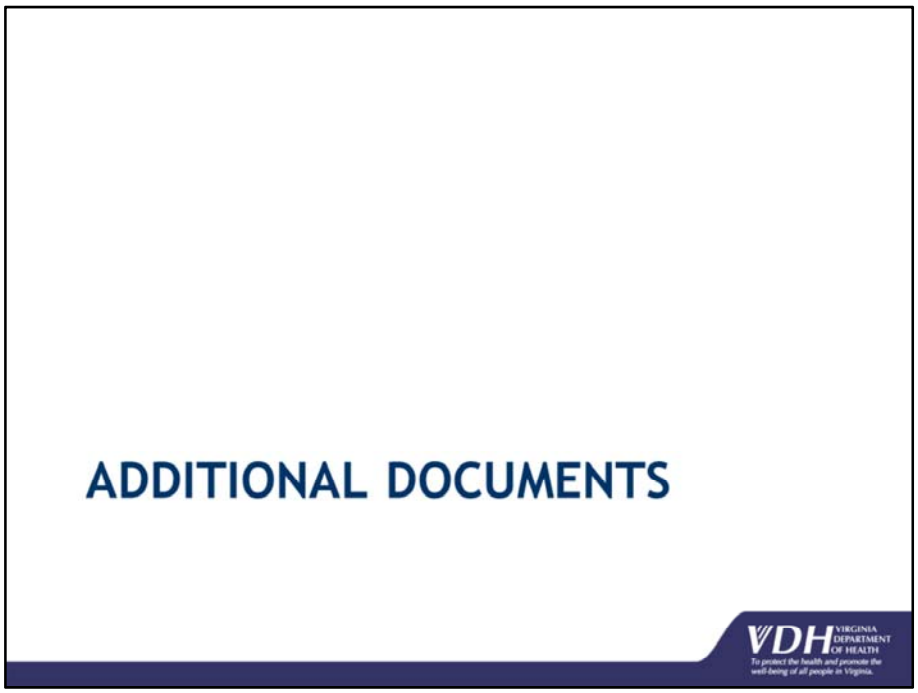
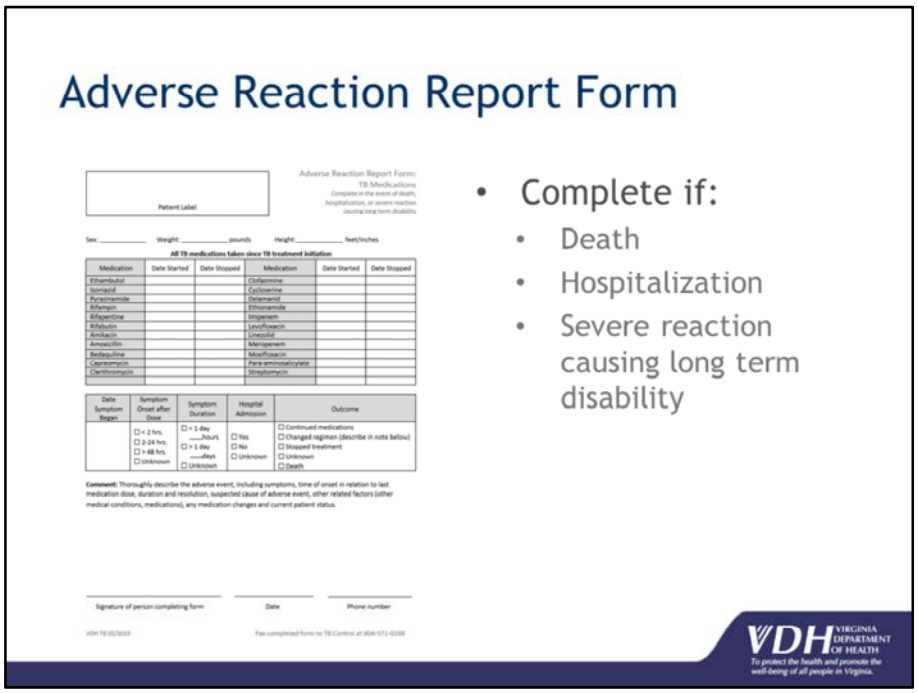
No changes



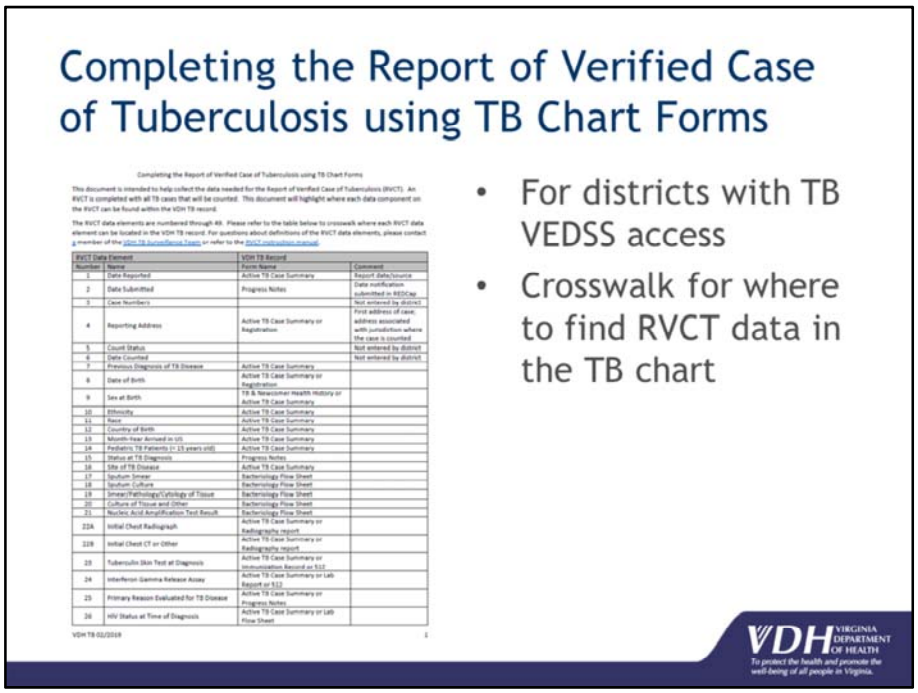
Clip 6 houses many different types of documents. The Electronic Disease Notification (EDN) forms should be kept on this clip, both the overseas medical paperwork and the TB Follow-Up Worksheet. Any correspondence between providers, as well as letters should be kept here along with outside medical records, 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.



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



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.



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.

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?
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