

TRIENNIAL REVIEW TOOL-TUBERCULOSIS

COUNTY:

ADMINISTRATOR:

DATE:

REVIEWER:

PARTICIPANTS:

Criteria for Compliance	Compliant		Comments / Documentation / Explanation/ Timelines
	Yes	No	
I. Surveillance & Reporting/Follow-up for TB Notification: REQUIREMENT: Reporting Citation: ORS 431.416(2), ORS 433.004(1), ORS 433.035, ORS 437.010, OAR 333-018-0000 - 0020, Investigative Guidelines (January 2005) pp. 1-2 (see Table 1 Reporting Forms & Timelines, p. 2), 11-12, 14-15, 22-23, Cooperative Agreement: National Goals (8), and all Oregon Guidelines for Diagnosis & Initial Management of Persons with Suspected TB.			
a. The Local Public Health Authority (LPHA) accepts notification of tuberculosis (TB) cases & suspects from providers.			
b. The LPHA accepts and makes jurisdictional referrals (to other counties or other states).			
c. The LPHA has the ability to generate TB reports.			
d. The LPHA demonstrates ability to locate & fully evaluate patients that are notified to the LPHA (either through home-visit or clinic).			
e. The LPHA demonstrates the ability to initiate & complete reports for latent TB infection (LTBI).			
f. Reports are submitted in a timely manner.			
g. Reports are submitted in a complete manner.			

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II. Assurance of Medical Care: REQUIREMENT: Disease Investigation & Control Citation: ORS 433.006, 433.035, OAR 333-19-0000, Investigative Guidelines (January, 2005) pp. 3, 5-18, Oregon Guidelines for Diagnosis & Initial Management of Persons with Suspected TB (all), ATS: Diagnostic Standards and Classification of Tuberculosis in Adults & Children <u>AJCCM Vol. 161</u>. CDC: Treatment of TB <u>MMWR 6/20/03 Vol. 52, No. RR-11</u>, CDC: Targeted Testing & Treatment of LTBI <u>MMWR 6/9/00 Vol. 49/No. RR-6</u>, Oregon Guidelines: Treatment of Latent TB Infection (2004), CDC Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis <u>MMWR 12/16/05 Vol. 54/No. RR-15</u>, CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, <u>MMWR 12/30/05, Vol. 54/No. RR-17</u>.			
<p>Medical care can be provided including:</p> <ul style="list-style-type: none"> a. Expert TB clinical consultation b. Laboratory services c. Chest Radiography d. Sputum collection e. Sputum induction f. Airborne infection isolation g. Hospitalization h. HIV counseling & testing i. Oversight of private medical physician care 			
<p>The Oregon State Public Health Laboratory is sent <u>isolate</u> from all initial culture -positive cases.</p>			
<p>Appropriate <u>TB treatment</u> is given to each active and latent TB case according to CDC & DHS guidelines.</p>			
<p><u>Clinical Monitoring</u> is done according to CDC & Oregon DHS guidelines.</p>			

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<p>The LPHA has demonstrated ability to liaison with local institutions for TB care –this would include such institutions as:</p> <ul style="list-style-type: none"> Corrections Hospitals Nursing homes Schools Local Clinics Homeless shelters Private Medical Providers offices Hospice Non-traditional Long term care providers Others 			
II. A: TB Nurse Case Management: Investigative Guidelines (January 2005) pp. 14-22			
TB Nurse Case Management Training is complete: (CDC Self Study Modules 1-9 & TBNCM Self-Study Modules NJ)			
<p>TB Nurse Case Management is followed according to the DHS guidelines, including:</p> <ul style="list-style-type: none"> a. Ability to conduct Initial patient assessment & home visit. b. Arrange case holding (incentives & enablers), develop & implement a comprehensive care plan. c. Provision of Directly Observed Therapy (DOT). d. If necessary, initiate legal orders, detention or order to examine. e. Provision of on-going case management, in-person visits & monitoring. f. Ability to close case 			

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<u>Health Education</u> is complete & documented in each patient chart.			
II. B: TB Contact Investigation: Investigative Guidelines (January 2005) pp. 9-13 & CDC Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis MMWR 12/16/2005, Vol. 54, No. RR-15.			
<p> TB Nurse Case Management contact investigation is conducted according to CDC & TB Investigative Guidelines. </p> <p> TB contact investigation includes the ability to: </p> <ol style="list-style-type: none"> a. Conduct initial patient interview to elicit contacts. b. Locate contacts. c. Have access to/knowledge of local community. d. Provide clinical evaluation of contacts (especially children) including: TB skin test, chest x-ray, sputum testing. e. Start/complete treatment of contacts of LTBI, prioritizing high-risk contacts. f. Perform extended contact investigation (workplace, schools, etc.). g. Provide DOT for children & other high-risk contacts. 			
III. Program Planning & Policy Development Citation: ORS 433.006 - 0156, OAR 333-19-0000 - 0002, Oregon Guidelines for Diagnosis & Initial Management of Persons with Suspected TB (all), CDC: Treatment of TB MMWR 6/20/03 Vol. 52, No. RR-11, CDC: Targeted Testing & Treatment of LTBI MMWR 6/9/00 Vol. 49/No. RR-6, Oregon Guidelines: Treatment of Latent TB Infection (2004), Investigative Guidelines (January 2005) pp. 6-22. ATS/CDC/IDSA: Controlling Tuberculosis in the United States, <u>MMWR 11/4/05, Vol. 54, No. RR-12.</u>			

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a. The LPHA assures control of communicable diseases including TB (signed contract with DHS).			
b. There is demonstrated ability to implement legal mandates (discharge, medical orders, etc.).			
c. The LPHA identifies providers serving high-risk communities (corrections, migrants, etc.) & networks with reporting sources.			
d. The LPHA allocates dedicated resources to conduct TB control activities.			
e. TB training & education materials are provided.			
IV. REQUIREMENT: Program Evaluation Citation: County Contracts, CDC Cooperative Agreement (current), CDC: Essential Components of a TB Prevention & Control Program MMWR 9/8/95. Vol. 44, No. RR-11.			
National TB Program Goals are Reached: >90% Completion of Treatment within 12-months >1 contact identified in >90% SS+ cases >95% contacts of SS+ case evaluated >85% contacts on LTBI complete treatment >85% adult TB cases tested for HIV >70% A& B waivers complete evaluation in 45 days			

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V. REQUIREMENTS: Other Citation: OAR 333-0010-0041, Nursing Practice Act (Division 45), ORS 433.019, 433.035, 433.106-156, Investigative Guidelines (January 2005) pp. 13-14, 19-24. CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR 12/30/05, Vol. 54/No. RR-17. CDC: Targeted Testing & Treatment of LTBI. MMWR 6/9/00. Vol. 49, No. RR-6, pp. 22-23. ATS/CDC/IDSA: Controlling Tuberculosis in the United States, MMWR 11/4/05, Vol. 54. No. RR-12.			
TB Exposure & Control Plan (TBCEP) in place & updated.			
Standard Nursing TB Protocols are written, in place and updated as needed.			
Inter-jurisdictional Transfers are conducted efficiently & timely.			
VI. Targeted Testing & Treatment of LTBI Citation: County Contracts, CDC Cooperative Agreement (current), CDC: Essential Components of a TB Prevention & Control Program MMWR 9/8/95. Vol. 44, No. RR-11, Investigative Guidelines (January 2005) pp. 23-24.			
Targeted testing for LTBI is based upon accurate epidemiological evidence and after demonstrating successful treatment for TB cases & contacts.			

OSPHL = Oregon State Public Health Laboratory

LTBI = Latent Tuberculosis Infection

¶ CDC = Centers for Disease Control & Prevention,
DHS = Oregon State Department of Human Services (Health Services)