



DOH 343-075 March 2010
 For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Washington State Department of Health
 Tuberculosis Chart Audit Tool

Date _____ Vision # _____
 District _____ Case _____
 Reviewer _____ Suspect _____
 _____ LTBI _____

Parameters and Time Limits	Standard			Comments
	M	NM	NA	
General				
File contents are fastened to the file jacket to avoid loss of contacts				
Physician orders, progress notes, lab/imaging reports, hospital records, correspondence, etc. are filed by dates in separate sections				
Patient's name or ID number appear on all pages of the record				
Patient's medications allergies are clearly listed on the front of the record and on the intake assessment form				
Documentation is legible throughout record				
Appropriate consent forms are signed and filed in the record (see examples below – consents are also available in other languages) http://health.state.ga.us/pdfs/forms/3609.TB.Eng.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/counseling.doc				
A general health history questionnaire is completed on all patients and periodically updated http://www.doh.wa.gov/cfh/TB/Manual/Forms/ClinicRecord.pdf				
Complete medication histories are obtained and updated as necessary. History contains reference to OTC meds and herbals				
Potential drug interactions is noted and documentation of assessment is in chart with appropriate intervention if needed				
Copies of hospital records are requested and filed in the chart				
Documentation reflects assessment of clinical, socio-economic, and environmental factors http://www.doh.wa.gov/cfh/TB/Manual/Forms/HomeEvaluation.pdf Cultural Competency and Tuberculosis Care: A Guide for Self-Study and Self-Assessment				
Documentation reflects assessment of preferred language, literacy status, and use of telephone language line or in-person medical interpreter http://www.cdc.gov/tb/pubs/CulturalMaterials.htm				
Documentation reflects assessment of special needs such as poor visual acuity, deafness, etc				
Tuberculosis – General				
There is a written treatment plan on the chart. There is evidence of updating, as needed, during treatment course. http://health.state.ga.us/pdfs/forms/3144.Plan.Eng.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/TreatmentAgreement.pdf				

M = Met, NM = Not Met, NA = Not Applicable

If patient hospitalized, there is a discharge plan signed by health director on chart				
Initial contact with referring facility/provider made within 1 business day of report http://www.doh.wa.gov/cfh/TB/Manual/Forms/Quickstart5.pdf				
A tuberculosis history is begun at the time of the first Patient encounter and updated as further information is available. <ol style="list-style-type: none"> 1. Onset of present illness 2. Onset of symptoms 3. Onset of cough, if applicable 4. Determination of period of infectiousness 5. Known past TB disease 6. Known past TB infection 				
<ol style="list-style-type: none"> 7. Known past exposure to infectious TB case 8. Known past exposure to resistant TB 9. Known past treatment for disease or infection 10. Location of past treatment 11. B1 B2 Screening evaluation completed if appropriate 12. Known past drug reactions to TB meds 13. Weight and height recorded on chart http://www.doh.wa.gov/cfh/TB/Manual/Forms/ClinicRecordVDH.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ClinicRecord.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/InitialAssessment.pdf				
Diagnostic Information				
TST/IGRA recorded on chart http://www.doh.wa.gov/cfh/TB/tb_publications/PPDcards.pdf				
Medical evaluation on file in the chart				
Copy of chest x-ray report in chart (pulmonary & extrapulmonary)				
Copies of repeat CXR reports as ordered by physician				
Copy of CXR report at completion of treatment (pulmonary) if ordered				
Results of smear/culture/sensitivity results for all sites (sputum and extrapulmonary sites) http://www.doh.wa.gov/cfh/TB/Manual/Forms/Labdatasheet.pdf http://health.state.ga.us/pdfs/forms/3143.Bac.pdf				
Results of histology or other pertinent diagnostic studies obtained http://www.doh.wa.gov/cfh/TB/Manual/Forms/Labdatasheet.pdf				
Additional sputum collected and submitted to public health laboratory within 1 week if original specimens at private lab http://www.doh.wa.gov/EHSPHL/PHL/Brochures/flyerTBship.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/SputumCollect.pdf				
Drug susceptibility results filed in chart. MD notified immediately of results http://www.doh.wa.gov/cfh/TB/Manual/Forms/Labdatasheet.pdf				
Treatment and Compliance				
Treatment regimen				
Identification of barriers to treatment compliance & social needs http://www.harlemtbcenter.org/Assets/web_docs/SW.pdf http://www.cdc.gov/tb/pubs/pamphlets/TB_trtmnt.pdf				

http://www.doh.wa.gov/cfh/TB/Manual/Forms/Quickstart8.pdf				
Written plan for addressing barriers				
Documentation of appropriate referrals to address barriers to treatment, social needs and other medical needs as appropriate				
Drug treatment regimen is appropriate according to current state and national guidelines (Initial 4-drugs standard) http://www.cdc.gov/tb/pubs/tbfactsheets/treatmentHIVnegative.pdf http://www.cdc.gov/tb/pubs/tbfactsheets/treatmentHIVpositive.pdf Treatment of Tuberculosis: Standard Therapy for Active Disease in Adults & Adolescents Treatment of Tuberculosis: Standard Therapy for Active Disease in Children http://www.doh.wa.gov/cfh/TB/Manual/Forms/Quickstart5.pdf http://health.state.ga.us/pdfs/forms/3135.flowsheet.08.2006.pdf Drug-O-Gram				
Medication dosages recalculated. Appropriate action taken and documented in chart for incorrect dosing http://www.doh.wa.gov/cfh/TB/Manual/Forms/DOTLog(VDH).pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/DrugInterview.pdf				
Exceptions to standard regimen noted and intervention documented				
Health Officer action as needed http://www.doh.wa.gov/cfh/TB/Manual/Forms/Detention.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/PHDirective.pdf				
MD order is current and signed http://www.doh.wa.gov/cfh/TB/Manual/Forms/MedicationOrders.pdf				
Verbal orders are signed in record				
Orders dated and include drug name, dosage, frequency and duration				
Initial treatment or adjustment to treatment is initiated within 3 days of order				
Evidence of assessment for need to extend treatment regimen (+smear past 2 months, cavitary CXR, CNS XPTB) http://www.doh.wa.gov/cfh/TB/Manual/Forms/Roadmap.pdf				
Compliance				
All medication distributions documented in format to facilitate calculation of number of ingested doses for completion of therapy http://www.doh.wa.gov/cfh/TB/Manual/Forms/VirginiaDOTAgreement.pdf http://health.state.ga.us/pdfs/forms/DOT.Eng.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/DOTAgree(King).pdf				
Each patient assessed for compliance and DOT. If DOT not done, explanation of reason is charted. Evidence of compliance monitoring if client not on DOT. http://www.doh.wa.gov/cfh/TB/Manual/Forms/VirginiaDOTAgreement.pdf http://health.state.ga.us/pdfs/forms/DOT.Eng.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/DOTAgree(King).pdf				
Use of incentives and enablers documented				
Use of legal process documented, if needed Implementing Legal Interventions for the Control of Tuberculosis				
Monitoring				

<p>General</p> <ol style="list-style-type: none"> 1. Assessment of signs and symptoms 2. Immediate report to provider of worsening S/S 3. Results of abnormal test results, medication side effects and other client treatment problems are reported to provider within 24 hours of receipt <ol style="list-style-type: none"> a. Primary/acquired drug resistance b. Positive smears/culture after 2 months of treatment c. No final diagnosis after 3 months of treatment d. Failure to improve clinically after 2 months of treatment e. Signs and symptoms of hepatotoxicity/drug reaction <p>http://www.doh.wa.gov/cfh/TB/Manual/Forms/DrugInterview.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/DOTLog(VDH).pdf</p>				
<p>Sputum</p> <ol style="list-style-type: none"> 1. Sputum collection is documented and in accordance with current recommendations for collection frequency http://www.doh.wa.gov/cfh/TB/Manual/Forms/Roadmap.pdf 2. Documentation of report to provider of significant changes in results within 24 hours of receipt 				
<p>Bloodwork</p> <ol style="list-style-type: none"> 1. Baseline and periodic bloodwork is performed according to recommendations http://www.doh.wa.gov/cfh/TB/Manual/Forms/Roadmap.pdf 2. Immediate report of abnormal lab values is documented 3. Additional labwork per MD orders 				
<p>Other</p> <ol style="list-style-type: none"> 1. Baseline and monthly visual acuity and red/green color vision screening while on EMB. Results documented on chart Ishihara Test for Color Blindness 2. Baseline and monthly screening audiometry while on ototoxic drugs such as SM, capreomycin, Amikacin, kanamycin 3. Results documented on chart 4. Reporting of visual, hearing or balance problems within 24 hours is documented 				
Client/family teaching topics				
<p>Infection vs. disease process http://www.cdc.gov/tb/pubs/tbfactsheets/LTBlandActiveTB.pdf http://www.cdc.gov/tb/pubs/pamphlets/TB_disease_EN_rev.pdf http://www.cdc.gov/tb/pubs/tbfactsheets/cure_eng.pdf http://www.cdc.gov/tb/pubs/tbfactsheets/diagnosis.pdf</p>				
<p>TB transmission and disease process http://www.cdc.gov/tb/pubs/pamphlets/TB_contact_investigation.pdf http://www.cdc.gov/tb/pubs/tbfactsheets/exposure_eng.pdf</p>				
<p>Transmission precautions and isolation restrictions http://www.doh.wa.gov/cfh/TB/Manual/Forms/IsolationInstructions.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/Quickstart8.pdf</p>				
<p>TB/HIV connection (within 30 days of Rx start), if applicable http://www.cdc.gov/tb/pubs/tbfactsheets/tbandhiv_eng.pdf http://www.cdc.gov/tb/pubs/tbfactsheets/HIVscreening.pdf</p>				

Review of treatment follow-up plans				
Review of medications, rationale for meds, side effects and actions to take if problems occur What You Need To Know About Tuberculosis (Flipbook)				
Discussion of DOT and rationale http://www.doh.wa.gov/cfh/TB/Manual/Forms/VirginiaDOTAgreement.pdf http://health.state.ga.us/pdfs/forms/DOT.Eng.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/DOTAgree(King).pdf				
Language and reading level appropriate written educational materials				
Documentation of review of teaching and recall at monthly monitoring visits http://www.doh.wa.gov/cfh/TB/Manual/Forms/Roadmap.pdf				
Contact investigation				
Client interview and contact investigation initiated at first encounter within 1 business days of case report http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigationInst.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigation.pdf Performance Guidelines for Contact Investigation: The TB Interview TB Interviewing for Contact Investigation: A Practical Resource for the Healthcare Worker				
Determination of infectious period made and recorded in chart http://www.doh.wa.gov/cfh/TB/Manual/Sections/Section9.pdf pg 21-23				
Client interview for contact related information continued at subsequent encounters http://www.doh.wa.gov/cfh/TB/Manual/Sections/Section9.pdf				
High priority contacts evaluated within 3 days of identification http://www.doh.wa.gov/cfh/TB/Manual/Sections/Section9.pdf				
Evaluation of all symptomatic contacts is initiated immediately http://www.doh.wa.gov/cfh/TB/Manual/Sections/Section9.pdf				
X-rays of asymptomatic IGRA+/TST+ contacts are documented http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigationInst.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigation.pdf				
Sputum collection on all symptomatic contacts as needed				
All IGRA+/TST+ contacts are evaluated for treatment for LTBI http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigationInst.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigation.pdf				
Children <4, HIV-infected and other selected high-risk contacts are appropriately evaluated and considered for window prophylaxis http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigationInst.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigation.pdf				
Repeat screening of TST negative contacts is completed within 8-10 weeks after last exposure, as appropriate http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigationInst.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigation.pdf				
Completed contact investigation sent to DOH http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigationInst.pdf http://www.doh.wa.gov/cfh/TB/Manual/Forms/ContactInvestigation.pdf				

