

TB CLINIC STRUCTURE AND MANAGEMENT

Name of reviewer: _____ Date of review: _____

Name/site of clinic: _____

Key: NA = Not applicable; M = Met; NM = Not Met

A. ACCESSIBILITY	NA	M	NM
1. Clinic hours sufficient to meet clients' needs			
2. Open at least two days a week for TB testing			
3. Services free, minimal, or on a sliding scale (Cost of TST) \$ _____			
Comments:			
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B. RANGE OF SERVICES	NA	M	NM
1. Capability to evaluate patients for possible latent tuberculosis infection (LTBI)			
a. Personnel trained to place and read tuberculin skin tests (TSTs)			
b. Chest radiographs available on site and/or by referral			
c. Personnel trained to properly collect sputum samples			
2. Capability to evaluate and/or refer patients for active tuberculosis disease			
3. Treatment capability for LTBI and/or TB disease			
4. Medical consultation available (to include prescription writing)			
Comments:			
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C. CLINIC ENVIRONMENT	NA	M	NM
1. Signs at entrance indicate location of TB testing services			
2. Waiting areas clean and ventilated			
3. Culturally appropriate education materials for patients			
4. Patient information regarding clinic hours, costs, services			
5. PPD stored at 2-8C or 36-46F			
6. Examination rooms clean and private			

7. Staff are courteous and respectful			
8. Staff discuss patient information confidentially			
9. Culturally and linguistically appropriate services are available			
Comments:			
D. MEDICAL RECORDS OF PATIENTS DIAGNOSED WITH LTBI (NO MEDICATIONS)			
1. Date and results of TST documented			
2. TB reactor form (or other assessment tool) completed			
3. Chest radiograph results documented			
4. Documented justification for not offering medications or signed refusal			
Comments:			
E. MEDICAL RECORDS OF PATIENTS DIAGNOSED WITH LTBI (ON MEDICATION)			
1. Patient assigned to nurse for case management			
2. MD order for medication			
3. Consent for INH (or other meds) signed by patient			
4. INH questionnaire completed (if applicable)			
5. LFTs drawn as per hepatotoxicity risk			
6. Documentation of face to face visits for medication compliance and response to medication			
7. Documentation of therapy completed and card sent with signs and symptoms of active TB disease			
8. Blood tests available on site and/or referral			
9. Confidentiality of medical records maintained			
F. MEDICAL RECORDS OF PATIENTS DIAGNOSED WITH ATBD			
1. Assigned to nurse/case manager and evaluated within 14 days			
2. Contact investigation initiated within 3 days of smear positive AFB or confirmed case			

3. Appropriate consent forms, documentation of assessment			
4. Patient on DOT and documentation of compliance with medication regimen. Cost analysis of daily vs intermittent regimens. Weekend doses.			
5. Documentation of assessment of medication side effects, and interactions at least monthly			
6. Appropriate laboratory reports including blood, HIV test, sputum, x-rays and vision screening if on EMB			
7. Monthly nursing notes documenting response to treatment, problems interventions			
8. Contact investigation completed and appropriate forms sent to TB Program			
9. Case completed and appropriate follow up arranged			
Comments:			
G. CLINIC MANAGEMENT STRUCTURE			
1. Staff orientation and training conducted and documented			
2. Clinic policies and procedures documented and updated as needed			
3. Universal precautions observed			
4. Isolation procedure for suspected TB cases documented			
Comments:			
H CASE REPORTING			
1. Reports of confirmed or suspected TB disease called in to the state health department on the same working day of notification			
2. Contact investigations started on all confirmed or suspected TB disease cases within 3 working days			
Comments:			

Please write any additional comments below:

CLINIC REVIEW

1. Describe the clients who utilize the services of your health department?

2. Are you seeing changes in the population you serve (such as increase in foreign born, homeless, drug use)?

3. Do you conduct any type of targeted testing?

4. Do you collaborate with the correctional facilities in your area? If so, in what way and who is your contact. Would you like assistance in working with corrections in your area?

5. What is the rate of TB for your community (how many active cases per year, number of LTBI cases seen each year)? _____
How is this changing?

5. What languages are spoken in your community and what medical interpreter resources do you have?

6. What incentives and enablers are you using with LTBI/ATBD? Are you doing any DOPT for high risk clients? _____ Who is at high risk in your community? _____ Is education provided to high risk groups? _____

7. How do you maintain confidentiality? _____

8. What are your training needs (list three and rank)? Are there training needs for other professionals in your community? Can we assist with this? _____

9. What can we do to assist you with providing TB care and treatment? _____

Strengths of program: _____

Weaknesses or needs of program: _____

New TB Program Goals: Contact investigation , DOPT for high risk, Binational Card, B1B2s