

California

Tuberculosis Indicators Project

Indicator A1: Infrastructure Self-Assessment Tool



Table of Contents

Background 3

Comparison Between This Tool and Other Infrastructure Assessment Tools Currently Available 3

References 4

Instructions for tool completion 4

Adapting this tool 5

Standard 1. Program planning 6

 The TB program engages in an on-going, systematic process of self-assessment, planning, evaluation and allocation of resources. 6

Standard 2. Surveillance, reporting and B-Notification 9

 The TB program has processes in place to ensure timely, complete and accurate reporting of active TB cases. 9

 The TB program has processes in place for timely tracking and evaluation of patients with B-notifications. 9

Standard 3. Clinical care and services 10

 The TB program ensures that clients receive clinical care and services defined by state and national standards of care. 10

Standard 4. Case management and adherence 12

 The TB program ensures that all TB patients receive appropriate case management. 12

 The TB program employs effective strategies to ensure adherence to therapy. 12

Standard 5. Contact investigation 14

 The TB program has processes in place to ensure the timely identification, examination, evaluation, and treatment for all persons at risk of latent TB infection or TB disease due to exposure to TB. 14

Standard 6. Consultation, oversight and education 16

 The TB program provides consultation and oversight for local health care facilities and practitioners. 16

 The TB program provides appropriate education to program staff, private providers and community members. ... 16

Standard 7. Fiscal resources and staffing 19

 Sufficient fiscal and staffing resources are available and effectively used to prevent and control TB. 19

Standard 8. Evaluation and quality assurance 22

 The TB program conducts program evaluation and quality assurance as a basis for improving performance. 22

Indicator A1 At a Glance Worksheet 27

Acknowledgements 28

Background

This self-assessment tool was developed to help local health department tuberculosis (TB) control programs determine whether their resources are sufficient and used effectively to support a public health infrastructure capable of controlling and eliminating TB. Information collected through this self-assessment tool is intended to assist with quality improvement efforts, such as the Tuberculosis Indicators Project (TIP). It is suggested that local health departments participating in TIP complete this tool as part of the TIP process, as it will facilitate the identification of factors contributing to sub optimal program performance and actions necessary to strengthen the TB program's infrastructure.

This tool is divided into eight sections – one for each standard. These standards describe actions and capacities necessary for a high performing local TB control program. Each standard is followed by a series of assessment questions that serve as measures of performance. There are five possible response options associated with each of the measures.

The essential components of an effective TB program have been delineated, as have clinical standards of care (1-4). The eight standards included in this infrastructure assessment tool are based upon these references. Many of the questions found within these standards are based upon a self-assessment tool developed by the Centers for Disease Control and the University of Alabama, Birmingham. (5)

A few of the performance measurement questions were developed by the tool development workgroup, based upon a review of the references (below).

Comparison Between This Tool and Other Infrastructure Assessment Tools Currently Available

While this infrastructure self-assessment tool shares some similarities to other infrastructure assessment tools currently available for local health departments (e.g., the Centers for Disease Control and Prevention (CDC) National Public Health Performance Standards Program tools (available at <http://www.phppo.cdc.gov/nphpsp>), or CDC's Local Public Health Preparedness and Response Capacity Inventory (available at <http://www.phppo.cdc.gov/od/inventory>), it differs in many ways as well.

While all of the infrastructure assessment tools are designed to assess optimal infrastructure necessary for the delivery of essential public health services, they each have a unique focus and structure. The National Public Health Performance Standards Program assessment tools are based upon the ten Essential Public Health Services and provide a means to measure the ability of the overall public health system to address any health issue. In contrast, the Local Public Health Preparedness and Response Capacity Inventory is based upon critical capacities described in the grant guidance for Public Health Preparedness and Response for Bioterrorism, and measures whether a public health program possesses these essential capacities. This Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool is based upon the essential components of an effective tuberculosis control program,¹ and is geared for use specifically by TB Control programs. However, this tool may be adapted for use beyond TB.

In summary, many of the standards included in currently available infrastructure self-assessment tools have the same focus: to describe an optimal level of performance and to support a process of quality improvement. We hope that this tool achieves that effect for TB Control programs that choose to use it.

References

1. CDC. Essential components of a TB prevention and control program. *MMWR* (online) 1995; 44 (No. RR-11). Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00038823.htm>, accessed February 16, 2006.
2. American Thoracic Society (ATS), Centers for Disease Control (CDC). Treatment of tuberculosis. *MMWR* 2003; 52 (RR-11). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>, accessed February 22nd, 2006.
3. National TB Nurse Consultant Coalition. *Tuberculosis Nursing; A comprehensive guide to patient care* (1997).
4. California Department of Health Services and California Tuberculosis Controllers Association *Joint Guidelines* (online), various publication dates. Available at <http://www.ctca.org/guidelines/>, accessed February 22nd, 2006.
5. Centers for Disease Control and Prevention/University of Alabama, Birmingham. *Focus on Developing Tuberculosis Training: A Practical Guide* (1997).

Instructions for tool completion

1. It is suggested that staff from your TB program answer the self-assessment questions as a group and discuss variance in answers. In order to ensure accurate completion of this tool, it is also recommended that the TB program review other sources such as their Request for Application (RFA) for state and federal local assistance funding, written program protocols, staff rosters and patient charts, as well as perform interviews of key program staff.
2. Answer all questions in each section by placing a ✓ in the box for the most appropriate response.
3. If you do not know or are not sure of the response for a particular item, please consult with others from your TB program to select the most appropriate response. Do not leave any of the questions blank.
4. Some of the measures contain additional probing questions after the initial question. For these probes, please note your response in the space provided after each probe. If you need additional space for your answer, please attach a separate sheet and indicate which standard, measure, and probe your answer addresses.
5. After you've completed the entire self-assessment checklist, complete the "Indicator A1 At a Glance" worksheet. Completion of this worksheet is purposefully subjective – to allow individual TB programs to assess for themselves whether they've met each standard.
 - a. Place a ✓ in the box that best reflects your assessment of whether your TB program has fully, partially, or not met each standard
 - b. Describe actions needed to meet the standard

☎ Should you have any questions about this self-assessment tool, please contact your TB Control Branch Program Liaison. ☎

Adapting this tool

We welcome others to use and adapt this tool for their own programs. When you use and/or adapt this tool, please credit the California Department of Public Health, Tuberculosis Control Branch.

Suggested credit: From [or adapted from] materials created for the Tuberculosis Indicators Project, by the California Department of Public Health, Tuberculosis Control Branch.

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Note: We may revise this tool at any time. You may therefore wish to contact the project coordinator, Anne Cass, at anne.cass@cdph.ca.gov for the most current version of this document before using it.

Standard 1. PROGRAM PLANNING

The TB program engages in an on-going, systematic process of self-assessment, planning, evaluation and allocation of resources.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	<p>We have a process for identifying our program strengths and any areas needing improvement.</p> <p><i>Describe your process</i></p> <p><i>How frequently do you perform this process?</i></p>					
2	<p>We use the following information when developing program priorities and objectives:</p> <ul style="list-style-type: none"> • Local TB morbidity data • Indicators of program performance • Sociodemographic characteristics of TB patients • Reviews of new cases to determine preventability • Other <p><i>How frequently?</i></p>					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
3	<p>A report based on assessments of collected data (e.g., local TB morbidity data) is prepared.</p> <p><i>How frequently?</i></p> <p><i>How is the report used and distributed?</i></p>					
4	<p>Our program has a written plan for providing services that includes our TB program priorities. The plan includes measurable program objectives for various TB control activities (e.g., percent of patients completing therapy, percent of high risk patients on directly observed therapy (DOT), percent of identified contacts evaluated). The program objectives include timeframes.</p> <p><i>When was the plan developed?</i></p>					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
5	There is a process to review and update the plan. <i>How frequently is the plan reviewed?</i>					
6	Our program conducts prevention and control activities in accordance with the plan. <i>For what areas do you not conduct activities in accordance with the plan?</i>					
7	We have current, written policies and procedures (e.g., procedures for provision of DOT, for responding to extended contact investigations).					
8	Copies of policies and procedures are made available to all staff.					
9	Guidelines, policies and procedures are reviewed and revised regularly. <i>How often are these reviewed?</i>					

Standard 2. SURVEILLANCE, REPORTING AND B-NOTIFICATION

The TB program has processes in place to ensure timely, complete and accurate reporting of active TB cases.

The TB program has processes in place for timely tracking and evaluation of patients with B-notifications.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	Our program facilitates TB reporting from various community sources (e.g., MDs, clinics, laboratories, hospitals and pharmacies).					
2	Our program has a system in place implementing "Cite and Fine" procedures when cases are not reported in a timely manner.					
3	Our program has a system in place to log and track patients with B notifications and their medical evaluation results.					
4	Our program has processes in place to locate and evaluate patients with B notifications soon after their arrival. <i>Describe your process or attach your protocol</i>					
5	Our program reports TB outbreaks to the State TB Control Branch by telephone within one working day of identification of a cluster of three or more cases.					

Standard 3. CLINICAL CARE AND SERVICES

The TB program ensures that clients receive clinical care and services defined by state and national standards of care.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	Our program follows national and state treatment guidelines for patients with active TB and latent TB infections (LTBI).					
2	Our program has developed written treatment guidelines for patients with active TB and LTBI. <i>How is compliance with guidelines monitored or measured?</i>					
3	There is a separate waiting area in our clinic to isolate infectious and/or symptomatic individuals.					
4	Our clinic has infection control equipment and follows the appropriate infection control measures.					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
5	<p>Clinics providing services for TB patients have access to basic services and materials needed for diagnosing and treating TB, including:</p> <ul style="list-style-type: none"> • Mantoux skin testing • Chest radiography • Sputum induction • Mycobacteriology services for smears, cultures and drug susceptibility testing for all isolates • TB medications 					
6	<p>All services needed to monitor toxicity and clinical status are at each patient care site or are easily accessible, including:</p> <ul style="list-style-type: none"> • Phlebotomy services • Visual acuity testing • Sputum collection • Chest x-rays 					
7	HIV counseling and testing is offered and easily accessible to each patient.					
8	We follow applicable laws and regulations regarding patient confidentiality.					
9	Clinic services are provided without consideration of the patient's immigration status or ability to pay.					

Standard 4. CASE MANAGEMENT AND ADHERENCE

The TB program ensures that all TB patients receive appropriate case management.

The TB program employs effective strategies to ensure adherence to therapy.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	Each case is managed by an assigned case manager. The case manager is assigned the primary responsibility for assuring that each patient receives complete TB services (e.g., education and continuous therapy) and that contacts are fully evaluated and, if indicated, complete therapy.					
2	The case managers in our program develop an adherence plan that includes an assessment of the patient's other needs (e.g., behavioral, socio-economic and additional medical needs) that may affect completion of therapy.					
3	Our program has a system in place to ensure that all high-risk patients are placed on DOT. ¹					
4	Our program evaluates patients for the causes of non-adherence to therapy and creates a plan to address the barriers identified.					

¹ The Centers for Disease Control and Prevention and American Thoracic Society's "Treatment of Tuberculosis" statement (2003) recommends that individuals with the following conditions and circumstances should receive DOT:

Pulmonary TB with positive sputum smears	HIV infection	Memory impairment
Treatment failure	Previous treatment for either active TB disease or LTBI	Previous nonadherence to therapy
Drug resistance	Current or prior substance abuse	Children and adolescents
Relapse	Psychiatric illnesses	

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
5	<p>Our program has an up-to-date plan in place for detaining non-adherent patients. If it is a plan for civil detention, we have submitted it to the California Department of Public Health, Tuberculosis Control Branch (TBCB).</p> <p><i>Describe the plan</i></p>					
6	A system is in place to facilitate referral of TB patients for the evaluation and treatment of other medical problems (e.g., HIV infection, diabetes mellitus and substance abuse).					
7	Our program refers TB clients to other services as needed (e.g., social services, alcohol and drug treatment).					
8	Attempts are made to form networks with groups that provide services to populations at high risk for developing TB disease (e.g., cultural and ethnic organizations, community clinics, places of worship, lung associations).					
9	Our program requests assistance from the TB Control Branch's TB Patient Locating Service when we are unable to locate a patient with suspected or confirmed active TB.					
10	Our program makes referrals to the CureTB Program when patients with suspected or confirmed active TB and high risk contacts move to Mexico prior to completion of treatment.					

Standard 5. CONTACT INVESTIGATION

The TB program has processes in place to ensure the timely identification, examination, evaluation, and treatment for all persons at risk of latent TB infection or TB disease due to exposure to TB.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	Our program initiates contact investigations within 3 working days of notification of an infectious case of TB and within 7 days for a non-infectious case.					
2	Our determination of the priority, speed and scope of a contact investigation is guided by: <ul style="list-style-type: none"> • The likelihood of transmission (based upon the characteristics of the source patient, environment and contacts), and • The possible consequences of infection (especially for HIV-infected contacts or contacts who are young children < age 5) 					
3	Our TB case managers determine the infectious period for each new case of TB, based upon recommendations found in the CDPH-CTCA Joint Guidelines.					
4	Our program has a mechanism in place to summarize and evaluate contact investigations as they are occurring and plan next steps.					
5	Our program has a system in place to perform expanded contact investigations, when necessary, in locations such as schools, churches, places of employment and homeless shelters.					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
6	Our program conducts source case finding for pediatric TB cases and certain children with positive tuberculin skin test results to determine the source of their infection.					

Standard 6. CONSULTATION, OVERSIGHT AND EDUCATION

The TB program provides consultation and oversight for local health care facilities and practitioners.

The TB program provides appropriate education to program staff, private providers and community members.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	Our program provides consultation, education and oversight for agencies, groups, facilities and practitioners to assure their efforts reflect local, state, and national guidelines.					
2	Our program provides medical consultation to advise local health care providers on medical management problems (e.g., monitoring treatment adherence, toxicity, MDR-TB).					
3	Our program works with hospitals in our jurisdiction to discuss discharge planning and to ensure that Gotch laws are carried out and enforced.					
4	Our program has a system in place to work with the correctional facilities located in our local health jurisdiction in the management and care of patients diagnosed with active TB. We work with: <ul style="list-style-type: none"> • County jails • State prisons • Federal prisons 					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
5	Our program takes primary responsibility for assuring that TB treatment and monitoring for adherence are done by other providers when services are not done directly by the program.					
6	Our program provides TB education for targeted high-risk populations and/or others in our community. <i>For which high-risk populations?</i> <i>For which other groups and/or individuals?</i>					
7	Our program provides education to the community regarding appropriate infection control practices and provides referrals to other infection control experts as indicated.					
8	Our program provides appropriate training and education for program staff at time of employment that includes information regarding TB, public health practice, management and education skills, medical charting, confidentiality laws and other related topics.					
9	This training and education is provided at regular intervals, so that staff can maintain an accurate, up-to-date level of knowledge.					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
10	Our program has a system in place to provide effective education to individuals involved in expanded contact investigations.					

Standard 7. FISCAL RESOURCES AND STAFFING

Sufficient fiscal and staffing resources are available and effectively used to prevent and control TB.

		Never or No	Almost Never or Mostly Not	Sometimes or Somewhat	Almost Always or Mostly	Always or Yes
1	Sufficient resources are available to meet the identified priorities and objectives outlined in our program plan.					
2	Our allocation of resources is based on the identified priorities and objectives outlined in our program plan, and resources are allocated in proportion to the identified priorities.					
3	Our program has a mechanism in place (such as a staffing acuity tool) to assess whether we have adequate staffing. <i>What tool is used?</i>					
4	Our program is able to recruit and keep staff who are: <ul style="list-style-type: none"> • Effective • Speak the same languages as our patient population • Trained to work in cross-cultural settings appropriate to our patient population 					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Sometimes or Somewhat	Almost Always or Mostly	Always or Yes
5	Our program has a sufficient number of staff in a variety of classifications to appropriately manage our TB caseload.					
6	Our program has on staff, or has access to, an epidemiologist able to conduct data based surveillance activities, analysis and evaluation.					
7	Our program utilizes Communicable Disease Investigators (CDIs) to conduct contact investigations and other activities that do not require nursing level clinical skills and training.					
8	Our program has sufficient funding to carry out CDC's Priority 1 and 2 activities for TB control. *					
9	Our program uses data to advocate for additional TB resources.					
10	Our program has implemented an effective process for early identification and enrollment of all possible Medi-Cal eligible beneficiaries.					
11	Our program ensures that we receive reimbursement for all DOT encounters provided to Medi-Cal beneficiaries.					

* Priority 1 = Identifying and treating persons who have active TB and ensuring they complete appropriate therapy, and, in exceptional cases, using confinement measures.

Priority 2 = Finding and screening persons who have been in contact with TB patients to determine whether they have TB infection or disease, and providing them with appropriate treatment.

Priority 3 = Screening high-risk populations to detect persons who are infected with *M. tb* and who could benefit from therapy to prevent the infection from progressing to TB disease.

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Sometimes or Some-what	Almost Always or Mostly	Always or Yes
12	All revenues from services provided to Medi-Cal beneficiaries for TB are returned to the TB program's budget.					
13	Our program has implemented an effective process to bill 3 rd party insurance providers for services provided.					
14	Our program ensures that we receive reimbursement for DOT encounters and medical evaluation and follow-up from 3 rd party insurance providers.					
15	Our program has considered Targeted Case Management and Medi-Cal Administrative Activities programs as potential revenue sources.					

Standard 8. EVALUATION AND QUALITY ASSURANCE

The TB program conducts program evaluation and quality assurance as a basis for improving performance.

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
1	<p>Our program conducts regular performance evaluations to determine if our program activities are effective in achieving our program objectives.</p> <p><i>How frequently?</i></p>					
2	<p>The evaluations include the identification and analysis of factors that prevent our achieving our program objectives. If warranted, the findings of the evaluation are used to develop strategies for improving program performance and revising the program priorities and objectives.</p>					
3	<p>Our program uses local Tuberculosis Indicators Project (TIP) indicator data to evaluate program performance in key areas.</p> <p><i>How?</i></p>					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
4	<p>Our program holds regular case management meetings to ensure that appropriate services are being provided.</p> <p><i>How frequently?</i></p> <p><i>Who attends?</i></p>					
5	<p>Our program has standard forms to aid in consistent charting.</p>					
6	<p>Our program conducts regular, systematic chart reviews to assess quality and appropriateness of care.</p> <p><i>How frequently?</i></p> <p><i>What chart review tools are used?</i></p>					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
7	<p>Our program has a system to perform quality assurance (QA) for key program areas, including:</p> <ul style="list-style-type: none"> • Clinical management • Case management • Contact investigation • Other <p><i>Describe the QA system.</i></p>					

Tuberculosis Indicators Project (TIP) Indicator A1 Self Assessment Tool

		Never or No	Almost Never or Mostly Not	Some- times or Some- what	Almost Always or Mostly	Always or Yes
9	Our program evaluates yield and resources expended for targeted testing programs and treatment of latent TB infection (LTBI). <i>How frequently?</i>					
10	Our program conducts reviews of selected record systems (e.g., laboratory reports, pharmacy reports, AIDS registries and death certificates) to validate the surveillance system and detect any failure to report cases. <i>How frequently?</i>					
11	Our program has a process for evaluating competencies in staff on a regular basis.					
12	Our program conducts and documents performance reviews for all staff on a regular basis. <i>How often?</i>					
13	Our program has a system to perform quality assurance of the Reports of Verified Cases of Tuberculosis (RVCTs) before they are sent to the State.					
14	Our program conducts patient satisfaction surveys to obtain feedback regarding services provided.					

Indicator A1 At a Glance Worksheet

Standard	Standard Not Met	Standard Partially Met	Standard Fully Met	Actions Needed to Meet Standard
1. PROGRAM PLANNING				
2. SURVEILLANCE, REPORTING AND B-NOTIFICATION				
3. CLINICAL CARE AND SERVICES				
4. CASE MANAGEMENT AND ADHERENCE				
5. CONTACT INVESTIGATION				
6. CONSULTATION OVERSIGHT AND EDUCATION				
7. FISCAL RESOURCES AND STAFFING				
8. EVALUATION AND QUALITY ASSURANCE				

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