PROJECT TITLE: LTBI Tx Completion Pilot Project at Glendale HC   DATE: March 2016

Measure 7.3: Percent of contacts to Pulmonary TB IIIs & Vs who have started treatment for latent tuberculosis infection (LTBI) and who complete the treatment, when recommended.

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PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started

Community Health Services (CHS) identified a national performance improvement indicator that the Los Angeles County Department of Public Health (LAC DPH) clinics could improve on, that being the latent tuberculosis infection (LTBI) treatment rate (measure 7.3.)

The national and CHS's goal is have a treatment rate at or above the threshold of a 79% treatment start rate. The 2013 CHS Service Planning Area (SPA) 1 and 2's baseline rates were 38% and 53%, respectively.

Data history

Indicator and SPA	Priority By CHS	Target Value/ Threshold	2013	2014	2015
Measure 7.3- Percent of contacts to Pulmonary TB 3s & 5s who have started treatment for latent tuberculosis infection (LTBI) who complete treatment	High	79			
Started treatment for newly dx latent tuberculosis infection (LTBI) at SPA1		79	38.46	No data	No data
Started treatment for newly dx latent tuberculosis infection (LTBI) at SPA2		79	53.16	No data	No data

On 5/18/15, a pilot project to improve the treatment rate at Glendale Health Center (GHC) commenced.

2. Assemble the Team

The pilot team consisted of following GHC Departments:
- Business Office manager and her staff
- Nurse Manager, Supervising Clinic Nurse and her staff
- District Public Health Nurse Supervisor and her staff
- Area Medical Director

Every member of the team was informed of the project, the importance of LTBI treatment, documentation and forms to be utilized. Project leaders met weekly and then as needed to ensure proper booking, documentation, and treatment of LTBI contacts.

3. Examine the Current Approach

The lead members of the GHC team met and reviewed current referral and follow-up processes, including possibility of automated data capture abilities (exist or could be done).

In review, the automated data capturing process did not exist, as the encounter form did not capture TBII contacts' data field. Additionally, the team reviewed the registration process to determine if an alert system existed to generate a query process but that too did not exist nor could be programed. Additionally, if the patient missed an appointment, staff might send a book and mail (another appointment), without a call.

All of the above processes were done manually or in a silo by each department. Therefore, more proactive attempts of bringing in patients for their ongoing appointment and better tacking system to determine the treatment compliance and reason for discontinuing needed to be developed.

4. Identify Potential Solutions

A potential new solution discussed was an enhanced manual data collection process, which involves improved communication, coordination between different disciplines, proactive follow-up, and a tracking method.

5. Develop an Improvement Theory

If we implement the new process, the LTBI contact treatment rate will increase.

DO
Test the Theory for Improvement

6. Test the Theory
*Here are the project's key milestones:*

Progress Against Key Milestones			
Milestone	Target Date	Progress	Revised Completion Date (if applicable)
Develop and initiate a LTBI contact to a case tracking log for GHC TB Clinic	May 2015	Completed All departments informed of the QI project at GHC, including the tracking log	
GHC staff to add the "reason for LTBI discontinuation" for the LTBI contacts	September 2015	Completed	
Discussed and created a referral log for the GHC PHNS to document all contacts to TBIII/V being tested	December 2015	Completed	Tracking being used as of January 2016

CHECK
Use Data to Study Results of the Test

7. Check the Results

Data clearly indicated that the GHC 2015 LTBI contact treatment start rate was much higher than SPA 2's rate in 2013 (71% vs. 53%).
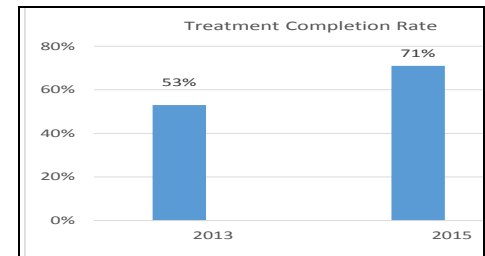
ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

The new manual data collection and tracking method developed by the GHC team worked well. However, this collection method was time-consuming and labor-intensive. An automated data collection method would be preferred.

Additional Data

To confirm that all patients meeting the LTBI treatments were being referred and started on LTBI, additional manual data capture was implemented.