

PROGRAM NAME: CHS SPA 2 Glendale Health Center

PROJECT TITLE: LTBI Tx Completion Pilot Project at Glendale HC
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.

DPH STRATEGIC GOAL/OBJ.: _____

PROJECT TIMELINE: May 2015 to April 2016
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PLAN
Identify an opportunity and
Plan for Improvement

1. Getting Started

Community Health Services (CHS) has identified a national performance improvement indicator that the Los Angeles County Department of Public Health (LAC DPH) clinics can improve on; which is on the latent tuberculosis infection (LTBI) treatment rate measure 7.3. This indicator measures the LTBI treatment start and completion rate/percentage for the contacts to a Pulmonary TB IIIs & TB Vs, when a LTBI treatment (Tx) was recommended.

The national and CHS’s goal is to meet the Measurement 7.3 at or above the threshold of 79% treatment completion rate. The 2013 CHS Service Planning Area (SPA) 1 and 2’s data on this measurement was revealed to be at 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

To ensure proper data collection and monitoring, a pilot project will be

initiated at Glendale Health Center as of May 18, 2015, for those LTBI patients who are contact to a TB III or TB V, who are seen in the DPH Glendale Health Center.

2. Assemble the Team

To ensure clear communication, data collection, and success of this project, all departments involved in the care and treatment of the LTBI patients were assembled. The team consisted of following Glendale Health Center 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 the LTBI treatment, documentation and forms to be utilized (Attachment I). Project leaders met weekly and then as needed to ensure proper booking and documentation and treatment of LTBI contacts.

3. Examine the Current Approach

To properly capture and collect the LTBI treatment start and completion of the contacts to TB IIIs and TB Vs will be vital to accuracy of the data. As such, 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 programmed.

All of the above processes were done manually or in a silo by each department.

Therefore, an enhanced manual data collection/pilot process had to be initiated.

Current process were as follows:

- PHN will obtain a TB MD clinic appoint for the LTBI contacts who want the treatment.
- Business Office staff will book the patient (no indication on the clinic schedule nor electron system of patient being a contact to a TBIII or TBV.
- Nursing and provider will see the patient and offer the treatment. If patient BA their appointment, provider will determine to close the case or refer the patient back to PHN for follow-up. If the clinic determines to close the case due to completion, reaction, or

multiple BA, the H304 is completed and submitted but no one monitored/tracked.

Also, if the patient BA appointment, staff might send a book and mail (another appointment), without a call.

Therefore, more proactive attempts of bring the LTBI treatment 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

The GHC team determined that a process system of capturing the LTBI contacts needs to be developed, along with a method for timely follow-up by the clinic staff for those LTBI patients who have missed/broke their appointments to ensure LTBI treatment completion.

An enhanced manual data collection process was discussed, communicated, and implemented at GHC as of 5/19/16:

- GHC PHNs (current process-already being done) initiates H304 and informs and obtains an appointment for GHC TB clinic.
- PHN will inform Business Office (BO) that this is a contact LTBI/TBII patient (new process)
- PHN will provide H304 and any paperwork to BO to be placed in the medical record (as done in the past).
- BO clerk will place the patient identification (ID) sticker with the patient's appointment on the log (all new LTBI contacts), according to the patient's appointment month. When the log sheet is complete/full, BO staff will provide it to the nursing supervisor /lead TB clinic nurse to be followed-up. (new process)
- TB clinic nursing staff will place the log according to the patient's appointment month. Nursing staff will f/u every month to ensure compliance

and completion and/or reason for discontinuation. (new process)

- TB clinic will complete the H304 (as done before and forward it to PHN and TB control for closure).
- Data/log will be reviewed monthly by Nurse Manager and data will be provided to Quality Management Director.

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

During the first two months of the implementation, each department's logs were reviewed for accuracy, match (between the different department logs), timely follow-up, and follow-up calls were made to patients who had broken their appointments on a weekly/biweekly basis and then monthly thereafter. All of the departments were following the process.

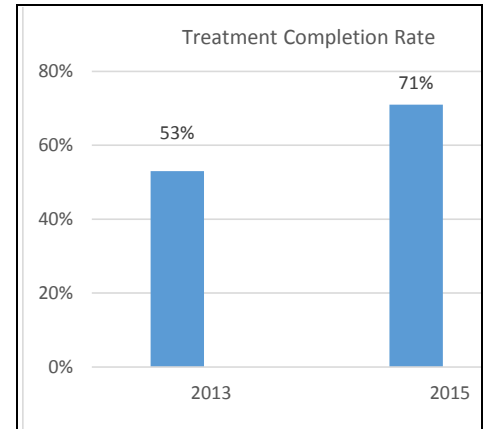
Here are the project's key milestones:

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; in order to determine the total number of pts whom have met or not met the LTBI treatment requirement (not meeting the LTBI treatment vs number of LTBI qualified patients being referred).	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 indicates that 2015 LTBI contact treatment completion 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.

9. Establish Future Plans

Although an automated process would be preferred, the new manual data collection process will be standardized in tracking TB contacts at GHC.

The team will also test additional improvement opportunities found, such as the following additional tracking processes: 1) adding the reason for discontinuation of treatment to the log and 2) making a referral log of all LTBI contacts referred to GHC.