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## QUALITY IMPROVEMENT PROGRAM Health Care for the Homeless -4th Quarter Audit

## TUBERCULOSIS SCREENING / REFERRALS

Date Reviewed:	Reviewer(s):	 			 	Tit	le: _		 	 	 	 	
Site Name:		 	 										
INDICATORS / CHART NUMBER PLEASE INDICATE (YES, NO, OR N/A)													
<ol> <li>TB risk factors assessed and recorded in medical record? (including age, HIV status, DM, immunosuppression, prolonged shelter residence, symptomatic, drug use, recent exposure, recent converter).</li> </ol>													
<ol> <li>Symptom screening done and documented within the past 6 months? (Assess for fever, cough for more than 1 week, weight loss, night sweats).</li> </ol>													
3. Last PPD date and result documented?													
4. Hard copy of results in chart?													
5. If PPD not done in past 12 months (and no contraindication for test), was a repeat ordered?													
6. Are results recorded in chart?													
7. If a chest x-ray was ordered, are results documented in the chart?													
REFERRALS: 8. If the chest X-ray was positive was the case reported to the health department and was the client referred for treatment? 9. If recent PPD conversion (<2 years)													 _
was a referral made?													
													 -

Additional Comments:

Recommendations:

Actions:

Y ES TOTAL	TARGET %	20MALIAMOD
	80%	
	80%	
	80%	
	80%	
	80%	
	80%	
	80%	
	80%	
	80%	