

# TB SDO Update

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## TB SDO Revision Workgroup

- I solicited volunteers from the regions to join the workgroup early 2014
- Held 1 ½ hour calls every 2 weeks from March 21 through July 14, 2014
- New draft created after each meeting and revised based on comments from the group

## Workgroup Members:

- Melissa Davis (11)
- Matthew Whitson (8)
- Kit Prasil then Bonnie Gamez (7)
- Carol Patwari (6/5)
- Dawn Farrell (TCID)
- Linda Brown (TB Branch)
- Shelly Robicheaux (TB Branch)
- Lisa Cornelius (IDPS)
  
- Dr. Lisa Armitige (Heartland) honorary

## Created new Non-Licensed Staff (NLS) SDOs

- Based on existing regional SDOs that were voluntarily shared with the TB SDO Revision Workgroup
- Topics selected were limited by what was contributed by the regions, workgroup time, and prioritization of NLS functions
- Tried to accommodate regional variations in resources (ie, induced sputum collection) by using “if resources are available”

## 4 NLS SDOs

1. TST
2. Blood specimen collection (phlebotomy)
3. Sputum collection
4. DOT

## Non-Licensed Staff

- A DSHS employee or contractor who does not hold a nursing or physician license as part of their job description
- Must meet an initial and continuing (annual) evaluation of competence, as determined by the region (RMD and the supervisor)
- Must sign the SDO and be kept in the regional office

## Non-Licensed Staff

- Procedures and Requirements to be followed are the medically-oriented acts and may need to be supplemented by regionally-created policies/procedures
- Must meet the same record-keeping requirements
- Must be able to contact the authorizing physician
- Has the same limitations on setting as nursing SDO

## TST SDO

- Tubersol and Aplisol package insert references (in addition to CDC TST resources)
- TB-207 and TB-208 to be updated to provide space for additional necessary documentation
  - PPD expiration date
  - Location of injection site

# TST SDO

- Attachment 2: TST Administration Procedure
- Attachment 3: TST Reading Procedure
- Attachment 4: TST Interpretation Procedure

(from CDC Mantoux TST Facilitator and other CDC resources)

## Blood Specimen Collection SDO

- No individual references/resources specified
- Specifics of which tube for what test not specified (ie, CBC, chemistry, HIV etc)
- Excluded Tb-spot instructions since DSHS does not process that lab

## Blood Specimen Collection SDO

- Attachment 2: Venipuncture Procedure
- Attachment 3: QuantiFERON®-TB Gold In-Tube Test Collection Procedure
  - Used instructions provided by DSHS Austin Lab

## Sputum Collection SDO

- No individual references/resources specified
- Tried to accommodate regional variations in resources (ie, induced sputum collection) by using “if resources are available.”
- Attachment 2: TB Sputum Induction Procedure

## DOT SDO

- No individual references/resources specified
- Tried to avoid recreating a DOT manual and SDO is not intended as a replacement to your regional DOT manual
- No attachments

## 2014 Expert Panel Recommendations affecting TB SDO

- HIV testing
- Diabetes screening
- Changes to IGRA testing
- DSHS-recognized Expert TB Physicians

## HIV Testing

- Test all TB cases/suspects for HIV, irrespective of age
- Test all TB infection clients if  $\geq 13$  years old
  - No routine testing of  $< 13$ yo unless risk factors
- Exclude those with documented positive test result
- Exclude those with documented negative test result within previous 14 days

## Diabetes Screening

- Routine screening of all TB cases/suspects  $\geq 13$  years old
- Routine screening of all TB infection clients  $\geq 13$  years old
- No routine testing of children  $< 13$  years old

## Diabetes Screening

- Screening TB cases/suspects should be with A1c or 2-hour oral glucose tolerance test but NOT fasting plasma glucose
- Screen TB infection clients = test purposefully unspecified

# Diabetes Screening

- For FY2014-15 SDO: TB Branch has decided on random plasma glucose for both TB cases/suspects and TB infection - until Branch resources determined for A1c or OGTT
  - A1c or OGTT can be used if program resources allow
  - Diabetes is diagnosed at a random plasma glucose  $\geq 200$  mg/dl
  - Basic diabetes information and its impact on TB and client's overall health should be provided
  - Refer if resources allow

## Changes to IGRA Testing

- No changes recommended to current CDC guidance
  - Included statement in SDO re: situations in which testing with both tests may be considered (increased suspicion of false-neg or false-pos)
- For HCW screenings (not in SDO), IGRA test of choice, but not ONLY test that can be used
- AAP Red Book awaiting new guidance re: use of IGRA in pediatrics

## DSHS-recognized Expert TB Physicians

- TB Branch to create process to identify and formally recognize these physicians
- Essentially, 2 tiers of consultation

Authorizing or other physicians ---> Expert TB physicians ---> Heartland Physicians

# TB Nursing SDO

- Revised formatting, language
- Referred to as SDOs but considered SDO/SMO
  - SDOs are for patients (“clients” per TAC rule §217.11 Standards of Nursing Practice) that **HAVE NOT** been examined or evaluated by a physician
  - SMOs are for patients (clients) that **HAVE** been examined or evaluated by a physician

# TB Nursing SDO

- Combined all the attachments into one document
- Attachments based on delegated tasks, rather than case management approach
  - Medical screening
  - TB screening tests
  - Labs
  - CXR
  - Sputum Collection
  - Medications

# TB Nursing SDO Table of Contents

- A. Method Used for Development, Approval and Revision
- B. Level of Experience, Training, Competence, and Education Required
- C. Method of Maintaining a Written Record of Authorized Licensed Nurses
- D. Authorized Delegated Acts
- E. Procedures and Requirements to be followed by Authorized Licensed Nurses
- F. Client Record-Keeping Requirements
- G. Scope of Supervision Required
- H. Specialized Circumstances to Immediately Communicate with the Authorizing Physician
- I. Limitations on Setting
- J. Date and Signature of the Authorizing Physician

ATTACHMENTS...

## TB Nursing SDO: A. Method Used for Development, Approval and Revision

- Changed RMD as the authorizing physician to just “physician”
  - Allows use of SDOs by non-RMD DSHS-contracted physicians

## TB Nursing SDO: B. Level of Experience, Training, Competence, and Education Required

- Updated references:
  - Removed 3 references not directly related to tasks in SDO
  - Rearranged into one list in reverse chronological order
  - Added one reference: Managing HIV medication interactions

## TB Nursing SDO: B. Level of Experience, Training, Competence, and Education Required

- Evaluation of competence:
  - Added verification of nursing license
  - Added that training must specifically include CDC Self-Study Modules (included in TB workplan)
  - Added observation of clinical skills to be performed by licensed individual if nurse's supervisor not a nurse

## TB Nursing SDO: D. Authorized Delegated Acts

- Added “contacts to cases” as also eligible to be treated (in addition to clients suspected of having, or confirmed to have, TB infection or TB disease)

## TB Nursing SDO: E. Procedures and Requirements to be followed by Authorized Licensed Nurses

- Added:
  - To follow IC precautions
  - Utilize interpreter services for limited English proficient clients
  - Verify client's identity, to the extent possible (TMB requirement for establishing a proper professional relationship with a patient)
  - "Label and package specimen"

## TB Nursing SDO: E. Procedures and Requirements to be followed by Authorized Licensed Nurses

- Replaced “Evaluate the client as outlined in ATTACHMENTS” with “Perform the medical screening” and “Obtain diagnostic tests appropriate to the services provided”
  - TB screening tests (incl, TST contraindications)
  - Labs
  - CXR
  - Sputum collection

## TB Nursing SDO: E. Procedures and Requirements to be followed by Authorized Licensed Nurses

- Consolidated indications to obtain consultation (previously found throughout each attachment) into one list
  - Specified as “required” or “recommended”
- Removed instructions that were more programmatic (to be included in future TB Program Manual)

## TB Nursing SDO: E. Procedures and Requirements to be followed by Authorized Licensed Nurses

- Added:
  - Discuss risk/benefits/provide opportunity to ask questions
  - Clarification about verbal orders:
    - “All verbal or telephone orders should be reviewed and countersigned or confirmed by written communication as soon as possible, ideally within 1 week”
  - Instructions to check for drug interactions

## TB Nursing SDO: E. Procedures and Requirements to be followed by Authorized Licensed Nurses

- Significant revision to medication section:
  - First dose of medications should be given, when able, by licensed nurse with emergency supplies available
  - Defined "child" as client <18 years old = should receive pediatric dosing
  - Listed indications NOT to initiate treatment orders
  - Listed indications to discontinue treatment orders

## TB Nursing SDO: E. Procedures and Requirements to be followed by Authorized Licensed Nurses

- Significant revision to medication section:
  - Listed management of interruptions of therapy
  - Listed completion of therapy, by regimen and by phase, for # doses in xx weeks
    - Removed once weekly regimens
    - Created “daily dose equivalents” to account for changes in frequency of dosing
  - Consolidated exceptions to general length of therapy

## TB Nursing SDO: F. Client Record-Keeping Requirements

- Included link to online forms
- Eliminated details of the forms and used TAC SDO language
- Changed order section appears in SDO

## TB Nursing SDO: G. Scope of Supervision Required

- No changes

## TB Nursing SDO: H. Specialized Circumstances to Immediately Communicate with the Authorizing Physician

- Removed very specific indications and made more general as not to inadvertently omit an indication

# TB Nursing SDO: I. Limitations on Setting

- No changes

## TB Nursing SDO: J. Date and Signature of the Authorizing Physician

- Removed reference to RMD as the authorizing physician

# Attachment 1: Attestation of Authorized Licensed Nurse

- No change

- Attachments 2-7 (medical acts)
- Each divided into at 2 sections:
  1. Clients suspected or confirmed to have TB disease
  2. Clients with TB infection (including clients on window prophylaxis)

(slight variation for attachment 5: CXR)

## Attachment 2: Medical Screening

- Consolidated info from the various (current) attachments about the medical evaluation of the client

## Attachment 3: TB Screening Tests

- Listed indications for IGRA vs TST
- Listed situations in which testing with both an IGRA and a TST may be considered
- Described the issue of PPD boosting IGRA
- Listed TST interpretation criteria

## Attachment 4: Labs

- Under each client type (TB disease or TB infection), have listed labs by
  1. At baseline
  2. Monthly
  3. As needed
- Added revised HIV screening based on 2014 Expert Panel recommendations
- Added DM screening

## Attachment 4: Labs

- Updated screening criteria for HBV and HCV
- In “As needed” section: measurement of XX under xx circumstance. Added “Hold medication and contact the physician for instructions.”

## Attachment 5: CXR

- Modification of outline:
  - A. The following clients will have an initial CXR:
    1. TB disease
    2. TB infection
    3. Contact investigation
    4. Electronic Disease Notification System
  - B. The following clients will have a follow-up CXR:
    1. TB disease
    2. TB infection

## Attachment 6: Sputum Collection

- Created separate sections for pulmonary disease and extrapulmonary disease
- Added DST and NAA language from DSHS Austin lab
- Clarified that when collecting sets of sputum, at least one should be observed (if possible) and one in the early morning
- Added language regarding if treatment incomplete and need to reevaluate for active disease

## Attachment 7: Medications

- Removed tables serving more as a reference than directly required in SDO
- Reformatted remaining tables out of pdf
  - Removed extraneous information
  - Updated pediatric portions to be consistent with AAP and Heartland recommendations
    - Added 6 months rifampin for children to TB infection table

The END