

QUALITY IMPROVEMENT MANUAL



Twenty First Edition
July 2013

Tennessee Department of Health
Office of Quality Improvement

Tennessee Department of Health
Office of Quality Improvement
2013-2014

Community Health Services Administration

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The Contact individuals listed in this manual with a Cordell Hull address will be relocating to the Andrew Johnson Building after 9/1/13. Telephone numbers are to remain the same The address will then be:

Andrew Johnson Building
7th Floor (Dental, Lab, OSHA/TOSHA, Pharmacy)
3rd Floor (TB and Immunizations)
710 James Robertson Parkway
Nashville, TN 37243

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Tennessee Department of Health Office of Quality Improvement

Mission Statement: To promote, protect and improve the health and prosperity of persons ~~living in, working in, or visiting in the State of~~ Tennessee.

Quality Improvement Plan

I. Quality Improvement Goals and Objectives

1.1 Goal

The Office of Quality Improvement establishes a foundation for continuous evaluation and facilitates the process of continuous improvement of Public Health services in all ninety-five Tennessee counties, including the metropolitan areas. Quality Improvement (QI) strives to link evaluation, accountability, quality improvement, and the practices of science.

1.2 Objectives

1. To evaluate the public health system
2. To hold the public health system accountable to set standards
3. To use best-practices and evidence-based science in all aspects of the public health system
4. To pursue opportunities for improvement on a continuous basis in order to assure and enhance the quality of the public health system both centrally and locally in Tennessee.

1.3 Scope:

1. The QI Plan addresses and evaluates components of clinical care, emphasizing the following specific clinical areas **twice each fiscal year**:
 - Childhood/Adult Immunizations
 - Comprehensive Program medical record reviews involving all ages **and clinical programs**
 - Risk Minimization - Lab clinical policies and procedures, i.e. quality control **testing, assessment of lab/dental supplies**
 - Additional evaluations may be conducted at **state**, regional and/or local discretion.
2. The QI Plan measures **other clinical and** non-clinical aspects of service **annually**, including the following areas:
 - Administration
 - Availability of Services and Patient Rights
 - Comprehensive Medical record and Encounter review **follow-up**
 - Fiscal
 - Risk Minimization – Lab, Pharmacy/vaccine, x-rays, occupational health/infection control, safety/security, medical risk control
 - Title VI
 - WIC Vouchers

1.4 Specific Activities

Individuals are to be identified as the Quality Improvement Directors **or Coordinators for** each Regional Office. Coordination of Quality Improvement in sections, offices and divisions of the Tennessee Department of Health will be dependent upon review cycles [CHSA Policy 6.2](#). Clinical quality of care studies and reviews of non-clinical aspects of service will operate on a continual basis throughout the review cycle. Quality Improvement activities will include one or more of the following:

Data Collection

Peer/provider reviews
Encounter/Medical Record reviews
Focus studies
Patient flow analysis
Patient satisfaction surveys
Computer generated reports

Analysis

Analysis of appropriateness of care
Identification of health outcomes
Compliance with established policies, procedures and program guidelines

Planning

Plan for corrective actions
Implementation of corrective action plans

Evaluation

Assessment of corrective action appropriateness **and efficacy**

Regional Quality Improvement Directors/**Coordinators** are to maintain in addition to the current fiscal year's QI databases, reports and responses, at a minimum, the 3 most recent fiscal year databases along with the generated reports and responses to reviews. This allows for analysis and comparison of compliance and the efficacy of corrective actions implemented. **Other staff members that assist with or complete QI reviews such as Administration and Fiscal Specialists, WIC Directors, or Human Resources Officers are to also maintain their files as stated above. Coordination of data sharing from these reviews by other staff members is the oversight of the Regional Quality Improvement Director/Coordinator.** Databases are to be routinely backed up according to regional Office of Information Technology (OIT) instructions and all printed reports should be maintained in a secure location of limited access. Printed reports should be shredded as method of disposal.

The Quality Improvement staff across the state is not responsible for the initial creation of procedures, policies or standards but is to review for these directives as developed by Federal, State, the Division of Community Health Services Administration and/or by the individual Department of Health Program Directors and staff. The Office of Quality Improvement's participation in the planning and development of any policy, procedure or standard is always available on the local, Regional or State level upon request.

1.5 Performance Cycle

QI reviews will occur continually for all health services delivered in regional and local sites. Other special areas ~~of concern~~ **for review** may be identified according to patient populations and focus study concerns. All results will be statistically analyzed with appropriate trends and actions identified.

Reviews are usually conducted on the following schedule but may be conducted at the discretion of the Regional Quality Improvement Director, as long as all reviews are completed and submitted annually:

| Reviews: | July – Dec. Cycle | Jan. – Jun Cycle | Date Due in to Central Office |
|--|--------------------------|-------------------------|--------------------------------------|
| Administration Review 1-4 | Reviewer’s Choice | Reviewer’s Choice | July 15th |
| Administration Review 5-7 (Metros are excused from this review) | Reviewer’s Choice | Reviewer’s Choice | July 15th |
| Availability of Services | Reviewer’s Choice | Reviewer’s Choice | July 15th |
| Comprehensive Medical Record Review - Focus 01 (Query of all programs) | X | | Jan. 15th |
| Comprehensive Medical Record Review - Focus 02 (Follow-up or select program review of 10 records) | | X | July 15th |
| Encounter/Medical (completed with any Comprehensive Medical Record Review) | X | X | Jan. 15 th and July 15th |
| Fiscal Metros are excused from this review | Reviewer’s Choice | Reviewer’s Choice | July 15th |
| Patient Satisfaction Survey (Metros may use their own tool) 5 clinic days of each calendar year. CHSA Policy 7.19 | Reviewer’s Choice | Reviewer’s Choice | December 31 |
| Risk Lab Follow-up | X | | Jan. 15 th |
| Risk Minimization | | X | July 15 th |
| Title VI | Reviewer’s Choice | Reviewer’s Choice | July 15 th |
| WIC Medical Record Review - 10 Records are reviewed in each WIC Clinic annually - WIC Manual section 6 page 16 | Reviewer’s Choice | Reviewer’s Choice | July 15 th |
| WIC Voucher Review - WIC Manual section 6 page 16 | Reviewer’s Choice | Reviewer’s Choice | July 15 th |

1.6 Peer/Provider Review

The Quality Improvement plan utilizes a peer/provider review process, which includes all **support staff**, health professionals and health care providers involved in service delivery. Peer/provider reviews will be designed to establish feedback to health professionals and health care providers concerning (1) adherence to practice guidelines and (2) appropriateness of care.

II. Quality Improvement Process

2.1 Regional/Local Practice Guidelines

QI studies will ~~monitor~~ assess service ~~quality~~ provision against practice guidelines specified for each identified ~~standard~~ area of ~~review~~ concern. The following public health practice guidelines will be utilized in the evaluation process. Manuals on the [CHSA Manual Webpage](#) are available at this link unless referred to another source location: <http://hsaintranet.health.tn.gov/default.asp>

- ◆ [Attendance and Leave Policies and Procedures](#) – ~~October 2011~~ current version available from [Department of Human Resources](#) website
- ◆ [Breast and Cervical Cancer Guidelines](#), ~~September 2010~~ Current revision
- ◆ [Care Coordination Manual – CSS and Care Coordination Policy Manual 2005 with 2009 and 2011 updates](#)
- ◆ [Child & Adolescent Health Manual – 2002](#)
- ◆ ~~Communicable Disease Control Clinical & Treatment Guidelines~~
- ◆ [Contraceptive Technology](#) – current version
- ◆ [Current Procedural Technology \(CPT\) Manual – 2010 Current Year](#)
- ◆ [Standards of Practice for Dental Public Health](#) – 2011 or more current version
- ◆ [Early Childhood Caries Prevention, A Fluoride Varnish Program for Public Health Nurses](#), current ~~edition~~ version on line
- ◆ [EPSDT Manual](#) - current on line version (2009 or later)
- ◆ [Ferri's Clinical Advisor](#) (current edition but not older than 2 years)
- ◆ [CHSA Policies & Procedures Manual/Regional Policies & Procedures Manual](#) – current edition on line
- ◆ [HUGS Program Guidelines](#), current edition on line – (Sept. 2011 or later)
- ◆ [ICD-9 Coding Manual](#) – ~~2012 and 2013~~ current calendar year version
- ◆ ~~Standards for Adult Immunization Practices 2003, Standards for Child and Adolescent Immunization Practices 2003~~ Currently in revision process
- ◆ [Advisory Committee on Immunization Practices \(ACIP\), standards for Adult, Child and Adolescent Immunizations](#)
- ◆ [Infection Control Manual](#), 5th edition 2002 or current edition on line
- ◆ [Laboratory Manual](#) – current edition
- ◆ [Tennessee Department of Health New Employee Handbook](#) – ~~November 2011~~
- ◆ ~~Nurse Clinician/Practitioner Protocols~~ – current edition
- ◆ [Public Health Nurse Protocols](#) – current edition on line on [CHSA Manual Webpage](#)
- ◆ [Public Health Nursing Orientation & Practice Manual](#) – on line version is 2005 current hard copy edition (2007)
- ◆ [Primary Care Services Guidelines](#) on line – May 2010
- ◆ [Quality Improvement Guidelines](#) 21st edition – 7/2013 on line
- ◆ [HIV/STD Prevention Program Guidelines](#), current edition on line 5/2012
- ◆ [STD Treatment Guidelines](#), current version on STD Website 2010
- ◆ [Department Of Finance and Administration Policy 8 - Comprehensive Travel Regulations](#) – August 2012
- ◆ [Tennessee Code Annotated](#)
- ◆ [Tuberculosis Elimination Guidelines](#) - current edition 9/2004
- ◆ [WIC Manual](#) – current edition on line
- ◆ [Family Planning Clinical Guidelines](#), January 2011– current edition on line
- ◆ [Prenatal Services Manual](#), 8/2009 ????????
- ◆ [PTBMIS Codes Manual](#) – 5/2010 edition on line
- ◆ ~~Vaccines for Children (VFC) Program Protocol January, 2010 (updated annually)~~

- ◆ [Vaccine Storage and Handling Guide](#), current edition **November 2012**.
- ◆ [Record retention and destruction information](#) – statewide 3/28/2011 RDA information

These public health practice guidelines are continually reviewed and updated by appropriate provider levels and programs. The guidelines focus on appropriateness of service and optimum health status. The practice guidelines are available to all health professionals in all clinic sites.

2.2 Analysis of Clinical Care and Non Clinical activities

Appropriate health professionals will evaluate quality through studies and analysis of the identified clinical areas of concern and related services.

Multidisciplinary teams composed of local, regional and central office members will address problems and problem resolution. Clinical areas of concern requiring improvement will be identified and resolved at the service delivery level through interactive plans of action.

Non clinical areas of related services such as Administration and Fiscal will be evaluated by appropriately trained individuals through the QI review processes and any areas of concern will be addressed by local, regional and central office supervisory staff. Areas for improvement identified through studies and analysis will be resolved at the service delivery area through interactive plans of action.

2.3 Plan of Action

The reviewer is to provide the county/site a Summary of Strengths and Concerns along with the statistical review reports prior to or during the exit conference. A separate comment section may be used by the reviewer to more fully document findings. These reports will be presented in an organized manner to the reviewed Local Health Department's supervisory staff to include the County Director, Nursing Supervisor and Public Health Office Supervisor (or those available) for the local health departments. Copies of the reports are to be provided to the Regional Supervisory staff and the State QI Director. Regional Office review reports should be presented to the Regional Director, Regional Medical Officer, Regional Nursing Director and the Regional Clerical Consultant and the State QI Director. Additional participants may be invited to the exit conference at the discretion of the supervisory staff of the reviewed site/regional office. Participation by the entire reviewed site's supervisory staff is encouraged but participation may be limited due to scheduling conflicts. The exit conference should be scheduled as soon as possible following the completion of each review. The method for the exit conference can be face-to-face (preferred), teleconference, webinar, or by telephone. The reviewed site should be consulted as to their desired method for the exit conference and every effort made by the reviewer to comply with the site's preferences and scheduling needs.

A ~~corrective action plan~~ plan of action will be developed by the county/site supervisory staff or designated personnel for situations identified by the reviewer to be met at less than 90% or which require improvement. The county/site will develop a plan of action report which is due into the regional office within 30 days of receipt of review results provided during the exit conference. Challenges to any review findings should be addressed in writing to the reviewer prior to the 30 day report date. Actions to be taken will be specified along with expected timelines of resolution, expected facilitators and resources clearly identified. The plan of action report will be sent electronically to the Regional Quality Improvement staff and State Quality Improvement Director. The exception to the 30 day report is in the case of identified dental and lab deficiencies, TOSHA deficiencies and pharmaceutical/vaccine deficiencies reported for the standards listed below. An

immediate verbal plan of action is to be given at the time of the reported findings and a written plan of action report is to be submitted electronically within two working days addressing these critical issues.

The plan of action for any 2 day required response should indicate if any patients or employees were affected, what steps were involved in correcting this situation, how patients or employees were notified, and what corrective action was taken to prevent this in the future. Should identifying patients and calling them in **for any additional testing or evaluations** take more than two days, state on your two day plan of action **report** what steps you have taken up to that point and that further information will be sent in a following document.

LAB OR DENTAL DEFICIENCIES:

Lab or dental standards requiring an **immediate verbal plan of action when found deficient are:**

4. Quality control tests are performed and documented according to the current lab manual.

13. Only laboratory and dental supplies with valid dates are available for use.

Quality Improvement Staff should notify Clinical Services and Disease Management's Lab Coordinator, the Regional Medical Officer, Regional Director and Regional Nursing Director immediately upon finding the deficiency. The Regional Dental Director is to be notified when expired dental supplies are found. (See Appendix E for state contact list)

This verbal plan of action is **to be followed by a written plan of action report **within two working days** and should be prepared in consultation with and copied to the Regional Lab Director or Regional Dental Director, Regional Director, Regional Medical Officer, Regional Nursing Director, and Regional Quality Improvement Director. A Copy of the 2 day written report is to be sent electronically to the Clinical Services and Disease Management Medical Director, State Director of Nursing, State Quality Improvement Director, and State Lab Coordinator **and/or** State Dental Director (See Appendix E for state contact list).**

MEDICATIONS / VACCINES/TB SKIN TEST:

Drug room/Regional Pharmacy and vaccine standards **(This would include the proper storage and maintenance of the TB Mantoux solutions.)** that require an **immediate verbal plan of action when found deficient are:**

15. Medications/vaccines are stored under proper conditions of sanitation, temperature, light, moisture, ventilation and refrigeration.

19. Medications/vaccines are inspected for removal of expired or deteriorated drugs, damaged labels and excess quantities of medications/vaccines.

Quality Improvement Staff should notify Regional Director of Pharmacy, Regional Immunization Coordinator (if vaccine related), Central Office VFC/Affix Coordinator (if vaccine related), State Director of Pharmacy, the Regional Medical Officer, Regional Director, Regional Nursing Director, State Quality Improvement Director, ~~and/or Regional and State TB staff (if TB program related)~~ **immediately** upon finding the deficiency along with any other regional and state programs (i.e.TB) that were affected. (See Appendix E for state contact list)

This verbal plan of action is to be followed by a written plan of action report within two working days and should be prepared in consultation with and copied to the Regional Director, Regional Medical Officer, Regional Nursing Director, Regional Immunization Coordinator (if vaccine related), Regional Pharmacist, and the Regional Quality Improvement Director. A Copy of the 2 day written report is to be sent electronically to the Clinical Services and Disease Management Medical Director, State Director of Nursing, State Director of Quality Improvement, State Director of Pharmacy, the Central Office VFC/Affix Coordinator **and** State Medical Director for Immunization Program (if vaccine related), along with regional and state programs that were affected. (See Appendix E for state contact list)

TOSHA DEFICIENCIES:

TOSHA standards that require an **immediate verbal plan of action when found deficient are:**

33. Post exposure incidents are handled according to Regional Exposure Control Plan.

34. Sharps are immediately discarded into appropriate sharps containers, which must be readily accessible.

35. Cleaning and disinfecting are done according to a written schedule. All equipment and contaminated work surfaces are decontaminated with an appropriate disinfectant as soon as feasible, as well as after any spill, and at the end of the workday. The spill kit is fully stocked and readily accessible to staff.

Quality Improvement Staff should notify **State** Clinical Services and Disease Management OSHA/TOSHA Coordinator, the Regional Director, Regional Medical Officer and Regional Nursing Director immediately upon finding the deficiency.

This verbal plan of action is to be followed by a written plan of action report within two working days and should be prepared in consultation with and copied to the Regional Safety Coordinator, Regional Director, Regional Nursing Director, Regional Medical Officer and Regional Quality Improvement Director. A Copy of the 2 day written report is to be sent electronically to the State Director of Nursing, Clinical Services and Disease Management Medical Officer, State Quality Improvement Director and Clinical Services and Disease Management OSHA/TOSHA Coordinator. (See Appendix E for state contact list)

ALL DEFICIENCIES:

Less than the usual thirty (30) day report response may be requested by the Regional or State Quality Improvement Director for any standard if deficiencies persist. Any

standard that shows persistent deficiencies could require a similar two-day plan of action at the discretion of the State Quality Council.

Corrective Action **planning** will occur at the appropriate Quality Improvement level, with total oversight for unresolved **problems areas of concern** the responsibility of the State Quality Council. Feedback will routinely be disseminated to all appropriate levels of staff. All 2 day and 1 month County and Regional Plan of Action Reports should be sent electronically to State Director of Quality Improvement. A three month follow up report showing the efficacy of the one month plan of action is to be sent electronically to the Regional Director, Regional Nursing Director, Regional Medical Officer, Regional Clerical Consultant, and Regional Quality Improvement Director. This report is due to the Regional Directors 3 months from the receipt of the review results at the time of the exit conference. The annual Regional Plan of Action is due into the State Quality Improvement Director by August 15th of the current year. The Regional Plan of Action Report is created by the Regional Directors, Consultants, Coordinators and Officers with assistance from others within the region as deemed appropriate.

2.4 Corrective Action Plan Effectiveness

Plans of actions will be monitored by the Quality Improvement Directors/Coordinators to assure changes have been made and that the changes have, in fact, resolved the situation. In instances where resolution is less than optimum as evidenced in the one and/or three month Plan of Action Reports, county/sites and the Regional Committee may be instructed to develop additional corrective action plans or revise the current plan of action.

2.5 Annual Quality Improvement Reports

Annually, Central Office and regional Quality Improvement staff will generate summary Quality Improvement reports. Specific analyses and trends will be identified, as well as **corrective** action **plans** initiated during the review cycle. Demonstrated improvements will be highlighted along with areas requiring further improvement. This report will be presented at the annual meeting of the State Quality Council in a timely manner.

III. Quality Improvement Oversight

The Division of Community Health Services Administration (CHSA) has established membership of the State Quality Council, which will provide Quality Improvement oversight, along with Central Office Quality Improvement staff. Regional Quality Teams have been established to facilitate and coordinate Quality Improvement activities at regional and local levels. Quality Units are functional at local levels with team members empowered to resolve problems whenever possible.

The State Quality Council will review, on an annual basis, State Summary reports of Quality Improvement activities, including aggregate trends and recommendations from

Quality Units and Quality Teams. Modifications to the Quality Improvement Plan may occur as a result of the review process.

IV. Quality Improvement Structure

Local Quality Units
(Meet as needed)

County Director, Nursing Supervisor,
Public Health Office Supervisor, etc.

Regional Quality Teams
(Meet quarterly or as needed)
(Appointed by Regional
Director)

Regional Director, Regional Health Officer,
Regional Nursing Director, Regional Clerical
Consultant, Regional QI staff, and
Representation from Medical, Nursing,
Administrative, Fiscal, Nutrition,
Dental, Programs, etc.

State Quality Council
(Meet annually)
Appointed by CHSA and

Assistant Commissioner for CHSA, CHSA
Medical Officer, CHSA Nursing Director,
CHSA Division/Section Chiefs, **Regional and
Local Health Director**, Regional State QI
Director and/or County Representatives
(Directors, Nursing Supervisors, Clerical
Consultants/Supervisors and QI Directors),
and others as appointed annually

Quality Staff
(Meet quarterly or minimally)

Central Office Support Staff for Regions and
Programs as indicated, Regional QI
Directors/Coordinators face-to-face June and
December) and team members, State QI
Director

Travel restrictions may limit or alter above meeting participants, intervals or require meetings to be held as teleconferences or webinars instead of face-to-face meetings on an as needed basis. Attendance of all Regional QI Directors/Coordinators is expected at State Quality Staff meetings. If attendance is not possible by the Regional QI Director, a Regional representative can be selected by the Regional Supervisory staff to attend the meeting in place of the Regional QI Director. The State QI Director should be notified as soon as possible when substitutions are planned.

Office of Quality Improvement Structure

Division of Community Health Services Administration



V. Provider Training and Participation

Central Office and Regional Quality Improvement staff will inform all providers about the Quality Improvement Plan with continual updates as necessary. **Orientation for new Regional Quality Improvement Directors/Coordinators will be provided by the State Quality Improvement Director. The State Quality Improvement Director will also be available to provide QI review training to any support staff within a region upon request.** The current [Quality Improvement Manual](#), [Appendices](#), and [Interpretive Guidelines](#) will be readily available to all providers in hard copy or on the [CHSA Intranet link: http://hsaintranet.health.tn.gov/default.asp](#)

VI. Internal Administration Systems

Designated members of the Quality Team will conduct internal administration system evaluations. Items to be reviewed include the following:

- 6.1 Personnel records will be evaluated against Human Resources policies and procedures issued by the Office of Human Resources and Department of Health, Division of Community Health Services Administrative Policies and Procedures.
- 6.2 Leave and attendance records will be evaluated against [Attendance and Leave Policies and Procedures Manual](#) issued by the Office of Human Resources and the Department of Health, Division of Community Health Services Administrative Policies and Procedures and any local guidelines applicable to county, contract or other non-state employees.
- 6.3 Training and Orientation
- 6.4 Credentialing and Re-credentialing
- 6.5 Posters

The standards and references to be used for the Administration Review follow with the list of required posters and qualifications for credentials.

6.6 ADMINISTRATION STANDARDS
for
Administration Reviews

Review Questions 1-4

Policies and Procedures

- 1. Employees are aware of the Policies and Procedures Manual for the Division of Community Health Services Administration (CHSA) and are able to access an up-to-date hardcopy or access it electronically. [CHSA Policy 3.7.c](#)**

Orientation

- 2. Each new employee of the Division of Community Health Services Administration has an orientation class according to the Policies and Procedures Manual and Regional Policies. ([CHSA Policies and Procedures Manual 3.7.c](#) or [Metro Policies and Procedures](#))**

- A. Regional staff in charge of Human Resources matters are responsible for conducting orientation classes for new county and regional staff every month (within 30 days of hire), or when necessary, using material developed by the Office of Human Resources.
- B. Content of the classes will include information on:
 - 1) Material contained in the New Employee Orientation Package distributed to new employees by the Office of Human Resources of the Department of Health.
 - 2) State Human Resources policies and employee benefits
- C. Each new employee in the Central Office, Regional Office, and Local Health Department should also receive an orientation to the Division of Community Health Services. Depending upon the actual location of the new employee, it will be the responsibility of the Regional Director, Section Chief, or their designee, to ensure that each new employee receives information on:
 - 1) Detailed description of the division, offices, sections and programs within the Division of Community Health Services and the services provided by each.
 - 2) The relationship between the Central Office, Regional Office and Local Health Departments and the overall mission of the Division of Community Health Services Administration.
 - 3) Policies and procedures of the Division of Community Health Services Administration as well as specific program policies. <http://hsaintranet.health.tn.gov/default.asp>
 - 4) Employee HIPAA and confidentiality requirements.
 - 5) Quality Improvement standards and other specific program standards.

Employee Records

- 3. Employee records are maintained at designated base worksite and/or Regional Office in an assigned secure location with limited access.**

- A. Human Resources files. ([CHSA Policy 3.9](#))
- B. Attendance and Leave records. [Attendance and Leave Policies and Procedures Manual](#)
- C. Travel reimbursement claims. <http://tennessee.gov/finance/act/documents/policy8.pdf>

Posters

4. Required posters are present in appropriate area.

P = Display in Public Area

E = Display in Employee Area

◇ = Required State Poster

◆ = Required Federal Poster

The state and federally required posters may be combined in a commercially prepared laminated poster which contains ~~9-12~~ multiple posters ~~or more~~. These Federal posters can also be obtained free online by going to the following link:

<http://www.dol.gov/oasam/programs/osdbu/sbrefa/poster/matrix.htm> and be posted individually and the state required poster may be obtained free online by going to the following link:

<http://www.tn.gov/labor-wfd/poster.htm> .

The laminated poster can be purchased from Labor Law Center, at www.GovDocs.com. Needed posters may be able to be obtained by contacting the Workforce Development representative in your area. http://www.tennessee.gov/labor-wfd/et_dw_map.pdf

These posters are hyperlinked or listed with resources to contact when replacements or additional posters are needed. CHSA Policies are hyperlinked or you may access the entire [CHSA Policy manual at: http://hsaintranet.health.tn.gov/default.asp](http://hsaintranet.health.tn.gov/default.asp)

- 1) ◆ [“Equal Employment Opportunity is the Law”](#) 11/2009 (P)
- 2) ◆ [“Your Rights Under the Family and Medical Leave Act of 1993”](#) revised 2/2013 (P)
- 3) ◆ [“Employee Rights Under the Fair Labor Standards Act”](#) July 2009 (P)
- 4) ◇ [“It’s The Law! You Have a Right to a Safe and Healthful Workplace”](#) Post the Tennessee TOSHA poster instead of the OSHA poster which may be included on the 9/12-in-one commercially obtained poster. 11/1/2000 (E)
- 5) ◇ [“Tennessee Law Prohibits Discrimination in Employment”](#) 10/2008 (P)
TN Human Rights Commission, (615) 741-5825 Dept. of Labor & Workforce Development
- 6) [State of Tennessee Executive Order by the Governor #3](#), An Order Concerning Equal Employment Opportunity. 1/15/2011 (TN Department of Human Resources, Equal Employment Opportunity, (615) 741-1646 ~~(615)-741-1328~~) (P)
- ~~7) [“Your Rights Under the Americans with Disabilities Act of 1990”](#) 1993 (P)
— TN Department of Human Resources, (615) 741-6350
— [American with Disabilities Act of 1990 as amended 2008](#)~~
- 8) TennCare Poster – [“Having problems getting health care from TennCare”](#) (P)
~~6/17/2008~~ 6/7/2011
- 9) Comptroller’s Hotline Number 1-800-232-5454 or (615) 741- ~~2775 2504~~ (P)
April/2013

- 10) Fair Hearing Procedure/WIC Regional WIC Director (P)
- 11) “[And Justice for All](#)” ~~12/1999~~ USDA Form AD-475C 9/2006 (P)
Regional WIC Director
- 12) Services are available on a sliding fee scale basis. (P)
Post in reception area. ([CHSA Policy 7.9](#)) ([CHSA Policy 7.22](#))
- 13) Clinic Hours and Names of Direct Care Staff on Duty ([CHSA Policy 3.10](#)) (P)
<http://hsaintranet.health.tn.gov/Login.asp>
- 14) Name and telephone number of nearest Poison Control Center (P)
[Tennessee Poison Center](#) – 1-800-222-1222
- 15) Equal Opportunity is The Law, Title VI Section 601, of the Civil Rights Act of 1964, Dept. of Health, Office of Title VI/Non-Discriminatory Compliance and Diversity Business, Luvenia H. Butler, MS, Director, (615) 741-9421 (P)
- 16) Abuse Notice Regarding Chapter Number 804 of the Public Acts of 2006 and Chapter Number 446 of the Public Acts of 2007. Effective 7/1/2007 (P)
- ~~17) [Position Vacancy Notices \(State and Contract Agencies\)](#) (P)
[Regional Human Resources Officer](#)~~
- 18) Complaint process forms for Civil Rights Act of 1964 (P)
Tennessee Department of Health Title VI Compliance Director (615) 741-9421
Does not have to be posted on the wall but must be visible and available to the public without asking.
- 19) “No Smoking” signs are posted in patient waiting rooms and other appropriate areas. [CHSA Policy 7.2](#) (P) and (E)
- 20) Copy of the Department’s Non-Discrimination Affirmative Action Policy Statement. Department of Health’s Affirmative Action Plan (P) and (E)
- 21) “[Workplace Harassment Policy](#)” Revised December 4, 2012 (P) and (E)
TN Department of Human Resources (615) 741-6350
- 22) ◇ [TN Unemployment Insurance Poster](#) ~~12/2005~~ 4/2013 6/2013 (E)
Dept. of Labor & Workforce Development
- 23) ◇ [Workers’ Compensation Posting Notice](#) – Revised 3/2012 (E)
Dept. of Labor & Workforce Development
- 24) [OSHA 300A Summary Form](#) to be posted each February, March and April. (E)
TN Department of Labor & Workforce Development, (615) 532-1345)
- 25) ◆ [Your Rights Under USERRA, the Uniformed Services Employment and Reemployment Rights Act](#). U.S. Dept. of Labor, VETS October 2008 (E)

- 26) [State Regulations for Protection Against Radiation \(“Notice to Employees”\)](#), (E)
Form RHS 8-3 is posted as required by law. See page 15 46 of linked document [Revised 5/2012](#).
- 27) ♦ [Know Your Rights Under the Recovery Act! - Federal Whistle Blower poster](#) (E)
(for copy of the [Recovery Act](#), activate Recovery Act link) Not available at this time in Spanish language as of 5/13/13.
- 28) ◇ [Reporting TennCare Fraud and Abuse](#) - TennDent sites required to post either (P)
poster or TennDent notice memo dated 5/13/2011 - both are not required
- ~~29) ◇ [Tennessee Eligibility for Entitlement Act of 2012 \(SAVE Program\)](#) - 9/1/12 - (P)~~

Required state and federal posters would need to be posted in the appropriate language according to the Title VI guidelines for translation of vital documents. Those posters designated by ♦ and ◇ are required by the state and federal government to be posted in the public area. If the LEP % for that site met the criteria to require that vital documents be translated into a given language, for example Spanish, then the state and federal posters that are required to be posted in the public areas of the clinic, would also have to be posted in Spanish.

6.7 ADMINISTRATION STANDARDS for Administration Reviews

Review Questions 5-7

Departing Employees

5. **Notification of an employee’s departure from our employment is to be submitted in writing to the Division Office along with all required accompanying paperwork.** [CHSA Policy 3.17](#)
<http://hsaintranet.health.tn.gov/default.asp>
- A. All employees leaving our employment (including separation, transfer, and retirement) must submit in writing a letter of intent to transfer, retire or resign to their supervisor. It is the supervisor’s responsibility to submit this information to the Human Resources officer.
- B. Human Resources officer should forward the state employee’s PRT-3 form, the employee’s resignation letter and all required paperwork to the Office of Human Resources.
- C. The supervisor/Human Resources officer must obtain the following items upon notification of impending resignation or transfer of an employee. These documents may be retained in the local/regional personnel record or sent to the Central Office Human Resources officer. These documents are to be retained for a minimum of 3 years. *Note that not all of these items will pertain to every employee.*
- 1) Letter of resignation
 - 2) State ID card
 - 3) Photo ID card
 - 4) State parking decal
 - 5) Keys to all property (building, locks in cubicle, moneybox, etc.)
 - 6) Security number/password to voice mail.

- 7) All password and identification/security numbers assigned for systems access (i.e. email, Edison User Separation form, RACF/Provider Number, Health Separation form)
- 8) Computer software and respective manuals
- 9) State credit card
- 10) State telephone credit card
- 11) State owned equipment (e.g. cell phone, pager, laptop computer etc.)

D. Supervisor/Human Resources Officer should also share information re: departing employees with their Systems Administrator to ensure that all provider numbers previously assigned to the employee are de-activated.

Attendance and Leave

6. Employees' (state, local, contract) attendance and leave/time distribution reports are current and accurate. [CHSA Policies and Procedures Manual 3.3](#) and [Attendance and Leave Manual, Tennessee Department of Human Resources](#) State employees' attendance and leave will be self-entered into the Edison Project system for Supervisor approval and management. Edison Project files are not accessible by the QI Reviewers.

- A. Copies are present at the site where leave is keyed, for all pay periods (3 years)
- B. The current attendance and leave form shows:
 - 1) Daily hours worked.
 - 2) Accurate pay period calculations.
 - 3) Fully completed and accurate footings where applicable.
 - 4) Signatures of employee, supervisor, and timekeeper (optional) for all pay periods.
- C. The current attendance and leave form correlates with travel claims.
- D. Approved documentation for changes in regularly assigned workweek is present.

Personnel File

7. Each state, local or contract employee's personnel file contains copies of relevant documents. (Every file will not contain every document.) [CHSA Policy 3.9](#)

◆ = documents that are not required for non-state employees (but may be present or these may be held in the county government's personnel department and not available for review).

The Edison Project system will contain some of these documents. The use of some forms may be discontinued as they are replaced by Edison processes.

- A. A copy of the worked register-(Certification of Eligibles **or referral listing after 10/2012**) ◆
- B. Copies of documents for completion of appointment. ◆
 - 1) Letters sent; undelivered envelopes; or copies of emails. ◆
 - 2) EEO form with appropriate committee signatures-PH 1454. (1987) ◆
 - 3) If hired on or after November 7, 1986, Employment eligibility verification, including copies of proof-I-9. ◆
- C. **Title VI of the Civil Rights Act of 1964 (9/2003) and/or Title VI Completion Certificate (4/2013).** ◆
~~If applicable, a copy of the approved PNF-201 form on the appointment. (5/91)◆~~
This form is no longer in use for state employees after 9/2008.
- D. A copy of the completed PRT-3 form showing the employee's report information ◆
- E. A copy of the employee's current Job Performance Plan. (signed) This document is held in the Edison system for state employees. ~~(7/83)~~ ◆

- F. Copies of the employee's Performance Evaluation Forms with proper signatures and dates. This document is held in the Edison system for state employees. (7/83) ♦
- G. PH-2003 flexible work schedule form for the employee (applicable only for employees working a schedule other than 8-4:30 with supervisor's approval). (8/99) ♦
- H. A copy signed of PH-3131 (3/2007) (6 in 1 form). The form includes HIPAA & Human Resources Confidentiality Statement (2003), Drug Free Workplace (1988), Workplace Harassment (2005 2012), and Conflict of Interest Policy Acknowledgment (1995), Operation of Motor Vehicles by State Employees Policy (2003), and Acceptable Use Policy (2006).
- I. TennCare Impartiality Statement, [CHSA 3.16](#), PH-3496 (4/05)
- J. Acceptable Use Policy Version 1.13, April 9, 2009
- K. Signed copy of the Computer Access Security Agreement (PH 3601) (RACF)
- L. Copies of appropriate credentials (diploma, certificate, license, annual or biennial license renewal, NPI # for those whose name is on billing statements only). See CHSA Policies [3.9](#), [3.18](#), [8.6.b](#) and credential checklist.
 - 1) This employee requires licensure or certification renewal at specific intervals.
 - 2) A copy of current license or certificate has been provided.
 - 3) Renewal date of license or certificate is: _____
This link can be accessed to obtain dates: <http://health.state.tn.us/Licensure/default.aspx>
- M. ~~Title VI of the Civil Rights Act of 1964 (9/2003) and/or Title VI Completion Certificate (4/2013).~~♦

CREDENTIALS CHECKLIST

At the time of employment, individuals must meet the experience and academic qualifications as stated in the State Job Specifications for the job for which they are employed. In addition, some disciplines require licensure and certification at specific intervals. [CHSA Policy 8.6.b](#)

DISCIPLINE AND PROGRAM REQUIREMENTS:

AUDIOLOGIST

Master's degree in Audiology including practicum

DENTIST

- A. Tennessee Dental License
- B. Annual registration for re-licensure
- C. DEA Number
- D. NPI Number

DENTAL HYGIENIST

- A. Tennessee Dental Hygienist License
- B. Annual registration for re-licensure

NURSE

- A. Licensed personnel maintain current renewal certificates to practice in Tennessee.
- B. Licensed personnel who are required to be certified to practice maintain certification.
- C. Nurse practitioner who prescribe and/or issue drugs, must have a Certificate of Fitness from the Tennessee Board of Nursing and current Board Certification.
- D. NPI Number

PHYSICIAN

- A. MD/OD/DO License

- B. Renewal and registration of license as required by T.C.A.
- C. DEA Number
- D. NPI Number

PHARMACIST

Current Tennessee license

RADIOLOGICAL TECHNICIAN

Current certification

REGISTERED DIETITIAN

Current ADA Registration for Registered Dietitian

VII. Availability of Services and Patient Rights

All individuals will be made aware of their rights, such as the right to equal access, the right to quality care, and the right to make suggestions. Individuals have a responsibility to be active participants in developing and implementing their plan of care. Patient Satisfaction Surveys are conducted annually. Health services will be available for routine care, referral and follow-up. The standards and references to be used for this review follow.

**7.1 AVAILABILITY OF SERVICES AND
PATIENT RIGHTS REVIEW STANDARDS**

- 1. A patient satisfaction survey system is conducted each calendar year for a period of 5 working days.** [CHSA Policy 7.19](http://hsaintranet.health.tn.gov/default.asp) <http://hsaintranet.health.tn.gov/default.asp>
- 2. State and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services and activities.** (American Disabilities Act)
<http://www.access-board.gov/adaag/html/adaag.htm>
 - A. The clinic has handicapped access or has an alternate service site.
 - B. Designated handicapped parking
 - C. Designated handicapped toilet facilities
- 3. The atmosphere of the clinic promotes patient privacy**
 - A. Patients should be treated in a manner which preserves patient’s dignity and privacy.
CHSA Policies [7.9](#) and [7.24](#) (HIPAA)
 - B. Medical records are secured and appropriate privacy HIPAA measures are observed.
CHSA Policies [5.1.a](#), [5.2.a](#), [7.24](#)
- 4. Health departments are open during lunch and normal business hours.** [CHSA Policy 3.3.h](#)
- 5. Individuals are able to identify personnel by name and title.** [CHSA Policy 3.10](#) and [8.11](#).
- 6. There is reasonable access to basic public health services.**
 - A. Available appointments for appropriate visits.
 - B. Immunization services are readily available. Child & Adolescent Health Manual, 2002, pg. 1-2.0
 - C. Providers co-schedule immunization appointments in conjunction with appointments for other child health services. Child & Adolescent Health Manual, 2002, pg 1-2.1
 - D. STD services are readily available.
 - E. Clients applying for WIC are seen in an appropriate time [WIC Manual](#) Section 1 page [3 4](#), Federal Processing Standards [[7CFR 246.7 \(t\) \(2\) \(iii\) \(A\)](#)]

- 1) Within 10 calendar days for pregnant women
- 2) Within 10 calendar days for infants under six months
- 3) Within 10 calendar days for migrants
- 4) Within 20 calendar days for all others

7. There is reasonable access to Department of Health Primary Care Providers (Applies only to those county health departments that have MCO/TennCare Contracts to provide PCP services).

- A. Appointments are not to exceed 3 weeks from date of a patient's request for regular appointments
- B. Appointments are within 48 hours for urgent care. (Citation: both a and b are from the TennCare Contract, Attachment IX, Terms and Conditions for Access)

VIII. Medical Records Systems

8.1 Medical Records

Medical records are available to health care professionals at each clinic site according to the Division of Community Health Services Administrative Policies and Procedures Manual. Medical Records include paper and electronic mediums. [CHSA Policy 5.1.a](#)

8.2 Recordkeeping

Medical records may be on paper, electronic or a combination format. Medical records are in regionally determined sequence. Entries must be legible and in chronological order. Approved state/regional abbreviations and methods of correction in documentation are to be used.

8.3 Medical Record Standards and Encounter Data

Medical records and/or encounters shall include (as indicated by PHN Protocols and the appropriate system/program guidelines) the following:

1. Patient identification information
2. Personal/biographical data
3. Date of service
4. Provider identification
5. Legible documentation
6. Interval and past medical history appropriate to the type of visit
7. Appropriate allergy documentation
8. Immunizations
9. Assessments as appropriate
10. Identification of current problems or chief complaint
11. Examinations as appropriate
12. Medication information
13. Diagnostic information and any diagnostics performed
14. Anticipatory guidance/patient education
15. Referrals when indicated
16. Plan of care
17. Therapies and prescribed regimens
18. Follow up visit information
19. Record is in appropriate format
20. Appropriately completed consent forms
21. Required program forms

22. Appropriate coding and posting of procedures, diagnosis codes, medications, provider numbers, etc. to the encounters supporting and validating visit documentation

8.4 Medical Record Review Process

The medical record review process is a continuous endeavor utilizing [Community Health Services Administrative \(CHSA\) Policies and Procedures](#), the [PTBMIS Codes Manual](#), specific Program Guidelines, [PHN Protocol](#), Regional Recordkeeping Guidelines, in addition to Quality Improvement Guidelines. The standards and resources to be used for medical record and encounter reviews follow. Each review tool is completed for a single program from a single encounter for each medical record date of service that is reviewed. Reviewers may choose to review one program from the encounter or review a selection of the programs listed for that date of service.

[On line Manual web page access](#)

8.5 COMPREHENSIVE HEALTH MAINTENANCE REVIEW STANDARDS AND PERFORMANCE INDICATORS

- 1. Program eligibility criteria met**
- 2. Appropriate medical histories taken**
 - A. Initial medical history is completed upon the first comprehensive clinic visit and updated annually or as indicated at each periodicity scheduled visit thereafter.
 - B. Family history is completed upon the initial comprehensive clinic visit and updated annually or as indicated at each periodicity scheduled visit thereafter.
 - C. Interval history is documented each clinic visit.
- 3. Allergies documented appropriately**
- 4. Appropriate assessments completed per protocol and program guidelines**
 - A. Nutritional assessment
 - B. Health status assessment
 - C. TB Risk Assessment (RAT)
 - D. Cholesterol assessment
 - E. Lead risk assessment
 - F. Psychosocial
 - G. Tobacco Survey Assessment (TSA)
- 5. Physical exam**
 - A. Comprehensive unclothed physical exam
 - B. Problem focused exam
- 6. Growth measures**
 - A. Weight
 - B. Stature
 - C. Weight for height/BMI
 - D. Head circumference (thru 24 mos.)
 - E. Plotted correctly
- 7. Other measures, vital signs**
- 8. Sensory screening**
 - A. Vision
 - B. Hearing
- 9. Developmental/behavioral screening**

- 10. Appropriate laboratory procedures are followed and documented per protocols, program guidelines and standards in the Laboratory Manual, current edition.**
- A. Testing appropriate to documented assessment and diagnosis.
 - B. Appropriate test completed according to program guidelines and standards.
- 11. Immunizations:**
- A. Immunizations are given at designated times as per protocols and standards.
 - B. There are no missed opportunities.
 - C. Assessment of immunization status is documented. See [CHSA Policy 8.9](#)
 - D. Sites of all immunization injections given are documented according to protocols and standards.
 - E. Immunizations are documented per protocols and standards, including documentation of the VIS revision date.
- 12. Medications**
- A. Medications are given at designated times as per protocols and standards.
 - B. Dose, site, route and frequency are documented appropriately for medications given or prescribed.
 - C. Medications documented on the Primary Care Problem List and Medication Summary form are current. Documentation is updated according to Section V page 7 and Section VII page 46 of the [Primary Care Guidelines](#).
- 13. Anticipatory guidance/patient education:**
- Provided based upon the assessment of patient or parental current or anticipated needs and development per protocols and program guidelines.
- 14. Dental referral**
- 15. Plan of care**
- A. Assessment is documented.
 - B. Addresses findings in the Assessment
 - C. Problems are:
 - 1) Treated by the appropriate provider
 - 2) Referred if indicated
 - 3) Follow-up is done or scheduled according to protocol and/or program guidelines.
 - D. Plan documentation includes a plan of action for a return visit to address any items omitted from this visit, including PCP letter.
- 16. There are no missed EPSDT opportunities**
- 17. Medical records format**
- A. Name or medical record number
 - B. Personal/biographical data is updated appropriately
 - C. Date of service
 - D. Provider identification
 - E. Legibility
 - F. Regional/State approved abbreviations are used
 - G. There are no documentation errors or errors are corrected according to regional/state standards.
 - H. Adherence to standard regional format
 - I. Appropriate consent forms are completed
 - J. Required program forms are present

8.5.1 ENCOUNTER MEDICAL

- 18. Correct provider numbers are posted.**
- 19. Correct program codes are posted.**
- 20. Correct diagnosis codes are posted.**
- 21. Correct payor codes are coded.**
- 22. Correct service and procedure codes are posted per [PTBMIS Codes Manual](#) and current American Medical Association CPT Manual.**
- 23. Services and procedures billed for are documented in the medical record.**
- 24. Drugs issued to patients will be entered into the pharmacy module of PTBMIS by the end of business day.**
- 25. Documentation supports Level I (99401T) or Level II (99402T) TennCare Advocacy.**

IX. Internal Financial Systems

Designated members of the Quality Team will conduct internal financial systems evaluations. Items to be reviewed include **but are not limited to** the following:

- A. Cash Funds, Cash Receipts, Revenues and Deposits
- B. Negotiables

The standards and references to be used for the fiscal review follow. * Numbers in parentheses () reference policies in the *CHSA Policies and Procedures Manual*. – <http://hsaintranet.health.tn.gov/default.asp>

9.1 FISCAL REVIEW STANDARDS

Control Structure

1. Duties are segregated to the extent possible for collections, billings, bank deposits, purchases, patient encounters and mail opening. (2.3)*

Cash Counts

2. Cash box is ~~locked secure~~ at all times ~~except when in use and is kept in a locked storage facility whenever unattended or after hours.~~ (2.11.2 and 2.11.3)
3. ~~Cash box is kept in a locked storage facility whenever unattended or after hours.~~ (2.11)
4. ~~After hours night deposit is used, if available and needed.~~ (2.11) —
5. ~~There is a cash fund custodian and employees having access to cash funds are identified.~~ (2.11.12 and 2.11.14)
6. ~~Employees having access to cash funds are identified.~~ (2.11)
7. Change fund equals authorized balance and is only used for making change for patients who pay in cash for services received. (2.11.5 and 2.11.7)
8. No employee checks or IOUs are in the cash fund box. (2.11.7) [Exception: checks for payment of services.]
9. Cash drawer and manual reconciliation totals match cash on hand **and any difference is noted, explained, dated and signed on the cash drawer.** (2.11.5)
10. ~~Any difference is noted, explained, dated and signed on the cash drawer.~~ (2.11)

Cash Receipts and Certificates of Deposit (CD)

11. Copies of all receipts are maintained ~~in numeric order~~ and attached to CD including manual, computer and voided receipts. The numbers and category of all receipts used will be recorded on the CD. (2.13)
12. Any manual receipts issued are reconciled with PTBMIS generated receipts and both copies are retained when monies are for services posted in PTBMIS. (2.13)
13. ~~No refunds are made from receipts~~ Refunds are provided from receipts only as directed by the Division of Administrative Services. (2.11)
14. Issuer signs manual receipts. (2.13)
15. Manual receipts **are logged in from the Region and** are stored in a locked file/closet. (2.13)
16. ~~Manual receipts are logged in from the Region.~~ (2.13)

17. Voided receipts are accounted for with an explanation and approved by a supervisor. (2.11.11)
18. ~~Significant~~ All shortages are reported to the **Regional Accountant or Regional Director according to policy Office of Audit and Investigations of the Department of Health by sending a “Lost or Stolen Property Report.”** (2.11.5 and 2.11.15)
19. ~~Appropriate revenue codes are used on the State of Tennessee Deposit Slip.~~ (2.9)
20. The ~~established cut-off~~ time for running the cash drawer and making deposits is **as late in the day as possible** to include as much of the business day’s transactions as possible; yet is **early enough in the day** to allow for Cash Drawer closeout and a deposit to the bank within the same workday. Bank date may conflict with the receipt date because of the bank’s policy to change the date before the end of the workday. The deposit receipt from the bank must be retained with the State of Tennessee Deposit Slip. (2.9)
21. Fees collected by Local Health Departments and Regional Office Clinics must be deposited at least two times a week or within 24 hours after \$100 in funds has been accumulated, whichever comes first. All funds not deposited the same day of receipt must be secured under lock **and key**. (2.9)
22. CD forms are used in sequence. (2.9)
23. CDs are voided according to procedure. (2.14)
24. The money deposited will match the CD (cash received = cash deposited; checks received = checks deposited). (2.11.6)
25. ~~Checks are restrictively written/endorsed upon receipt.~~ (2.11)
26. Checks are **restrictively** written for the exact amount owed or a portion **thereof and endorsed upon receipt**. (2.11.9)
27. ~~All checks are to be scanned in iNovah and should match the CD, the deposit slip in PeopleSoft and the PTBMIS “Cash Drawer Report”.~~
28. Returned checks are handled according to procedure **outlined by the Division of Fiscal Services of the Department of Health**. (2.11.10)
29. No third-party checks written on personal bank accounts are accepted. (2.11)
30. ~~Credit card payments are to be reconciled to the PTBMIS “Summary of Credit Payments Received Report” (CredSum Report).~~

Revenues

29. Voided encounters, credit memos, debit memos and payment corrections are handled according to procedure. (2.3) (2.11.11)

Accounts Receivable

30. The Division of Administrative Services’ policy on Accounts Receivable is followed. (2.7.a-h) <http://hsaintranet.health.tn.gov/default.asp>
 - a. 3rd Party and Individual Patient Billing (2.7.a)
 - b. Collecting 3rd Party deductibles (2.7.b)
 - c. Collecting 3rd Party Co-payments (2.7.c)
 - d. Billing for Patients who have TennCare and private insurance (2.7.d)
 - e. Patients requesting local services in lieu of receiving services from their assigned/network provider (2.7.e)
 - f. Collection and write-off of Accounts Receivable (2.7.f)
 - g. Claim for refund (2.7.g)

h. Waiving private insurance billing non TennCare enrollees ([2.7.h](#))

31. Patient is billed based on the sliding fee scale as appropriate. (~~2.7.a~~) (~~7.9~~)

X. Risk Minimization

- A. Quality control reviews will be conducted at least yearly
 - 1) Laboratory guidelines will be utilized to assure laboratory compliance with external Quality Control criteria. Ongoing observations by supervisory staff will be routinely performed.
 - 2) Drug Room/Regional Pharmacy operations will be evaluated against Tennessee Board of Pharmacy regulations and State/Regional Public Health Formularies.
 - 3) Radiology operation will be evaluated against established practice guidelines and State Regulations.
- B. Infection control reviews will be conducted at least yearly utilizing the appropriate guidelines. [Infection Control Manual](#)
- C. Safety and Security reviews will be conducted at least yearly utilizing appropriate guidelines.
- D. Medical Risk reviews will be conducted at least yearly utilizing the appropriate guidelines.
- E. If new criteria and/or identified problems arise, new or more frequent evaluations ~~will~~ may occur.

The standards and references to be used for the risk minimization review follow.

10.1 RISK MINIMIZATION REVIEW STANDARDS

Quality control policies and procedures are in place for in-house ancillary areas (lab, x-ray and drug room/regional pharmacy).

10.1.1 LABORATORY

Source for the following standards: Laboratory Policies and Procedures Manual for Local Health Departments.

1. **A current copy of the Laboratory Policies and Procedures Manual for Local Health Departments or Metro Lab Manual is maintained in the laboratory area.**
2. **Public Health Clinic Laboratory Practitioners perform on-site basic laboratory tests according to policies and procedures.**
3. **A lab training certificate is available for each employee who performs lab procedures.**
4. **Quality control tests are performed and documented according to the Laboratory Policies and Procedures Manual for Local Health Departments or Metro Lab Manual, with results maintained for at least 2 years. (Lab Manual, Section 5, pg. 14) Controls must be applicable to the brand of product being used. Product package inserts will be retained with the applicable control test documentation. Product package inserts will be followed regarding appropriate performance of tests or controls and correct storage of devices and control solutions. If the reviewer determines that this standard is not met, a 2 day plan of action including patient impact is required.**
5. **Quality control results are documented as monitored weekly by the supervisor. Any errors noted will have appropriate corrective action taken and documented.**

6. **Competency Evaluation and Proficiency testing or Comparison testing are performed appropriately for the clinic laboratory with a CLIA Provider Performed Microscopy (PPM) Certificate.** Laboratory Policies and Procedures Manual for Local Health Departments, Section 1, page 5.
7. **Manufacturer operation instructions/owner's manuals for laboratory equipment are available and followed. These instructions are to be retained as long as the equipment is in use.**
8. **Correct holding temperatures for lab supplies and specimens requiring temperature sensitive storage are maintained and recorded. Temperature logs for lab supplies and specimen storage are retained for at least 2 years.**
9. **Calibration is performed according to manufacturer's instructions to assure standardization of machines. Note: Scales will be calibrated at least quarterly. Manufacturer's instructions will be followed for calibration of digital devices such as scales, thermometers, blood pressure machines as well as other laboratory or patient care equipment.** (Child & Adolescent Health Manual 11-3.0)
10. **Preventive maintenance and repair logs for equipment are kept as long as the equipment is in use.** Laboratory Policies and Procedures Manual for Local Health Departments. See Appendices V page 21 for log form.
11. **Laboratory specimens are collected, labeled and stored according to acceptable Lab Manual procedures prior to mailing or courier pick up. There is a system in place to track disposition of lab results. Lab request forms are completed correctly.**
12. **Laboratory logs (hardcopy or electronic) are kept for all specimens mailed or forwarded to any laboratory for at least two years.** (Lab Manual, Appendices 5, pg. 19 PH-3283)
13. **Only laboratory and dental supplies with valid dates are available for use.** If the reviewer determines that this standard is not met, a 2 day plan of action including patient impact is required.

10.1.2 MEDICATION/VACCINE

14. **All medications and vaccines are kept under lock ~~and key~~ except when authorized personnel are in attendance.**
15. **Medications/vaccines are stored under proper conditions of sanitation, temperature, light, moisture, ventilation and refrigeration.** (CDC – [Vaccine Storage and Management Toolkit November 2012](#) [Vaccine Management, Recommendations for Handling and Storage of Selected Biologicals, December 2011](#)) Vaccine storage temperature logs are to be retained for at least 3 years. If the reviewer determines that this standard is not met, a 2 day ~~corrective~~ plan of action including patient impact is required.
16. **Internal medications, injectables, and topical preparations are stored separately from disinfectants and poisons.**
17. **Drug labeling, packaging, movement and inventory procedures are performed appropriately.** CHSA Policy [8.3.b](#) and [8.3.c](#).

18. When drug samples are allowed by regional policy, they are included in an inventory system. CHSA Policy [8.3.c](#)
19. Medications/vaccines are inspected for removal of expired or ~~and~~ deteriorated drugs, damaged labels and excess quantities of medications/vaccines. [CHSA Policy 8.3.b](#) and [CHSA Policy 8.3.d](#). If the reviewer determines that this standard is not met, a 2 day plan of action including patient impact is required.
20. Adverse drug events and vaccine adverse events are reported appropriately.
21. Vaccine Information Statements available in the clinic are current according to [CDC Guidelines](#).

10.1.3 MEDICAL/~~DENTAL~~ X-RAYS

Reference: Department of Environment and Conservation Division of Radiological Health, [Chapters 0400-20-04, 0400-20-05 and 0400-20-06](#) <http://www.tn.gov/sos/rules/1200/1200-02/1200-02-04.20111208.pdf> and TB Guidelines, TDH, 2004

22. All procedures are performed on request of a physician, dentist, ~~or~~ nurse practitioner or follow specific program guidelines.
23. Precautions are taken to expose only the portion of the body being x-rayed.
24. Qualified service personnel do major maintenance and major adjustments of x-ray equipment.
25. X-ray equipment is inspected by a health physicist through the Division of Radiological Health. (every two (2) years for medical x-ray and every 4 years for dental x-ray)
26. Proper storage of film and chemicals is maintained at all times.
27. Film disposal is in accordance with regional/county contract with company.
28. To ensure proper exposures, a technique chart is available and utilized for medical x-ray exams, except for photo timed exposures.
29. Perform film development or digital receptor imaging according to the manufacturers' recommendations.
30. Monitoring devices are worn by all employees while taking x-rays.
31. No woman who is known to be pregnant is x-rayed unless there is a written request by a physician who is aware of her pregnancy.

10.1.4 OCCUPATIONAL HEALTH/INFECTION CONTROL

32. The site complies with the Regional Exposure Control Plan and [Infection Control Manual](#) which outlines procedures for eliminating or minimizing employee exposure to blood or other potentially infectious material in the work place. [CHSA Policy 8.2.b](#)

- 33. Post Exposure incidents are handled according to Regional Exposure Control Policy.** CHSA Policies [3.4](#) & [8.2.b](#). If the reviewer determines that this standard is not met, a 2 day corrective plan of action including patient impact is required.
- 34. Sharps are immediately discarded into appropriate sharps containers, which must be readily accessible.** [CHSA Infection Control Guidelines](#), Section IV. If the reviewer determines that this standard is not met, a 2 day corrective plan of action including patient impact is required.
- 35. Cleaning and disinfecting are done according to a written schedule. All equipment and contaminated work surfaces are decontaminated with an appropriate disinfectant as soon as feasible, as well as after any spill, and at the end of the workday. The spill kit is fully stocked and readily accessible to staff.** [CHSA Infection Control Guidelines](#) If the reviewer determines that this standard is not met, a 2 day corrective plan of action including patient impact is required.
- 36. Protective coverings, such as impervious paper used to cover patient assessment tables should be changed after each patient. On work surfaces, it is replaced routinely and as soon as feasible when contaminated.** [CHSA Infection Control Guidelines](#), Appendices General Housekeeping
- 37. All regulated wastes are contained in closable, leak proof, puncture resistant, and biohazard labeled or color-coded containers.** [CHSA Infection Control Guidelines](#), page 34
- 38. Biohazard labels are used appropriately.** [CHSA Infection Control Guidelines](#) page 54.
- 39. Autoclave is used appropriately and cleaned regularly per manufacturer's instructions. The required biological indicator testing is done each week the autoclave is used. Autoclaves are inspected annually.** [CHSA Infection Control Guidelines](#), Section IV page 30
- 40. Sterilized items are appropriately wrapped, labeled, dated and stored to maintain sterility and are within date. Sterilized items with expired dates are processed according to the** [CHSA Infection Control Guidelines](#), Section IV page 31
- 41. Hepatitis B Vaccine is made available, at no cost, to all employees who have occupational exposure to blood or other potentially infectious materials within 10 working days of assignment. (Federal Register 29 CFR 1910.1030) "At risk" employees must sign an OSHA approved Declination Form if the choice is not to receive Hepatitis B vaccine.** CHSA Policy [3.9](#) & [8.2.b](#) – <http://hsaintranet.health.tn.gov/default.asp>
- 42. One to 2 months after completion of the 3-dose vaccination series, employees are tested for antibody to hepatitis B surface antigen and non-responders (<10 mIU/ml) are re-vaccinated with 3-dose series.** [TOSHA CPL 02-02-069](#)
- 43. All employees, including part-time, contractual, and volunteers who have patient contact and are at risk of effective exposure, shall be screened for tuberculosis.** [CHSA Policy 8.2.a](#) The Regional Health Officer shall determine the risk of effective exposure. – <http://hsaintranet.health.tn.gov/default.asp>

44. All employees, including part-time, contractual, and volunteers, born in 1957 or later shall show proof of immunity to measles, mumps, and rubella viruses, or be offered MMR immunization. [CHSA Policy 8.2.c](#) – <http://hsaintranet.health.tn.gov/default.asp>
45. All employees, including part-time, contractual and volunteers, shall provide proof of immunity to Varicella. Those employees who are not immune shall be offered Varicella vaccine. [CHSA Policy 8.2.d](#)
46. Manifests from hazardous waste disposal company are kept on file to document the hazardous wastes are removed from the clinic and discarded as per guidelines. All biohazard waste must be removed from the site by a licensed approved biohazard waste company. [CHSA Infection Control Manual](#) – Current edition
47. All appropriate public health staff are to be trained in Blood borne Pathogens (OSHA) on an annual basis. The employer shall provide a training program to employees who have no prior experience in handling human pathogens. All training must be documented and retained for 3 years from the date on which the training occurred. [Federal Register 29 CFR 1910.1030](#)
48. All appropriate public health staff are to receive MSDS training yearly. The employer shall provide a training program to new or newly assigned employees prior to their working in a work area containing hazardous chemicals. Sate of TN Hazardous Chemical Right To Know Law, [T.C.A. 50-3-2001](#)

10.1.5 SAFETY/SECURITY

49. The clinical facility promotes patient safety, i.e., cleaning supplies, sharps containers, or other potential hazards are out of reach of children, and electric plugs are covered. Rooms and closets do not contain discarded hazardous materials or other materials, which pose a fire hazard.
- ~~50. There is a current list of persons having keys to the building. [CHSA Policy 3.17](#)~~
51. Appropriate public health staff must be prepared to respond to all disasters affecting the site. [CHSA Policy 8.4.b](#) – <http://hsaintranet.health.tn.gov/default.asp>
 - A. A written plan must be in place describing response roles and responsibilities for responding to tornadoes, fires, earthquakes, ice storms, floods, etc.
 - B. An Emergency Response Coordinator and back-up coordinator shall be named for each region and for each local health department site to coordinate any disaster affecting the site.
 - C. All Local Health Department and Regional Office staff is informed of necessary procedures for responding to site disasters.
 - D. Simulated disaster drill (tornadoes, earthquakes, ice storms, flood, etc.) will be conducted every two years.
52. Exits signs are clearly marked, tested and properly maintained. NFPA 101 Life Safety Code 2009
53. Safety inspections are current for fire extinguishers. [CHSA Policy 8.4.b](#)
54. Doors and hallways are free from obstructions. [ADA Accessibility](#)

55. A fire drill is held at least annually. [CHSA Policy 8.4.b](#)
56. Each site will be inspected annually by the local fire inspector and deficiencies requiring major financial expenditures shall be reported to the appropriate county and/or state authority. [CHSA Policy 8.4.b](#) – <http://hsaintranet.health.tn.gov/default.asp>
57. Each site shall post in public, patient and staff areas an evacuation plan of that facility, complete with a floor plan indicating rooms, exits, and location of fire extinguishers. [CHSA Policy 8.4.b](#) – <http://hsaintranet.health.tn.gov/default.asp>
58. All appropriate public health staff must be prepared to respond to violence, threats of violence, harassment, and other disruptive behavior. [CHSA Policy 8.4.c](#)
<http://hsaintranet.health.tn.gov/default.asp>
 - A. Each site shall establish written plans indicating measure to be taken to maintain patient, public and staff safety from those who present a hazard to themselves or others.
 - B. Protocols are in place for notifying response staff of a crises and the need for immediate assistance.
 - C. Police, emergency room, and mobile crisis team numbers are to be readily available.
 - D. All Local Health Department and Regional Office staffs are informed of procedures to manage workplace violence, threats, and other disruptive behavior at the site.
 - E. A simulated drill for responding to violence in the workplace will be conducted every two years.

10.1.6 MEDICAL RISK CONTROL

59. Standards of practice and protocols are developed, reviewed annually, updated when appropriate, approved by appropriate professional and administrative staff, and signed by individuals practicing under the standard for each discipline providing clinical patient services.
60. Emergency equipment/supplies are fully stocked and inspections are documented monthly and expiring supplies are replaced in a timely manner.
[CHSA Policy 8.4.a](#) - <http://hsaintranet.health.tn.gov/default.asp>
61. An unannounced patient emergency drill will be held at least annually with check sheet used for evaluation. The emergency kit and oxygen equipment will be at the site of an emergency within one (1) minute. [CHSA Policy 8.4.a](#)
62. All licensed staff will maintain current certification in an approved cardiopulmonary resuscitation (CPR course). Other health department staff will receive instruction in CPR as determined by each Regional Health Officer. [CHSA Policy 8.4.a](#)
63. Provisions are made to conduct annual fit testing and any additional respirator fit tests in the event of physical changes in the employee that may affect respirator fit or damage. Masks are stored appropriately. [Division of Community Health Services Respiratory Protection Program Manual](#)

XI. Title VI

Designated members of the QI team will conduct Title VI reviews. The standards and references to be used during the Title VI review follow. Access [CHSA Policy 7.21 – http://hsaintranet.health.tn.gov/default.asp](http://hsaintranet.health.tn.gov/default.asp) as reference.

11.1 TITLE VI REVIEW STANDARDS

- 1. Each clinic site will collect data in PTBMIS throughout the year concerning the primary language spoken by each patient. In addition, this information will be included in a prominent place in the medical record of each LEP (Limited English Proficiency) patient.**
- 2. Within 60 days of the end of each calendar year, a report will be developed by clinic site that includes:**
 - 1) Total number of persons served
 - 2) For those persons for who English is not the primary language:
 - Number served by language
 - Percent of total served by language
- 3. After reviewing the report, a determination will be made concerning the points of contact in each clinic at which interpreter services are needed.**
- 4. A written plan will be developed for each clinic site in order to assure effective oral language interpretation at all points of contact where language assistance is needed.**
- 5. The written plan should also include procedures for assuring interpreter competency.**
- 6. At the conclusion of the annual Title VI LEP assessment and planning process, a staff meeting should be held at each clinic site to review assessment results and the plan for meeting the needs of the LEP population. Documentation of the discussion and meeting attendees should be included as an attachment to the plan.**
- 7. Translated written materials (forms, brochures, state and federal required posters, and educational materials) are updated as needed for LEP groups that constitute five percent (5%) or 1,000 persons whichever is less. (Revised HHS LEP Guidance, September 17, 2007) (All posters may not be available in all languages)**
- 8. Notice is provided to the LEP person regarding free language interpretive service.**
- 9. Staff members having contact with LEP persons have been trained and are knowledgeable of LEP policy and procedure and demonstrate the ability to work effectively in person and with telephone interpreters.**
[CHSA Policy 7.21 – http://hsaintranet.health.tn.gov/default.asp](http://hsaintranet.health.tn.gov/default.asp)

XII. WIC Voucher Control

Designated members of the QI team will conduct WIC Voucher reviews. The standards and references to be used for the WIC voucher review follow. Access current [WIC Manual](http://hsaintranet.health.tn.gov/default.asp) on line: <http://hsaintranet.health.tn.gov/default.asp>

12.1 WIC REVIEW STANDARDS

1. Voucher printing security is maintained in compliance with federal regulations and central office instructions.

- A. Unopened packages or boxes of voucher paper are stored in a clean, dry and secure location.
- B. PHOA signs off or secures the room anytime the terminal is left unattended by or out of the site of that user (even if other staff is present.)
- C. Printer is left loaded with voucher stock only if room is locked when no staff person is present. Acceptable to place paper tray in a locked closet, file cabinet, drawer, etc.

2. Voucher issuance is documented in compliance with federal regulations and central office instructions.

- A. Voucher receipts match the Voucher Receipt Reports.
- B. Receipts are either signed in ink by the recipient or marked "VOID." When part of the set is issued and part voided, the receipt is signed in ink and the voided vouchers are clearly designated with brackets or arrows, with the notation dated and initialed.
- C. Receipts for all issued vouchers have proof of ID for person signing.
- D. Receipts are traced to voids and voids to receipts for vouchers printed and voided on the same day.
- E. No more than three months of vouchers are issued except at initial certification. See Chapter 1 page 5 under "Transfer of Participants" of the current [WIC Manual](#) for definition of initial certification.
- F. Receipts are filed by date, user ID, and then by receipt number order. They are held in clinic at least one year until submitted according to instructions.

3. Voided vouchers are documented in compliance with federal regulations and central office instructions.

- A. "VOID" is stamped or written on the face of each voided voucher.
- B. Voided vouchers match the Void Voucher Report.
- C. Voided vouchers are filed by date, user ID, and then the order in which they are listed on the report. They are held in clinic at least one year until submitted according to instructions.

4. Voucher reports and accountability are maintained in compliance with federal regulations and central office instructions.

- A. Voucher Receipt Reports are run every day or include every day of the week. Time locked days may be excluded.
- B. Void Voucher Reports are run every day or include every day of the week.
- C. Reports are checked against receipts and voids the same day they are run. They are dated and initialed to document.
- D. Receipt and Voided Voucher Reports are filed first by date and then by user ID. Reports are held in clinic until approved disposal.
- E. Regular monitoring of voucher receipts and voids is documented on a review form, showing beginning and ending dates, and is signed by someone other than a person who issued vouchers.

XIII. Coordination with General Management

- 13.1 The Quality Improvement Plan implementation will incorporate the philosophies of Continuous Quality Improvement (CQI).
- 13.2 Focus studies may be utilized for special studies, whenever critical problems are identified or as follow-up to special education initiatives. Any levels within the Quality Improvement structure may request focus studies.
- 13.3 Training needs identified by the Quality Improvement process will be brought to the attention of the Quality Unit, Quality Team and/or Quality Council for resolution.

SAMPLE DESIGN

Appendix A

Sample Design
Office of Quality Improvement

In order to evaluate specific components of clinical care being provided in the local health departments, the Office of Quality Improvement will review medical records for a random sample of patients. The Quality Improvement studies will monitor service quality against practice guidelines specified for each identified area of review. Based on previous quality reviews, it is expected that at least 90 percent of the records will reflect that care provided matches the practice guidelines.

The sample size will be calculated such that there is a five percent chance of drawing a non-representative sample (or a 95 percent chance that the sample is representative of the true population of medical records). The true percentage of records that match the guidelines should lie within 10 percent of the sample percentage. For example, if 90 percent of the records in the sample of records match the practice guidelines, the percentage in the entire population that match should lie within the range (90 – 10) and (90 + 10) or between 80 – 100 percent.

The size of the sample based on these assumptions is calculated as:

$$n = \frac{(1.96)^2 \times (90) \times (10)}{(10)^2} = 35$$

Where 1.96 is the abscissa of the normal curve that cuts off .05 in each tail, 90 is the estimated proportion of the records that match the guidelines, 10 is the estimated proportion of records that do not match the practice guidelines and 10 percent is the margin of error in the estimate that has been agreed will be acceptable.

Therefore, the sample should include 35 records from each of the selected groups in order to make estimates of the proportion of records (or items included in records) that match the guidelines.

Because we will be sampling from finite populations of various sizes, the finite population correction factor should be applied to the initial calculations of the sample sizes.

If n_0 = the original calculation of the sample size, the corrected sample size is calculated as:

$$n = \frac{n_0}{1 + \frac{n_0}{n}}$$

For example if the population or records for a given county is 150 for the selected group, the sample for that county will be calculated as:

$$n = \frac{35}{1 + \frac{35}{150}}$$

which equals 28 records.

Alpha Numeric list method for obtaining Sample size Population:

After the sample size is calculated, the actual sample will be drawn from a computer list of the medical records in the county. The records for each of the selected groups should be listed separately. A systematic sample will be drawn from each group.

First, the number of records to be included in the sample is divided by the total number of records in the list for the age group to be sampled. For example, if the list includes 150 records and the sample should include 28 records, 150 is divided by 28 and the result (5.36) is rounded to the nearest whole number, 5. Therefore, we will randomly select a beginning number and then take every 5th number. The beginning number will be selected as a number between 1 and 5.

In general the sampling factor, k, is calculated by dividing the number to be included in the sample by the total number of records in the population from which the sample is to be drawn. Beginning with a randomly selected number between 1 and k, every kth record is selected from the list. The easiest way to select the sample is to write the numbers 1 through k on separate pieces of paper, fold them, place them in a hat, and draw one of the numbers out of the hat. Use this number as the beginning number.

Query method to obtain Sample size population:

A query is to be generated that will provide a list that is populated with all patients seen in the site of review for a given period of time, generally one full standard clinic week. Weeks that include holidays and or mass clinics are discouraged as this will artificially increase or decrease the query population results. The query is to be generated from encounters that include the medical programs serviced by the site with the exception of the Dental program. TennCare Outreach phone call contacts, VAOP – voluntary acknowledgment of paternity, Environmental encounters, vital record encounters, and mass files where a individual patient medical record is not generated, ~~such as DNA testing,~~ are not to be included in the population sample size. When the query is presented to the reviewer in a randomized list, the records of the selected groups can be chosen for review as they fall numerically on the list.

**Office of Quality Improvement
Random Sample Size**

| <u>Total Number of Records</u> | <u>Number of Records to be Reviewed</u> |
|------------------------------------|---|
| 1 - 13 | All |
| 14 - 21 | 13 |
| 22 - 24 | 14 |
| 25 - 27 | 15 |
| 28 - 31 | 16 |
| 32 - 34 | 17 |
| 35 - 39 | 18 |
| 40 - 44 | 19 |
| 45 - 49 | 20 |
| 50 - 55 | 21 |
| 56 - 62 | 22 |
| 63 - 71 | 23 |
| 72 - 81 | 24 |
| 82 - 93 | 25 |
| 94 - 109 | 26 |
| 110 - 128 | 27 |
| 129 - 153 | 28 |
| 154 - 187 | 29 |
| 188 - 237 | 30 |
| 238 - 314 | 31 |
| 315 - 454 | 32 |
| 455 - 750 | 33 |
| 751 - 1000 | 34 |
| 1001 or more | 35 |

PATIENT SATISFACTION SURVEY
English and Spanish
2006 version

Appendix B

Tennessee Department of Health
 Division of Community Health Services
 425 5th Ave. North
 Cordell Hull Building
 Nashville, TN 37243



Patient Satisfaction Survey

Date: _____ County/Site _____

Dear patient: We want to know about the care you received during your visit today. Please express your satisfaction/dissatisfaction with the services you received. Your answers will be confidential. Thank you!

Why are you here TODAY? _____
 (write in or circle below)

- Birth/Death Certificate Dental Environmental EPSDT Family Planning Prenatal
 Shots Sexually Transmitted Disease Sick Visit TN Breast & Cerv. Tuberculosis
 WIC Pharmacy

Who did you see today? (write in or circle below) _____

- Doctor Nurse Practitioner Nurse Dentist Dental Assistant Receptionist Nutritionist
 Social Counselor Case Manager Pharmacist Public Health Rep. Environmentalist WIC/Voucher Clerk

Was the waiting time for service satisfactory? Yes No Did you have an appointment? Yes No

How long did you wait before you were seen today? _____

How was calling in to get an appointment? NA Poor Fair Good Excellent

Based upon your visit today how satisfied are you with the following?

(Circle questions that apply to the staff you saw today.)

| | Not Applicable | CLINIC | | | RATING |
|---------------------------------------|----------------|--------|------|------|-----------|
| 1. Respecting your privacy | NA | Poor | Fair | Good | Excellent |
| 2. Courteous treatment | NA | Poor | Fair | Good | Excellent |
| 3. Cleanliness of Building | NA | Poor | Fair | Good | Excellent |
| 4. Clinic Hours met your needs | NA | Poor | Fair | Good | Excellent |
| 5. Experience with Receptionist | NA | Poor | Fair | Good | Excellent |
| 6. Experience with Doctor | NA | Poor | Fair | Good | Excellent |
| 7. Experience with Nurse Practitioner | NA | Poor | Fair | Good | Excellent |
| 8. Experience with Nurse | NA | Poor | Fair | Good | Excellent |
| 9. Experience with Dentist | NA | Poor | Fair | Good | Excellent |
| 10. Experience with Dental Assistant | NA | Poor | Fair | Good | Excellent |
| 11. Experience with WIC clerk | NA | Poor | Fair | Good | Excellent |
| 12. Experience with Nutritionist | NA | Poor | Fair | Good | Excellent |
| Experience with other: Write in: | NA | Poor | Fair | Good | Excellent |

How would you rate your overall satisfaction of today's visit? Circle

Not Satisfied

Extremely Satisfied

1

2

3

4

5

If you wish: Name _____ Phone# _____

May we contact you regarding the survey? Yes No

Please feel free to give us any comments. You may use the back of the form to write them. _____



**ENCUESTA SOBRE LA
 SATISFACCIÓN DEL PACIENTE**

Fecha: _____ **Condado/Sitio:** _____

Sr. /Sra. paciente: Queremos saber sobre el tratamiento que ha recibido Ud. hoy en su visita. Por favor, díganos si está satisfecho con los servicios que recibió. Todas las respuestas son confidenciales. ¡Gracias!

¿Para qué vino Ud. HOY? _____
 (Escriba la respuesta aquí o márkela abajo)

- Acta de nacimiento/acta de muerte Dentista Ambiental Chequeo regular de la niñez
 Planificación Familiar Chequeo Prenatal Vacunas Enfermedades sexuales
 Cita para un enfermo TN Cáncer del seno/cuello uterino Tuberculosis WIC Farmacia

¿Quién le vio hoy? (Escriba la respuesta aquí o márkela abajo) _____

- Doctor Enfermero/a especialista Enfermera/o Dentista Ayudante dental
 Recepcionista Nutricionista Consejero/a social Administrador/a de Caso
 Farmacéutico/a Representante de salud pública Ambientalista WIC/oficinista

¿El tiempo que tuvo que esperar fue satisfactorio? Sí No ¿Tuvo Ud. una cita? Sí No

¿Cuánto tiempo usted estuvo que esperar antes que lo viera hoy? _____

¿Cuánto tiempo esperó con su llamada para hacer cita? NA Malo Regular Bueno Excelente

De la visita de HOY ¿cuán satisfecho está Ud. con los siguientes?
 (Marque solo las preguntas que tienen que ver con el personal que Ud. vio hoy.)

| | No Aplica | Valoración de la clínica | | | |
|--|-----------|--------------------------|---------|-------|-----------|
| | | Malo | Regular | Bueno | Excelente |
| 1. Respeto de la privacidad | NA | Malo | Regular | Bueno | Excelente |
| 2. Trato cortés | NA | Malo | Regular | Bueno | Excelente |
| 3. Limpieza del edificio | NA | Malo | Regular | Bueno | Excelente |
| 4. El horario de la clínica | NA | Malo | Regular | Bueno | Excelente |
| 5. Experiencia con la recepcionista | NA | Malo | Regular | Bueno | Excelente |
| 6. Experiencia con el doctor | NA | Malo | Regular | Bueno | Excelente |
| 7. Experiencia con la enfermera especialista | NA | Malo | Regular | Bueno | Excelente |
| 8. Experiencia con la enfermera | NA | Malo | Regular | Bueno | Excelente |
| 9. Experiencia con el dentista | NA | Malo | Regular | Bueno | Excelente |
| 10. Experiencia con el ayudante dental | NA | Malo | Regular | Bueno | Excelente |
| 11. Experiencia con la oficinista en WIC | NA | Malo | Regular | Bueno | Excelente |
| 12. Experiencia con la nutricionista | NA | Malo | Regular | Bueno | Excelente |
| 13. Experiencia con otro: Especifique: | NA | Malo | Regular | Bueno | Excelente |

¿Cómo valora por lo general la visita de hoy? (Circule el grado de satisfacción que corresponda)

No estoy satisfecho

Estoy muy satisfecho

1 2 3 4 5

Si Ud. desea: Nombre _____ Teléfono _____

¿Podemos llamarle sobre esta encuesta? Sí No

Anote cualquier comentario a continuación. Se puede usar el otro lado si se necesita. _____

IMMUNIZATION SCHEDULES And VIS Links

Appendix C

2013 LINKS TO IMMUNIZATION SCHEDULES AND VIS INFORMATION

Go to CDC web site: <http://www.cdc.gov/vaccines/recs/schedules/default.htm>
<http://www.cdc.gov/vaccines/schedules/index.html>

to choose the desired schedule or go to the individual link listed below.

Adult schedule:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule.pdf>

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>

Child age 0-6 year's schedule:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf>

Child age birth 7-18 years schedule:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf>

<http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>

Catch up schedule age 4 months – 18 years:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/catchup-schedule-pr.pdf>

<http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>

Vaccine Information Statements: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Vaccine Information Statement acceptable version dates list:

<http://www.cdc.gov/vaccines/pubs/vis/vis-news.htm>

Following is an example document and is current as of 5/9/13. This document may be updated at any time by the Immunization Program. Confirmation of its current status should be confirmed with the Immunization Program before it is used as guidance for review of VIS documents within the health departments for acceptable dates.

Example



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES SECTION
 IMMUNIZATION PROGRAM
 VACCINES FOR CHILDREN (VFC) PROGRAM
 CORDELL HULL BUILDING, 1st FLOOR
 425 5th AVENUE NORTH
NASHVILLE, TENNESSEE 37243

List of Vaccine Information Statements (VISs) and Acceptable Version Dates

| <u>Type of Vaccination</u> | <u>VIS Date</u> | <u>Final or Interim</u> | <u>Location</u> |
|----------------------------|-----------------|-------------------------|------------------|
| DTaP/DT/DTP | 05/17/2007 | Final | Central Stores |
| Hepatitis A | 10/25/2011 | Interim | Central Stores |
| Hepatitis B | 02/02/2012 | Interim | Central Stores |
| Human Papillomavirus (HPV) | 02/22/2012 | Interim | Central Stores |
| HIB | 12/16/1998 | Interim | Central Stores |
| Influenza (LAIV) | 07/02/2012 | Interim | Printed Annually |
| Influenza (TIV) | 07/02/2012 | Final | Printed Annually |
| Japanese Encephalitis | 12/07/2011 | Interim | CDC Website |
| Meningococcal | 10/14/2011 | Interim | Central Stores |
| MMR | 04/20/2012 | Interim | Central Stores |
| PCV | 02/27/2013 | Interim | Central Stores |
| PPV | 10/06/2009 | Final | Dept of Health |

| <u>Type of Vaccination</u> | <u>VIS Date</u> | <u>Final or Interim</u> | <u>Location</u> |
|----------------------------|-----------------|-------------------------|-----------------|
| Polio | 11/08/2011 | Final | Central Stores |
| Rabies | 10/06/2009 | Final | CDC Website |
| Rotavirus | 12/06/2010 | Final | Central Stores |
| Shingles* | 10/06/2009 | Interim | CDC Website |
| Td/Tdap | 01/24/12 | Interim | Central Stores |
| Tdap | 05/09/13 | Interim | Central Stores |
| Varicella | 03/13/2008 | Interim | Central Stores |
| Yellow Fever | 03/30/2011 | Final | CDC Website |
| Multiple Vaccine** | 11/16/2012 | Interim | Central Stores |

* The Shingles VIS has never been printed by TIP.

** This VIS may be used as an optional substitute for any or all of the routine birth-6 month vaccine VISs. (DTaP, IPV, Hib, PCV, Hepatitis B, and Rotavirus)** note to update most current VIS for any vaccine if using multi vaccine VIS and more current version available than 09/18/08.

When do providers have to start using a new VIS?

The date for a new VISs required use is announced when the final draft is published in the Federal Register. Ideally, providers will begin using a new VIS immediately. This is particularly important for a VIS for a new vaccine, or it is a revision of an existing VIS, if the vaccine's contraindications or adverse event profile have changed significantly.

<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

May 9, 2013

Tdap/TD

A new VIS for Tdap, incorporating updated recommendations for pregnant women, is now available. The existing Td/Tdap VIS should continue to be used for patients receiving Td, until an updated Td VIS is available.

Please note there is also a 3 page addendum for providers about Tdap updates dated 05/09/13.

| |
|------------------------|
| Last updated: 05/09/13 |
|------------------------|

Example



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
 COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES SECTION
 IMMUNIZATION PROGRAM
 VACCINES FOR CHILDREN (VFC) PROGRAM
 CORDELL HULL BUILDING, 1st FLOOR
 425 5th AVENUE NORTH
 NASHVILLE, TENNESSEE 37243

List of Vaccine Information Statements (VISs) and Acceptable Version Dates

| <u>Type of Vaccination</u> | <u>VIS Date</u> | <u>Final or Interim</u> | <u>Location</u> |
|----------------------------|-----------------|-------------------------|---|
| DTaP/DT/DTP | 05/17/2007 | Final | Central Stores |
| Hepatitis A | 10/25/2011 | Interim | Central Stores |
| Hepatitis B | 02/02/12 | Interim | Central Stores |
| Human Papillomavirus (HPV) | 02/22/2012 | Interim | Central Stores (Can use existing up first) |
| HIB | 12/16/1998 | Interim | Central Stores |
| Influenza (LAIV) | 07/26/2011 | Interim | Printed Annually |
| Influenza (TIV) | 07/26/2011 | Final | Printed Annually |
| Japanese Encephalitis | 12/07/2011 | Interim | CDC Website |
| Meningococcal | 10/14/2011 | Interim | Central Stores |
| MMR | 04/20/2012 | Interim | Central Stores |
| PCV | 04/16/2010 | Interim | Central Stores |
| PPV | 10/06/2009 | Final | Dept of Health |
| Polio | 11/08/2011 | Final | Central Stores |
| Rabies | 10/06/2009 | Final | CDC Website |

| <u>Type of Vaccination</u> | <u>VIS Date</u> | <u>Final or Interim</u> | <u>Location</u> |
|----------------------------|-----------------|-------------------------|-----------------|
| Rotavirus | 12/06/2010 | Final | Central Stores |
| Shingles* | 10/06/2009 | Interim | GDC Website |
| Td/Tdap | 01/24/2012 | Interim | Central Stores |
| Varicella | 03/13/2008 | Interim | Central Stores |
| Yellow Fever | 03/30/2011 | Final | CDC Website |
| Multiple Vaccine** | 09/18/2008 | Interim | Central Stores |

* The Shingles VIS has never been printed by TIP.

** This VIS may be used as an optional substitute for any or all of the routine birth-6 month vaccine VISs. (DTaP, IPV, Hib, PCV, Hepatitis B, and Rotavirus)** note to update most current VIS for any vaccine if using multi-vaccine VIS and more current version available than 09/18/08.

The 2D bar codes are now available for the VIS on the GDC web page if any providers are asking about this new feature.

When do providers have to start using a new VIS?

The date for a new VISs required use is announced when the final draft is published in the Federal Register. Ideally, providers will begin using a new VIS immediately unless specified otherwise. This is particularly important for a VIS for a new vaccine, or it is a revision of an existing VIS, if the vaccine's contraindications or adverse event profile have changed significantly.

Last updated 04/25/12

This is an example document and is current as of 4/25/12. This document may be updated at any time by the Immunization Program. Confirmation of its current status should be confirmed with the Immunization Program before it is used for review of VIS documents within the health departments for acceptable dates.

PERIODICTY CHART

Appendix D

Link to current Periodicity Chart:

<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

**TENNESSEE DEPARTMENT OF HEALTH
CENTRAL OFFICE
CONTACT LIST**

Appendix E

CENTRAL OFFICE CONTACT LIST

| | |
|--|---|
| <p>Dental 425 5th Ave. North, 4th Floor Cordell Hull Bldg. Nashville, TN 37243</p> | <p>Suzanne Hayes, DDS Director Oral Health Services Phone: 615-741-8618 Fax : 615-532-2785 Email: Suzanne.Hayes@tn.gov</p> |
| <p>LAB and OSHA/TOSHA 425 5th Ave. North, 4th Floor Cordell Hull Bldg. Nashville, TN 37243</p> | <p>Donna Hurst, MS, BS, RN Phone: 615-741-5225 Fax: 615-532-2785 Email: Donna.Hurst@tn.gov</p> |
| <p>Pharmacy - Drug Room Medications/Vaccines/TB Skin Test</p> <p>Fax: 615-532-2785 425 5th Ave. North, 4th Floor Cordell Hull Bldg. Nashville, TN 37243</p> | <p>Calita Richards, Pharm. D, MPH State Director of Pharmacy Phone: 615-253-2311 Email: Calita.Richards@tn.gov</p> <p>Robin Gibson, Pharm. D. Assistant State Director of Pharmacy Phone: 615-741-0241 Email: Robin.Gibson@tn.gov</p> |
| <p>TB Skin Test/other TB Drugs</p> <p>1-800-404-3006 (After hours emergency hotline)</p> <p>Fax: 615-253-1370 425 5th Ave. North, 1st Floor Cordell Hull Bldg. Nashville, TN 37243.</p> <p>If Regional TB Nurse Consultants are not available, ask for TB Program staff.</p> | <p>Gayle Canfield, R.N. - PHNC Manager, Tuberculosis Elimination Program Phone: 615-741-5885 Email: Gayle.Canfield@tn.gov</p> <p>Jon Warkentin, M.D., M.P.H. - Medical Director, Tuberculosis Elimination Program Phone: 615-253-1364 Email: Jon.Warkentin@tn.gov</p> <p>Wilfred Rabi - Program Manager, Tuberculosis Elimination Program Phone: 615-253-1397 Email: Wilfred.Rabi@tn.gov</p> |
| <p>Vaccines/Immunizations</p> <p>425 5th Avenue North, 1st Floor Cordell Hull Building Nashville, TN 37243</p> | <p>VFC/AFIX Coordinator or any Immunization Program Staff Toll Free: 1-800-404-3006 Local: 615-741-7247</p> <p>Kelly L. Moore, MD, MPH Medical Director, TN Immunization Program(TIP)</p> <p>Mary Katherine Fortner, RN, CRRN, CCM BSRN TIP VFC/AFIX Quality Coordinator</p> <p>Catherine Haralson, BA, RN</p> |

| | |
|--|---|
| | Susanne Powell Immunization TIP Program Manager |
|--|---|

HIGH/LOW TB INCIDENCE COUNTRIES

Appendix F

HIGH/LOW TB INCIDENCE COUNTRIES AND PTBMIS CODES

Tuberculosis Elimination Program Approved List for use **2012-2013** **2013-2014**

| COUNTRY | PTBMIS Code |
|-----------------------------------|-------------|
| Afghanistan | 001 |
| Albania | 002 |
| Algeria | 003 |
| American Samoa | 004 |
| Andorra | 005 |
| Angola | 006 |
| Anguilla | 007 |
| Antarctica | 008 |
| Antigua and Barbuda | 009 |
| Argentina | 010 |
| Armenia | 224 |
| Aruba | 251 |
| Australia | 011 |
| Austria | 012 |
| Azerbaijan | 225 |
| Bahamas | 013 |
| Bahrain | 014 |
| Bangladesh | 015 |
| Barbados | 016 |
| Belarus | 226 |
| Belgium | 017 |
| Belize | 018 |
| Benin | 019 |
| Bermuda | 020 |
| Bhutan | 021 |
| Bolivia (Plurinational State of) | 022 |
| Bonaire, Saint Eustatius and Saba | 253 |
| Bosnia and Herzegovina | 227 |
| Botswana | 023 |
| Bouvet Island | 024 |
| Brazil | 025 |
| British Indian Ocean Territories | 026 |
| British Virgin Islands | 027 |
| Brunei Darussalam | 028 |
| Bulgaria | 029 |
| Burkina Faso (Upper Volta) | 247 |
| Burma (Myanmar) | 030 |
| Burundi | 031 |

| | |
|--|-----|
| Cote d'Ivoire (Ivory Coast) | 098 |
| Cambodia (Kampuchea) | 228 |
| Cameroon | 032 |
| Canada | 033 |
| Cape Verde | 034 |
| Cayman Islands | 035 |
| Central African Republic | 036 |
| Chad | 037 |
| Chile | 038 |
| China | 039 |
| China, Hong Kong SAR | 087 |
| China, Macao SAR | 116 |
| China (Taiwan) | 040 |
| Christmas Island | 041 |
| Cocos (Keeling) Islands | 042 |
| Colombia | 043 |
| Comoros | 044 |
| Congo | 045 |
| Cook Islands | 046 |
| Costa Rica | 047 |
| Croatia | 229 |
| Cuba | 048 |
| Curacao | 255 |
| Cyprus | 049 |
| Czechoslovakia | 050 |
| Czech Republic | 230 |
| Democratic People's Republic of Korea (North Korea) | 106 |
| Democratic Republic of the Congo | 257 |
| Denmark | 051 |
| Djibouti | 052 |
| Dominica | 053 |
| Dominican Republic | 054 |
| East Germany | 071 |
| Ecuador | 055 |
| Egypt | 056 |
| El Salvador | 057 |
| England (United Kingdom of Great Britain and Northern Ireland) | 204 |
| Equatorial Guinea | 058 |
| Eritrea | 259 |
| Estonia | 231 |
| Ethiopia | 059 |
| Falkland Islands | 060 |

| | |
|--|-----|
| Faroe Islands | 061 |
| Federated States of Micronesia | 245 |
| Fiji | 062 |
| Finland | 063 |
| France | 064 |
| French Guiana | 065 |
| French Polynesia | 066 |
| French Southern and Antarctic Lands | 067 |
| Gabon | 068 |
| Gambia | 069 |
| Georgia | 232 |
| Germany | 246 |
| Germany (East) | 071 |
| Germany (West) | 072 |
| Ghana | 073 |
| Gibraltar | 074 |
| Gilbert Islands (Kiribati) | 105 |
| Great Britain (United Kingdom of Great Britain and Northern Ireland) | 204 |
| Greece | 075 |
| Greenland | 076 |
| Grenada | 077 |
| Guadeloupe | 078 |
| Guam | 079 |
| Guatemala | 080 |
| Guinea | 081 |
| Guinea-Bissau | 082 |
| Guyana | 083 |
| Haiti | 084 |
| Heard and McDonald Islands | 085 |
| Honduras | 086 |
| Hong Kong (China, Hong Kong SAR) | 087 |
| Hungary | 088 |
| Iceland | 089 |
| India | 090 |
| Indonesia | 091 |
| Iran (Islamic Republic of) | 092 |
| Iraq | 093 |
| Iraq-Saudi Arabia Neutral Zone | 094 |
| Ireland | 095 |
| Israel | 096 |
| Italy | 097 |
| Ivory Coast (Cote d'Ivoire) | 098 |

| | |
|---|-----|
| Jamaica | 099 |
| Japan | 100 |
| Johnston Atoll | 101 |
| Jordan | 102 |
| Kazakhstan | 233 |
| Kenya | 104 |
| Kiribati (Gilbert Islands) | 105 |
| Korea, Democratic People's Republic of (North Korea) | 106 |
| Korea, Republic of (South Korea) | 107 |
| Kosovo | 248 |
| Kuwait | 108 |
| Kyrgyzstan | 234 |
| Lao People's Democratic Republic (Laos) | 109 |
| Laos (Lao People's Democratic Republic) | 109 |
| Latvia | 235 |
| Lebanon | 110 |
| Lesotho | 111 |
| Liberia | 112 |
| Libya (Libyan Arab Jamahiriya) | 113 |
| Libyan Arab Jamahiriya | 113 |
| Liechtenstein | 114 |
| Lithuania | 236 |
| Luxembourg | 115 |
| Macao (China, Macao SAR) | 116 |
| Macedonia (The Former Yugoslav Republic of Macedonia) | 219 |
| Madagascar | 117 |
| Malawi | 118 |
| Malaysia | 119 |
| Maldives | 120 |
| Mali | 121 |
| Malta | 122 |
| Marshall Islands | 261 |
| Martinique | 123 |
| Mauritania | 124 |
| Mauritius | 125 |
| Mexico | 126 |
| Micronesia (Federated States of) | 245 |
| Midway Islands | 127 |
| Moldova (Republic of Moldova) | 238 |
| Monaco | 128 |
| Mongolia | 129 |
| Montenegro | 239 |

| | |
|---|-----|
| Montserrat | 130 |
| Morocco | 131 |
| Mozambique | 132 |
| Myanmar (Burma) | 030 |
| Namibia | 133 |
| Nauru | 134 |
| Navassa Island | 135 |
| Nepal | 136 |
| Netherlands | 137 |
| Netherlands Antilles | 138 |
| New Caledonia | 139 |
| New Hebrides | 140 |
| New Zealand | 141 |
| Nicaragua | 142 |
| Niger | 143 |
| Nigeria | 144 |
| Niue | 145 |
| Norfolk Island | 146 |
| North Korea (Democratic People's Republic of Korea) | 106 |
| Northern Ireland (United Kingdom of Great Britain and Northern Ireland) | 204 |
| Northern Mariana Islands | 147 |
| Norway | 148 |
| Oman | 149 |
| Pakistan | 150 |
| Palau | 263 |
| Panama | 151 |
| Papua New Guinea | 152 |
| Paracel Islands | 153 |
| Paraguay | 154 |
| Peru | 155 |
| Philippines | 156 |
| Pitcairn Islands | 157 |
| Poland | 158 |
| Portugal | 159 |
| Puerto Rico | 160 |
| Qatar | 161 |
| Refused Information | 998 |
| Reunion | 162 |
| Republic of Korea (South Korea) | 107 |
| Republic of Moldova | 238 |
| Romania | 163 |
| Russian Federation (Russia) | 240 |

| | |
|---|-----|
| Rwanda | 164 |
| Saint Christopher and Nevis (Saint Kitts and Nevis) | 165 |
| Saint Kitts and Nevis (Saint Christopher and Nevis) | 165 |
| Samoa (Western Samoa) | 216 |
| San Marino | 170 |
| Sao Tome and Principe | 171 |
| Saudi Arabia | 172 |
| Senegal | 173 |
| Serbia | 241 |
| Seychelles | 174 |
| Sierra Leone | 175 |
| Singapore | 176 |
| Sint Maarten (Dutch part) | 265 |
| Slovakia | 267 |
| Slovenia | 242 |
| Solomon Islands | 177 |
| Somalia | 178 |
| South Africa | 179 |
| South Korea (Republic of Korea) | 107 |
| Spain | 180 |
| Spratly Islands | 181 |
| Sri Lanka | 182 |
| St. Helena | 166 |
| St. Lucia | 167 |
| St. Pierre and Miquelon | 168 |
| St. Vincent and the Grenadines | 169 |
| Sudan | 183 |
| Suriname | 184 |
| Svalbard and Jan Mayen | 185 |
| Swaziland | 186 |
| Sweden | 187 |
| Switzerland | 188 |
| Syria (Syrian Arab Republic) | 189 |
| Syrian Arab Republic (Syria) | 189 |
| Tajikistan | 243 |
| Tanzania (United Republic of Tanzania) | 190 |
| Taiwan | 040 |
| Thailand | 191 |
| The Former Yugoslav Republic of Macedonia | 219 |
| Timor-Leste | 269 |
| Togo | 192 |
| Tokelau | 193 |

| | |
|--|-----------------------------------|
| Tonga | 194 |
| Trinidad and Tobago | 195 |
| Trust Territory of the Pacific Islands | 196 |
| Tunisia | 197 |
| Turkey | 198 |
| Turkmenistan | 244 |
| Turks and Caicos Islands | 199 |
| Tuvalu | 200 |
| Uganda | 201 |
| Ukraine | 223 |
| Union of Soviet Socialist Republics | 202 |
| United Arab Emirates | 203 |
| United Kingdom of Great Britain and Northern Ireland | 204 |
| United Republic of Tanzania | 190 |
| United States of America | 205 |
| United States-Mis-Pacific islands | 206 |
| Unknown | 999 |
| Upper Volta | 207 |
| Uruguay | 208 |
| US-Virgin Islands | 212 |
| Uzbekistan | 246 |
| Vanuatu | 271 |
| Vatican City | 209 |
| Venezuela (Bolivarian Republic of) | 210 |
| Viet Nam | 211 |
| Wake Island | 213 |
| Wallis and Futuna Islands | 214 |
| West Bank and Gaza Strip | 070 |
| West Germany | 072 |
| Western Sahara | 215 |
| Western Samoa (Samoa) | 216 |
| Yemen (Aden) | 217 |
| Yemen (Sana) | 218 |
| Yugoslavia | 219 |
| Zaire | 220 |
| Zambia | 221 |
| Zimbabwe (S. Rhodesia) | 222 |
| - | denotes high TB incidence country |
| - | denotes no TB incidence from WHO |

| | |
|---|--|
| - | WHO does not identify Mexico as a high incidence country but the TTBEF considers Mexico as a high incidence country based on the number of cases in TN from Mexico |
|---|--|

| country | PTBMIS Code | Incidence |
|-----------------------------------|-------------|-----------|
| Afghanistan | 001 | High |
| Albania | 002 | Low |
| Algeria | 003 | High |
| American Samoa | 004 | Low |
| Andorra | 005 | Low |
| Angola | 006 | High |
| Anguilla | 007 | High |
| Antarctica | 008 | No data |
| Antigua and Barbuda | 009 | Low |
| Argentina | 010 | High |
| Armenia | 224 | High |
| Aruba | 251 | Low |
| Australia | 011 | Low |
| Austria | 012 | Low |
| Azerbaijan | 225 | High |
| Bahamas | 013 | Low |
| Bahrain | 014 | Low |
| Bangladesh | 015 | High |
| Barbados | 016 | No data |
| Belarus | 226 | High |
| Belgium | 017 | Low |
| Belize | 018 | High |
| Benin | 019 | High |
| Bermuda | 020 | Low |
| Bhutan | 021 | High |
| Bolivia (Plurinational State of) | 022 | High |
| Bonaire, Saint Eustatius and Saba | 253 | Low |
| Bosnia and Herzegovina | 227 | High |

| | | |
|---|-----|---------|
| Botswana | 023 | High |
| Bouvet Island | 024 | No data |
| Brazil | 025 | High |
| British Indian Ocean Territories | 026 | No data |
| British Virgin Islands | 027 | Low |
| Brunei Darussalam | 028 | High |
| Bulgaria | 029 | High |
| Burkina Faso (Upper Volta) | 247 | High |
| Burma (Myanmar) | 030 | High |
| Burundi | 031 | High |
| Cambodia (Kampuchea) | 228 | High |
| Cameroon | 032 | High |
| Canada | 033 | Low |
| Cape Verde | 034 | High |
| Cayman Islands | 035 | Low |
| Central African Republic | 036 | High |
| Chad | 037 | High |
| Chile | 038 | High |
| China | 039 | High |
| China (Taiwan) | 040 | No data |
| China, Hong Kong SAR | 087 | High |
| China, Macao SAR | 116 | High |
| Christmas Island | 041 | No data |
| Cocos (Keeling) Islands | 042 | No data |
| Colombia | 043 | High |
| Comoros | 044 | High |
| Congo | 045 | High |
| Cook Islands | 046 | Low |
| Costa Rica | 047 | Low |
| Cote d'Ivoire (Ivory Coast) | 098 | High |
| Croatia | 229 | Low |
| Cuba | 048 | Low |
| Curacao | 255 | Low |
| Cyprus | 049 | Low |
| Czech Republic | 230 | Low |
| Czechoslovakia | 050 | No data |
| Democratic People's Republic of Korea (North Korea) | 106 | High |
| Democratic Republic of the Congo | 257 | High |
| Denmark | 051 | Low |
| Djibouti | 052 | High |
| Dominica | 053 | Low |
| Dominican Republic | 054 | High |
| East Germany | 071 | Low |

| | | |
|--|-----|---------|
| Ecuador | 055 | High |
| Egypt | 056 | Low |
| El Salvador | 057 | High |
| England (United Kingdom of Great Britain and Northern Ireland) | 204 | Low |
| Equatorial Guinea | 058 | High |
| Eritrea | 259 | High |
| Estonia | 231 | High |
| Ethiopia | 059 | High |
| Falkland Islands | 060 | No data |
| Faroe Islands | 061 | No data |
| Federated States of Micronesia | 245 | High |
| Fiji | 062 | High |
| Finland | 063 | Low |
| France | 064 | Low |
| French Guiana | 065 | No data |
| French Polynesia | 066 | High |
| French Southern and Antarctic Lands | 067 | No data |
| Gabon | 068 | High |
| Gambia | 069 | High |
| Georgia | 232 | High |
| Germany | 246 | Low |
| Germany (East) | 071 | Low |
| Germany (West) | 072 | Low |
| Ghana | 073 | High |
| Gibraltar | 074 | No data |
| Gilbert Islands (Kiribati) | 105 | No data |
| Great Britain (United Kingdom of Great Britain and Northern Ireland) | 204 | Low |
| Greece | 075 | Low |
| Greenland | 076 | High |
| Grenada | 077 | Low |
| Guadeloupe | 078 | No data |
| Guam | 079 | High |
| Guatemala | 080 | High |
| Guinea | 081 | High |
| Guinea-Bissau | 082 | High |
| Guyana | 083 | High |
| Haiti | 084 | High |
| Heard and McDonald Islands | 085 | No data |
| Honduras | 086 | High |
| Hong Kong (China, Hong Kong SAR) | 087 | High |
| Hungary | 088 | Low |
| Iceland | 089 | Low |
| India | 090 | High |

| | | |
|---|-----|---------|
| Indonesia | 091 | High |
| Iran (Islamic Republic of) | 092 | High |
| Iraq | 093 | High |
| Iraq-Saudi Arabia Neutral Zone | 094 | No data |
| Ireland | 095 | Low |
| Israel | 096 | Low |
| Italy | 097 | Low |
| Ivory Coast (Cote d'Ivoire) | 098 | High |
| Jamaica | 099 | Low |
| Japan | 100 | High |
| Johnston Atoll | 101 | No data |
| Jordan | 102 | Low |
| Kazakhstan | 233 | High |
| Kenya | 104 | High |
| Kiribati (Gilbert Islands) | 105 | High |
| Korea, Democratic People's Republic of (North Korea) | 106 | High |
| Korea, Republic of (South Korea) | 107 | High |
| Kosovo | 248 | No data |
| Kuwait | 108 | High |
| Kyrgyzstan | 234 | High |
| Lao People's Democratic Republic (Laos) | 109 | High |
| Laos (Lao People's Democratic Republic) | 109 | High |
| Latvia | 235 | High |
| Lebanon | 110 | Low |
| Lesotho | 111 | High |
| Liberia | 112 | High |
| Libya (Libyan Arab Jamahiriya) | 113 | High |
| Libyan Arab Jamahiriya | 113 | No data |
| Liechtenstein | 114 | No data |
| Lithuania | 236 | High |
| Luxembourg | 115 | Low |
| Macao (China, Macao SAR) | 116 | High |
| Macedonia (The Former Yugoslav Republic of Macedonia) | 219 | High |
| Madagascar | 117 | High |
| Malawi | 118 | High |
| Malaysia | 119 | High |
| Maldives | 120 | High |
| Mali | 121 | High |
| Malta | 122 | Low |
| Marshall Islands | 261 | High |
| Martinique | 123 | No data |
| Mauritania | 124 | High |
| Mauritius | 125 | High |

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| Mexico | 126 | High |
| Micronesia (Federated States of) | 245 | High |
| Midway Islands | 127 | No data |
| Moldova (Republic of Moldova) | 238 | High |
| Monaco | 128 | Low |
| Mongolia | 129 | High |
| Montenegro | 239 | Low |
| Montserrat | 130 | Low |
| Morocco | 131 | High |
| Mozambique | 132 | High |
| Myanmar (Burma) | 030 | High |
| Namibia | 133 | High |
| Nauru | 134 | High |
| Navassa Island | 135 | No data |
| Nepal | 136 | High |
| Netherlands | 137 | Low |
| Netherlands Antilles | 138 | No data |
| New Caledonia | 139 | High |
| New Hebrides | 140 | No data |
| New Zealand | 141 | Low |
| Nicaragua | 142 | High |
| Niger | 143 | High |
| Nigeria | 144 | High |
| Niue | 145 | High |
| Norfolk Island | 146 | No data |
| North Korea (Democratic People's Republic of Korea) | 106 | High |
| Northern Ireland (United Kingdom of Great Britain and Northern Ireland) | 204 | Low |
| Northern Mariana Islands | 147 | High |
| Norway | 148 | Low |
| Oman | 149 | Low |
| Pakistan | 150 | High |
| Palau | 263 | High |
| Panama | 151 | High |
| Papua New Guinea | 152 | High |
| Paracel Islands | 153 | No data |
| Paraguay | 154 | High |
| Peru | 155 | High |
| Philippines | 156 | High |
| Pitcairn Islands | 157 | No data |
| Poland | 158 | High |
| Portugal | 159 | High |
| Puerto Rico | 160 | Low |
| Qatar | 161 | High |

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|---|-----|---------|
| Refused Information | 998 | |
| Republic of Korea (South Korea) | 107 | High |
| Republic of Moldova | 238 | High |
| Reunion | 162 | No data |
| Romania | 163 | High |
| Russian Federation (Russia) | 240 | High |
| Rwanda | 164 | High |
| Saint Christopher and Nevis (Saint Kitts and Nevis) | 165 | Low |
| Saint Kitts and Nevis (Saint Christopher and Nevis) | 165 | Low |
| Samoa (Western Samoa) | 216 | High |
| San Marino | 170 | Low |
| Sao Tome and Principe | 171 | High |
| Saudi Arabia | 172 | Low |
| Senegal | 173 | High |
| Serbia | 241 | Low |
| Seychelles | 174 | High |
| Sierra Leone | 175 | High |
| Singapore | 176 | High |
| Sint Maarten (Dutch part) | 265 | Low |
| Slovakia | 267 | Low |
| Slovenia | 242 | Low |
| Solomon Islands | 177 | High |
| Somalia | 178 | High |
| South Africa | 179 | High |
| South Korea (Republic of Korea) | 107 | High |
| South Sudan | 183 | High |
| Spain | 180 | Low |
| Spratly Islands | 181 | No data |
| Sri Lanka | 182 | High |
| St. Helena | 166 | No data |
| St. Lucia | 167 | Low |
| St. Pierre and Miquelon | 168 | No data |
| St. Vincent and the Grenadines | 169 | High |
| Sudan | 183 | High |
| Suriname | 184 | High |
| Svalbard and Jan Mayen | 185 | No data |
| Swaziland | 186 | High |
| Sweden | 187 | Low |
| Switzerland | 188 | Low |
| Syria (Syrian Arab Republic) | 189 | Low |
| Syrian Arab Republic (Syria) | 189 | Low |
| Taiwan | 040 | Low |
| Tajikistan | 243 | High |

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| Tanzania (United Republic of Tanzania) | 190 | High |
| Thailand | 191 | High |
| The Former Yugoslav Republic of Macedonia | 219 | High |
| Timor-Leste | 269 | High |
| Togo | 192 | High |
| Tokelau | 193 | High |
| Tonga | 194 | Low |
| Trinidad and Tobago | 195 | High |
| Trust Territory of the Pacific Islands | 196 | No data |
| Tunisia | 197 | High |
| Turkey | 198 | High |
| Turkmenistan | 244 | High |
| Turks and Caicos Islands | 199 | High |
| Tuvalu | 200 | High |
| Uganda | 201 | High |
| Ukraine | 223 | High |
| Union of Soviet Socialist Republics | 202 | No data |
| United Arab Emirates | 203 | Low |
| United Kingdom of Great Britain and Northern Ireland | 204 | Low |
| United Republic of Tanzania | 190 | High |
| United States Mis Pacific islands | 206 | No data |
| United States of America | 205 | Low |
| Unknown | 999 | |
| Upper Volta | 207 | High |
| Uruguay | 208 | High |
| US Virgin Islands | 212 | Low |
| Uzbekistan | 246 | High |
| Vanuatu | 271 | High |
| Vatican City | 209 | No data |
| Venezuela | 210 | High |
| Viet Nam | 211 | High |
| Wake Island | 213 | No data |
| Wallis and Futuna Islands | 214 | High |
| West Bank and Gaza Strip | 070 | Low |
| West Germany | 072 | Low |
| Western Sahara | 215 | No data |
| Western Samoa (Samoa) | 216 | High |
| Yemen (Aden) | 217 | High |
| Yemen (Sana) | 218 | High |
| Yugoslavia | 219 | No data |
| Zaire | 220 | No data |
| Zambia | 221 | High |
| Zimbabwe (S. Rhodesia) | 222 | High |

PHN PUBLIC HEALTH DRUG FORMULARY

Appendix G

PHN PUBLIC HEALTH DRUG FORMULARY

| Birth Control Methods | Storage Temperature | Special Notes |
|-------------------------------------|---------------------|--|
| Diaphragm | 59° - 86°F | Keep out of direct sunlight. |
| Conceptrol® Gel | ≤ 77°F | Protect from freezing temperature and prolonged exposure to heat. |
| Contraceptive Foam | ≤ 77°F | Protect from freezing temperature and prolonged exposure to heat. Do not store or use near heat or open flame. Contents under pressure, do not puncture or incinerate. |
| Contraceptive Film | ≤ 77°F | Protect from freezing temperature and prolonged exposure to heat. Avoid excessive humidity. |
| Medroxyprogesterone 150 mg/ml | 68° - 77°F | |
| Depo Provera®, 1 ml vial | 68° - 77°F | |
| Depo-Sub Q Provera 104® (prefilled) | 68° - 77°F | |
| Estrostep FE® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Implanon® | 59° - 86°F | Protect from light. Avoid direct sunlight. |
| Loestrin® FE | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Lo Ovral® 0.3 mg/30 mcg | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Micronor® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Mircette® 15mg/0.03 mg | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Mirena® IUD | 59° - 86°F | |
| Modicon® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Next Choice® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| NorQD® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Nordette® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| NuvaRing® | 36° - 46°F | |
| Ortho Cyclen® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Ortho Evra® Contraceptive Patch | 59° - 86°F | |
| Ortho Novum® 7/7/7 | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Ortho Novum® 1/50 | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Ortho Tri-Cyclen® 28s | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Ortho Tri-Cyclen Lo® 28s | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Ortho-Cept® 28s | 59° - 86°F | Avoid exposure to excessive heat and moisture. |

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| Ovcon 35® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Ovcon 50® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| ParaGard T380A® IUD | 59° - 86°F | |
| Plan B OneStep® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Seasonale® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Sronyx® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Trivora® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Yasmin® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Yaz® | 77°F | Temperatures between 59° - 86°F is permitted for short periods of time. Avoid exposure to excessive heat, humidity and light. |
| Zovia® | 59° - 86°F | Avoid exposure to excessive heat and moisture. |
| Emergency Medications | | |
| Ammonia Inhalants | 59° - 86°F | Avoid excessive heat. |
| Aspirin 325 mg Tablets | 59° - 86°F | Protect from moisture. |
| Diphenhydramine 50 mg/ml Injection | 59° - 86°F | Protect from light and freezing. |
| Epinephrine Injection | 59° - 86°F | Protect from light. Discard if solution is discolored. Do not freeze. |
| Instant Glucose | 59° - 86°F | Protect from excessive heat, light and moisture. |
| General Medications | | |
| Acetaminophen Elixir | 59° - 86°F | Avoid excessive heat and humidity. Protect from freezing. |
| Acetaminophen Liquid | 59° - 86°F | Avoid excessive heat and humidity. Protect from freezing. |
| Acyclovir 400 mg Capsule | 59° - 77°F | Protect from moisture. |
| Albuterol HFA Inhaler | 59° - 77°F | Protect from freezing temperature and prolonged exposure to heat. Do not store or use near heat or open flame. Contents under pressure, do not puncture or incinerate. |
| Albuterol Nebulizer 0.083% | 36° - 77°F | Leave product in foil. Once removed use within 1 week. Protect from light and excessive heat. |
| Allopurinol 300 mg Tablet | 59° - 77°F | Store in dry place and protect from sunlight. |
| Amitriptyline Tablet | ≤ 86° F | Protect from light. |
| Amoxicillin Capsules and Powder for Reconstitution | ≤ 68°F | Once reconstituted, suspension may be refrigerated or stored at room temperature; should be discarded 14 days after reconstitution. |
| Amoxicillin/Clavulanic Acid Tablet & Powder for Suspension | ≤ 77°F | Once reconstituted, suspension should be refrigerated and discarded after 10 days. |

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| Antacid Liquid | 59° - 86°F | Do not freeze; avoid excessive heat and moisture. |
| Avelox® 400 mg Tablet | 59° - 86°F | Avoid high humidity. |
| Azithromycin Tablet | 59° - 86°F | |
| Bacitracin Ointment | 59° - 77°F | |
| Beclomethasone Inhaler | 59° - 86°F | Do not store or use near heat or open flame. Contents under pressure, do not puncture or incinerate. |
| Bicillin® LA 1.2 MU syringe | 36° - 46°F | Do not freeze. |
| Ceftriaxone Injection, SDV | 68° - 77°F | Protect from light. Product reconstituted with lidocaine is stable for 24 hours at room temperature or 3 days if stored in refrigerator. |
| Cefuroxime Axetil 500 mg Tablet | 59° - 86°F | |
| Cephalexin 500 mg Capsule | 68° - 77°F | |
| Cephalexin Powder for Suspension | 59° - 86°F | Refrigerate reconstituted product and discard after 14 days. |
| Chewable Vitamin Tablet | 59° - 86°F | Store in cool dry place, avoid excessive heat. |
| Ciprofloxacin 500 mg Tablet | ≤ 86°F | |
| Clindamycin 150 mg Capsule | 68° - 77°F | |
| Clindamycin Powder for Suspension | 68° - 77°F | Do not refrigerate reconstituted suspension. Discard after 14 days. |
| Clonidine 0.1 mg Tablet | 59° - 86°F | |
| Dexamethasone 4 mg/ml Injection | 59° - 86°F | Sensitive to heat. Protect from freezing and light. |
| Diphenhydramine 25 mg | 59° - 86°F | |
| Doxycycline 100 mg | ≤ 86°F | Protect from light. |
| Erythromycin Tablet | ≤ 86°F | |
| Ethambutal 400 mg Tablet | 68° - 77°F | |
| Fluconazole 150 mg Tablet | ≤ 86°F | |
| Fluoride Tablet | 68° - 77°F | Store away from heat, moisture and light. |
| Fluoxetine 20 mg | 59° - 86°F | |
| Furosemide 40 mg Tablet | 59° - 86°F | Protect from light. Discoloration of tablets caused by exposure to light should not be issued. |
| Gemfibrozil 600 mg Tablet | 68° - 77°F | Protect from light and humidity. |
| Gentamicin Opth Soln | 36° - 86°F | |
| Glyburide 5 mg Tablet | 59° - 86°F | |
| Guaifenesin 100 mg/5 ml syrup | 59° - 86°F | Protect from light and excessive heat. |
| Guaifenesin DM syrup | 59° - 86°F | Protect from light and excessive heat. |
| Gynazole -1® | 59° - 86°F | Avoid freezing. |
| Hydralazine 50 mg Tablet | 59° - 86°F | |
| Hydrochlorothiazide 25 mg Tablet | 59° - 86°F | Protect from light, moisture, and freezing. |
| Hydrocortisone Cream 1% | 59° - 86°F | |
| Hydrocortisone Oint 2.5% | 59° - 86°F | |

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| Hydroxyzine HCl 25 mg/ml Injection | 36° - 86°F | |
| Hydroxyzine Pam 25 mg caps | 59° - 86°F | Protect from light. |
| Ibuprofen Tablet | 68° - 77°F | Avoid heat greater than 104°F. |
| INH Liquid, Tablet | 59° - 86°F | Protect from moisture and light. |
| Iron Supplement, Drops | 68° - 77°F | Protect from light and freezing. |
| Iron Supplement, Tablet | 59° - 86°F | |
| Isosorbide Dinitrate 10 mg Tablet | 77°F | Protect from light. |
| Kenalog - 40 Injection | 68° - 77°F | Protect from light and avoid freezing. |
| Levaquin Tablet | 59° - 86°F | |
| Lidocaine 1% Injection | 77°F | Protect from light. |
| Lidocaine with Epinephrine Injection | 77°F | Protect from light. |
| Lisinopril 10 mg, 20 mg Tablet | 59° - 86°F | Protect from light, moisture, and excessive heat. |
| Lovastatin 40 mg Tablet | 41° - 86°F | Protect from light. |
| Mebendazole Chew 100 mg Tablet | 59° - 77°F | |
| Medroxyprogesterone 5 mg Tablet | 68° - 77°F | |
| Metformin 500 mg Tablet | 59° - 86°F | Protect from light, moisture, and excessive heat and humidity. |
| Metoprolol 50 mg Tablet | 59° - 86°F | Protect from light and moisture. |
| Metronidazole 500 mg Tablet | ≤ 77°F | Protect from light. |
| Miconazole Nitrate | 59° - 86°F | Avoid freezing. |
| Monistat 1® | 59° - 86°F | Avoid freezing. |
| Monistat 7® | 59° - 86°F | Avoid freezing. |
| Mycobutin Capsule | 59° - 86°F | |
| Neo/Gram/PolyB Eye Gtts | 77°F | Protect from freezing. |
| Neo/PolyB/Hydrocortisone Otic Susp | 59° - 77°F | |
| Nitrofurantoin (macro) Monhydrate Capsule | 59° - 86°F | Protect from moisture. |
| Nitroglycerin 0.4 mg Sublingual Tablet | 59° - 86°F | Protect from moisture. |
| Novolin® 70/30 Injection | 36° - 46°F | Protect from sunlight; do not freeze. Stable at room temperature for 1 month if excessive heat is avoided. |
| Novolin® N Injection | 36° - 46°F | Protect from sunlight; do not freeze. Stable at room temperature for 1 month if excessive heat is avoided. |
| Novolin® R Injection | 36° - 46°F | Protect from sunlight; do not freeze. Stable at room temperature for 1 month if excessive heat is avoided. |
| Ortho Gynol II® Jelly | ≤ 77°F | Protect from freezing temperature and prolonged exposure to heat. |
| Penicillin Powder for Suspension | 68° - 77°F | Refrigerate reconstituted solution and discard after 14 days. |
| Penicillin Tablet | 68° - 77°F | |
| Penicillin VK Powder for Suspension | 68° - 77°F | Refrigerate reconstituted solution and discard after 14 days. |
| Penicillin VK Tablet | 68° - 77°F | |
| Permethrin Cream 5% | 59° - 77°F | |
| Permethrin Creme Rinse | 59° - 77°F | |

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| Phenytoin ER 100 mg | ≤ 86°F | Protect from light, moisture, and freezing. |
| Podofilox 0.5% Gel, Soln | 59° - 86°F | Protect from excessive heat. Do not freeze. |
| Potassium Chloride 10 meq | 59° - 86°F | Protect from light and moisture. |
| Prednisone 5 mg Tablet | 59° - 86°F | |
| Promethazine Injection 25 mg/ml | 68° - 77°F | Protect from light. |
| Promethazine Supp 25 mg | 36° - 46°F | |
| Promethazine Tablet 25 mg | 68° - 77°F | Protect from light and moisture. |
| Pyridoxine 50 mg Tablet | 59° - 86°F | Store away from heat, moisture and light. |
| Pyrazinamide 500 mg Tablet | 59° - 86°F | |
| Ranitidine 150 mg Tablet | 59° - 86°F | Protect from light and moisture. |
| Rifamate® Capsule | 59° - 86°F | Protect from moisture and light. |
| Rifampin Capsule | 59° - 86°F | Store in dry place and avoid excessive heat. |
| Rifampin Suspension | 36° - 77°F | Compounded suspensions are stable for 4 weeks at room temperature or stored in refrigerator. |
| Seromycin Capsule | 59° - 86°F | |
| Silver Sulfadiazine Cream | 59° - 86°F | |
| Streptomycin Injection | 59° - 86°F | Reconstituted solutions may be stored at room temperature for up to 1 week, then discarded. |
| Terazol® 3 Cream, 20 gm | 59° - 86°F | |
| Terazol® 3 Suppository | 59° - 86°F | |
| Terazol® 7 Cream | 59° - 86°F | |
| Trimethoprim/Sulfamethoxazole DS Tablet | 59° - 86°F | Protect from light. |
| Trazadone 50 mg Tablet | 59° - 86°F | |
| Trecator® - SC | 77°F | |
| Triamterene/Hydrochlorothiazide 37.5/25 mg Tablet | 59° - 86°F | Protect from moisture, freezing and excessive heat. |
| Trichloroacetic acid 80% Solution | 59° - 86°F | Avoid excessive heat. |
| Triple Antibiotic Opth Oint | 77°F | Protect from freezing. |
| Tubersol® Skin Test | 35° - 46°F | Protect from light and protect from freezing. Discard product 1 month after opening. |
| Verapamil 80 mg Tablet | 59° - 77°F | Protect from light and moisture. |
| Verapamil XR 240 mg Tablet | 59° - 77°F | Protect from light and moisture. |
| Vaccines | | |
| DT | 35° - 46°F | Do not freeze. |
| DTaP - Infanrix®, Daptacel®, Tripedia® | 35° - 46°F | Do not freeze. |
| DTaP/HepB/IPV - PEDIARIX® | 36° - 46°F | Do not freeze. |
| DTaP/Hib - TriHIBit® | 35° - 46°F | Do not freeze. |
| DTaP/HiB/IPV - Pentacel® | 35° - 46°F | Do not freeze. |
| DTaP/IPV - Kinrix® | 36° - 46°F | Do not freeze. |
| EIPV - IPOL® | 35° - 46°F | Protect from freezing. |
| HepA Ped - Havrix®, Vaqta® | 36° - 46°F | Do not freeze. |

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| HEP B - Engerix®, Recombivax® | 36° - 46°F | Do not freeze. |
| HEP B/HIB - Comvax® | 36° - 46°F | Do not freeze. |
| HIB - ActHIB® | 36° - 46°F | Do not freeze. Administer within 24 hours of reconstitution with sodium chloride 0.4%, within 30 minutes if reconstituted with Tripedia®. |
| HIB - PedVaxHIB® | 36° - 46°F | Do not freeze. |
| HIB - Hiberix® | 36° - 46°F | Do not freeze vaccine or diluent; protect from light. Use immediately after reconstitution or can be stored for up to 24 hours between 36° - 46°F. Diluent may be stored with vaccine or at room temperature 68° - 77°F. |
| HPV - Gardasil® | 36° - 46°F | Do not freeze. Protect from light. Can be maintained at temperatures up to 77°F for up to 72 hours before discarding. |
| Immune Globulin, Hepatitis B- Nabi-HB®, HepaGam® | 36° - 46°F | Do not freeze. HepaGam B and Nabi-HB within 6 hours of entering vial. Partially used vials should be discarded. |
| Immune Globulin, Rabies - Imogam Rabies-HT®, HyperRab S/D® | 35° - 46°F | Do not freeze. |
| Influenza | 35° - 46°F | Discard if vaccine has been frozen. Afluria®, Fluvirin®, Fluarix®, FluLaval® should be stored in original box and protected from light. Multidose vials of Afluria® and FluLaval® should be stored at 35° - 46°F and discarded 28 days after vial has been entered. |
| Meningococcal - Menactra® | 35° - 46°F | Protect from freezing. |
| Meningococcal - Menomune® | 35° - 46°F | Discard if vaccine has been frozen. Multidose vials should be used or discarded within 35 days of reconstitution, single dose vials should be used within 30 minutes of reconstitution. |
| Meningococcal - Menveo® | 36° - 46°F | Do not freeze. Protect from light. Reconstituted vaccine can be held at 77°F or below for up to 8 hours. |
| MMR - MMR® II | 36° - 46°F | Protect from light. Reconstituted vaccine should be stored between 36° - 46°F and use within 8 hours. Diluent may be stored with vaccine or at room temperature. |
| Pneumococcal polysaccharide - Pneumovax® | 36° - 46°F | |
| Rabies - RabAvert® | 36° - 46°F | Protect from light. Use immediately after reconstitution. |
| Rotavirus - Rotarix® | 36° - 46°F | Discard if vaccine has been frozen. Protect from light. Reconstituted vaccine may be stored at 36° - 77° F for up to 24 hours. |

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| Rotavirus - Rotateq® | 36° - 46°F | Protect from light; should be administered immediately after reconstitution. |
| S. Pneumonia - Prevnar® | 36° - 46°F | Do not freeze. |
| Td | 35° - 46°F | Do not freeze. |
| Tdap - Adacel®, Boostrix® | 35° - 46°F | Do not freeze. |
| Varicella - Varivax® | ≤ 5°F | Protect from light. Administered within 30 minutes of reconstitution or discarded; can be kept unconstituted at 36° - 46°F continuously for 72 hours, then discarded. Diluent should be stored separately in refrigerator or at room temperature 68° - 77°F. |
| Varicella - Zostavax® | - 58° - 5°F | Protect from light; can be kept unconstituted at 36 - 46 F continuously for 72 hours, then discarded. Diluent should be stored separately in refrigerator or at room temperature 68° - 77° F. |
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| | | Revised 6/2011 |