**Accuracy Tool - 3**

**RVCT Surveillance Data Base Audit Form for Timeliness and Accuracy**

|  |  |
| --- | --- |
| **Audit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Patient Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Case Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Audit PHN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Data Base Auditor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For Timeliness:** Check below whether or not the form was sent to the TB Program (TBP) within the designated timeframe.  **Y=Yes N=No**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Sent to**  **TBP in Time** | |
| **RVCT Reports** | **Timeframe** | **Y** | **N** |
| **RVCT Initial Case Report**  (pages 1-3) to TBP | Within **30 days of completion.** |  |  |
| **Follow-up 1 Report**  (page 4) to TBP | Within **2 months after initial RVCT submitted or when drug susceptibility results are available** (whichever is later). |  |  |
| **Follow-up 2 Report**  (page 5-6) to TBP. | Within **30 days of discharge**. |  |  |

**For Accuracy:** Check below whether or not the RVCT items on the following three data sources were reviewed. Indicate if the RVCT items on the three data sources agree or not.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RVCT  Pg #** | **RVCT Item #** | **Data Sources Reviewed?** | | | | | | **RVCT, Chart, and Data Base Agree?** | | **Comments** |
| **RVCT Form** | | **Paper Chart** | | **Data**  **Base** | |
| **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** |
| **1** | **5. Case Count** |  |  |  |  |  |  |  |  |  |
| **1** | **16. Site of Disease** |  |  |  |  |  |  |  |  |  |
| **2** | **17. Sputum Smear** |  |  |  |  |  |  |  |  |  |
| **2** | **18. Sputum Culture** |  |  |  |  |  |  |  |  |  |
| **3** | **26. HIV status at time of  diagnosis** |  |  |  |  |  |  |  |  |  |
| **3** | **36. Date therapy started** |  |  |  |  |  |  |  |  |  |
| **3** | **37. Initial drug regimen** |  |  |  |  |  |  |  |  |  |
| **Follow-up - 1**  **(pg 4)** | **38. Genotyping accession   number** |  |  |  |  |  |  |  |  |  |
| **Follow-up - 2  (pg 5-6)** | **41. Sputum culture   conversion documented** |  |  |  |  |  |  |  |  |  |
| **47. DOT** |  |  |  |  |  |  |  |  |  |