# Appendix RPT II

## **Patient Management**

## Introduction

TIMS provides the user with reports under the menu item **<u>Reports</u>** in the **Patient Management** module. These reports assist the user with extracting the following types of data: Diagnosis, Medical History, Test Data, Medications, Contacts, Hospitalizations and Referrals.

To review the pick-list of reports available in the Patient Management module...

- 1. Open the **Patient Management** menu by clicking its symbol <sup>1</sup> on main menu tool bar.
- 2. Click Reports or use (ctrl-r)
- 3. Scroll down pick-list and highlight desired report, then press [ENTER] key

🌉 Patient Management		
Client Profile Therapy Tests	Reports Window Help	
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	Medical Reports	
	Therapy 🕨	
	Exception Reports	

The following reports are available:

- Adherence Appointments, Medication Metabolite
- Contact Report
- Medical Summary, Blood Tests, HIV Tests, Skin Tests, X-Ray Tests
- Therapy Medication, Medication Outcome
- Exception Reports

**NOTE:** The sample reports presented in this document were created with a TIMS training database. These sample reports are for instructional purposes only and do not reflect any areas' actual surveillance data.

### Printer Setup

The printer setup option is used to select a printer and make changes to the current print settings (i.e. letter, legal, portrait, landscape, etc.).

To change the printer setup...

- 1. Open the Client menu and select **Print Setup**.
- **2.** Select the printer to print the report.
- 3. Click the **Setup** button to change the paper size, orientation, etc.
- 4. Click the **OK** button on two screens.

#### **Report Preview Screen**

After you have selected a report, it will be displayed on the screen. You can use the scroll bar on the side and bottom to move the area that is being viewed. You can also use the buttons at the bottom of the screen to display the report in a different setting or to print the report or exit the screen.

To use the navigation buttons on the bottom of the report preview screen...

- 1. Click the first button from the left (the arrow button with a line, pointing to the left) to display the first page of the report.
- 2. Click the second button from the left (the arrow button pointing to the left) to display the previous page.
- **3.** Click the third button from the left (the arrow button pointing to the right) to display the next page.

**4.** Click the fourth button from the left (the arrow button with a line, pointing to the right) to display the last page of the report.

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- **5.** Click the button with a magnifying glass to display the print preview screen. The Print Preview screen allows you to change the percentage of the view. You can also choose to display rulers on the top and side of the report screen.
- 6. Click the print button to send the current report displayed on the screen to the appointed printer.

3

<u>n+</u>

7. Click the button with an arrow pointing to a door to close the report preview screen.

## **Appointments Report**

**Description:** TIMS allows the scheduling of appointments. This report displays all appointments for the selected client.

## Sample Report:

	*** Confidential Patient Information *** APPOINTMENT REPORT								
CLIENT N	CLIENT NAME: CLIENT COMPLETE								
STATE CA	SE #:000010	101	CITY/COUNT CASE #:	Y			BIRTHDATE: 1/1/	/1910	
SITE (INSTALLATION): SPEC TIMS Training Database (Oregon RA)					TAL A	TTENTION REQUIRED:			
Date	Time	Appo	intment Type		Locat	ion	Worker		Status
05/28/1998		BACTER	IOLOGY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
05/05/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
04/30/1998		BACTER	IOLOGY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
04/04/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
03/30/1998		BACTER	IOLOGY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
03/03/1998		BLOOD	TEST	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
03/03/1998		CHEST	X-RAY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
03/03/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
02/03/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
02/03/1998		PHYSIC	AL EXAM	TB	CLINIC	Ν	*WORKER,	DEFAULT	COMPLETED
01/02/1998		BACTER	IOLOGY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/02/1998		BACTER	IOLOGY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/02/1998		CHEST	X-RAY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/01/1998		BACTER	IOLOGY	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/01/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/01/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/01/1998		PHYSIC	AL EXAM	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED
01/01/1998		HIV TE	ST	TB	CLINIC	N	*WORKER,	DEFAULT	COMPLETED

### This Report includes:

- 1. The title of the report
- 2. The Client's name
- 3. The Client's sex
- 4. State case number
- 5. City/County Case #
- 6. The Client's birth date
- 7. Site (installation)
- 8. Special attention required

For each appointment:

- 1. The date of the appointment
- 2. The time of the appointment
- 3. The type of appointment

- 4. The location of the appointment
- 5. Worker (A professional working with TB clients)
- 6. Status of the appointment (Scheduled, Past Due, Canceled, Rescheduled Completed, and Canceled)

## **Blood Test Report**

**Description:** TIMS allows users to maintain blood test records for TB clients. Blood testing can help monitor the client's reaction to TB medications. TIMS tracks the results of five blood tests: SGOT (AST), Bilirubins acid, Creatinine and Complete Blood Cell (CBC) with Platelets. This report displays all blood test information for the selected client.

### Sample Report:

	CLIENT NAME: COMPLETE, CLI	ent		SEX: Female
	STATE CASE #: 000010101	CITY/COUNTY CASE #:		BIRTHDATE:01/01/1910
SITE FIMS	(INSTALLATION): Training Database (Oregon R	(A)	SPECIAL A	ATTENTION REQUIRED:

68

Uric Acid Creatinine

88

Platelets

26,87,33,6666

This report includes:

Tested

03/03/1998

1. The Title of the report

Bilirubin

4900

- 2. The Client's name
- 3. The Client's sex

SGOT (AST)

34

- 4. State Case Number
- 5. City/County Case #
- 6. The Client's birth date
- 7. Site (Installation)
- 8. Special Attention required

For each test:

1. Date the test was performed

- 2. SGOT (AST) results
- 3. Bilirubin results
- 4. Uric Acid results
- 5. Creatinine results
- 6. CBC with Platelets results

## **Chest X- Ray Report**

**Description**: A client's chest x-ray result information, the view, date taken, date read, results, and comments can be entered into TIMS. This information may assist with the client's diagnosis and monitoring a client's response to treatment. This report displays all chest x-ray information for the selected client.

### Sample Report:

***	Confidential	Patient	Informa	tion	***
	X-1	RAY I	TEST	REP	ORT

	CLIENT NAME: COMPLETE, CLIE	SEX: Female		
	STATE CASE #: 000010101	CITY/COUNTY CASE #:		BIRTHDATE:01/0
SITE	(INSTALLATION):		SPECIAL AT	TENTION REQUIRED:
TIMS	Training Database (Oregon R)	A)		

Status	Abnormality	Result	Date Taken	X-Ray View
	Cavitary	Abnormal	01/02/1998	PA
Improving	Cavitary	Abnormal	03/03/1998	PA

This report includes:

- 1. The Title of the report
- 2. The Client's name
- 3. The Client's sex
- 4. State Case Number
- 5. City/County Case #
- 6. The Client's birth date
- 7. Site (Installation)
- 8. Special Attention required

For each test:

1. X-Ray View

- 2. Date the test was taken
- 3. Result of the test
- 4. Abnormality of the test
- 5. Status of the test

## **HIV Report**

**Description:** TIMS provides the capability to record and maintain HIV test information for clients. You can also record that an HIV test was offered and not performed. When not tested, you can specify the reason the test was not administered. When tested, the date of the test and the HIV status is entered. The following information can be recorded for clients with a positive HIV status:

- Basis of positive status (medical documentation, patient history, or unknown)
- CDC AIDS Patient Number
- State HIV/AIDS Patient Number
- City HIV/AIDS Patient Number

## Sample Report:



This report includes:

- 1 The Title of the report
- 2 The Client's name
- 3 The Client's sex
- 4 State Case Number
- 5 City/County Case #

- 6 The Client's Birth date
- 7 Site (Installation)
- 8 Special Attention Required

For each test:

- 9 Date of the HIV test
- 10 Status of the HIV test
- 11 Based on (a field that specifies what the HIV positive results are based on)
- 12 Post test Counseling field

## **Skin Test Report**

## **Description:** TIMS can manage data from the tuberculin and other TB-related skin tests. This can help diagnose a client with tuberculosis and identify them as anergic or a converter. TIMS tracks four type of skin tests:

- Tuberculin
- Tetanus
- Candida
- Mumps

### Sample Report:

***	Confidential	Patient	Information	***
	SKIN 7	FEST	REPORT	

CLIENT NAME: COMPL	ETE, CLIENT		SEX: Female		
STATE CASE #: 0000	10101 CITY/COUN CASE #:	Y	BIRTH	DATE:01/01/1910	
SITE (INSTALLATION): TIMS Training Database	(Oregon RA)	SPE	SPECIAL ATTENTION REQUIRED:		
<b>Type of Test</b> Tuberculin	Date Tested	Date Read	Induration (mm) 10	Result	

### This report includes:

- 1 The title of the report
- 2 The Client's name
- 3 The Client's sex
- 4 State Case Number
- 5 Site Installation
- 6 Client's birth date
- 7 Special Attention required

- 8 Type of test
- 9 Date Tested
- 10 Date Read
- 11 Induration (mm)
- 12 Result (Positive, Negative)

## **Medical Summary Report**

**Description:** The Medical Summary report provides a quick summary of all the medical information for the selected client. Individual entries contain information about previous medical history, skin tests, x-ray tests, bacteriology/susceptibility tests, blood tests, physical exams, HIV tests, hospitalizations, and referrals.

#### Sample Report (Page 1):

		*** Confic <u>ME</u>	dential Patio	ent Informatic	on ***	
CLIENT	NAME: COMPLETE, C	LIENT		S	EX: Female	
STATE	CASE #: 000010101	CITY/COUN CASE #:	TY		BIRTHDATE:01,	/01/1910
SITE (INSTAL TIMS Trainit	<b>LLATION):</b> ng Database (Orego	n RA)		SPECIAL ATTENTI	ON REQUIRED:	
PREVIOUS 1	MEDICAL HIST	DRY				
Prev Diag of TB	Prev Skin Test For TB	BCG Prio Vac HIV Te	r st Diabetes	s <u>Silicosis</u>	Tobacco Use	Hospital In Last Year
No	Yes	No No	Yes	No	Yes	No
SKIN TEST						
Type of Te Tuberculin	<b><u>Date T</u></b> 05/07/1	998 05	<b>ate Read</b> /09/1998	Induration (mm) 10	Result Pos	
X-RAY View PA PA	Date Taken 01/02/1998 03/03/1998	<u>Result</u> Abnormal Abnormal	Abnormalit Cavitary Cavitary	Y		Status N/A Improving
BACTERIOL Test Date 01/01/1998	Specimen ID	Specimen Sputum	Smear Resul	t Gr	lture owth SITIVE	Date Identified 01/16/1998
SUSCEPTIE	BILITY TESTIN	IG				
Reported 02/05/1999	<u>Collected</u> 9 01/01/1998		Laborator NEW LAB	Y		

## Sample Report (Page 2):

		*** Confi <u>M</u>	dential Patie	nt Inform ARY REP(	Nation *** DRT	
CLIENT	NAME: COMPLETE,	CLIENT			SEX: Female	
STATE	CASE #: 000010101	CITY/COU CASE #:	INTY		BIRTHDATE:01/01/	1910
SITE (INSTA TIMS Traini	LLATION): ing Database (Orego	on RA)		SPECIAL AT	TENTION REQUIRED:	
BACTERIOI	LOGY					
Test Date	Specimen ID	Specimen	Smear Result	:	Culture Growth	Date Identified
01/02/1998	29-1100	Sputum	POSITIVE	-	POSITIVE	01/16/1998
SUSCEPTIE	BILITY TESTI	NG				
Date Reported 02/28/199	Date           Collected           8         01/02/1998	L 3	Laboratory NEW LAB			
Drug	Concentratio	on 1	Method	Result	Susceptibilit	Y
INH	10.000 mcg	/mL Con	ventional		Susceptible	
RIF	2.000 mcg	/mL Con	ventional		Susceptible	
PZA	100.000 mcg	/mL Con	ventional		Susceptible	
EMB	6.000 mcg	/mL Con	ventional		Susceptible	
STR	6.000 mcg	/mL Con	ventional		Resistant	
CIP	6.000 mcg	/mL Con	ventional		Susceptible	
E.I.H	6.000 mcg	/mL Con	ventional		Susceptible	
Test Date	Specimen ID	Specimen	Smear Result		Culture Growth	Date Identified
01/02/1998	929-1233	Sputum	POSITIVE	-	POSITIVE	01/19/1998
Test Date	Specimen TD	Specimen	(maan Dami)		Culture	Date
02/09/1998	9-393	Sputum	1.		Growth	Identified
SUSCEPTIE	BILITY TESTI	NG	1+		POSITIVE	02/2//1998
Date Reported 02/14/2000	Date Collected 0 02/09/1998	3	Laboratory CLINIC LAB	:		
<u>Test Date</u> 03/30/1998	<u>Specimen ID</u> 30-657	<b>Specimen</b> Sputum	<u>Smear Result</u> NEGATIVE	i	Culture Growth NEGATIVE	Date Identified

## Sample Report (Page 3):

CLIE	NT NAME: COMPL	ETE, CLIENT	SEX: Female			
STAT	E CASE #: 0000	10101		BIRTHDATE:	01/01/1910	
SITE (INS	FALLATION) :	(Oregon BA)		SPECIAL	ATTENTION REQUIRE	D:
BACTERT	DI.OCY	Oregon RA)				
DACIERIO	Chaniman (	5D (			Culture	Date
04/30/199	8 30-001	Sput	um NEGATI	VE	Growth NEGATIVE	Identified
lest Date	Specimen	ID Spec	imen Smear	Result	Culture Growth	Date Identified
05/28/199	8 28-65	Sput	um NEGATI	VE	NEGATIVE	
	cm					
Dopo	51			d mast		
Date Tested	SGOT (AS	ST) Bil	irubin Uric	Acid Crea	tinine Plat	elets
3/03/1998	34	4900	68	88	26,87	,33,666
HYSICAL	EXAM					
Test Ty	ре	Test	Date	Results		
Weight		01/0	1/98	101 lbs		
Weight		02/0	3/98	110 lbs		
Vision-Ac	uity	01/0	1/98	20/80		
Vision-Co	lor	01/0	1/98	NORMAL		
INH Metab	olite	02/0	3/98	POSITIVE		
INH Metab	olite	03/0	3/98	POSITIVE		
INH Metak	olite	04/0	4/98	POSITIVE		
INH Metak	olite	05/0	5/98	POSITIVE		
HIV TEST					Post-t	agt
Date	Statu	S	Based	On	Counsel	ling
11/01/1998	8 Negative				Yes	
Drug	remency	Događe	Therapy	Start	Ston	Shahua
INH I	aily	300mg	Curative	01/01/1998	B 02/25/1998	COMPLETED
RIF I	aily	600mg	Curative	01/01/1998	3 02/25/1998	COMPLETED
EMB I	Daily	800mg	Curative	01/01/1998	3 02/25/1998	COMPLETED
PZA I	Daily	1500mg	Curative	01/01/1998	02/25/1998	COMPLETED
INH 3	x Week	900mg	Curative	02/26/1998	3 02/25/1998	COMPLETED
UTC 2	x Week	600mg	Curative	02/26/1999	02/25/1998	COMPLETED

## Sample Report (Page 4):

**	* Confidential Pat MEDICAL SU	tient Information *** MMARY REPORT
CLIENT NAME: COMPLETE, CLIE	NT	SEX: Female
STATE CASE #: 000010101	CITY/COUNTY CASE #:	BIRTHDATE: 01/01/1910
SITE (INSTALLATION): TIMS Training Database (Oregon RA	)	SPECIAL ATTENTION REQUIRED:

#### HOSPITALIZATION

Admission Date 01/14/1998	Name of Facility COUNTY GENERAL	Discharge Date 01/16/1998	TB Meds Yes
REFERRALS			
<u>Date</u> 05/07/1998	Reason TB SIGNS AND SYMPTOMS	Source	

This report includes:

- 1 The title of the report
- 2 The Client's name
- 3 The Client's sex
- 4 State Case Number
- 5 Client's Birth date
- 6 City County Case
- 7 Site (installation)
- 8 Special Attention required

For Previous Medical History section:

- 1. Previous Diagnosis of TB
- 2. Previous Skin Test for TB
- 3. BCG Vaccination
- 4. Prior HIV test
- 5. Diabetes
- 6. Silicosis

- 7. Tobacco Use
- 8. Hospitalized in Last Year

For Skin Test section for each test:

- 1. Type of test
- 2. Date Tested
- 3. Date Read
- 4. Induration
- 5. Result
- For X-Ray Test section for each test:
  - 1. X-Ray View
  - 2. Date Taken
  - 3. Result
  - 4. Abnormality
  - 5. Status

For Bacteriology Test section for each specimen:

- 1. Test Date
- 2. Specimen ID
- 3. Specimen
- 4. Smear Result
- 5. Culture Growth
- 6. Date Identified
- For Susceptibility test if applicable:
  - 1. Date Reported
  - 2. Date Collected
  - 3. Laboratory
  - For each drug:
    - 1. Drug name
    - 2. Concentration
    - 3. Method
    - 4. Result
    - 5. Susceptibility

### For Blood Test section for each test:

- 1. Date tested
- 2. SGOT (AST)
- 3. Bilirubin
- 4. Uric Acid
- 5. Creatinine
- 6. CBC with Platelets

For Physical Exam section for each test:

- 1. Test Type
- 2. Test Date
- 3. Results

For HIV Test section for each test:

- 1. Date
- 2. Status (Negative, Positive)
- 3. Based on
- 4. Post-test Counseling

For Medications section for each prescription:

- 1. Drug name
- 2. Frequency
- 3. Dosage
- 4. Therapy Type (Curative, Preventive)
- 5. Start Date
- 6. Stop Date
- 7. Status

For Hospitalization section for each hospitalization:

- 1. Admission Date
- 2. Name of Facility
- 3. Discharge Date
- 4. TB Meds received (Yes, No)

For Referrals section for each referral:

- 1. Date
- 2. Reason
- 3. Source

## **Medications Report**

**Description:** Medications records the therapeutic regimen prescribed to treat a client's tuberculosis infection of disease. There are two types of therapy: curative and preventive. The diagnosis will determine which therapeutic regimen to indicate and which drugs the health care person will administer. This report displays all prescribed drugs for the selected client.

### Sample Report:

\*\*\* Confidential Patient Information \*\*\* MEDICATION REPORT

CLIENT NAME: COMPLETE, CL	SEX: Female		
STATE CASE #: 000010101	CITY/COUNTY CASE #:	BIRTHDATE:01/01/1910	
SITE (INSTALLATION):		SPECIAL ATTENTION REQUIRED:	

Drug	Frequency	Dosage	Type	Start	Stop	Status
INH	Daily	300mg	Curative	01/01/1998	02/25/1998	COMPLETED
RIF	Daily	600mg	Curative	01/01/1998	02/25/1998	COMPLETED
EMB	Daily	800mg	Curative	01/01/1998	02/25/1998	COMPLETED
PZA	Daily	1500mg	Curative	01/01/1998	02/25/1998	COMPLETED
INH	3x Week	900mg	Curative	02/26/1998	02/25/1998	COMPLETED
RIF	3x Week	600mg	Curative	02/26/1998	02/25/1998	COMPLETED

#### This report includes:

- 1 The title of the report
- 2 The Client's Name
- 3 The Client's Sex
- 4 State Case Number
- 5 City/County Case #
- 6 Client's Birth date
- 7 Site (installation)
- 8 Special Attention required

For each drug prescribed:

- 1. Type of drug
- 2. Frequency in which the patient takes the drug
- 3. Dosage
- 4. Therapy Type
- 5. Start Date
- 6. Stop Date
- 7. Status

## **Medication Outcome Report**

**Description:** TIMS allows users to enter the following information on the Schedule Drug Pickups window: Location, Worker Assigned, Repeat Cycle, 28 Day Cycle, Which week, and specific date. With information from the Scheduled Drug Pick-ups window along with the medications information from the medications window the Medications Outcome report can be generated.

## Sample Report:

**** C	onfidential Patien EDICATION OUTC	nt Information **** OME REPORT
CLIENT NAME: COMPLETE, CLI	SEX: Female	
STATE CASE #: 000010101	CITY/COUNTY CASE #:	BIRTHDATE:01/01/1910
SITE (INSTALLATION): TIMS Training Database (Oregon R	A)	SPECIAL ATTENTION REQUIRED:

DRUG - INH

Frequency	Dosage/ Unit	Method of Delivery	Start Date	Stop Date	Status	
3x Week	900 mg	DOT	02/26/1998	6/17/1998	COMPLETED	
Sched	uled O	utcome	Worker		Dlvrd/ Leftover	Location
04/15	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
04/17	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
04/20	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
04/22	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
04/24	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
04/27	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
04/29	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/01	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/04	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/06	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/08	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/11	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/13	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/15	/1998 S	TOPPED	*WORKER,	DEFAULT	0/1	TB CLINIC N
05/18	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/20	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/22	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/25	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/27	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
05/29	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/01	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/03	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/05	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/08	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/10	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/12	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/15	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
06/17	/1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
				Totals:	101/3	
G - RIF						

1	Frequency	Dosage/ Unit	Method of Delivery	Start Date	Stop Date	Status	
1	Daily	600 mg	DOT	01/01/1998	2/25/1998	COMPLETED	
	Schedu	led On	utcome	Worker		Dlvrd/ Leftover	Location
	01/01/3	1998 S	TOPPED	*WORKER,	DEFAULT	1/0	TB CLINIC N
		* * *	* Confident	ial Patient	Information *	* * *	
05/0	7/2003						Page 3 of 10

This report includes:

- 1. the Title of the report
- 2. The Client's Name
- 3. The Client's Sex
- 4. State Case Number
- 5. City/County Case #
- 6. Client's Birth date
- 7. Site (installation)
- 8. Special Attention required

For each drug prescribed:

- 1. Drug name
- 2. Frequency
- 3. Dosage unit
- 4. Method of Delivery
- 5. Start Date
- 6. Stop Date
- 7. Status

For each pickup scheduled:

- 1. Date Scheduled
- 2. Outcome
- 3. Worker
- 4. Delivered / Leftover Amount
- 5. Location

## **Medical Metabolite Report**

**Description:** Health care providers often do not know that a patient is not following recommendations. It is very important for you to determine whether patients are taking medications as prescribed. Consider the following methods for assessing adherence.

One of the direct methods for assessing adherence is to detect the presence of TB drugs or their metabolites in a sample of the patient's urine. The limitation of these tests is that they show only recent ingestion of medication (within the past 24 to 48 hours). They cannot be used to measure an ongoing pattern of adherence. In addition, they are influenced by the patient's rate of metabolizing the medication.

Commercial "dipsticks" can be used for detecting isoniazid (INH) metabolites in the urine. A test for the presence in the urine of rifampin (RIF) or its metabolites is examination of the color of the urine. In most patients, RIF turns urine, saliva,

sweat, and tears an orange-red color. A quick glance at a urine specimen reveals whether the patient has recently taken this medication.

#### Sample Report:

CLIENT NAME: COMPLETE, CLIEN	T		SEX: Female
STATE CASE #: 000010101	CITY/COUNTY CASE #:		BIRTHDATE:01/01/191
<b>TE (INSTALLATION):</b> MS Training Database (Oregon RA	)	SPECIAL ATT	ENTION REQUIRED:
Date		Desults	
02/03/1998		POSITIVE	
02/03/1998		POSITIVE	
04/04/1998		POSITIVE	
05/05/1998		POSITIVE	

- 1 The Title of the report
- 2 The Client's Name
- 3 The Client's Sex
- 4 State Case Number
- 5 City/County Case #
- 6 The Client's Birth date
- 7 Site (installation)
- 8 Special Attention required

For each test

- 1. Date Tested
- 2. Results

## **Contact Report**

**Description**: The **Contact Report** provides the user with a method of tracking all contact information, The report produces an itemized listing of the clients which has contact records.

#### **Display:** The contact report client selection screen is shown below.

Last Name	First Name	DOB	State Case # City/Cnty Case	1
HEN	ELLEN	12/8/1980	F34545435	-
OE	JOHN	3/31/1980	F42343434	
OHNSON	APRIL	3/8/1973	645654645	
ARKER	JAMES	2/2/1970	645654645	
				<u>o</u> k
				Cancel

### Subset Criteria:

- Report Type: A Detail report will be created for the currently selected client(s). Note that multiple clients may be selected by using the <CTRL> key while selecting clients.
- Inclusion Criteria: Five data categories/ column headings can be used to select records from the client list (i.e. clients last name, first name, date of birth, state case number and city/county case numbers.

			) JI				I	1
		Med Stop Date Reason	2/2/1998 ADVERSE REAC	6/19/1998 COMPLETED	7/1/1998 COMPLETED	7/1/1998 COMPLETED		
		Med Start Date Medications Dosage	1/30/1998 CYC 50 mg	1/30/1998 INH 300 mg	1/30/1998 PZA 100 mg	1/30/1998 RIF 50 mg		
		CXR Date Result Status	1/28/1999 NORMAL	5/7/2001 ABNORMAL CAVITARY WORSENING	10/26/2000 NORMAL			
nformation ****	CLIENT	TST Date Result	3/15/1999 POS. 14 mm	5/7/1999 POS. 12 mm			1/28/1998 NEG. 0 mm	
ntial Patient I	rt for COMPLETE	DX Date Result	1/30/1999 INFECTED				1/28/1998 NOT INFECTED	7/7/2000 CONTACT
** Confide	ntact Repo	Last Exp Date						
* *	COI	Exam Indicated	YES					YES
		Priority	CLOSE				CASUAL	CLOSE
		Age	86				31	48
		First Name	ONE				THREE	OWT
		Last Name	CONTACT				CONTACT	CONTACT

## Sample Report:

This report includes:

- 1. Title of the Contact Report that includes the Client's name For each contact:
- 2. Last Name
- 3. First Name
- 4. Age
- 5. Priority (CLOSE or CASUAL)
- 6. Exam Indicated (YES or NO)
- 7. Last Exposure Date

For contacts converted to clients:

- a. Most recent Diagnosis Date and Result
- b. Two most recent Skin Test Date and Result
- c. X-ray Date, Result and Status
- d. Medication Start Date and Dosage
- e. Medication Stop Date and Reason

## **Exception Reports**

**Description**: The **Exception Reports** option provides 8 reports from which to choose, each checkbox selection will generate a line listing report for all clients that meet the criteria specified.

#### **Display:**

The Exception Reports selection criteria screen is displayed below.



### Criteria Selection:

- Client who are smear positive Enter a start (From) date and an end (To) date for date range limit.
- **Smear pending > # days -** Enter a number of days smear pending.
- **Cultures pending > # days –** Enter a number of days culture pending.
- Clients with drag-resistant TB Enter a start (From) date and an end (To) date for date range limit.
- Cases/Suspects with no positive bacteriology Enter a start (From) date and an end (To) date for date range limit.

- Case/Suspects without a worker assigned Enter a start (From) date and an end (To) date for date range limit.
- Cases/Suspects with no contact Identified Enter a start (From) date and an end (To) date for date range limit.
- Clients who have been a suspect for > # days Enter a number of days for suspect diagnosis.

#### **Exception Reports for Smear positive Sample:**

\*\*\* Confidential Patient Information \*\*\* CLIENTS WHO ARE SMEAR POSITIVE DIAGNOSED BETWEEN 01/01/1998 AND 12/31/1999

Client Name	Date Collected	Specimen Type
BABBETTE, BODACIOUS	02/02/1999	SPUTUM
GOOSE, LOUIE	01/30/1999	BRONCHIAL WASH
JOE, MASS	03/05/1999	SPUTUM
MOUSE, HARRY	06/30/1998	SPUTUM
RABBIT, PETER	01/04/1999	SPUTUM

#### Exception Reports for Smear pending > # days Sample:

\*\*\* Confidential Patient Information \*\*\*
SMEARS PENDING MORE THAN 10 DAY(S)

Client Name	Specimen Type	Specimen No.	Date Collected	Number of Days Pending
APPOINTMENT, CLIENT			01/30/1999	1558
			02/01/1999	1556
			02/02/1999	1555
CAT, ALI	SPUTUM	32489	01/18/1999	1570
GOOSE, LOUIE	SPUTUM		01/30/1999	1558
HIPPO, HILDA	SPUTUM		12/30/1998	1589
MOUSE, MINNIE	SPUTUM		01/16/1999	1572
PATIENT, MANAGED	SPUTUM		10/16/2000	933
SUPER, MAN	SPUTUM		06/27/2000	1044
TRAIL, PAPER			07/12/2000	1029
			07/18/2000	1023
			07/25/2000	1016
			08/01/2000	1009
WHITE, SNOW	SPUTUM	44-559	01/25/1999	1563

Exception Reports for Cultures pending > # days Sample:

Client Name	Specimen Type	Specimen No.	Date Collected	Number of Days Pending
APPOINTMENT, CLIENT			01/30/1999	1558
			02/01/1999	1556
			02/02/1999	1555
CAT, ALI	SPUTUM	32489	01/18/1999	1570
GOOSE, LOUIE	BRONCHIAL WASH		01/30/1999	1558
	SPUTUM		01/30/1999	1558
HIPPO, HILDA	SPUTUM		12/30/1998	1589
MOUSE, MINNIE	SPUTUM		01/16/1999	1572
PATIENT, MANAGED	SPUTUM		10/16/2000	933
SUPER, MAN	SPUTUM		06/27/2000	1044
TRAIL, PAPER			07/12/2000	1029
			07/18/2000	1023
			07/25/2000	1016
			08/01/2000	1009
WHITE, SNOW	SPUTUM	999	01/10/1999	1578
	SPUTUM	44-559	01/25/1999	1563

#### \*\*\* Confidential Patient Information \*\*\*

#### CULTURE PENDING FOR MORE THAN 10 DAY(S)

### Exception Reports for Clients with drug-resistant TB Sample:

### \*\*\* Confidential Patient Information \*\*\* CLIENTS WITH DRUG RESISTANT TB SPECIMEN COLLECTED BETWEEN 01/01/1998 AND 12/31/1999

Specimen Collected	Drug Resistant To
01/02/1998	STREPTOMYCIN
06/30/1998	ISONIAZID
01/04/1999	ISONIAZID
01/04/1999	PYRAZINAMIDE
01/04/1999	RIFAMPIN
01/26/1999	RIFAMPIN
	Specimen Collected 01/02/1998 06/30/1998 01/04/1999 01/04/1999 01/04/1999 01/26/1999

## Exception Reports for Cases/Suspects with no positive bacteriology Sample:

\*\*\* Confidential Patient Information \*\*\* CASES/SUSPECTS WITH NO POSITIVE BACTERIOLOGY DIAGNOSED BETWEEN 01/01/1998 AND 12/31/1999

Client Name	Date of Diagnosis	Diagnosis
APPOINTMENT, CLIENT	01/30/1999	SUSPECT
CAT, ALI	01/16/1999	SUSPECT
COMPLETE, CLIENT	02/28/1998	CASE
DOG, DINGO	01/01/1998	CASE
ELEPHANT, DUMBO	01/31/1998	CASE
FISH, FREDDI	01/31/1998	CASE
HIPPO, HILDA	12/24/1998	CASE
PUBLIC, JOHN	09/05/1999	CASE
TB, MDR	08/21/1999	CASE
TELEPHONE, CALL	03/15/1999	CASE
TELEPHONE, LINE	03/12/1999	CASE

### Exception Reports for Case/Suspects without a worker assigned Sample:

\*\*\* Confidential Patient Information \*\*\* CLIENTS WHO HAVE BEEN A SUSPECT FOR MORE THAN <u>50</u> DAY(S)

Client Name	Diagnosis Date	Number of Days Pending
APPOINTMENT, CLIENT	01/30/1999	1558
BELL, TINKER	05/29/2000	1073
BUNNY, BUGS	10/26/2000	923
CAT, ALI	01/16/1999	1572
PATIENT, MANAGED	10/16/2000	933

## Exception Reports for Cases/Suspects with no contact Identified Sample:

#### \*\*\* Confidential Patient Information \*\*\* SUSPECTS OR CASES WITH NO CONTACTS IDENTIFIED DIAGNOSED BETWEEN 01/01/1998 AND 12/31/1999

Client Name	Diagnosis Date	Diagnosis	Date Specimen Collected	Smear Positive	Culture Positive	Med Plan
APPOINTMENT, CLIENT	1/30/1999	Suspect				
			01/30/1999			No
			02/01/1999			No
			02/02/1999	Yes	Yes	Yes
CAT, ALI	1/16/1999	Suspect				
			01/18/1999			No
DOG, DINGO	1/1/1998	Case				
			00/00/0000			No
ELEPHANT, DUMBO	1/31/1998	Case				
			00/00/0000			No
GOOSE, LOUIE	10/30/1998	Case				
			01/30/1999	Yes		No
HIPPO, HILDA	12/24/1998	Case				
			12/30/1998			No
JOE, MASS	3/5/1999	Case				
			03/05/1999	Yes	Yes	Yes
MOUSE, HARRY	6/19/1998	Case				
			06/30/1998	Yes	Yes	No
PUBLIC, JOHN	9/5/1999	Case	×			
			00/00/0000			No
RABBIT, PETER	1/1/1998	Case				
			01/04/1999	Yes	Yes	No
TB, MDR	8/21/1999	Case				
			00/00/0000			No
TELEPHONE, CALL	3/15/1999	Case				
			00/00/0000			No

## Exception Reports for Clients who have been a suspect for > # days Sample:

#### \*\*\* Confidential Patient Information \*\*\* CLIENTS WHO HAVE BEEN A SUSPECT FOR MORE THAN <u>50</u> DAY(S)

Client Name	Diagnosis Date	Number of Days Pending
APPOINTMENT, CLIENT	01/30/1999	1558
BELL, TINKER	05/29/2000	1073
BUNNY, BUGS	10/26/2000	923
CAT, ALI	01/16/1999	1572
PATIENT, MANAGED	10/16/2000	933