

# Consumption Junction, What's Your Function? Implementation of Structured Review for Suspected Tuberculosis Cases

Katherine E Swanson BSN, RN, CIC<sup>1</sup>, Rebecca L Craig MPH, RN, CIC<sup>1</sup>, Lisa L Philpotts MSLS, RN<sup>1</sup>, Sandra A Cialfi MBA, BSN, RN, CGRN, CIC<sup>2</sup>, Andrea Silva Greenfield MSN, RN-BC, CIC<sup>1</sup>, Nick Macarelli MSN, RN, CIC<sup>1</sup>, Heidi Schleicher BSN, RN, CIC<sup>1</sup>, Amy Courtney MPH, RN, CIC<sup>2</sup>

<sup>1</sup>Infection Control, Massachusetts General Hospital, <sup>2</sup>Infection Control, Mass General Brigham

## Background

- Tuberculosis (TB) evaluations are a time intensive task that requires communication of important epidemiological and clinical details to Infection Control physician leadership to determine if airborne isolation precautions can be discontinued.
- In the prior IP workflow (Figure 1), barriers to timely TB evaluation include:
  - gaps in communication among Infection Control (IC) team members
  - variable Infection Preventionist (IP) workflow
  - duplication of work

## Methods

- IPs and IC physician leadership collaborated to develop a standardized template embedded in the electronic health records (EHR) which defined the TB case review process (Figures 2 and 3).
- A quantitative survey using a 5-point Likert scale was used to assess perceptions of the impact of the template.
- In a 30-day period, November 2023, 36 TB case reviews were created using the template.

Figure 1: Prior Workflow

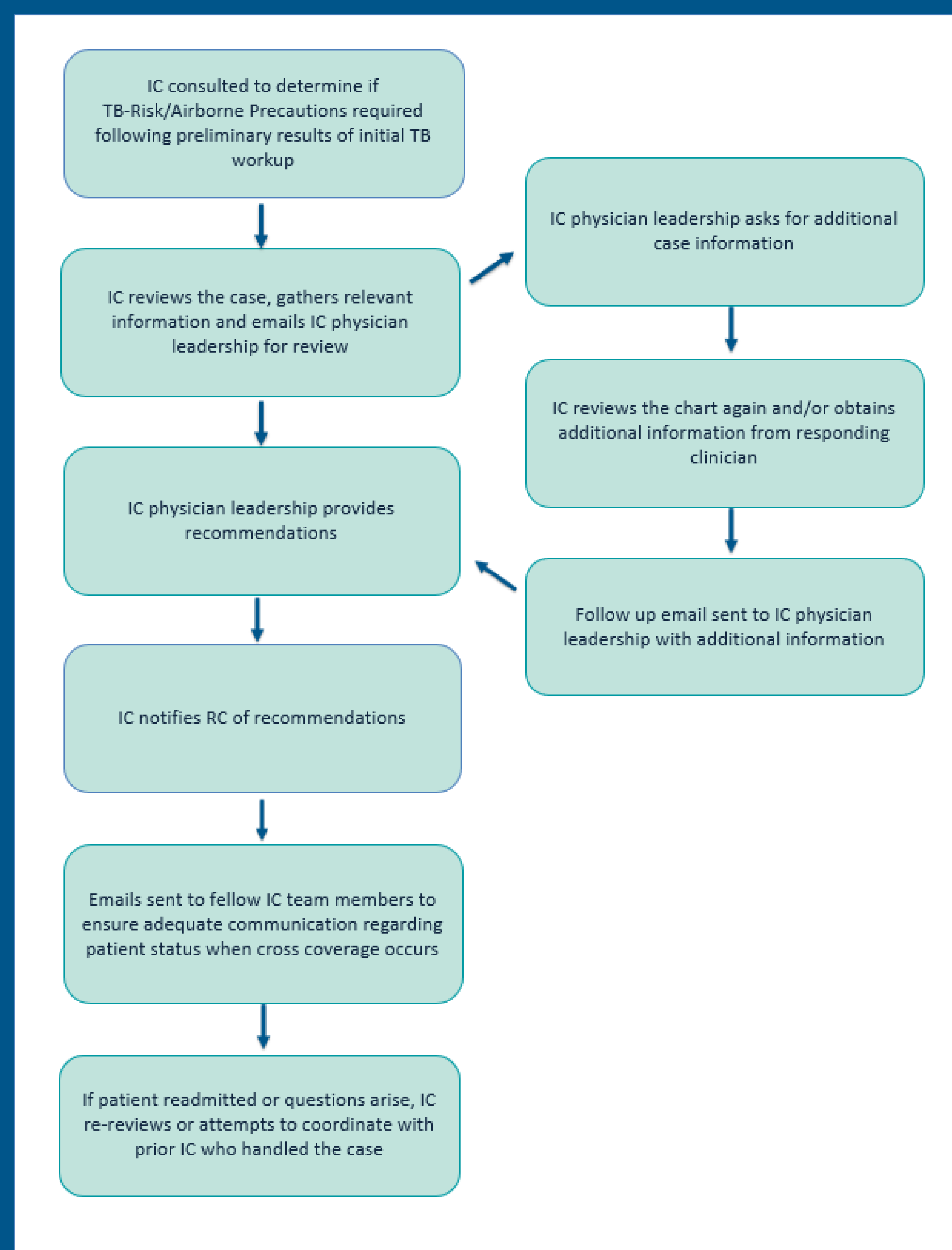


Figure 2: TB Case Review Template

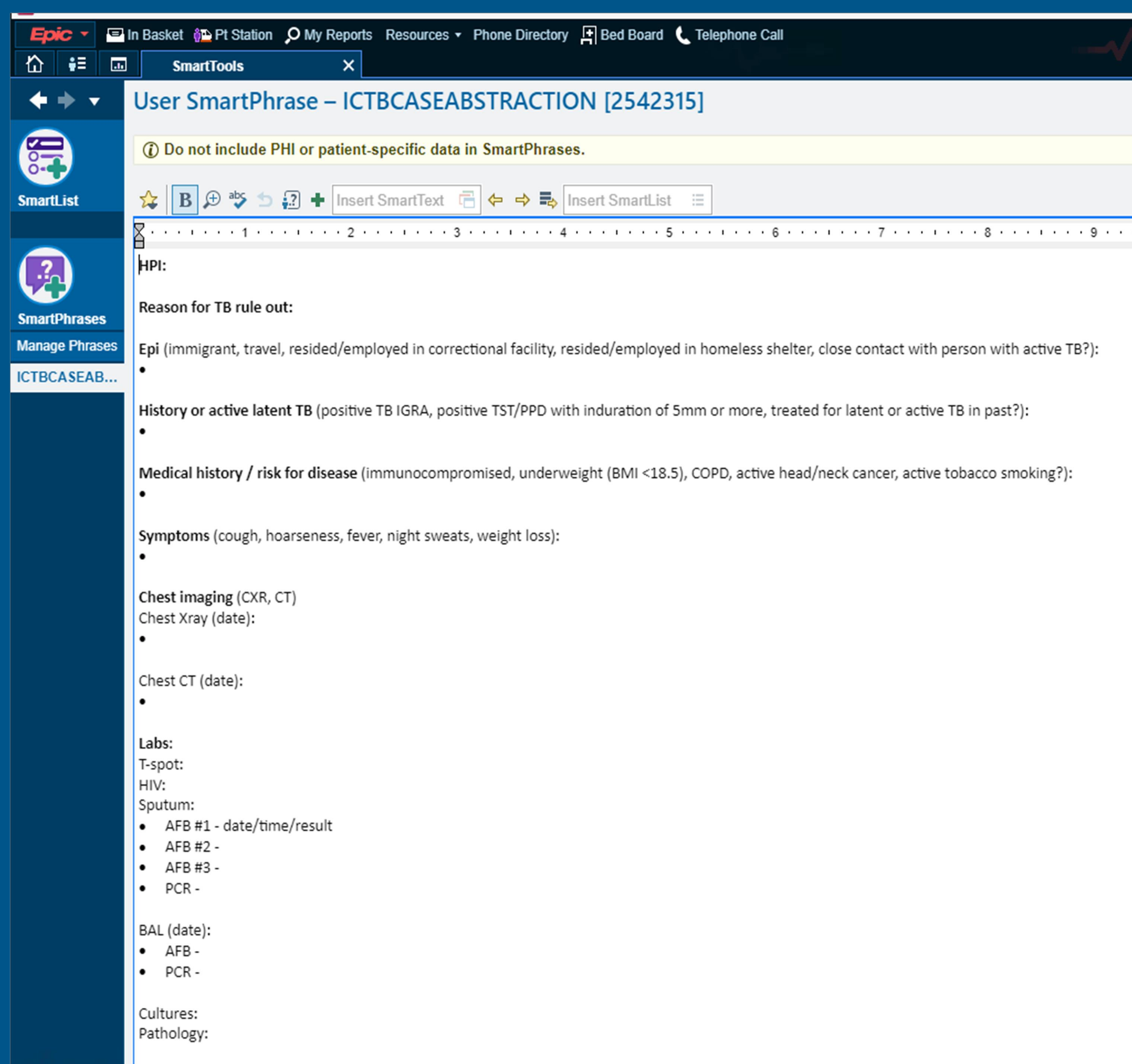
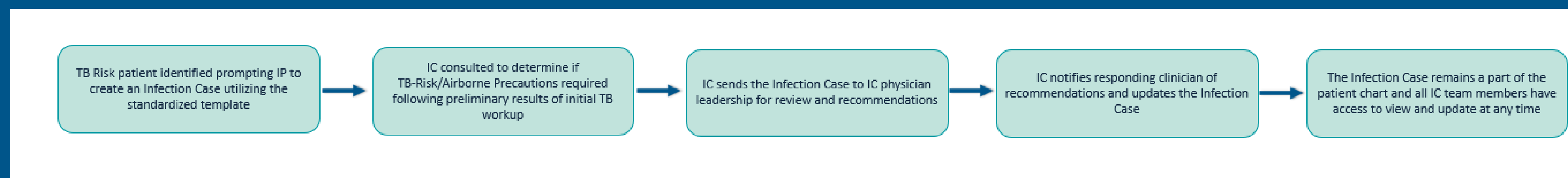


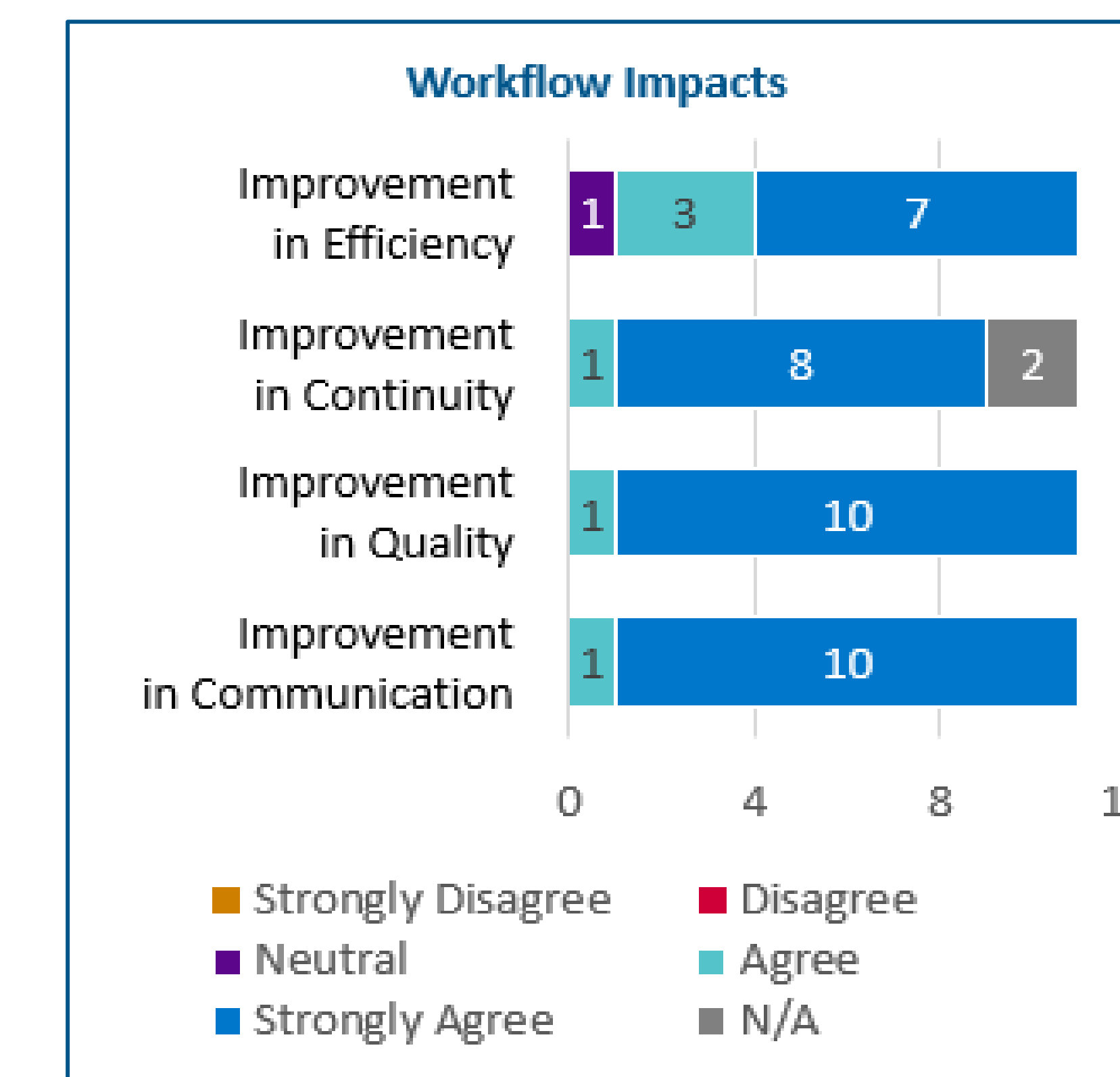
Figure 3: Workflow After Template Implementation



## Results

- The mean time spent by 9 IPs creating each case abstraction was 24 minutes. 33% of case abstractions required 1 follow up with a mean follow-up time of 8 minutes.
- 9 out of 9 IPs completing the survey reported agreement or strong agreement that the template positively impacted their workflow related to communication, quality, continuity, and efficiency (Figure 4).
- 2 out of 2 IC physician leaders reported agreement or strong agreement to improvements in communication, quality, and continuity (Figure 4).

Figure 4: Survey Results



## Conclusion

The use of a standardized template to review patients undergoing evaluation for active TB resulted in:

- improvement in content quality
- improved IP efficiency and continuity of workflows
- more effective intradepartmental communication between IPs and IC leadership