

APPENDIX C-4. Scaled Goal Matrix Tool: Uniform Clinical Performance Measures for TB Nurse Case Managers 2006 (Draft 6.9.06)

Case management is the collaborative approach to providing and coordinating health care services for a patient. The case manager in a local TB program is assigned responsibility for ensuring that each patient is educated about TB and its treatment and receives a full course of treatment, and that priority contacts are examined. Public health nurses traditionally play a prominent role in case management. The specific actions and interventions of TB nurse case managers (NCMs) were set forth in 2002; however, performance measures are needed to facilitate the monitoring and evaluation of these interventions.

Using standardized definitions of nursing functions, an expert panel described activities NCMs typically perform for each intervention. The expert panel, consisting of 10 TB nurse consultants and performance measurement experts, developed tools, a performance guide, and a scaled goal matrix for linking interventions to performance measures. Then TB nurses field tested the tools by reviewing local health jurisdiction records (10 records per state) and marking documented activities on the scaled Goals Matrix.

Tools were found to be clear, valid, and useful. Findings correlate with TB NCM experience. Many programs were found to have fragmented and incomplete data sources. Some programs had no assigned case manager, handling patient care instead with multiple care providers.

The clinical performance measures provide valid descriptions of established NCM practice, and practice levels can be scaled based on performance goals. Use of the tools can facilitate training, technical assistance, quality improvement, and performance measurement. Better documentation of NCM activities will help determine the extent to which quality of practice affects patient outcomes.

The NCMs, clinical supervisors, program managers, and state/regional nurse consultants use the tools in different ways. The NCMs self-evaluate by comparing their performance against the standard performance level while the supervisors witness and mentor that performance. The program managers and state/regional nurse consultants assess how the program has been described, implemented, and evaluated compared with the goals.

The tools provide a system for organizing program data in order to assess how well the case manager carries out the program's steps in meeting the patient's needs. Data may be obtained from records and solicited in interviews with the NCM and program manager. Care should be taken to review the appropriate records and forms.

Expected performance is described in policies, position descriptions, skill training documents, care/service plans, clinical pathways, and procedures. Actual performance may be documented in program records including the clinical medical record, outreach record, contact investigation record, and the registry record. Specifically, actual performance may be found on various forms including Report of Verified Case of TB (RVCT), Report of Contacts, Admission, Assessment, Bacteriology Laboratory, Patient Problem List, Health Insurance Portability & Accountability Act of 1996 (HIPAA), contracts, treatment plans, care plans, patient education plans, nurses' notes, progress/clinic notes, social work notes, and request for housing assistance.

The Goal Matrix tool can be used to measure clinical performance for a single case. The first step is to select goals appropriate to the case. Then, scale all selected goals.

Fifteen Standardized Goals

<ol style="list-style-type: none"> 1. Risk identification 2. Health screening 3. Culture brokerage 4. Sustenance support 5. Emotional support 6. Teaching of disease process, treatment regimen 7. Patient's rights protection 8. Mutual goal setting 	<ol style="list-style-type: none"> 9. Patient contracting 10. Medication management 11. Discharge planning 12. Health policy monitoring 13. Infection control 14. Protection from disease 15. Surveillance: data and decision making
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Goal Matrix Tool: Core Goals by Patient Need

Need/Goals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Disease/suspect	x	x	x			x	x	x	x	x	x	x			x
TLTBI	x	x	x			x	x	x	x	x					x
Infectious TB	x	x	x			x	x	x	x	x	x	x	x	x	x
Homelessness				x											
Emotional need					x										
Move/provider change											x				

To obtain a total score for a single case, sum the core and additional goals, and divide by the total number of selected goals. This single case score can be used to gauge how well the NCM carries out the program's steps in meeting the patient's TB needs.

The Goal Matrix tool can also be used to assess program performance. To obtain a program score for each standard activity, create a cross tabulation table. Assess where the program identifies expected measures and how the NCM performs and documents these expectations. List standard goal measures on the left horizontal rows. Label "expected," "documented," and "performed without documentation" above vertical columns to the right. Mark the convergent box each time standard goal measures are found in program expectations, are documented, or are performed without documentation. This correlation table can be used to identify opportunities for improving the program's standards, guidelines, and forms for aggregating the data.

Tools Limitations:

The tools describe management activities in dealing directly with individual patients receiving medical care from many sources. They should not be used where the role of the health department is limited to indirect epidemiologic surveillance and monitoring treatment decisions and outcomes rather than dealing with individual patients. They are not recommended for patients with long-term confinement in congregate settings (prison, jail, nursing home, hospital) where case management activities are entirely provided by a private provider or for those who die before referral to the health department. Tools can be modified for children, elderly, and disabled, who have caregivers or legal guardians. These tools are flexible, imprecise measures that require judgment in interpreting the findings.

Suggested citation:

Guide and Scaled Goal Matrix Tools: Uniform Clinical Performance Measures for TB Nurse Case Managers 2006. NTNC/NTCA Informatics Committee: Kathy Kolaski, Karen Buford, Connie Martin, Carolyn Martin, Ann Poole, Jo-Ann Arnold, Kim Field, Lorena Jeske, Janice Boutotte, Lynelle Phillips, Gayle Schack, Jane Moore, D.J. McCabe, Lillian Priog, Karen Galanowsky, Maureen Wilce, Judy Gibson

Scaled Goal Matrix: Uniform Clinical Performance Measures for TB Nurse Case Managers

Instructions for scoring: When ALL Standard performance measures are met, determine if Good and Outstanding measures are also met. If ALL Standard performance measures are met, without additional Good or Outstanding level measures, scale as Standard performance. When ALL Standard performance measures are met plus at least 1 Good level activity, but not ALL Good and Outstanding level measures, scale as +1. When ALL Standard performance measures plus ALL Good and Outstanding level measures are met, scale as +2. When NOT ALL Standard performance measures are met, determine how many measures have been met for the scale. When at least 1 Standard performance activity is met, scale as -1. When NO Standard performance measures are met, scale as -2. When assessment finding for a goal is “no need identified,” circle “NA.”

CORE - Goal 1: Risk Identification Prioritization of Risk Reduction Strategies		
<i>Check applicable performance level or mark NA if not applicable</i>		
✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. At baseline, identifies potential TB-related risk factors (e.g., high risk of HIV exposure, HIV-related conditions, exposure to TB) 2. Assesses persons with TB-related risk for symptoms compatible with active TB disease (unexplained productive cough ≥ 2 weeks); immediately arranges for evaluation of symptomatic individuals 3. Every 4 weeks during treatment, assesses for change in health care risks (e.g., ability to engage in treatment, trust drug efficacy, trust provider, follow treatment schedule) 4. Implements risk reduction steps
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Plans risk reduction activities with patient 2. Assesses for new risk factors; appropriately modifies care plan <u>once</u> during treatment period
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: Assesses for new risk factors; appropriately modifies care plan <u>more than once</u> during treatment period
CORE - Goal 2: Health Screening Detecting TB-Related Health Risks by History, Exam, Tests		
✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Schedules health screening appointments and follows up delinquencies to control missed appointments 2. Assesses for pulmonary symptoms. When found, obtains order for ≥ 2 -3 sputum specimens for microscopic, culture, histopathological exams 3. Assesses for HIV infection and for likelihood of drug resistance

		<p>4. Uses quality assurance procedures to control errors: e.g., TST and sputum collection procedures</p> <p>5. Promptly reviews incoming test reports for abnormal findings and for standard turn-around times</p> <p>6. Obtains medical review for TB-related history and symptoms identified and for abnormal screening test findings the same day as received</p> <p>7. Identifies or rules out TB</p> <p>8. Reports to public health department</p>
	Good Performance (+1)	<p>Does standard plus ≥ 1 of following:</p> <p>1. Performs multiple steps in TB screening tests and medical evaluation in ≤ 2 weeks</p>
	Outstanding Performance (+2)	<p>Does ALL Standard, Good, and Outstanding measures:</p> <p>1. Verifies test reports are received by standard turn-around time; when reports missing, calls vendors</p> <p>2. Reviews all test reports for consistency with state and local time/quality standards; when inconsistency found, alerts local health director or program manager</p>

CORE - Goal 3: Culture Brokerage
Planning Strategies to Bridge Patient's Culture and Health Care System

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	<p>Standard: Does ALL of following:</p> <p>1. Assess need for interpretive service; as needed, seeks professional (neutral) medical interpreter service (does NOT use family members)</p> <p>2. Assesses patient's TB knowledge, attitudes, and beliefs concerning drug efficacy and severity of TB disease</p> <p>3. Facilitates intercultural communication (e.g., bilingual written materials/media, accurate non-verbal communication)</p>
	Good Performance (+1)	<p>Does standard plus ≥ 1 of following:</p> <p>1. Assesses for potential conflicts in approach to TB treatment and naming of exposed persons; identifies nature of differences</p> <p>2. Assesses suitability of enlisting family and significant other(s) in supporting cultural needs</p>
	Outstanding Performance (+2)	<p>Does ALL Standard, Good, and Outstanding measures:</p> <p>Assesses for means to bridge the gap between the patient and provider's approach to TB treatment and control</p>

Goal 4: Sustenance Support
Helping to Locate Food, Clothing, Shelter

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	<p>Standard: Does ALL of following:</p> <p>1. Assesses for homeless or doubled-up housing status</p> <p>2. Assesses for adequacy of food supplies in home</p> <p>3. Gives patient housing and/or subsidy program access information (e.g., agency name, phone number, address)</p>

	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Assesses for transportation needs; if needed, arranges transportation to emergency housing shelter program and/or agency providing other assistance 2. Verifies that patient <u>has contacted</u> referral source for services within 2 weeks of referral
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: 1. Assesses for literacy/other limitations; if needed, completes and submits required housing and/or subsidy forms for the patient 2. Verifies patient <u>has been evaluated</u> for services within 1 week of referral 3. Monitors for appropriate change in patient's needs following social support

**Goal 5: Emotional Support
Providing Reassurance, Acceptance, and Encouragement**

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Assesses for stress behaviors that may interfere with TB treatment, i.e., attack and/or withdrawal behavior 2. Assesses for unconscious behaviors that may interfere with treatment (e.g., denial). 3. Assesses for refusing TB treatment (word or actions)
	Good Performance (+1)	Does standard plus ≥ 1 of following: Assesses for the potential impact of psychiatric and substance abuse issues on TB treatment
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: 1. Explores how patient endures stressful events; addresses in plan 2. Assesses for emotional barriers to treatment; if needed, refers for substance abuse or mental health counseling 3. Assesses for engagement in treatment; when unable to engage owing to substance abuse or psychiatric problems, refers to treatment program

**CORE - Goal 6: Teaching:
Information on TB Disease Process and Treatment**

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Develops educational plan of clear, accurate, standardized information with time line for completion of steps 2. Uses language understood by patient (conversation, sign, written) 3. Covers all topics in the teaching plan 4. Assesses for patient and family understanding of messages
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Assesses for patient's understanding about TB; when distortions and misconceptions found, corrects them 2. Repeats key message(s) throughout treatment period using various methods (video, verbal, written)
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: 1. Tailors education to individual needs (culturally appropriate messages)

		2. Provides “linguistically appropriate” written materials for reading level (e.g., pictures, stories, metaphor)
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CORE - Goal 7: Patient’s Rights Protection:
Protecting health care information rights of a patient, especially a minor, incapacitated, or incompetent patient unable to make decisions.
Community’s Rights Protection:
Reduce *M. tuberculosis* transmission, protect exposed, and do not breach individual privacy

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Assesses for BOTH protection of individual health information rights and protection of community health 2. Maintains privacy and confidentiality of health information consistent with applicable federal laws and state codes 3. Assesses for environment conducive to private conversations between patient, family, and nurse; moves to most appropriate site/conditions 4. Protects nature of, and reason for, field visit (e.g., does not use marked car, wear ID badge, or carry items marked “TB program”) 5. Assesses for TB transmission concerns; if contact investigation needed, refuses to confirm contact’s suspicions about source of possible TB exposure 6. Assesses need for patient to authorize (written contract) disclosure of confidential information on a need-to-know basis
	Good Performance (+1)	Does standard plus ≥ 1 of following: Negotiates with patient about boundaries for release of confidential information
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: Discusses, with other workers, standards for protecting health care information while using medical interpreters, using photographs when names are unknown, and conducting contact investigation

CORE - Goal 8: Mutual Goal Setting:
Identify and Prioritize Care Goals and Develop a Plan for Achieving Goals

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Assesses for presence of DOT indicators; when found, selects treatment supporter for DOT 2. Assesses for potential treatment barriers; selects, with patient’s input, mutually acceptable enablers to overcome barriers; addresses patient-centered approach in written plan 3. Reviews plan with patient and implements plan 4. Uses standard time frames for lab testing, x-rays, clinic visits, and DOT or drug supply
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. <u>Occasionally</u> reviews adherence barriers with patient 2. Reviews plan, enablers and/or incentives <u>at least once</u>
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures:

		<u>At each visit</u> , reviews adherence barriers with patient
CORE - Goal 9: Patient Contracting Negotiating Mutual Agreement that Reinforces Specific Behaviors		
✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Outlines, verbally and in writing, patient and provider responsibilities so that each understands important details about how patient's TB will be managed: legal parameters, method of treatment administration, methods of airborne infection control, methods of communication (e.g., phone numbers) 2. Reinforces agreement on field visits, telephone calls, clinic visits 3. Outlines procedures to follow for medical assistance after hours and on weekends, holidays, etc. 4. Conveys acceptance, reassurance, concern, understanding, respect, and kindness 5. Negotiates incentives to reward successful accomplishment of treatment milestones 6. Presents written behavioral contracts for adherence with TB treatment and infection control measures in patient's primary written language for patient and provider signatures and final copy to patient
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Firmly negotiates feasible care options together 2. Establishes mutual trust with patient by avoiding power struggles
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: Obtains patient's explicit intention about taking TB medication
CORE - Goal 10: : Medication Supervision/Management: Facilitating Safe and Effective use of Prescription and Over-the-Counter Drugs		
✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Assesses for known allergies and drug-drug interactions; if needed, obtains medical review immediately 2. Uses acceptable regimen: Assesses prescribed treatment for standard TB regimen with correct drug dosages; ensures correct order and supplies 3. Assesses for nonstandard regimen and for nonstandard changes in TB treatment; notifies physician & documents corrective response within 2 business days of notification 4. Records medication given, bacteriologic response, and adverse reactions 5. Assesses for adherence: determines compliance and verifies number of TB treatment doses taken per week or month 6. At least monthly, assesses for adverse treatment events; notifies physician & documents corrective response <u>same day as symptoms identified and test result received</u> 7. At least monthly, acquires & uses assessment data and test results to monitor, evaluate, and document response to therapy (positive, negative, or absent responses)

		<p>8. Ensures that patient receives appointment reminders 2 business days before clinic appointment for medical supervision</p> <p>9. Acts to return patient to service within 2 business days of missed appointment (e.g., DOT and clinic)</p>
	Good Performance (+1)	<p>Does standard plus ≥ 1 of following:</p> <p>1. Determines if provider is responsive to prescribing the standard TB treatment regimen; when provider is unresponsive to adjusting nonstandard treatment, immediately notifies expert TB physician by protocol</p> <p>2. Assesses for nonstandard regimen and for nonstandard changes in TB treatment; notifies physician & documents corrective response within 1 business day of notification</p> <p>3. Assesses for abnormal findings; if needed, monitors 2-3 times/month</p>
	Outstanding Performance (+2)	<p>Does ALL Standard, Good, and Outstanding measures:</p> <p>1. Assesses for nonstandard regimen and for nonstandard changes in TB treatment; notifies physician & documents corrective response same day as notification</p> <p>2. Assesses for abnormal findings; if needed, monitors ≥ 4 times/month</p>

Goal 11: Discharge Planning
Preparation for Moving a Patient who Needs Additional Treatment
from one Provider Team to Another Within or Outside the Current Health Care Agency's Jurisdiction*

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	<p>Standard: Does ALL of following:</p> <p>1. Each visit, verifies address and phone numbers (work, cell, home) where patient can be reached</p> <p>2. Asks for name(s) and contact information of persons/places who will always know how to reach the patient (emergency contact information); identify hangouts</p> <p>3. Obtains history of moves/travel during past 12 months and anticipated moves/travel during the next 12 months including stays in jails, nursing homes</p> <p>4. At each visit, assesses for potential move before end of treatment and new location information</p> <p>5. Ensures that standard referral information is immediately sent to receiving registry of patient's new residence AND to new provider(s)</p>
	Good Performance (+1)	<p>Does standard plus ≥ 1 of following:</p> <p>1. Assesses likelihood patient will seek care in new location</p> <p>2. Assesses need to stay in touch by phone until new provider visit has been made</p> <p>3. Assesses need to follow up with registry and new provider by phone and/or mail</p> <p>4. Assesses need to check jail admission logs for patient's name if lost to follow-up</p>
	Outstanding Performance (+2)	<p>Does ALL Standard, Good, and Outstanding measures:</p> <p>1. Assesses need for transition medication during relocation to new provider</p> <p>2. Assesses need for follow up with registry/new provider when it is time for the first drug dose/supply after the move</p>

**CORE - Goal 12: Health Policy Monitoring:
Surveillance for Influence of Regulations, Rules, and Standards
that Affect Nursing Systems, Performances, and Quality Patient Care**

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Discusses how case manager assists the patient with adherence to treatment (mutual goal setting, contracting, teaching, medication supervision, move planning, confidentiality of personal health information) 2. Discusses when case manager will recommend more restrictive measures in a timely stepwise fashion (court-ordered DOT, court-ordered confinement) 3. Addresses poor adherence: Implements steps of escalating authority for individual with active TB disease who fails to follow TB treatment recommendations based on state TB control laws 4. Records monitoring activities
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Appropriately applies regulations, rules, and standards related to dispensing, administering, and observing regulated drugs and administering TST 2. Tailors regulations, rules, and standards related to administering TST, collecting sputum for micobacteriology, and conducting phlebotomy procedures to best meet patient needs
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: Consults with other providers about carrying out regulations, rules, and standards related to TB treatment activities

**Goal 13: Infection Control
Minimizing Acquisition and Transmission of Infectious Agents**

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: Ensures that persons with coughing symptoms are rapidly identified in TB clinic. For those coughing, 1. Offers masks 2. Promptly separates to airborne infection isolation (All) room 3. Assesses, obtains medical orders, and starts TB screening procedures as recommended 4. Wears particulate respirator when in All room
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Provides materials to persons who are coughing for adhering to respiratory hygiene/cough etiquette 2. Assess how patient experiences TB isolation restrictions
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: Tailors patient's teaching to their isolation experience

**Goal 14: Protection from Disease
Prevention and Early Detection of Infection or Disease in Patient at-Risk**

✓/NA	Goal Attainment Level	Definition
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	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Assesses for index patient with confirmed/suspected pulmonary, laryngeal, or pleural TB, AFB sputum smear or culture positive, or cavitory disease - high priority for contact investigation (CI); when found, immediately starts CI 2. Ensures that CI resources are first provided for high priority contacts (< 5 yrs old and HIV+) 3. Assesses index patient for HIV infection 4. Conducts first interview of index patient for contacts ≤ 1 business day of reporting for high priority and ≤ 3 business days for medium priority 5. Re-interviews the index patient in their home/setting for homeless ≤ 2 weeks after the first interview for additional contact names and places 6. Continually observes index patient's environment for indications of additional contacts 7. Immediately refers contacts who live outside jurisdiction to appropriate health department for follow up 8. Assesses each contact for medical risk factors; if needed, expedites medical evaluation 9. Completes initial interview, testing, and evaluation of highest risk contacts 10-12 business days after identification, of high and medium risk contacts 17-24 business days after identification 10. For additional contact names, visit potential sites where unknown persons may have been exposed
	Good Performance (+1)	Does standard plus ≥ 1 of following: 1. Uses system to track evaluation and treatment of all contacts 2. Prepares a summary report of contacts 3. Assesses for clustering of cases; if found, alerts program manager
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: Ask s index patient who will inform contacts of their need for medical evaluation; follows patient's preference when possible

**CORE - Goal 15: Surveillance
Coordinating Acquisition, Interpretation, and Synthesis of Patient Data
for Clinical Decision-Making**

✓/NA	Goal Attainment Level	Definition
	Unacceptable Performance (-2)	Substandard: Does NONE of Standard measures
	Inadequate Performance (-1)	Substandard: Does ≥ 1 but not all Standard measures
	Expected or Standard Performance (0)	Standard: Does ALL of following: 1. Collects appropriate specimens and assessment reports within 2 business days of pre-scheduled follow up dates on standard time frame (pathway) tool 2. Ensures that patient's assessment data and reports are systematically collected, reported, and reviewed for abnormalities 3. Acquires assessment data and test result(s) for clinical decisions <u>within 5 business days</u> of pre-scheduled follow up dates 4. Verifies quality of patient's assessment data and reports 5. With each abnormal assessment and test result, promptly notifies physician for medical review
	Good Performance (+1)	Does standard plus ≥ 1 of following: Acquires assessment data and test result(s) for clinical decisions <u>within 3</u>

		<u>business days</u> of pre-scheduled follow up dates
	Outstanding Performance (+2)	Does ALL Standard, Good, and Outstanding measures: 1. Acquires assessment data and test result(s) for clinical decisions <u>in <1 day</u> of pre-scheduled follow up dates 2. Observes for and alerts program manager about new drug resistance findings

NTNC/NTCA Standardized Terminology Committee and test sites: Kathy Kolaski, Karen Buford, Connie Martin, Carolyn Martin, Ann Poole, Jo-Ann Arnold, Kim Field, Lorena Jeske, Janice Boutotte, Lynelle Phillips, Gayle Schack, Jane Moore, D.J. McCabe, Lillian Priog, Karen Galanowsky, Maureen Wilce, Judy Gibson.

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