

PROMIS 4.16 Training

[TB Screening](#)

TB Screening involves:

1. [Chest X-ray Requisition](#)
2. [IGRA-QTF Requisition](#)
3. [TB Screening Questionnaire](#)
4. [TB Screening Referral](#)

[Chest X-Ray Requisition Report](#)

Background:

When a nephrologist orders a chest X-ray for a patient, the Chest X-Ray Requisition report is printed with the patient's pre-populated demographic information. Usually, this report is run in a renal department. 4.16 release facilitates the user by pre-populating the Ordering Physician name, able to select the management centre and kidney care clinic. The Chest X-ray requisition has a new layout.

Navigation:

PROMIS 4 > Patient Chart > Reports > TB Screening > Chest X-Ray Requisition

Functionality:

The user selects parameter and runs Chest X-Ray Requisition report under the TB Screening section.

TB Screening Chest X-Ray Requisition ?

Ordering Physician	HUTCHINSON, STEPHANIE	🔍
Management Centre	▼	
Unit	▼	

The report will show the name of the *Ordering Physician*. Chest examination of Posterior Anterior, Lateral, TB Screening will be checked off by default. The report copies will also be sent to BCCDC TB SERVICES and to DR VICTORIA COOK.

MSP billing number: 99996



Chest X-Ray Requisition

Patient Information

Name: DAVIS, TEST DOB: 25-FEB-2001

PHN: _____ Phone: _____

Address: 123 MAIN, VANCOUVER, BC, V6Z1Y6

Date 10-NOV-2022

Ordering Physician:
HUTCHINSON, STEPHANIE - 29354

Abbotsford Rgnl. Hosp. & C.C.

Kidney Care Clinic

Additional Copies to:
BCCDC TB Services, Dr Victoria Cook

Chest X-Ray Exam Reason

- **Exam Requested: Chest**
 - Posterior anterior (PA) Lateral Other, Specify: _____
- **Exam Reason:**
 - TB Contact
 - TB Screening
 - Rule Out Active TB
 - Symptoms
 - Repeat CXR
 - On Treatment End of Treatment Surveillance
 - Active Active Immigration
 - Latent Latent Other, Specify: _____

Respiratory Precautions Required: YES NO

For Radiology Use Only

BC CENTRE FOR DISEASE CONTROL TUBERCULOSIS SERVICES

655 West 12th Avenue
Vancouver, BC
V5Z 4R4

IF PHN NOT VALID

Bill Client

Invoice TB Services



[TB IGRA-QFT Requisition Report](#)

Background:

4.16 release brings in the changes requested by the TB services team for BCCDC users and KCC clerks and nurses. With a new, requisition layout, the IGRA-QFT Requisition report shows pre-populated patient demographical information (marked as cc to PROMIS and BCCDC). The report has a pre-mark check in Bacteria - TB Interferon Gamma Release Assay and in TB IGRA Testing Criteria - Hemodialysis patient.

Navigation:

PROMIS 4 > Patient Chart > Reports > TB Services > IGRA-QFT Requisition

Functionality:

Under the IGRA-QFT Requisition report, the Ordering physician is pre-populated and user will be able to run the report.

IGRA-QFT Requisition

Ordering Physician HUTCHINSON, STEPHANIE



The requisition will have the Checkbox 'Approved by Provincial TB Services' ticked and the report copies will be sent to BCCDC TB SERVICES and to DR VICTORIA COOK.



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Zoonotics Diseases & Emerging Pathogens Requisition



FOR BCCDC TB SERVICES USE ONLY

Section 1 - Patient Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

PERSONAL HEALTH NUMBER (or out-of province Health Number and province) 9868151283	DOB (DD/MM/YYYY) 05/MAR/1961	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> UNK	LABORATORY USE ONLY
PATIENT SURNAME BELL	PATIENT FIRST AND MIDDLE NAME TEST		
ADDRESS 123 MAIN	CITY VANCOUVER	POSTAL CODE V6Z1Y6	
DATE RECEIVED			

Section 2 - Healthcare Provider Information

ORDERING PRACTITIONER (Provide MSC#) Name and address of report delivery ANDREWS,ESTHER(26054), 123 Main, Vancouver, BC, V2L2L5	ADDITIONAL COPIES TO PRACTITIONER/CLINIC: (Name, Address/MSA/PHSA Client#) (Limit of 3 copies available)	OUTBREAK ID
<input checked="" type="checkbox"/> Approved by Provincial TB Services <input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum	1. PROMIS 2. BCCDC TB SERVICES 3. DR VICTORIA COOK	SAMPLE REF. NO.
If Locum, include name of Practitioner you are covering for		DATE COLLECTED (DD/MM/YYYY)
		TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

<p>VIRUSES</p> <p><input type="checkbox"/> Chikungunya Virus Antibody</p> <p><input type="checkbox"/> Dengue Virus Antibody</p> <p><input type="checkbox"/> Hanta Virus Antibody for hemorrhagic cases consultation required</p> <p><input type="checkbox"/> West Nile Virus Antibody</p> <p><input type="checkbox"/> Zika Virus Antibody and PCR Submit 1 gold top and 1 EDTA blood tube</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Travel / Clinical History Required for Above Tests: (indicate prenatal status for Zika virus): _____</p> <p>Signs / Symptoms</p> <p><input type="checkbox"/> Asymptomatic</p> <p><input type="checkbox"/> Insect bite: _____ <input type="checkbox"/> Skin rash: _____ Type/Location: _____</p> <p><input type="checkbox"/> Neurological</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>BACTERIA</p> <p><input type="checkbox"/> Anti-Streptolysin O (ASO)</p> <p><input type="checkbox"/> Bartonella henselae <input type="checkbox"/> Antibody <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> Borrelia burgdorferi (Lyme disease) <input type="checkbox"/> Antibody <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> Borrelia hermsii Antibody</p> <p><input type="checkbox"/> Brucella abortus Antibody</p> <p><input type="checkbox"/> Coxiella burnetii (Q-fever) Antibody</p> <p><input type="checkbox"/> Diphtheria Antitoxin</p> <p><input type="checkbox"/> Francisella tularensis Antibody</p> <p><input type="checkbox"/> Helicobacter pylori Antigen (Feces)</p> <p><input type="checkbox"/> Legionella sp. Urine Antigen</p> <p><input type="checkbox"/> Leptospira spp. <input type="checkbox"/> Antibody <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> Rickettsia rickettsii Antibody (Rocky Mountain Spotted Fever)</p> <p><input checked="" type="checkbox"/> TB Interferon Gamma Release Assay* <input checked="" type="checkbox"/> QFT Gold Plus <input type="checkbox"/> T Spot</p> <p><input type="checkbox"/> Tetanus Antitoxin</p>	<p>PARASITES</p> <p><input type="checkbox"/> Echinococcus spp. Antibody</p> <p><input type="checkbox"/> Entamoeba histolytica (Amoebiasis) Antibody</p> <p><input type="checkbox"/> Schistosoma spp. Antibody</p> <p><input type="checkbox"/> Strongyloides spp. Antibody</p> <p>Travel History Required for Above Tests:</p> <p><input type="checkbox"/> Travel within past 12 months, specify: _____</p> <p><input type="checkbox"/> Leishmania spp. Antibody</p> <p><input type="checkbox"/> Toxoplasma gondii Antibody <input type="checkbox"/> Immune status IgG <input type="checkbox"/> Acute Infection IgM</p> <p><input type="checkbox"/> Trichinella spp. Antibody</p> <p><input type="checkbox"/> Trypanosoma cruzi (American trypanosomiasis) Antibody</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p>SYPHILIS</p> <p><input type="checkbox"/> VDRL (CSF sample only) Submit 1 mL CSF in sterile leak-proof tube</p> <p><input type="checkbox"/> Treponema pallidum Nucleic Acid Testing* Submit exudate, tissue or body fluid</p> <p><input type="checkbox"/> Darkfield (DF) Microscopy Source of sample: _____</p> <p><input type="checkbox"/> Direct Fluorescent Assay (DFA) Microscopy Source of sample: _____</p> <p>Signs / Symptoms <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>FUNGI</p> <p><input type="checkbox"/> Blastomyces dermatidis Antibody</p> <p><input type="checkbox"/> Coccidioides sp. Antibody</p> <p><input type="checkbox"/> Cryptococcus neoformans Antigen</p> <p><input type="checkbox"/> Histoplasma sp. Antibody</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Travel History Required for Above Tests:</p> <p><input type="checkbox"/> Travel within past 12 months, specify: _____</p>	<p>* TB IGRA TESTING CRITERIA</p> <p><input type="checkbox"/> 1. TST negative, immunocompromised</p> <p><input type="checkbox"/> 2. TST positive, BCG positive</p> <p><input type="checkbox"/> 3. TST positive, Indigenous / Foreign born</p> <p><input type="checkbox"/> 4. Dialysis patient</p> <p><input type="checkbox"/> 5. CKD direct transplant</p> <p><input type="checkbox"/> 6. SOT and L/BMT patient</p> <p>For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx</p>

For information on sample collection, please call Zoonotic Diseases & Emerging Pathogens Lab at (604) 707-2628

Form DCZP_100_0002F Version 3 07/2022

[TB Screening Questionnaire](#)

Background:

All new renal patients are screened for tuberculosis in a two-stage process. In stage one, a patient's renal team begins the TB screening process and refers the patient to TB Services. In stage two, TB Services follows up with the patient and completes the screening process. TB Services is part of the BC Centre for Disease Control (BCCDC). Patients may be screened for TB multiple times.

When a patient is screened for TB, their renal team and TB Services use the TB Screening Questionnaire to record the screening information in PROMIS 4. In stage one of the screening process, the renal team adds the TB screening record. In stage two, TB Services updates the TB Services Completes section of the TB screening record.

At the bottom of the TB Screening Questionnaire Details page, the Alert to BCCDC button lets the renal team easily notify TB Services that it needs to follow up with the patient and update the TB screening record. However, that button is enabled only when the Chest X-Ray Order Date and IGRA Order Date have been recorded.

4.16 release brings in minor changes to the nurse and TB services complete section. Additionally, the Nurse Practitioner can now sign of the TB services.

Navigation:

PROMIS 4 > Patient Chart > Renal > TB Services

Functionality:

TB Screening Questionnaire

Renal > TB Services > TB Assessment

TB Screening Questionnaire Summary

To capture the Initial assessment during the interview into PROMIS and send it to BCCDC is done 3 different sections:

1. Patient Information
2. Nurse Completes
3. TB Services Completes

1. Patient Information:

This section will provide read-only information which will pull the patient basic information from the patient demographics section.

Patient Information ⓘ

Race	Country or Province of Birth	BRITISH COLUMBIA
First Nations Status	Date Entered Canada	
First Nations Community		
Aboriginal Community		

2. Nurse Completes: Under the Nurse Completes section:

Under the Nurse Complete modal window, the clerk or nurse may add initial information about the questionnaire and anytime can return to update the questionnaire to complete it. Under each section, new fields and checks were introduced as shown in the screenshot.

- **Assessment Date:** The date the assessment was taken place. Patients can have one assessment in a day.
- **Reason for Exam:** This section may collect information regarding the reason for the exam
- **Risk Factors:** This section would take into consideration of the possible risk factors

Add TB Screening Questionnaire x

* Assessment Date 📅

Reason For Exam

Population at Risk Historic Exposure

Reason for Screening

Contact Information

Current TB Exposure

Risk Factors

<input type="checkbox"/> None	<input type="checkbox"/> Diabetes
<input type="checkbox"/> HIV	<input type="checkbox"/> Travel To High Prevalence Country
<input type="checkbox"/> Transplant	<input type="checkbox"/> Setting
<input type="checkbox"/> Chronic Renal Disease/Dialysis	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Immune Suppressing Meds	<input type="checkbox"/> Other
<input type="checkbox"/> Cancer	

- **Assessments:** The Assessments section would collect assessment data

Assessments

Symptoms

- None
- Cough
- Productive Cough
- Blood in Sputum
- Night Sweats
- Fever
- Weight Loss
- Chest Pain
- Fatigue
- Lymphadenopathy
- Sputum Production**
- Other

Sputum Collected **Hepatitis History**

- Hep B
- Hep C
- Unknown
- None

Previous BCG

Has Client Ever Had TB **Preventative Treatment**

Result of Previous TST mm

When dd-mmm-yyyy **Where** _____

- **Radiology and IGRA Test:** The data entered under this section would enable the Alert BCCDC button. For this the Chest X-ray Order Date and IGRA Order Date are required to be entered.

Radiology and IGRA Test

Chest X-Ray Ordered

Chest X-Ray Order Date dd-mmm-yyyy

IGRA Test QFT T-SPOT

IGRA Order Date dd-mmm-yyyy

Where _____

- **Initial TST Test:** Under the Initial TST Test the parameters on the screen are entered by the nurse to note down the details of the text specified.

Initial TST Test

Given By _____

Date Given dd-mmm-yyyy

Date Read dd-mmm-yyyy

Size of Reaction (mm) _____

Read By _____

Recommendations

- No Further Testing
- Sputum for AFB
- IGRA
- Recommend X-Ray
 - Posterior-Anterior
 - Lateral
- Repeat as Required in
- Pregnant
- Decline
- Other

Reason for not Having Chest X-Ray _____

- **Repeat TST Test:** Under the Repeat TST Test the following screen parameters are entered if the Initial TST test is repeated.

Repeat TST Test

Given By

Date Given dd-mmm-yyyy

Date Read dd-mmm-yyyy

Size of Reaction (mm)

Read By

Comments

Recommendations

- No Further Testing
- Sputum for AFB
- Recommend X-Ray
 - Posterior-Anterior
 - Lateral
- Pregnant
- Decline
- Other

Reason for not Having Chest X-Ray

3. TB Services Completes

BCCDC users would continue to complete the TB services by entering the patient information as received in PROMIS. The user completes the payment information, radiology results and TB screening physician section. Once the TB screening is completed it can be signed off by a physician or nurse practitioner only.

TB Services to Complete

Payment Information

Payment

Area

TB Number

ID Checked

Receiving by

Radiology Results

Location of CXR

Date of CXR dd-mmm-yyyy

CXR on

- Careconnect
- E-Film
- Secure Drive
- WCMi
- Report Only

TB Screening Physician Completes

Recommendation after X-Ray

- No Evidence of Active TB
- See Physician's Report
- Clinic Appointment
 - LTBI-Letter
 - Other
- Repeat TST
- IGRA
- TB Letter

Signature

Date Signed dd-mmm-yyyy

To edit TB Screening Questionnaire

1. A nurser from KCC may review/update the TB screening questionnaire before an alert to BCCDC is activated.
2. TB Screening questionnaire can be edited from the TB Screening Questionnaire Summary view page.

Renal > TB Services > TB Assessment

TB Screening Questionnaire Summary

ADD

ASSESSMENT DATE	CHEST X-RAY ORDER DATE	IGRA ORDER DATE	BCCDC ALERTED DATE/TIME	CHEST X-RAY RESULT
01-Jul-2022				

3. Click on the record that needs to be updated.

4. Under the Nurse Completes section click on the pencil icon



Nurse Completes

Nurse Completes

Assessment Date 01-Jul-2022

5. Edit modal window open, nurse may update and make the changes.

Edit TB Screening Questionnaire

* Assessment Date 01-Jul-2022

Reason For Exam

Population at Risk

Reason for Screening

Contact Information

Current TB Exposure

Historic Exposure

Risk Factors

None

HIV

Transplant

Chronic Renal Disease/Dialysis

Immune Suppressing Meds

Cancer

Diabetes

Travel To High Prevalence Country

Setting

Substance Use

Other

Assessments

Symptoms None

Cough

Productive Cough

Blood in Sputum

Night Sweats

Fever

Weight Loss

Chest Pain

Sputum Collected

Hepatitis History Hep B

Hep C

Unknown

None


Previous BCG

CANCEL SAVE

To Delete TB Screening Questionnaire

As a Renal user, I would like to delete the record that I entered erroneously so that patient's information is correct for the chart. A user is able to delete the record from the view page, regardless the alert was sent to BCCDC or not.

The TB Screening Questionnaire can be deleted from TB Screening Questionnaire Summary view page by

clicking on the  button and stating the reason for deletion.

[TB Screening Referral Report](#)

Background:

The TB Screening Referral report is used by BCCDC to review patient information. The report provides details on the patient demographical information, TB Screening questionnaire information including IGRA-QFT results, Lab results, current medications and comorbidities.

Navigation:

PROMIS 4 > Patient Chart > Reports > TB Screening > TB Screening Referral

Functionality:

The TB Screening Referral falls under TB Screening reports. The user runs the report to get detailed patient information.