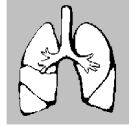




CDHS/CTCA JOINT GUIDELINES Interjurisdictional Continuity of Care Policy Statement



The following guidelines have been developed by the California Department of Health Services, Tuberculosis Control Branch in consultation with the Executive Committee of the California Tuberculosis Controllers Association. These guidelines are official State Recommendations and have been endorsed by the California Tuberculosis Controllers Association.

As TB Controllers, our goal is to ensure the continuity of care of all patients with known or suspected TB. We are committed to following each patient to completion of therapy and to providing needed information to other TB Controllers or providers when a patient, who has not completed the recommended course of therapy, moves/transfers to another jurisdiction.

To meet this goal, we commit to the following:

Correctional Inmates

- I. Upon notification by a correctional facility in the local jurisdiction, the sending TB Controller will notify the TB Controller of the jurisdiction that will be receiving the patient, when any correctional facility, including juvenile facilities, in the sending jurisdiction transfers or paroles/releases an inmate with known or suspected TB to another jurisdiction. The receiving TB Controller will notify the Chief Medical Officer of the receiving facility.
- II. The CTCA form, "Correctional Facility Tuberculosis Patient Plan," can be used for the notification of correctional inmates.

Laboratory

The local TB Controller will forward, as soon as possible, to the appropriate TB Controller, any mycobacteriology laboratory reports received where patient address indicates residence in another jurisdiction. Positive AFB smears on sputum results will be reported immediately by phone and fax.

Health Care Facilities (see attached **Health Care Facilities Algorithm**)

- I. Sending Health Department (jurisdiction where patient is hospitalized)
 - A. When a TB Control Program receives notification that a TB suspect or case is hospitalized at a facility within its jurisdiction, and the patient resides in another jurisdiction, the sending health department will forward the report by phone and fax to the receiving health department within one working day.
 - B. The care provider will submit a written discharge plan to the sending health department. To expedite interjurisdictional discharge approvals, providers should be encouraged to submit discharge plans two working days prior to the anticipated discharge date.
 - C. Within four working hours of receipt of the discharge plan, the sending health department will phone and fax the discharge plan to the receiving jurisdiction.
 - D. The sending health department will follow established CDHS/CTCA “Guidelines for the Placement or Return of Tuberculosis Patients into High-Risk Housing, Work, Correctional, or In-Patient Settings,” (4/97) when evaluating a request for discharge approval.
 - E. The sending jurisdiction should use reasonable judgement and diligence in informing and working cooperatively with the receiving jurisdiction, providing updated information when it is received, or requested.
 - F. Within one working day after consultation with the receiving jurisdiction, the sending department will notify the provider and the receiving jurisdiction of discharge approval, or the need for additional information/action that is required prior to discharge approval.
 - G. In the event a discharge approval is requested on a holiday, weekend, or after business hours, the sending jurisdiction will attempt to contact the TB duty officer (if one is designated) for the receiving jurisdiction. The same criteria for discharge approval will be followed.
- II. Receiving Jurisdiction (jurisdiction to which the patient will be discharged)
 - A. When the TB Control Program receives notification of a TB suspect / case, staff should begin preparing for discharge at that time by initiating an evaluation of the home and household contacts to determine if the environment is suitable for discharge.
 - B. The receiving jurisdiction will review the TB discharge plan within one working day of when it was received, and will contact the sending jurisdiction and/or provider to discuss the plan when necessary.
 - C. If it has not previously done so, the receiving jurisdiction will assess the proposed placement/home environment and report to the sending jurisdiction within two working days. The assessment will be based on CDHS/CTCA “Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings,” (4/97).
 - D. The receiving jurisdiction should use reasonable diligence in expediting the evaluation process so that the patient discharge is not unnecessarily delayed.
 - E. Receiving jurisdictions without a response plan for holidays, weekends or after normal hours, will receive notification on the next business day.
- III. Special Circumstances

- A. In the event there is a disagreement between the sending and receiving jurisdictions on the appropriateness of a placement, the TB Controllers, or their designees, will review the case and arrive at a mutually agreeable plan of action.
- B. Unusual circumstances, such as previously unexposed high risk contacts in the home, MDR-TB, or high risk for non-adherence, may necessitate a delay in discharge approval until special arrangements can be made.

NOTE: No set of guidelines can cover all individual interjurisdictional transfer situations which can and will arise. Thus, when questions on individual situations not covered by these guidelines do arise, consult with your local health department Tuberculosis Control Program for further information.