

PROTOCOL FOR ADMITTING PATIENT WITH TUBERCULOSIS TO A STATE INSTITUTION

Patient Assessment

- A. Health Officer and Public Health Nurse at local health department (LHD) meet to discuss patient's need for institutionalization.
 - a. Examples of circumstances that would qualify patient:
 - Homelessness.
 - Unable to care for self as evidenced by malnutrition, dehydration or mental status.
 - Lack of family support.
 - Refusal to adhere to prescribed treatment.
- B. Local Health Officer and/or Public Health Nurse needs to meet with patient to discuss/inform them of the possible need for commitment.
- C. If the Local Health Officer decides the patient needs alternative living facilities:
 - a. Voluntary – Patient agrees.
 - Follow Protocol for Voluntary Admission.
 - b. Court Ordered/Involuntary, patient does not agree or is recalcitrant.
 - Follow Protocol for Court Ordered or Involuntary Commitment.

Voluntary Admission

- A. The LHD will notify the WV Tuberculosis Elimination Program (WV TBEP) to discuss the patient issues with WV TBEP's Medical Director and/or Program Director.
- B. The LHD will submit a "Request for Admission" form and any supporting patient records to WV TBEP.
- C. Once the WV TBEP Medical Director receives and reviews the form and any supporting information submitted.
- D. The WV TBEP Medical Director will coordinate the admission with the state facility (Welch Community Hospital or Jackie Withrow Hospital).

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- E. WV TBEP will send the “Request for Admission” form along with orders from the WV TBEP Medical Director to the facility.
- F. The WV TBEP will inform the LHD of which facility the patient will be admitted to.
- G. The LHD will inform the patient and then the “State Facility Treatment Agreement” will be completed by LHD/patient and sent to WV TBEP.
- H. The WV TBEP will review and forward the State Facility Treatment Agreement to the admitting facility.
- I. The patient will make arrangement to be transported to facility (transportation is the responsibility of LHD if the patient is unable to transport self).
- J. The Attending physician at facility of admission and WV TBEP Medical Director will keep an open line of communication prior to and throughout the patient’s hospital admission and stay.
- K. The WV TBEP Medical Director will order and monitor the patient’s TB treatment by:
 - a. Ordering the patient’s TB medication, labs, x-rays, etc.
 - b. Visiting the patient at the facility at least monthly.
 - c. Will be available for consultation with the state facility staff regarding the patient’s TB treatment.

(The WV TBEP Medical Director should be credentialed at the state facility where TB patient is admitted if possible.)
- L. The attending physician at state facility will follow and treat patient while in the facility for ongoing medical needs.
- M. The patient’s TB treatment is not to be changed, adjusted or discontinued by the attending physician without consulting WV TBEP Medical Director unless an emergency or evidence of drug toxicity exists.
- N. The patient is not to be discharged until suitable continued domiciliary treatment is arranged, and these arrangements are discussed with and approved by WV TBEP.

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- O. Discharge plans for the patient will include suitable housing, follow-up appointment with the LHD nurse for directly observed therapy (DOT) of TB medications and may also include providing the patient with a supply of TB medications at discharge to last until the local health department can re-establish the patient's care.
- P. If the patient leaves the facility Against Medical Advice (AMA), the following procedure should be followed:
 - a. The LHD of the patient's county of residence and WV TBEP should be notified immediately.
 - b. If the patient is homeless, he/she must provide a place of residence they are going to.
 - c. The patient will be given directions to report to the LHD in their county of residence early AM of the next business day.
 - d. The patient will be given a 3-day supply of TB medications prescribed with instructions.

Involuntary or court ordered commitment

- A. The LHD will call the WV TBEP to discuss the patient's issues with the Medical Director, Program Director and/or Surveillance Nurse.
- B. If it is determined that the patient is in need of immediate hospitalization the Commissioner of the Bureau for Public Health or Health Officer for the involved county will contact the county prosecutor to obtain a court order for commitment.
- C. The patient will be committed to a facility equipped for the care and treatment of a person with TB.
- D. Individuals needing co-treatment for TB and drug and/or alcohol dependency will be sent to a facility that is able to provide care for both.
- E. Individuals needing co-treatment for TB and other medical conditions will be sent to a facility that is able to provide care for both.

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- F. The LHD will submit a “Request for Admission” form and “State Facility Treatment Agreement” form to WV TBEP.
- G. The WV TBEP will receive and review the forms.
- H. The WV TBEP Medical Director will call the state facility (Welch Community Hospital/Jackie Withrow Hospital) to coordinate the patient’s care.
- I. The WV TBEP will send the forms along with orders from the Medical Director to the facility.
- J. The WV TBEP will inform the LHD of which facility the patient is to be admitted to.
- K. The patient is to be transported to the facility (transportation is the responsibility of LHD if the patient unable to transport self).
- L. The attending physician at facility of admission and the WV TBEP Medical Director will keep an open line of communication prior to and throughout the patient’s hospital admission and stay.
- M. The WV TBEP Medical Director will order and monitor patient’s TB treatment by:
 - a. Ordering the patient’s TB medication, labs, x-rays, etc.
 - b. Visiting the patient at the facility at least monthly.
 - c. Being available for consultation with state facility staff regarding the patient’s TB treatment.

(The WV TBEP Medical Director should be credentialed at the state facility where TB patient is admitted if possible.)
- N. The attending physician at the state facility will follow and treat the patient while in the facility for ongoing medical needs.
- O. The patient’s TB treatment is not to be changed, adjusted or discontinued by the attending physician without consulting WV TBEP Medical Director unless an emergency or evidence of drug toxicity exists.
- P. The patient is not to be discharged until suitable continued domiciliary treatment is arranged, and these arrangements are discussed with and approved by WV TBEP.

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- Q. Discharge plans will include suitable housing, a follow-up appointment with the LHD nurse for directly observed therapy (DOT) of TB medications and may also include providing the patient with a supply of TB medications at discharge to last until the local health department can reestablish the patient's care. Community Mental Health Centers may be involved in patient's discharge as per facility's discharge protocol.
- R. If the patient leaves the facility AMA:
 - a. The chief Medical Officer shall issue a warrant directed to the sheriff of the county commanding him/her to arrest and carry the escaped person back to the hospital.
 - b. The state facility will call WV TBEP to inform them of the AMA.
 - c. The WV TBEP will inform LHD of the AMA.

State Facility

- A. Jackie Withrow Hospital is the point of contact for WV TBEP regarding TB admissions.
- B. The WV TBEP will inform Jackie Withrow Hospital of any TB admission to any state facility.
- C. Jackie Withrow Hospital will inform the Bureau for Behavioral Health and Health Facilities of the TB admission.
- D. Jackie Withrow Hospital, along with WV TBEP's input, will decide the appropriate facility to meet the patient's needs. Welch Community Hospital and William R. Sharpe, Jr. Hospital are other state facilities that may be utilized if needed based on the complexity of the patient's condition.