BRIDGEPORT HEALTH DEPARTMENT

Hospital Discharge Procedures for Patients with Active TB

CITY OF BRIDGEPORT
DEPARTMENT OF HEALTH & SOCIAL SERVICES
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BHD GUIDELINES FOR HOSPITALIZED PATIENTS WITH ACTIVE TUBERCULOSIS (TB)

PUBLIC HEALTH HOLD, WORK-UP, REPORTING, DISCHARGE TREATMENT PLAN & CONDITIONS OF DISCHARGE

The Bridgeport Health Department (BHD) maintains the authority and responsibility for managing all TB disease cases within its jurisdiction, regardless of provider type or site of disease. In accordance with the Connecticut Department of Public Health (CTDPH) TB Standards of Care (link), the BHD TB program reviews TB Surveillance Reports (link) and conducts interviews with all new patients, regardless of disease site. The program provides clinical consultation, approves appropriate discharge plans for hospitalized patients, manages case follow-up, conducts contact investigations for infectious individuals, ensures adherence to medical treatment, oversees directly observed therapy (DOT/eDOT), monitors treatment compliance, and follows patients through the completion of TB therapy.

PUBLIC HEALTH HOLD

Please be advised that patients with suspected or confirmed Tuberculosis (TB) are subject to a conditional public health hold prior to discharge, pending approval from public health authorities. This procedure is in accordance with Connecticut General Statutes (C.G.S.) Chapter 368g, Section 19a-265, titled "Tuberculosis Control—Emergency Commitment." (link)

WORK-UP

Please refer to the following for guidance on the appropriate work-up procedures: C.G.S. Chapter 368e, Section 19a-207, which addresses the duties of local health officials during emergencies and related regulations. Specifically, "The local director of health, their authorized agent, or the board of health shall enforce or assist in the enforcement of the Public Health Code and any regulations adopted by the Commissioner of Public Health." (link)

An inpatient work-up for TB suspects should include:

- Chest imaging
- Sputum testing
  - Three samples at least 8 hours apart for AFB smear/culture and TB nucleic acid amplification test (NAAT).
  - If the NAAT is not available at your facility, your lab may coordinate to send specimens to the CT DPH Health Lab. Molecular testing is strongly recommended as a routine diagnostic in addition to traditional AFB smear/culture as culture results take up to 6-8 weeks.
- Screening for HIV, HBV, and HCV
- Screening with TB skin test or IGRA/QuantiFERON Gold
  - **Note**: A negative or indeterminate result does **not** rule out active disease
- Pertinent work-up of other differentials
- If biopsies are indicated and/or if concern for extrapulmonary disease
  - Request AFB smear/culture of tissue, fluid, or aspirate (this is not routinely included and must be specified) in addition to pathology
- Report the suspected cases or confirmed cases with support documentation to public health within 24 hours as per Connecticut and defer discharge as outlined below.

  A suspected or confirmed case of active TB includes any of the following:
  - Chest radiograph consistent with active TB or
  - Positive AFB or acid-fast smear or
  - Positive NAAT for *M. tuberculosis complex* or
  - Positive culture for *M. tuberculosis complex* or
  - Pathology with unexplained granulomatous findings or
  - Active TB treatment is being considered or has been initiated or
  - Patient in whom active disease is suspected and has not been sufficiently ruled out

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REPORTING

A case of Tuberculosis (TB), regardless of the anatomic site, is classified as a Category 1 disease. Suspected or confirmed TB cases, along with supporting documentation, should be reported to CTDPH TB Control and BHD within 12 hours in accordance with C.G.S. Chapter 368e, Section 19a-215, and the Commissioner's list of reportable diseases and conditions. Please ensure timely reporting—by phone on the day of recognition or strong suspicion—and follow up with a completed Tuberculosis Surveillance Report Form (link) and supporting documentation via fax to the designated department.

☎ Report by phone, ***immediately***, to the**:**
- CT 50) 509-7722. | 0) 509-8000.

Fax report, the TB Surveillance Report (link) and Supportive Documentation (***see below***) ***within 12 hours***, to:
- CT 60) 730-5271.
- Br

Supportive Documentation should include the following documentation (checklist)

- Patient demographic sheet, Insurance information, Preferred language
- Provider notes (including admissions, Infectious Disease Notes, Pulmonary Notes if available)
- Medication list, including TB medication dosages and non-TB medications
- Documented current weight
- Radiology reports (CXR/CT scan) and relevant lab results
- Diagnostic and microbiologic testing for TB [e.g., AFB smears/cultures, molecular diagnostics, tissue or body fluid (pleural/ peritoneal/ pericardial/CSF) chemistries, pathology, cytology, and cell counts]

DISCHARGE TREATMENT PLAN

The TB Control Law mandates that the Bridgeport Health Department (BHD) collaborate with the attending physician and the patient to develop and approve the necessary plans.

- A hospital discharge plan, if the patient has been hospitalized.
- An outpatient treatment plan. (link CTDPH D/C PLAN)
- **For patients with both TB AND HIV diagnosis**: a copy of Letter of Approval into the CADAP (link) and contact information for referral completed for HIV case management once discharged.

Conditions for Discharge (See Figure 1)

- ✓ Continue or start multidrug TB regimen (RIPE) based on patient weight
- ✓ All TB medications should be given together and prior to or two (2) hours after meals. If a patient is unable to tolerate meds on an empty stomach, then with a small amount of food is okay.
- ✓ Drug toxicity monitoring:
  - If feasible, perform baseline visual acuity and color discrimination testing.
  - Close liver and renal function monitoring
- ✓ Have three (3) negative AFB smears/stains unless specified by BHD/CT DPH. Collect samples at least 8 hours apart, at least one early morning collection & please start collecting two (2) weeks after starting TB regimen.
- ✓ Complete and submit the Discharge Treatment Plan along with the above requested documentation and any related updates for approval to facilitate discharge.
- ✓ BHD must have one month of TB meds on hand (see checklist for details). ***Do not give*** TB scripts to take at home, unless directed by BHD Public Health Nurse.
- ✓ Ensure discharge treatment plan is approved by Bridgeport Health Department Health Director, prior to discharge.

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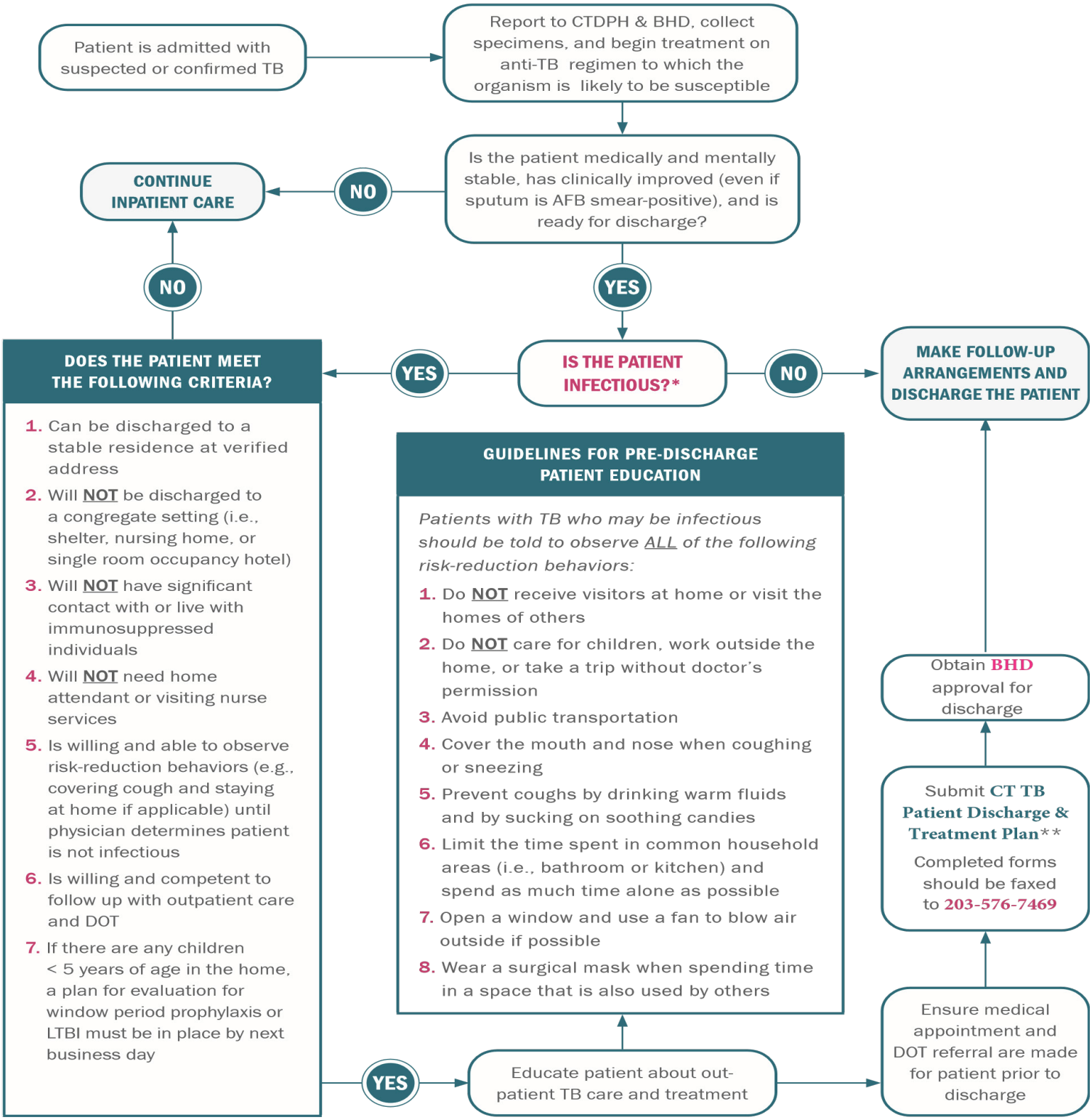
FIGURE 1: Criteria for discharging patients with tuberculosis from the hospital



*Determined by the hospital physician in consultation with the BHD TB Program based on the entirety of clinical findings.

**Discharge forms can be found at https://portal.ct.gov/dph/tuberculosis/tuberculosis-discharge-planning

Abbreviations Used: AFB=acid-fast bacilli; BHD=Bridgeport Health Department; DOT=directly observed therapy; LTBI=latent tuberculosis infection; MDR-TB=multidrug-resistant tuberculosis; TB=tuberculosis

At the time of patient discharge:

- Administer TB medications for that day prior to discharge.
- Inform patients that a Public Health Nurse will come to their home the next day to set up meds
- Only for patients with both TB and HIV diagnosis, a copy of the CADAP letter of approval and copy of referral completed for HIV case management given to the patient.

For inquiries or to obtain additional information regarding active tuberculosis disease and its treatment, please contact the CT Department of Public Health TB Control Program at (860) 509-7722 or the BHD at (203) 576-7468.

Web links:

1. CT DPH Tuberculosis Control Program https://portal.ct.gov/dph/tuberculosis/tuberculosis-control-program
2. CT DPH TB Standards of Care
   https://portal.ct.gov/-/media/dph/infectious-diseases-branch/tuberculosis/tb-standards-of-care.pdF
3. CT DPH **Connecticut Tuberculosis Patient Discharge and Treatment Plan**
   https://portal.ct.gov/-/media/dph/tuberculosis/discharge-plan-template.pdf?
4. 2024 Connecticut General Statutes **Title 19a - Public Health and Well-Being Chapter 368g - Lung Disease, Tuberculosis, Chronic Illness and Breast and Cervical Cancer Section 19a-265. - Tuberculosis control. Emergency commitment.**

   Conn. Gen. Stat. Section 19a-215 (Reports of diseases on the health commissioner's list of reportable diseases, emergency illnesses and health conditions and laboratory findings. Reporting requirements. Confidentiality. Fines.) https://www.cga.ct.gov/current/pub/chap_368e.htm#sec_19a-215 8.

   Conn. Gen. Stat. Section 19a-265 (Tuberculosis control. Emergency Commitment).
   https://www.cga.ct.gov/current/pub/chap_368g.htm#sec_19a-265 9.

   Connecticut Department of Public Health. Reportable diseases and laboratory findings – 2024, Connecticut Epidemiologist 2024;44(1): 1–45.
   https://portal.ct.gov/-/media/dph/infectious-diseases-section/ct-epi-newsletter/2024---vol-44/ct-epinewsletter---jan-2024.pdf

   Conn. Gen. Stat. Section 19a-255a-b. (Treatment of persons with tuberculosis. Payment sources for treatment.)
   https://www.cga.ct.gov/current/pub/chap_368g.htm#sec_19a-255

References:

Connecticut Public Health, July 2024, ***Standards of Care for Patients with Suspected and Confirmed Tuberculosis in Connecticut,*** Hartford, Connecticut, Connecticut Department of Public Health Tuberculosis Control Program (TB Standards of Care).

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BRIDGEPORT HEALTH DEPARTMENT (BHD) DISCHARGE CHECKLIST FOR PATIENTS WITH ACTIVE TB

PATIENTS WITH ACTIVE TUBERCULOSIS MAY ONLY BE DISCHARGED ONCE ALL OF THE FOLLOWING DOCUMENTATION HAS BEEN COMPLETED AND FAXED TO THE BHD. INCOMPLETE INFORMATION MAY RESULT IN A DELAY OF THE PATIENT'S DISCHARGE. FINAL APPROVAL WILL BE FAXED BACK WITHIN 24 HOURS. DISCHARGE REQUESTS RECEIVED AFTER 5:00 PM ON FRIDAYS AND DURING WEEKENDS WILL BE REVIEWED ON THE FOLLOWING MONDAY, EXCEPT ON HOLIDAYS.

FIRST NAME: _____ **ALL** LAST NAMES: _____ DOB:_____

CHECK OFF & FAX THE FOLLOWING TO THE BRIDGEPORT HEALTH DEPT. FOR REVIEW, BEFORE DISCHARGE.

_____ TB SURVEILLANCE REPORT (UPDATED) TO CT DPH TB FAX: (860) 730-8271 & BHD FAX (203) 576-7469

_____ FAX THE FOLLOWING MEDICAL RECORDS TO THE BHD FAX AT (203) 576-7469.

- □ PATIENT DEMOGRAPHIC SHEET, INSURANCE INFORMATION, PREFERRED LANGUAGE
- □ PROVIDER NOTES (INCLUDING ADMISSIONS, H&P, INFECTIOUS DISEASE, AND PULMONARY CONSULT NOTES)
- □ MEDICATION LIST (INCLUDING NON-TB MEDICATIONS)
- □ TB MEDICATION DOSAGES AND MAR OF TB MEDS
- □ DOCUMENTED CURRENT WEIGHT
- □ DIAGNOSTIC AND MICROBIOLOGY RESULTS: AFB SMEARS/CULTURES, NAAT'S, MOLECULAR DIAGNOSTICS, TISSUE OR BODY FLUID (PLEURAL/PERITONEAL/PERICARDIAL/CSF)
- □ RADIOLOGY REPORTS (CXR/CT SCAN)
- □ RECENT LAB RESULTS: QFT OR PPD, HIV, HEP B & C, LFT'S, CBC, COMP METABOLIC, IF DM HGB A1C OR FASTING GLUCOSE

_____ FAX COMPLETED CT TB PATIENT DISCHARGE AND TREATMENT PLAN (ATTACHED) TO THE CT DPH TB FAX: (860) 730-8271 & BHD (203) 576-7469.

_____ FAX COMPLETED BRIDGEPORT HEALTH DEPARTMENT DISCHARGE CHECKLIST (THIS FORM) TO BHD

_____ ✶APPLIES ONLY FOR PATIENTS WITH BOTH TB AND HIV DIAGNOSIS: FAX A COPY OF CADAP (LINK) LETTER OF APPROVAL AND REFERRAL COMPLETED FOR HIV CASE MANAGEMENT ONCE DISCHARGED (COPY OF REFERRAL).

_____ EDUCATE THE PATIENT ABOUT THEIR CONDITION AND TREATMENT PLAN (USE INTERPRETER, IF NEEDED).

_____ CALL IN 1 MONTH OF TB MEDS TO THE PHARMACY AT LEAST 1 WEEK BEFORE ANTICIPATED DISCHARGE DATE, BHD WILL PICK UP MEDICATIONS.

☎ FOR **NON-BRIDGEPORT RESIDENTS** CALL THEIR LOCAL HEALTH DEPARTMENT FOR THEIR PROCEDURE. FOR **BRIDGEPORT RESIDENTS ONLY**:

- ➢ **MEDICAID/HUSKY PTS**: SEND SCRIPT TO WALGREENS PHARMACY, 1000 PARK AVENUE, (203) 696-0127.
- ➢ **INSURED OR UNDERINSURED PTS**: CALL SCRIPT TO THE UCONN PHARMACY (PROCEDURE ATTACHED).

__DO NOT GIVE ANY TB PRESCRIPTIONS TO PATIENT TO TAKE HOME__, UNLESS DIRECTED BY BHD TB CASE MANAGER

AT THE TIME OF DISCHARGE:

_____ TB MEDICATIONS TO BE ADMINISTERED THE DAY OF DISCHARGE

_____ INFORM PATIENT THAT A BRIDGEPORT HEALTH DEPARTMENT PUBLIC HEALTH NURSE WILL VISIT THEIR HOME THE NEXT DAY TO SET UP MEDICATIONS

_____ ✶**ONLY FOR PATIENTS WITH BOTH TB AND HIV DIAGNOSIS**: COPY OF CADAP LETTER OF APPROVAL AND COPY OF REFERRAL COMPLETED FOR HIV CASE MANAGEMENT GIVEN TO THE PATIENT.

Connecticut Tuberculosis Patient Discharge and Treatment Plan

CONNECTICUT PUBLIC HEALTH

The *Connecticut Tuberculosis Patient Discharge and Treatment Plan* is a template that may assist with the discharge planning process. It is a collaborative effort between hospital/facility staff, the TB patient, and Local Health Department staff. The purpose of the Connecticut Tuberculosis Patient Discharge and Treatment Plan is to ensure a safe transition for the patient back to a community setting while considering the public's health. It also ensures continuity of care, with the goal of successful treatment outcome. Public Act 95-138 requires that a written discharge or treatment plan be approved by the Local Health Director. It is agreed that this plan provides the best medical and public health care available for this patient. **A TB patient discharge and treatment plan must be faxed to the TB Control Program at (860) 730-8271 after all signatures have been obtained.**

Section A. Patient Contact Information

Patient Name:_____ DOB: _____ Record #:_____

Address:_____ Phone:_____

Hospital Admit Date:_____ Hospital Discharge Date:_____

Client's Emergency Contact:_____ Phone:_____

Address:_____

Section B. Discharge and Treatment Plan

1. Reported to the Local & State Health Departments by:_____ Date:_____

2. Outpatient TB care Physician:_____

Address:_____

Phone:_____ Appointment Date/Time:_____

3. Drugs and Dosages Prescribed: ☐INH _____ ☐RIF _____ ☐PZA _____ ☐EMB _____

☐SM _____ ☐B-6 _____ ☐Other _____ ☐Other _____

4. Frequency: ☐Daily ☐3x Weekly ☐Other _____

(NOTE: Generally, all patients should be on 4 anti-TB drugs until susceptibility results are available.)

5. Therapy Supervision: ☑Directly observed therapy (DOT) (*ATS Standard of Care)* ☐Self-administered ☐Other _____

DOT Provider: BRIDGEPORT HEALTH DEPARTMENT Phone: (203) 576-7468 FAX (203) 576-7469

6. Location for DOT: HOME Time: TO BE DETERMINED on weekdays

7. Local Public Health Case Manager is: ZULMA COLON, BSN, RN Phone: (203)576-7468 C (203)302-9244

8. TB-specific education and counseling provided by:_____ Date:_____

9. Obstacles to therapy adherence identified to date: ☐None

☐Homelessness ☐Physical limitation ☐Substance abuse _____

☐Cognitive limitation ☐Mental status ☐Other _____

Proposed interventions for obstacles identified above: _____

Referral(s) were/will be made on _____

Date:

Agency/Person: _____

Phone:

Agency/Person: _____

Phone:

Section C. Signatures

The following individuals agree to and approve of above TB Discharge and Treatment Plan ***(All Signatures required)***:

Physician:_____ Date: _____

Patient:_____ Date: _____

Local Health Director or Designee: _____ Date: _____