

## Hospital Discharge of TB Patients: Collaborating with the Health Department

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## Today's Presentation

- Discuss the rationale for discharging infectious TB patients from the hospital
- Describe the new health code reporting requirements
  - Submission of hospital discharge plans
  - Submission of treatment plans
- Provide an update on hospital discharge plan submissions
- Discuss common issues related to hospital discharges



## Background



## Outpatient Treatment of TB

- TB patients could be treated successfully as outpatients with the advent of modern chemotherapy
- No significant difference between hospital and outpatient treatment
  - Cure rates
  - Spread of infection
- Main determinant of cost of treatment is INPATIENT admission

(Tuberculosis Chemotherapy Centre, Madras. Bull WHO 1959;21-144:51-339)



## Treatment of TB in India

- Tuberculosis Chemotherapy Centre, Madras, compared home treatment of TB with sanatorium
  - Treatment at home is satisfactory
- Crowded living conditions, low nutritional standards, low income
- Major risk to contacts lies in exposure to the infectious case **BEFORE** diagnosis

Tuberculosis Chemotherapy Centre, Madras. Bull WHO 1960, 23; 463-510



## Successful Treatment of TB

Requirements for successful treatment include:

- Prescription of the correct chemotherapy
- Compliance with medication doses
  - Achieved as outpatient with DOT
- Completion of a minimum number of doses

All of which can be done as an outpatient!



## Risks of Hospitalization

- Nosocomial transmission to:
  - Health care workers
  - Vulnerable patients
- Anxiety for the patient who is isolated
  - Feeling of isolation
  - Removal from social supports
  - Loss of control over one's life



## NYC Guidelines for Hospitalization and Discharge

Developed to ensure that only patients who need it are admitted and hospitalized

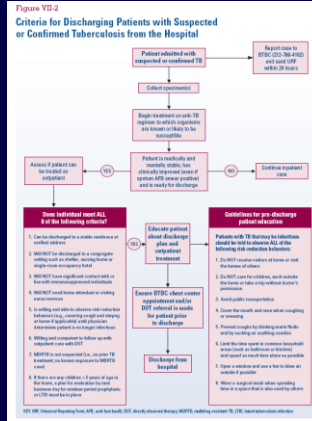
Infectious patients could be discharged in the appropriate circumstances

- TB can be dangerous for other hospitalized patients
- Patients should be treated as **OUTPATIENTS** unless they meet certain criteria
- Patients become noninfectious quickly once on treatment



## Criteria for Discharge

- Clinical improvement
  - Tolerating anti-TB meds
  - Patient must be reported to DOH (212-788-4162)
  - URF filled out within 24 hrs.
  - Patient should have sputa for AFB
  - CXR should be done
  - Involvement of DOHMH in discharge planning with submission of discharge plan to DOHMH
    - Referral to DOH clinic and DOT
- Instructions given to patient and household members if they were exposed to an infectious patient



## NYC Health Code Amendment

## Care of TB Patients in NYC

- In 2009, 83% (255/308) of respiratory smear positive TB patients were hospitalized
- In NYC, approximately 50% of TB cases are treated by a private provider
- Collaboration between DOHMH and community health care providers removes barriers and fosters achievement of key public health objectives

## NYC Health Code Amendment

New York City Health Code Article 11 Section 21(4)  
amended June 16, 2010

1. Hospitals/providers must obtain approval from health department **at least 72 business hours** before discharging **infectious** TB patients
2. Providers must submit proposed treatment plan to NYC Health Department **within one month** of treatment initiation for all persons newly diagnosed with active TB disease

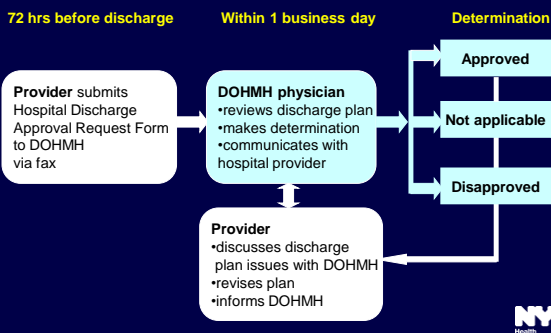
New requirement communicated to hospital providers  
(June and November 2010)



## Process for Submitting Hospital Discharge Plans



## Discharge Plan Approval Process



## Outcomes of Discharges

- Approved: criteria for discharge met
- Not approved: additional actions or information needed
- Not applicable: extrapulmonary TB cases, noninfectious cases, atypical mycobacterium (NTM)



# Hospital Discharge Form

- Hospital Discharge Approval Request Form (TB 354) and Instructions
- Hospital Discharge Planning Checklist for Tuberculosis Patients
- Available on NYC Health Department's website: [www.nyc.gov/health/tb](http://www.nyc.gov/health/tb)





## What the DOHMH Would Like From Providers

- Complete and legible forms
- Appropriate contact information for the treating physician/attending MD
- Notification of any issues with medications, side effects or abnormal lab values
- Specialized nursing needs : PICC lines, injections
- Discharge to congregate settings or home care agency referrals
- Discharges to other jurisdictions requiring interstate notification
- How many days of medication provided to patient
- Follow-up appointment date –should be close to date of discharge



## What Does the DOHMH Need to Do Prior to Discharge?

- Field staff need to interview patient to elicit contacts
- Home assessment should be done
- Patient to agree to home isolation and DOT
  - Sign agreements for both
- Follow up appointment is made

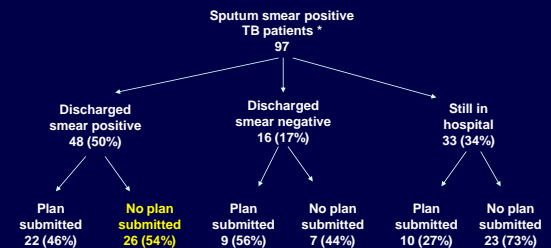


## Update on Hospital Discharge Plan Submissions

November 1- March 1, 2011



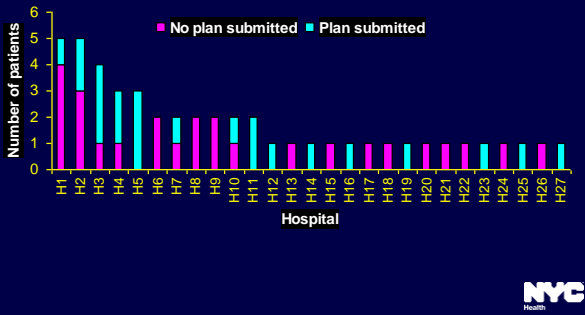
## Acid Fast Bacilli Sputum Smear Positive TB Patients



\*Suspected and confirmed



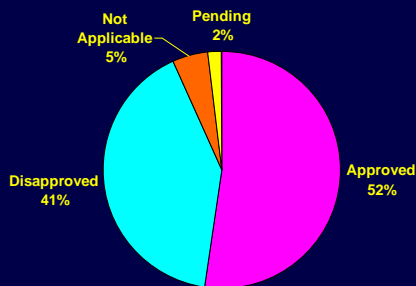
## Patients Discharged While Acid Fast Bacilli Sputum Smear Positive (n=48)



## Compliance With Health Code Time Requirements

- Median days from discharge plan submission to planned discharge was 1 day (range: -4 to 5)
  - 23% (9/41) of plans submitted did not have a planned discharge date
- Median number of days for DOHMH physician to respond to treating MD was 0 days (range: <1-3)

## Initial Approval Status of Discharge Plan Submissions



## Reasons For Initial Disapproval\*

	#	%
Home assessment not complete	6	27
Discharge plan form incomplete	5	23
DOT not offered/agreed	4	18
Discharged to congregate setting/unstable residence	3	14
Inadequate treatment regimen	2	9
Children <5 in house not evaluated	2	9

\*Discharge plans may be disapproved for more than one reason



## Discharge of Non-NYC Residents

- NYC DOHMH will communicate discharge plans with patient's local health department prior to discharge/transfer
- Infectious TB patient will be discharged only upon approval of local health department
- If a patient is being discharged to a verifiable NYC address, a discharge plan must be submitted



## Discharge of NYC Residents from Non-NYC Hospital

- NYC DOHMH will work with discharging hospital &/or the local public health authorities to ensure discharge plans conform to NYC standards



## Process for Submitting Treatment Plans



## Treatment Plan Approval Process

Within 1 month of treatment start date

**DOHMH case manager**  
•contacts treating provider  
• obtains completed treatment plan form

**DOHMH physician**  
•reviews treatment plan  
•makes determination  
•communicates with provider

**Treating provider**  
•discusses treatment plan issues with DOHMH  
•revises plan  
•informs DOHMH



# TB Treatment Plan Form

- NYC Health Department case manager will provide the treatment plan form to treating physician for completion
- Treatment plan form does not replace Report of Patient Services Form (TB 65)



**NYC** New York City Department of Health and Mental Hygiene  
Bureau of Tuberculosis Control  
TB TREATMENT PLAN

*This form must be submitted to Department of Health and Mental Hygiene (DOHMH) within one month of starting treatment. Please complete form in entirety, and return to patient case manager or to the case manager.*

**SECTION A: Patient Information (To be filled out by DOHMH staff)**  
DOB: / /  
Sex: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION B: Provider Contact Information (To be filled out by DOHMH staff)**  
Provider name responsible for TB care: \_\_\_\_\_  
Provider address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION C: Clinical Information**  
Isotonia:  Susceptible  Resistant  No results  Ethambutol  Susceptible  Resistant  No results  
Rifampin:  Susceptible  Resistant  No results  Pyrazinamide  Susceptible  Resistant  No results  
Pretomanid:  Susceptible  Resistant  No results  
HIV testing performed?  Yes  No  Not done, reason: \_\_\_\_\_  
Last received medications other than for TB: \_\_\_\_\_

**SECTION D: Treatment Regimen**  
Treatment start date: / / Estimated treatment completion date: / /  
Planned treatment regimen:  6 months  9 months  12 months  Other duration, Reason: \_\_\_\_\_

Drug	Dosage	Duration (months)	Other anti-TB drugs	Dosage	Duration (months)
Isoniazid (INH)					
Rifampin					
Pyrazinamide					
Ethambutol					

TB drug frequency:  daily  2x weekly  3x weekly  other: \_\_\_\_\_  
Patient on directly observed therapy (DOT)?  Yes  No  Not done, reason: \_\_\_\_\_  
DOT description: \_\_\_\_\_  
Tel: ( ) \_\_\_\_\_

Signature of provider assessing TB care: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: / /  
**HEALTH DEPARTMENT REVIEW**  
DOHMH Process Comments/Notes: \_\_\_\_\_ DOHMH staff: \_\_\_\_\_  
This document was provided CYES:  NO  YES  YES (Reason: \_\_\_\_\_)  
Reviewed by: \_\_\_\_\_ (Name of DOHMH Reviewer) \_\_\_\_\_

**Guidelines for how to complete and submit the mandatory TB Treatment Plan**  
As of June 18, 2015, article 11 of the New York City Health Code requires all health care providers to submit a written TB Treatment Plan to the New York City Department of Health & Mental Hygiene (DOHMH) within one month of starting treatment for newly diagnosed TB patients.

**General information and guidelines regarding TB treatment**  
Treating a patient with tuberculosis is an important public health responsibility. To ensure treatment adherence and completion, each TB patient is assigned to a DOHMH case manager who follows up on the patient's progress throughout the treatment duration. Directly Observed Therapy (DOT) is the standard care for TB and should be prepared for the patient at the time of TB treatment initiation. DOHMH TB case management also includes offering HIV counseling to all patients regardless of reported risk factors. Additional information and guidelines about TB treatment and control are available at the DOHMH website: [www.nyc.gov/html/doh/html/tb/tb.asp](http://www.nyc.gov/html/doh/html/tb/tb.asp)

**Instructions for completing the Tuberculosis Treatment Plan Form**  
**Section A: Patient information and Section B: Provider contact information:** These sections are completed by a DOHMH staff. Providers complete Section C and D.

**Section C: Clinical information:** Check drug susceptibility results for all drugs. If drug susceptibility results are pending or specimens have not been submitted for testing, check the box that says "No Results". Write the name and susceptibility results for drugs not specified. Indicate whether HIV testing was performed, if HIV testing was not done, state the reason. Write all medications other than TB medications that the patient is currently taking.

**Section D: Treatment regimen:** Provide the date treatment was started, the estimated date of completion and length of treatment. Describe the name, dosage and duration in months for each of the prescribed drugs. Add drugs not specified in column three here when the medications are taken (frequency of treatment). Note if the patient is not on DOT. If yes, provide the name and telephone number of the patient's DOT provider. If the patient is not on DOT, state the reason.

This provider must sign the form, and return it to the case manager or file it to the mailbox listed on the top of the form.

If you have questions about completing this form please contact 311 and ask to speak to a physician at the Bureau of Tuberculosis Control.

# Future Considerations

- Continue collaboration with hospitals/providers
- Monitor submission of hospital discharge/treatment plans
- Outreach to hospitals/providers experiencing issues with plans
- Evaluate impact of initiative



# Conclusion

- Submit discharge plans for infectious TB patients **within 72 business hours** of planned discharge
- Submit treatment plans **within one month** of treatment initiation
- Ensure forms are complete/accurate
- Refer to NYC DOHMH guidelines & resources
- Call 311 to consult with DOHMH TB experts



## Acknowledgements

- NYC DOHMH Bureau of TB Control Provider Outreach Project Working Group
- NYC DOHMH Bureau of TB Control Staff
- NYC Infection Control Nurses and Practitioners



Thank You!

Questions?

