

Interjurisdictional Continuity of Care Fact Sheet

Purpose

TB Controllers ensure the continuity of care of all patients with known or suspected TB in their local health jurisdictions (LHJs). When patients move or are moved between LHJs, interjurisdictional care coordination is required.

Health Care Facilities

Activities of the TB Control Program of the hospital's LHJ.

When a TB Control Program receives notification that a TB or suspected case is hospitalized at a facility within its LHJ, and the patient resides in another LHJ, the TB Control Program notified will send an IJN form by phone and fax to the TB Control Program in the patient's LHJ of residence within a working day.

The hospital care provider submits a written discharge plan to the TB Control Program in their LHJ. To expedite interjurisdictional discharge approvals, providers should be encouraged to submit discharge plans two working days prior to the anticipated discharge date.

Within four working hours of receipt of the discharge plan, the TB Control Program in receipt of the plan will phone and fax it to the TB Control Program in the patient's LHJ of residence.

The hospital's LHJ TB Control Program will follow established CDPH/CTCA "Guidelines for the Assessment of TB Patient Infectiousness and Placement into High and Lower Risk Settings" when evaluating a request for discharge approval, or, based on an individualized assessment, may choose to use more restrictive criteria.

The hospital's LHJ TB Control Program will use reasonable judgment and diligence in informing and working cooperatively with the patient's LHJ

TB Control Program, providing updated information when it is received or requested.

Within one working day after consultation with the patient's LHJ TB Control Program, the hospital's LHJ TB Control Program will notify the provider and the patient's LHJ TB Control Program of discharge approval, or the need for additional information/action that is required prior to discharge approval.

In the event a discharge approval is requested on a holiday, weekend, or after business hours, the hospital's jurisdiction TB Control Program will attempt to contact the TB duty officer for the patient's LHJ. If no TB Duty officer is identified, the patient's LHJ will receive notification on the next business day. The same criteria for discharge approval will be followed.

Activities of the TB Control Program of the patient's LHJ of residence.

When the patient's LHJ TB Control Program receives notification of a TB or suspected 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.

The patient's LHJ TB Control Program will review the TB discharge plan within one working day of when it was received, and will contact the hospital's LHJ TB Control Program and/or provider to discuss the plan when necessary.

If it has not previously done so, the patient's LHJ TB Control Program will assess the proposed placement/home environment and report to the hospital's LHJ TB Control Program within two working days. The assessment will be based on CDPH/CTCA "Guidelines for the Assessment of TB Patient Infectiousness and Placement into High and Lower Risk Settings," or, based on an

individualized assessment, may choose to use more restrictive criteria.

The patient's LHJ TB Control Program will use reasonable diligence in expediting the evaluation process so that the patient discharge is not unnecessarily delayed.

LHJs without a response plan for holidays, weekends or after normal hours will receive notification on the next business day.

Correctional Inmates/Parolees

When correctional facilities, including juvenile facilities, transfer/parole/release individuals with known or suspected TB, they inform their local TB Control Program. Upon notification, if the individual is moving to another LHJ, the notified TB Controller uses the National TB Controllers Association *Interjurisdictional Tuberculosis Notification (IJN)* form (found on <http://tbcontrollers.org>) or other local IJN form, to notify the receiving TB Controller. The receiving TB Controller will notify the Chief Medical Officer of the receiving facility of the TB status of their new arrival.

Health and Safety Code Section 121362 requires the local TB Controller to notify the assigned parole agent or regional administrator when a parolee with active TB ceases treatment prior to completion of therapy.

Laboratory

If a TB Controller receives mycobacteriology laboratory reports for a patient who resides in another LHJ, they will forward the reports to the TB Controller in the LHJ where the patient resides, as soon as possible. Positive AFB smears on sputum results will be reported immediately by phone and fax.

Special Circumstances

In the event there is a disagreement between the TB Programs on the appropriateness of a placement, the TB Controllers will review the case and arrive at a mutually agreeable plan of action.

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.

Timeframe from Receipt of Reports or Notice to Interjurisdictional Coordination

Notice of a hospitalized patient with suspected or confirmed TB	Within one working day, send IJN to patient's LHJ of residence
Request for discharge approval	Within 4 hours of receipt, phone and FAX to patient's LHJ of residence
If after hours, attempt to contact TB duty officer	If after hours and no TB duty officer is identified, next business day
Advise hospital to plan two days in advance for interjurisdictional discharge approval	Within one working day, notify the hospital and the patient's LHJ of residence of needed action(s)
Laboratory reports	Immediately send by phone or FAX to the patient's LHJ of residence

This information has been developed by the California Department of Public Health (CDPH), Centers for Infectious Diseases, Tuberculosis Control Branch (TBCB), and the California Tuberculosis Controllers Association (CTCA), providing statewide recommendations for tuberculosis (TB) control in California. When questions arise on individual situations not covered by these guidelines, consult your local TB Controller or CDPH, TBCB