

PROCEDURE FOR MANAGING PERSONS WITH SUSPECTED OR CONFIRMED ACTIVE TUBERCULOSIS (TB) AT RISK TO BE LOST TO FOLLOW UP

- I. **TITLE:** Procedure for managing persons with suspected or confirmed active TB disease who are at risk to be lost to follow up or who become lost to treatment.
- II. **TYPE OF STANDARD:** Service
- III. **OUTCOME:** To ensure the completion of appropriate therapy, until cure, for high-risk clients with active TB disease.
- IV. **OBJECTIVES:** The objectives of the program is to manage persons who may become lost to follow-up are as follows:
1. To establish a uniform procedure to manage persons with active tuberculosis who are at risk to be lost to follow up or who become lost to treatment.
 2. To implement and coordinate interventions to prevent the loss of clients or, if lost, to locate such clients.
 3. To ensure that the case management team undertakes appropriate interventions to minimize the potential for a client to become lost.
 4. To assure the continuity of TB care by linking clients with appropriate social and clinical services to eliminate barriers to adherence to treatment.
 5. To ensure on-going evaluations of the client's progress and timely adjustments of the plan of care to assure treatment adherence and completion of therapy.
 6. To carry out the TB treatment plan in an appropriate manner consistent with public health laws and regulations.
- V. **PERSONNEL:** Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Advanced Registered Nurse Practitioner (A.R.N.P.), Physicians Assistant (P.A.), Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.), and Health Services Representative (H.S.R.), County Health Department (CHD) legal staff

Each discipline will perform activities within the constraints of their respective practice acts, job descriptions, and protocols.

- VI. **COMPETENCIES:** County Health Department TB care providers listed above, and others providing care for TB clients, must demonstrate knowledge of the basic principles and concepts related to the effective case management of all clients with suspected or confirmed TB disease. Providers must also have a general understanding of the leadership role of public health nursing in TB case management, specifically the role(s) of the nurse case manager and other team members. CHD TB care providers must also demonstrate knowledge of medical and psycho-social factors that can affect successful case management of TB clients and the potential contributions of the various members of a TB case management team.

VII. AREAS OF RESPONSIBILITY

The CHD Director, Nursing Director, TB Program Director or designee will:

1. Directly assign a county health department TB nurse case manager (NCM) for each client with suspected or confirmed TB reported within their respective health jurisdiction (refer to the Technical Assistance Guideline: TB 1 - Tuberculosis (TB) Case Management/Team Approach).
2. Advise the NCM to work in concert with other assigned case management team members to conduct a flight risk assessment of each client who begins TB therapy as an active case, regardless of the provider of services.
3. Provide supervision for the NCM and other case management team members, as appropriate, to ensure the implementation of client assessment procedures as an adjunct to the case management process.

VIII. PROCEDURES

1. Flight Risk Assessment of the New TB Client.
 - a. As part of the initial assessment, the NCM will conduct or cause to be conducted an initial client assessment and follow-up assessments, as needed, to identify the potential for a client to become lost to follow up. The initial assessment should be conducted **within 2 working days** of notification of a suspected or confirmed case of TB. Assessments should be conducted in concert with other identified team members and should consider the following risk factors:
 - History of substance abuse
 - Recent arrest record
 - Homelessness or unwillingness or inability to provide a personal address
 - Lack of a job or visible means of support
 - Lack of family or other community ties
 - History of leaving the medical facility against medical advice (AMA)
 - Other factors based on local experience
 - b. A person with one or more of these risk factors will be classified as high risk for flight and should be actively case managed with early intervention whenever there is a question of non-adherence to treatment.
2. Identification of Possible Interventions
 - a. The findings of the flight risk assessment will be used to identify interventions to minimize the risk that high-risk clients will be lost. Suggested interventions include: take photograph of each new TB suspect/case, use of incentives and enablers, in combination with traditional social service interventions, should be used depending on the individual's circumstances. All clients identified as at risk for flight with suspected or confirmed active TB disease should be placed on directly observed therapy (DOT). The use of these less restrictive alternatives should be carefully documented.
 - b. Intervention planning should take into consideration two periods when the loss of a client presents a special risk. The first is during the period of infectiousness, when loss of the client may result in continued transmission of active TB disease.

Short- term enablers such as temporary housing may help to ensure isolation and meals. Coupled with DOT, regular case management reviews, and referral to other clinical and social services. Enablers may be more appropriate than incentives at this time. (See Technical Assistance Guideline TB: 8 guideline, Incentives and Enablers)

- c. Planning for the second period, ongoing treatment to cure, should begin as soon as the immediate concerns of housing and food have been resolved. Long-term interventions will require involvement of other social service agencies depending on the client's needs. These measures may include incentives as well as enablers for the extended course of therapy needed to achieve completion of treatment to cure.
 - d. Legal action should be considered as the intervention of last resort after other, less restrictive, alternatives have been exhausted. It is critical that all less restrictive alternatives and their outcomes be documented thoroughly in the medical record in the event legal intervention is needed. (See Technical Assistance TB: Protocol and Criteria for Admission to A.G. Holley State TB Hospital)
 - e. The intervention plan selected for each client should be documented in the care plan and reviewed weekly with the field worker who provides DOT to identify early signs of possible loss.
3. Suggested Measures to Avoid Losing Clients
 - a. Establish immediate face-to-face contact with the client with the intention to establish trust and maintain a binding relationship. Learn his or her street name.
 - b. Use the Notice of Counseling of Directly Observed Therapy (DOT) for Tuberculosis, DH 1184 which states the days, times, and places at which the DOT worker will meet the client to provide DOT. This might be coupled with an incentive each time or each week, that full adherence is achieved. The agreement should also specify how to contact the DOT worker if the appointment cannot be kept.
 - c. Provide ongoing education about TB, the need to take medicine until cured, and the consequences of failure.
 - d. Reinforce adherence with the consistent use of incentives.
 - e. Maintain ongoing communication between all members of the care team involved with each case.
 - f. Involve family members, friends, or "significant others" with the ongoing treatment plan, if possible. For example, a homeless person may provide the name of a person who can always reach them. This person may be helpful in securing adherence to treatment under some circumstances.
 4. "Trigger Point" for Initiating a Search for a Missing Client
 - a. The key to maintaining adherence is to recognize when treatment adherence has ceased. The first lapse should be considered the trigger point for action. A

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lapse is defined as a missed DOT meeting or failure to keep a clinic appointment. Each lapse should be documented and reported to the nurse case manager.

- b. First Lapse Actions. The nurse case manager or the designed field worker who knows the client best should initiate a search to locate the client, establish personal contact, and learn the cause of the missed appointment. The scope of the search will depend on the field worker's knowledge of the client, the client's previous history of adherence, the client's risk factors, and other factors.
- c. If the client has been adherent for an extended period, demonstrates few risk factors, and is working or has a stable living situation, it may be easy to reestablish personal contact. Higher risk clients such as substance abusers, homeless persons, and persons with no family or community ties may present greater difficulties. These persons may require a more extensive search.
- d. Second Lapse Actions. A second consecutive missed appointment of any kind should trigger a full-scale location effort. The following areas should be considered for the search:

- Hangouts and street scenes the client is known to frequent
- Soup kitchens during meal times
- Shelters the client has typically used; e.g. Salvation Army
- Client's emergency contact person, if available, or family members
- Individuals identified in the contact investigation, if any
- Police officers assigned to neighborhood patrol
- Employer
- Landlord
- Local jail
- Department of Corrections website
- Area hospitals
- HIV Clinic
- Primary Care Centers (Ryan White for HIV+)
- TB Net, if client is a migrant worker
- Neighboring county health departments and jails
- Post office
- Womens, Infants, Children Program (WIC) (female or child)
- Medicaid Office
- Local Churches
- STD/MIS Database
- Infection control practitioner
- Vital statistics
- SS death index
- Other areas based on staff experience

- e. Another measure that can be considered when an address is available for the client is to send a certified letter signed by the NCM that tells the person that their disease can be transmitted to others and that they are required by law to be adherent to the treatment regimen. This letter may include a date by which they must contact the CHD or legal action may be taken. Even if the client fails to

respond, the receipt from the post office or signed return receipt may be useful as evidence if the actions result in commitment procedures.

5. Actions to Take Before Classifying a Client as Lost. Following a second lapse and the completion of the search for the missing client, the following actions should be initiated:
 - a. Hold a case management meeting to review the client's case. The case management team has several options. One of the topics of discussion should be preparation of emergency hold documentation.
 - b. If the decision is made to continue the search, re-check areas the client has been known to frequent.
 - c. Another option is to defer action for a set period to see if the client surfaces. If this action is taken, there should be regular spot checks of places the client is known to frequent. At the conclusion of the period, re-evaluate the case.
6. Determination that a Client is Lost. After a client is determined to be lost to follow-up, the following actions should be taken:
 - a. Submit a Report of Verified Case of Tuberculosis (RVCT) Follow-Up 2 form reporting the client as lost to follow-up. The client's name will automatically be placed on the statewide "lost client" list. This list will be maintained in the Field Services Section and will be available for reference by field staff seeking information about lost clients.
 - b. Submit with the RVCT Follow-Up 2 Form, the Report of Actions Taken to Locate a Lost Client, DH 2118. This form is available on the TB website - http://www.doh.state.fl.us/disease_ctrl/tb/TBForms/DOHpdfforms/TBFormslist.htm. This form must be signed by the County TB Nurse Supervisor and the Area TB Manager/Coordinator.
 - c. Notify the Nursing Supervisor at the local jail and local hospital infection control practitioners that the client has been reported as lost. Use of this measure will depend on the relationship between the CHD and local hospitals and correctional facilities. This measure should only be taken if confidentiality of the information can be ensured.
 - d. After closing out this case, continue periodic checks for lost clients in the county so that action can be taken when the client reappears.
 - e. Consider referral to A.G. Holley State Hospital when the client is located.
7. Confidentiality. Although this procedure largely addresses administrative procedures for managing clients who may be lost to follow up, CHD staff should be mindful that the requirements to maintain client confidentiality continue to apply. This is particularly important when seeking information about the client in the community. The same measures that apply to contact investigations to protect the medical status of the person being sought also apply to lost case situations.