

PROTOCOL AND CRITERIA FOR ADMISSION TO A.G. State Hospital (AGH)

- I. **TITLE:** Protocol and Criteria for Admission to A.G. Holley State Hospital (AGH)
- II. **TYPE OF STANDARD:** Service
- III. **OUTCOME:** Containment of active Tuberculosis (TB) disease clients, who cannot be cured in the community, through admission to AGH, which interrupts exposure to active cases of TB disease and prevents further transmission of the disease, promotes well-being of the client by utilizing total client care; to include medical, behavioral, psychiatric, and social aspects.
- IV. **PERSONNEL:** Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Health Department Lawyer, Advanced Registered Nurse Practitioner (A.R.N.P.), Physician Assistant (P.A.), Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.), Health Services Supervisor (H.S.S.), Health Services Representative (H.S.R.), Directly Observed Therapy (DOT) Technician.

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

V. COMPETENCIES

County Health Department (CHD) TB care providers listed in Section IV must have demonstrated knowledge of the basic principles and concepts related to the transmission, pathogenesis, clinical symptomatology, and diagnostic tests used in the evaluation of TB. This should include didactic, practicum, and clinical training as appropriate for their individual practice acts and job descriptions.

County Health Department TB care providers listed in Section IV must have demonstrated knowledge of the laws regarding tuberculosis and effective communication skills related to client information and case management.

VI. PRIORITY OF CLIENTS REFERRED TO AGH

All clients are referred to AGH through one of the sixty-seven (67) county health departments. It must be determined that all other attempts to assist the client to be adherent with their treatment regimen have been exhausted or are not appropriate (i.e., DOT, Court Ordered DOT, etc.) at the county level prior to admission to A.G. Holley.

First priority must be given to all clients who are court ordered through the County Health Departments.

Clients may be admitted to AGH if they meet the admission criteria for voluntary admission. If the client with active tuberculosis exhibits any non-adherence with therapy, a court order for involuntary admission should be obtained.

Clients being admitted to AGH must meet the following criteria:

1. A positive culture for *M.tuberculosis* **or**

2. A positive acid-fast bacillus (AFB) stain with a positive Nucleic Acid Amplification (NAA) probe for TB ***and***
3. A highly suspicious clinical presentation, e.g., positive PPD, a chest x-ray (CXR) compatible with active tuberculosis or clinical symptoms which suggest TB, such as prolonged fever, chills, night sweats, weight loss, productive cough.

Voluntary admissions requiring in-client therapy must be:

1. Multi-drug resistant tuberculosis (MDR-TB) clients and/or
2. Difficult or complicated cases of TB, characterized by:
 - a) Continued progression of disease despite apparent adequate therapy.
 - b) Clients requiring drug regimens which include medications requiring in-patient or parenteral administration which cannot be accomplished on an out-patient basis.
 - c) Clients unable to care for themselves as out-patients, due to the extent of their TB, or other concurrent illnesses without a more appropriate setting available.
 - d) Clients whose social conditions, e.g., the homeless, congregate living facilities, etc., complicates treatment efforts via traditional out-client therapy and whose treatment in the community, via DOT or other community-based strategies of intervention, proves to be unsuccessful or not feasible.

VII. GOALS AND OBJECTIVES

Department of Health

It is the goal and objective of the Department of Health to identify and contain the spread of active tuberculosis through treatment methodologies and procedures and Technical Assistance Guidelines specific to halt the spread of *Mycobacterium tuberculosis*. County Health Departments are encouraged to refer any active cases of tuberculosis, in which there is a question of management difficulties or who refuse treatment, to AGH for recommendations for management of their care.

AGH

It is the goal and objective of AGH to treat all active cases of tuberculosis to cure, and to refer them back to their respective county when treatment is completed or the client demonstrates effective coping skills when they are to be returned to the community.

VIII. BASIC PRINCIPLES

In the nation, approximately 5% of all people with tuberculosis cannot be cured of their disease with conventional TB medications and methodologies. Those people with active TB who cannot be treated in the community with conventional methods must be treated in a more restrictive environment, such as A.G. Holley State

Hospital. It is the mission of AGH to assure that all people with tuberculosis disease are treated until they are cured.

Individuals who are smear and culture positive for pulmonary or laryngeal TB are much more likely to spread the disease to others if they are not adherent with their treatment regimen. Florida Statute 392.51 provides the following:

["the Legislature declares that active tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to the public health and welfare." "The Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a system of mandatory treatment to cure, hospitalization and isolation for contagious cases...."]

Chapter 392 of the Florida State Statutes is the Tuberculosis Control Act that deals with Involuntary Hold, Emergency Hold, and Commitment to AGH. The specific protocol for each of these will be discussed later in this guideline.

All clients diagnosed with tuberculosis should be educated about the need to adhere to the prescribed therapy, including DOT, and possible legal consequences if prescribed treatment is not followed. The Acknowledgement of Tuberculosis Counseling form, DH 1179, and the Notice of Counseling for Directly Observed Therapy (DOT) for Tuberculosis form, DH 1184, should be signed by every client when initially seen by the CHD TB Nurse Case Manager.

The principle of utilizing the law for tuberculosis clients should begin when a client who has active tuberculosis begins to show non-adherence with their treatment regimen, i.e., missed appointments and excuses for not showing up; a demonstrated inability to cope with their surroundings (i.e., drug abuse, alcohol abuse, frequent arrests, etc.); refusing to swallow their medications in front of the health care worker; etc.

Thorough and timely documentation is critical to ongoing case management of TB clients. At the point when a client shows non-adherence, the health care worker should continue documenting any missed appointments, refusals, etc. and the County Health Department Nursing Supervisor or designee should speak to AGH or the TB Physician's Network and, if appropriate, with the CHD legal department to initiate court-ordered treatment or commitment.

It is necessary to demonstrate to the court that all attempts of treatment have been tried or considered and that commitment to AGH is the least restrictive environment for treatment.

Per Section 392.55, Florida Statutes, Physical Examination and Treatment, Subsection 1 - "Subject to the provisions of subsections (3) and (4), the department and its authorized representatives may petition the circuit court to examine or cause to be examined, or treat to cure or cause to be treated to cure, any person who has, or is reasonably suspected of having or having been exposed to, active tuberculosis." Subsections (3) and (4) continue to state that "A person may not be apprehended or examined on an out-patient basis for active tuberculosis without consent, except upon the presentation of a warrant duly authorized by a circuit court. In requesting the issuance of such a warrant, the department must show by a

preponderance of evidence that a threat to the public health and welfare would exist unless such a warrant is issued and must show that all other reasonable means of obtaining compliance have been exhausted and that no other less restrictive alternative is available."

IX. SPECIFIC AREAS OF RESPONSIBILITY

Florida Statute 392.51, Findings and Intent, states the following "...the Legislature finds that the delivery of tuberculosis control services is best accomplished by the coordinated efforts of the respective county health departments, the A.G. Holley State Hospital, and the private health care delivery system." In order to accomplish the intent of the statute, the following responsibilities are delineated:

1. The CHD Director, Administrator, Medical Director, Nursing Director or Designee is responsible for:

- Directly assigning a registered nurse to serve as the TB nurse case manager for each client with suspected or confirmed TB reported within their health jurisdiction. ***This includes those clients medically managed by non-health department health care providers.***
- Providing supervision of TB nurse case managers and other health department staff to ensure the appropriate administration of medications and documentation of missed appointments, missed medications, demonstration of attempts to locate and administer medication, and refusals of same.

2. The TB Nurse Case Manager is responsible for:

- Assessing the TB Directly Observed Therapy Log, DH 2110 and each report of missed medications or missed appointments, including refusals for medication, refusals to be examined, etc.
- Ensuring that documentation of attempts to locate or administer medications is clear and concise, and notifications are made to appropriate people, i.e., nursing director, CHD Director, etc.
- Assessing the need for the least restrictive means to treat the client; i.e., court ordered DOT (**Note:** an attempt at court ordered DOT is not a prerequisite for asking for hospitalization, in fact it is usually only appropriate in certain specific situations [see below under Protocols Section].), Emergency Hold/Involuntary Hold, court-ordered to AGH.
- Ensuring that notification is made to AGH if proceedings are contemplated for the client to be court-ordered to the hospital.

The TB Nurse Case Manager may designate other qualified, trained individuals to assist him/her in conducting and evaluating these activities.

3. Other Staff (e.g., HSRs, DOT Techs., etc.)

- Ensure notification to the TB Nurse Case Manager or designee of missed appointments, missed medications, refusals, etc. is timely and documented.

X. PROTOCOLS

1. Court-Ordered Treatment (also known as “Court Ordered DOT”)

The term “Court-Ordered Treatment or DOT” is not specifically mentioned in the statutes but has been implied by the statement in FS 364.64 ss. 2 “The department may petition a circuit court under s. 392.55, s. 392.56, or s. 392.57, as it deems appropriate, to require adherence to treatment plans prescribed under subsection (1).” It can be ordered by a judge when she/he feels the actions of the client have not been severe enough to warrant restrictive measures such as commitment to AGH, e.g., the client has been adherent for 3 months of medications then begins missing one appointment every other week. Court-Ordered DOT is probably not appropriate when the client is missing frequent appointments especially early in therapy and/or when concomitant serious substance abuse issues are present (since court orders usually cannot stop a client from alcohol abuse and nonadherence early in treatment poses a greater risk to the public’s health when the client may be more contagious).

Upon careful review of the health record, the TB nurse case manager will begin collecting documentation of client non-adherence. Once non-adherence has been established, the TB nurse case manager should contact her/his Nursing Supervisor at the County Health Department. The nursing supervisor will review the case to determine whether the non-adherence warrants legal action. The Nursing Supervisor must evaluate the reasons for non-adherence and determine whether there are any solutions to assist the client toward adherence. If there are no alternatives which would promote adherence, then the Nursing Supervisor should refer the case to AGH or the TB Physician’s Network (who will discuss with AGH), if appropriate, and then to the legal department.

The Legal Department shall petition the courts for court-ordered treatment for the county health department. This must be accomplished utilizing documentation from the TB nurse case manager and other staff, e.g., HSR, regarding the status of the client. Hearsay cannot be used, it must be **observed** behavior.

Once the court-ordered treatment has been obtained, the client must be informed of the specifics of the DOT and the client’s responsibility to adhere to the treatment regime as prescribed by the CHD. Further, the client should be advised that treatment includes the client’s need to submit to drug and alcohol testing if ordered and any testing as required by the treating TB physician, including but not limited to x-rays, sputum, and blood work. Any knowledge deficits or acknowledgements must be documented. The client will be treated until cured utilizing the court-ordered DOT. If further non-adherence with the court order is observed, committal to AGH should be pursued.

2. Involuntary Hold

As stated in Chapter 392.565, Execution of Certificate for Involuntary Hold - the Involuntary Hold may be imposed on any client **in the possession of a health care facility** who has previously been informed that they have active TB and who has been counseled about their disease and despite such diagnosis and counseling is threatening to leave or continues to be non-adherent with treatment. If the physician

at the health care facility has reason to believe that once the person leaves facility, the person will pose a threat to the public by not receiving adequate follow-up, then the physician will contact the State TB Controller or his designee at 1-800-4TB-INFO to request that the client be involuntarily held, using a certificate stating that the person appears to meet the criteria for involuntary examination or treatment and what that conclusion is based upon. The physician **must have documentation** to support the actions.

The physician shall also discuss with the nursing supervisor or TB nurse case manager of the county health department the reasons for the actions and also discuss these reasons with the State TB Controller or his designee.

Procedure for Issuing A Certificate of Involuntary Hold:

1. State Health Officer (or his designee) is contacted by the "treating" physician (must be a Florida licensed physician) or the health department physician and details of the case are discussed to assure that the client poses an imminent threat to the public's health as specified in FS 392.52 and 392.565.
2. If the case is felt to meet the necessary requirements, the first part of the certificate is faxed by the State Health Officer to the physician to fill out (all requested information must be completed) and sign. Once completed, it is faxed back to the State Health Officer.
3. State TB Controller reviews the first part and then faxes the completed form including the actual order to the requesting physician, healthcare facility, responsible County Health Department, the County Health Department Attorney.
4. Healthcare facility makes appropriate arrangements to hold client or notifies the sheriff for transport when appropriate.
5. After the certificate of involuntary hold has been issued, the county health department shall immediately file the certificate and hold order in the appropriate circuit court jurisdiction.

The physician requesting the certificate should be prepared to present statements to the court supporting his or her reasons for seeking restrictions. Often the client is held in the healthcare facility where the order was requested. After the issuance of the Involuntary Hold Order, it is the responsibility of the sheriff of the county where the certificate was issued to take the client into custody and deliver the person to the nearest available licensed hospital; or to another location where a negative pressure room is available, for appropriate observation, examination, and treatment. The client cannot be detained longer than 72 hours under the Involuntary Hold Order. The filing of a certificate for involuntary hold serves as a petition of involuntary treatment or hospitalization. A separate petition for involuntary treatment or hospitalization need not be filed. A hearing must be scheduled within 72 hours of the issuance of the hold order, for the client regarding his or her care, treatment, and findings. It is imperative to remember to get the legal department involved **immediately**. The client **must** be provided with legal counsel prior to the court decision.

An Involuntary Hold means the client is in possession at the time of the order.

3. Emergency Hold

The difference between an Involuntary Hold and an Emergency Hold is the location of the client and the imminence of the action. An involuntary hold should be invoked

when the client is in the possession of a healthcare facility and is imminently threatening to leave before a court order could be issued. An Emergency Hold is utilized when the client is not in a healthcare facility, e.g., the client is at home or the client's whereabouts are not known or there is no immediate need for the order while in a healthcare facility and obtaining a court order in a timely manor is possible. Obtaining a court-ordered Emergency Hold should always be pursued first, if it is feasible. However, if the client has shown by words or actions that she/he is going to leave and pose a threat to the public's health and is in a healthcare facility then a Certificate of Involuntary Hold should be pursued.

The Emergency Hold may be executed on any client who is reasonably suspected of having active tuberculosis and has been advised of the diagnosis and received counseling about their disease and despite such counseling refuses to be adherent with treatment or refuses to be examined or is lost to treatment. The county health department must show evidence, i.e., documentation of non-adherence with treatment in order to petition for an emergency hold order.

The TB nurse case manager or nursing supervisor will collect documentation regarding the client, discuss with the physician the need for the emergency hold, and request the legal department of the county health department to file for an emergency hold order. Once the emergency hold order is issued, the court will direct the sheriff, i.e., put out a BOLO (be on the lookout) to immediately confine the person who has active or is suspected of having active tuberculosis, if the client is not in custody at the time. The sheriff and the circuit court shall consult with the county health department concerning any necessary infection control procedures to be taken (i.e., masks, negative air flow, etc.). It is the responsibility of the County Health Department to identify a facility in the community that is willing to hold the client in an appropriate environment, e.g., secure and/or airborne isolation precautions are available, if appropriate, until the court hearing. This facility should be identified in the order so that the sheriff can deliver the client there. It is recommended that the County Health Department identify such facilities **before** the need for an order arises.

Once the client is in custody, the emergency hold order may not continue for more than five (5) days or the time period necessary for conducting hearings for potential placement into AGH. Simultaneously with the filing of an emergency hold order, the legal department shall also file either a petition for Involuntary Hospitalization or Petition for Treatment. The client must be afforded legal representation in this process.

4. Court-Ordered Admission to A. G. Holley State Hospital

As stated above, once all least restrictive means have been exhausted, the client who is still not adherent with the treatment regimen may be court ordered to AGH for the remainder of their treatment.

Note: Non-adherence with the treatment regimen may mean that the client is taking their medications but is still drinking alcohol/beer/wine or taking drugs, refusing to take his/her medications for **any** reason (and the reasons have been addressed by the physician and the client remains non-adherent), refusing DOT, refusing to

undergo the necessary laboratory work, e.g., sputum collection, blood work, or examinations, including chest x-rays, etc.

The TB nurse case manager or nursing supervisor will collect documentation regarding the client, discuss with the County Health Department physician or the TB Physicians Network physician the need for admission to A.G. Holley, and if both agree, then notify the AGH physician and then the CHD legal department will file for involuntary admission to AGH.

During the same time that the legal proceedings are being arranged, the admissions office at AGH (561) 540-3792/SC 256-3767, as well as the TB Physician's Network (1-800-4TB-INFO), must also be notified of the pending admission by the TB nurse case manager or nursing supervisor, so bed availability can be arranged.

Refer to A.G. Holley Admission Department Policy and Procedure, AGH-AD#1 for details. Paperwork required for admission to AGH is Request for Admission AGHADM 1 which consists of two pages. These items are available from AGH or via the TB website at www.doh.state.fl.us/disease_ctrl/tb/TBForms/TBformsmenu.htm. Prior to admission to AGH, the client's medical record must be photocopied and sent to AGH's Admissions Coordinator.

Transportation to AGH:

Discussion by the County Health Department physician with AGH physician concerning safe and the most appropriate mode of transfer to AGH, including necessary infection control precautions must occur **prior** to transfer.

5. Voluntary Admission to A.G. Holley State Hospital

When a client despite adherence is either not adequately responding to therapy, or therapy in the community is not deemed to be feasible due to the complexity of treatment, lack of availability to provide treatment or concomitant medical illnesses which make treatment in the community improbable, the client should be referred to the TB Physicians Network or AGH physician for possible voluntary admission (criteria for Voluntary Admission in Section VI).

Once agreed that the client is appropriate, discussion with the client concerning the need for admission and probable prolonged stay should be conducted. If the client agrees, the necessary paperwork should be submitted, i.e., medical records, CHD records, admission forms to the AGH admission department.

Transportation to AGH:

The CHD is responsible for arranging transportation to AGH which differs from court-ordered admission where the sheriff is responsible. Also see **Transportation to AGH** under X. Protocols 4.