

REQUEST FOR ADMISSION TO UNIVERSITY OF UTAH HOSPITAL UNDER THE DHHS TB CONTRACT PROTOCOL / COURT-ORDERED INVOLUNTARY ISOLATION

Requesting Agency Responsibilities:

1. Authorization for Funding to the TB-accepting patient care unit under the TB contract:
 - Rule-out TB and diagnosed TB patients must have funding for their admission authorized by the DHHS TB Program. Requesting agency must contact Rachel Ashby (or designee) for authorization to admit a TB or rule-out TB to the STBU or other inpatient TB unit, if indicated. DHHS will pay for admit as payer of last resort; ONLY TB-related charges are eligible. DHHS cannot authorize payment retroactively; if approved, admit will be eligible for funding no earlier than the date DHHS is informed. ED visit(s) will not be covered.

Contact: 1st call: Karla Jenkins, RN, DHHS 801-538-6224
2nd call: Rachel Ashby, TB Manager DHHS 801-538-9315
After-hours or weekends: 801-538-6191, option 1, or 888-EPI-UTAH
Contact: Inform patient's local county health department of rule out TB case admission.
If SL County patient: SLCoHD: Madison Clawson, Tara Scribellito, or Tair Kiphibane @ 385-468-4222; after-hours weekends @ 801-580-8597

2. Requesting agency (SLCoHD/4th Street Clinic, etc) contacts UUH Transfer Center at 801-587-8980 and asks for the "rule out TB" physician, Dr Barbara Cahill, or designee. UUH Transfer Center will page the rule out TB physician to discuss case with requesting agency provider and request admission. If Dr. Cahill is not available (out of town, etc.), the UUH Transfer Center will contact the Inpatient Pulmonology Attending on service.

Contact: 1st call: Barbara Cahill, MD, Rule out TB physician- 801-585-3135; pager 801-339-8190
2nd call: Inpatient Pulmonology Attending on Service via Operator at 801-581-2121

Contact: UUH TB Unit: E40 Acute Med Pulm Nurse's station 801-646-7700

Any DHHS contracted patient is to be admitted to E40 Acute Med Pulm unless the patient's acuity* warrants a higher level of care. If not directly admitted to E40, approved TB-related charges will still be covered but the patient must be transferred to E40 Acute Med Pulm when medically able.

***All DHHS contracted patients are to be admitted to the Pulmonology Inpatient Service and cared for on the E40 Acute Medicine-Pulmonary unit in one of two designated patient rooms (4905 & 4920) unless the admitting physician deems the patient needs ICU or specialty care not possible on E40 (i.e. chemotherapy, perioperative surgical care, cardiovascular care). Patients requiring involuntary isolation must be cared for on E40.**

3. Patient will be admitted by the pulmonary service, either through the admitting office or directly to the E40 Acute Med Pulm or MICU, based on patient acuity, as determined between the admitting pulmonary physician and the requesting agency.

→ Patients are not to be sent to the Emergency Department or admitted through the Emergency Department, unless prior arrangements with admitting MD and DHHS have been made and extenuating circumstances exist, e.g., critical census, emergent care, etc.

4. DHHS will contact the University Hospital Infection Prevention and Control office at 801-581-2706.

Admitting MD Responsibilities:

1. Admitting pulmonary physician (or designee) is responsible for admission request to E40 Acute Med Pulm inpatient unit, or MICU (if medically indicated).

Admitting Office Responsibilities:

1. Hospital bedboard/Admitting center contacts the E40 Charge Nurse at 801-646-7700 to notify of pending admission and to clarify whether the room must be secured due to court order for involuntary isolation.
2. **DHHS TBC funded patients have bed priority for E40 Acute Med Pulm rooms 4905 or 4920.**
3. University Health Care (UHC) must determine eligibility for alternate funding sources once patient admitted under DHHS TBC contract- DHHS is payer of last resort (for TB-related services only) and will not pay unless UHC demonstrates no other payer source available.

Inpatient Unit Responsibilities:

1. E40 or MICU Charge Nurse to notify Hospital Infection Prevention and Control of admission of any Utah Department of Health Tb patients and will specify whether or not the patient is under involuntary isolation due to court order.

Hospital Infection Prevention & Control Responsibilities:

1. Ensure DHHS and SLCoHD (or appropriate local health department) is aware of admission.