

Local Health Officer Duties and Roles: A Clinical Case Study

Dr. Anita Stewart

Nicholas County Health Department

Health Officer



Case Presentation--TW

- 56 yo male
- Presented to ED with respiratory failure, intubated, in ICU. Uncertain etiology
- 30 pound weight loss in last 6 months.
- Mycobacterium positive. Placed in respiratory isolation.
- Transferred to tertiary care facility
- Notified at LHD of +TB



Case Presentation--TW

Clinical Course:

- Pt self extubated at tertiary care facility. Case management/infection control involved. Communication from social worker/infection control to local public health. Discharged to home with partner.

Other Considerations:

- Multiple healthcare workers exposed at hospital prior to results in emergency department
- Collaboration with local infection control to test exposed healthcare personnel.
- Plan in place to test close contacts



Challenges of TW

Set up for home oxygen

Medically frail

No local PCP

No transportation.

Housing unstable

Alcohol Use Disorder

No internet/poor cell reception

Legal concerns

Adult Protective Service concerns

Unsafe environment

Reliability of support systems

Hesitancy from LHD staff



NEXT STEPS?

- Consult West Virginia Chapter 16—What are we charged to do?
- How do these apply to this complex patient?



West Virginia Code—Chapter 16

ARTICLE 3D. TUBERCULOSIS TESTING, CONTROL, TREATMENT AND COMMITMENT.

§16-3D-4. Report of Cases, admissions, registration of patients

(a) Every physician practicing in this state, every public health officer in the state, and every chief medical officer having charge of any hospital or clinic or other similar public or private institution in the state shall report electronically or in writing to the local health department in the patient's county of residence all information required by the Commissioner for every person having tuberculosis who comes under his or her observation or care. Such report shall be made within twenty-four hours after diagnosis.

(b) Every local health department shall forward all reports of tuberculosis cases filed pursuant to this section to the Bureau tuberculosis program within twenty-four hours of receipt of such reports.



West Virginia Code—Chapter 16

ARTICLE 3D. TUBERCULOSIS TESTING, CONTROL, TREATMENT AND COMMITMENT.

§16-3D-2. Definitions.

(1) "Active Tuberculosis" or "Tuberculosis" means a communicable disease caused by the bacteria, *Mycobacterium tuberculosis*, which is demonstrated by clinical, bacteriological, radiographic or epidemiological evidence. An infected person whose tuberculosis has progressed to active disease may experience symptoms such as coughing, fever, fatigue, loss of appetite and weight loss and is capable of spreading the disease to others if the tuberculosis germs are active in the lungs or throat.

(6) "Local health officer" means the individual physician with a current West Virginia license to practice medicine who supervises and directs the activities of the local health department services, staff and facilities and is appointed by the local board of health with approval by the commissioner.



West Virginia Code—Chapter 16

§16-3D-7. Procedure when patient is a health menace to others; court ordered treatment; requirements for discharge; appeals.

(a) If any practicing physician, public health officer, or chief medical officer having under observation or care any person with tuberculosis is of the opinion that the environmental conditions of that person are not suitable for proper isolation or control by any type of local quarantine as prescribed by the Bureau, and that the person is unable or unwilling to conduct himself or herself and to live in such a manner as not to expose members of his or her family or household or other persons with whom he or she may be associated to danger of infection, he or she shall report the facts to the Bureau which shall investigate or have investigated the circumstances alleged.



West Virginia Code—Chapter 16

§16-3D-7. Procedure when patient is a health menace to others; court ordered treatment; requirements for discharge; appeals.

(b) If the Commissioner or local health officer finds that any person's physical condition is a health menace to others, the Commissioner or local health officer shall petition the circuit court of the county in which the person resides, requesting an individualized course of treatment to deal with the person's current or inadequately treated tuberculosis. Refusal to adhere to prescribed treatment may result in an order of the court committing the person to a health care facility equipped for the treatment of tuberculosis: Provided, That if the Commissioner or local health officer determines that an emergency situation exists which warrants the immediate detention and commitment of a person with tuberculosis, an application for immediate involuntary commitment may be filed pursuant to section nine of this article.





West Virginia Code—Chapter 16

ARTICLE 3D. TUBERCULOSIS TESTING, CONTROL, TREATMENT AND COMMITMENT.

§16-3D-9. Procedures for immediate involuntary commitment; rules.

(a) An application for immediate involuntary commitment of a person with tuberculosis may be filed by the Commissioner or local health officer, in the circuit court of the county in which the person resides. The application shall be filed under oath, and shall present information and facts which establish that the person with tuberculosis has been uncooperative or irresponsible with regard to treatment, quarantine or safety measures, presents a health menace to others, and is in need of immediate hospitalization.





West Virginia Code—Chapter 16

ARTICLE 3D. TUBERCULOSIS TESTING, CONTROL, TREATMENT AND COMMITMENT.

§16-3D-9. Procedures for immediate involuntary commitment; rules.

(e) At the conclusion of the hearing the magistrate or circuit court judge shall enter an order stating whether there is probable cause to believe that the individual is likely to cause serious harm to herself or others as a result of his or her disease and actions. If probable cause is found, the individual shall be immediately committed to a health care facility equipped for the care and treatment of persons with tuberculosis. The person shall remain so committed until discharged in the manner authorized pursuant to subsection (e), section seven of this article: Provided, That in the case of an alcoholic or drug user, the judge or magistrate shall first order the individual committed to a detoxification center for detoxification prior to commitment to health care facility equipped for the care and treatment of persons with tuberculosis.



September 2024






PROTOCOL FOR ADMITTING PATIENT WITH TUBERCULOSIS TO A STATE INSTITUTION

Patient Assessment

A. Health Officer and Public Health Nurse at local health department (LHD) meet to discuss patient's need for institutionalization.



a. Examples of circumstances that would qualify patient:

- Homelessness. 
- Unable to care for self as evidenced by malnutrition, dehydration or  mental status.
- Lack of family support. 
- Refusal to adhere to prescribed treatment.

B. Local Health Officer and/or Public Health Nurse needs to meet with patient to discuss/inform them of the possible need for commitment.



C. If the Local Health Officer decides the patient needs alternative living facilities:

- a. Voluntary – Patient agrees.
 - Follow Protocol for Voluntary Admission.
- b. Court Ordered/Involuntary, patient does not agree or is recalcitrant.
 - Follow Protocol for Court Ordered or Involuntary Commitment.



Voluntary Admission

Voluntary Admission

- A. The LHD will notify the WV Tuberculosis Elimination Program (WV TBEP) to discuss the patient issues with WV TBEP's Medical Director and/or Program Director.
- B. The LHD will submit a "Request for Admission" form and any supporting patient records to WV TBEP.
- C. Once the WV TBEP Medical Director receives and reviews the form and any supporting information submitted.
- D. The WV TBEP Medical Director will coordinate the admission with the state facility (Welch Community Hospital or Jackie Withrow Hospital).

WV Tuberculosis Elimination Program (WV TBEP)

350 Capitol Street, Room 125, Charleston, WV 25301

304-558-3669(ph) 304-558-1825(fax)

<https://oeps.wv.gov/tuberculosis/Pages/default.aspx>

Page 1 of 5



Voluntary Admission

- E. WV TBEP will send the “Request for Admission” form along with orders from the WV TBEP Medical Director to the facility.
- F. The WV TBEP will inform the LHD of which facility the patient will be admitted to.
- G. The LHD will inform the patient and then the “State Facility Treatment Agreement” will be completed by LHD/patient and sent to WV TBEP.
- H. The WV TBEP will review and forward the State Facility Treatment Agreement to the admitting facility.
- I. The patient will make arrangement to be transported to facility (transportation is the responsibility of LHD if the patient is unable to transport self).
- J. The Attending physician at facility of admission and WV TBEP Medical Director will keep an open line of communication prior to and throughout the patient’s hospital admission and stay.



Voluntary Admission

K. The WV TBEP Medical Director will order and monitor the patient's TB treatment by:

- a. Ordering the patient's TB medication, labs, x-rays, etc.
- b. Visiting the patient at the facility at least monthly.
- c. Will be available for consultation with the state facility staff regarding the patient's TB treatment.

(The WV TBEP Medical Director should be credentialed at the state facility where TB patient is admitted if possible.)

L. The attending physician at state facility will follow and treat patient while in the facility for ongoing medical needs.

M. The patient's TB treatment is not to be changed, adjusted or discontinued by the attending physician without consulting WV TBEP Medical Director unless an emergency or evidence of drug toxicity exists.

N. The patient is not to be discharged until suitable continued domiciliary treatment is arranged, and these arrangements are discussed with and approved by WV TBEP.



Voluntary Admission

- O. Discharge plans for the patient will include suitable housing, follow-up appointment with the LHD nurse for directly observed therapy (DOT) of TB medications and may also include providing the patient with a supply of TB medications at discharge to last until the local health department can re-establish the patient's care.
- P. If the patient leaves the facility Against Medical Advice (AMA), the following procedure should be followed:
 - a. The LHD of the patient's county of residence and WV TBEP should be notified immediately.
 - b. If the patient is homeless, he/she must provide a place of residence they are going to.
 - c. The patient will be given directions to report to the LHD in their county of residence early AM of the next business day.
 - d. The patient will be given a 3-day supply of TB medications prescribed with instructions.



Involuntary Commitment

Involuntary or court ordered commitment

- A. The LHD will call the WV TBEP to discuss the patient's issues with the Medical Director, Program Director and/or Surveillance Nurse.
- B. If it is determined that the patient is in need of immediate hospitalization the Commissioner of the Bureau for Public Health or Health Officer for the involved county will contact the county prosecutor to obtain a court order for commitment.
- C. The patient will be committed to a facility equipped for the care and treatment of a person with TB.
- D. Individuals needing co-treatment for TB and drug and/or alcohol dependency will be sent to a facility that is able to provide care for both.
- E. Individuals needing co-treatment for TB and other medical conditions will be sent to a facility that is able to provide care for both.



Involuntary Commitment

- F. The LHD will submit a “Request for Admission” form and “State Facility Treatment Agreement” form to WV TBEP.
- G. The WV TBEP will receive and review the forms.
- H. The WV TBEP Medical Director will call the state facility (Welch Community Hospital/Jackie Withrow Hospital) to coordinate the patient’s care.
- I. The WV TBEP will send the forms along with orders from the Medical Director to the facility.
- J. The WV TBEP will inform the LHD of which facility the patient is to be admitted to.
- K. The patient is to be transported to the facility (transportation is the responsibility of LHD if the patient unable to transport self).
- L. The attending physician at facility of admission and the WV TBEP Medical Director will keep an open line of communication prior to and throughout the patient’s hospital admission and stay.
- M. The WV TBEP Medical Director will order and monitor patient’s TB treatment by:
 - a. Ordering the patient’s TB medication, labs, x-rays, etc.
 - b. Visiting the patient at the facility at least monthly.



Involuntary Commitment

- N. The attending physician at the state facility will follow and treat the patient while in the facility for ongoing medical needs.
- O. The patient's TB treatment is not to be changed, adjusted or discontinued by the attending physician without consulting WV TBEP Medical Director unless an emergency or evidence of drug toxicity exists.
- P. The patient is not to be discharged until suitable continued domiciliary treatment is arranged, and these arrangements are discussed with and approved by WV TBEP.

WV Tuberculosis Elimination Program (WV TBEP)

350 Capitol Street, Room 125, Charleston, WV 25301

304-558-3669(ph) 304-558-1825(fax)

<https://oeeps.wv.gov/tuberculosis/Pages/default.aspx>

Page 4 of 5

September 2024



PROTOCOL FOR ADMITTING PATIENT WITH TUBERCULOSIS TO A STATE INSTITUTION

- Q. Discharge plans will include suitable housing, a follow-up appointment with the LHD nurse for directly observed therapy (DOT) of TB medications and may also include providing the patient with a supply of TB medications at discharge to last until the local health department can reestablish the patient's care. Community Mental Health Centers may be involved in patient's discharge as per facility's discharge protocol.
- R. If the patient leaves the facility AMA:
 - a. The chief Medical Officer shall issue a warrant directed to the sheriff of the county commanding him/her to arrest and carry the escaped person back to the hospital.
 - b. The state facility will call WV TBEP to inform them of the AMA.
 - c. The WV TBEP will inform LHD of the AMA.



Involuntary Commitment

State Facility

- A. Jackie Withrow Hospital is the point of contact for WV TBEP regarding TB admissions.
- B. The WV TBEP will inform Jackie Withrow Hospital of any TB admission to any state facility.
- C. Jackie Withrow Hospital will inform the Bureau for Behavioral Health and Health Facilities of the TB admission.
- D. Jackie Withrow Hospital, along with WV TBEP's input, will decide the appropriate facility to meet the patient's needs. Welch Community Hospital and William R. Sharpe, Jr. Hospital are other state facilities that may be utilized if needed based on the complexity of the patient's condition.



October 2024



**West Virginia Department of Health Tuberculosis Elimination Program –
PHYSICIAN REQUESTING ADMISSION OF TUBERCULOSIS PATIENT TO STATE HOSPITAL**

DATE: _____ VOLUNTARY: _____ COURT ORDERED: _____

PATIENT NAME: _____ BIRTH DATE: _____

ADDRESS: _____

SEX: _____ RACE: _____ ETHNICITY: _____ PLACE OF BIRTH: _____

OCCUPATION: _____

NORMAL WT: _____ CURRENT WT: _____ WT. LOSS PAST 6 MONTHS: _____

HIV STATUS KNOWN: _____ RECEIVING HIV TREATMENT? _____

SIGNS AND SYMPTOMS OF TB – CIRCLE ALL THAT APPLY TO PATIENT

COUGH SWEATS ANOREXIA

HEMOPTYSIS SEVERE FATIGUE HOARSENES

FEVER NIGHT WEIGHT LOSS

CXR RESULTS: _____ SPUTUM SMEAR/CULTURE RESULTS: _____

PREVIOUS TB TREATMENT? Yes ___ No ___ WHEN: _____ WHERE: _____

DRUG USE / INJECTABLE DRUG USE WITHIN PAST YEAR: Yes ___ No ___

EXCESS ALCOHOL USE WITHIN PAST YEAR: Yes ___ No ___ SMOKER: Yes ___ No ___

HOMELESS WITHIN PAST YEAR: Yes ___ No ___ PREGNANT: Yes ___ No ___

OTHER RISK FACTORS: _____

Health Officer Signature County

I do _____ I do not _____ recommend the applicant for admission.

Sandra y. Elliott, MD - Medical Director WV-DTBE DATE

Physician Requesting Admission of TB Patient to State Hospital Form



Case Presentation--TW

Set up for home oxygen

Medically frail

No local PCP

No transportation

Housing unstable

Alcohol Use Disorder

No internet/Poor cell service

Legal concerns

Adult Protective Service concerns

Unsafe environment

Reliability of support systems

Hesitancy from LHD staff



Case Presentation—TW

- Concern for safety of patient. Threats from brother.
 - Call to State Epi for support. Sent TB Protocols. Suggested Adult Protective Services.
 - Adult Protective Services consulted. No follow up from APS worker on case.
- Directly Observed Therapy—Pt has no transportation.
 - Visits to his residence. Transport per protocol
- Concerns for staff safety for visits.
 - Law Enforcement to support first visit.
 - Contract made with patient during first visit



Case Presentation--TW

- Care Plan Developed:
 - In-home assessment
 - LHO to assess patient; order for home oxygen. No follow up from home health
 - Options discussed with patient. Shared decision making
 - Contingency Plans?
 - Local Hospital prepared to admit if conditioned worsened
 - Commitment at Jackie Withrow as last resort
 - Social Supports
 - Food, shelter, supports for partner



Case Presentation--TW

- Care Plan Developed:
 - Initial and follow up TB testing for high-risk healthcare exposures—2 +
 - Initial and follow up testing of close contacts of patient—partner negative.



Wrap Up/Recommendations

Understand WV Code and Rules of disease process

Reference Department of Health Protocols

Partner with local facilities for contingency plans

Shared decision making with patients

Clear communication and planning with local and state health department staff

