

Patient Isolation Unit (PIU) Discharge Plan

Background

Patients admitted to the PIU will undergo case by case basis for discharge to community depending on the infectious pathogen in question as well as community and home resources available. A major component of discharge will be satisfactory evidence of lack of communicability or public health threat, as determined by the treating physician as well as the local and state public health bodies, in addition to guidance put forth by the Centers for Disease Control and Prevention where applicable.

Pre Discharge Preparation

These steps below describe the steps that should be undertaken as part of the pre-discharge planning for any patients admitted to PIU.

- 1) Immediately after admission to PIU, the clinical care team should ascertain the following elements of patient's living situation:
 - a. Presence and ages of family members or roommates sharing living space with patient.
 - b. Presence of any pets in the household.
 - c. Type of living space occupied by patient (i.e. apartment building, single-family house) and whether it is rented or owned (this may affect patient's ability to return home).
- 2) Clinical care team, led by the infectious diseases attending, will discuss potential options that may exist with discharge depending on guidance from public health authorities, patient preference and clinical situation.
- 3) With patient permission, the treating physician will offer to hold family conference to answer any immediate questions from the family regarding patient condition as well as public health advisories associated with pathogen in question, as well as recommendations for household contacts.
- 4) Treating physician will share this information as needed with public health bodies or the hospital epidemiologist as is needed to help determine discharge plan.

Discharge Procedure

Stability for discharge will include assessment of clinical status, communicability and social situation. The exact criteria will be different depending on the pathogen in question. Community activity restrictions and other public health recommendations will be shared with the patient once appropriate public health bodies determine what these are for the case in question. Once the patient is deemed medical stable and safe for discharge, the following procedure must be followed:

- The treating physician will ~~contact~~ consult hospital epidemiologist to outline the potential discharge.
- ~~The hospital epidemiologist~~ Treating physician/case management will contact the Boston Public Health Commission, where upon appropriate measures will be taken to contact the Massachusetts Department of Public Health, and from there the local public health authority of the patient's home town.

Commented [REDACTED]: Could you expand this section? As an example, a patient with tb may be medically stable and safe for discharge home, but may not be safe to go to the store/church/back to work/etc.

Commented [REDACTED]: Hospital Epi will be pleased to participate, however, discharge planning is the role of the case manager. Case manager will need to talk with state or local board of health to develop the discharge plan. EPI/ID can consult.

- If BPHC AND local board of health are in agreement regarding discharge plans, patient will be provided with a personalized discharge kit that outlines:
 - Signs and symptoms of concern that should elicit contacting Boston Medical Center or Research Occupational Health Program if patient is a National Emerging Infectious Diseases Laboratories (NEIDL) employee as well as outline of procedure that will be employed to have patient return to PIU or ID clinic depending on the pathogen or scenario.
 - A thermometer and a fever log and instructions on use
 - Laminated card with contact numbers.
 - Copy of the discharge summary and a patient and family education pamphlet on the disease in question.
- Patient will receive face to face education from the Infectious Diseases physician of record at the PIU.
- If patient is being followed at home under quarantine, the local public health body will coordinate check ins as determined appropriate based on pathogen or scenario. If patient is a NEIDL employee, both ROHP as well as local public health bodies will determine a mutually agreed upon plan for check in and follow up.