 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>COMMUNITY HEALTH INFORMATION FORM COMPLETION GUIDELINE</b></p>	<p><b>Form Name:</b> Population and Public Health Tuberculosis Services Referral Form</p>	<p><b>Form Number:</b> WCC-00316</p>
	<p><b>Approved By:</b> WRHA Integrated TB Services</p>	<p><b>Pages:</b> 1 of 2</p>
	<p><b>Approval Date:</b> September 2020</p>	<p><b>Supersedes:</b> January 14, 2019</p>

## 1.0 FORM PURPOSE

To aid and enhance the communication and transfer of necessary client information from health care providers to Population and Public Health (PPH) Tuberculosis (TB) Services for community care for TB clients.

## 2.0 USED BY

Health care providers in Acute Care (including outpatient clinics), Home Care, Long Term Care, Primary Care, or other referring programs should complete the Referral Form when referring a TB client to PPH TB Services for community care.

Health care providers to complete this form to refer a TB client to PPH TB Services for continuation of TB related care, Home Isolation and/or DOT/DOPT. *Exception: Children who were referred by PPH TB Services to Pediatric TB Clinic for assessment for LTBI or WPP*

## 3.0 GUIDELINES FOR COMPLETION: Complete all applicable sections of the Referral Form. Information attached to the referral does not need to be repeated on the form.

**Demographic Information:** Enter client demographic/identifying information in the top right corner of the form, addressograph section.

**Client Information:** Document temporary/alternate contact/locating information. Identify preferred language, need for interpreter services. Indicate whether the client (or representative) is aware a referral to PPH TB Services was made.

### **Purpose of Referral:**


*Public Health Tuberculosis Case Management* is the community and public health support of active cases. This often includes client support, DOT/, and contact investigations.

- Home Isolation Assessment Required – clients who need home isolation require public health to assess suitability for home isolation and to arrange for delivery of care.

*Directly Observed Treatment/Directly Observed Preventative Treatment (DOT/DOPT)* for clients from: other jurisdictions outside of the WRHA & First Nations & Inuit Health Branch (FNIHB) needing DOT/DOPT staying in Winnipeg; OR pediatric Immigration Refugees and Citizenship Canada (IRCC) referrals needing DOPT. These clients require current orders and/or prescriptions to proceed with medication-related service requests.

*Other:* If requesting PPH TB Services not defined in above categories.

**NOTE:** Complete and fax this referral to PPH TB Services for clients already on PPH TB case management who are hospitalized during their course of treatment and are then to be discharged/transferred back to community for public health support and DOT/DOPT. New medical orders are required.

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**Applicable Documents:**

- C.A.R.E. Alert required if one is in place.
- Clinical Notes required for all new cases.
- Demographic Sheet provided for every referral.
- Physician order sheet required for all new cases.
- Prescription is attached only for clients who reside outside of the WRHA & FNIHB and DOT/DOPT requested
- Reports: Microbiology/Pathology/Radiology report(s) required when TB diagnosis is based on report.
- Requisitions: Blood/Microbiology/Radiology requisition(s) required for PPH TB Services to facilitate follow up.
- Other: Additional information relevant for Public Health case management

**Diagnosis:** Check the box that applies to the referral. If a clinical case, include the diagnostic/lab report(s). Document TST/IGRA results when known.

**Additional Comments:** If comments require additional space, an Integrated Progress Note can be attached.

**Referral Source:** Referring practitioner to provide contact information.  
Referral Date: is the date referral form is faxed to PPH TB Services.

**To be completed by Population Public Health TB Services:** PPH TB services will respond to referrals by completing this section and faxing back to referring practitioner or documenting in the chart copy as applicable. Further clarification and/or information may be requested. PPH will inform unit staff if client does/does not meet home isolation criteria as per Home Isolation Guideline. An Integrated Progress Note will be attached if comments require additional space.

- 4.0 FILING/ROUTING INSTRUCTIONS:** Fax the completed referral to PPH TB Services (Fax 204-957-0884) at least 2 business days prior to client requiring TB related care within the community (e.g., 2 business days prior to hospital discharge) to allow PPH TB Services to coordinate services needed
- 5.0 PRINTING:** The form can be printed directly from Insite. Please use white paper and black ink to ensure readability of faxed referral.
- 6.0 AUTHOR TEAM:** PPH TB Services Guideline Working Group: *Clinical Nurse Specialist, Communicable Disease Coordinators, Medical Officer of Health, Public Health Nurses, Team Manager.*