GOTCH LAW FOR ALL PATIENTS IN HEALTHCARE FACILITIES
All active or suspect TB patients being discharged from the hospital, or transferred to another healthcare facility or congregate setting, require prior approval by the TB Control Program (GOTCH LAW). A Confidential Tuberculosis Suspect Case Report Form and Tuberculosis Discharge Care Plan must be completed, and approval obtained from the TB Control Program staff prior to discharge or transfer. The TB Control Program has 24 hours to review Tuberculosis Discharge Care Plan. Please submit an initial Confidential Tuberculosis Suspect Case Report Form as soon as the patient is considered a TB suspect or is confirmed as a TB case. The law mandates that a TB patient can not be discharged or transferred without approval from the health department TB Control Program.

WHY DO WE REPORT?
Reporting of all patients with confirmed or suspected Tuberculosis is mandated by the State Health and Safety Codes (HSC) Division 105, Part 5 and Administrative Codes, Title 17, Chapter 4, Section 2500 and must be done within 1 day of diagnosis. Health and Safety Code section 121361 also mandates that, prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written, discharge plan approved by the TB Controller.

WHO MUST REPORT?
All health care providers (including administrators of healthcare facilities and clinics) in attendance of a patient suspected to have, or confirmed with, active tuberculosis, must report within 1 working day from the time of identification (California Code: Title 17, Chap. 4, Sec. 2500).

WHEN DO YOU REPORT?
Hospitals must submit a Confidential Tuberculosis Suspect Case Report followed by a Tuberculosis Discharge Care Plan when active TB is one of the primary differential diagnosis. This often occurs when the following conditions are present:

A. 1. Signs and symptoms of tuberculosis are present, and/or;
   2. The patient has an abnormal CXR consistent with tuberculosis and/or;
   3. The patient is placed on two or more anti-tuberculosis drugs
B. When bacteriology smears are positive for acid fast bacilli (AFB)
C. When the culture is positive for M. Tuberculosis or M. Bovis
D. When molecular testing (i.e. polymerase chain reaction tests (PCR) or Nucleic Acid Amplification Tests (NAAT) is positive for Mycobacterium tuberculosis complex
E. When pathology report is consistent with tuberculosis (i.e. granulomas)

IF A KNOWN TB PATIENT IS READMITTED TO THE HOSPITAL, DO I STILL NEED TO SUBMIT A GOTCH?
YES. A GOTCH is required any time a confirmed or suspect TB case is discharged from or transferred from a health facility, this includes hospitals, nursing homes, rehabilitation facilities, and all congregate settings (including jails).

HOW DO YOU REPORT?
A Confidential Tuberculosis Suspect Case Report must be submitted, within one working day of diagnosis, by all Long Beach hospitals to the Long Beach Department of Health and Human Services TB Control Program. If the patient resides outside the city, the form will be forwarded to the patient’s local health department, but the Long Beach TB Control Program will be the point of contact for all LONG BEACH hospitals and facilities for GOTCH approval.

In addition, a written Tuberculosis Discharge Care Plan should be submitted to the Long Beach Department of Health and Human Services TB Control Program two working days prior to the anticipated discharge date. TB Control staff will review the plan within one working day and notify the hospital of discharge approval.

The following documentation is routinely requested prior to GOTCH approval. Please provide as soon as possible to facilitate discharge: Physician notes (including Infectious Disease Consult notes, if any), Medication list (including non-TB medications), TB medication dosages, Radiology (Chest X-ray reports, CT reports), diagnostic testing for TB (i.e. including acid fast bacilli smears), cultures, molecular tests if available and pathology), Laboratory tests: HIV, Hepatitis B, Hepatitis C, CBC and CMB.

BY PHONE: (562) 570-4235 or 4283 After hours, please leave your name, phone or pager number, patient’s name, DOB on voicemail
BY FAX: (562) 570-4391