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**From:** Leibert, Eric [mailto:Eric.Lebert@nyumc.org]  
**Sent:** Wednesday, May 05, 2010 11:00 AM  
**To:** Chrispin Kambili  
**Subject:** RE: Proposal to amend the TB section of the NYC Healthcode

Chrispin,

Thanks for asking.

I support the intention completely.

I know that you had a discussion with George Alonzo about this. He and I would make the point that we still have caseloads high enough to maintain vigilance and expertise.

And he and I are under significant pressure to control lengths of stay. (This, then, becomes the dreaded unfunded mandate)

I appreciate the commitment to respond within 24 hours. 72 hours is a long time to be required to keep someone in house if we already know that their situation allows a safe discharge on home isolation.

I would hope to have an way to allow places that have the expertise to send people out early, or not admit them at all, if this can be done safely. A mechanism might be to have a written description from DOHMH of what constitutes a safe discharge, even if infectious, and waive the requirement for pre-discharge notification if the requirements are met by a provider who has signed on.

Eric

From: George Alonso [mailto:ALONSOG@nychhc.org]  
Sent: Tuesday, April 27, 2010 12:40 PM  
To: Chrispin Kambili  
Subject: Health Code Amendment

As per your request,

Objections to the Proposed Amendment to the Health Code

In reality, during the initial presentation, the 72-hour notice to the NYC DoHMH required before a patient may be discharged will be forgotten until discharge planning is synthesized, and thus will amount to an increased length of stay.

Patients with a solitary positive sputum smear, who are otherwise stable will be forced to remain hospitalized for 72 hours, even if the call to the NYC DoHMH was placed on admission. The net result, increased length of stay.

Certain HHC facilities, specifically EHC as well as Bellevue and Kings County Hospital would be especially affected as we have an increased incidence and prevalence of Tb.

The pre-approval process presumes that the NYC DoHMH can handle the volume in the field (contact tracing, DOT and medical followup), especially on Friday afternoon and weekends. A failure of the DoHMH to handle volume will adversely affect the length of stay.

regards,

George

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