Disclosure

Relevant Financial Relationships
None

Off-Label Investigational Uses
None
Objectives

- Identify four of the nine goals of TB Nurse Case Management
- Identify the most important strategy during the Initial Patient Interview
- Name two of the seven elements/activities of the case management process.
Goals of Nursing Case Management in Tuberculosis Programs

- Continuity of care in transition from hospital to community
- Prevention of disease progression & drug resistance
- Receive care according to current standards
- Complete TB treatment in appropriate time frames and with minimal interruption in lifestyle or work
- Transmission is prevented through effective contact investigation and delinquency control activities
Goals, Continued

- Patient, family and/or community is educated about TB infection, disease and treatment
- Individuals diagnosed with or suspected to have clinically active tuberculosis are reported according to regulations, laws, etc.
- TB program activities are implemented according to national standards
- Nurse casemanagers participate in policy development and studies
Elements and Activities of the Case Management Process

1. Case Finding
2. Assessment
3. Problem Identification
4. Plan Development
5. Implementation
6. Evaluation
7. Documentation
Case Finding

- Communicate with healthcare providers
- Track patients who are hospitalized to avoid interruption in care
- Ensure reporting regulations are followed
- Ensure contact investigations are completed according to policy
- Provide education on TB infection and/or disease
Initial Assessment

- If hospitalized:

  Initial assessment occurs during hospital visit and contact investigation is begun:

  - Obtain demographics
  - Obtain copies of hospital records and x-rays
  - Obtain other case related information
Home visit as soon as discharged; continue the assessment which includes:
- Determining the extent of illness
- Previous health history
- Determine infectious period
- Evaluate knowledge & beliefs about TB
- Administer medications or monitor medication regimen
- Identify barriers to adherence
- Review psychosocial status
Ongoing Assessment

- Monitor clinical response to treatment on a regular basis
- Review the treatment regimen
- Identify positive and negative motivational factors influencing adherence
- Address the educational needs of the patient
- Review the status of the contact investigation to determine further action
Problem Identification

- Identifying and addressing existing or potential problems
- Coordinating with other team members to assure new or potentially new problems are addressed
- Monitoring the problem
Plan Development

- Establishing the plan of care

- Monitoring the plan of care and the patient’s response

- Adjust the plan of care as needed
Directly Observed Therapy (DOT)

**DOT is the Standard of Care for persons diagnosed with TB disease and TB infection**

- Directly observed therapy, commonly referred to as DOT, is where a health-care worker watches the patient swallow each dose of TB medications.
- DOT is preferred management strategy for all patients with TB.
- DOT can reduce acquired drug resistance, treatment failure, and relapse.
- Any regimen can be given DOT, regardless of frequency.
- DOT reduces total number of doses and encounters for the patient.
Implementation

- Monitor the patient’s response to treatment, interventions and adherence
- Referrals to other community services
- Obtain other necessary medical services
- Negotiate DOT plan
- Identify & implement strategies to assure adherence
- Educate patient/family about the TB infection and/or disease
Monitoring Activities

May include any/all on a regular basis:

- Chest x-ray, other radiology
- Sputum for bacteriology (smear, NAAT, probe, culture, DSTs)
- Laboratory testing: LFTs, CBC, HIV, CD4, hepatitis serology, TB and other drug levels
- Visual acuity, color discrimination, hearing
- Assessment for signs/symptoms of drug side effects and/or adverse reactions
Evaluation

- Review and update/revise the plan at least monthly
- Identify strengths and weaknesses in the plan
- Conduct physician reviews at least quarterly
- Review contact investigation to assure completeness
- Assure regulatory reports are submitted
Documentation

- Conduct regular reviews of the patient’s medical record
- Document case management activities
- Assure patient confidentiality throughout the treatment period
- Medical record should be kept so it provides a “picture of the patient and process from beginning to end”.
Conclusion

TB Nurse Case Management is the coordination of medical, nursing and social services to ensure that every patient with suspected, or confirmed tuberculosis or TB infection has access to the appropriate evaluation and is able to complete the most effective treatment regimen.
Conclusion, continued

Case management activities are based on state regulations, national standards, and the policies and procedures established within the state. It is dynamic and ever changing and provides a continuous challenge. But that is what makes nursing casemanagement in the TB Program interesting, challenging and fun!
References

  
  [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)

  

The goals of nursing case management are:

1. Assuring continuity of care
2. Preventing disease progression
3. Completion of treatment
4. All of the above
The elements of the case management process includes documentation in the patient’s medical record.

A. True
B. False
Questions & Discussion