Mayo Clinic Center for Tuberculosis

Fundamentals of Nursing Case Management

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• Disclosures:

No relevant financial relationships

No off-label investigational uses
Objectives:

At the conclusion of this presentation, you will be able to:

• 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.
Why so much “Ado” about Case Management?

“Case management is an effective intervention for use in tuberculosis (TB) control to ensure that patients complete an appropriate and effective course of anti-TB treatment in the shortest time possible.”

Case management can be utilized with treatment for TB infection and treatment of TB disease.
Goals of Nursing Case Management in the Tuberculosis Program

• To provide continuity of care in transition from hospital to community
• To assure the prevention of disease progression & drug resistance
• To receive care according to current national standards of care
• To assure complete TB treatment in appropriate time frames and with minimal interruption in lifestyle or work
• To assure transmission is prevented through effective contact investigation and delinquency control activities
Goals, continued

• To provide education to the patient, family and/or community about TB infection, TB disease and treatment of both

• To assure that individuals diagnosed with or suspected to have clinically active tuberculosis are reported according to regulations/laws.

• To assure TB program activities are implemented according to national standards of care

• To assure that Nurse Case Managers have the opportunity to 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

“The identification of persons with TB disease or infection”

Establish relationships and communicate with local healthcare providers regularly

Track patients who are hospitalized to avoid interruption of care

Ensure reporting regulations/laws are followed

Ensure contact investigations are initiated and completed according to policy/guidelines

Provide education on TB infection and/or TB disease
Initial Assessment

If the patient is hospitalized, complete a hospital visit to:

Conduct the initial assessment of the patient
Gather information to initiate the contact investigation
Obtain demographics of the patient
Obtain copies of hospital records and x-rays reports
Obtain other case related information
Conduct a home visit as soon as discharged; continue the assessment which includes:

- Determining the extent of illness
- Health history, especially TB history & risk factors
- Determine infectious period
- Evaluate knowledge & beliefs about TB
- Administer medications and/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 problems

Identifying and addressing potentially new problems

Coordinating with other team members to assure new and/or potential problems are addressed

Monitoring the problem(s)
Plan Development

Establishing the plan of care, including addressing the actions/activities that must occur as well as the problems/potential problems

Monitoring the plan of care and the patient’s response

Adjusting the plan of care as needed
Directly Observed Therapy

- **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

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Implementation

Monitor the patient’s response to treatment, interventions and adherence

Make referrals for other community services

Obtain other necessary medical services

Negotiate and establish a DOT plan; adjust as needed

Identify & implement strategies to assure continued adherence

Educate patient/family about the TB infection and/or TB 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 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, comparing physician orders with activities/actions

Document case management activities

Assure patient confidentiality throughout the treatment period

Medical record should kept so it provides a “picture of the patient, the process to date and the progress of the patient from beginning to end”.

Laws/Regulations/Guidelines

Know the laws governing nursing within your state

Know what policies/procedures/guidelines are available within your state

Know what you must report, when you must report it, to whom you must report it and what you may use to report it.

Know the national standards of care for TB

Know your physicians and other related healthcare providers
In conclusion

TB Nurse Case Management is the coordination of medical, nursing and social services to ensure that every patient with suspected and/or confirmed tuberculosis or TB infection has access to the appropriate evaluation and is able to complete the most effective treatment regimen.
Case management activities are based on state regulations/laws/statutes, national standards of care, policies/procedures established within the state and specific physician orders. It is dynamic and ever changing and provides a continuous challenge. But that is what makes nursing case management in the TB Program interesting, challenging and fun!
Think TB!

Recognize possible signs and symptoms of Tuberculosis. Early diagnosis and treatment reduces spread. Contact your Health Department or physician for more information.
References

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