



# Digging Deeper: Nurse Case Management

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## Learning Objectives

Learners will be able to:

- Identify 2 barriers to the provision of case management services.
- Identify a missed opportunity for intervention in the contact investigation.

# Strategies for Identifying Problems

- Conduct a thorough assessment: patient, medical, social, economic
- Use active listening and effective communication
- Monitor treatment progress to enable early identification of issues
- Use standardized tools
- Maintain documentation
- Review patient's record regularly
- Have case discussions with colleagues

# Case Study

- Mr. A is a 63 year old US-born black male
- Widowed
- Lives in the old family home on acreage in a small town with a well for water
- Works as a janitor at a state office building in a nearby city
- Work-up done at both the PMD office and the local hospital
- Referred to health department for follow-up and told to stay home until the PHN visits
- PHN receives the referral on 12/13; contacts [Infection Control Professional](#) at the hospital to obtain information about his outpatient visit.

During a review of the information sent by the ICP, PHN finds out the following:

- CXR done in September and November reported as “opaque patchy air spaces”
- CXR prior to bronchoscopy noted to have “infiltrates”
- History and physical were unremarkable, other than C/O fatigue, weight loss and coughing
- No other medical diagnoses
- Labwork WNL (CBC, LFTs, Chemistry)
- HIV negative
- Hospital Lab results on 12/11: AFB 4+, no other tests ordered; none done on specimen



## Polling Question

What could the radiology report mean by “opaque patchy air spaces”?

1. Probably pneumonia
- ✓ 2. Not sure what this is
3. Funky infiltrates
4. Possibly Tuberculosis

# Home Visit by the PHN

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# Patient Reported History

- Treated by his PMD in September and November for an upper respiratory illness, presumed to be pneumonia
- Had an outpatient bronchoscopy on December 10, because he was not getting any better.
- Never missed a day of work until now
- Wants to know when he can go back to work
- Has lived alone since his granddaughter moved to the city several years ago for a new job.



# Patient Medical History

- Gives history of 25 pound weight loss
- Fatigue, night sweats (new c/o)
- Coughing x 3 months
- Denies history of TB infection or any known exposure to anyone with TB disease
- No other medical diagnoses – in good health

# During a review of health department information, PHN finds out the following:

- On 12/12, Hospital Lab submitted the bronch specimen to the State TB Lab for further work-up with the following results on 12/13:

AFB 2+

NAAT +

Culture and DSTs pending

- The Granddaughter had a TB record at the health department for past treatment of TB disease but Mr. A was not identified as a contact.

# Patient Interview

- When asked about the granddaughter, the PHN was told that she is his only living relative and lived with him for about a year (several years ago).
- He had heard of TB. Remembers stories of his aunt and other relatives going into a “sanatorium” and never coming home.
- Not aware of anyone he knows having TB recently

# Social History and Activities

- Attends church every Sunday and sings in the choir. Choir practice occurs in the basement of the church every Wednesday before mid-week service. About 100 members
- Part of a “Jazz Group” (that plays at the Mustang Lounge (located in the city) every Friday night. Lead singer...
- Member of a gospel group that sang at the local radio station every Sunday morning from 7:30 am to 8:30 am

# Economic Information

- Owns his truck & able to come & go as needed
- Has adequate leave if he is not out of work too long (more than a month)
- Fiercely protective of his finances, but will let the nurse know if he is going to need any financial help.

# Plan

- Start daily DOT by home visit
- Conduct assessments at least monthly
- Obtain additional sputum specimens
- Obtain new CXR
- Estimate the infectious period
- Begin the identification of the places and people for the contact investigation

# New Findings

- Follow-up sputum specimens start with 2+ and decrease over time
- Cultures in liquid media as well as agar plate
- New CXR read by the TB Medical Clinician as having infiltrates indicative of TB

## Barriers

Listen to the patient.  
He will tell you his  
concerns.

- Length of time out of work?
- Stigma of his co-workers finding out about him.
- How will he get food from the grocery store?
- How will he manage his finances if he can not go into the bank?
- Very active person and being told to “stay home”
- Accepting his diagnosis?
- No one “THOUGHT” TB!



# Contact Investigations

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# Contact Investigation

- Work
- Church
- Mustang Lounge
- Radio Station/Gospel Group
- Hospital – Outpatient & Bronchoscopy Department
- PMD Office



## Polling Question

Which contact investigation would you start first?

1. PMD office
- ✓ 2. Church
3. Hospital
4. Work

# Radio Station

- Radio Station/Gospel Group:
  - 10X10 booth in the station for the gospel group
  - 4 mics shared by the 8 people in the booth
  - 2 radio station operators sat at the controls outside the booth (all 1 room)
  - Total of 9 persons tested excluding Mr. A
  - TSTs – all were negative; repeats were negative
  - No transmission
  - How?

# Church

- Of the 100 members, about 75 regularly attended.
- Of the 75, 20 were in the choir.
- The 20 Choir participants were assessed first:
  - 15 were TST positive (with no prior history of LTBI)
  - Repeats on 5 TSTs remained negative
- Remaining 54 attendees,
  - 2 prior +TSTs and assessment was done
  - 10 new + TSTs; negative CXR, started treatment for TB infection
  - 42 TSTs were negative; repeat TSTs were negative

# Jazz Group

- No testing on the members in the Jazz Group as they were the same persons as the gospel group.

# Mustang Lounge

- Jazz Group performed at the Lounge every Friday night from 7:00pm to closing (usually between 12:00 am and 1:00 AM).
- Conducted TSTs on the staff at the lounge that were in frequent contact with the band.
- Total Staff = 24
- TSTs = 22 negative; repeat TSTs were negative;
  - 1 prior known TB Dz, 1 staff member had moved and was unable to be found.
- Further follow-up needed?

# Work

- Patient worked in a new 20 floor state office building
- Provided janitorial services from 6AM – 2:30PM M-F
- Cleaned offices, took trash, vacuumed floors, cleaned bathrooms and the lobby (Lobby + 4 floors)
- Ate lunch in the break room of the janitorial section
- Employees complained of it being “cold” in the building
- Majority of the employees were “on-the-road” during the day
- Total 96 to be screened on his 5 floors & janitorial area

10 prior + TSTs

5 TSTs were +, all janitorial staff

65 TSTs were negative, all office staff

16 employees worked remotely & were not tested, due to no contact with Mr. A



# Hospital and PMD Office

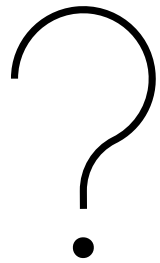
- According to the Infection Control Plan for each facility, there is a designee for their ICP.
- Each facility should identify, screen and report finding to the Health Department.
- Results of both facilities were all TSTs were negative.

# Barrier Solutions

- Be proactive!
- Be realistic and honest with him about length of time out of work.
- Can the granddaughter help pick up his groceries for him? She lives in the city.
- Can he go to the bank, if he is using the ATM or the drive-up teller?
- Does isolation mean you must stay inside? Can he sit on his porch? Can he “take a drive”?

# Resources

- Know the resources in your area and the community.
  - Food banks
  - Church food pantry
  - Meal chains
  - Assistance with utilities
  - NGOs that provide financial assistance
  - Community Organizations
  - Churches
  - Other?



## Polling Question

What did he do right?

1. Sought medical care
2. Let his granddaughter live with him
3. Followed orders from his MD when told to stay home
- ✓ 4. All of the above

# Remember: Strategies for Identifying Problems

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# Questions and Answers







Thank you