TB Nurse Case Management: Then and Now

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I’m just a nurse

http://www.youtube.com/watch?v=Jds1AIKzVGg
In addition to caring for your 50 patients, each bedside nurse will follow these regulations:

1. Daily sweep and mop the floors of your ward, dust the patient’s furniture, and window sills.

2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day’s business.

3. Light is important to observe the patient’s condition. Therefore, each day fill kerosene lamps, clean chimneys, and trim wicks.

4. The nurse’s notes are important in aiding your physician’s work. Make your pens carefully, you may whittle nibs to your individual taste.

5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath on which day she will be off from 12 noon to 2 p.m.

6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes, or two evenings a week if you go regularly to church.

7. Each nurse should lay aside from each pay day a goodly sum of her earnings for her benefits during her declining years, so that she will not become a burden. For example, if you earn $30 a month you should set aside $15.

8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions, and integrity.

9. The nurse who performs her labors, serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of five cents per day.
Then
History of Case Management in the US

• Process of case management can be traced back to 1860s
  – Response to lack of coordination in health and human services system

• In 1901, Mary Richmond published model of case coordination
  – Concern for the client was the central value

• Term “case management” coined in 1960s
• In 1893, American Public Health Nursing founded by Lillian Wald

• Early public health nurse (PHN) organized and mobilized community resources to provide direct nursing care

• By 1920s, preventive programs were initiated and PHNs specialized in care of those with TB, mental illness, etc.
Born in Cincinnati, Ohio in 1867
Transformed the nursing profession and established health and social policies
Evolution of Case Management

• Social Security Act of 1935
  – Funds to support activities directed toward addressing individual client needs

• Integration of services for mentally disabled in the 1970s resulted in refinement of the case management process

• Case management expanded beyond mental health in the 1980s
TB Case Management

• Developed in response to identified program deficiencies
  – Poor adherence rates resulting in lengthy, interrupted treatment regimens

• Ensures that patients receive comprehensive, coordinated, sequenced care along a continuum for the duration of TB treatment
  – Improve delivery and coordination of services to TB patients
  – Improve DOT adherence
  – Ensure completion of adequate therapy
Nursing Accreditation Then

• Wald initiated education for nurses at Columbia University’s Teachers college in 1899

• In 1912, Wald recognized the need for professional standards for PHN’s

• National Organization for Public Health Nursing (NOPHN) was established
  – Designed to set professional standards, shared techniques and protect the reputations of its members
  – Wald was elected as the organization’s first president
Nursing Accreditation Now

• Accreditation is a voluntary peer review process intended to strengthen nursing education

• American Nurses Credentialing Center (ANCC)
  – Largest and most prestigious nurse credentialing organization
  – Provides nursing profession organizations with resources needed to achieve practice excellence
  – Nursing Skills Competency Program offers a national performance benchmark

• Nurses can validate proficiency in their specialized skills and competencies
TB Nurse Case Management Competency

• In 2004, leaders in TB developed work groups to discuss issues of competencies.

• Agreement that competencies should be linked with job responsibilities for professionals to demonstrate best practices in TB prevention & control.
Core Competencies

• Core competencies are based on PHN competencies by the Quad Council of Public Health Nursing Organizations

• Competencies are referred to as domains

• Six domains were selected from the Quad Council for the TB Nurse Case Manager role
  – Links academia and public health practice
Duties of the TB Nurse Case Manager (Model Duty Statement)

TB nurse case managers employ a case management model to accomplish TB-specific tasks in the following areas:

- Domain 1: Assessment & Analytical Skills
- Domain 2: Program Planning Skills
- Domain 3: Communications Skills
- Domain 4: Cultural Competency Skills
- Domain 5: Community Collaboration Skills
- Domain 6: Leadership Skills
Domain 1: Assessment & Analytical Skills

• Applying knowledge of TB as well as technical and public health skills
  – Medical history
  – Testing for TB (e.g., TST, IGRAs)
  – Treatment regimens (LTBI & TB disease)
  – Contact investigation and interviewing skills
    • Establishing infectious period
  – Monitoring patients during treatment
  – Identify and address barriers
Domain 2: Program Planning Skills

• Knowledge of current guidelines to effectively plan program-wide interventions
  – Maintain working knowledge of public health laws and regulations at state and federal level
  – Develop plans to implement policy and programs
  – Solicit community and staff input to design an effective program to meet local needs
  – Use recommendations of CDC, NTCA and RTMCC to develop program structure
Domain 3: Communication Skills

• Use effective communication skills to build trust and rapport when interacting with patients, families and healthcare providers
  – Establish mutual goals
  – Engage patient/family in plan of care
  – Provides ongoing emotional support and encouragement throughout treatment
  – Provide age-appropriate patient education
    • Assess knowledge, attitudes and beliefs about TB
  – Communicate with all healthcare providers
Domain 4: Cultural Competency

• Demonstrate cultural awareness when interacting with patient and families from diverse cultural backgrounds
  – Understand ethnic and cultural needs of patient population
  – Understand unique cultural perceptions of illness that may impact the patient-provider relationship
  – Assess language preferences and literacy levels
    • If possible, provide education in multiple formats in individual’s language/dialect
    • www.findtbresources.org
Domain 5: Community Collaboration Skills

- Knowledge of community resources and stakeholders to foster partnerships within the community
  - Identify key partners and establish communication
  - Share information for upcoming conferences, meetings, or seminars
  - Work with private providers to ensure adequate patient care
Domain 6: Leadership Skills

• Demonstrate excellence in public health nursing, overcome challenges through problem solving, and inspire others to act in the best interest of communities
  – Engages, empowers & inspires team to meet shared goals
  – Ensures ongoing training & education to improve knowledge, skills and competence
  – Uses existing data to prioritize program activities & focus evaluation efforts
    • Share evaluation results with stakeholders & team members
  – Uses continuous quality improvement to assess program & develop action plan
    • Complete & timely reporting
    • Cohort review process
• Public health nursing vision then continues today to preserve, protect, and enhance the health of people

• History of case management provides a strong foundation for today’s nursing practice
  – Improving quality of care
  – Collaborating with patients/family and other healthcare providers
  – Assessing outcomes
  – Evaluating effectiveness of case management process
Before ......
After .......
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