What is case management for TB? It is the coordination of medical, nursing, outreach and social service systems which ensure that persons with suspected / confirmed TB start and complete appropriate and effective treatment for TB

Applies to all patients regardless of health care provider or source of health care (public or private)

Who does it? Local public health departments are required (Massachusetts regulation 105 CMR 365.200: Case Management) to designate a nurse case manager for every confirmed or suspected TB case. The Division of Tuberculosis Prevention and Control assigns regional Tuberculosis Surveillance Area (TSA) Nurses to work in collaboration with local nurse case managers.

Local Nurse Case Manager and regional Tuberculosis Surveillance Area Nurses

- Review initial nursing assessment and contact investigation
- Discuss updates and changes to nursing care plan
- Review medical treatment plan, follow-up, and all treatment changes
- Submit reports required for tracking patient care and disposition of contacts
- Share clinical surveillance record through MAVEN

CASE INVESTIGATION AND CASE MANAGEMENT

Begins when a suspected / confirmed TB case is reported to the Division of TB Prevention and Control:

24 hr. confidential reporting call (617) 983 – 6800 or Fax (617) 983-6813

Patient assessment and contact investigation should begin as soon as feasible within 3 working days. Hospitalized patients need to have a formulated discharge plan 72 hours prior to discharge. Assessment of home living situation by local case manager is important prior to discharge to ensure a safe plan of care.

Nursing assessment:

- Confirm that therapy is appropriate and according to American Thoracic Society (ATS) guidelines
- Determine factors that may effect adherence to therapy:
  - poor access to healthcare
  - health/cultural beliefs
  - poverty
  - age (young / old)
  - homelessness
  - substance abuse
  - recent immigration
  - work schedules
  - mental health status
  - previous /incomplete therapy
  - language barriers
  - other medical conditions

Contact investigation:

- Identify and categorize contacts according to their risk for TB infection
- Risk includes:
  - Source case’s potential for generating air-borne bacilli (droplet nuclei)
  - Level of exposure to source case
  - Contact’s risk for progressing from infection to TB disease
- Perform Tuberculin Skin Tests for close contacts to infectious TB cases within 7 working days
- IGRAs may be used in lieu of TST but should be repeated in 8-10 weeks as well if negative
- Vulnerable close contacts (i.e. children, immunosuppressed) need immediate plan for protection
- Ensure clinical evaluation for infected / vulnerable contacts
- Report infected contacts to regional TSA Nurse
- Monitor contacts on therapy for Latent TB Infection (LTBI) monthly to ensure therapy adherence
NURSING CARE PLAN FOR TB SUSPECT OR CASE:

- **Plan is tailored** according to individual needs
- **Directly Observed Therapy (DOT)** for persons with the following risk factors:
  - Sputum smear positive
  - Drug resistant and multi-drug resistant (MDR) TB
  - Worsening clinical status
  - Previous / incomplete TB treatment
  - HIV infection
  - Other immune-compromised conditions
  - Children under 18
  - Patients discharged from Tuberculosis Treatment Unit (see below)
  - Recent history of substance abuse, mental illness, homelessness, or incarceration
  - Language/cultural barriers
  - Contacts to MDR case
  - Intermittent Therapy
- **Remove barriers to adherence**
  - Provide community supports to increase access (i.e. transportation arrangements, late/early appointments)
  - Provide adherence support when able to motivate continued treatment
- **Educate patient and family**
  - How to prevent spread of TB
  - Medications including possible side effects
  - What to do if they experiences side effects
  - What happens when treatment not adequate or complete
  - Consequences if patient unwilling to accept course of treatment
- **Number of nursing and community health worker (CHW) visits**
  - Vary according to adherence risk and medical needs
  - Nurse evaluates at least monthly for adherence and treatment progress
  - Division CHW’s assist nurses with adherence to treatment when possible
- **Social support** plans related to adherence, medical, and social problems

SPECIAL HOSPITAL SERVICES:

**Tuberculosis Treatment Unit (TTU) at Lemuel Shattuck Hospital**
Admission to the may be necessary for a variety of reasons. Consult with the Regional TSA Nurse for guidance. Reasons for hospitalization may include the following below:

- **Outpatient treatment not adequate**
  - Continued non-adherence despite the provision of least restrictive measures in an individualized nursing care plan
  - Medical care requiring specialized TB care not available in the outpatient setting
  - Infectious patient in congregate living situation or vulnerable, unprotected persons at home
- **Voluntary admission**
- **Involuntary admission as a last resort for documented non-adherence that is a public health threat**
  - Must meet legal requirements (MGL, c.111, s.94A-H)
  - Contact TB Division for policies and procedures: (617) 983-6970

For complete protocols call the Division of Global Populations and Infectious Disease Prevention – TB Program