

TB Case Management Off the Grid

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Rappahannock-Rapidan Health District

**FROM MADISON, VIRGINIA
JUNE 2017**



TO



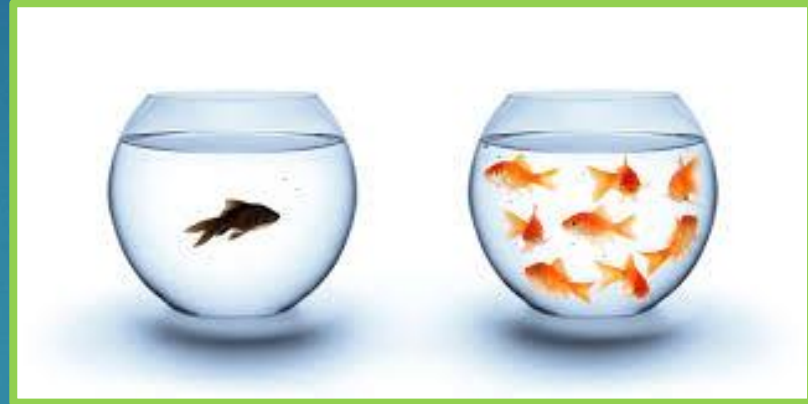
**GAURISHANKAR, NEPAL
DECEMBER 2017**

Case Notification – June 2017

- ▶ Virginia TB Control notified by state of Illinois of a Positive MTB sputum Culture
- ▶ Patient was recently hospitalized in their state, and moved to Virginia to recuperate with family
- ▶ VDH TB Control notifies Rapp-Rap Health District

Our Mission

- ▶ Follow up with the client
- ▶ Collect three sputums
- ▶ Isolate client
- ▶ Begin treatment as soon as possible
- ▶ *Complication – VDH TB control has placed him on the “Do Not Board” list through the Division of Global Migration and Quarantine (DGMQ) since client has international travel planned in five days*



A Rocky Start

- ▶ Client did not want to comply with treatment
- ▶ Loves to travel and had big plans
- ▶ Client demanded a second opinion with specialist
- ▶ Played 1 nurse off another
- ▶ Initially very difficult to deal with



Passing the Baton

- ▶ Client finally agrees to treatment
 - ▶ First 11 doses in Virginia
- ▶ Client moves to Tennessee
 - ▶ Records sent/case management passed
- ▶ BUT...Client only stayed in Tennessee 8 weeks
 - ▶ VDH notified by Tennessee – client is moving on
 - ▶ Virginia resumes case management

Making a Plan Together



- ▶ Needed a plan to successfully complete treatment
- ▶ Travel itinerary kept changing
- ▶ DOT off the table
- ▶ Agreed to a minimum of weekly check-ins
 - ▶ Phone best, text, email OK
- ▶ Case manager to coordinate support from local resources as client travels

5 Health Departments across US

- ▶ Sometimes gave different guidance
 - ▶ 5 day vs 7 day DOT
- ▶ Client's plans change – little notice
- ▶ Varying levels of accommodation
 - ▶ One state wanted to put him in jail
 - ▶ One MD gave him a month of medications all at once, and even called in a second prescription when he ran into problems in a different state



Results

- ▶ Client provided frequent updates
 - ▶ Used phone, text, email
 - ▶ Relationship became collaborative
 - ▶ Sent pictures of his travels
- ▶ My role as case manager
 - ▶ Coordinate treatment and follow up
 - ▶ Advocate for the client
 - ▶ Encourage healthy choices – HIV treatment
- ▶ Client stayed motivated to take meds

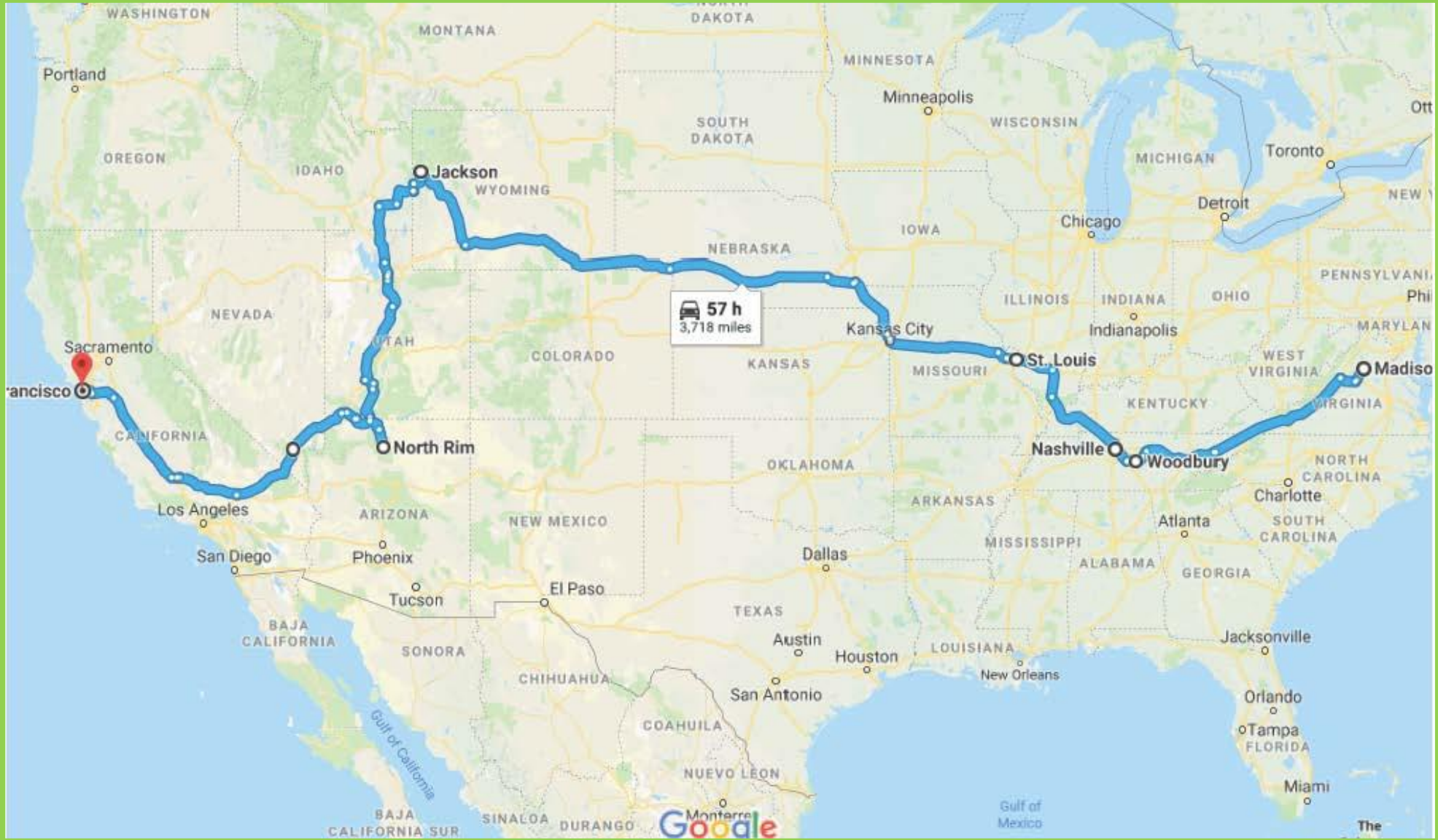


Success!



- ▶ Client maintained medication and testing adherence throughout travels
 - ▶ Communication and cooperation were key
- ▶ Client felt respected
- ▶ Client was grateful for our efforts to protect his health AND his rights

TRAVELLING ACROSS THE UNITED STATES, THEN ON TO NEPAL



NASHVILLE, TENNESSEE AREA

JULY 2017



**ST LOUIS
ARCH,
MISSOURI**

AUGUST 2017



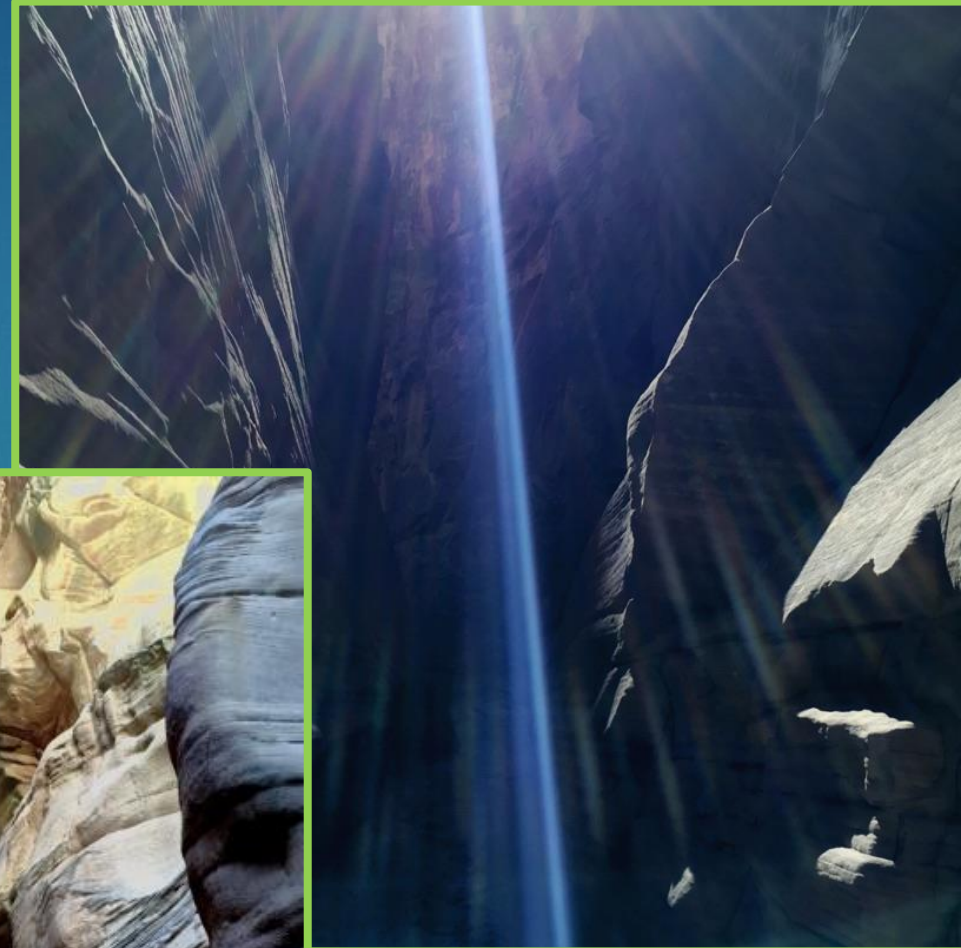
**MEDICINE
BOW
WYOMING**

**SEPTEMBER
2017**



NORTH RIM GRAND CANYON ARIZONA

OCT. 2017





**SAN
FRANCISCO
CALIFORNIA**

**NOVEMBER
2017**



**GAURISHANKAR, NEPAL TREK
DECEMBER 2017**

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