## **Nurse Case Management in Whatcom County**



#### Ann Lund, RN

July 11, 2023 Curry TB Center Nursing Workshop



# **Whatcom County**







- **❖ Population 228,800**
- Large agricultural sector, spans Mt. Baker Snoqualmie National Forest, iconic Mt. Baker
- Sizeable ethnic Russian, Ukrainian, Punjabi, Mexican, Central American, & Filipino populations
- Home of WWU University with active International student programs
- On I-5 corridor between Seattle & Vancouver BC with high TB rates



# **TB Program Overview**



# Whatcom County TB Program 2 FTE TB Nurses – current case load = 42

# Active TB Cases

- 4-6 per year
- MDR

#### LTBI Tx

- 20 monthly
- RN split case load

## Symptomatic R/O TB

- 2+ month
- Home sputum induction

#### Class B TB Evals & U4U

- 25 Class B annually
- 140+ U4U

#### TB Risk Assessments

- 10 per month
- unexpected QFT + or Indeterminate

# TB Consultation & Education

- 2-4 calls daily
- Facility & provider consults

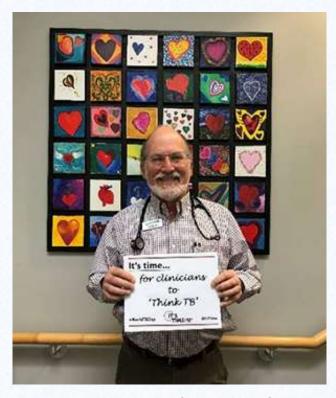
# **Contact Identification**

- Testing & Tx
- 4-10 per case
- Peds Window prophy

### **Strong Legacy of Support for TB Program**

# Board of Health supports TB nurses





Dr. Stern 2019 CDC TB Elimination Champion

Two main primary care networks

PeaceHealth & Family Care Network

WCHD TB Program

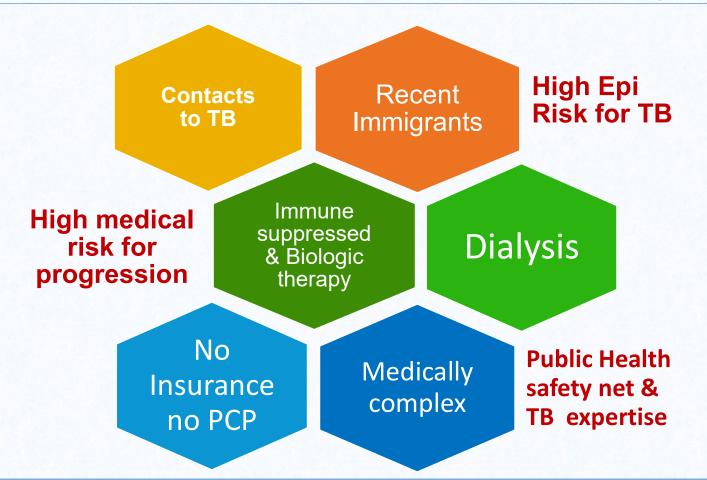
Rheumatology
Groups (2)

Dialysis
Center

Sweet spot of manageable number of practices & stable partners

# LTBI Referral Criteria After QI Project





### TB Nurse Case Management Expertise in Action

**Nurse Superpowers** 

Understanding & buy-in
Use preferred language
YouTube TB videos
Low literacy materials
Time for questions
Can call RN

Patient Education

Flexibility for barriers

Home visits, meet at school or workplace;
Text message,
transportation, bus
pass, ride for CXR

Commitment to "accompany" until finish; persistence & support

**Staying Power** 

Patient centered care

Partnership, dignity, value patient voice

**Dr. Paul Farmer "Practice Accompaniment"** 

### **Case Presentation**

Class B

- 70-year-old female from SE Asia
- Class B, sputum AFB & Cultures neg, QFT + CXR stable

LTBI Tx

- Started 4R LTBI treatment. Family reported tolerating ok
- Unable to come in for R/F, RN made HV. <u>Learned she was sick with upset stomach/nausea</u> entire 1<sup>st</sup> month. Patient without phone access & family did not call us
- RN used Language line requesting her dialect & her eyes lit up like she was a young girl again!

RN Management

- Switched to Rifabutin; after 2 weeks developed full body pruritis could not sleep, went to clinic & given Vistaril not effective
- TB MD Started H1 & H2 blockers (cetirizine & famotidine)
- RN called & asked to speak with patient instead of family member to check progress
- Never fully resolved but she was determined to complete treatment!

