

# **Administration of Anti-tuberculosis Drugs**

**in**

## **A Multi-agency Facility**

**Case Study in Policy Development**

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A. **Title:** Administration of Anti-tuberculosis Drugs  
in a Multi-agency Facility

B. **Functional Area Focus:** Policy Development

C. **Major Subjects Involved**

**Ancillary Subjects**

1. Policy issues re: TB
2. Communication within facility
3. Educational plan

1. Political impact
2. Community perception

D. **Setting of the Case**

1. Type of Health Department/Agency/Facility

Big City Health Department, a large, urban city health department with eight regional facilities. The setting of this case is in the Southwest Regional Facility.

2. Relevant Geographic and Demographic Information

Major metropolitan area with high incidence of communicable diseases within the homeless population. The Southwest Regional Facility serves the largest homeless population in the city.

3. Divisions and Personnel Involved

Outlined on page one.

4. Fiscal Resources

Not Applicable

E. **Authorship Information**

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## CASE STUDY

### Administration of Anti-tuberculosis Drugs in a Multi-agency Facility

#### Introduction

Tuberculosis(TB) continues to be a public health problem in Big City with 800 new cases reported in 1992. Due to the increase in TB in recent years, the delivery of TB services was reevaluated in December 1992. As a result, a new policy to deliver case management services by public health nurses to all TB clients was implemented. Case management teams in each region made the decision how to implement the policy in their regions.

Big City Health Department has eight regional offices. The case outlined below involved the Southwest Regional Office which was the area of the city with the highest incidence of tuberculosis. If a program worked in the Southwest region, it usually worked in other areas of the city.

The Southwest Regional Office is shared by fifteen different social services and community agencies including a police department and employment agency. Although all employees in the building are city employees, most do not understand what the health department does.

The various agencies' staffs did not interact and communicate much with each other. The health department had a lot of community contact, with people from the community coming in daily for services. While they were in the facility, many of the clients used other services available from the other agencies.

#### Personnel Involved in Case

Mr. Apple	Public Health Nurse acting as a team leader in case management of TB Program
Mr. Grape	Communicable Diseases Control Investigator - a team member in TB case management
Mrs. Lemon	Public Health Nurse employed at Big City Health Department-no direct involvement in the TB program
Dr. Good	Chief Medical Officer of the Big City Health Department
Mrs. Uni Form	Regional Public Health Nursing Supervisor - supervises all public health nurses in the Southwest region
Mr. Brick	Facility Manager of the building where the Health Department is located
Officer Bigman	Neighborhood beat cop working out of the Southwest Regional Office
Captain Star	Police captain at the Southwest Regional Office Complex
Mr. Stu	Police union steward for the Southwest Region

food, money, or clothing were given to clients who follow through on appointments.

In order to maximize the number of clients seen and remain within budgetary constraints, the case management team suggested that clients should come into the office/clinic for their medication, and a nurse would watch them take their medication. Bus tokens could be given to and from the site as well as other incentives. The clients would be seen in the office because of concern that they could not effectively receive follow-up in the community. The clients who were eligible for this DOT program were those who did not have permanent homes.

In August 1993, clients began to come into the office for their medication. The office was located in a large community building that housed many community agencies. Mr. Brick, the Facility Manager was made aware of the plan to have clients come in. However; the other agencies in the building were not directly notified.

### **Other Agency Concern**

In December 1993, Mrs. Lemon, a public health nurse, was approached by Officer Bigman of the Big City Police Department. He was concerned that people with tuberculosis were being required to come into the office building they shared. He felt that the police force was being exposed to tuberculosis. Mrs. Lemon told Mr. Apple about her conversation with Officer Bigman. Mr. Apple immediately discussed this with the Chief Medical Officer, Dr. Good. The BCHD made no formal response to this complaint.

In April 1994, the nurses offered skin test to all employees of agencies in the building. There were several reactive tests. Seven out of thirty-three policemen had reactive skin tests of 10mm or more. This test indicates that the person is infected with TB although they may not have an active case of tuberculosis. It is not known what the results might have been prior to the DOT program being initiated. Data on other police stations was not available since the testing had not been performed at the other facilities. Big City Police Department had no formal policy which required officers to be tested regularly for TB.

Efforts by Police Captain Star to meet with Dr. Good to discuss the police department's concern about the high positive rate in relationship to having tuberculosis clients coming into the building were unsuccessful(according to Captain Star). The policemen's union became involved expressing that their members' health had been placed in jeopardy. Mr. Stu, the Union Steward met with Mr. Brick in an attempt to have the use of the building for this purpose stopped. Mr. Brick stated that the building belonged to the community; therefore, clients could come in to receive any services that were available.

Like many large cities, organized labor is an important factor in the power structure of Big City. It has played a significant part in the elections of mayors and other city officials. Because of unions' influence, decisions in both the private and the public sectors are made with consideration to the response of organized labor. The BCHD, like other departments in the city, reports directly to the mayor.

Mrs. Uni Form, Regional Public Health Nursing Supervisor, scheduled a meeting with the Police Department personnel and Mr. Stu. Before the meeting could take place, Mr. Stu had a press conference. At the press conference, Mr. Stu accused the Big City Health Department of placing the lives of union workers at risk. The press conference received limited media coverage. The meeting that followed accomplished nothing in resolving the issue. Battle lines had been drawn.

### **Educational Efforts**

After the meeting, BCHD staff began to educate Police Department personnel on the transmission of TB. Meetings with small groups and individuals were used to disseminate information. The educational efforts did not cause Mr. Stu to change his opposition to the DOT program.

BCHD staff reviewed the case management program policies. A decision was made to require clients to be on medication for at least one month before being scheduled to receive medication at the clinic. Chest x-rays and sputum cultures must also show improvement. Literature searches confirmed that being in the same building as people who were on an established drug protocol did not increase the rate of incidence.

Clients are usually compliant about taking drugs for the first month, but compliance drops off rapidly when they are no longer symptomatic. Drugs are taken for a 6 month period. If the drugs are taken for just a portion of this time, the bacteria become resistant to the drug.

Tuberculosis skin testing was offered to all city departments (police, fire, sanitation and office workers) who are in contact with the public. Tuberculosis skin testing and education was emphasized at all health promotions. The police personnel in the building agreed to be tested for TB at least every six months.

### **Conclusion**

After seeing a steady increase in the case rates for newly reported cases of TB for the past five years, the 1993 rate for the city was the same as the previous year. The slowed growth has been attributed to aggressive treatment of clients and identification and follow-up of those exposed by contact with active carriers.

The clients continue to come in to the office for their daily medication. The Union still opposes the program. The rate of growth of new TB cases has not increased in the city. Some Public Health Nursing regions in the city are showing increasing rates of incidence, but the Southwest region has slowly decreased its rate of TB.

This population which demonstrated a need for direct observed therapy, required the public health entity to develop policies to assure continuity of care for these TB cases and their contacts.