Supporting the Local Public Health Workforce During Lead Poisoning Prevention Activities

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Objectives

The learner will develop skills and strategies to expand local public health workforce in response to compassion fatigue and burnout.

The learner will identify how to build community relationships to address social determinants of health barriers.
Landscape of Lead in Michigan
Impact of Pandemic on Blood Lead Testing

• Decrease in testing during 2020-2021
  • COVID-19 Pandemic
    • WIC clinics closed for in-person appointments
    • Lead nurses redirected to COVID-19 activities
  • Increase in telemedicine visits
  • Deferment of care
  • Lead Care II recall

[Graph showing Percent of Children <6 Years of Age Tested Statewide]

• Calendar years
• Data source: https://mitracking.state.mi.us/
Impact of Testing Changes on Nurse Case Management

- Decrease in Blood Lead Reference Value in May 2022 from 5 µg/dL to 3.5 µg/dL
  - No longer able to use filter paper testing due to sensitivity of analysis
  - Challenges with new microtainer collection process
  - Increased number of children eligible for case management services

- Calendar years
- Data for 2018-2021 is represented in this chart as a BLRV of 5 µg/dL.
- Data for entire year of 2022 is represented in this chart as a BLRV of 3.5 µg/dL.
- Data source: [https://mitracking.state.mi.us/](https://mitracking.state.mi.us/)
Opportunities

- Partnerships and collaboration efforts
- Programmatic changes
- Communication
- Support and training

Barriers

- External systems and programs
- Individual reactions and responses
- Implementation of programs at the local level
- Time allocated to conduct nurse case management
- Complexity of cases and needs of families
Changing the Narrative

Compassion Fatigue

Compassion Satisfaction
Approach
Strategies Implemented

- Technical assistance
- Communication
- Reimbursement & funding
- Staffing
- Training
- Partnerships
Expansion of Technical Assistance

• Hired two additional nurse consultants
• Provided clear communication of nurse consultant role and type of support available
  • NCM training
  • Complex case review
  • Assistance with identifying resources including remediation
  • Communication with provider community
  • Linkage to additional resources such as the Medicaid Health Plans
Complex Case Reviews

Purpose
• Assist local nurse case managers with navigating elevated blood lead cases requiring extensive linkage to care

Outcomes
• Developed robust partnerships
• Increasing trust between consultants and local nurse case managers
• Addressing social determinants of health for individuals and community
• Continuity of care for children enrolled in nurse case management
Improved Communication

Communication Approach

**Previous:** Programmatic updates in the form of CLPPP notes newsletter, emails and quarterly meetings

**Current:** Office hours, revamped CLPPP notes newsletter, continued emails and regional meetings

Topics for Office Hours

- Lead poisoning prevention database training
- Provider education with the physician detailers
- Lead Safe Home Programs overview
- Translating environmental investigation report findings to education for families
- Requesting data and utilizing data to inform case management practices
- Using the microtainer collection method
Previously: programmatic updates
Currently: resource guide for nurse
Reimbursement & Funding

**Additional funding following BLRV change**

- **Expanding local health capacity:**
  - Nurse expansion
  - Blood lead testing planning projects

- **Increasing case management reimbursement:**
  - Non-Medicaid Home Visits
  - Community Health Worker Visits

- **Collaborating with External Partners:**
  - Lead Care II Machines
  - PDSA project
Staffing

- Additional nurse consultants hired
- Scope of nursing role and standards of practice defined
- Expanded staffing model to include community health workers
Training and Guidance Documents

- Lead 101
- Trauma Informed Care
- Strengths-Based Approach
- Nurse Case Management
  - Newly developed procedures
    - Managing Elevated Capillary Tests
    - Managing Elevated Venous Tests
    - Case Closure of Elevated Venous Blood Lead Levels
  - Case Management Documentation Standards
    - Application of procedures
    - Documentation on revised home visiting forms
    - Plan of care including chelation addendum
### Plan of Care

**Client centered and strengths-based interventions**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Interventions</th>
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| **Neighborhood and built environment** | • Referral to abatement program  
• Environmental assessment  
• Education on wet cleaning |
| **Healthcare access and quality**  | • Facilitate blood lead testing  
• Monitor blood lead level trends  
• Coordination with primary care provider (pica-like behavior) |
| **Social and community context**  | • Reassurance to caregiver  
• Education on lead hazards identified  
• Encourage caregiver to identify support systems  
• Referrals to infant mental health, childcare resources, legal aid, local code enforcement |
| **Education access and quality**  | • Referral to Early On/Project Find  
• Referral to Head Start/Great Start Readiness  
• Referral to local behavioral health |
| **Economic stability**           | • Referral to WIC, MI Bridges, other local resources  
• Coordinate transportation |
Medicaid Health Plans Partnership

Goals:
1. Increase number of children screened for lead exposure.
2. Increase number of eligible children enrolled in case management services.
3. Collaborate care coordination efforts to decrease blood lead levels of children enrolled in case management.

Resource allocation

Focus studies

PDSA

Care coordination meetings
MDHHS Program Partnerships

Maternal Infant Health Program
- MIHP home visitors providing linkage to nurse case manager and education on importance of testing children at 12 and 24 months

WIC
- Collaborating on education and blood lead testing

Lead Safe Home Programs
- Strengthening internal partnership to ensure families are moving through referral process and receiving services
- Partnering to support emergency relocation of hospitalized children
Conclusion & Next Steps
Satisfaction

- Clear communication
- Transparency
- Organizational support
- Giving nurses a choice and voice
- Utilize end of year survey results to inform programmatic changes
- Support nurses with addressing SDOH barriers
- Prioritize capacity building
- Continue to provide opportunities for feedback on revised NCM materials and database before the go live date
Questions
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