

Tarheel Footprints in Health Care

Recognizing unusual and often unsung contributions of individual citizens who have made health care for North Carolinians more accessible and of higher quality

Anita Harrison, RN CCNC Case Manager



The mom was clearly scared. Still a child herself, she was an unmarried teenager with a three-month-old son who had been born at 32 weeks gestation. After a fairly uneventful stay in the neonatal intensive care unit, he had been discharged from the hospital three weeks earlier. It was January, and he was coughing and wheezing. As recommended, he had been given palivizumab, an injection that provided antibodies against the dreaded respiratory syncytial virus (RSV), the cause of viral bronchiolitis. He was still feeding okay and although breathing rapidly, his oxygen saturation was good on room air. He didn't need to be admitted to the hospital, but he did need close follow-up. How would I give this mom the support she needed and assure follow-up the next day? I called Anita Harrison, a case manager with the Community Care Plan of Eastern Carolina. Anita would make a home visit, assess the baby, comfort the mom, and be sure there would be transportation back to our office the next afternoon. Without Anita's help, I would have admitted the child to the hospital so we could watch for signs of worsening.

Anita Harrison left the familiar and friendly walls of the Children's Hospital of Eastern Carolina to visit her patients at home. After 18 years as a staff and charge nurse on Pediatrics 2 West at Pitt Memorial Hospital, Anita joined the case managers of the Community Care Plan of Eastern Carolina (CCPEC). Her new job would take her into the homes of children covered by North Carolina Medicaid and would bring insight to why some children kept returning to the emergency department or hospital ward.

Anita saw firsthand the daily challenges that many low income families face in providing basic food and shelter for their children. Illness, especially chronic illness, can be the destabilizing factor that leads to family dysfunctions such as child abuse, divorce, and domestic violence.

Anita tells the story of one little girl (we'll call her Tiffany) who received a heart transplant at Duke before the age of one. When faced with the demands of feeding Tiffany by gastric tube and making follow-up visits to Duke, her mom became overwhelmed. She frequently visited our local ED despite having a primary care doctor at ECU Pediatrics. With Anita's help and support, her mother was able to get Tiffany to routine well-child visits for her baby. The frequent ED visits diminished as the mother's confidence grew.

Sometimes the mere uncertainty of a chronic medical problem leads to inappropriate use of the health care system. Anita recalls a mom who repeatedly took her mildly autistic child with asthma to the local ED for minor asthma-related illnesses. With education and support from Anita, the mom learned to control her child's asthma. The ED visits stopped, and the mother became compliant with routine well-child visits.

Many health care insurers provide a form of case management by telephone. According to Anita, this is not always the best way to ensure quality of care. "Disease management or case management by phone does not provide what our families need to overcome their challenges," she says. "You

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need to look at the whole person, their family, and where they live." An example of this was during one of Anita's home visits to a recently discharged asthmatic patient. While visiting the patient, Anita noticed the mother had a questionable arm fracture. After talking with the mother, Anita discovered that the fracture was the result of a domestic violence incident. She quickly examined the child and then assisted the mom to the emergency department.

National health care policymakers are becoming increasingly interested in case management and care coordination as a means to improve care and lower costs for chronically ill and economically disadvantaged children. When the North Carolina Division of Medical Assistance provided case managers the opportunity to work with primary care offices to assure continuity of care for these populations and improve compliance with the physician's care plan, according to Anita, "They got it right."

Anita grew up in the Vanceboro area and attended West Craven High School. Asked why she chose nursing as a career she responded, "I liked science but I wanted to be in contact with people that I might help." Following two years at Mount Olive College, Anita entered the undergraduate Bachelor of Nursing Science program at East Carolina University. Fortunately for the families and children of eastern North Carolina, she chose pediatrics as her field.

Although she is somewhat shy about public recognition, Anita Harrison is truly worthy of this recognition. The good news about case managers is that Community Care Plan of Eastern Carolina has 33 other case managers with similar stories to tell. This article could have just as easily been written about any one of them.

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