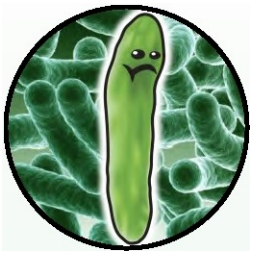


THE TB PROGRAM WORKER (TBPW) ROLE

LEARNING STEPS

The following learning steps found in this section are:

1. Role and Importance of the TBPW
2. Confidentiality
3. Commitment
4. TB Medication Administration, Delivery and Management

LEARNING ACTIVITIES

Read the information found in this section
Complete the Self-Test at the end of this section
Check answers

Role and Importance of the TBPW

The TBPW is of vital importance to the treatment of Tuberculosis (TB). The TBPW role as a team member in the TB control program is significant in treating TB disease and preventing latent TB infection from becoming TB disease. The TBPW is hired to make sure that clients with TB disease or infection take their medication as ordered by the TB Physician. People with TB who do not take their medication properly can stay infected, get the disease again, or develop and spread drug-resistant TB. Establishing a relationship with the client(s) is based on trust and support. This relationship is a very important part of successfully completing TB treatment.

The TBPW works closely with the RN, who is the CASE MANAGER for the client. The TBPW delivers TB medications, and observes the medications being swallowed, under the direction of the RN. The third partner for safe medication delivery is the TB Control Nurse. The TBPW needs to be comfortable contacting the RN and the TB Control Nurse in their area.

It is an expectation that the TBPW is in regular communication with the RN and TB Control Nurse.

Confidentiality

An important aspect of this job is confidentiality. Clients must be assured that the TBPW will keep their medical information private. Some clients may find it difficult to trust and confide in workers. TBPWs must work to create trust between themselves and their clients to encourage client compliance with treatment.

Personal health information must always be kept confidential. Maintaining strict confidentiality requires that all personal health information is shared with only those health care professionals directly involved in the client's care and only as required for the provision of safe client care. Personal health information is:

- Information about the health of the individual
- Information about health services provided to an individual
- Any information you become aware of while providing health services
- Personal information, public health number, address, phone number

Guidelines for Emailing and Texting

TBPWs are required to keep client personal health information confidential. Personal health information includes information regarding the physical or mental health of the client and any health service provided to the client. It also includes information discovered or disclosed when providing care to the client whether intentional or not. Personal information such as a client’s phone number, email address and age are also types of personal health information. Personal health information must be kept confidential even after the person’s death.

The guidelines below provide direction for TBPWs regarding the safe and secure use of email and text messaging when communicating with clients. The risks associated with these means of communication can be reduced or prevented by following these guidelines.

Conditions and Guidelines for Use:

Consent:

Clients must agree to communicate by email or text. Access to a client's email or phone number does not mean the client agrees with this means of communication.

Risks:

Prior to communicating with a client by email or text, the risks associated with email and text communication must be discussed as well as alternate ways to communicate. Even when clients are willing to accept risks associated with email and text communication, health-care workers must safeguard client information whether shared intentionally or discovered in the course of providing care. Risks include, but are not limited to, the following:

- It is impossible to know for sure who the sender is and who reads the message.
- Emails and texts can be forwarded, intercepted, circulated, stored, misdirected and even changed without the client or TBPW knowing.
- Emails and texts may accidentally be sent to the wrong person(s).
- Cellular phones, smart phones and tablets are easy to steal or misplace.

Email or text messaging is only used for:

- Making appointments with clients
- Arranging meetings with a client
- When requesting communication by an alternate means such as a phone call.

Email or text messaging should not be used for:

- Medical emergencies as messages may not be read immediately and harm to the client could occur if emergency service is delayed. Clients must call 9-1-1 or their local emergency number.
- Communicating personal health information or discussing medical matters. All medical matters should be discussed by phone or in person. Personal health information should never be included in an email or text message.

Responding to emails and texts:

- Send a reply to the client when an email or text has been received so they know it was received and read. *Exception:* Do not respond by email or text if the client has sent personal health information; if required, phone or visit the client in person.
- When a client does not respond to an email or text message the worker must follow up with a phone call or visit.

Additional safeguards:

- If texting or emailing in a public place, make sure others cannot see your messages and never leave your device unattended.

- In case of loss or theft of the device used for email or text messaging, immediately notify the community health nurse, First Nations TB nurse, and the TB Prevention and Control Saskatchewan nurse clinician.
- Password protect the devices you use for emailing and texting.
- Never use social media sites such as Facebook to contact clients for appointments.

Procedure for emailing and texting clients:

1. Give the client an information sheet. Note: You will need two copies of the information sheet.
2. Explain the risks involved when using email and text messaging. Ensure the client understands and accepts these risks and conditions for using email and text communication.
3. Inform the client that email and texting is only to be used to arrange or remind the client of appointments, arrange meetings with the client or when requesting a phone call.
4. Have the client sign and write their email address and/or phone number at the bottom of the second information sheet. Place this copy with the client's health record.
5. Every month (at the start of each medication cycle), verify the client's cell phone number and/or email address is correct before writing it on a new medication record.
6. Delete emails and texts as soon as they are no longer required.

Acceptable message	Unacceptable message
Can we meet at noon?	Can I give your TB meds at noon?
Your appointment is at 2 p.m.	Your doctor appointment at the TB clinic is at 2 p.m.
Your appointment is today.	Your chest x-ray is today.

Guidelines for Faxing

TBPWs have a legal duty to protect personal health information. Faxing increases the risk of:

- Sending the document to a wrong number
- Sending the document to the correct number but it is viewed by an unintended recipient.

Tips for safeguarding faxes:

- Be aware of whose fax machine you are using (i.e. band office). Fax machines have a hard drive and/or memories that store and retain information.
- Before faxing personal health information, confirm with the recipient the right number.
- Confirm with the recipient that anyone without the 'need to know' will not view the fax
- Always use a fax cover sheet identifying yourself and your contact information. Write the intended recipient, fax number and total number of pages sent. There should be a confidential statement on the cover sheet asking anyone who receives the fax in error to immediately notify you and destroy the fax.

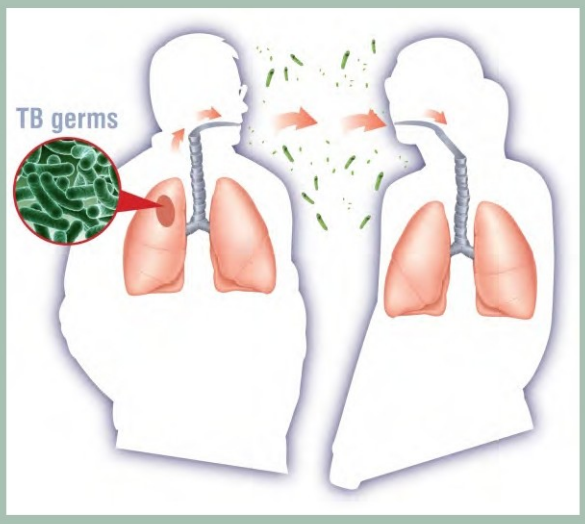
- Carefully recheck the number before hitting send.
- Check the fax confirmation report that the fax went to the right place, and the number of pages received.
- Stay by the machine to ensure all pages are transmitted.

If the fax went to a wrong number:

1. Immediately contact the organization where the fax was sent.
2. Confirm the fax was received.
3. Explain the fax contains private and confidential personal health information and was sent in error.
4. Ask them to shred the document(s) (or mail it back to you).

Commitment

Commitment means being dedicated to carrying out a particular action or job. The job of the TBPW is to support clients with TB disease or infection to take their medication. This job is very important to prevent the development or spread of TB disease or drug-resistant TB. The TBPWs role as a team member in the TB Prevention and Control program is the foundation of the TB program. Commitment to the program and to the clients is a necessary part of maintaining DOT.



TB Medication Administration, Delivery and Management in Saskatchewan First Nations Communities

The most current copy of this section can be found on the TB Prevention and Control Saskatchewan web page: https://www.saskatoonhealthregion.ca/locations_services/Services/TB-Prevention/Pages/Home.aspx

Source:	First Nations and Inuit Health Branch, Saskatchewan Region; Northern Inter-Tribal Health Authority; Saskatoon Tribal Council; TB Prevention and Control Saskatchewan
Date Approved:	September 9, 2015
Date Revised:	
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Date Reaffirmed:	
Scope:	First Nations communities and health-care providers; TB Prevention and Control SK and Partners
Authorization:	☒ Medical Health Officer, First Nations and Inuit Health Branch, Saskatchewan Region ☒ Medical Health Officer, Northern Inter-Tribal Health Authority ☒ Medical Health Officer, TB Prevention and Control Saskatchewan

1. Acknowledgements

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- First Nations and Inuit Health Branch, Saskatchewan Region
- Northern Inter-Tribal Health Authority
- Saskatoon Tribal Council
- TB Prevention and Control Saskatchewan

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Members also wish to acknowledge and extend appreciation to all TB program workers, registered nurses, physicians and other health-care professionals who, on a daily basis, provide exceptional service, expertise and care for individuals with tuberculosis in Saskatchewan.

2. Overview and Purpose

TB Prevention and Control Saskatchewan, the First Nations and Inuit Health Branch, Northern Inter-Tribal Health Authority, Saskatoon Tribal Council and First Nations nurses and leadership are committed to the timely, safe administration, delivery and management of TB medications in First Nations communities. Each partner and health-care team member has an important role in the provision of client care and is responsible for supporting the TB program objectives. Collaboration among health-care providers and partners is essential in order to meet the needs of clients with TB and to provide safe, quality care.

Clearly defined roles and responsibilities promote effective and open communication and action among partners and health-care team members which facilitates safe medication administration, delivery and management. Understanding the various roles and responsibilities is necessary for optimal team function and prevents misunderstanding and ambiguity regarding policy, procedure, authority and accountability.

The purpose of this document is:

1. To outline the roles and responsibilities of each partner and health-care provider in TB medication administration, delivery and management.
2. To facilitate consistent medication administration practices and support for health-care providers in the provision of safe, quality care thereby ensuring safe and effective administration of medication to clients.
3. To ensure accurate documentation and timely communication regarding medication administration, delivery and management.
4. To ensure the maintenance of quality care through measurement of defined outcomes.
5. To ensure all partners and health-care providers are respected, acknowledged and supported in medication administration, delivery and management.

3. Objectives

1. To maintain 100 percent cumulative medication audits.
2. To report all medication events and missed doses within one working day of their discovery.
3. To provide direction, if required, within one working day of receiving medication event report.
4. To address medication administration, delivery and management concerns as soon as possible once discovered and/or reported with every effort made to address the concern(s) within five working days of discovery and/or report.

4. Definitions

Accountable/accountability means "the obligation to accept responsibility or to answer for (explain) one's actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away" (SRNA, 2015).

Acquired drug resistance means when an individual with initially drug-susceptible TB later becomes drug-resistant (i.e., the TB bacteria withstand the effects of anti-TB drugs), as a result of non-adherence in drug taking or inadequate, inappropriate or irregular treatment.

Assignment means "part of the coordination of care and is a decision that identifies the most appropriate care provider for the provision of a client's care. Assessment of the client must always precede assignment...Assignment occurs when the required care falls within the scope of practice (i.e. LPN, RN, RPN) or the job description [i.e. unlicensed care provider] who accepts the assignment from the RN. " (SRNA, 2015)

CHN means community health nurse.

Delegation means "the transfer of responsibility for a task when it is not part of the scope of practice or scope of employment of the care provider. The care provider performing the task is accountable for competently performing the delegated task...only the task can be delegated. It is not possible to delegate the required knowledge and judgment." (SRNA, 2015).

DOT means directly observed therapy; a process in which a health-care provider watches the client swallow each dose of medication in order to improve treatment adherence, prevent acquired drug resistance and enable close monitoring of individuals during their course of treatment.

FNIHB means First Nations and Inuit Health Branch, Saskatchewan Region.

Medication discrepancy means an instance when information on the medication record is not congruent with medication packages or what has been reported. Example: the medication record indicates all doses were given but packages returned to TB Prevention and Control contain full or partial doses of medication.

Medication error means "…any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the health care professional, client, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use" (National Coordinating Council for Medication Error Reporting and Prevention, 2015). Examples: wrong medication prescribed or dispensed; medication given to the wrong client or given on the wrong day; medication not given/omitted as a result of health-care provider actions.

Medication event means a medication error, discrepancy, or side effect.

Medication side effect means any unusual or adverse reaction likely caused by a medication or medications administered to the client.

MHO means Medical Health Officer.

Missed dose means any dose not taken as a result of client actions. Examples: client refuses to take one or more of the prescribed medications; client is unavailable and/or cannot be located for medication delivery and/or is absent from the community without having informed their health-care providers.

NITHA means Northern Inter-Tribal Health Authority.

TB means tuberculosis.

TB Coordinator means the First Nations and Inuit Health Branch Regional TB Coordinator or the NITHA TB Advisor.

TB RN means First Nations TB Registered Nurses hired by the First Nations and Inuit Health Branch, Northern Inter-Tribal Health Authority or Saskatoon Tribal Council.

TBPC Clinical Consultant means the physician, and medical lead, providing leadership for TB Prevention and Control Saskatchewan along with the TBPC dyad.

TBPC Dyad means the Manager and Medical Health Officer providing leadership for TB Prevention and Control Saskatchewan along with the Clinical Consultant.

TBPC means TB Prevention and Control Saskatchewan.

TBPC RN means TB Prevention and Control Saskatchewan Nurse Clinician.

TBPW means TB Program Worker.

5. Roles and Responsibilities

TB CLIENT Additional information regarding client rights and responsibilities can be found in the *Patients' Charter for Tuberculosis Care (WHO, 2006)*	
Funding & Human Resource Management	Not applicable
Policy Development & Review	1. Make recommendations regarding program improvements.
Orientation	1. Participate in client education and receive information regarding TB, the treatment plan, medication administration and delivery, potential side effects and possible impact on other conditions or treatments.
Medication Administration, Delivery and Management	1. Notify TBPW and/or CHN if going to be away or delivery required in alternate location. Notify the TBPC RN directly when the CHN and/or TBPW are not available. 2. Complete tests and procedures as required (e.g., sputum collection, chest x-ray, etc.) 3. Collaborate with the TBPW and CHN regarding medication delivery. Be available for medication delivery. 4. Follow the prescribed and agreed upon treatment plan and comply with instructions regarding medication administration and delivery to protect their health and that of others. 5. Contribute to the well-being of the overall community by adhering to treatment (taking medications) and isolation requirements in addition to providing information regarding contacts.
Communication	1. Share information regarding present and past health, illnesses, allergies and other relevant information that may impact the treatment plan. 2. Inform the CHN and TBPC if any part of the treatment plan is not understood. 3. Report side effects and any difficulties following the treatment plan.
Continuing Education	Not applicable

TB PROGRAM WORKER	
Funding & Human Resource Management	1. Review invoices with the CHN following medication audits. 2. Fax invoice and medication records to the TB RN for review following medication audits. 3. Notify the CHN, TB RN and TBPC RN regarding planned and unplanned absences to ensure coverage is arranged. 4. Meet with the CHN for scheduled performance evaluations.
Policy Development & Review	1. Make recommendations regarding program improvements. 2. Adhere to policy and procedure regarding medication administration, delivery and management.
Orientation	1. Participate in orientation program. Review current TBPW Handbook and updates that are circulated. Complete assigned learning modules and self-study questions.
Medication Administration, Delivery and Management	1. Notify the CHN and TBPC RN if medications do not arrive as scheduled and sent by TBPC. 2. Ensure the medication, dose, frequency and client identifiers are documented in the top section of the Medication Record. 3. In collaboration with the CHN, verify that the correct medication(s), doses and number of doses has been received when a new shipment of medications arrive. Date and sign the Medication Record when the check is complete. The CHN must also sign. *Note: The TBPW cannot verify medications without an RN.* 4. Review the treatment plan and Tuberculosis Order Set with the CHN when reviewing the medications. 5. With the CHN or TB RN, complete a client home visit at the start of treatment when the first dose of medication will be delivered and arrange a convenient time for subsequent medication delivery with the client. 6. Deliver medication to clients as outlined in section 3 of the TBPW Handbook (e.g., each dose of medication is directly observed and medication is not left for client to take at a later time). 7. Document medication delivery on the Medication Record in accordance with section 4 of the TBPW Handbook. Ensure medication record documentation is accurate and complete. 8. Obtain client height and weight as ordered by the TB physician and document on the Medication Record. 9. In the comment section of the Medication Record document: • Concerns expressed by the client • Each attempt to locate the client on a separate line of the Medication Record • Reason for missed doses (e.g., unable to locate, out of town, intoxicated, etc.) and actions taken (e.g., who was notified). 10. Within two working days of the medication cycle ending, count the empty and full medication packages with the CHN and sign

	the Medication Record. Fax the Medication Records to the area TBPC RN for review. *Note: the CHN must also sign the Medication Record.* 11. As delegated by the CHN, return empty medication packages and undelivered medications to TBPC within five days of the end of the medication cycle. Medication not returned within five days may impact overall client treatment. *Note: The TBPW is not responsible for incurring costs associated with returning medications/packages to TBPC.* 12. Notify the TB RN when the CHN is not available to participate in the medication count at the end of the medication cycle and their signature is absent from the Medication Record. The TB RN may provide clearance for the TBPW invoice to be submitted following review of the Medication Record. 13. Ensure medication is stored safely in a locked location and out of the reach of children and pets. 14. Attend mobile clinics as required. 15. Ensure client privacy and confidentiality is maintained. 16. Inform the TB RN when routine incentives need to be restocked. Inform the CHN when incentives beyond those routinely given are recommended; the CHN will notify the TB RN.
Communication	1. Ensure telephone access is available for communication with TBPC and other partners. Calls should be made from the clinic to avoid charges to personal phone accounts when possible. 2. Be available to meet with the CHN, by phone or in person, at least weekly and more often as determined by the CHN based on the CHNs assessment of the client's condition. 3. Report the following to the CHN and TBPC RN within one working day of their occurrence: • Medication events • Missed doses • Planned absences by the client including contact information regarding their intended location Consult with the CHN, TBPC RN and/or TB RN for all other concerns or problems. The CHN is responsible for communicating with the TBPC RN. If the CHN is unavailable, contact the TBPC RN directly. The TBPC RN is responsible for communicating directly with the CHN regarding care decisions and directions given to the TBPW. Refer to section 6 and 7. 4. Notify the TB RN if concerns or issues exist regarding CHN availability that impacts medication delivery or management.
Continuing Education	1. Participate in annual TB Program Worker workshop or equivalent education program. 2. Receive corrective feedback and participate in retraining sessions as necessary.

COMMUNITY HEALTH NURSE OR REGISTERED NURSE DESIGNATE	
Funding & Human Resource Management	1. Communicate situations regarding unsafe medication administration, delivery and management to the health director and/or nursing supervisor and TBPC RN. *2.* Notify supervisor regarding upcoming absences and staffing needs. *Note: During the CHNs absence, or when vacancies exist, the supervisor ensures local mechanisms support the delivery of the TB program. This may include support for the TBPW and may involve support by the TB RN.* 3. Notify the TB RN and TBPC RN regarding planned absences (e.g., annual leave, vacation, etc.), and coverage plans. Notify the TB RN and TBPC RN if the TBPW is absent or concerns exist regarding TBPW performance and/or coverage plans. 4. Review and sign the TBPW invoice prior to submission for payment. 5. Collaborate with other partners to collect information for TBPW performance evaluations. This may include the TB RN, TBPC RN, health director or client. Complete TBPW performance evaluation and meet with the TBPW to review. Once complete, forward the evaluation to the TB RN. 6. In accordance with section 9, collaborate with the TBPC RN and TB RN, as required, to provide corrective feedback for the TBPW.
Policy Development & Review	1. Make recommendations regarding program improvements. 2. Ensure provincial standards of practice are maintained. 3. Practice in accordance with SRNA standards and regulatory requirements. 4. Adhere to policy and procedure regarding medication administration, delivery and management.
Orientation	1. Upon hire, review roles and responsibilities and participate in the TB program orientation for CHNs. 2. As available and in collaboration with the TB RN, participate in orientation for TBPWs and new CHNs as required and able. 3. Prior to delegating medication delivery and DOT, review the TBPW training notification form and seek clarification if concerns or questions regarding orientation exist. 4. Seek information and updates from the TBPC RN when questions or concerns arise regarding the treatment plan, including medication administration, delivery and management. 5. Seek information and updates from the TB RN when questions or concerns arise regarding TBPW performance, roles and/or responsibilities.
Medication Administration, Delivery and Management	1. Retain accountability for overall oversight of client care in community including TB medication administration, delivery and management. Monitor treatment plan and client progress in

	community. 2. Delegate the task of medication delivery to the TBPW in accordance with SRNA standards and guidelines. Refrain from delegating if the TBPW is not qualified or suitable for the task. Notify the TB RN, TBPC RN and FNIHB TB Coordinator if this occurs. 3. Deliver medications to clients or delegate or assign medication delivery to another trained health-care provider in the event of TBPW absence. Note: Training of TBPWs is provided by the TB RN only. The TB RN must be notified if an alternate TBPW requires training. 4. In collaboration with the TBPW, check the Tuberculosis Order Set with the new shipment of medications to ensure the correct: • Medications arrived (e.g., isoniazid, rifampin, etc.) • Dose of medication has arrived (e.g., 300 mg, 600 mg, etc.) • Number of doses arrived (e.g., 7, 12, 20, etc.) Date and sign the Medication Record when the check is complete. The TBPW must also sign. 5. Review the Tuberculosis Order Set and verify the correct medication, dose, frequency and client identifiers are documented on the Medication Record. 6. With the TBPW, complete a client home visit at the start of treatment when the first dose of medication will be delivered and arrange a convenient time for subsequent medication delivery with the client. Obtain consent to give medication at school as required. 7. Discuss environmental/safety risks associated with DOT for each client and strategies to prevent and/or manage. Refer to section 5 in the TBPW Handbook. 8. Assess the client, and provide client education as required: • At the start of treatment, • When there is a change in status, • Side effects reported, • Challenges such as compliance with DOT, and • More often as clinically required. 9. Ensure medication record documentation is accurate and complete. 10. Within two working days of the medication cycle ending, count the empty medication with the TBPW and sign the Medication Record. 11. Verify that missed doses and other errors reported by the TBPW are congruent with documentation on the Medication Record. 12. Report discrepancies in medication count to TBPC RN by phone within one working day. 13. In collaboration with the TBPW, pack up the previous months medication for return to TBPC including used and unused packages. Ensure medication returns leave the community within five days of the end of the medication cycle. This task may be assigned to the TBPW as necessary. *Note: Medication not returned*

	within five days may impact overall client treatment. 14. Notify the TB RN if incentives, other than those routinely provided, are required. 15. Provide ongoing client education regarding medications and related care.
Communication	1. Initiate meetings with the TBPW, by phone or in person, at least weekly and more often as determined by client condition. 2. Ensure the following is documented in the client chart and reported to the TBPC RN within one working day of their occurrence: • Medication events • Missed doses • Planned absences by the client including contact information Consult with the TBPC RN and/or TB RN for all other concerns or problems. 3. Call the toll free number for TBPC (1-866-780-6482) when unable to reach the designated TBPC RN. Refer to section 8 for more information. 4. Maintain an up to date voicemail message that includes availability for the current week and coverage plans.
Continuing Education	1. Ensure competence is maintained regarding the TB program in accordance with SRNA requirements.

NURSE CLINICIAN (TB PREVENTION AND CONTROL SK)	
Funding & Human Resource Management	1. Notify TB RN and CHN when treatment is initiated to ensure resources are available and funding in place. 2. Notify the TB RN regarding changes to the treatment plan such as treatment discontinuation, extension or client relocation. Notification should occur as soon as possible but within one week at the utmost. 3. Provide feedback for TBPW performance evaluations as requested. 4. In accordance with section 9, collaborate with the CHN and TB RN, as required, to provide corrective feedback for the TBPW.
Policy Development & Review	1. Make recommendations regarding program improvements. 2. Ensure provincial standards of practice are maintained. 3. Practice in accordance with SRNA standards and regulatory requirements. 4. Adhere to policy and procedure regarding medication administration, delivery and management.
Orientation	1. In collaboration with the TB RN, participate in orientation for TBPWs and/or CHNs as required and able.
Medication Administration, Delivery and Management	1. Phone CHN regarding treatment plan and fax Tuberculosis Order Set for all clients starting treatment. Communicate changes to medication orders by phone and fax. 2. Promptly notify the TB RN of all new treatment starts to ensure funding requests are complete and TBPWs are in place. *3.* Ensure the CHN and TBPW are notified regarding medication shipping plans for clients starting treatment or for clients having medications shipped outside the routine shipping schedule. *4.* Phone CHN and TBPW when medication returns and medication records are not received within two weeks of the end of the medication cycle. *Note: Transport of medication returns to TBPC may take longer than two weeks depending on the mode of transit.* 5. Complete medication audit within seven working days of medication return and immediately address discrepancies and/or concerns with the CHN and TBPW. 6. Identify and communicate compliance issues and care concerns (e.g., side effects) to physician. Provide direction to the CHN and TBPW as necessary. 7. Report medication and documentation discrepancies to the CHN and TBPW by phone (e.g., two signatures not included, missing comments, missed doses or side effects not reported, etc.). 8. Reinforce accountabilities and standards of care with CHN and TBPW as necessary.

	9. In consultation with the physician, provide direction as necessary regarding side effects, missed doses, medication errors or discrepancies, DOT concerns and client follow up. Communicate physician directions to the CHN or directly to the TBPW if the CHN is unavailable within one working day. 10. Monitor overall treatment plan and collaborate with the TBPC physician regarding medication and/or treatment plan concerns or revisions. 11. Notify the TB RN if incentives, other than those routinely provided, are required. 12. Provide ongoing client education regarding medications and related care.
Communication	1. Contact the CHN to discuss concerns regarding client care and management. Contact the TBPW directly if the CHN is unavailable. Ensure the CHN is advised of care decisions and direction(s) provided to the TBPW. 2. Respond to all voicemails within one working day when direction is required for client care or when a return call is requested. 3. Immediately notify the TB RN when unable to resolve ongoing issues regarding client care or management. In collaboration with the TB RN, determine an appropriate course of action which may involve further TBPW or CHN training or other intervention(s). 4. Inform TBPC dyad and clinical consultant regarding ongoing and/or unresolved medication administration, delivery or management issues. 5. Maintain an up to date voicemail message that includes availability for the current week and coverage plans.
Continuing Education	1. Participate in educational opportunities for health care providers (e.g., planning, presenting, etc.). 2. Ensure competence is maintained regarding the TB program in accordance with SRNA requirements.

PHYSICIAN (TB PREVENTION AND CONTROL SK)	
Funding & Human Resource Management	Not applicable.
Policy Development & Review	1. Make recommendations regarding program improvements. 2. Provide input and feedback on policy and procedure development. 3. Ensure national and provincial standards of practice are maintained. 4. Practice in accordance with College of Physicians and Surgeons of Saskatchewan (CPSS) standards and regulatory requirements. 5. Adhere to policy and procedure regarding medication administration, delivery and management.
Orientation	Not applicable.
Medication Administration, Delivery and Management	1. Determine treatment plan and provide physician orders. 2. Provide physician orders and direction as necessary regarding side effects, missed doses, medication errors or discrepancies and client follow up. 3. Monitor the overall treatment plan. Collaborate with the TBPC RN and pharmacy regarding medication concerns and/or treatment plan revisions. 4. Provide ongoing client education regarding medications and related care.
Communication	1. Communicate with the TBPC MHO and local MHO regarding public health concerns related to treatment and/or isolation adherence.
Continuing Education	1. Participate in educational opportunities for health care providers (e.g., planning, presenting, etc.). 2. Ensure competence is maintained regarding the TB program in accordance with CPSS requirements.

FIRST NATIONS TB RN (CENTRAL, FNIHB, NITHA)	
Funding & Human Resource Management	1. Receive notification when treatment is initiated for clients with active or latent TB. Complete funding requests and forward to FNIHB. 2. Review invoices against the Medication Records to ensure accurate billing. 3. In order to provide verification of TBPW hours for invoicing purposes, when the CHN has not been available to participate in the medication count at the end of the medication cycle (due to unforeseen circumstances), and as notified by the TBPW, review Medication Records and provide clearance for the TBPW invoice to be submitted to FNIHB for payment. 4. Support and offer suggestions to communities in their search for a TBPW capable of meeting performance requirements. 5. Forward TBPW performance evaluation to the CHN for completion. Receive performance evaluations and forward to FNIHB. 6. In accordance with section 9, collaborate with the CHN and TBPC RN to provide corrective feedback for the TBPW.
Policy Development & Review	1. Make recommendations regarding program improvements. 2. Ensure provincial standards of practice are maintained. 3. Practice in accordance with SRNA standards and regulatory requirements. 4. Adhere to policy and procedure regarding medication administration, delivery and management.
Orientation	1. Coordinate and provide orientation, training and support for TBPWs. Collaborate with the CHN and TBPC RN as necessary. 2. Coordinate and provide orientation, training and support for CHNs as required. Collaborate with the TBPC RN as necessary. 3. Review roles, responsibilities and standards of care regarding medication administration, delivery and management with the TBPW including information within the contract and the TBPW Handbook. 4. Notify area TBPC RN when TBPW orientation is planned. 5. Provide orientation, training and support to CHNs as required ensuring program standards and expectations of medication administration, delivery, management and delegation are outlined. 6. Provide support post-orientation on outstanding concerns or education needs within four weeks. *7.* Provide retraining and updates as required for TBPW. *Note: Updates are required if there has been a break in service delivery for 6 months or more. Updates and/or re-training may be provided sooner at the discretion of the TB RN and when concerns are identified by the CHN and/or TBPC RN.* 8. Provide a copy of the TBPW training notification form to the CHN.
Medication	1. Collaborate with TBPC RN, CHN and TBPW when ongoing

Administration, Delivery and Management	medication delivery or documentation concerns exist. 2. Provide support and training to TBPW and/or CHN as necessary and as discussed with the TBPC RN. 3. When the CHN is not available, along with the TBPW, complete a client home visit at the start of treatment when the first dose of medication will be delivered as feasible. *Note: Feasibility may vary by geographic region (north, south, central).* 4. When the CHN is not available, and in collaboration with the TBPW, check the Tuberculosis Order Set with the new shipment of medications to ensure the correct: • Medications arrived (e.g., isoniazid, rifampin, etc.) • Dose of medication has arrived (e.g., 300 mg, 600 mg, etc.) • Number of doses arrived (e.g., 7, 12, 20, etc.) Date and sign the Medication Record when the check is complete; the TBPW must also sign. *Note: Feasibility may vary by geographic region (north, south, central).* 5. When the CHN is not available, and as feasible, count the empty medication with the TBPW and sign the Medication Record. *Note: Feasibility may vary by geographic region (e.g., north, south, central).* 6. Upon request from TBPC, collaborate with community health staff to resolve ongoing performance concerns associated with medication delivery, management and documentation. 7. Arrange incentives for clients as requested by community and/or TBPC. 8. Provide client education regarding TB, medications and related care as able (e.g., during course of contact investigation).
Communication	1. Connect with TBPW, CHN and TBPC RN as required (e.g., notify TBPC if TBPW has communicated concerns regarding CHN availability). 2. Collaborate with TBPC RN when client care or management issues need to be resolved. Along with the TBPC RN, determine appropriate course of action which may involve additional training or other intervention(s). 3. Reinforce accountabilities and standards of care with CHN and TBPW as necessary. 4. Provide insight, knowledge and assistance to TBPC and other partners regarding community dynamics and operations. 5. Maintain an up to date voicemail message that includes availability for the current week and coverage plans.
Continuing Education	1. Participate in educational opportunities for health care providers (e.g., planning, presenting, etc.). 2. Ensure competence is maintained regarding the TB program in accordance with SRNA requirements.

COMMUNITY AND FIRST NATIONS EMPLOYING AGENCY (including, but not limited to, the Health Director or equivalent and Health Committee)	
Funding & Human Resource Management	1. Work in partnership with FNIHB and/or NITHA in the hiring of TBPWs. Collaborate with FNIHB and/or NITHA and/or the TB RN when roles and responsibilities related to service delivery are not met. 2. Communicate and collaborate with NITHA/FNIHB MHO and TB Coordinators to adjust community priorities and action plans based on current community needs (e.g., role of CHN in TB health services). 3. Ensure transportation services are available for TB clients through Non-Insured Health Benefits when medication related concerns arise. 4. Incur costs of returning empty and full medication packages to TBPC at the end of each medication cycle.
Policy Development & Review	1. Ensure provincial standards of practice are maintained through the endorsement of the TB program.
Orientation	1. Support and promote orientation to the TB program and mandatory TB training for CHNs and TBPWs.
Medication Administration, Delivery and Management	1. Communicate and collaborate with TB Coordinator and FNIHB and/or NITHA MHO to address concerns related to medication administration, delivery and management.
Communication	1. In collaboration with partners, engage community members and encourage active participation and cooperation as needs arise to promote mobilization of resources and ensure community health and safety. 2. Report within organizational structures.
Continuing Education	Not applicable.

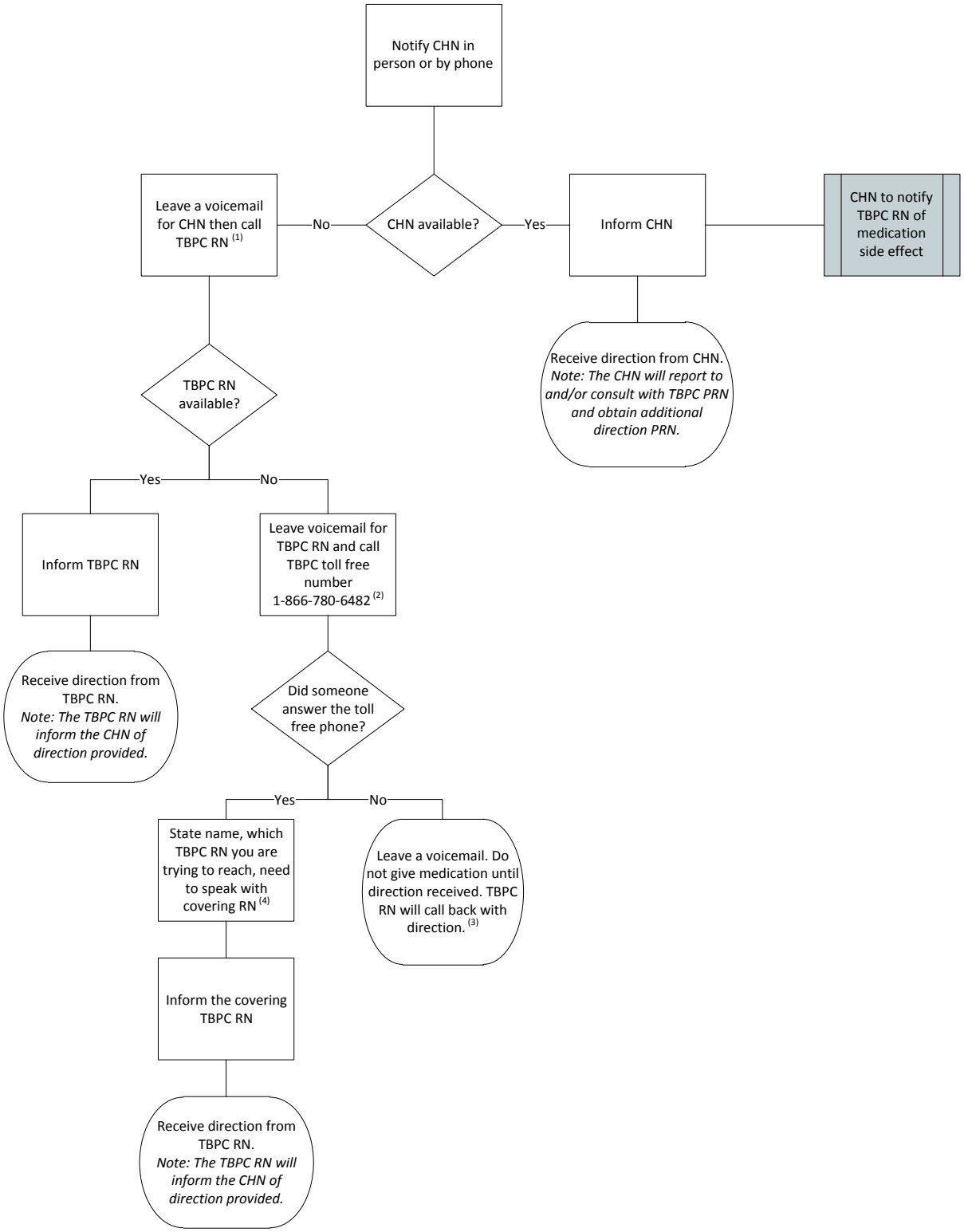
FIRST NATIONS AND INUIT HEALTH BRANCH, SASKATCHEWAN REGION	
Funding & Human Resource Management	1. Support funding requests and provide personal service contracts for TBPWs. 2. Ensure medication delivery and associated activities, such as documentation, communication and follow up, are supported by accurate and adequate number of contract hours. 3. Assess and adapt TBPW funding based on community needs and priorities. 4. Medical Health Officer (and others as required), to engage community leadership in south/central communities. 5. Mobilize resources and advocate for additional resources and funding from Health Canada as required. 6. Review TBPW invoice and submit for payment through established Health Canada systems. 7. Review and retain performance-related documents and corrective feedback provided. 8. Provide funding for incentives as required and able. 9. Provide funding for continuing education activities as able. 10. Resolve issues with transportation services not covered by Non-insured Health Benefits.
Policy Development & Review	1. Ensure national and provincial standards of practice are maintained. 2. Make recommendations regarding program improvements. 3. Support policy and procedure development, implementation, education and communication.
Orientation	1. Collaborate with partners in development of orientation materials.
Medication Administration, Delivery and Management	1. Ensure personal service contracts align with standards of practice. 2. Ensure nursing management is aware of roles and responsibilities (accountabilities and standards of practice) for CHNs and TBPWs and reinforce as necessary. 3. MHO – Work with TBPC MHO to manage local course of public health action for infectious TB cases to ensure health risks associated with infectious TB are minimized.
Communication	1. Collaborate with TBPC, community health leaders, TB RNs and CHNs regarding ongoing and/or unresolved issues related to medication administration, delivery and management.
Continuing Education	1. Participate in educational opportunities for health care providers (e.g., planning, presenting, etc.). 2. Ensure competence is maintained regarding the TB program in accordance with SRNA and CPSS requirements.

NORTHERN INTER-TRIBAL HEALTH AUTHORITY	
Funding & Human Resource Management	1. MHO, TB Advisor – Engage community leadership through established community channels and mobilize resources as required. 2. Executive Director, MHO, TB Advisor – Advocate for additional resources and funding as required.
Policy Development & Review	1. MHO, TB Advisor – Ensure national and provincial standards of practice are maintained. 2. MHO, TB Advisor, TB RNs – Make recommendations regarding program improvements. 3. MHO, TB Advisor, TB RNs – Support policy and procedure development, implementation, education and communication.
Orientation	1. MHO, TB Advisor, TB RNs – Collaborate with partners in development of orientation materials.
Medication Administration, Delivery and Management	1. MHO, TB Advisor, TB RNs – Ensure nursing management is aware of roles and responsibilities (accountabilities and standards of practice) for CHNS and TBPWs and reinforce as necessary. 2. TB Advisor, TB RNs, Administrative Support – Coordinate incentives as required. 3. MHO – Work with TBPC MHO to manage local course of public health action for infectious TB cases to ensure health risks associated with infectious TB are minimized.
Communication	1. MHO, TB Advisor, TB RNs – Collaborate with TBPC, community health leaders, TB RNs, CHNs and TBPWs regarding ongoing and/or unresolved issues related to medication administration, delivery and management.
Continuing Education	1. MHO, TB Advisor, TB RNs – Participate in educational opportunities for health care providers (e.g., planning, presenting, etc.). 2. Ensure competence is maintained regarding the TB program in accordance with SRNA and CPSS requirements.

TB PREVENTION AND CONTROL SASKATCHEWAN	
Funding & Human Resource Management	1. Manager, MHO and Clinical Consultant to advocate for additional resources and funding to support TB program activities. 2. Mobilize resources and advocate for additional resources as required. 3. Fund physician, nurse clinician and support staff positions. 4. Ensure pharmacy services, including medication delivery and associated activities, are supported by adequate resources.
Policy Development & Review	1. Clinical Consultant, MHO and Manager – Ensure national and provincial standards of practice are maintained. 2. All TBPC – Make recommendations regarding program improvements. 3. Clinical Nurse Educator – Develop and distribute policy and procedure in collaboration with the Clinical Consultant, MHO and Manager. 4. Clinical Consultant, MHO, Manager, Clinical Nurse Educator – Provide support for policy and procedure education and implementation.
Orientation	1. Clinical Nurse Educator, Nurse Clinicians – Collaborate with partners in development of orientation materials. 2. Clinical Nurse Educator, Clinical Consultant – Provide orientation, training and support to TBPC RNs and physicians, as required, ensuring program standards and expectations of medication administration, delivery and management and delegation are outlined.
Medication Administration, Delivery and Management	1. Clinical Consultant, MHO, Manager – Ensure TBPC staff is aware of roles and responsibilities (accountabilities and standards of practice) and reinforce as necessary. 2. Pharmacy – Dispense and distribute medications as prescribed by TB physicians. Ensure medication stock meets volume requirements. 3. Nurse Clinicians, Supervisor – Follow up when notified that medications have not been received in a community. 4. MHO – Work with other MHOs to manage local course of public health action for infectious TB cases to ensure public health risks associated with infectious TB are minimized.
Communication	1. Clinical Consultant, MHO, Manager, Supervisor, Nurse Clinicians – Collaborate with partners regarding ongoing and/or unresolved issues related to medication administration, delivery and management. The Manager, MHO and/or Clinical Consultant are responsible for communicating ongoing issues with FNIHB and/or NITHA leadership.
Continuing Education	1. Participate in educational opportunities for health care providers (e.g., planning, presenting, etc.). 2. Ensure competence is maintained regarding the TB program in accordance with SRNA and CPSS requirements.

6. Medication Side Effect and/or Error Reporting Procedure for TB Program Workers

When a CHN or TBPC RN is not available and the need is **URGENT,** refer the client to the nearest primary health care provider or health facility.



The following examples offer guidance on what information to include in voicemails left for nursing staff. Information left on voicemail needs to be adapted to meet the individual needs of each client.

(1) EXAMPLE SCRIPT – LEAVING A VOICEMAIL FOR THE CHN:

Name: Hello, this is [name]. It is [day and date] at [time of day].

Reason for call: I am calling about [client name]. When I saw him this morning, I asked how he felt after the last dose and if he has noticed any changes. He said he had an upset stomach and felt like throwing up. He said he didn't feel much like eating that day. He is concerned he is going to feel unwell again if he takes today's medication.

What you did or will do: I didn't give [client name] his medication today. I am going to call the TBPC RN and let her know.

What you need: Please call me back at (306) [phone number] and let me know if it's okay to give [client name] his medication today or if there is anything else I need to do.

(2) EXAMPLE SCRIPT – LEAVING A VOICEMAIL FOR THE TBPC RN:

Name: Hello, this is [name] from [community name]. It is [day and date] at [time of day].

Reason for call: I am calling about [client name]. I asked how he felt after the last dose and if he has noticed any changes. He said he had an upset stomach and felt like throwing up. He said he didn't feel much like eating that day. He is concerned he is going to feel unwell again if he takes today's medication.

What you did or will do: I didn't give [client name] his medication today. He is concerned he is going to feel unwell again if he takes today's medication. I left a message for the CHN but haven't talked with her.

What you need: Please call me back at 306 [phone number] and let me know if it's okay to give [client name] his medication today or if there is anything else I need to do.

(3) EXAMPLE SCRIPT – LEAVING A VOICEMAIL ON THE TBPC TOLL-FREE PHONE LINE:

Name: Hello, this is [name]. It is [day and date] at [time of day].

Reason for call: I am calling from [community name] about a client and need to speak with [TBPC RN name].

What you did or will do: I am holding this client's medication until I hear back so…

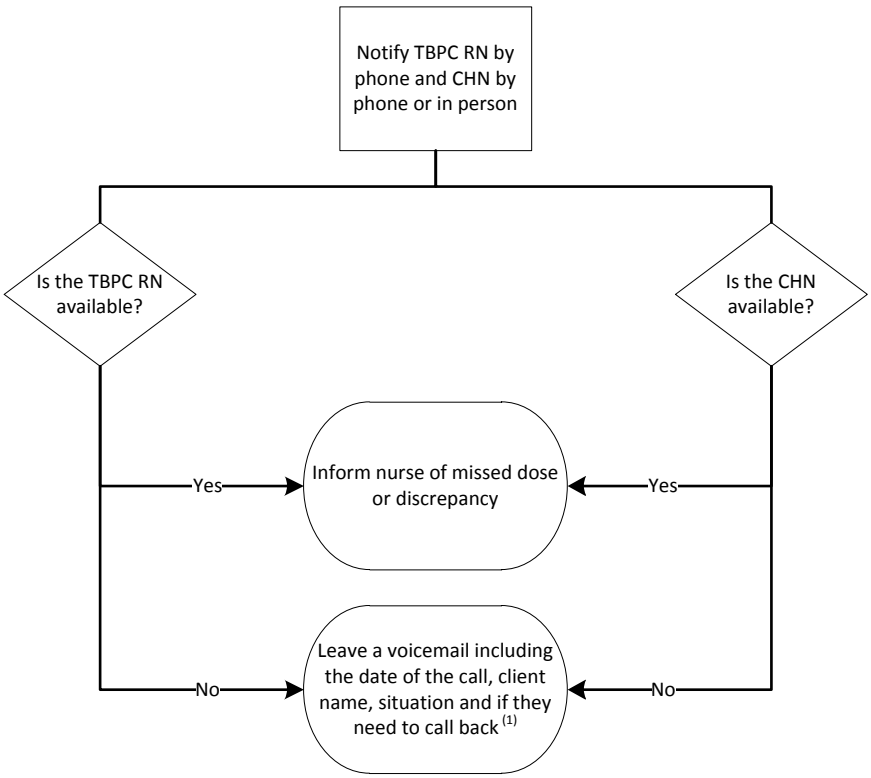
What you need: If she is not available, I need to speak with the nurse covering as soon as possible.

(4) EXAMPLE SCRIPT – SPEAKING WITH TBPC MAIN OFFICE STAFF:

Name: Hello, this is [name]. I am calling from [community name] about a client.

Reason for call: [TBPC RN name] is the client's nurse and I left a voicemail but haven't heard back. I need to speak with the nurse covering for [TBPC RN name].

7. Medication Discrepancy and Missed Dose Reporting Procedure for TB Program Workers



(1) EXAMPLE SCRIPT – LEAVING A VOICEMAIL FOR THE CHN:

Name: Hello, this is [name]. It is [day and date] at [time of day].

Reason for call: I am calling about [client name]. He missed his dose of medication today because [give reason].

What you did or will do: I am going to call the TBPC RN and let her know.

What you need: Please call me back at (306) [phone number] so I know you received this message and to let me know if I need to do anything more about this. (*Note: The nurse will only call back if you request a call.)*

(1) EXAMPLE SCRIPT – LEAVING A VOICEMAIL FOR THE TBPC RN:

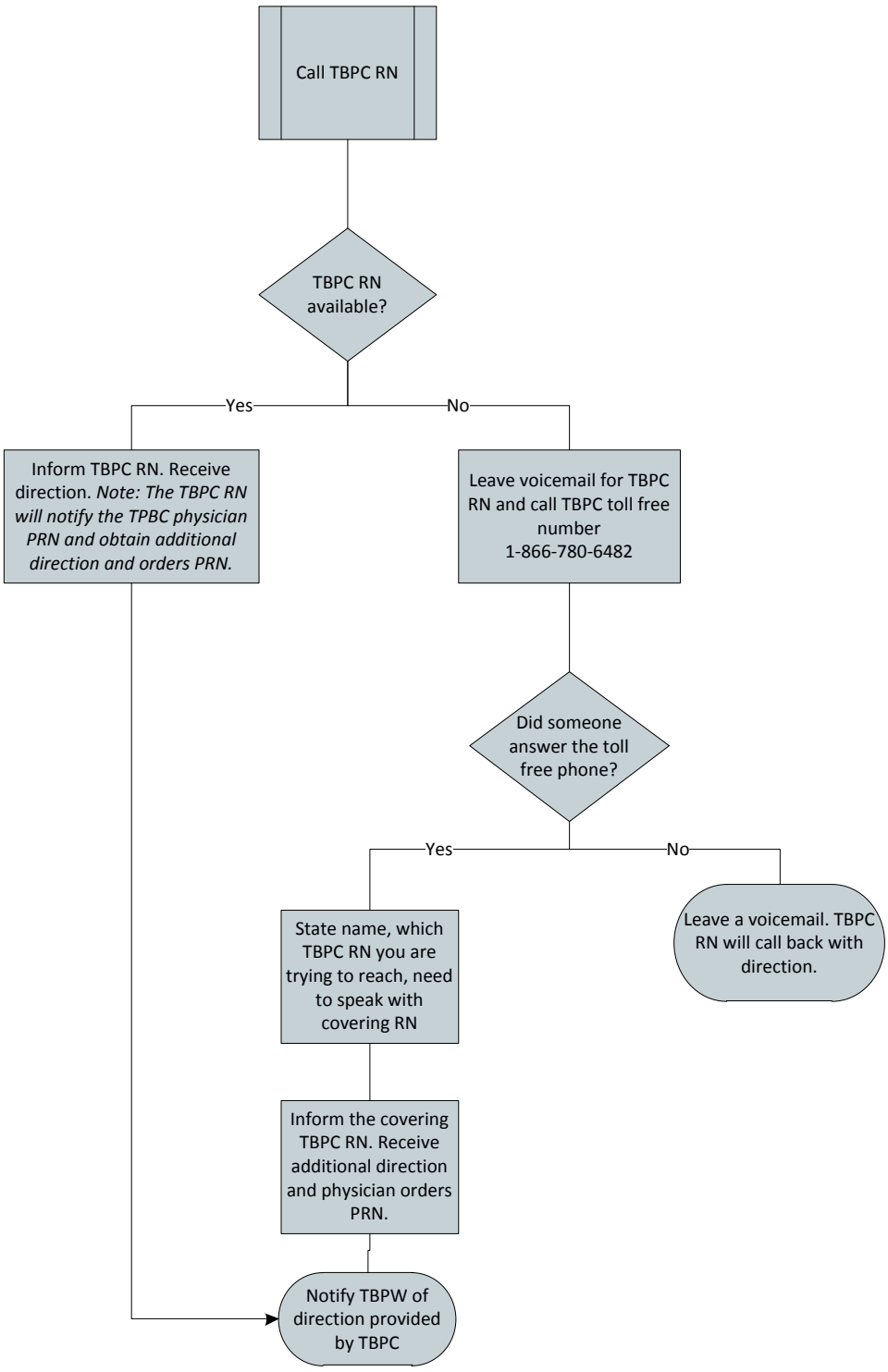
Name: Hello, this is [name] from [community name]. It is [day and date] at [time of day].

Reason for call: I am calling about [client name]. He missed his dose of medication today because [give reason].

What you did or will do: I have left a message for the CHN.

What you need: Please call me back at (306) [phone number] so I know you received this message and to let me know if I need to do anything more about this. (*Note: The nurse will only call back if you request a call.)*

8. Medication Side Effect and/or Error Reporting Procedure for Community Health Nurses



9. Procedure for Providing Corrective Feedback for TB Program Workers

The following procedure outlines the progressive plan for corrective feedback and action regarding TB Program Worker performance. It is intended to formalize feedback processes when contract obligations, roles and responsibilities and standards of care are not met; it does not replace annual performance evaluations.

The procedure shall be used to help resolve issues or concerns, identified by any TB team member, that affect the safety and care of clients. The goal of providing corrective feedback is to attempt to help the TBPW improve his/her performance and overall understanding of their role and responsibilities in order to maintain safe and effective quality care for all clients.

1. CHN (or CHN designate) or TBPC RN identifies concern/issue.
2. CHN and TBPC RN discuss plan of action to address concern/issue.
3. The CHN will discuss the concern/issue with the TBPW. The TBPC RN is to be included as discussed in the plan of action. Whenever possible, all three (CHN, TBPC RN and TBPW) should discuss the concern/issue together.
4. If the concern/issue is ongoing and there has not been a resolution or it is determined that the TBPW requires greater support, then the CHN or TBPC RN will complete a TB Program Worker (TBPW) Performance Plan form and forward it to the area TB RN. The concern and any recommendations should be included along with any examples for teaching purposes such as medication records. The TBPC RN shall provide a copy of the form to the TBPC Supervisor.
5. The TB RN will assess the situation at the community level.
6. The TB RN will develop a learning plan and process for evaluation for the TBPW if necessary. The learning plan shall be forwarded and/or discussed with the CHN and TBPC RN. Practice standards should be reinforced.
7. The TB RN will provide education, training and support to the TBPW and/or CHN as necessary.
8. The TB RN will notify the CHN and TBPC RN when implementation of the learning plan is complete and follow up or a re-evaluation plan is in place. The TB RN will ascertain if the CHN is still prepared to delegate medication delivery to the TBPW. If not, the First Nations TB RN will work with the community to hire and train a new worker.
9. The CHN and TBPC RN will monitor progress and communicate ongoing concerns with the TB RN as necessary.
10. If there is no resolution and the concern persists then processes for addressing the concern/issue should be followed in accordance with contractual requirements of personal service workers or the employing agency.

    Note: The TBPC RN and/or TB RN will collaborate with the local health director when the CHN is not available (e.g., position vacant or on leave).

TB Program Worker (TBPW) Performance Plan

TBPW: _____ **DATE:** _____

COMMUNITY: _____

Roles and Responsibilities (indicate the specific accountability concern)

Funding & Human Resource Management	
Policy Development & Review	
Orientation	
Medication Administration, Delivery and Management	
Communication	
Continuing Education	

Describe the concern/issue [include date(s) concern identified and/or occurred, possible cause and/or contributing factors]

Support/retraining provided thus far to address the concern/issue [include date(s)]

RN Signature: _____ **Position:** _____ **Phone:** _____

Assessment/Learning Plan/Evaluation (to be completed by the FN TB Nurse)

TBPW comments:

TBPW Signature: _____ **Date:** _____

FN TB Nurse Signature: **Date:**

Copy to: ☐ CHN ☐TBPW ☐FNIHB ☐TBPC SK

References

TB Program Worker Sub-Committee. (2013). Saskatchewan TB Program Worker Handbook.

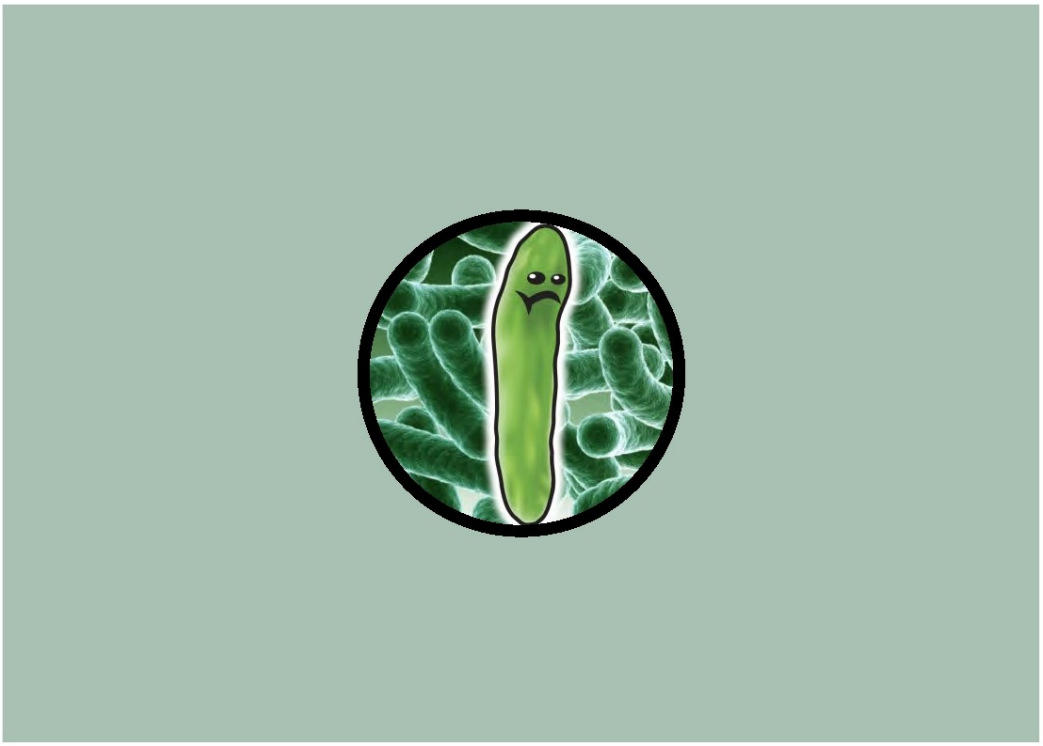
SRNA. (2007). Medication Administration Guidelines for Registered Nurses.

Government of Saskatchewan. (2015). The Registered Nurses Act, 1988.

SRNA. (2015). *Interpretation of the RN Scope of Practice, February 10, 2015*.

SRNA. (2013). Standards and Foundation Competencies for the Practice of Registered Nurses.

National Coordinating Council for Medication Error Reporting and Prevention. (2015). *What is a medication error?*



Self-Test Section 1: The TBPW Role

Part A: True or False

_____1. Each client's supply of TB medications will be checked by the TBPW only.

_____2. The TBPW makes sure the prescribed medication is ingested by the TB client (the client must be observed swallowing).

_____3. The TBPW documents the client's medication delivery on the Medication Record provided by TB Prevention & Control, as time allows.

_____4. The TBPW reinforces to the client the purpose of regular treatment and reasons for taking the medications for the prescribed period.

_____5. Within two weeks of the medication cycle ending, the TBPW checks the empty medication packages with the RN before they return the empty packages to TB Prevention & Control along with the completed medication records.

_____6. The TBPW does not need to report missed doses.

_____7. The TBPW needs to discuss side effects of the medications with the RN and TB Prevention and Control at the end of each medication cycle.

_____8. It is okay use text messaging to let clients know their appointment time.

Part B:

1. Under whose direction is the TBPW delivering and observing TB medications?
2. If the TBPW is unable to deliver TB medications, who arranges for an alternate?
3. Explain the necessity of maintaining open communication with team members.
4. Explain the importance of commitment from the TBPW.
5. Explain the importance of maintaining confidentiality.

Self-Test Section 1 Answers

Part A: True or False

1. False	5. False
2. True	6. False
3. False	7. False
4. True	8. True

Part B:

1. The RN. TBPWs are not licensed to administer medications; therefore, they must work under the direction of the RN.

2. If the TBPW is unable to deliver medications to his/her clients, he/she must notify the RN. The RN can then arrange for a suitable alternate person to carry out the responsibilities of DOT.

3. It is necessary for the TBPW to be available to meet by phone or in person with other members of the TB Team. Open communication contributes to effective working relationships and makes sure that the responsibilities of DOT are maintained.

4. It is important for TBPWs to be committed to their job because they are key to the maintenance of DOT. This assists with the prevention of the development or spread of TB disease or drug-resistant TB.

5. The importance of maintaining confidentiality is to build the clients' trust that medical information is kept private and to support the clients' compliance with their treatment.