

Manitoba Tuberculosis Program – Roles and Responsibilities Matrix

January 2014

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On April 1, 2011, Manitoba adopted a new service delivery model for TB services. Under this model, each regional health authority (RHA) is responsible for the provision of public health case and contact management for TB; one RHA, the Winnipeg Regional Health Authority (WRHA), is also responsible for providing consultation on case and contact management for all RHAs. Manitoba Health continues to receive and refer reports of laboratory-confirmed or clinical cases; be responsible for protocol and policy development, for provincial surveillance and for funding and providing overall direction for the provincial TB prevention and management program.

This “TB Program Roles and Responsibilities” Matrix is a living tool that has been developed by Manitoba Health – Public Health Branch in consultation with the TB Steering Committee to identify and clarify the roles and responsibilities of different TB program’s partners on each aspect of the TB provincial program.

Guiding Principles - Four important principles guide the work of TB services within Manitoba:

1. Expertise for TB services is to be accessible across the province, and is to be provided according to the level of service needed.
2. The unique attributes of TB, like those of other complex communicable diseases, require-generalist and specialist roles for both medical and public health management of cases and contacts.
3. Each regional health authority (RHA) is responsible for the provision of public health case and contact management for TB.
4. Medical Clinicians/Nurse Practitioners in each RHA will continue to be responsible for the medical management of TB within the region with referral to TB Specialist Clinicians as required.

ROLES	RESPONSIBILITY OF					
	MH	All RHAs ⁱ	WRHA ⁱⁱ	Clinicians ⁱⁱⁱ	FNIHB ^{iv}	Other/ Note
A. PROVINCIAL COORDINATION AND PROGRAM PLANNING AND MANAGEMENT						
1. Provincial leadership and coordination/collaboration/consultation with key stakeholders and partners.						
2. Overall provincial strategic planning (including prevention and education and training) and policy analysis and formulation.						
3. Producing media releases and/or responding to provincial media requests						
4. Respond to health planning, programmatic issues and/or RHA funding requests						
5. Liaising with FPT committees, working groups and parties related to TB and may request participation from regional key stakeholders and/or partners (if needed)						
6. Maintaining and updating the fax/phone lists for TB program						

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	MH	All RHAs ⁱ	WRHA ⁱⁱ	Clinicians ⁱⁱⁱ	FNIHB ^{iv}	Other/ Note
7. Establishing access criteria to the publically funding tuberculin testing for all RHAs						
8. Managing clients' access to publically-funded tuberculin testing						
9. Providing overall coordination to ensure efficiencies and ensure that all needs are met						
10. Participation in TB service delivery standardization ^v						
B. SURVEILLANCE AND OUTBREAK MANAGEMENT						
11. Surveillance (collection, analysis, interpretation and communication of data).						
12. Management and maintaining ^{vi} of the TB registry and/or future TB databases						
13. Providing support for outbreak investigation in any one or more RHA upon request ^{vii}						
14. Receiving and processing TB - related lab reports ^{viii}						
15. Receiving and forwarding all the Citizenship and Immigration Canada (CIC) referrals for TB medical surveillance to the appropriate RHA/s						
16. Following up on all CIC referrals for medical surveillance for clients residing within the respective RHA						
C. CAPACITY BUILDING AND PROVIDING TECHNICAL ASSISTANCE						
17. Providing specialized TB public health services for the Northern/Rural RHAs/FNIHB by the WRHA Population and Public Health Tuberculosis team ^{ix}						
18. Providing a model of care across the spectrum of TB by the WHRA Integrated TB Services which enables integrated collaborative care model of the various health disciplines and programs e.g. child health, infection prevention & control, laboratory services, medicine, pharmacy, population and public health, primary care, involved in care delivery for tuberculosis in order to support ongoing quality improvement of all TB Services in the WRHA, as well as throughout MB ^x						
19. Developing and updating provincial protocols and forms						
20. Developing and updating localized protocols and forms to be used within certain geographical/organizational areas/setting						
21. Providing education and training ^{xi}						

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D. CASE AND CONTACT IDENTIFICATION AND MANAGMEENT						
22. The public health management of all TB cases and contacts ^{xii}						
23. The management of costs and budgets for tuberculin skin testing related to public health case and contact investigations						
24. Facilitating medical management of cases and contacts ^{xiii}						
25. Developing and updating clinical guidelines and algorithm for TB case and contact management						
26. Providing consultation for medical management by WRHA Specialist TB Clinicians for adult and pediatric cases of TB disease.						
27. Providing consultation for LTBI management province-wide as needed by designated Primary Care Clinicians (in addition to TB Clinical Specialist).						
28. Providing TB Medications ^{xiv} : MB Health transferred funds to the WRHA to cover the costs of outpatient TB medications for the whole province, regardless of where the patient lives in MB. During hospitalizations, TB medications fall under the usual hospital pharmacy budgets that are managed by the respective clinical programs.						
E. DEVELOPING AND DISSEMINATION OF EDUCATIONAL AND AWARENESS RAISING MATERIALS						
29. Develop, update and disseminate patient education materials						
30. Develop, update and disseminate public education materials						
F. FRONT LINE CASE AND CONTACT IDENTIFICATION AND MANAGEMENT						
31. Reporting any clinically-confirmed TB cases or clients where TB treatment is started to Manitoba Health ^{xv} .						
32. Providing medical management of TB cases and contacts including referral/consultation to TB specialist clinicians (medical and/or public health) as appropriate ^{xvi} .						

ROLES	RESPONSIBILITY OF					
	MH	All RHAs ⁱ	WRHA ⁱⁱ	Clinicians ⁱⁱⁱ	FNIHB ^{iv}	Other/ Note
33. Consultation and collaboration with regional MOH and public health teams and other health and social service teams working with the patients to ensure no gaps between medical and public health follow up of TB cases and contacts						

ⁱ All RHAs including WRHA.

ⁱⁱ The WRHA has the responsibilities as listed in the RHA section for cases and contacts within their RHA.

ⁱⁱⁱ Within all health regions including Winnipeg.

^{iv} The WRHA has an agreement with FNIHB whereby the WRHA coordinates case management and contact investigation for First Nations communities.

^v This includes: Contribute to the development of policies and procedures for use across all five regions - Develop and share TB management tools (forms and checklists) and guidelines - Provide educational materials and training opportunities.

^{vi} This includes: The TB treatment record (entry of new prescriptions and treatment summaries) - CIC referral for new immigrants and other individuals identified as requiring follow-up for medical surveillance - Entering all clients receiving TB medications (for active TB disease and LTBI) - Case status and case outcomes

^{vii} For TB outbreaks or complex TB investigation involving more than one RHA, each RHA is responsible for ensuring communication and collaborative decision-making for assignment of lead RHA for the outbreak. The lead RHA for the outbreak will be responsible for informing MH.

^{viii} MH continues to receive all reports on laboratory confirmed cases of TB and all reports on clinical cases of TB disease. MH will send by fax to the appropriate RHA with WRHA receiving a copy of all faxes.

^{ix} This can range from **consultation** for regions with significant TB knowledge and capacity, to **co-ordination** of case and contact management for other regions.

^x This integrated approach supports:

- a. Consultation and coordination regarding case and contact management as requested by the Northern/Rural RHAs/FNIHB
- b. Public health and TB Clinician consultation for outbreaks of TB within Manitoba.
- c. Population and Public Health Surveillance Team guidance and expertise for TB surveillance
- d. Quality and service evaluation through the integrated model
- e. Provide general oversight regarding case and contact management

^{xi} All parties are responsible for education and training for their respective areas of responsibility

^{xii} This includes creative engagement with all populations to meet the needs of the population with the support of WRHA as described below.

^{xiii} Through enabling diagnosis, access to TB medications, provision of referral information, creative engagement of populations to enable diagnosis and care that supports people, families and communities to succeed with treatment and improve health.

^{xiv} TB medication management includes:

- a. Receipt of all TB prescriptions
- b. Management of the TB medication budget
- c. Collaboration with the pharmacies providing TB medications (excluding tuberculin)

^{xv} Phone:204-945-4816 – Fax: 204-948-3775

^{xvi} This includes assessment of TB cases and contacts, and management of TB disease and LTBI, with support from the WRHA (as identified under WRHA responsibilities list)