BACKGROUND GUIDES

BACKGROUND GUIDE 1: STAFFING AND TEAMWORK FOR AN LTBI PROGRAM

Your staff team is the key to your LTBI program's success. The effort to keep hard-to-reach, high-risk populations on a sustained course of treatment requires:

- Low patient-to-staff ratios
- The right mix of staff skills and abilities
- Shared team values
- Collaboration and teamwork
- Individual resilience and coping skills for a stressful work environment
- Attention to staff needs and morale by administrators

WHAT ARE THE STAFFING REQUIREMENTS FOR AN LTBI PROGRAM?

An LTBI program is an interdisciplinary endeavor, requiring the contributions and commitment of physicians, registered nurses, social workers, and support personnel. While the staffing structures of individual health departments will vary, an LTBI team typically comprises the following types of positions or skill sets:

Program coordinator: leads and supervises the team, directs the implementation of program strategies, and ensures that policies and protocols are carried out.

Physician: performs medical evaluations of patients, prescribes medications, and is available for consultation on patient health issues.

Registered nurse: develops patient-specific care plans, monitors the packaging and provision of DOT doses, provides direct patient care services as needed, and makes and follows up on referrals to other providers for meeting the patient's health and medical needs.

Social worker/Case worker: assesses patients' needs beyond LTBI treatment, makes recommendations to the team on ways to meet those needs and motivate individual patients to adhere to treatment, and makes referrals to link patients with sources for primary healthcare, mental health services, substance abuse services, or social services.

Disease control investigator (DCI): conducts community outreach to identify candidates for screening and treatment and to secure their participation, screens members of high-risk groups, counsels and educates patients on TB and the importance of treatment, participates in DOT, and advises team members on co-infectious diseases such as HIV and STD.

Outreach health worker: works directly with patients in an assigned caseload, administers and documents DOT doses, develops and maintains supportive relationships with patients throughout the course of treatment, dispenses incentives and enablers to motivate patients, assists patients in solving problems and meeting needs that impact their ability to adhere to treatment, and searches for patients who have missed scheduled doses.

Support staff: handles scheduling, record keeping, and administrative tasks for the program.

Three easily modifiable templates, <u>Job Description: Outreach Worker</u>, <u>Job Description:</u> <u>Program Coordinator</u>, and <u>Job Description: Social Worker</u>, are included in the Tools section. The number of individuals you have in each category, whether they are full-time or part-time, will depend on a number of factors:

- Size of your caseload
- Nature of your caseload, i.e., its degree of diversity (the ethnicities or cultures it includes), the general health status of your patients, and the types of psychological, social, and economic challenges they face
- Geographic reach of your program
- Types of treatment regimens being offered and length of the treatment course
- Number and type of locations where treatment is administered

WHAT ARE THE QUALITIES OF EFFECTIVE TEAM MEMBERS?

In addition to possessing solid skills in their particular professions or occupations, members of your LTBI team should be mature individuals who have experience in working with the target populations and who are comfortable and empathetic with individuals in those groups. In the last pages of this background guide, Table A summarizes the qualities of effective members for the LTBI Team.

WHAT KIND OF TRAINING AND ORIENTATION SHOULD LTBI TEAM MEMBERS RECEIVE?

New staff should receive an in-depth orientation to the purposes and protocols of the LTBI program. Typically, the orientation period for a new team member covers approximately the first four months of employment and includes:

• Training-by-immersion in the service environment

- Mentoring by experienced staff members
- Practice under supervision

Training should be an ongoing endeavor to ensure that staff continue to be knowledgeable and up to date in three essential areas:

- Basic knowledge of TB
- The health services system
- Community outreach

In the last pages of this Background Guide, Table B summarizes the essential knowledge needed by members of the LTBI Team.

TABLE A: QUALITIES FOR THE LTBI TEAM

Qualities of effective team members	 Experience working with the target populations Comfort and empathy with the target groups Sensitivity and ability to relate effectively to people from ethnic, racial, or cultural groups different from one's own Ability to relate to and intervene with addicted and mentally ill individuals An expressed interest in working with the underserved and the urban poor Good personal boundaries and the ability to perceive when limits are challenged Skill in communicating effectively with patient groups and co-workers Willingness to work flexible hours such as early morning or evening hours If in recovery for addiction, verifiable clean and sober status for a minimum of one year
Qualities of professional team members (social workers, physicians, registered nurses)	 Ability to organize work and set workload priorities Experience in working with persons from varied ethnic, racial, or cultural groups and sexual orientations, as well as homeless individuals Knowledge of the greater health and social services system Willingness and ability to advocate for the urban poor under care for LTBI Good leadership and communication skills in working with a diverse team Experience with communicable disease programs (STD/HIV/TB), or mental health and substance abuse programs Ability to work flexible hours

TABLE B: ESSENTIAL KNOWLEDGE NEEDED BY MEMBERS OF THE LTBI TEAM

Basic knowledge of tuberculosis	 TB 101 (annual update) Infection control Blood-borne pathogen and needle-stick prevention training Tuberculin skin testing (TST) training HIV counseling and testing (including use of Orasure) Hepatitis training
Health services system	 Orientation to all TB Clinic units Basic knowledge of laboratory and diagnostic procedures, including sputum collection and x-ray Targeted testing sites Program policies and procedures, including staff roles and documentation Primary healthcare services used by target patients Mental health and substance abuse treatment programs HIV services in the community Jail health services and TB program
Community outreach	 Transportation policies (e.g., use of agency vehicles, transport of patients) Targeted testing concepts Providing TB education for outside agencies Frequently accessed community agencies, including homeless shelters, food kitchens, and SRO hotels