



STAFF REPORT ACTION REQUIRED

Implementation of Recommendations from the Audit of the Tuberculosis Program

Date:	September 28, 2007
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

This report provides an update on the implementation of seven outstanding recommendations made in a report by the Internal Audit Division in 2005 on the Tuberculosis (TB) Prevention & Control Program. Toronto Public Health (TPH) has implemented all seven remaining recommendations.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health forward this report to the TB Subcommittee for information.

Financial Impact

There are no financial implications from this report.

DECISION HISTORY

At its meeting on May 9, 2005, the Board of Health approved a report from the Internal Audit Division on the Toronto Public Health TB Prevention & Control Program, and requested the Medical Officer of Health to report back to the Board in six months on the status of action taken to address the recommendations. The MOH provided progress reports to the Board at its November 2005 and July 2006 meetings.

In July 2006, TPH had successfully implemented 41 of the 48 recommendations; the seven remaining recommendations were ongoing or longer-term projects. The Board

endorsed the recommendations in the report, with a final report on the implementation of the remaining recommendations to come to the Board in 2007.

ISSUE BACKGROUND

In late 2003, the Medical Officer of Health (MOH) and Chief Administrative Officer requested the City's Internal Audit Division (City Manager's office) to review the TPH TB program to provide assurance that monies were being utilized cost-effectively and to identify opportunities for improvement.

The Internal Audit Division conducted a review of the TB program in 2004 and made 48 recommendations to improve the effectiveness and efficiency of the program and ensure better use of existing resources, including the redeployment of staff resources to higher priority areas within the TB program.

TPH established an implementation team under the leadership of the Acting Associate Director for TB. This team developed a detailed project plan and worked in collaboration with the TB management team and program staff to implement the recommendations.

The recommendations addressed seven major areas including: program structure, quality assurance, community education and outreach, management information systems, effective management of TB patients and contacts, homeless/under-housed initiative, and medical surveillance.

COMMENTS

TPH has successfully implemented the seven outstanding recommendations from the Internal Audit Division's report.

The seven recommendations are listed below with an explanation of the action that TPH has taken.

Harmonizing TB policies and procedures, including TB outbreaks in congregate settings

The Internal Audit Division recommended, "The Medical Officer of Health expedite the finalization of harmonized TB policies and procedures, including how to address TB outbreaks in congregate settings. In this regard, consideration be given to the best practice model used in New York City. Training should be provided to staff on the new policies and procedures."

TPH has updated all TB policies and procedures using best practice documents and staff input for Direct Observed Therapy (DOT), TB Case Management and Contact Follow up. TPH has trained all TB program staff on the updated policies and procedures.

Policies and procedures addressing TB outbreaks in congregate settings have also been updated based on approaches used in other jurisdictions and best practice literature. TPH will be training TB program staff on the approved policies and procedures for outbreaks in congregate settings in November 2007.

Pilot the use of a Social Worker

The Internal Audit Division recommended, “TPH pilot use of a social worker for a one-year period to meet the multiple socio-economic needs of TB clients, and develop performance measures to assess the effectiveness and value of this initiative to help determine whether it should be retained on a permanent basis.”

TPH hired a social worker in September 2007 and TPH will assess the effectiveness of this initiative over the next year.

Pilot other delivery options to meet the needs of TB clients who are on Direct Observed Therapy (DOT)

The Internal Audit Division recommended “TPH consider piloting other delivery options (e.g. the set up of one or two storefront operations) to meet the needs of TB clients who are on DOT and consider the use of incentives to encourage client participation of DOT. In this regard a business case should be developed that considers among other things, location, potential numbers of clients in area to be serviced, hours of operation, staffing and other resource implications and indicators to measure the effectiveness of this initiative.”

TPH completed a client survey in 2006 to assess the needs of TB clients on DOT, including the acceptability of a storefront site. The survey revealed that only those clients who are homeless or under-housed perceived a storefront site as useful.

The TB program established an accessible ground floor site at 277 Victoria Street for the homeless/under-housed in February 2007. TPH counsels medical surveillance clients, provides DOT, conducts symptom assessments and offers tuberculin skin testing to homeless/under-housed clients at the “TB Stop”. TPH will review the effectiveness of this approach annually through the quality assurance indicators for DOT.

Establish specific timelines for contact follow up

The Internal Audit Division recommended, “TPH establish specific timelines for contact follow up for the different risk categories of contacts identified, and ensure that these timelines are adhered to by staff.”

Based on consultation with TB experts, and a review of the contact follow-up literature, other best practice documents, benchmarking data and an evaluation of the TPH Contact Follow-up Assessment Tool TPH has established specific timelines for contact follow up for the different risk categories of contacts identified.

TPH has trained staff on the revised Contact Follow-up Assessment Tool and Managers are reviewing 10% of all TB Case files and associated contacts annually for quality assurance to ensure adherence to revised guidelines.

Develop and/or revise procedures to guide staff on how to more effectively conduct contact follow up in household settings

The Internal Audit Division recommended, “TPH develop and/or revise procedures to guide staff on how to more effectively conduct contact follow-up in household settings, such that better management and control of contact follow-up is achieved. These procedures should also include TB testing of contacts in household settings by TPH staff.”

TPH has revised the policies and procedures for contact follow-up to include TB testing of contacts in household settings by TPH staff, more emphasis on direct communication with household contacts and clearer guidance for determining contacts. This was based on a review of contact follow-up literature, best practice documents, benchmarking data and outcomes of staff focus groups. Staff received training prior to the implementation of the new policies and procedures.

Develop, document and operationalize a plan to effectively respond to and manage outbreaks in congregate settings

The Internal Audit Division recommended, “TPH develop, document and operationalize a plan to effectively respond to and manage outbreaks in congregate settings, using a model such as the New York City approach as a benchmark to assist in this regard.”

TPH has completed the development of policies and procedures to respond to an outbreak in shelters and other congregate settings. TPH considered approaches in other jurisdictions such as New York, San Francisco and Los Angeles, as well as best practice documents in the development of the procedures.

Ensure that all action suggested in this report to realize potential savings is completed prior to costing a long-term plan to screen homeless/under-housed populations for TB

The Internal Audit Division recommended, “The MOH ensure that all action suggested in this report to realize potential savings in the TB program is undertaken & completed prior to finalizing and costing a long-term plan for screening the homeless/under-housed populations for TB. Request for on-going funding should not be made prior to determining savings that can be achieved within the current operations.”

TPH completed a preliminary evaluation of the Homeless/Under-housed Program in the summer of 2007 and the findings from this evaluation will come forward in a report to

the Board of Health in November 2007. The Homeless/Under-housed Program has been shown to be effective in reducing the time between onset of symptoms and diagnosis of TB in this population.

TPH has implemented all of the actions suggested in the report from the Internal Audit Division and, at this time, additional resources are not required for the TB program.

TPH will continue to improve TB prevention and control in Toronto by working collaboratively with stakeholders, supporting staff involvement and teamwork in program planning and delivery, monitoring program delivery and outcomes and conducting an ongoing review of best practices to ensure our policies and procedures are current and effective.

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