

National Tuberculosis Controllers Association /National Tuberculosis Nursing Coalition Workgroups for Public Health Workforce Development in Tuberculosis Programs: Core Competencies – Corrections Liaison

Overview

In 2004, the National TB Controllers Association (NTCA) President called for a dialogue on educating the public health workforce to address projected workforce shortages in tuberculosis (TB) programs. Early that year, an interest group of seven national leaders in TB control was convened to discuss issues of competencies, workforce shortages, and needs enumeration.

The group agreed that common competencies linked with job responsibilities should be identified to support competency-based training and development for professionals capable of demonstrating best practices in TB prevention and control programs. Members active in the role should develop the practice-based duty statements by brainstorming and discussing, the literature, comparing and reaching agreement, and then writing the findings, which can be presented to the organization's leadership for approval and dissemination.

In June, 2004, the NTCA and National TB Nurse Coalition (NTNC) Presidents co-sponsored an adjunct meeting during the NTCA workshop attended by 50 national TB leaders. With facilitation by the Francis J. Curry National TB Center, they created four working groups to describe model duty statements and core competencies for selected roles: nurse consultant; nurse case manager, liaison for corrections, and disease investigator/outreach worker. Chairs of the four working groups formed a steering committee to coordinate the work.

Definition of Corrections Liaison:

A person who facilitates coordination and collaboration among staff in local or state public health departments with staff in correctional or detention facilities and law enforcement agencies with specific regard to public health actions outside the usual scope of detention health services. The Corrections Liaison should understand the missions and goals of public health TB programs, correctional facilities, and law enforcement agencies.

NTCA Corrections Liaison Workgroup

Methods:

This group held their first meeting in June 2004 during the NTCA workshop at which time they determined many functions of the duty statement as they relate to corrections. Many of the members were responsible for most role functions, but not all functions were carried out by every member. During 2005 and 2006, the work continued to develop a model duty statement and select core competencies. The draft model duty statement for the TB Public Health Nurse Consultant was used as a template, as there were no competencies identified related to the collaboration between corrections and public health. These competencies define the range of core functions or duties for the Corrections Liaison with associated activities and then provide references for the practice.

The selected template for core competencies for the Corrections TB Liaison are drawn from the Public Health Nursing Competencies by the Quad Council of Public Health Nursing Organizations, found at <http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf> and became the template for the corrections competencies.

Based on the Core Competencies for Public Health Professionals by the Council on Linkages between Academia and Public Health Practice, found at http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf and the Scope and Practice of Nursing in Correctional Facilities, American Nurses Association these competencies represent the knowledge, skills, and abilities needed for the practice of assisting public health to work with corrections in the control of tuberculosis in correctional facilities.

Corrections Liaisons who are not clinicians still possess certain knowledge about the diagnosis, treatment and management of latent tuberculosis infection (LTBI) and TB. Liaisons support TB programs and act to bridge the gap between correctional facility staff and the TB program staff.

Timely communications between correctional and detention facilities, law enforcement agencies, and public health agencies are imperative. In particular, Corrections Liaisons should consult the appropriate public health and/or medical official in instances when TB is suspected or diagnosed, inmates are isolated in an airborne infection isolation room, an inmate is co-infected with HIV, has drug-resistant TB, exhibits possible adverse effects from anti-tuberculosis medications, is medically complicated for any reason, does not show clinical improvement with treatment, has interruption of treatment, is pending release, or if there is possible TB transmission in the facility or to the community.

The following Model Duty Statement and competencies reflect the vision of this core group and other professionals, including those working in correctional and detention facilities, law enforcement agencies, and local and state health departments. These competencies reflect current recommendations from CDC, published in in 2006, *Prevention and Control of Tuberculosis in Correctional and Detention Facilities*.

This document should serve as a guide to the responsibilities and competencies for Corrections Liaisons involving best practices. The goals outlined in this document require collaborations between staff at public health departments and in correctional facilities. This document has been assembled with the understanding that not all programs will be able to complete all of the goals that are outlined, but rather to provide a comprehensive list of knowledge, skills, abilities, competencies, and functions that are commonly attributed to Corrections Liaisons.

Model Duty Statement: TB Corrections Liaison

The public health TB Corrections Liaison assists with the following with regard to the corrections and detention setting

1. TB technical expertise
2. Knowledge of procedures
3. Oversight and consultation
4. Policies and standards that support TB control
5. Contact investigations
6. Communication related to surveillance data and epidemiologic profiles
7. Training and education
8. Program evaluation
9. Collaboration with partners
10. Release planning

Job titles include (but are not limited to):

1. Public Health Nurse/Consultant
2. TB Coordinator
3. Program Specialist
4. Public Health Advisor
5. Training and Education Specialist
6. Communicable Disease Investigator
7. TB Controller – especially in low incidence states with fewer human resources in the TB program

Goals for these competencies include:

1. Identify TB program functions for the Corrections Liaison to provide appropriate expert services to correctional facilities.
2. Facilitate cross training between correctional and detention facilities and public health agencies with regard to TB control.
3. Recognize differences and challenges of collaboration between correctional and detention facilities, law enforcement agencies, public health agencies, and the community at large and facilitate bridging the gaps.
4. Understand the organizational relationships that operate within the detention facilities

Note: For the purpose of this document, corrections or corrections staff refers to both custodial and medical staff working in correctional facilities unless otherwise specified.

The public health TB Program Corrections Liaison assists with the following corrections-specific domains

Domain #1: Tuberculosis (TB) Technical Expertise in CORRECTIONS

The TB Program Corrections Liaison demonstrates and discusses knowledge of

- Epidemiology of TB Disease and Latent TB Infection (LTBI)
 - Groups at high-risk for TB exposure and TB disease
 - Risk factors for LTBI and TB disease
 - Regions around the world with a high incidence of TB
- TB Diagnosis
 - Diagnostic tests for infection with *Mycobacterium tuberculosis* and interpretation of test results
 - The indications, advantages, and limitations of tests that are used for the diagnosis and management of TB such as:
 - The tuberculin skin test (TST) and interferon-gamma release assay (IGRA)
 - Chest radiography
 - Sputum collection and/or induction
 - Nucleic acid amplification tests (NAAT) including GeneXpert®
 - Mycobacteriology services for acid fast bacilli (AFB) smear, culture, and drug susceptibility testing
 - Genotyping analysis
 - HIV test

TB Management, Treatment, and Side Effects

- Public health goals of TB patient management including promptly initiating treatment, completing effective therapy, reducing transmission, and preventing development of drug-resistant TB
- Criteria for discontinuing airborne infection isolation and housing patients in general detention population
- The clinical presentation and management of the TB patient
- Priority candidates for treatment of LTBI
- Treatment regimens for TB disease and LTBI
- Medication supervision by directly observed therapy (DOT)
- Case management for all cases of TB and LTBI within corrections
- The clinical management needs of the inmate with HIV/TB co-infection
- Management strategies for the inmate with multidrug-resistant (MDR) TB and extensively drug-resistant (XDR) TB Explains toxicities and medication interactions for each of the medications
- TB Prevention and Control
 - Administrative controls
 - Transmission factors
 - Environmental TB control measures (e.g., airborne infection isolation rooms, ventilation, ultraviolet germicidal irradiation)
 - Corrections systems and processes for controlling TB
 - Public health systems and processes for controlling TB
- Contact Investigations

- The principles of contact investigation, with specific expertise in applying that knowledge to correctional and detention facilities
- Guides and assists with contact investigations
- Promotes clinical evaluations and treatment to infected contacts
- Release Planning
 - The transfer of patient's treatment and care from one corrections setting to another to ensure completion of treatment within a designated period
 - Release planning for persons leaving correctional facilities and the importance of continuity of care

Domain #2: Knowledge of Correctional Procedures

The TB program Corrections Liaison

- Discusses the differences in correctional facilities and law enforcement agencies and each entity's role in public health
- Maintains ongoing relationships with correctional facilities within their jurisdiction
- Maintains an understanding of epidemiology of the local corrections population
- Demonstrates knowledge of procedures for inmate's movement from facility to facility with regard to
 - Intake processes
 - Inter-facility movement
 - Intra-facility movement
 - Inter-agency transfers
 - Release from custody
- Demonstrates an understanding of procedures for transferring inmates from the custody of one law enforcement agency to another
- Demonstrates knowledge of agency classification [e.g., Immigration and Customs Enforcement (ICE), United States Marshal Service (USMS), state Department of Corrections (DOC)]
- Demonstrates knowledge of release procedures related to planning for corrections
- Demonstrates understanding of the organizational relationships within correctional and detention facilities in its jurisdiction

Domain #3: Oversight and Consultation

The TB Program Corrections Liaison

- Demonstrates knowledge of TB disease and LTBI, and applies this knowledge as appropriate
- Recognizes drug safety issues and fosters adherence to and completion of recommended treatment
- Helps facilitate release planning to an appropriate facility, community or residence
- Conveys the importance of removing individual treatment barriers regarding behavior patterns, cultural beliefs and values, or concurrent psychosocial issues (e.g., substance abuse, mental health disorders), and recommends strategies in conjunction with the local TB program
- Maintains information on TB cases in corrections to ensure that providers
 - Facilitate the use of appropriate and effective drugs

- Intervene when treatment is not consistent with CDC/ATS/IDSA recommendations
- Identify and address treatment barriers
- Provides consultation or assistance to identify, locate, and evaluate high and medium priority contacts, both inside and out of the correctional facility
- Coordinates with correctional partners on all aspects of contact investigations
- Assists corrections providers in TB prevention and control measures as outlined in Domain #1
- Educates corrections and health service staff on
 - Training for the proper application, reading, and interpretation of tuberculin skin tests,
 - How to apply federal and state laws, regulations, and procedures to protect the public's health and ensure the individual's rights,
 - Conducting annual TB risk assessments,
 - When to implement civil detention or court orders of non-adherent TB patients, and
 - Use of community and public health resources for release planning
- Promotes the use of evidence-based interventions in working with correctional medical staff regarding TB disease
- Facilitates the use of community and public health resources for release planning

Domain #4: Policies and Standards that Support TB Control

The TB Program Corrections Liaison

- Supports federal, state and local correctional policy aimed at reducing risk factors for TB transmission within the facility, for staff and inmates
- Provides leadership in developing policies that support TB control and prevention activities within the facility
- Assists with development and review of policies and standards relevant to TB and LTBI, and all aspects thereof within the correctional facility
- Assists with writing, summarizing and presenting clear and concise policy statements
- Assists with articulating the health, administrative, legal, social, and political implications of policies within the facility
- States the feasibility and expected outcomes of each policy option
- Serves as a resource for the development and review of plans and policies
- Assists with development of mechanisms for monitoring and evaluating activities for effectiveness and quality within the facility
- Uses evidence-based findings in assisting with the development and/or change of TB health policies, explaining the advantages and disadvantages of each option

Domain #5: Communication Related to Surveillance Data and Epidemiologic Profiles

The TB Program Corrections Liaison

- Possesses knowledge of available data sources
- Identifies the purpose, procedure, and reporting mechanisms for required TB data reporting systems
- Instructs correctional facility staff and inmates regarding the importance of follow-up of TB treatment using available data
- Establishes frequency of data collection and analysis by health department

- Works with facility staff and other agencies to gather data related to inmates and staff for epidemiology purposes (e.g., TB disease, persons with suspected TB, LTBI, TST or IGRA conversions, particularly within the context of contact investigations)
- Ensures the analysis of TB data gathered related to inmates and staff for epidemiology purposes
- Ensures the need for a source investigation when data indicate
- Develops written reports in collaboration with key staff
- Ensures timely case reporting is accomplished
- Ensures additional TB data are reported to the appropriate department of health
- Communicates results in written and oral presentations
- Follows up on reports to appropriate agencies to ensure the accuracy and usefulness of information
- Uses reports to determine need for additional data collection, analysis, and interpretation

Domain #6: Training and Education

The TB Program Corrections Liaison

- Maintains current knowledge of available education and training resources and adapts information for use within the context of state, local and facility guidelines
- Describes educational activities within the context of the public health and corrections TB program goals and objectives
- Conducts assessments to determine TB education and/or training needs of the health care staff, facility staff and inmates
- Defines gaps in available resources and identifies needs of health care providers, staff and inmates.
- Recognizes and addresses misconceptions about TB
- Facilitates training and education activities, including but not limited to development of health education materials
- Communicates changes in clinical practice recommendations to corrections staff as appropriate
- Initiates and/or develops indicators and methods for monitoring and evaluating TB education and training activities for effectiveness and quality
- Informs and educates decision makers regarding the needs of corrections, public health, the individual TB patient, and the safe practice of nursing and infection control
- Advocates for TB control in the correctional setting through participation in clinical, epidemiological, and operational research using knowledge of public health and corrections

Domain #7: Program Evaluation

The TB Program Corrections Liaison

- Demonstrates knowledge of program evaluation through:
 - Process (or implementation) evaluation;
 - Outcome evaluation;
 - Impact evaluation; and
- Serves as a resource for correctional and detention facilities for
 - Understanding TB-related outcomes

- Developing outcome-oriented objectives
- Conformance to
 - Statutory and regulatory requirements
 - Program design
 - Professional standards
 - Measuring outcomes to evaluate the corrections TB program effectiveness (to include unintended effects)
 - Interpretation of outcomes data

Domain #8: Collaboration with Partners

The TB Program Corrections Liaison

- Identifies key partners in the federal, state and local public health and correctional facilities, including law enforcement agencies and others as appropriate
- Establishes and maintains relationships with key partners to better serve the needs of the community and the correctional facility staff and inmates
- Establishes methods of communication between local health agencies, correctional facility staff and other key partners
- Uses leadership, team building, communication, negotiation, and conflict resolution skills to build partnerships with corrections staff
- Works with key partners in corrections to effectively diagnose and treat TB in their facility
- Applies knowledge of community resources offered by the key partners to better address the social needs of the discharged/released inmates and correctional staff receiving treatment from local providers
- Works with key partners in creating or changing policies/procedures to address the needs of inmates being discharged/released to the community
- Assesses and provides education and training to key corrections medical staff for effective diagnosis and treatment for persons with TB or LTBI
- Assesses and provides corrections-specific education and training to key correctional staff in identification of signs and symptoms of TB, case management, contact investigation involvement, and all aspects of the corrections TB program
- Encourages the partnership between corrections and local public health jurisdictions

Domain #9: Release Planning

The TB Program Corrections Liaison

- Establishes and maintains open dialogue with key stakeholders
- Identifies correctional and/or community assets and available resources as patient transitions from one health jurisdiction to another or from one law enforcement agency to another
- Selects and defines areas necessary to ensure continuity of care
- Collaborates with partners (private providers and other entities, such as federal, state and local law enforcement agencies) to promote the health of the population by ensuring the continuity of care as patients
 - transfer or relocate to other correctional facilities
 - transfer to the custody of other law enforcement agencies
 - are released to the community

- are repatriated to their country of nationality or other receiving country
- Determines priority for follow-up and the appropriate course of action
- Identifies relevant, appropriate data and information sources to provide a complete patient history and referral
- Assists with arranging for confidential transfer of key clinical records
- Uses community networks to communicate information
- Educates correctional and detention facility staff on the importance of maintaining confidentiality of medical information and legally permissible use (i.e., can share with public health agencies without the inmates' written consent)

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