Title	**Support measures to promote adherence to the active tuberculosis treatment plan**
Date	2024-10-16

TARGET AUDIENCE

- Physicians practicing in Nunavik.
- All healthcare workers who provide care, services or support to persons with active tuberculosis disease (nursing advisor, nurse, public health officer, etc.).

KEY POINTS

Active tuberculosis (TB) is the only disease subject to mandatory treatment under the *Public Health Act*. This act confers specific obligations on people with active TB, including undergoing prescribed medical examinations and treatment, as well as respecting a period of isolation when required.

If a person with active TB does not adhere to these obligations, the Act grants the authority to the Director of Public Health of the territory to request a court order for the person in question to adhere to the prescribed measures.

However, these legal measures are a last resort, and non-coercive approaches must first be implemented with the aim of supporting the person with active TB and encouraging them to adhere to the treatment plan.

These approaches must be part of an overall cultural safety initiative, and focus on recognizing intergenerational trauma and social and health inequities ensuing from colonization, as well as on respect for and integration of Inuit culture in the provision of care.

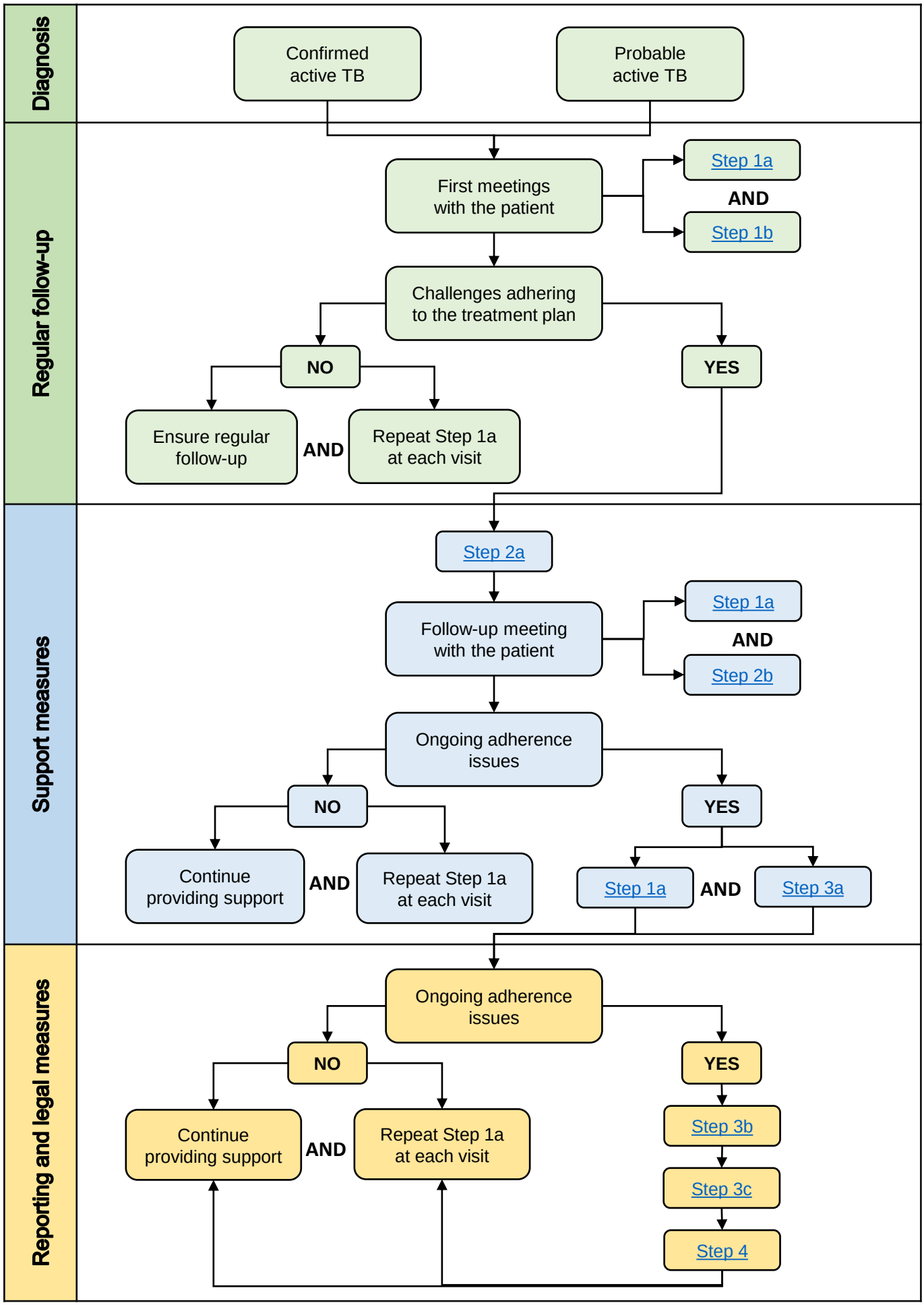
PURPOSE

To take into account the patient's reality and its possible impact on adherence to the treatment plan, as well as promoting the decolonization of care, the delivery of culturally safe services and the reduction of trauma associated with TB care in Nunavik.

OBJECTIVES

- To promote greater patient autonomy in taking charge of and managing their disease.
- To promote the development of a relationship of trust and a therapeutic alliance between the patient and the members of the healthcare team.
- To detect, at an early stage and in collaboration with the patient, personal factors that could have a positive or negative impact on their adherence to the treatment plan.
- To detect, at an early stage and in collaboration with the patient, strategies that could be introduced to counter any issues with adherence during treatment, with due consideration for patient strengths and challenges.
- To minimize the use of legal measure to enforce adherence to the treatment plan.
- To avoid therapeutic failure, drug resistance and a recurrence of the disease.

DECISION-MAKING ALGORITHM



PROCEDURE

**This tool provides a series of recommendations designed to foster an optimal collaboration between the patient and the healthcare team. Some of the recommendations may require local adaptations to better address the realities of each patient and community.*

Step 1: For all patients with active TB disease
**Depending on the specific situation, the elements in Steps 1a and 1b can be carried out simultaneously or in a different order than the one indicated below.*

Step 1a: Adopt a person-centered and empathetic approach

- ❑ Show the patient kindness and empathy, and avoid passing judgement.
- ❑ Be patient, take your time, listen and respect moments of silence when meeting with the patient.
- ❑ Validate the emotions felt by the patient in connection with the disease.
- ❑ Take into account the personal, family and community history with regard to TB.
- ❑ Adopt an approach (for example: patient-partner, motivational interviewing, trauma-informed care, cultural safety) that enables exploring patient perceptions and fears regarding the disease and treatment, and reasons for wanting to complete the treatment or not (see Appendix 1 – Resources as needed).
- ❑ Consider a holistic view of the patient's well-being, recognizing them as more than just a person with tuberculosis. For example, the IQI model of health and well-being in Nunavik is built on three key concepts: physical health, mental health and living well together (see Appendix 1 – Resources, as needed).
- ❑ Aknowledge that a TB diagnosis is challenging and that adhering to the treatment plan requires consistent effort, but emphazise that the situation is temporary and that the healthcare team is there to support them.
- ❑ Depending on the situation, and while respecting the patient's confidentiality and wishes, involving a loved one or a household member during visits could be beneficial.
- ❑ Present the involvement of the patient's support network as a collaborative effort to help them adhere to their treatment plan.
- ❑ Establish the time and place of appointments according to patient preferences and the availability of the personnel involved.
- ❑ Provide information to the patient (and their support network, if applicable) and answer questions in their preferred language, with support from an interpreter if necessary.
- ❑ Offer positive feedback when elements are well understood and review or supplement any erroneous or missing information.
- ❑ Highlight the patient's strengths and successes, as well as those of their support network.

Step 1b: Announce the diagnosis and develop the treatment plan

- ❑ Hold a first meeting with the patient to share information on the diagnosis, the treatment, the risk of transmission, the mandatory nature of isolation (when required) and treatment, and to answer any questions they may have.
- ❑ Provide comfortable isolation conditions (e.g., offer home isolation when conditions allow it, provide a television, internet, a telephone and a calling card, allow time outside the hospital to breathe fresh air or smoke, provide arts and crafts or sewing materials, etc.).

- ❑ If home isolation is being considered, meet with the patient and members of their household to ensure the required conditions are met and to inform them of the instructions to follow during the isolation period (see *Reference Guide – Home isolation* as needed).
- ❑ Develop a flexible treatment plan in collaboration with the patient (e.g., flexibility regarding the time or place of directly observed therapy (DOT), use of alarms on electronic devices, virtual DOT (vDOT), DOT administration by school staff, etc.).
- ❑ Validate the patient's understanding (and that of their support network, if applicable) by asking them to repeat key aspects of the diagnosis and treatment plan in their own words.
- ❑ In collaboration with the patient, explore the factors that could positively or negatively affect their ability to adhere to the treatment plan and identify strategies that could be implemented to counter any difficulties with regard to adherence.
- ❑ Plan multiple sessions over several days to educate and engage with the patient, allowing time for them to process the information, ask questions, and identify their strengths, potential challenges, and strategies to overcome these challenges should they arise.
- ❑ Depending on the situation, and while respecting the patient's confidentiality and wishes, it may be beneficial for members of the support network to attend these sessions. This ensures that information is shared with all individuals involved at once and that their questions are addressed simultaneously. As a result, members of the support network will be better equipped to support the patient.
- ❑ Plan for a trusted healthcare worker to have the patient sign the contract regarding mandatory treatment at a time when the patient is emotionally and psychologically available to do so.
- ❑ Confirm with the patient the communication methods the healthcare team can use to contact them, such as telephone, home visits, community radio or social media in communities where the Messenger protocol has been implemented.
- ❑ Ensure the patient’s other health conditions are being managed, especially those impacting the TB treatment, and coordinate the various care and services required to minimize the patient's visits to the CLSC and need for travel outside the community.
- ❑ Document all interventions in the patient’s medical record.
- ❑ During treatment, schedule moments with the patient to explore their feelings regarding their diagnosis and treatment plan. Should any difficulties arise in adhering to the treatment plan, proceed to Step 2.

Step 2: For patients experiencing difficulties adhering to their treatment plan
**When a patient experiences difficulties adhering to the treatment plan, it is crucial to introduce non-coercive support measures to support them and promote adherence to the treatment plan. Such support measures must take into consideration the nature of the difficulties encountered by the patient, as well as their personal and family circumstances. Resorting to law enforcement to locate the patient is notably a last resort legal measure that must first be authorized by an isolation order or a court order.*

Step 2a: Identify the nature of the difficulty

- ❑ Difficulty complying with isolation instructions
- ❑ Difficulty adhering to the treatment
- ❑ Difficulty going to the CLSC due to family or transportation constraints
- ❑ Difficulty reaching the patient
- ❑ Communication challenges due to a language barrier
- ❑ Other

Step 2b: Identify the reasons for the difficulties and introduce non-coercive support measures

- ❑ Adopt a person-centered and empathetic approach (see Step 1a).
- ❑ In collaboration with the patient, identify access-to-care barriers and challenges encountered since the diagnosis.
- ❑ In collaboration with the patient, explore factors that support or limit their ability to adhere to the treatment plan.
- ❑ In collaboration with the patient, explore strategies that would enable the patient to overcome obstacles hindering their ability to adhere to the treatment plan and jointly identify the strategies to implement (see Appendix 2 – Examples of non-coercive strategies to support adherence to the treatment plan, as needed).
- ❑ Update the treatment plan developed in Step 1b, based on new strategies identified with the patient.
- ❑ Implement the strategies identified in collaboration with the patient.
- ❑ Notify the Department of Public Health (DPH) team of the difficulties encountered by the patient as well as the strategies identified to support them.
- ❑ As needed, redefine the treatment plan priorities, in collaboration with the DPH team.
- ❑ Document all interventions in the patient's medical record.
- ❑ If all non-coercive support measures have been attempted and challenges adhering to the treatment plan persist, proceed to Step 3.

Step 3: For patients where all relevant non-coercive support measures have failed and who continue to constitute a risk to the health of the population due to their non-adherence to the treatment plan

Step 3a: Notify the patient

- ❑ Adopt a person-centered and empathetic approach (see Step 1a).
- ❑ Inform the patient verbally, in their preferred language, that the next step could be the use of legal measures if they are unable to adhere to the treatment plan, while emphasizing that all parties involved would prefer not to resort to such measures.
- ❑ Document all interventions in the patient's medical record.

Step 3b: Reporting and risk analysis

- ❑ A nurse or a physician from the health centre reports the situation and submits all the necessary documents to the DPH (see Appendix 3 – Documents required when reporting a situation to the Department of Public Health or for submitting a request for an isolation order or a court order, as needed).
- ❑ The Department of Public Health receives the report and proceeds with the risk analysis.
- ❑ The parties involved from the health centre (local nurse and attending physician, nursing advisor for the public health sector, managers, infection prevention and control team, etc.) and the DPH (infectious diseases advisor, medical advisor, managers, etc.) organize a multidisciplinary meeting to determine whether all non-coercive support measures have been attempted without success or if additional strategies could be introduced to support the patient.

- ❑ When necessary, the DPH team, in collaboration with the health centre, can directly intervene with the patient, in their preferred language, using the method deemed appropriate during the multidisciplinary meeting (letter, phone call or virtual meeting) to inform them that legal measures will be taken if they do not adhere to the treatment plan jointly developed with the healthcare team.
- ❑ Document all interventions in the patient's medical record.

Step 3c: Legal measures

**The choice of legal measures to apply with the aim of controlling an infectious threat to the health of the population must be made by weighing the risk to the population against individual rights and freedoms.*

- ❑ If the Department of Public Health and the health centre agree that all relevant non-coercive support measures have failed and that the person continues to pose a risk to the health of the population due to their non-adherence to the treatment plan, the DPH will issue an isolation order and/or submit a court order request (see Appendix 4 – Comparative table: isolation order vs. court order, as needed).

Isolation order

- ❑ To submit a request for an isolation order, the attending healthcare professional must ensure that all the necessary documents were submitted to the DPH in Step 3b (see Appendix 3 – Documents required when reporting a situation to the Department of Public Health or for submitting a request for an isolation order or a court order, as needed).
- ❑ The DPH gathers all the required documents and submits the file to the Nunavik Director of Public Health (or their representative), who will analyze the request and issue an isolation order.

Court order

- ❑ To submit a request for a court order, the attending healthcare professional must submit all the necessary documents to the DPH (see Appendix 3 – Documents required when reporting a situation to the Department of Public Health or for submitting a request for an isolation order or a court order, as needed).
- ❑ The DPH gathers all the required documents and submits the file to the attorney of the Nunavik Regional Board of Health and Social Services (NRBHSS), who in turn files a request for a court hearing.
- ❑ The judge determines the date and method of the court hearing and summons the various parties: the patient and/or their attorney, the attorney of the NRBHSS, a representative from the DPH, the attending physician, and an interpreter, if needed.
- ❑ When required, the health centre personnel reserves a room and the audiovisual equipment for the virtual hearing, according to the internal procedures in place.
- ❑ Once issued by the judge, the court order is sent to the attorney of the NRBHSS, who in turn sends it by e-mail to the requesting physician and the representative from the DPH.

Step 4: For patients subject to an isolation order or a court order

- ❑ Adopt a person-centered and empathetic approach (see Step 1a).
- ❑ Continue to offer non-coercive support measures (see Step 2b).
- ❑ Resort to the powers granted under the isolation order or court order only when the situation requires it and as per the conditions provided by the order in question.
- ❑ When necessary and as per the conditions provided by the isolation or court order, law enforcement support may be requested to locate the patient and escort them to the designated location. If requested, a copy of the isolation or court order may be sent to law enforcement in accordance with their internal procedures.
- ❑ Discontinue the use of the isolation or court order as soon as it is no longer required or has expired.

Appendix 1 – Resources

Patient-partner approach

Cadre de référence de l'approche de partenariat entre les usagers, leurs proches et les acteurs en santé et en services sociaux (*available in French only*), Ministère de la Santé et des Services sociaux, 2018.

Social determinants of health

Sociocultural Determinants of Health and Wellness, Qanuilirpitaa? 2017 (*available in English only*), Nunavik Regional Board of Health and Social Services, 2020.

Motivational interviewing

Nouvelle formation de base en entretien motivationnel (*available in French only*), Institut national de santé publique du Québec, 2019.

Motivational interviewing: A powerful tool to address vaccine hesitancy, (*also available in French*), Gagneur, A., Can Commun Dis Rep, vol. 46, no. 4, 2020.

Legislation

Public Health Act (*also available in French*), Government of Québec, 2024.

Maladies à déclaration obligatoire (MADO) et signalements en santé publique (*available in French only*), Ministère de la santé et des sservices sociaux, 2024.

The IQI model of health and well-being

Definition of an Inuit Cultural Model and Social Determinants of Health for Nunavik, Qanuilirpitaa? 2017 *(available in English only),* Nunavik Board of Health and Social Services, 2022.

The_IQI_Model_of_Health_and_Well-Being *(also available in French)*, Nunavik Regional Board of Health and Social Services.

Cultural safety

La sécurisation culturelle en santé et en services sociaux : Vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit (*available in French only*), Ministère de la Santé et des Services sociaux, 2021.

Trauma-informed care

Trauma-informed care in the management and treatment of tuberculosis in Indigenous populations (*also available in French*), Halseth, R. and Odulaja, O., National Collaborating Centre for Indigenous Health, 2024.

The Trauma Toolkit : A resource for service organizations and providers to deliver services that are trauma-informed (*available in English only),* Manitoba Trauma Information and Education Center, 2013.

Tuberculosis

Canadian Tuberculosis Standards (*also available in French*), Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, Vol. 6, Issue sup 1, 2022.

Tuberculose : Gestion par les intervenants de santé publique des cas et de leurs contacts dans la communauté (*available in French only*), Institut national de santé publique du Québec, 2024.

Bibliothèque des ressources en TB - Nunavik (*available in French only*), Nunavik Regional Board of Health and Social Services, 2022.

Talking tuberculosis - An educational resource (*also available in French*), Health Canada, 2015.

Appendix 2 – Examples of non-coercive strategies to support adherence to the treatment plan

Side effects
Identify and manage side effects (see *Adverse reactions of the main TB treatments*, as needed).
Administer DOT with food to decrease gastrointestinal side effects.
In case of regular or systematic vomiting, consider using an anti-emetic drug 30 to 60 minutes before the DOT administration (a medical prescription is required).
Consult the pharmacist, physician or specialist, as needed.

Understanding, perception, attitude
Ask the patient to explain their understanding of the diagnosis, the treatment, the risk of transmission, the mandatory nature of isolation and treatment, as well as the consequences of a non-adherence to the treatment plan for themselves, their friends and family as well as their community.
Offer positive feedback when elements are well understood and review or supplement any erroneous or missing information.
Offer verbal and written explanations to the patient, and mention available online resources, as needed (Appendix 1 – Resources).
Underscore the objectives regarding healing and protecting the community.
Involve another healthcare worker trusted by the patient in the conversation to facilitate the transmission of information.
Ask the patient if the presence of a specific person would be reassuring (e.g., wellness worker, community worker, public health officer, community leader, elder, etc.) and if possible, involve that person in the patient's follow-up.

Coordination of treatment and care
Improve isolation conditions by asking the patient what they need (e.g., offer home isolation when conditions allow it, provide a television, Internet, a telephone and a calling card, allow time outside the hospital to breathe fresh air or smoke, provide arts and crafts or sewing materials, etc.).
When hospitalization of the patient is necessary, make it easier for a loved one (family member, friend, member of the community) to be present by providing transportation and lodging, and this according to the internal procedures in place.
Review and adjust the treatment plan developed in collaboration with the patient in Step 1b to overcome any identified barriers (e.g., flexibility regarding the time or place of DOT, use of alarms on electronic devices, virtual DOT (vDOT), DOT administration by school staff, etc.).
Offer the option of administering DOT at home, at school, or in the workplace, if possible and preferred by the patient.
Use various means of contacting the patient, as per the consent obtained in Step 1b: telephone, home visits, community radio or social media in communities where the Messenger protocol has been implemented.
Offer incentives such as stickers or small games for children, or snacks, meal platters, grocery coupons, raffle tickets, etc., according to the resources available in the community.

Appendix 2 – Examples of non-coercive strategies to support adherence to the treatment plan (con't)

Social conditions
Identify, in collaboration with the patient, the social conditions that can make it difficult to adhere to the treatment plan (e.g., lack of transportation, complicated situation in the household, loss of income, food insecurity, presence of young children at home, period of grieving, stigma from the patient's network or community, etc.).
Facilitate the patient's access to the clinic or municipal bus driver for DOT administration at the CLSC once the isolation period has ended.
Explore the possibility of supplying meals or organizing the delivery of food during the isolation period.
If needed, contact the psychosocial team to explore the patient's needs and available community resources to meet these needs.

Mental health and addiction
Provide moral and psychological support during the isolation and treatment periods, facilitated through the health and social services system as well as the patient's support network.
Encourage and facilitate the practice of traditional activities. During the isolation period, these activities must be done outdoors (hunting, fishing, berry picking, camping, etc.) while minimizing the risk of transmission (see *Reference Guide – Home isolation*, as needed).
Identify any mental health or addiction issues (alcohol, drugs, gambling) as well as their impact on adherence to the treatment plan.
Address mental health and addiction issues through appropriate psychosocial and pharamacological methods.
If needed, contact the psychosocial team to explore the patient's needs and available community resources to meet these needs.

Appendix 3 – Documents required when reporting a situation to the Department of Public Health or for submitting a request for an isolation order or a court order

When reporting a situation to the DPH and for any request:

❑ All notes in the patient's medical record regarding:

- Challenges adhering to the treatment plan
- Non-compliance with the isolation instructions
- No shows to follow-up examinations
- The patient's attitude during appointments
- The non-coercive support measures implemented to support adherence to the treatment plan

❑ Results of the radiology examinations (chest X-rays, CT scans, etc.)

❑ Results of the bacteriology examinations (GeneXpert, smears, cultures, etc.)

In the case of a court order request only:

❑ A letter from the attending healthcare professional to the Nunavik Director of Public Health listing:

- The grounds for the request
- The date and details of the diagnosis
- The patient's clinical history
- The level of contagiousness
- The history of the patient's compliance with isolation instructions
- The history of the patient's participation in investigations, DOT administration and follow-up examinations
- The non-coercive support measures implemented to support adherence to the treatment plan

❑ Registration of the active TB medication (phases 1 and 2)

❑ The contract regarding mandatory treatment signed by the patient

❑ The isolation order issued by the Nunavik Director of Public Health, if applicable

❑ Any other documents deemed pertinent

Appendix 4 – Comparative table: isolation order vs. court order

	Isolation order	Court order
Validity period	72 hours	Set by the court
Person who submits the request	The attending healthcare professionnal, either in writing or by telephone	The attending healthcare professionnal, **in writing**, in a communication addressed to the Director of Public Health
Required documentation	Public Health record justifying the measure (see Appendix 3 – Documents required when reporting a situation to the Department of Public Health or for submitting a request for an isolation order or a court order)	Public Health record and clinical summary prepared by the attending healthcare professionnal (see Appendix 3 – Documents required when reporting a situation to the Department of Public Health or for submitting a request for an isolation order or a court order)
Person who approves the request	Nunavik Director of Public Health (or the Director's representative)	Judge of the court
Obligations under this order	• Respiratory isolation (R.S.Q., c. S-2.2, s. 103 and 106 7°) • Resorting to peace officers to locate the patient and escort them to the location identified in the isolation order (R.S.Q., c. S-2.2, s.108) **The peace officer may not, however, enter a private residence without having received the occupant's consent or without having a court order authorizing him to do so.*	Depending on the final court ruling, can include: • Respiratory isolation (R.S.Q., c. S-2.2, s.109) • Treatment according to established conditions and schedule (R.S.Q., c. S-2.2, s. 87) • Follow-up exams (collection of sputum specimens, chest X-rays, bloodwork, etc.) (R.S.Q., c. S-2.2, s. 87) • Resorting to peace officers to locate the patient and escort them to the location identified in the court order (R.S.Q., c. S-2.2, s.88) **The peace officer may not, however, enter a private residence without having received the occupant's consent or without having a court order authorizing him to do so.*