Integrated TB Services (ITBS) launched the “Dignity Project” at two sites on April 15, 2015 - Population and Public Health and Klinic Community Center - the project will be completed June 30, 2016.

The objectives of the project are:

- Apply a clinically practical “dignity question” to TB and LTBI patients that will enable healthcare providers to elicit key elements of patient personhood.
- Evaluate and determine the influence that this tool has on patient satisfaction and behavior (outcomes).
- Evaluate and determine the influence that this tool has on PPH and Klinic healthcare provider experience.

In order for healthcare providers (HCPs) to provide the best care for patients with tuberculosis (TB) or latent TB infection (LTBI), they must find a way to see past the multitude of problems these patients face, and to enhance a mutual sense of trust and connectedness between patients and providers. One way to overcome existing barriers would be to implement a standardized means of placing person dignity high enough on the clinical radar when HCPs are working with TB/LTBI patients. To do this, HCPs must prioritize a scope of inquiry that ensures they familiarize themselves not only with the particulars of what ailment their patient has but who their patient is as a person, i.e. what are the things that matter to them and what are their core values and concerns that fundamentally shape their attitude and approach to being someone in need of quality healthcare. While this may seem intuitively obvious, current approaches to patient history taking do not provide any structure or template to formally address patient dignity. A simple practical tool that can be used within the timeframe of existing HCP-patient interactions has been developed for this purpose. This project implements such a tool, the Patient Dignity Question (PDQ), validated in palliative care patients (Chochinov 2014), to address TB patient personhood as a priority.

The PDQ is being piloted and validated in two cohorts of patients, one identified with active TB disease (managed primarily by Population and Public Health (PPH) Public Health Nurses (PHNs) within community settings largely in patient’s homes), and the other with LTBI managed at an outpatient community primary care clinic setting (Klinic Community Health Centre). Front line staff (Klinic nurses and nurse practitioners; PPH team PHNs) have administered the PDQ and a Plan-Do-Study-Act (PDSA) implementation approach has been used to refine its implementation while ensuring the core components of the PDQ were maintained (eliciting information, validating the client response, sharing of the information with health care providers, and receipt of permission from clients to participate in the evaluation phase).

Each site appointed a project site lead to provide communication and direction to the project development as well as articulate site specific issues. Working closely with the Project Manager as well as the site staff involved in the project their role also involved the roll-out, management and coordination of the project at each site.

ITBS Management Committee acted as the champion committee for the project and provided direction and support. Southern Chiefs Organization and Aboriginal Health Services were consulted for cultural sensitivity and support.

Following the development of site specific study instruments and process guidelines, and following consultation with appropriate stakeholders to ensure cultural sensitivity, submission to the University of Manitoba REB occurred in August 2015. The Evaluation questionnaires for staff as well as client/family satisfaction were patterned after those validated in the Chochinov 2014 study.

Enrollment began at both sites October 1, 2015 and concluded January 31, 2016.

Currently the findings are being analyzed and recommendations from this pilot project will be collated into a report and presented at relevant regional healthcare conferences as appropriate. It is our intention that lessons learned will be disseminated to key stakeholders in Manitoba (including but not limited to the broader WRHA ITBS regional and provincial networks) who could consider implementation of this tool within various diverse outpatient and inpatient clinical settings.

Three manuscripts for publication have been identified.