Strategies to Improve Case Detection, Case Holding, and Cure Rates among TB Patients in South Africa

(USAID supported)

URC

(University Research Co., LLC)
SWOT analysis

**Strengths**
- 60% of health workers are trained in TB management
- Each ward has DOTS supporters
- Home-based care available in all areas
- Traditional healers trained on TB
- TB patients are counseled for VCT

**Weaknesses**
- Poor attitude of health workers
- Community stigma
- Late diagnosis
- Poor compliance with treatment
- Lack of knowledge

**Opportunities**
- Training, continuous counseling of families

**Threats**
- MDR x 3
- Mortality
- Re-treatment
- HIV/AIDS
Measuring Impact of TB Quality Improvement Activities

- Patients registered
- Number with sputum tests
- Smear positive
- Sputum test at the end of Intensive phase
Quality Management Approach

- Institutionalizing an integrated and sustainable QA system
- Use a team approach
- Use QA structures that already exist
- Using available resources
- Systems oriented
- Data driven
Improvement Strategies for specific Clinical Services

**Content of Care**

- Evidence-based: Standards
- Protocols
- Guidelines

**Process of Care**

- Quality Improvement Methodology
  - Systems
  - Compliance
  - Variation
  - Attitudes/Motivation

Training/Support

Outcomes/Outputs (Limited)

Improved Outcomes
Increased Efficiency

Adapted from:
Paul Balalden, Patricia Stoltz
A Framework for Continual Improvement in Healthcare
The Joint Commission Journal on Quality Improvement
October 1997
Process of Care—Quality Design Methodology, Case Management

- Maximizing high-quality outcomes, efficiency, and client satisfaction

Identification/Screening → Intensive Treatment → Followup Testing → Maintenance Phase → Followup Testing → Treatment Completion
QA Improvement Model

Select Area & Clinical Service

Identify Facility Team

QA Training

Baseline Assessments

QI Teams/ QA Staff

Finalize Change Package

Adjust/ Review

Adjust/ Review

Outcomes/ Results

Support

District Meetings
Phone calls
Visits
Assessments
Monthly/Quarterly Team Reports

Dissemination and Exchange

Improvement/ change package

-Knowledge/skills -Refreshers
-Process redesign, integration
-Compliance - Job aids
-Self/supervisory assessments
-Monitoring/evaluation

QAP-South Africa
Focus area: TB Management

Clients
- Do not return to clinic after 2/12
- Use of traditional healers

Personnel
- Knowledge/skills/attitude
- Lack of compliance with standards
- Staff shortage

Processes
- Low conversion and cure rates

Community
- No DOTS supporters
- Lack of insight in importance of early diagnosis and treatment and compliance with treatment

QAP-South Africa
Philadelphila (Mpumalanga) sub-district
TB case finding
Number of new cases diagnosed per quarter

QI started
Ka-Bokweni (Mpumalanga) CHC TB
Case finding
2001/02 Number of new cases diagnosed per quarter

QAP-South Africa
TB Sputum Conversion - Matsulu Clinic

% of cases that converted from smear + to smear – at the intensive phase

QI started

% of patients converted

QAP-South Africa
Further QAP strategies

- Continuous monitoring
- Improve patient compliance
- Use model in other areas that request
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