

EARLY TELEPHONIC OUTREACH

SPOTLIGHT ON RETENTION

Amathole District | Mhashe | Xhora Community Health Centre | PHC
Average Monthly Headcount: 1738



IMPROVEMENT AREA & AIM

At Xhora Community Health Centre (CHC), previous outreach attempts following missed appointments were not done consistently. Many patients who missed appointments were not contacted until they had been out of care for so long they were no longer considered part of the facility's total retained on antiretroviral therapy (TROA).

This project aimed to reduce unconfirmed loss to follow up at Xhora CHC from 248 in September 2018 to 50 by March 2019 through reaching out to patients within a day when they appeared on the 'early missed appointment' (EMA) list described in more detail below.



DESCRIPTION

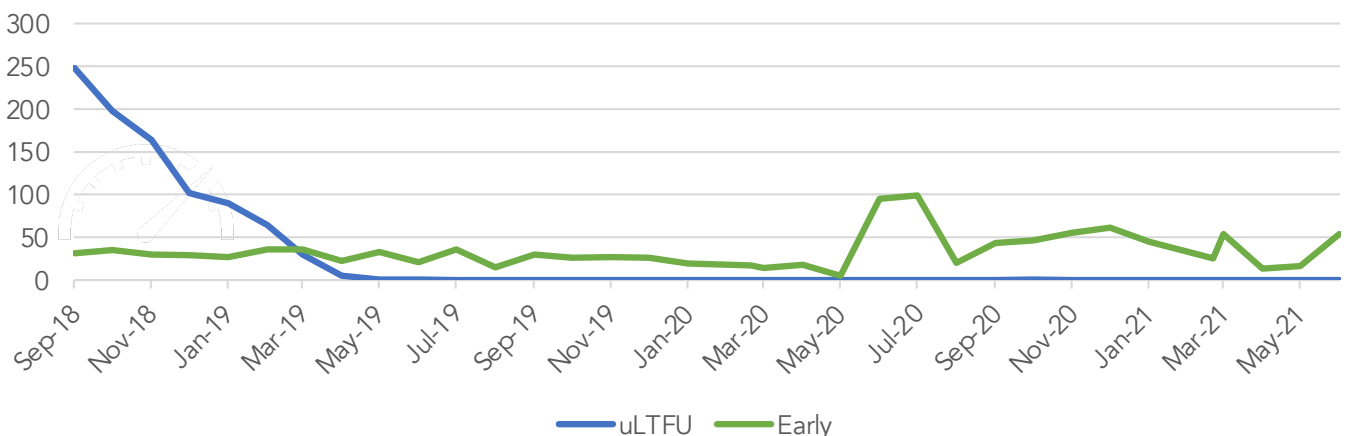
If patients do not pick up medication within 7–28 days, TIER.Net will classify them as an 'early missed appointment'. Patients were called within one day of appearing on the early missed appointment list. Patients who were not reachable telephonically received home visits (physical tracing) from Case Officers on a dedicated weekend outreach day.



OUTCOMES

The unconfirmed-lost-to-follow-up (uLTFU) (patient is more than 89 days late in picking up medication) dropped from 248 to 0 and has remained at 0 (as of April 2021). Following up with patients led to correctly classifying them as remaining on ART. Some patients did not actually miss appointments, but the appointment had been misclassified in TIER.Net.

Changes in uLTFU, Early and Late Missed Lists



STEPS TO IMPLEMENT

- ❑ Case Officers (COs) review folders every day for ART patients who have missed their appointments.
- ❑ COs and Data Capturers (DCs) check folders and cross reference on TIER.Net to verify that the appointment was truly missed by patient.
- ❑ COs call patients during the week and weekend evenings to remind them of their overdue appointments.
- ❑ Record the reason for the patient's missed appointment in their folder (optional).
- ❑ Record the call time and date and repeat the process until it appears the patient cannot be reached telephonically.
- ❑ COs conduct home visits for patients who are not reachable by phone on a designated tracing day (early mornings or weekends).
- ❑ Clinician updates patient folder immediately after visit so change is reflected in TIER.Net.

FACILITATORS

- Coordinated efforts across team members — e.g., conducted home visits on the way to the clinic or with patients who live nearby to limit additional travel time, and staff covered each others' patients as needed so that the team could be more efficient.
- Conducted home visits during the weekends, when the clinic was only open for emergency visits, to protect routine clinic time .

CHALLENGES & ADAPTATIONS

- Reaching patients by phone was not always possible → Physical tracing was used to locate patients when phone outreach failed.
- Supporting staff to take on additional work → Staff deployed on weekends for home visits received a weekday off.
- Integrated medication delivery with home visits by having a nurse prepare the day before the medications for the scheduled home visits.
- HIV counsellors joined home visits to test family members of the patient, allowing for index case tracing.

ABBREVIATIONS

- ✓ ART – antiretroviral therapy
- ✓ CO – case officer
- ✓ CHC – community health centre
- ✓ DC – data capturer
- ✓ EMA – early missed appointment
- ✓ LTFU – lost to follow up
- ✓ TROA – total retained on ART
- ✓ uLTFU – unconfirmed lost to follow-up

PATIENT CATEGORIZATION

- ✓ **Early missed appointment** – patient is 7-28 days late in picking up medication
- ✓ **Late missed appointment** – patient is 2-89 days late in picking up medication
- ✓ **uLTFU** – unconfirmed-lost-to-follow-up, patient is more than 89 days late in picking up medication

RESOURCES NEEDED

- ✓ Phone
- ✓ Staff time for outreach
- ✓ Transportation and driver for home visits

RECOMMENDATIONS

Confirm that missed appointments are truly missed by checking patient folders and cross-referencing the missed appointment list with the list of decanted patients.

Disclaimer: This Spotlight was developed and implemented by TB HIV Care and DoH staff, with support from OPIQ South Africa. This resource can be freely used and distributed, with acknowledgement of TB HIV Care and DoH, so long as it does not result in commercial gain. The findings and conclusions in this Spotlight are those of the authors and do not necessarily represent the official position of the funding agencies: this project has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for the Disease Control and Prevention (CDC) under the terms of grant number: 6 NU2GGH002227.