PAEDIATRIC TB SCREENING

SPOTLIGHT ON TUBERCULOSIS

Gauteng | Ekurhuleni | North | Edenvale Clinic | PHC
Average Monthly Headcount: 3000

IMPROVEMENT AREA & AIM

Tuberculosis (TB) symptom screening was previously centralized at the facility vital-signs station at Edenvale Clinic. Paediatric patients, however, do not go through the vital-signs station and therefore were not routinely screened for TB. In addition, paediatric nurses were unaware of the importance of screening children under 5 years for TB symptoms.

Our aim was to increase the TB symptom screening rate for patients under 5 years from a baseline of 19% in March 2018 to 70% by May 2018.
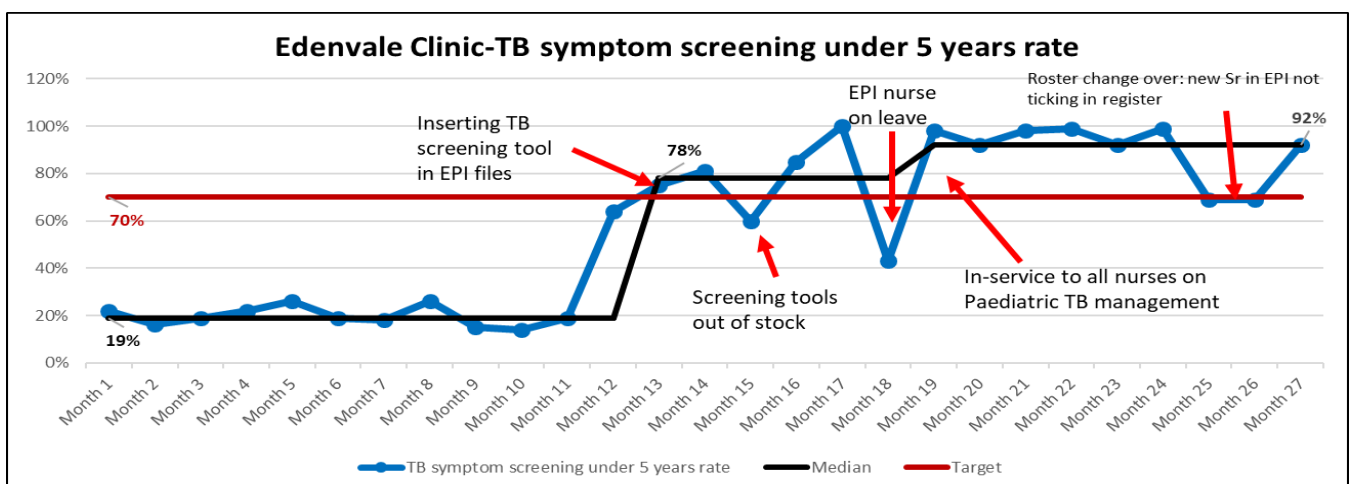
DESCRIPTION

The Administrative Clerk (AC) inserted a TB screening tool into each paediatric patient chart at reception. This 4-question paper form was used to screen for TB and determine which children needed to be sent for a confirmatory X-ray. All Nurses were oriented to the new protocol. Additional blank patient files with TB screening tools were also placed in the paediatric exam rooms to accommodate any patients who were missed at the vital-signs station.

OUTCOMES

The TB symptom screening rate for children under 5 years was improved from 19% to 78% within the testing period (May - November 2018) and sustained at 92% after the change idea was adopted (December 2018 - July 2019). The outcome uplifted staff morale and motivated more quality improvement (QI) projects.

Edenvale Clinic-TB symptom screening under 5 years rate

Abbreviations: TB – tuberculosis, EPI – expanded programme immunisation

STEPS TO IMPLEMENT

❑ Conduct an in-service training for all paediatric Nurses on TB screening tool, confirmatory tests, and management guidelines.

❑ Hold training sessions for ACs on inserting TB screening tool into paediatric patient files (both acute and chronic).

❑ AC inserts screening tools into patient charts at vital-signs station.

❑ Paediatric Nurse takes patient files with them into paediatric exam room.

❑ Paediatric Nurses screen each patient for TB.

❑ Paediatric Nurses refer patients who screen positive for chest X-rays.

❑ Data Capturer collects patients' charts at the end of the day and inputs data from TB screening tools into district health information software (DHIS) system.

FACILITATORS

- Routinely offered in-service training for new staff on the TB screening process and protocols.

- Ensured screening tools were available—assigned a paediatric Clinician to check stock weekly.

- Monitored data continuously by using run charts to observe any cause variations.

- Spot checked and audited files to ensure that documentation was complete and comprehensive.

CHALLENGES & ADAPTATIONS

- When Nurses were rotated to the paediatric stream, screening did not happen as planned → All new Nurses were oriented.

- Some patients made their way to the EPI (Expanded Programme on Immunization) rooms without files → A few blank files and TB screening tools were placed in the EPI room for the Nurses.

ABBREVIATIONS

✓ AC – administrative clerks
✓ DHIS – district health information software
✓ EPI – expanded programme on immunization
✓ PHC – primary health care
✓ QI – quality improvement
✓ TB - tuberculosis

QI PROCESS

The project was carried out as part of the NDoH TB quality improvement (QI) collaborative and this facility was in one of the pilot districts.

CONFOUNDERS

During the testing period, a new comprehensive screening tool was introduced that allowed for both children and adults to be screened on the same form. This reduced the challenge of using individual tools that had to be inserted separately in the patients' files.

RESOURCES NEEDED

No additional resources needed.

STAFFING NEEDS

✓ EPI Nurses
✓ Administrative Clerks
✓ Data Capturers