

# TLD IMPLEMENTATION

## SPOTLIGHT ON TLD TRANSITION

O.R. Tambo | Ingquza | St. Elizabeth Gateway | PHC

Average Monthly Headcount: 3300



### IMPROVEMENT AREA & AIM

Certain facilities were more successful than others in implementing widespread Tenofovir, Lamivudine, and Dolutegravir (TLD) policy.

With the COVID-19 pandemic, there is an additional aim to quickly decant stable patients (not just those who transitioned to TLD) to community-based medication management programs.



### DESCRIPTION

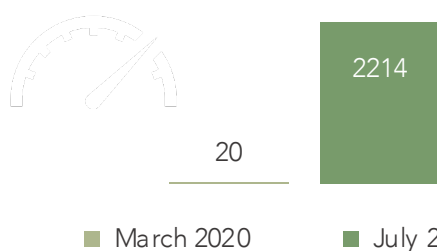
Patients were offered TLD and preferred it because it is taken in the morning (rather than at night) and has fewer side effects. TLD drug availability allowed patients, who were not yet eligible to be decanted, to get multiple-month prescriptions which increased retention. Many patients who were eligible to switch were also eligible to be decanted which helped to decongest the facility and led to decreased COVID-19 risk for antiretroviral therapy (ART) patients.



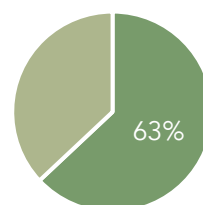
### OUTCOMES

Here we highlight the success of St. Elizabeth Gateway in the O.R. Tambo region in achieving a 63% TLD transition since the policy implementation in March 2020.

Patients on TLD



TLD Portion of TROA Patients



Abbreviations: ART – antiretroviral therapy, TLD – tenofovir, lamivudine, dolutegravir, TROA – total retained on ART

# STEPS TO IMPLEMENT

## ABBREVIATIONS

- ✓ ART – antiretroviral therapy
- ✓ CO – case officer
- ✓ CCMDD – Centralized chronic medication dispensing and distribution
- ✓ DC – data capturer
- ✓ DOH – department of health
- ✓ DQO – data quality officer
- ✓ FOM – facility operational manager
- ✓ SOP – standard operating procedures
- ✓ TLD - tenofovir, lamivudine, and dolutegravir
- ✓ TROA – total remaining on ART
- ✓ VL – viral load

## STAFF NEEDS

- ✓ 5 Professional Nurses
- ✓ 3 Enrolled Nurse Assistants
- ✓ 5 Data Capturers
- ✓ 3 Pharmacy Assistants
- ✓ 1 FOM

## RESOURCES NEEDED

- ✓ TLD drug supply
- ✓ Resources for VL blood monitoring needed (blood draw forms)

## PRE-IMPLEMENTATION

- ❑ Data Capturer (DC) filters in TIER.Net patients who are virally suppressed and patients due for a viral load (VL) blood draw.
- ❑ DC sends TIER.Net Excel export to quality improvement (QI) Coordinator/Mentor.
- ❑ DC filters and identifies those eligible.
- ❑ Case Officer (CO) contacts patients telephonically to ask them to come in person.
- ❑ Filing Clerk retrieves files out of cabinets, labelled for TLD transition, and others labelled for VL blood draw (so that Clinician knows immediately what type of management is needed).
- ❑ Clinician explains benefits of TLD transition to patient and offers option to transition to TLD.

## EVERY AFTERNOON

Data Capturer:

- ❑ Checks whether all the patients eligible for TLD attended appointments and were transitioned.
- ❑ Ensures those successfully transitioned are captured correctly by checking number of clinical records against TIER.Net.

## FACILITATORS

- Gained autonomy for facility to execute policy with phone guidance from TB HIV Care.
- Gained buy-in and guidance from Department of Health (DOH) staff with detailed SOP.
- Provided continuous feedback to Facility Operational Manager (FOM) on number of patients found to be eligible, number successfully decanted, and number captured on TIER.Net.
- Centralized chronic medication dispensing and distribution (CCMDD) re-scripted patient and sent SMS to patient to continue collecting meds at external pick-up point without coming to facility.
- Revised CCMDD standard operating procedure (SOPs) so that only one suppressed VL needed to transition and decant patient.
- Stable patients were able to get 12-month prescription instead of 6-month.

## CHALLENGES & ADAPTATIONS

- Concerns about switching patients to TLD, particularly women of childbearing age, led to delays in this population → We educated patients on new understanding of minimal risk to pregnant women.
- Patients were reluctant to transition because they did not want to sign a consent form and it made them feel like they were putting their lives at risk → We no longer required written consent forms from patients.
- Incorrect capturing of TLD on TIER.Net (system automates to second-line treatment which can be fixed but requires attention) resulted in reporting lower than actual numbers → We held trainings on correct method of entering data into TIER.Net.

**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.