

PHYSICAL TRACING DURING LOCKDOWN

SPOTLIGHT ON RETENTION

O.R. Tambo | Ingquza Sub-District | Flagstaff | PHC
Average Monthly Headcount: 6700



IMPROVEMENT AREA & AIM

The second 95 of the 95-95-95 strategy aims to have 95% of all people diagnosed with HIV infection receiving sustained antiretroviral therapy. Due to the COVID-19 lockdown restrictions and fear of contracting the corona virus, many antiretroviral therapy (ART) patients missed their clinical appointments. This led to disruptions in continuity of treatment and a drop in total number of patients remaining on ART (TROA).

This project aimed to increase the number of patients remaining on ART from 5,065 in September 2020 to 5,600 by July 2021.



DESCRIPTION

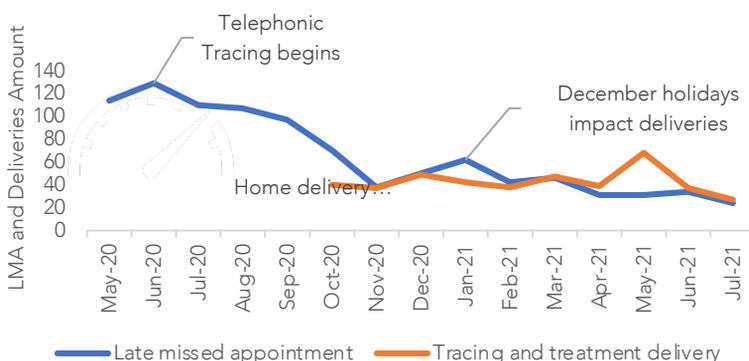
During telephonic tracing of patients on the late-missed-appointment list (LMA), Case Officers (COs) offered home delivery of treatment to patients who were unable to visit the facility. Patients consenting to home delivery were clustered according to their areas of residence. Patients who were unreachable by phone, and who needed physical tracing, were also included on this list. Home delivery was offered to patients the day they are successfully traced.



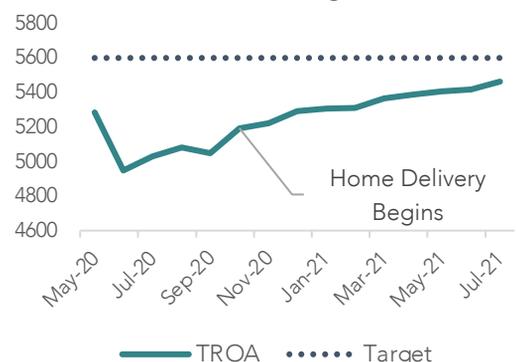
OUTCOMES

The number of ART patients who missed their clinical appointments started to decrease which resulted in an increase in TROA from 5,065 patients in September 2020 to 5,463 by July 2021. Patients appreciated having medication delivered to their home, so they were motivated to provide correct contact details. Correct contact details made it easier to remind patients about their next appointment.

Missed Appointments and Home Delivery



TROA vs Target



STEPS TO IMPLEMENT

- ❑ Case Officer (CO) lists the names of patients who consented to home delivery during telephonic tracing according to areas of residence (clustering).
- ❑ CO lists the names of patients unreachable by phone who need to be physically traced, according to areas of residence as documented in patient's file.
- ❑ The day before home delivery, the CO records names of patients (consented and not consented) in the treatment delivery register and requests Data Capturers (DCs) retrieve files of those patients.
- ❑ DC gives files to Nurse Clinician (NC) who requests the treatment pre-packs from pharmacy.
- ❑ On the day of home visit, the team collects treatment from pharmacy and proceeds to deliver treatment in the community.
- ❑ When meeting with patients who have not yet consented, the Enrolled Nurse Assistant (ENA) offers home delivery and gets patient consent.
- ❑ After issuing medication, the ENA updates the date of next appointment on the patient carrier card, and the patient signs the treatment delivery register as proof they received treatment.
- ❑ At the clinic, ENA gives the completed treatment delivery register, with patient signatures, to the NC who updates clinical records.
- ❑ NC gives updated folders to DC for capturing and refiling.

FACILITATORS

- Standard operating procedures (SOPs) for community ART delivery gave guidance on the implementation of home treatment delivery.
- Pre-existing physical tracing teams assisted in pairing treatment delivery with tracing.
- Home delivery improved patient provider relationship because patients understood the purpose of giving correct details for future contact.

CHALLENGES & ADAPTATIONS

- Unclear or lack of detailed demographics resulted in spending more time tracing the patient → Upon finding the patient, the demographics were captured correctly.
- Pharmacy department wanted to only issue treatment when it is recorded on the patient folder → Treatment delivery register was shared with them as a tool to monitor successful treatment delivery.

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.

ABBREVIATIONS

- ✓ CHW – Community Health Workers
- ✓ ENA – Enrolled Nursing Assistant
- ✓ LMA – Late missed appointment
- ✓ SOP – Standard operating procedure
- ✓ TROA – Total remaining on ART
- ✓ WBOT – Ward-base outreach team

RESOURCES

- ✓ Treatment delivery register
- ✓ Treatment delivery SOP
- ✓ Pre-pack envelopes
- ✓ Marker
- ✓ Cooler box
- ✓ Vehicle

STAFFING

- ✓ Data Capturer
- ✓ Pharmacist Assistants
- ✓ Enrolled Nurse Assistant
- ✓ Case Officers
- ✓ Nurse Clinician

RECOMMENDATIONS

- ✓ Explain to the patient that the intervention is temporary.
- ✓ Engage WBOT team leaders in order to use CHWs as another resource for treatment delivery.

IDEA INSPIRATION

This change idea came from primary healthcare (PHC) re-engineering (back to basics) taking services to the patients.