

# AFTER-HOURS TRACING

## SPOTLIGHT ON RETENTION

North-West NMM | Lonely Park | Montshioa Town | Unit 9 CHC

Average monthly head count 2400



### IMPROVEMENT AREA & AIM

Telephonic outreach is one of the tools used to track and trace antiretroviral therapy (ART) patients who missed their clinic appointments, however, in these three facilities it was found that 40% of the patients contacted telephonically could not be reached during the day because they were either at work or at school and their phones were off.

**Our aim** was to improve the number of ART patients reached through telephonic tracing from a baseline of 60% using daytime calls only to 80% when combined with after-hours calls.



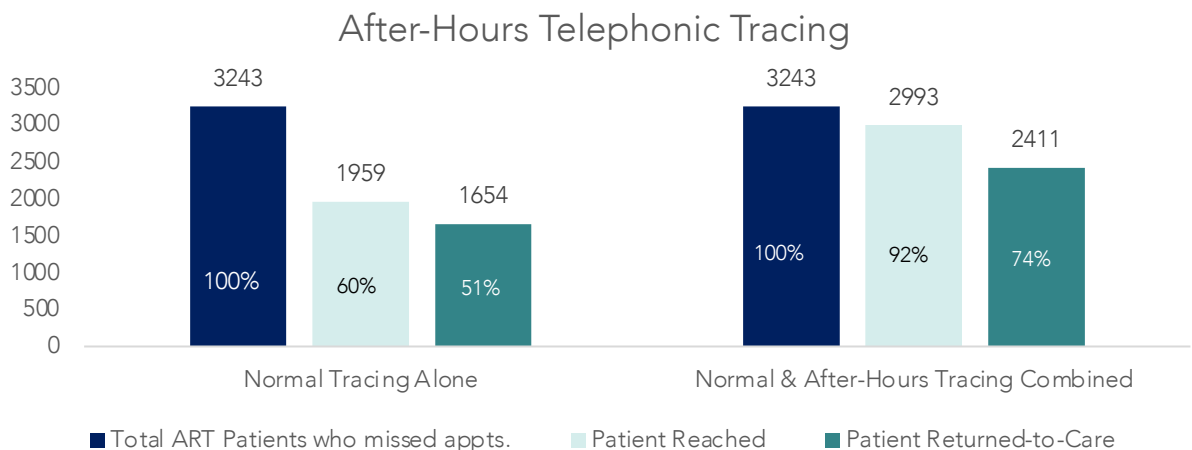
### DESCRIPTION

After-hours tracing was established to find patients who were not reachable during the day. After generating the list of patients not reachable, the tracers made follow-up calls from 16:30 to 19:00 using their work cell phones. The outcome of each call was then recorded by the Data Capturer the next morning. Patients' files were updated by the Clinician to reflect the outcome.



### OUTCOMES

After implementing after-hours calls from May to July 2021, the percentage of ART patients reached through telephonic tracing improved from 60% using daytime calls only to 92% when combined with after-hours calls, exceeding our goal of 80%. Similarly, the percentage of patients who returned-to-care improved from 51% to 74%.



# STEPS TO IMPLEMENT

## MORNING

- ❑ Data Capturer (DC) creates a list of early missed appointments (EMA), late missed appointments (LMA), unconfirmed lost to follow-up (ULTFs) from TIER.Net.
- ❑ Patient files are retrieved and audited.

## DURING THE DAY

- ❑ Department of Health (DOH) Tracers call patients who missed their appointments.
- ❑ Names and numbers of people not reached are recorded separately.

## AFTER HOURS from 1630 to 1900

- ❑ DOH Tracers call all the numbers that were on voicemail or unanswered during the day.

## THE FOLLOWING MORNING

- ❑ DOH Tracers record and capture feedback from after-hours tracing.

### FACILITATORS

- Involved DOH Tracers, Community Health Workers (CHWs) and Outreach Team Leads (OTLs) to ensure entire team was engaged in process.
- Clinician made time to see returning patients.

### CHALLENGES & ADAPTATIONS

- Shortage of airtime → R250 worth of airtime was uploaded every week.
- Some patients were still not reachable after hours → Allocated list of those not reached to CHWs and OTLs for home tracing and updated contact details.

**Disclaimer:** This Spotlight was developed and implemented by The Aurum Institute and DoH staff. Harvesting and packaging was supported by these partners and OPIQ South Africa. This resource can be freely used and distributed, with acknowledgement of The Aurum Institute 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

- ✓ DC – data capturer
- ✓ EMA – early missed appointments
- ✓ LMA – late missed appointments
- ✓ ULTF – unconfirmed lost to follow-up
- ✓ CHWs – community health workers
- ✓ OTL – outreach team lead
- ✓ DOH – department of health

## RESOURCES

- ✓ Computer
- ✓ Cell phones
- ✓ Airtime
- ✓ Pen and flash book

## STAFFING

- ✓ Tracers
- ✓ Community Health Workers
- ✓ Data Capturers
- ✓ Filing Clerk

## LESSONS LEARNED

- ✓ Some of the patients who are employed or at school during the day switch off their cell phones or are unable to answer.
- ✓ Patients should be asked during counselling about the best time to be contacted.
- ✓ Some patients do not have personal phones and rely on next-of-kin's cell phones.