TOOLS DEVELOPMENT AND INTEGRATION WITH CLINICAL SERVICES MONITORING AND EVALUATION

Kheth'Impilo's (KI) vision is to work towards an AIDS FREE GENERATION IN OUR TIME

KI supports the SA Dept of Health (DOH) in achieving the goals outlined in the National Strategic Plan for the scale up of quality services for the management of HIV/AIDS in the PHC sector

USAID FROM THE AMERICAN PEOPLE

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Background

Kheth'Impilo's Patient Advocate (PA) Community Adherence Model envisions PAs to straddle both health facilities and community based settings. Their primary focus is to provide adherence and psychosocial support for patients and household members on TB/HIV treatment. Research has shown that patients supported by community based PAs have improved clinical outcomes. The main challenge is developing appropriate tools that capture both clinical and psychosocial aspects of patients on treatment. These tools accurately capture patient and household members' details, the PAs activ-

ities. Current systems, the paper based registers as well as the e-data tools envisaged as the backbone for Tier 1 and 2 of the NDoH M&E roll out do not encompass psychosocial aspects of care, especially elements that could impact adversely on adherence. Integration of this data with clinical outputs is not on the National NDoH agenda and yet is critical for ensuring the continuum of care. Prior to developing the tools for the KI PA model of care, there was limited information on the patient-household centred approach. Data needed include; household numbers, children <15, those needing social

grants, vaccinations and other support that include food and shelter. Disclosure by the index patient is sensitively evaluated and where there has been none, this is encouraged through added counselling and support but not forced. Alcohol and drug abuse as well as domestic violence in the home is also checked. Household members are screened for TB and HIV testing is encouraged. The tools were rolled out between November 2010 and January 2011; this period constituted the pilot phase.

Methods

The tools developed highlight a data collection strategy that attempts to measure the programme process and service provision in the realm of a community based support programmes. Staff have undergone training; the tools piloted and successfully scaled-up in all

the provinces where KI is operative.

Results

The tools do not only capture the patient details but interventions provided to the household members. Subsequently, all are introduced to the chain of continuum of care. The tools developed include; psychosocial screening, treatment readiness, the patient follow up plan, child and household member follow up plan; and the client summary. These tools integrate the clinical and community components of the

programme. Of particular interest, the client summary tool brings together the clinical and psychosocial patient details (see insert 1). Patients are followed up in the community and are provided with services. In addition, the tools provide patient feedback on individual basis to the clinic and on overall programme performance, applied research and reporting.

These tools collect data at each visit. Patients

as part of treatment work up, where consent has been obtained, have an hour long detailed home assessment. Once on treatment these visits continue at decreasing frequency as patients respond to therapy and show adherence with suppressed viral load. Once stable, after 6 months, patients are check on monthly through various electronic means.

(B)	IENT SUMMARY TOO	DLForm 10 Version 2.0 30,	/11/201
A: Demographic Details			
1. First Name [Patient] (As in a	ART Database)		
2. Surname (As in ARV Databa	se)	Gender:	
3. ART Folder Number (As in A			
PMTCT Folder Number:			
ID No Residential Address		h (DD/MM/YYYY)	
		Cell	
B: Clinical Details	vv	ceii	
		ADT PATCT	
Date of Enrolment at Site (I		ART program or PMTCT program	
		nt or Transferred-in or Resta	rt
2c. IF Transferred in, location p	**	int of transferred in or trestal	_
Pls complete numbers B6/	7 with the date patient sta	rted ARV's at previous site if applic	:.
3. PA Name	PA Surname	Date Attached to a Patie	ent
4 Workup Started (tick if Yes)	V Π 5 Workup Start Γ	Date (DD/MM/YYYY)	
. , ,	•	n ARV's (DD/MM/YYYY)	
8. Down referred (tick if Yes)	Y 9. Date down refe	erred (DD/MM/YYYY)	
	10. Site down re	eferred to:	
C. Tuberculosis Treatment Info			
 Started on TB treatment? (Date Started on TB treatment 	•		
3. Is TB patient HIV positive?			
4. TB Cured? (tick Yes or No):	Y□ N□ 5. Date TB Cur	red (DD/MM/YYYY)	
D: Patient Deregistered			
1. Type of Deregistration: -Tick	only one:		
	·	e numbers 2 and 3 below too)	
		· · · · · · · · · · · · · · · · · · ·	
		te numbers 2 and 4 below too)	
	d 🗆 (complete numbers 2	•	
2. Date of Deregistration (DD/I			
3. IF transferred Out: Facility No.	,	′	
	ie patient attempted to be nt re-entered in care? (tick	traced? (tick Yes or No) Y	1
	of re-entry in care if Yes (D	•	
5. IF died: Cause of death (if kn	own)		
Captured by: Patient Facilitator:		Date: / /201	
Checked by: CSC District Coordinator		Date: / /201	

	version	3.0 26/11/2010		Vielt Date(DD/MM/YYYY)	Visit Dat	te(DD/MM/YYYY)	Visit	Date(DD/MM/YYYY)	Vi	sit Date(DD/MM/YY)	M)	Vi	sit Date(DD/MM/YY	YY)	
1. Patient Type	VIP or STABLE (Circle the appropriate)		VIP STABLE	VIP	STABLE	,	/IP STABLE	TABLE VIP STABLE		VIP STABLE				
2.Visit Type	Workup or On	ARV's? (circle one on	ily)	Workup On ARV's	Workup	On ARV's	Workup	On ARV's	Workup On ARV's		Workup	orkup On ARV's			
	Location: Non	ne,Clinic or Telephonic		Home Clinic Telephone	Home Clinic Telephone		Home Clinic Telephone		Home Clinic	Home Clinic Telephone			Home Clinic Telephone		
Pt contacted		ted successfully? (Cir			Y N		HOINE CILI	y N	Y N			Y N			
	Psychosocial Sc		5.00	Y N	Y N			Y N	Y N			Y N			
4. Activity	Follow Up don	10		Y N		Y N		Y N		Y N		Y N			
	Number of Pill D	oses Missed in last 3 days		0 1 2 3 4 5 6	1123		. 1	2 3 4 5 6		1 1 2 3 4 5	6	8 1 2 3 4 5 6			
5. TB	Is Patient on	TB Treatment ? if Yes is uestions C1-5))	Please complete	Y N	Y N		Y N								
	Is Patient pres	anant? If Patient is pre-		Y N	Y N					Y N			Y N		
6. PMTCT	Complete back			T N		1 N		Y N		Y N			Y N		
First Na		Last Name (surname)	D.O.B	ID Number	Client Type	Gender (M/F)	Inter	vention Category	Intervention Type	Date Identified	Outcome(tick if Y)	Date receiv	ed (dd/mm/yyyy)	Tick if Captured	
OUSEHOLD ECO	ONOMIC STREN	GTENING IS RECEIVED B	Y ANYONE IN HO	USEHOLD PLEASE LIST:	 _	A. NUMBER OF MALI	E CHILDREN IN H	DUSEHOLD (<18 vrs):		B.NUMBER OF FEMAL	E CHILDREN IN HOL	SEHOLD (< 18 vrs	l:		
		n Types which are l													
Antificiation Categories Settleviation Press Protection Sigh Certificate, identify Document, Abuse & Neglect Access to ART Treatment Seferral for ART MY positive not on ART				INTERVENTION	CATEGORIES CONT.	INTERVENTION TYPES CONT.									
			& Neglect	Sect Household Economic Strengthening Psychological Care			— Child Support Grant, Care Dependency Grant, Disability Grant, Roster Care Grant and Social Relief of Dis — Clinical Psychology Therapy and Counselling			listres s					
		Health care services and			Other Referra			'8 Screening , HCT and PCR							
				Captured by:	Captured by:		Captured by:		Captured by:				Captured by:		
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						4	Ins	ert 2							
														Inco	
rt 1														Inse	

	_	OTHER TO CHILD TRANSMISSION [PMTC	<u>T]</u> v 3.0 26/	,
MOTHER'S	DETAILS	INFA	ANT'S DETAILS	
Is Patient attending ANC ? Circle (Y/N)	Y N	Infant First Name		
ARV treatment type (Circle one)	1. AZT only 2. Triple Therapy 3. Not on ARV's	Infant's Surname		
Number of weeks pregnant (4-44)		Infant's Date of Birth (D.O.B) (DD/MM/YYYY)		
CD 4 cell Count		Is Infant on Cotrimoxazole? circle (Y/N/Unknown)	,	Y N Unknown
Expected date of delivery (DD/MM/YYYY)		Is Infant on Nevirapine Prophylaxis? Circle (Y/N/Unknown)	,	/ N Unknown
Partner counselled? Circle (Y/N)	Y N	Number of doses missed last 3 days (baby), circle	0	1 2 3
Partner first name		Was 6 weeks PCR done if applicable? circle (Y/N/Unknown)	Y N UNK	Pos Neg UNK
Partner surname		Date 6 weeks PCR done (DD/MM/YYYY)		
		Types of feeding, circle	Breast Formula	1
		Was 18 Months HIV/Elisa test done if applicable? circle (Y/N/UNK)	Y N UNK	Circle Results below Pos Neg UNK
		Date 18 months HIV/Elisa test done (DD/MM/YYYY)		
		If infant is HIV+ve, is infant on ART? circle (Y/N/Unknown)	,	Y N Unknown
		Date started on ART (DD/MM/YYYY)		
		Infant deregistered (circle if applic) Date deregistered (DD/MM/YYYY)	Died Lost to Fo	llow-up Transferred out
Captured by PA:				

Discussion

The implementation phase of the tools was characterised by challenges. Essential data elements such as service categories like household economic strengthening (child support grants, foster care grants, disability grants, old age pension) (see insert 1), referral for services such as 6 weeks PCR and 18 months ELISA were not adequately collected. This was due to lack of programme knowledge by data and programme staff. To improve data collection using the new tools a training programme has been designed and rolled out. The training program is comprised of a series of workshops held

in all districts where KI is operative. Data collection improved from 10% in second quarter (1 October 2010- 31 December 2010) to approximately 55% in the second quarter (1 January 2011 to 31 March 2011). We expect further improvements in the third and fourth quarter.

Conclusion

If used correctly and consistently, the tools not only provide a good opportunity to track patients but provide outcome measures into community adherence and psychosocial support. Collected data can potentially make

service providers demonstrate the needed link of patient clinical and follow up information with psychosocial components thereby holistically addressing all patient needs.

The client summary tool provides this platform for integration to create a two way loop which channels patient information from communities to the clinics and vice versa. Information gathered using these tools could set the foundation needed to measure the impact of the integrated model of care at both household and patient level. Ongoing capacity building of programme and data staff is important for the optimum utility of tools.

www.khethimpilo.org