



Improving quality of adherence clubs in Cape Town – the club audit and club champions group

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Cape Town

Population 3.8 Million

8 health sub-districts:

- Fixed PHC Facilities = 130
- District & Regional Hospitals = 11
- Specialized TB Hospitals = 2
- Tertiary Hospitals = 3



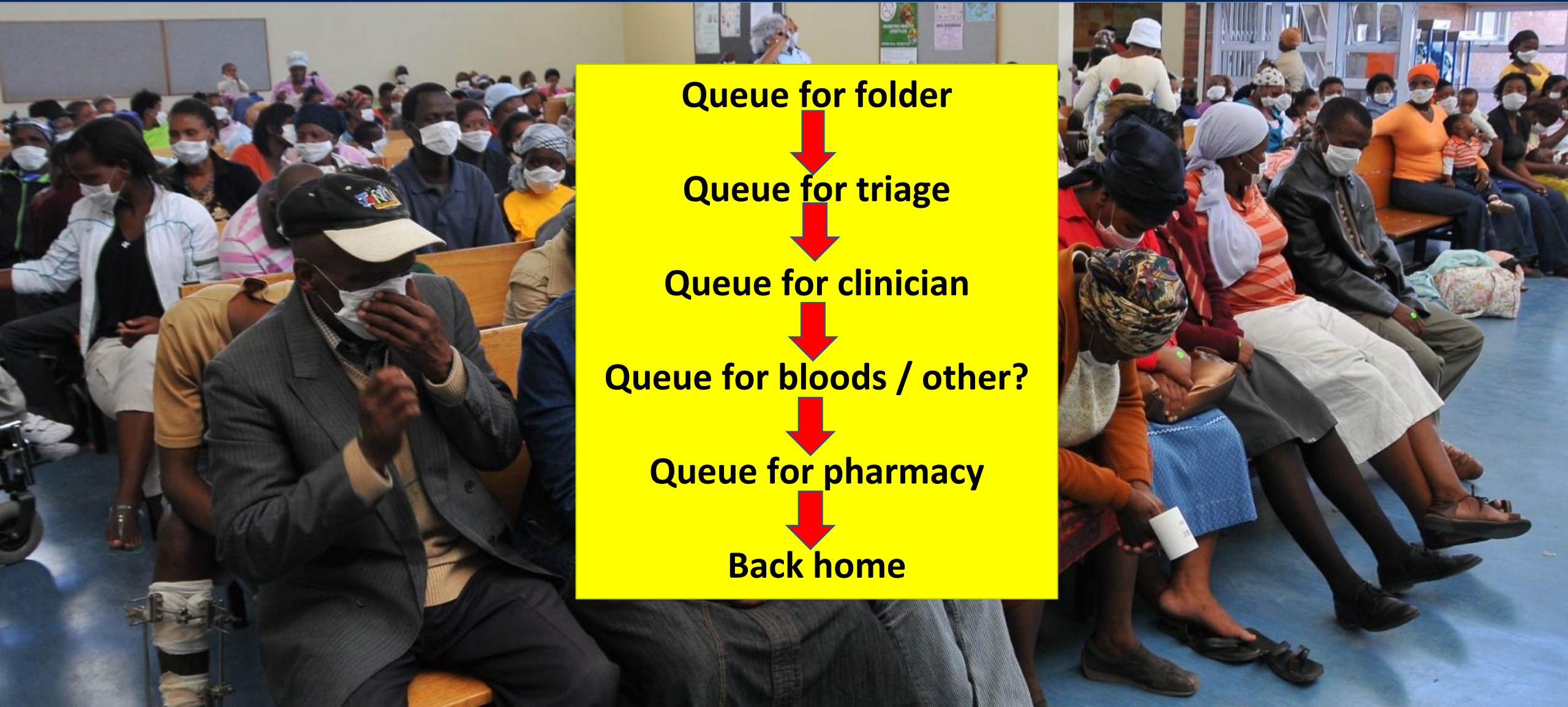
Services rendered by City Health & MHS

	City Health	Metro Health Services
Child health	81	14
Reproductive health	86	44
STI	86	44
Adult curative	12	44
TB diagnostic	86	44
TB treatment	85	24
HIV testing	86	44
ART	59	33

CONGESTION !!!



CONGESTION !!!



Queue for folder



Queue for triage



Queue for clinician



Queue for bloods / other?



Queue for pharmacy



Back home

CONGESTION !!!



Standard club visit (up to 30 patients per club)

Opportunity for group discussion



Facilitator records weight of each patient

Facilitator screens patient for:

- Symptoms of TB
- Any other problems



If all is well a 2/12 medication parcel is given to the patient



Photo from the MSF facilitator training presentation

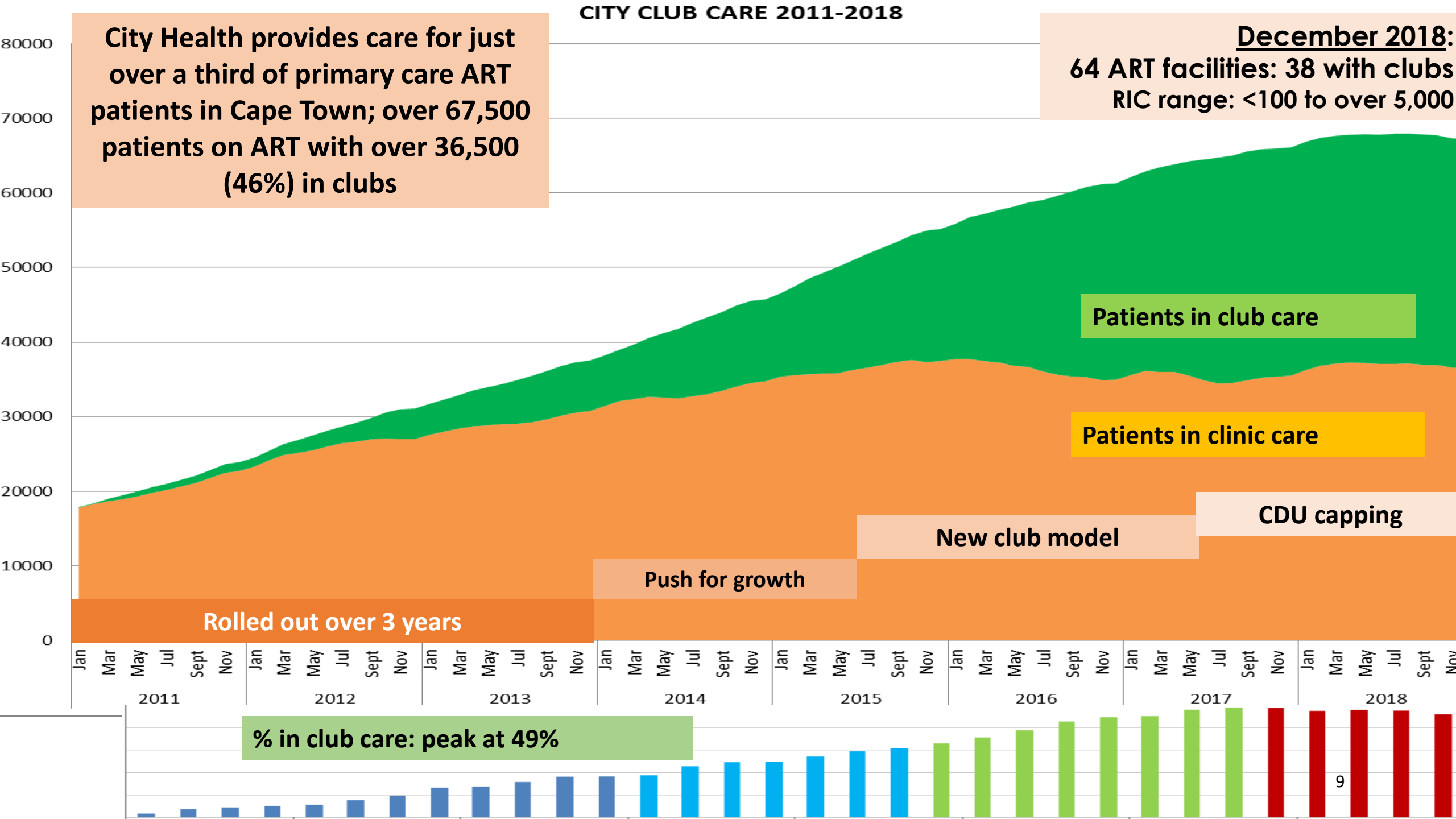
Adherence Clubs

- Facility-based group model
- Open to adults meeting criteria for stability
- 25 - 30 people come to clinic for a group appointment
 - Weighed and screen for TB
 - Receive pre-packaged medications
- Club visits every 2nd month
- Clinical visit + VL annually

CITY CLUB CARE 2011-2018

City Health provides care for just over a third of primary care ART patients in Cape Town; over 67,500 patients on ART with over 36,500 (46%) in clubs

December 2018:
64 ART facilities: 38 with clubs
RIC range: <100 to over 5,000



Rolled out over 3 years

Push for growth

New club model

CDU capping

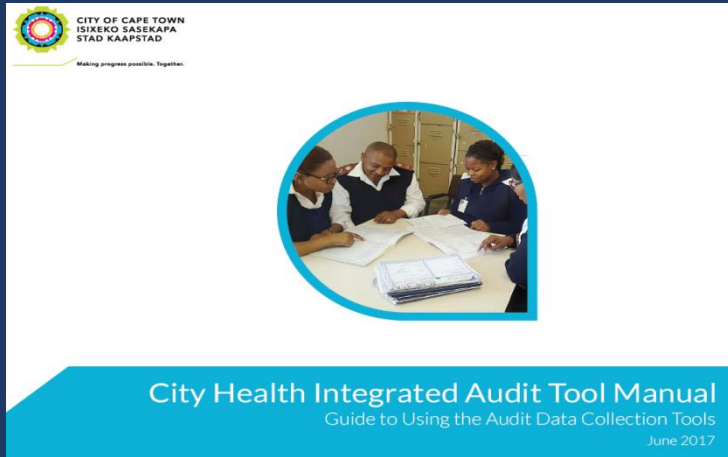
Patients in club care

Patients in clinic care

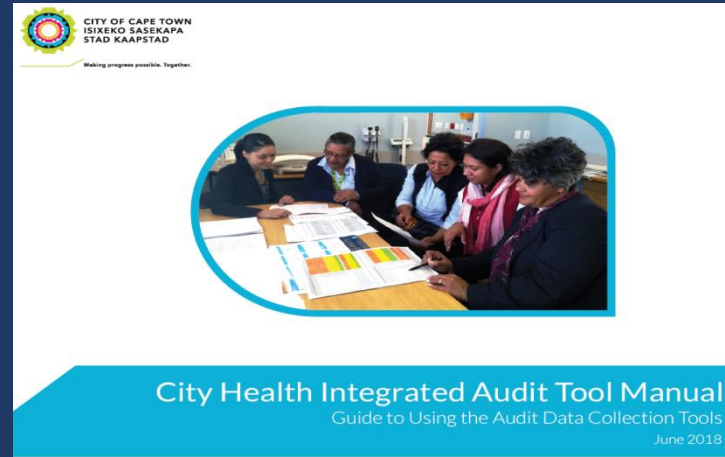
% in club care: peak at 49%

From 2008: METRO HAST audit; from 2016: City Integrated Audit

2
0
1
7



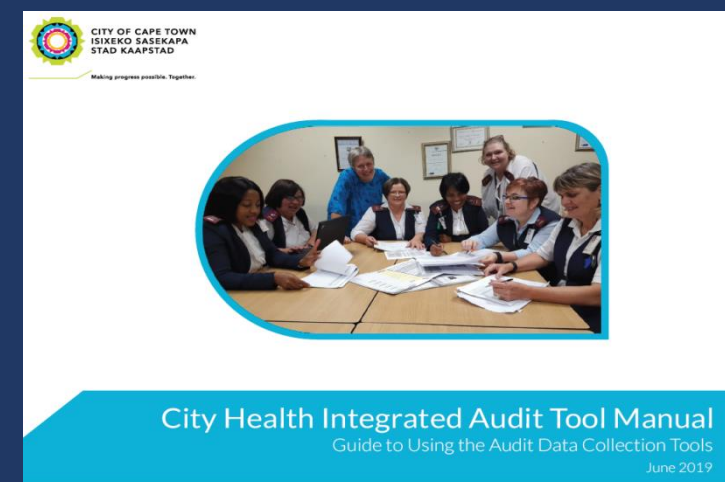
2
0
1
8



2
0
1
6



2
0
1
9



Ensuring Club Quality with Audits

Audit is simply a tool to find out:

- How you doing now?
- What you have done in the past?
- What you wish to be done in the future for remedy?

Audit Process

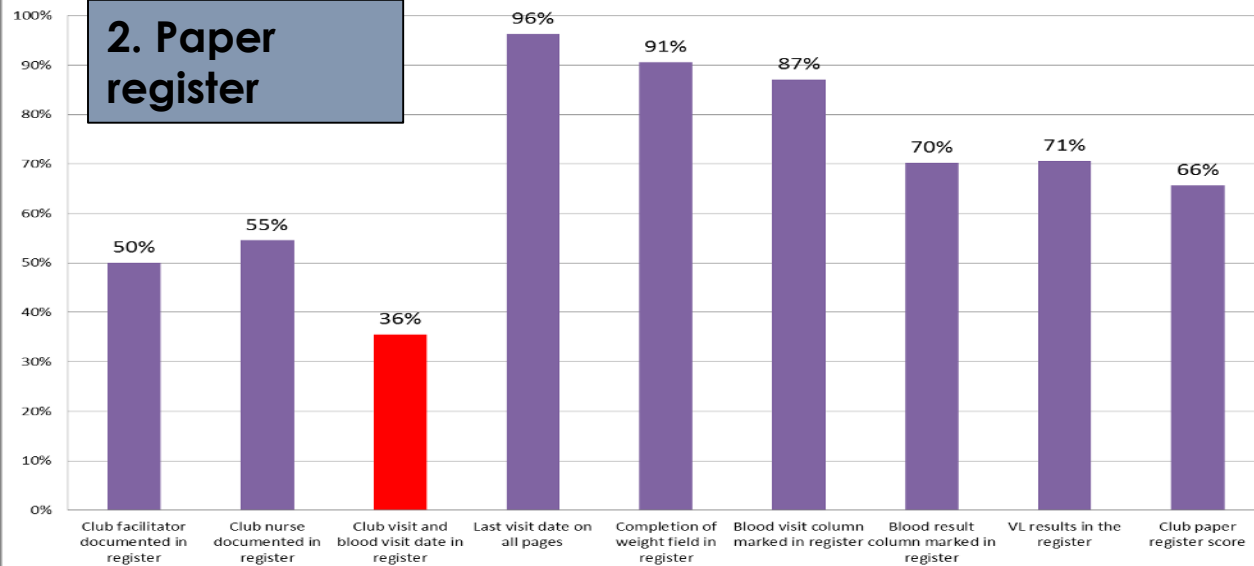
The process of auditing has already added enormous value:

- **It has resulted in auditors who were not familiar with the club program becoming aware of its requirements and having a tool by which they can assess the club service.**
- **Audit teams included SD management staff, facility managers and support partners, many of whom have previously not felt competent to support the club program and who should now be equipped to do so.**

ART Club Audit – divided into 4 sections

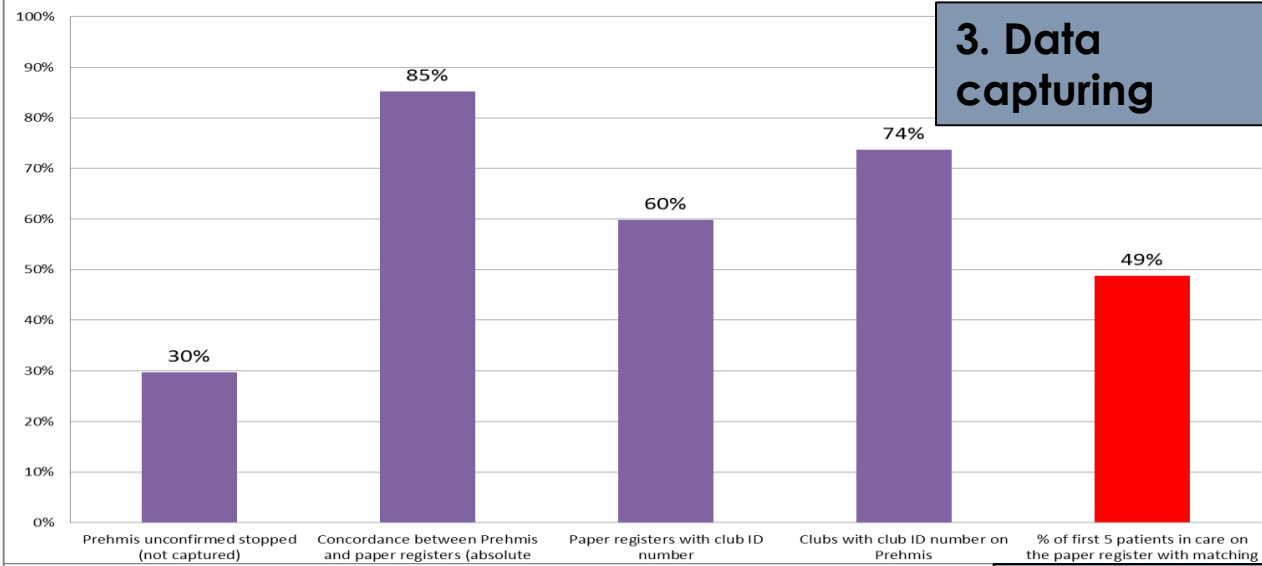
2. Paper register

ARV club paper register completion



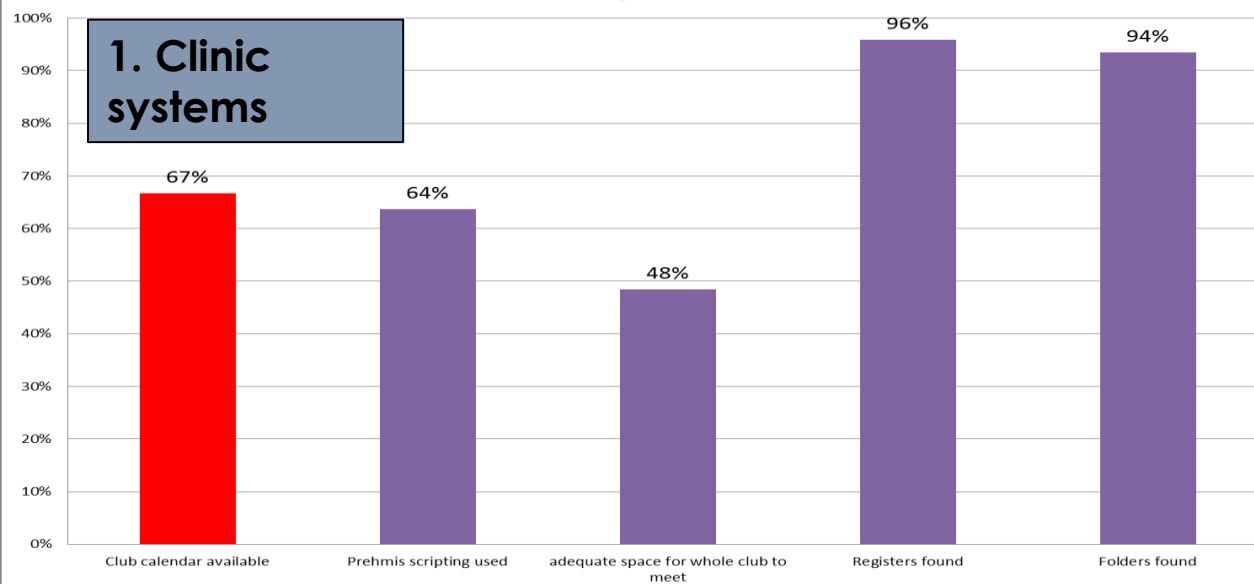
3. Data capturing

ARV Club capturing - paper and Prehmis concordance



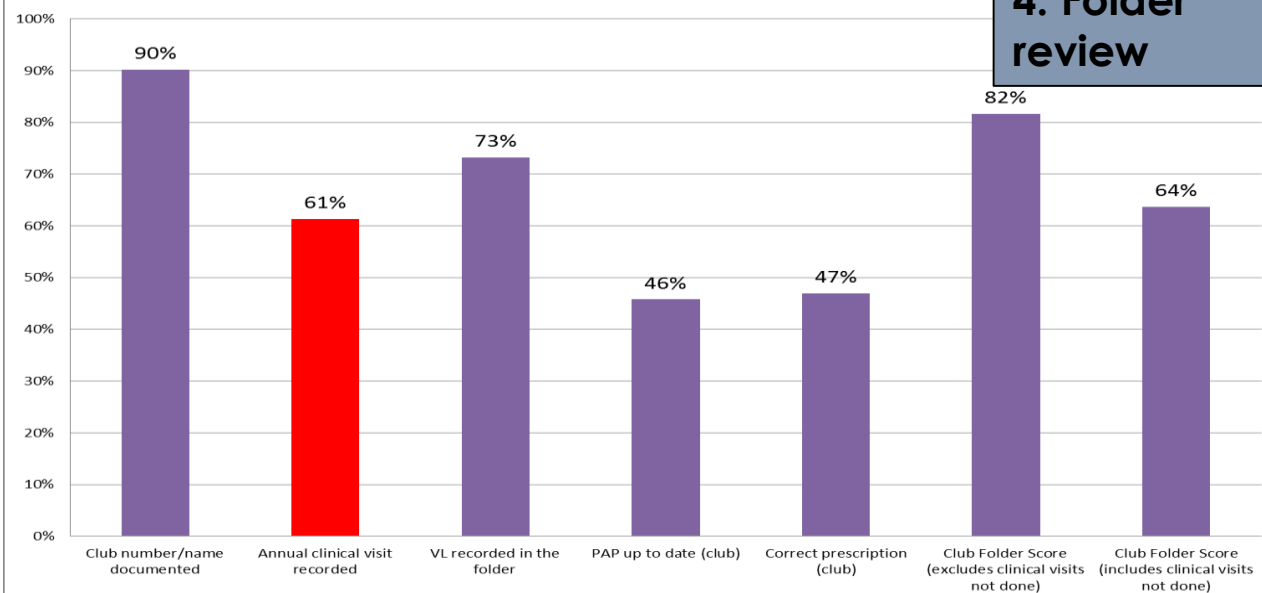
1. Clinic systems

ARV club systems review



4. Folder review

ARV clubs - folder review



The Club Audit has Four Sections

Clinic systems

- is there adequate space?
- is the club calendar available?

Paper register

- Are VL results documented?
- Is visit date documented?

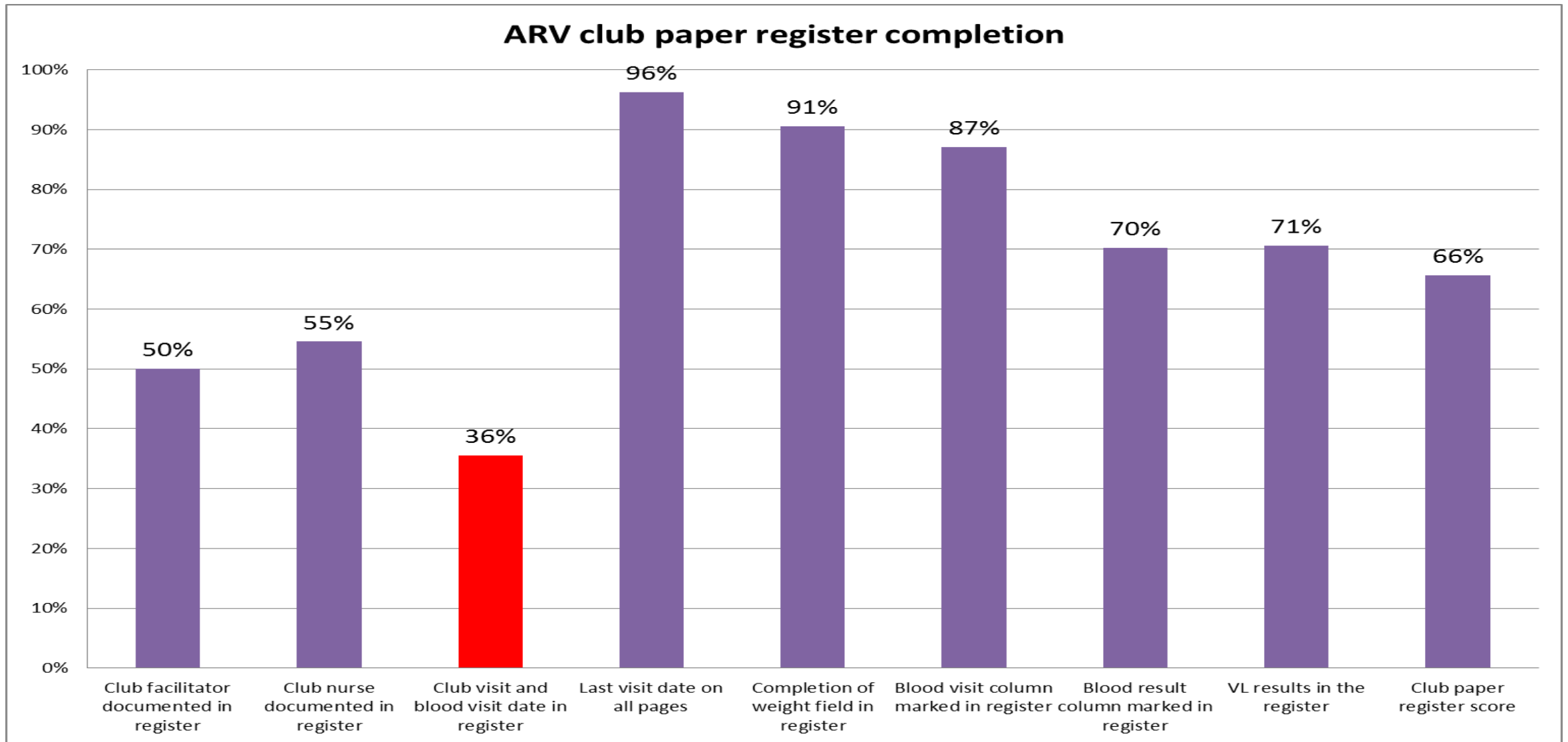
Data capturing

- Concordance between pharmacy & paper registers?
- Club ID on paper registers?

Folder review

- Annual clinical visit recorded?
- Correct prescription?

Example: Paper Register Completion



Responding to Audit Results → Club Champions

Setting up the City club champion steering committee:

Health Management Team (HMT) agreed that each sub-district would nominate a club champion to be part of the City club champion steering committee

Participants: Convenor (HAST program support); City pharmacist
8 SD champions: 2 MOs, 3 pharmacists, 3 TB/HIV coordinators

Meetings: champions monthly for 3½ hours from November 2018; facilities – 2 meetings of 2½ hours

Program Aims:

Closing gaps in club care
Seeking further efficiencies

- Festive season jump priorities
 - Schedules
 - Preparing registers
 - Data cleaning
- Entrenching routine use of SOPs (updated in response to audit results)

Other Aims:

Personal development of champions
Cascade teambuilding of club teams within SDs

- IHI - Joy in the workplace
- City values (below)
- Leadership
- Understanding data
- Excel training – SD priority tables
- Presenting

The role of the Champion – a developing concept

Club champion – the link between management and facility staff

IHI Joy in the workplace



LEADERSHIP

Festive season priorities:

- Schedules
- Preparing registers
- Data cleaning

EXCEL TRAINING:

- Routine data
- Audit data
- Festive season input
- “Local” knowledge



PRIORITY TABLES

Setting up a SD club group:

- “Joy” assisted with team-building
- Priority tables gave direction
- On the ground could then identify where input was most needed – for Area Central:
 - support for the club nurse
 - clinical visits done
 - VL results recorded

Obstacles identified:

- High staff turnover
- Poor handover when staff changed
- Access to computers
- Protected time for club preparation not respected
- Lack of space for clubs to meet

Note that the role of the club champion is a fluid concept; engagement in one area leads naturally to identifying next steps



**CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD**

Thank You

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Making progress possible. Together.