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TB/HIV Integration Conference

EVALUATING & SUPPORTING TB-IPC IN PUBLIC HEALTHCARE FACILITIES IN THE WESTERN CAPE



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Acknowledgement: "This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through CDC under the terms of award USG PS000570-1."

PURPOSE

To strengthen TB-Infection Prevention & Control (IPC) in public sector health care facilities in the Western Cape Province, SA

OBJECTIVES

- Strengthen TB-IPC in at least 2 district hospitals
- Strengthen TB-IPC in at least 4 Primary Health Care (PHC) facilities
- Document the process & lessons learnt followed by recommendations for improving, sustaining & scaling-up IPC measures
- Disseminate findings with the aim of strengthening TB-IPC measures in SA

PROJECT SETTING

Table 1 **Project healthcare facilities (N=8)**

District	Hospital	Community Health Centre (CHC)	Community Day Clinic (CDC)
Cape Metropole	-	Delft Kleinvlei	Hout Bay Harbour
West Coast	Vredenburg	Louwville Hanna Coetzee	-
Eden District	George	-	-
Overberg	-	Grabouw	-
Total	2	5	1

METHODOLOGY

Project Activities

- (1) Baseline TB-IPC measures (completed)
- (2) Training Intervention (completed)
- (3) TB-IPC knowledge transfer & guideline implementation at participating health facilities (current)
- (4) 6-mnth follow-up TB-IPC assessment
- (5) Data Analysis & Dissemination of findings

METHODOLOGY cont...

Baseline TB-IPC Assessment

Comprehensive Assessment Tool with 5 inter-linked parts:

Form A-Obtains General Information about the HCF

Form B-Examines health care workers (HCW) knowledge & perceptions of IPC

METHODOLOGY cont...

Form C-Documents IPC provisions at HCF level

Form D-Observes HCW application of IPC in clinical practice

Form E-Identifies TB-IPC related experiences of patients

RESULTS

FORM A

Table 2: Annual patient load & number of staff

NB. Dentist & dental assistance. No info= information not available.

Staff	George Hospital n (%)	Vredenburg Hospital n (%)	Hanna Coetzee CHC n (%)	Louwville CHC n	Grabouw CHC n (%)	Delft CHC n (%)	Kleinvelei CHC n (%)	Houtbay Harbour CDC n (%)
Dr	67	7	0	0	3	0	No info	2
Nurses	299	74	6	4	26	137	No info	7
Other HCW	71	0	6	5	5	0	No info	2
Care givers	1	0	1	1	0	0	No info	9
Dental	1+1*							
Patient load								
Admissions/ pts seen	69387	10200	39600	33000	156000	No info	No info	39600
HIV (% of patients seen)	1399 (2%)	No info	No info	No info	No info	3000		334 (0.8%)
TB (% of patients seen)	400 (0.57%)	220 (2.1%)	350 (0.8%)	No info	561 (0.35%)	912	134	5 (0.14%)
MDR (% of TB patients seen)	12 (3%)	No info	8 (2.3%)	15		39 (4.3%)	15 (11.2%)	No info

RESULTS cont...

- *IPC Staffing*: Only George Hospital (GH) had a dedicated IPC nurse practitioner
- *Written IPC Policy*: Only GH & Kleinvelei CHC had one-revised in past 12 mnths
- *Occupational Health Service*: provided in 6 out of 8 facilities on site. The 2 clinics with non-site services referred staff to local hospital

RESULTS cont...

- *IPC Training*: this was done as a form of regular in-service staff training
- *TB Management*: All HCFs had a written provincial TB policy although only 2 had a written TB-IPC Policy
- *Decontamination & Sterilization of Medical Devices*: The 2 hospitals had a dedicated sterile department with SOPs & serviced the surrounding clinics

RESULTS cont...

Form B: Hospitals & CHFs

Training in IPC

Table 3: Training in IPC-% of HCWs trained in aspects of IPC in Hospitals

Table 4: Training in IPC-% of HCWs trained in aspects of IPC in Clinics

Hospitals	Hand hygiene	Appropriate PPE	Injection safety	Sharps disposal	PEP policy	Cleaning of medical devices on wards	Sterile services	Healthcare waste management	TB management
N=	8	5	3	9	9	7	6	9	8
%	32.0	20.0	12.5	36.0	36.0	29.2	25.0	36.0	32.0

Training of HCW in clinics	Hand hygiene (HH)	Personal protective equipment	Safe use of sharps	PEP policy	Waste management	TB management
N = 45	17	19	16	13	14	23
%	37.7	42.2	35.5	28.8	31.1	51.1

Results cont...

Knowledge of:

- *Hand hygiene:* H-high (76%); CHFs-88.6%
Use of alcohol rub-H (40%); CHFs (16%)
- *Use of Protective Clothing:* Glove usage well known & consistently practiced for both H & CHFs. Gowns, aprons & so on were inconsistently/randomly used for both groups

Results cont...

Knowledge of cont...

- *Injection safety & sharps disposal*: High level of K for both groups

Occupational Health & Safety

- Staff from H&CHFs had good knowledge

Cleaning of Medical Devices

- Staff from H&CHFs were very aware

Results cont...

Knowledge of:

- *Healthcare waste management:* H-good but CHF-unclear
- *TB Management:* low use of protective clothing & equipment (e.g. face mask)

Form C

IPC provision: Generally good in H but not for containment of TB cases. Generally poor in CHFs

RESULTS cont...

Form D

- *IPC Practice*: Discrepancy between Knowledge & Practice(unsafe behaviour) in H but better in CHF's

Form E

- *TB patient knowledge*: Patients at both H&CHF's had a good knowledge of TB transmission prevention (e.g. imp of mask use)

CONCLUSION & RECOMMENDATIONS

Baseline results highlight the importance of on-going planning & training for IPC at HCFs in the ffg. areas:

- Awareness of/skills for cleaning & sterilization of medical devices esp. at clinic level
- Appropriate wearing of personal protective equipment & discarding after use
- SoPs for high-risk procedures

CONCLUSION & RECOMMENDATIONS cont...

- Use of safety engineered devices & when to use them
- Use of alcohol rub for hand hygiene

Training of staff: The areas of concern detailed above were addressed during the training activity of the project.

Follow-up @ 6months: Same tool used at baseline will measure improvement against baseline data & impact of training

POLICY RECOMMENDATIONS

- There is an existing IPC policy, however....
- This project highlights the potential for “tailor-made training intervention” for all public health care facilities in the province & possibly the country
- Argument will be stronger once the results of the follow-up phase are known

THANK YOU