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Utilizing the quality improvement team approach in East Central Uganda to improve and scale up HIV and TB interventions within a resource limited setting

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Background

While there has been a fair attempt to scale up HIV and TB interventions over the last decade with support from several global health initiatives, the quality of services delivered in most Ugandan health facilities is still lacking. Staffing levels in the East Central region of the country are below 50% of national requirements and most of the key personnel positions required for appropriate delivery of health services are unfilled.

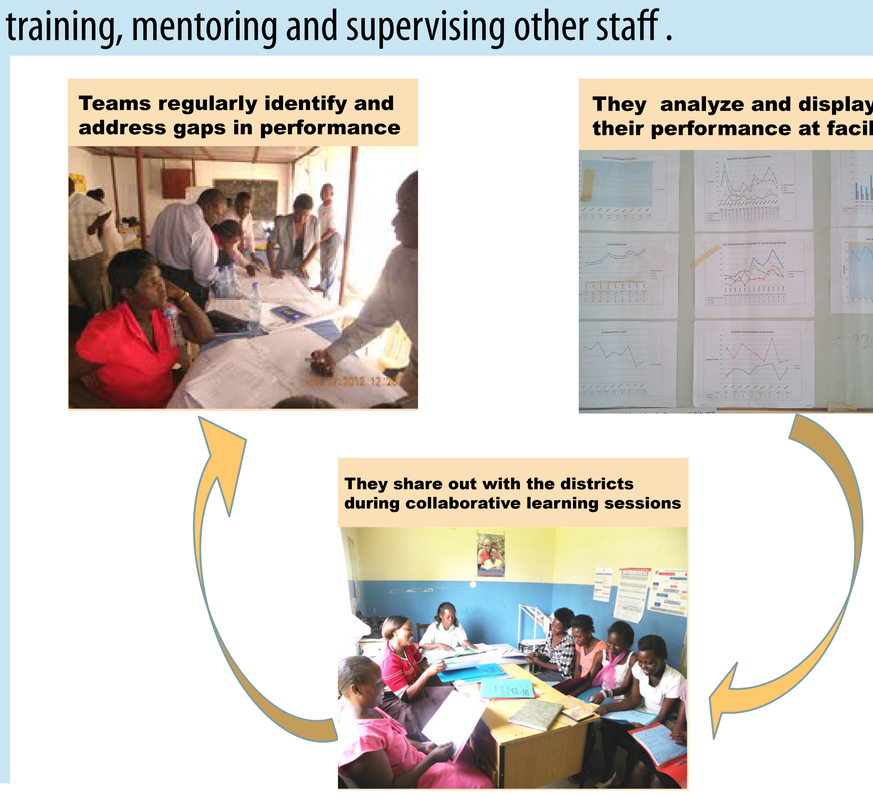
Most HIV and TB care is primarily offered by lower level cadres and this constrains the scale up and the quality of TB and HIV&AIDS services. Baseline assessment showed that;

- Only 54% of HIV clients were screened for TB;
- only 59% of HIV positive pregnant women accessed PMTCT prophylaxis; and
- only 11% of TB/HIV co-infected patients accessed antiretroviral therapy.

Methods

The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) – a USAID-funded program implemented by JSI, utilizes quality improvement teams to scale-up and improve TB and HIV&AIDS services. Since June 2010, 84 such teams have been established in nine districts where STAR-EC works. These teams comprise of 8-12 health cadres trained to spearhead the operation of the HIV clinics and to monitor facility performance on key quality improvement indicators.

Key responsibilities include: establishing clinic days, allocating responsibilities, and training, mentoring and supervising other staff .



These teams:

- receive mentorship and support supervision from district and regional quality coaches;
- regularly review and document facilities' performance based on standard operating procedures; and
- share their achievements with other facilities and the districts.

We interviewed health workers, reviewed client charts and registers and recorded client arrival and departure time.

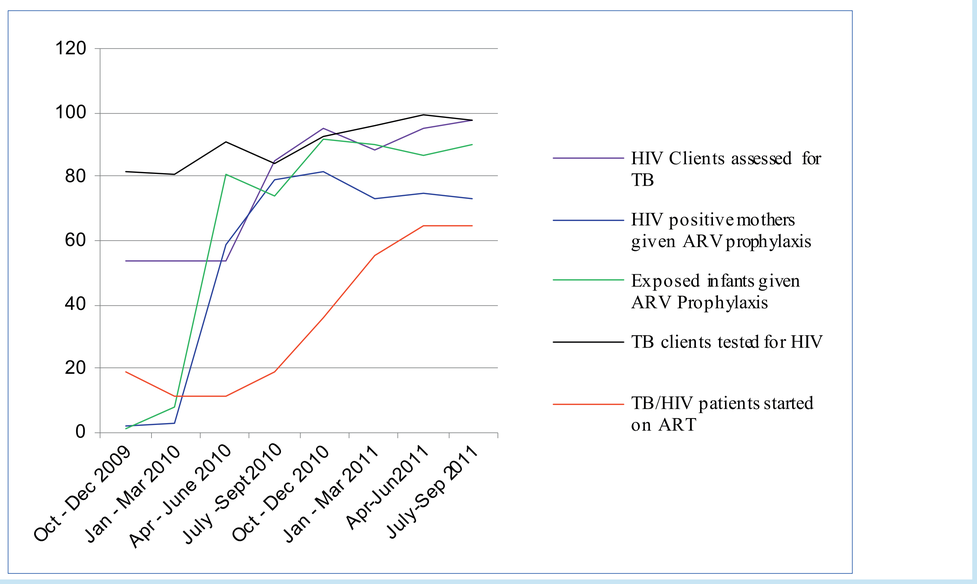
Results

By Sept 2011, quality improvement teams had:

- Established regular HIV clinic days in facilities;
- learned to collect and utilize performance data at the facility level;
- reduced client waiting time from about 4 to 2 hours; and
- sorted out storage and retrieval of client records.

Additionally key quality improvement indicators improved as shown below.

The proportion of clients accessing the various services progressively increased



Conclusion

- Use of quality improvement teams improves patient care and promotes data use at facility level
- Teams learn that many challenges arise from the way facilities are organized, not necessarily lack of resources
- The complexity of health care requires multidisciplinary teams and strategies to successfully implement quality improvement

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