

CHANGE PACKAGE

Improving Quality of TB Data at Nine TB Diagnostic Treatment Units: Tested Changes and Guidance from Uganda



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Cover photo: A provider reviews completeness of TB records. Photo by: Sylvia Nakibuuka, URC.

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Sylvia Nakibuuka, University Research Co., LLC

Herbert Kisamba, University Research Co., LLC

Esther Karamagi, University Research Co., LLC

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of innovative changes that can be done when aiming at improving the quality of TB data in the TB unit register and other related tools. Teams are urged to adapt these changes to suit their clinic settings for improvement to occur.

Table 1: Detailed change package for improving quality of TB data at 9 facilities in Uganda

Change Idea	Reason for the change	How the change happened?
Change concept 1: Periodic data TB tool review		
Weekly review of TB data tools for completeness	The data tools not adequately updated and go unnoticed for long periods.	<ul style="list-style-type: none"> Identify staff among the team conversant with most TB care tools Assign a particular staff to review each of the TB tools Assigned staff decide on a specific day and time to review the tools Provide feedback to the rest of the team
Setting aside a day to update TB registers	Due to heavy clinic days, there isn't sufficient time to completely update the TB register immediately as the patients are seen.	<ul style="list-style-type: none"> Identify a less busy clinic day Agree on a chosen day to update TB monitoring registers/ tools Assign roles to staff to do the update on the chosen day
Change concept 2: Building health workers' capacity to use the data tools		
Conduct continuing medical education (CME) on accuracy and completeness of the TB unit register.	Some health workers don't know how to correctly fill the TB register	<ul style="list-style-type: none"> Review of TB unit register to identify commonly missed parameters Identify on a specific area/topic to improve, agree on the date and conduct CME Identify a member of staff conversant with filling of the register and assign him/her to conduct a CME for the rest Schedule a time when to conduct the CME Demonstrate how to fill the TB register to staff during CME
Demonstrate for new staff on how to fill the TB register and out-patient department (OPD) register	New staff didn't know how to use the TB job aides	<ul style="list-style-type: none"> Designate time to review knowledge of new staff on using the tools Assign an experienced staff to demonstrate to new staff how to fill in the TB care tools Section by section experienced staff demonstrate filling of the TB care registers
Change concept 3: Assign specific data quality roles		
Assign a staff to routinely check the completeness of the TB unit register	Incomplete records in the TB unit register	<ul style="list-style-type: none"> The facility team agree that the TB focal person had more knowledge on filling of the TB unit register hence should routinely check for its data accuracy and completeness
Assign a staff to update TB register weekly then monthly	There was some data missing in the TB unit register	<ul style="list-style-type: none"> The team identify a member(s) well conversant with filling the tools Assign the Identified staff to review and update the TB unit register Assigned staff agree on the most appropriate time and day to update the register Review and update register as agreed
Appointed a staff to	No one at the facility	<ul style="list-style-type: none"> Meet head of medical department and clinic

Change Idea	Reason for the change	How the change happened?
oversee TB care including use of usage of TB data tools.	oversees the provision of TB care services	<p>supervisor</p> <ul style="list-style-type: none"> • Share the issue of not having a person in-charge of TB • Identify a new staff and appoint as TB focal person • The clinic team leader orient and train the new TB focal person on TB care and how to fill in all TB tools
Change concept 4: Use of reminder		
Verbal reminder to staff on commonly missed parameters in the TB unit register	Health care workers were forgetting to fill in all the parameters in the TB unit register	<ul style="list-style-type: none"> • Identify a staff to review the register regularly • Review TB registers • Identify staff not completing the registers fully and the areas they commonly miss • Provide feedback to the staff through a one on one interaction to remind them
Pinning/sticking reminder notice on ensuring complete and accurate filling of all columns in the TB unit register.	Staff forget to fill in some of the parameters in the TB unit register	<ul style="list-style-type: none"> • Print out reminder notes • Inform all staff about the new changes • Attach reminder notes in the TB unit register
Change concept 5: Coordination between TB service centers		
Regular feedback meetings with TB care units	Units refer TB patients with incomplete information. Commonly missed information includes: HIV status, lab results on the density of the Acid-fast bacilli (AAFBs), treatment supporter, village name, follow up smear results, etc.	<ul style="list-style-type: none"> • Review available records on TB patients to identify units referring with incomplete information • The team together with a representative from National TB and Leprosy Program (NTLP) and regional implementing schedule a meeting with all the none TB treatment centers • Communicate the importance of having all the necessary information about the patient is stressed and provide feedback • Unit specific corrective actions arrived at
Meetings to sensitize registry staff on timely retrieving of TB files to facilitate updating of TB register	Follow up smear results were kept in the store in the registry without updating them in the TB unit register	<ul style="list-style-type: none"> • Invite staff from the registry to attend QI meetings • Emphasize importance of retrieving follow up smear results from registry • Staff from registry support the process of updating follow up results in the TB unit register

VI. Recommendations

These changes are recommended because the health facilities that tested them achieved reasonable improvement in the quality of TB data in the TB care tools. We therefore recommend that persons involved in TB work need to focus on:

- *Periodic reviewing and utilizing of TB data:* The TB team members should set a specific day to review TB data. Let them analyze the TB data to assess their performance.
- *Building capacity on TB monitoring tools:* Staff who are knowledgeable on how to complete TB tools should conduct a demonstrate for the other colleagues who may be new at the facility or don't know how to complete the TB monitoring tools.

- *Assigning roles:* Let each member on the TB team have a specific role assigned to them each week for example checking completeness of TB registers to ensure clients' information is updated and overseeing TB services at the facility.
- *Using reminders:* Have a specific staff that gives verbal reminders on completeness of TB tools and pinning up reminder notices on ensuring TB data tools are completely and accurately filled in.
- *Coordinating between TB service centers:* communicating to referring facilities and the importance of availing all clients' information before transferring them for example sputum results and HIV status.
- *Internal communication among health workers:* Let the members on the TB team inform their other colleagues on what information about the TB patient that should be documented and where it should be recorded for easy understanding of what care the client is getting and what is expected to receive and for how long.

VII. Annex

Appendix 1: Rank-ordered changes to improve the quality of TB data in the TB unit register

Improvement indicator: % completeness of TB register						
Tested change idea	No sites	Evidence from Pilot tests	Relative importance	Simplicity/scalability	Affordability	Total rating
Periodic checks on the unit TB register by the facility TB focal person	1	5.0	5.0	4.5	5.0	19.5
Appoint a new TB focal person and oriented and trained them on TB care, TB tools and registers	1	4.0	5.0	5.0	5.0	19.0
Sticking a reminder note on unit TB register on complete and accurate filling of columns	1	5.0	5.0	4.0	5.0	19.0
One on one demonstration for TB focal person, art staff and lab staff on how to fill TB tools	3	4.7	5.0	4.0	4.7	18.3
Daily verbal reminder to dispensers on commonly missed out parameters in the parameters	1	5.0	4.0	4.0	5.0	18.0
Assigned a staff to update TB register on daily basis	5	4.4	4.6	3.6	5.0	17.6
Weekly review of data tools	2	5.0	4.0	3.5	4.5	17.0
CME on how to fill the unit TB register	8	4.0	4.8	3.8	3.4	15.9
Set a day to update TB register	1	3.0	2.0	5.0	5.0	15.0
Orientation of new staff on the use of TB data tools	1	5.0	3.0	2.0	4.0	14.0
Sensitized registry staff on timely retrieval of TB files to facilitate updating of TB register	1	3.0	2.0	2.0	5.0	12.0
Communicating to centres that refer patients on essence of providing complete and accurate information	1	4.0	4.0	2.0	1.0	11.0

Appendix 2: List of facilitators during the harvest meeting

Name	Title	Organization/ District
Dr.Kisamba Herbert	Senior Quality Improvement Advisor	USAID-ASSIST
Nakibuuka Sylvia	Quality Improvement Officer	USAID-ASSIST
Birungi Rosette Florence	Quality Improvement Officer	USAID-ASSIST
Kigonya Angella	Knowledge management Officer	USAID-ASSIST
Amayo stephen	Regional Coach	Wakiso district
Masette Elsie	Regional Coach	Bulabuli district
Tumushabe Belinda	Regional Coach	Wakiso district
Banturaki Expedito	Regional Coach	Rubirizi district

Appendix 3: Participating sites and their quality improvement teams

Facility	QI team members
Busiu HC IV	Dr. Maumbe Benard, Mwiikinma Emma, Nabulo Janet, Kakai Sylvia, Orena Stephen, Chelogoi Rashid, Wanyana Geofrey, Nambuya Betty.
Nakaloke HC III	Wanyenze Bridget, Abwin Christine, Namatome Falida, Wafenya Sam, Arikod Mary, Wakalanga Muhamad, Otunyi Levi, Nandere Margaret, Nagudi Doreen.
Busia HC IV	Oduya Betty, Lule Yusuf, Katuutu Christine, Edaku Joseph, Nekesa Getrude
Kityerera HC IV	Wabaire Lydia, Gidudu Mariam, Maganda Johson, Bazibu Bosco, Mbera, Sarah, Namuyaga Diana, Magumba Asuman, Kirumira Mutwalibi, Basalirwa Robert, Nabirye Topie.
Nankoma HC IV	Magoola Saadi, Bamwose Moses, Musitwa Cloves, Tumwebaze Simon, Kyota Robert
Mutumba HC III	Opio Humphrey, Namumbya Faith, Namusoke Mangadalena, Munyori Valeria, Baraka Robert, Othieno Williams, Naigaga Besi
Kanungu HC IV	Bagwiza Vincent, Martin Mpimbaza, Katto Moses Besisira, Kamugisha Augustine, Tuwakire Emily, Tumuramy Justus, Kembabazi Winnie, Musimenta Barbra.
Reach out Kinawataka Clinic	Kalibbala Joseph, Edna Auma, Komakech Francisco, Ogaba Moses, Byamukama Charles
Kyadondo medical centre	Ssekyanzi Maurice, Nalubega Resty, Nakirijja Cissy M.

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University Research Co., LLC
5404 Wisconsin Avenue, Suite 800
Chevy Chase, MD 20815

Tel: (301) 654-8338

Fax: (301) 941-8427

www.usaidassist.org