



## SUCCESS STORY

# Quality Improvement Rapidly Increased TB Case Finding at a Rural Health Centre: Results from Nakawuka Health Centre III in Wakiso District



With a monthly attendance of approximately 1,500 patients, the Nakawuka Health Centre III (HC III), a health facility located in central Uganda, was expected to diagnose 15 new TB cases monthly. However, the facility had not identified any case over the course of three months (January-March 2018).

The low case detection was a result of passive TB screening at the facility entry points, a poor referral system for presumptive TB cases to the laboratory, lack of a focal person coordinating TB activities at the health facility, and poor recording in the data tools provided.

In April 2018, the USAID Defeat TB project supported Wakiso District to implement quality improvement (QI) approaches at the facility with a focus on building capacity of health workers to improve the quality of TB services.

At the facility, the management met with QI mentors to evaluate the facility performance, then formed a QI team, chose a TB focal person, and set a QI objective of increasing TB case notification

QI steps implemented at the facility entailed:

1. Monthly facility-based mentorships that focused on the existing gaps in TB care processes at the facility. Each month the team focused on a particular problem and brainstormed feasible solutions for the facility to

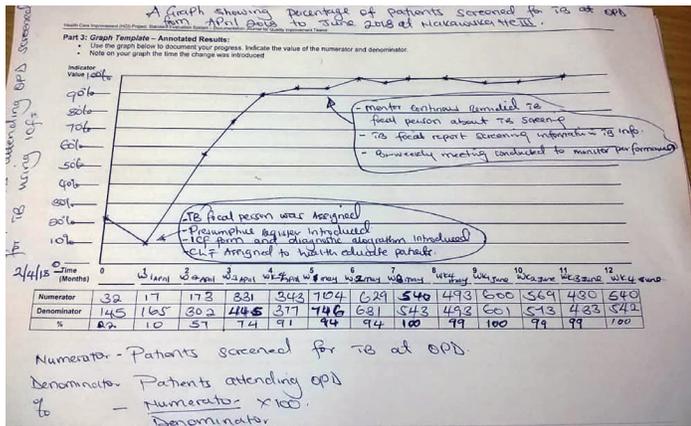
### Key changes that contributed to improved case finding

- ▶ Conducting education sessions on Intensive Case Finding
- ▶ Escorting presumptive TB cases to the clinicians
- ▶ Displaying diagnostic algorithms in all clinical rooms
- ▶ Phone mentorships to TB focal persons about quality TB screening and patient evaluation
- ▶ Weekly review of TB data in the HMIS tools
- ▶ Using the QI journal to monitor TB screening and case notification

implement. These mentorships were used to build capacity of the health workers in TB screening. The QI coaches, including USAID Defeat TB technical officers and District TB coaches, provided on-the-job mentorship to the health workers.

2. Closely engaging the leadership and management of the facility and leadership from the district in the improvement activity; their engagement ensured

**OCTOBER 2018**



A documentation journal used to track performance at the health facility

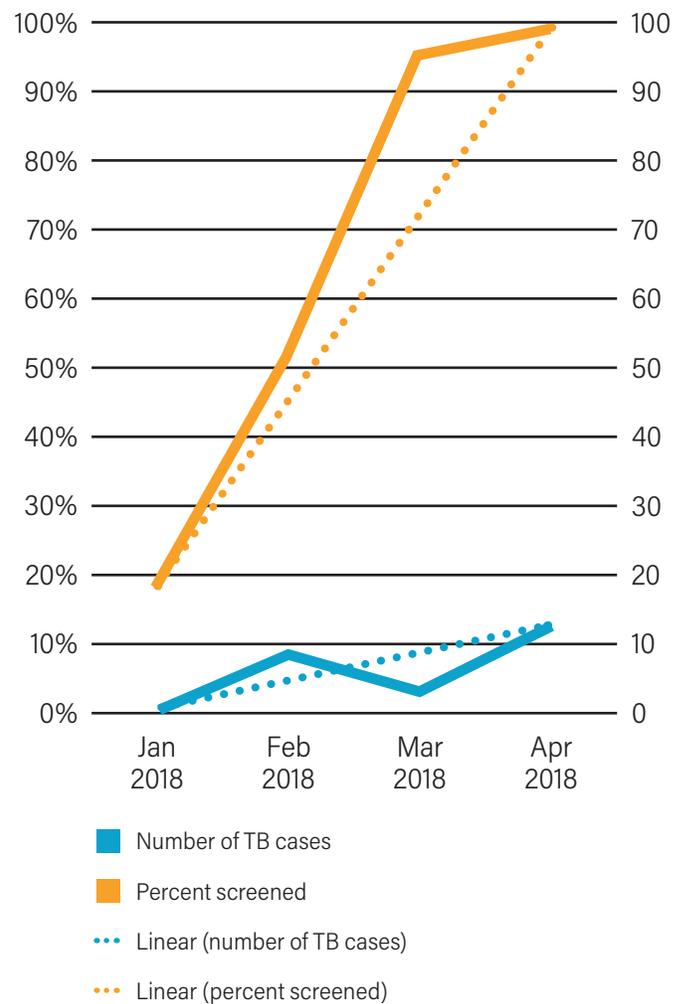
adequate human resources were allocated and proper logistics were in place. Involvement of leadership also helps facilities sustain interventions as staff are held accountable and are more motivated to continue implementing the QI process.

- Proper documentation of the QI projects using the documentation journal, a tool used by QI teams to track their performance and indicate exactly which activity/change led to improvement in results. Each documentation journal tracks one improvement project and can be done by hand on a piece of paper (see photo for an example).
- Display of TB management guiding tools such as the screening algorithms and TB information, education, and communication (IEC) materials in the facility waiting areas and clinical rooms. When the tools are visible to clinicians, it helps to guide them in following the client flow chart while screening for TB and has proven to contribute towards increased TB screening.

## Results since the QI intervention

The percentage of patients attending the outpatient department (OPD) screened for TB increased from 19% in March 2018 to 99% in June 2018 (see Figure 1). Subsequently, the proportion of presumptive TB patients evaluated and tested for active TB increased from 34% to 88% and the number of new TB cases increased from 0 to 22 in the same period. The capacity of health workers

Figure 1. Percentage of patients screened, and number of TB cases identified



to screen, record and evaluate TB patients improved. Management was more involved and supported TB activities at the facility.

## Conclusion

The results from this facility clearly indicate that applying quality improvement approaches, together with close collaboration and involvement of the district and health facility leadership, contribute to improving TB care services. USAID Defeat TB will continue to work with the facility team at Nakawuka HC III to ensure sustainability of the case finding interventions and work on improving other TB indicators including treatment success rate.