Vuka! Let's unite towards a TB-free world!

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Impact of drawing the TB Treatment Action List (TTAL) at primary healthcare clinics in Cape Town to identify and link hospital diagnosed tuberculosis patients to care

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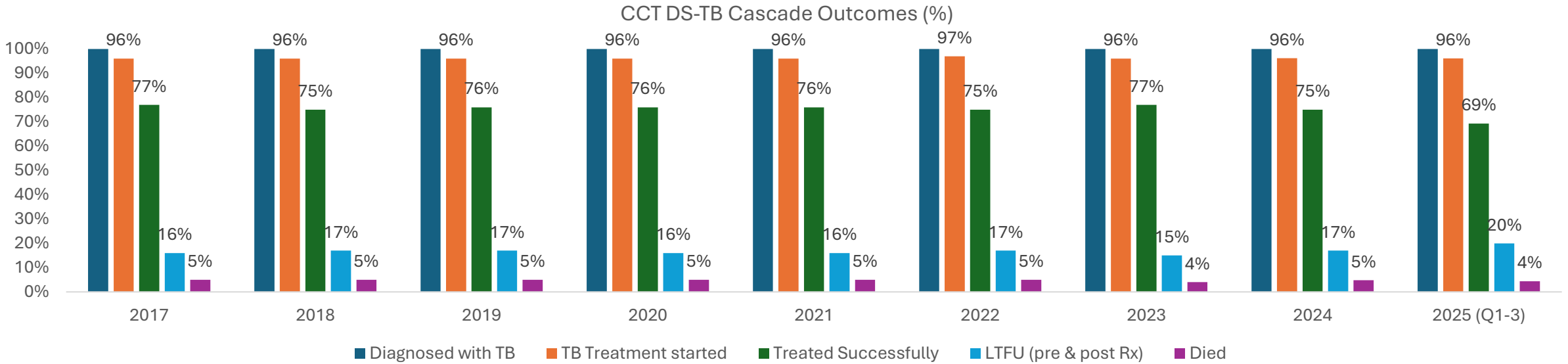
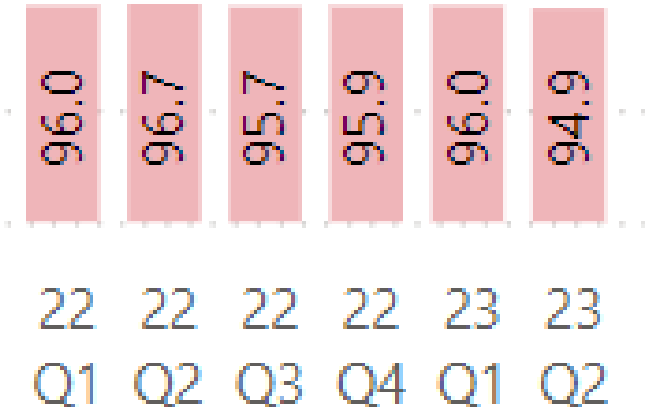
Background – Cape Town City Health DS-TB Cascade



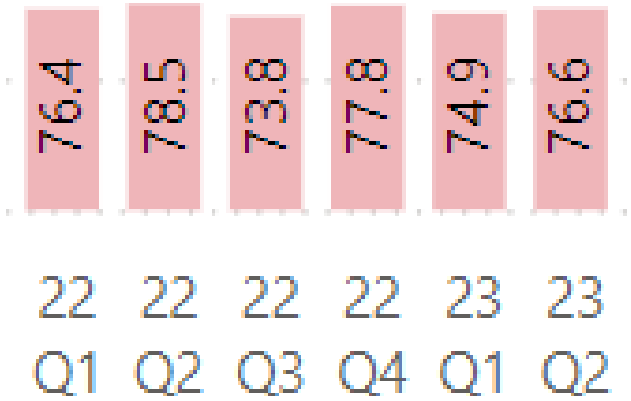
PHC = Primary Healthcare Clinic

DS-TB = Drug sensitive TB

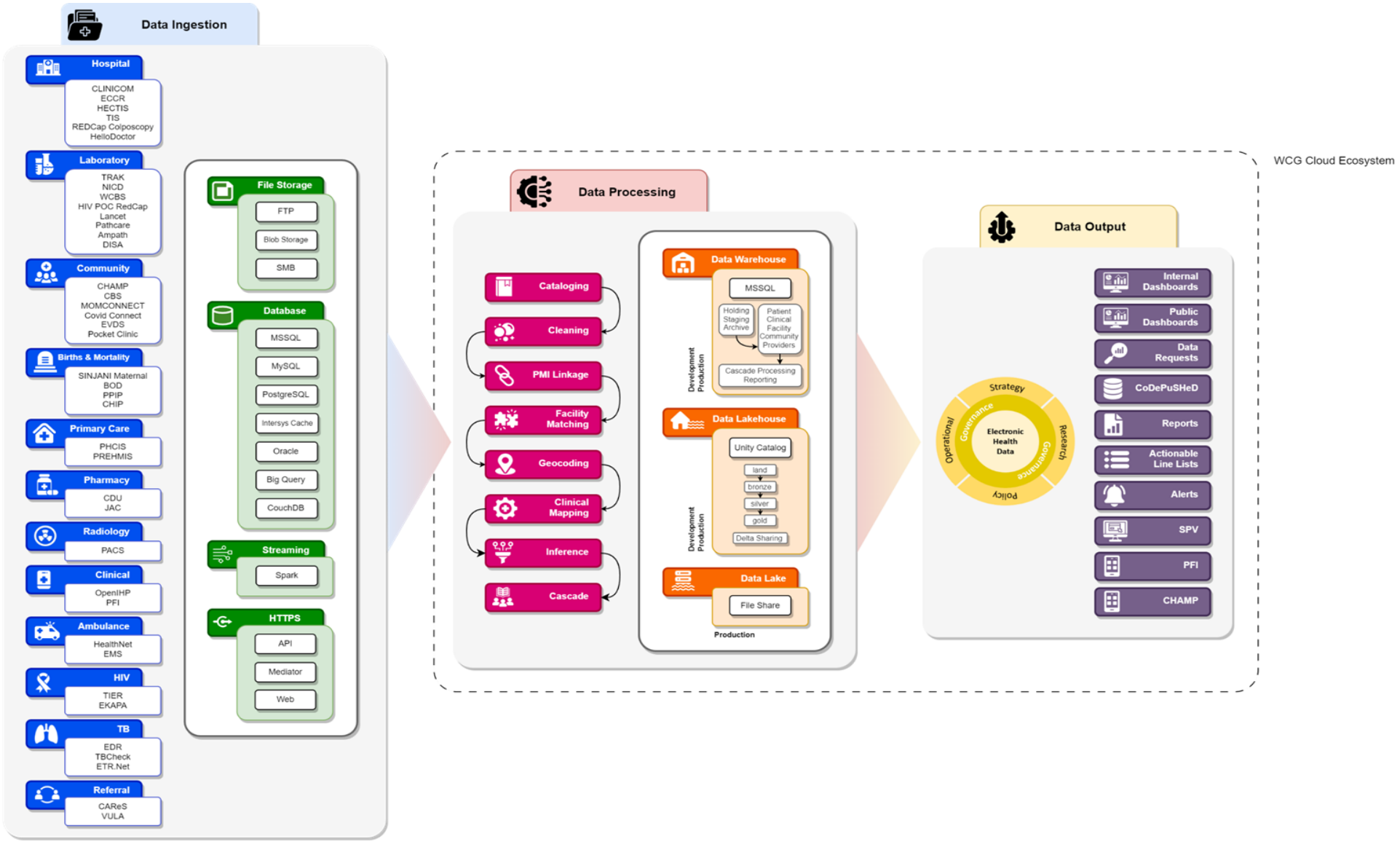
PHC Dx, DS-TB PHC Rx initiation rates within 90 days



Hospital Dx, DS-TB PHC Rx initiation rates within 90 days



Background – Provincial Health Data Centre



Background – Provincial Health Data Centre

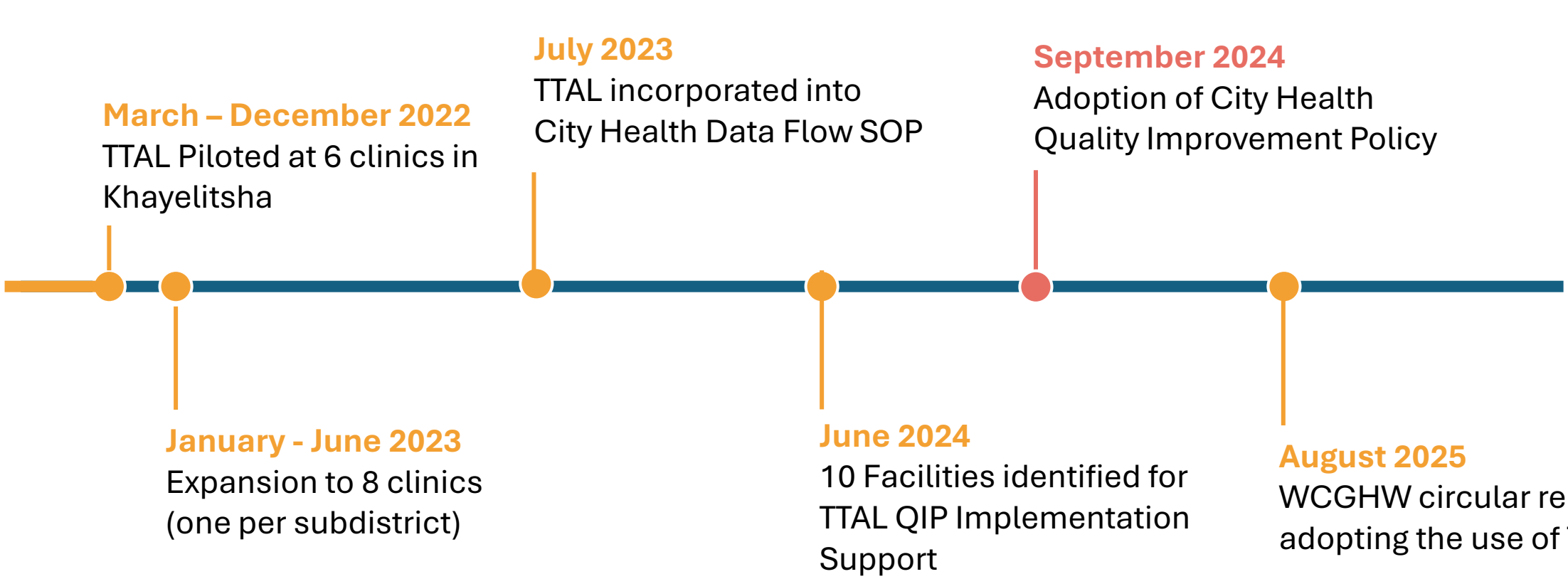
Actionable Line Lists → TB Treatment Action List (TTAL)

3.2.1 Allocated Treatment Facility

A patient is allocated to a facility according to the following decisional hierarchy:

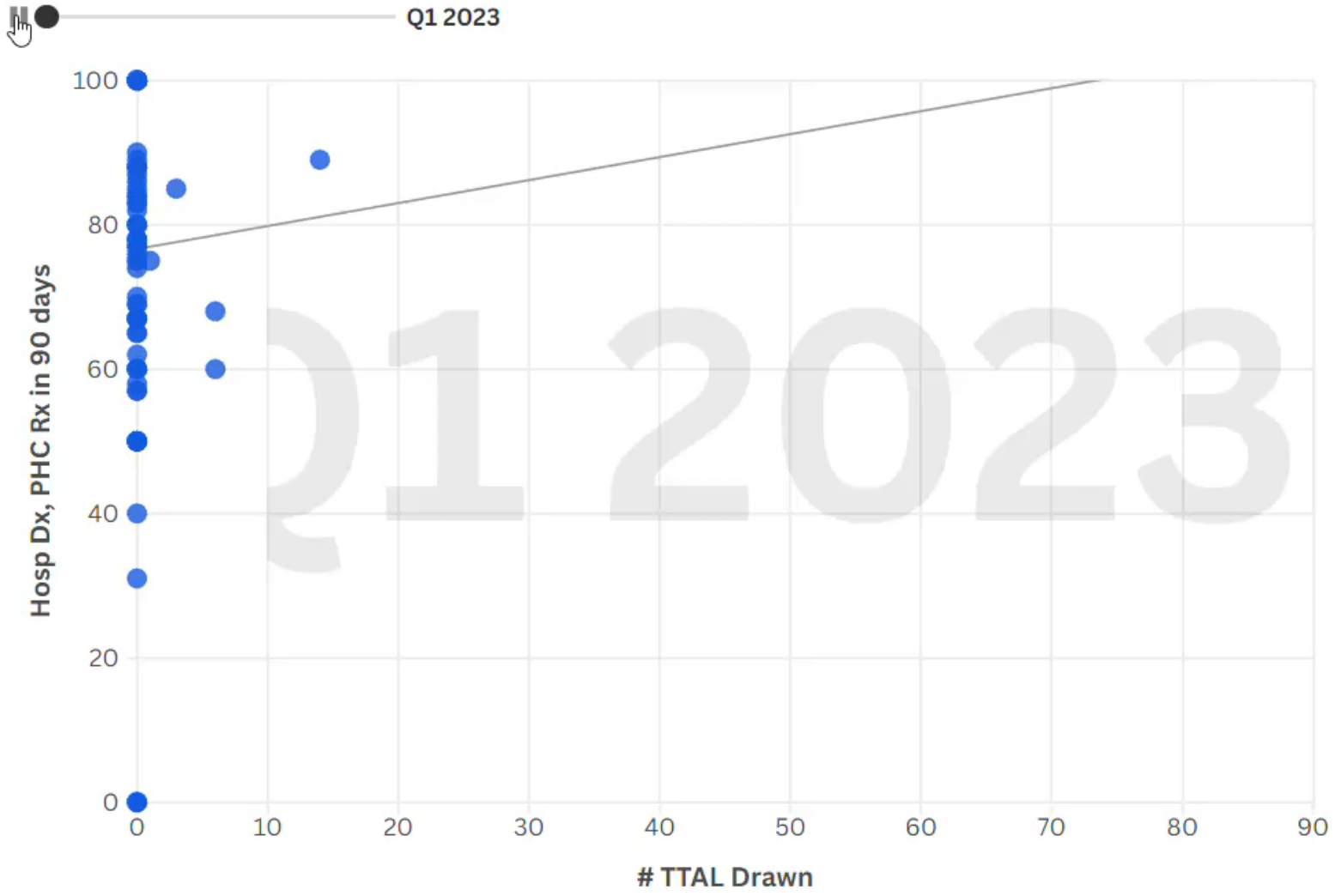
Order	Allocation	Reason
1	**Last TB Register Record Facility**	Last register record facility in PHCIS, PREHMIS, EDRWeb, Tier or ETR
2	**Last TB Treatment Received Facility**	Any TB treatment facility (TTF) at which the patient last received treatment
3	**Last TB Lab Test Facility**	Any TB testing facility at which the patient last had a TB test
4	**Last TB Treatment Facility referred to**	Last TTF that the patient was referred to, if known (e.g., via ECCR)
5	**Last Visit at TB Treatment Facility**	Last TTF visited (any type of encounter qualifies at any time, i.e. can precede TB episode)
6	**Manually (re)allocated**	Facility allocation entered or changed via SPV
7	**Last Visit at Primary Care Facility**	Any PHC encounter at any time which does not meet the above criteria (to refine further)
8	**Geocoding**	Geocoding functionality is being explored for cases in which facility allocation cannot be achieved via the steps above

Background – Adoption of the TTAL



Results

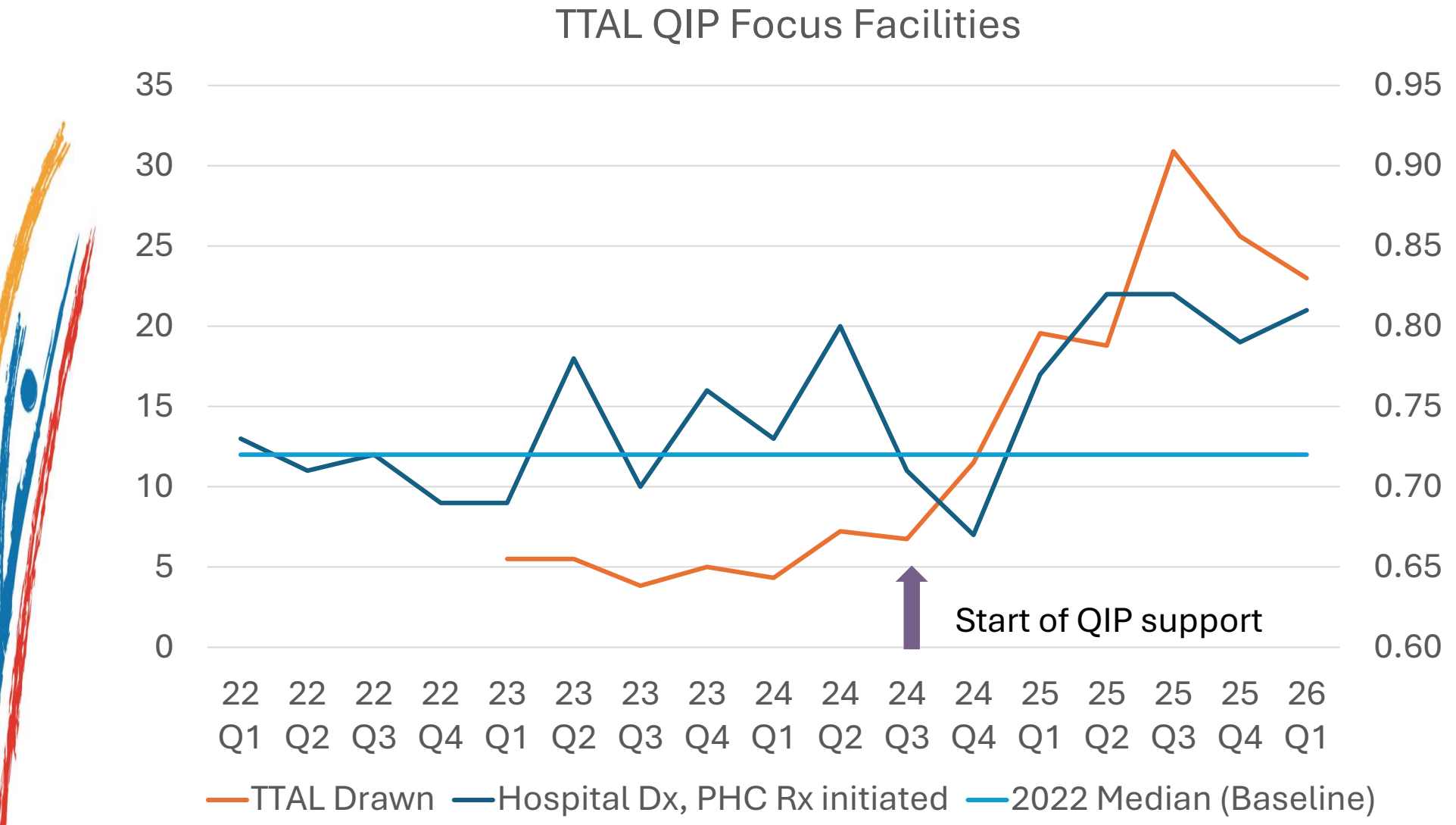
Results – TTAL drawn and DS-TB Hospital Dx, PHC Rx Initiated, City Health Overall



A cluster of typically smaller facilities achieved 100% linkage with minimal TTAL usage

QI adoption led to higher volumes of TTAL usage which correlated with improved linkage

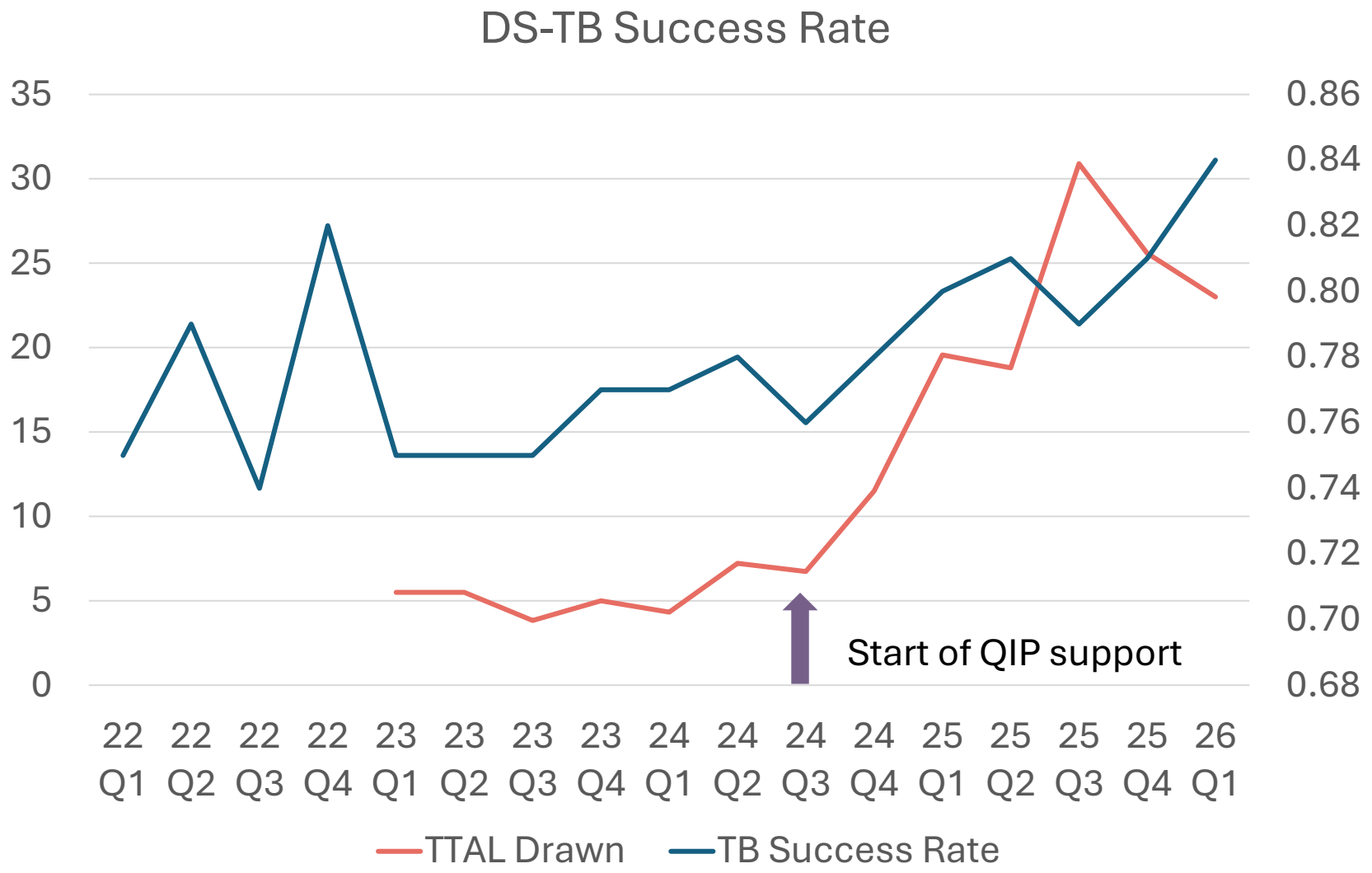
Results - TTAL drawn and Hospital Dx, PHC Rx Initiated, 10 QIP supported facilities



2022 Median : 72%
2025 Median: 82%

TTAL usage threshold required before impact seen

Results - TTAL drawn and DS-TB success rate, 10 QIP supported facilities



Lessons Learned

- Decentralised use of Action Line Lists are effective in improving hospital diagnosed DS-TB PHC initiation rates, and show promise in reducing LTFU
- Even minimal use of the TTAL seemed to improve linkage rates substantially in smaller facilities
- Policy change does drive uptake, but may have suboptimal impact unless TTAL usage threshold is reached in larger facilities
- Successful implementation required sustained mentorship both in terms of tool use, and QI methodology to translate data into action.

Supplementary Slides

Background – City Health's QI Approach

Step	Description	Tools and aids
Preparation	Training on QI Selection of multi disciplinary QI team	QI training slides QI flipchart for documentation
Planning	**1) Data analysis**	
	2) **Aim** statement	**Aim statement**
	3) **Root cause analysis**	**Fishbone/5Whys** **Process/flowchart**
	4) Drafting of **change ideas**	Change idea table Prioritisation matrix
Implement and study	5) **Plan Do Study and Act** Document	**PDSA** **Run charts**
Sustainability and scalability	6) Scale up successful change ideas to other programmes or clinics Sustain your change