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Reproductive Health & HIV Research Unit
of the University of the Witwatersrand, South Africa.

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Cross-sectional assessment of patient outcomes using a systematic file review process: Results from 12,987 patient files

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Current situation - South Africa

- 5 million / 45 million – HIV+
- 1 million AIDS/year
- 500 000 deaths / year
- 60 000 pediatric infections a year

Since Antiretroviral Treatment (ART) rollout – Early 2004

- Approx 350 000 people have received ART
- BUT…
- 1.8 million South Africans have died of AIDS

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Background

- RHRU provides technical assistance with HIV related clinical services and capacity building via training and mentorship to Department of Health antiretroviral (ARV) clinic in 4 provinces in South Africa.

- Wellness clinic at Tshepong Hospital is one of the largest partnering treatment sites, providing services to close to 6000 patients requiring HIV related care.

- One of the first sites in South Africa to establish a down/up referral model. Referral model is enabling the clinic to continue to initiate large number of patients on ARVs.

Background

- With the increasing number of clients, management of data and loss of patients to the system, has become an area of concern for the clinics.
- In June 2006, the Tshepong wellness clinic leadership asked RHRU for assistance. A retrospective review of all patient files since the ART roll out initiated in April 2004 was deemed necessary.
- RHRU developed & piloted a one page data collection tool.
- Over 70 (clinical & non-clinical) individuals from DoH, RHRU & Aurum participated in the file review activity in July 2006.

Background

Tshepong Hospital file review was completed in July 2006

- Five additional file reviews have been conducted at:
  - ARV Clinic at Johannesburg Hospital.
  - Wellness Clinic at Taung Hospital.
  - ARV clinic at Potchefstroom Hospital
  - ARV clinic at Vryburg Hospital
  - ARV clinic at Schweizer Reneke Hospital

Background

- Total of 12,987 files were reviewed:
  - 5,750 files at Tshepong Hospital – a semi urban facility.
  - 3,679 files at Johannesburg Hospital – a tertiary care, urban facility
  - 3,558 files at Taung Hospital – a rural facility

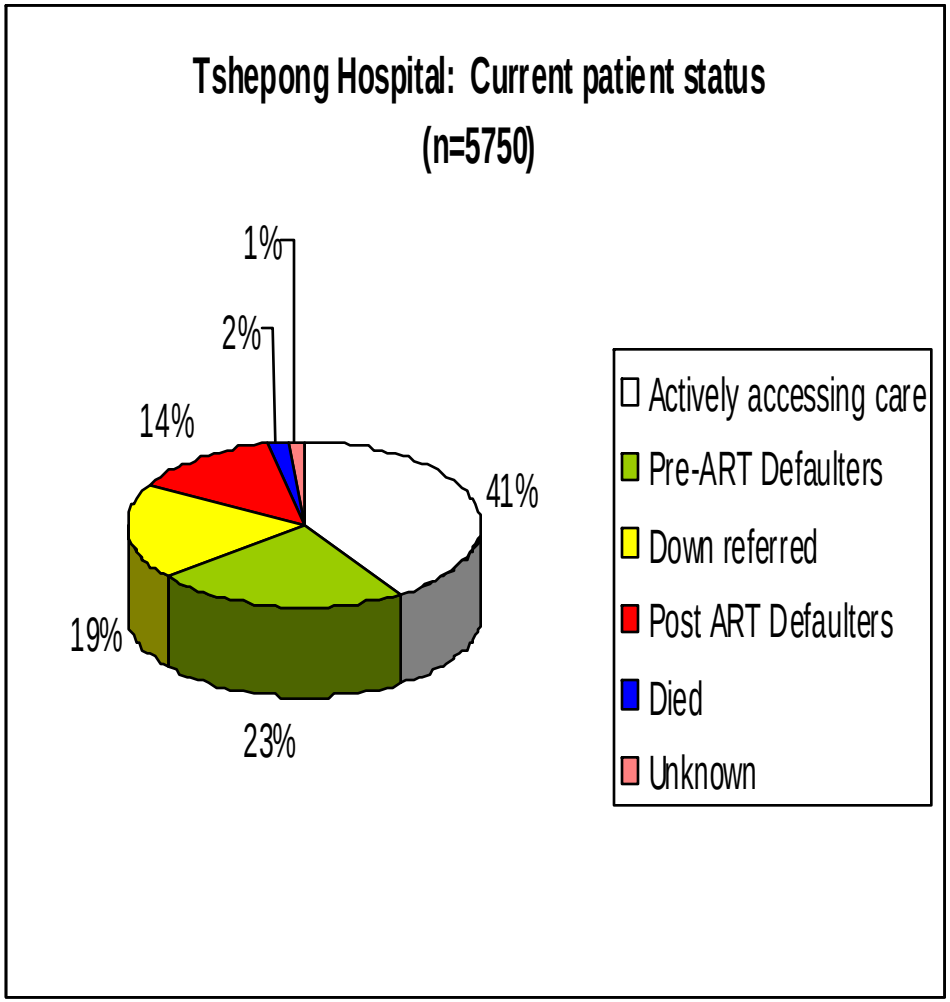
Background

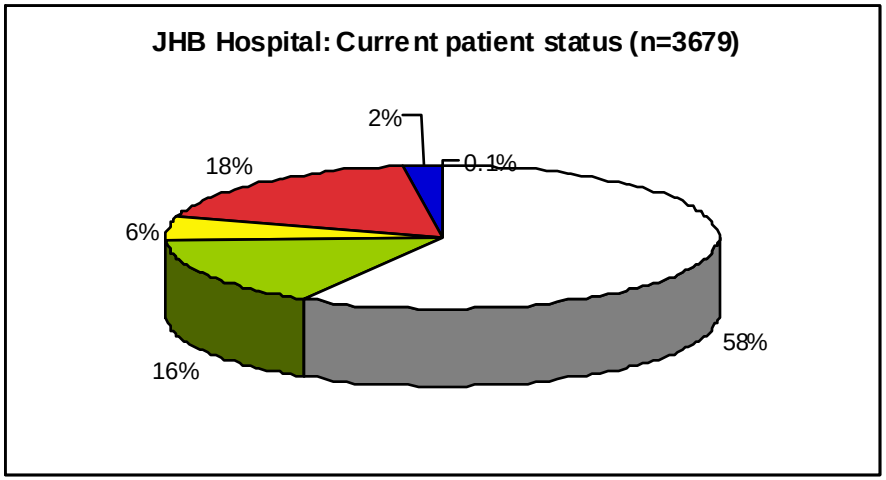
- Interested in finding out :
  - How many patients are **currently on treatment?**
  - How many patients have been **down-referred?**
  - How many patients are **lost to follow-up?**
  - What regimens are the patients on?
  - Side effects, treatment changes, information on other illnesses
  - CD4 count & viral load development

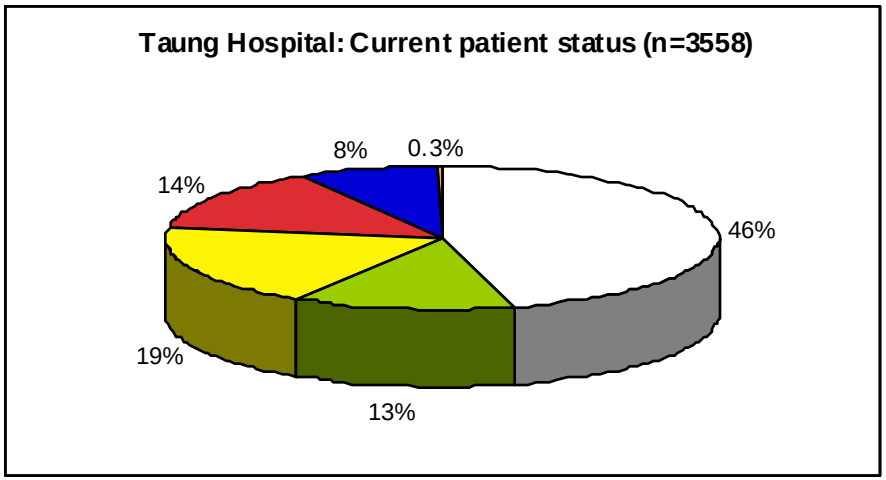
Results

- Approx 2/3 of patients accessing service at the 3 clinics are females & 1/3 are males.
- Mean age of patients is 37 yrs
- Patients files were classified as follows:
  - Active Patients
  - Pre-ART Defaulters (never started on ARVs & did not return after initial visit which was >6 weeks ago)
  - Post-ART Defaulters (Started on ARVs but have not returned to clinic in > 6 weeks since the last clinic or pharmacy visit).
  - Down Referred
  - Deceased

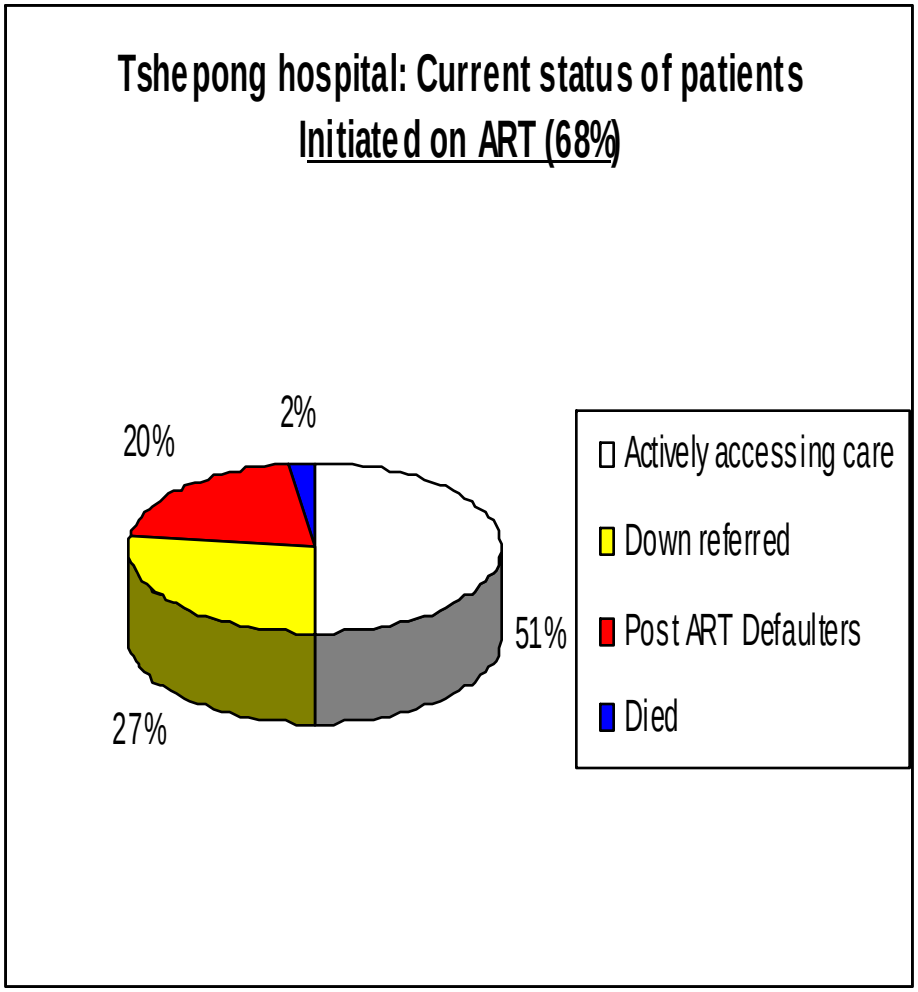
Results

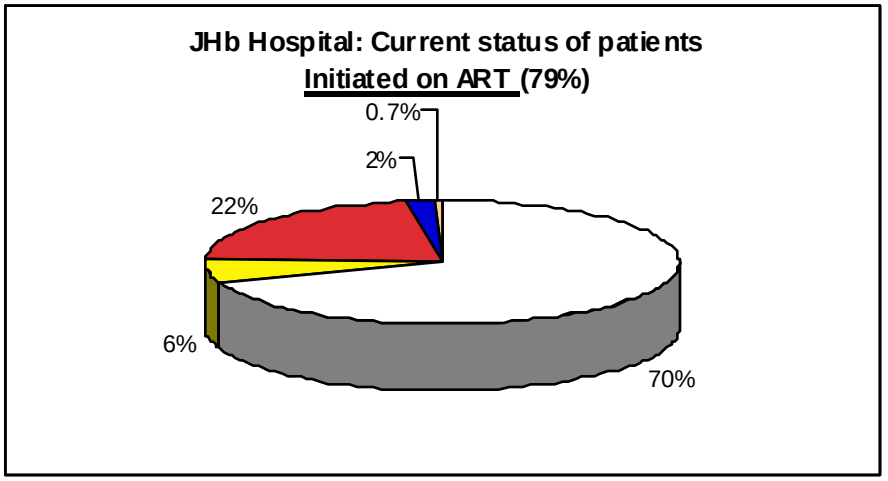


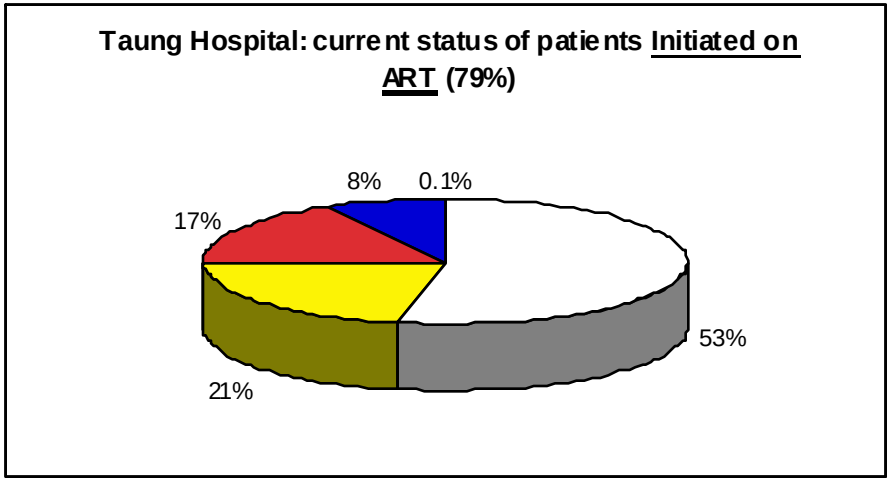




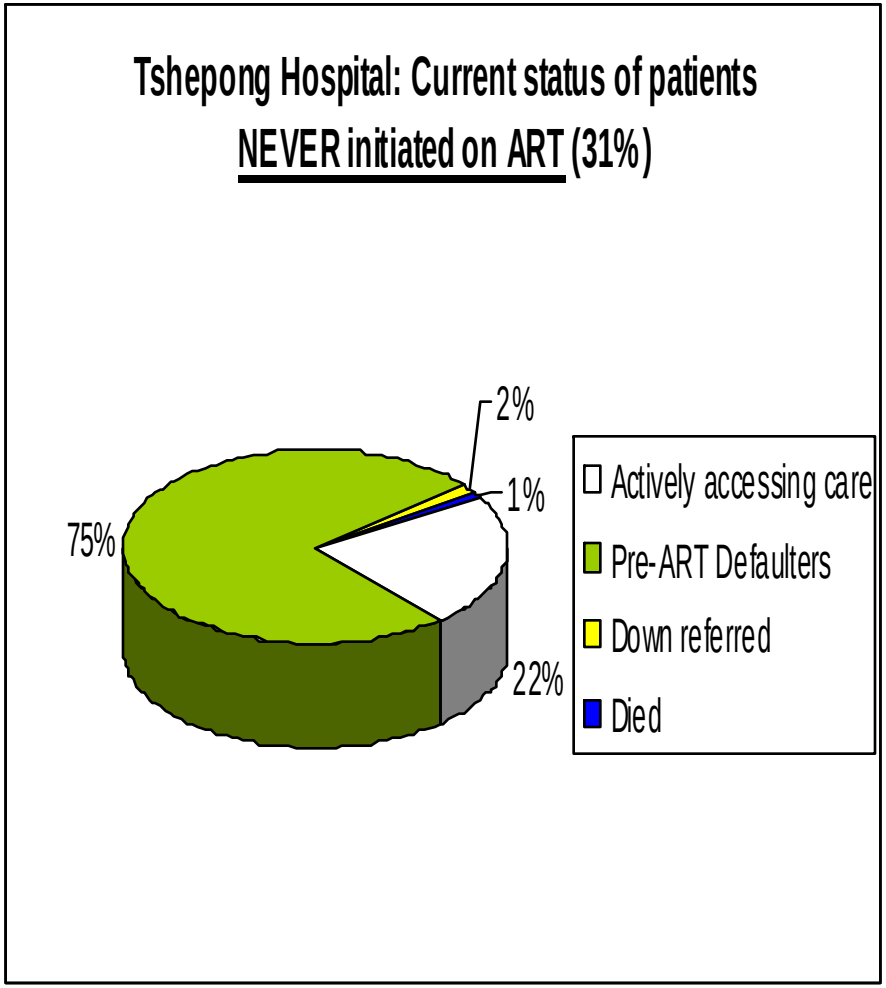
Results: patients initiated on ART

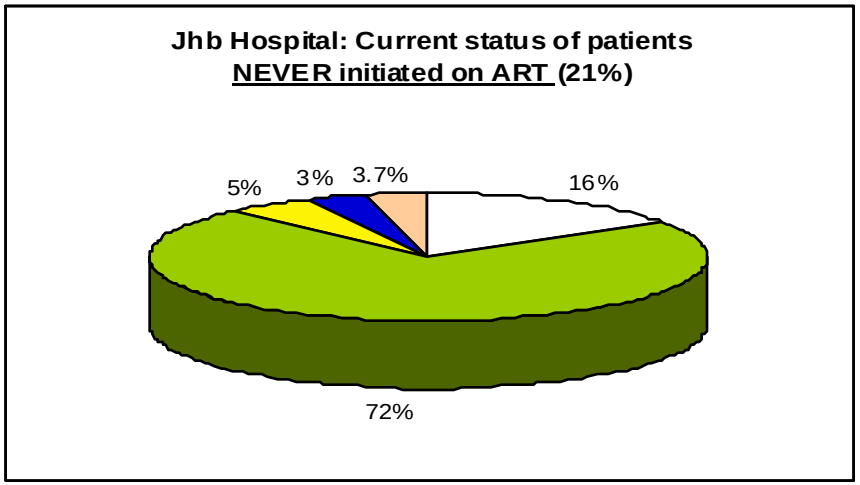


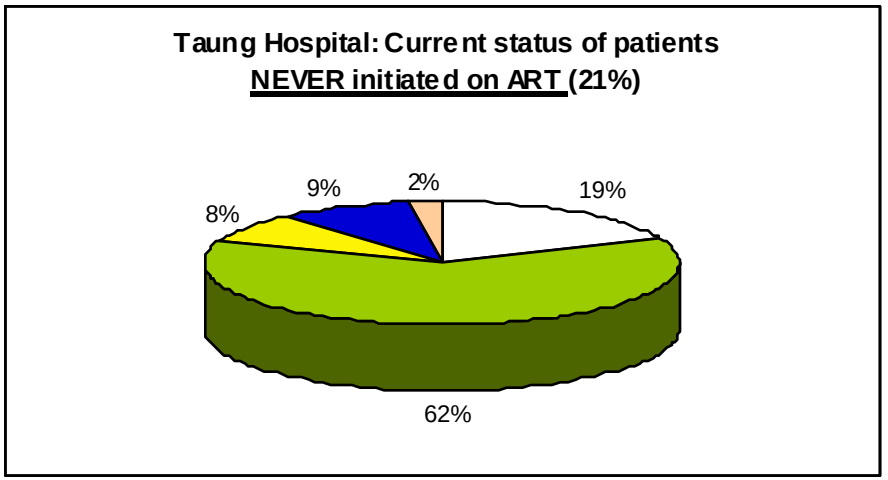




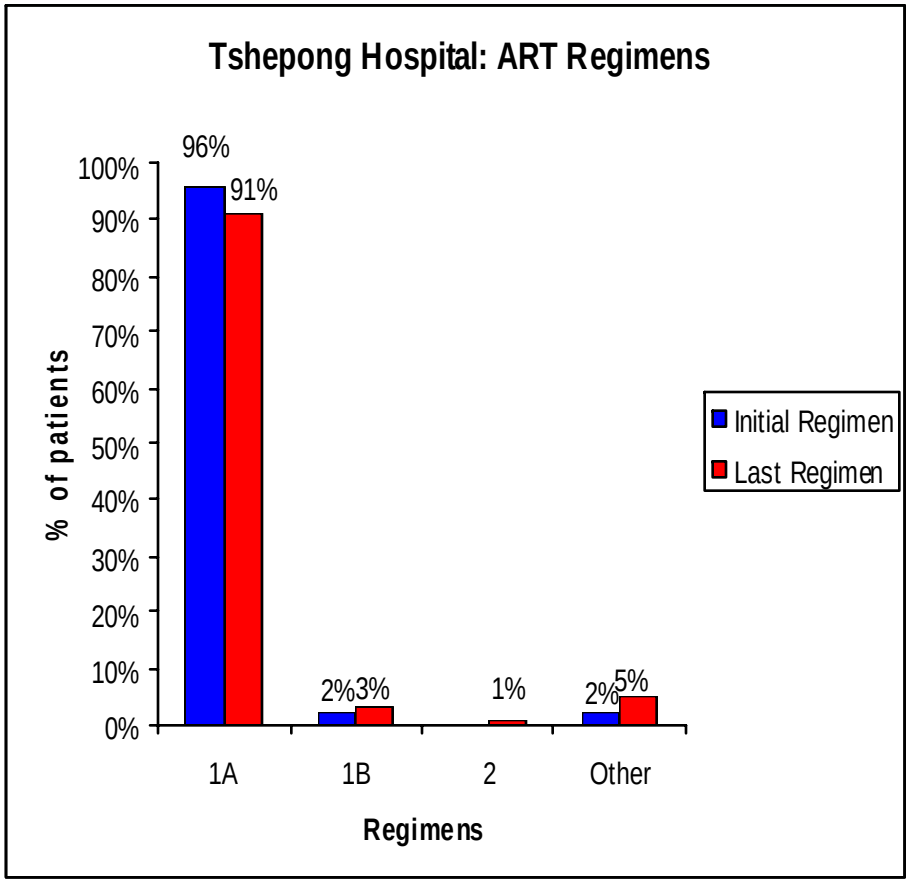
Results: Patients not initiated on ARV

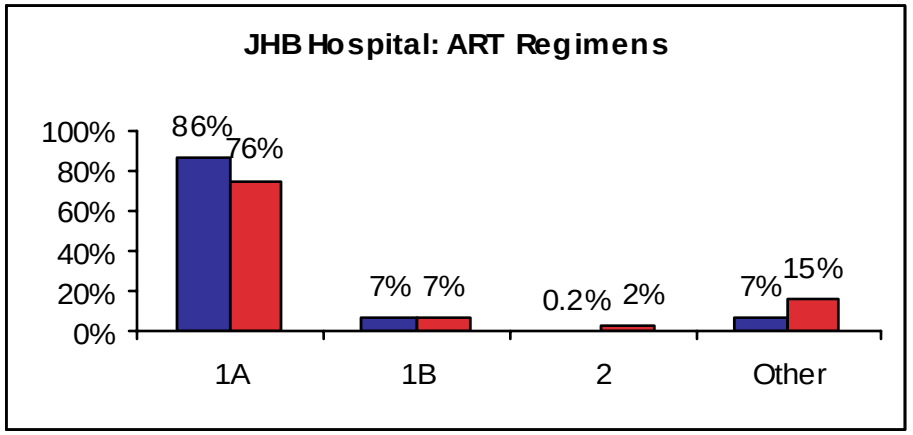


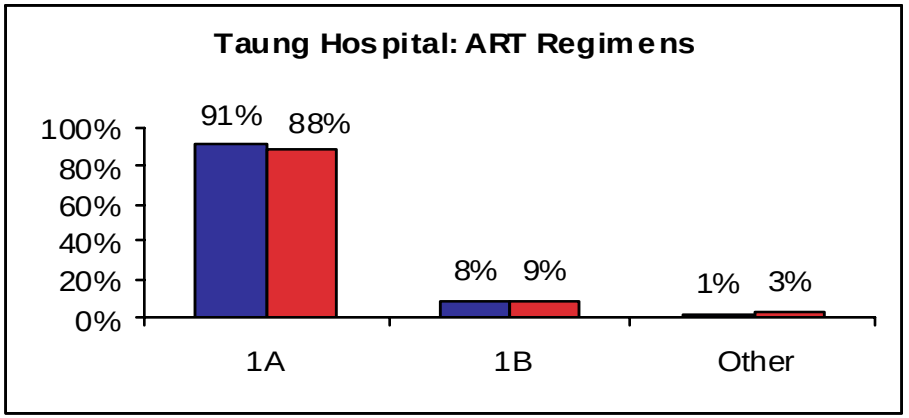




Results: ART regimens





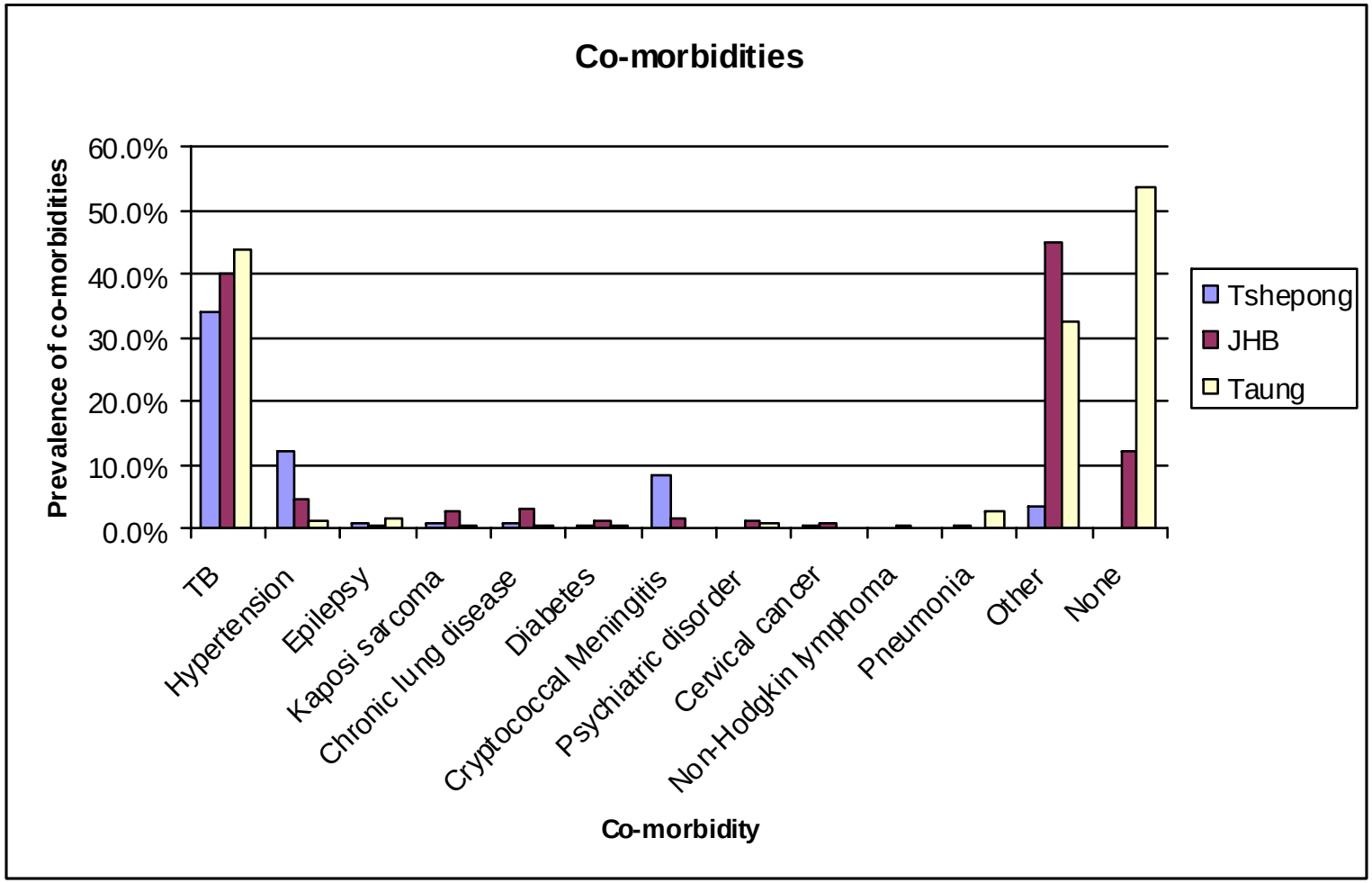


Regimen 1A: Efavirenz (Stocrin), stavudine (d4T) and lamivudine (3TC).

Regimen 1B: Nevirapine, stavudine (d4T) and lamivudine (3TC).

Regimen 2: Zidovudine (ZDV), didanosine (ddI) and lopinavir/ ritonavir-boosted (LPV/r)

Results: Co-morbidities



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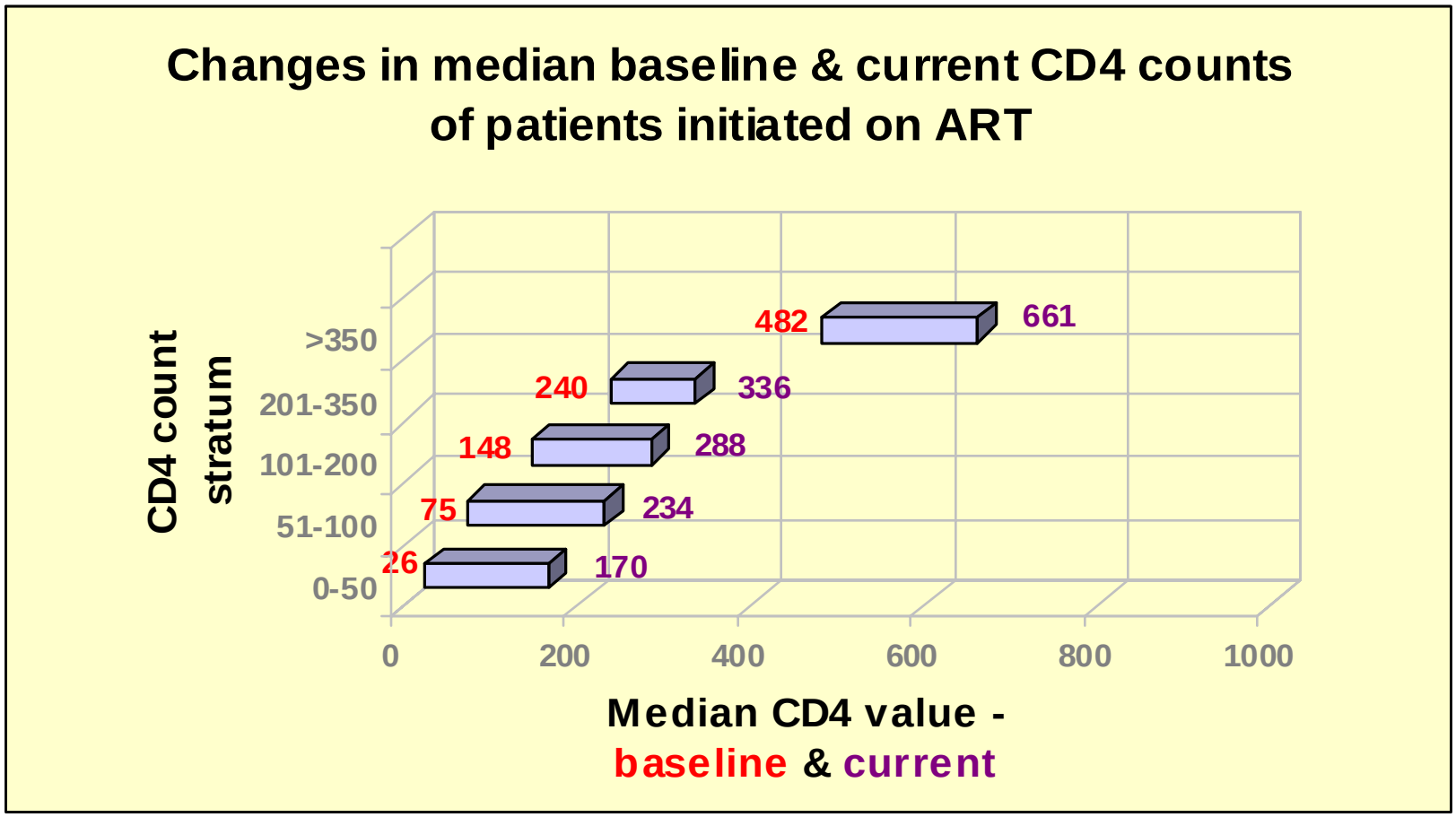
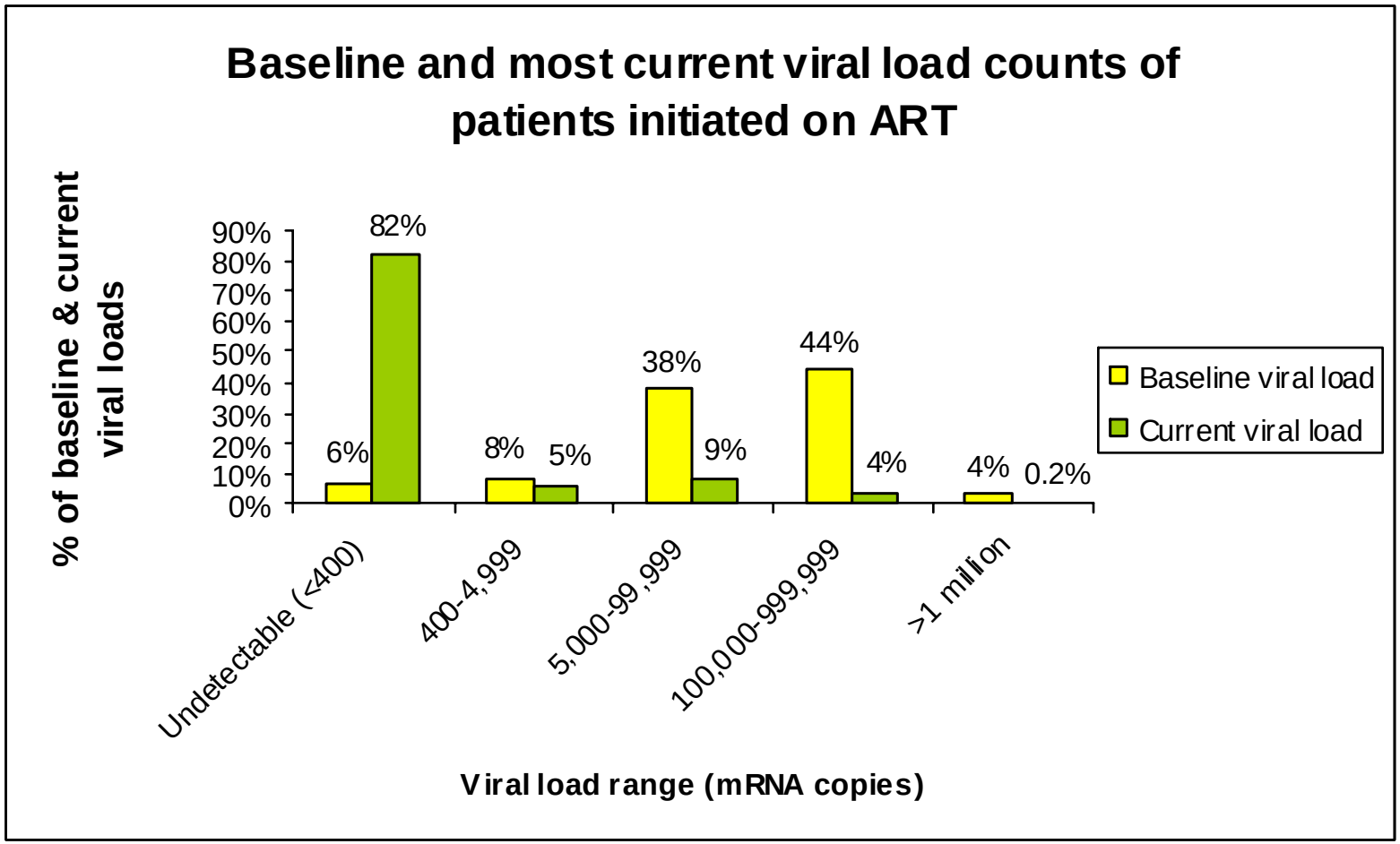
Results: CD4 Counts (*Tshepong Hospital only)

- The median baseline CD4 count for **all patients** was 95 cells/mm^3.
- The median baseline CD4 counts for patients **Initiated on ART** was 96 cells/mm^3.
- The median baseline CD4 counts for patients **NOT initiated on ART** was and 94 cells/mm^3.

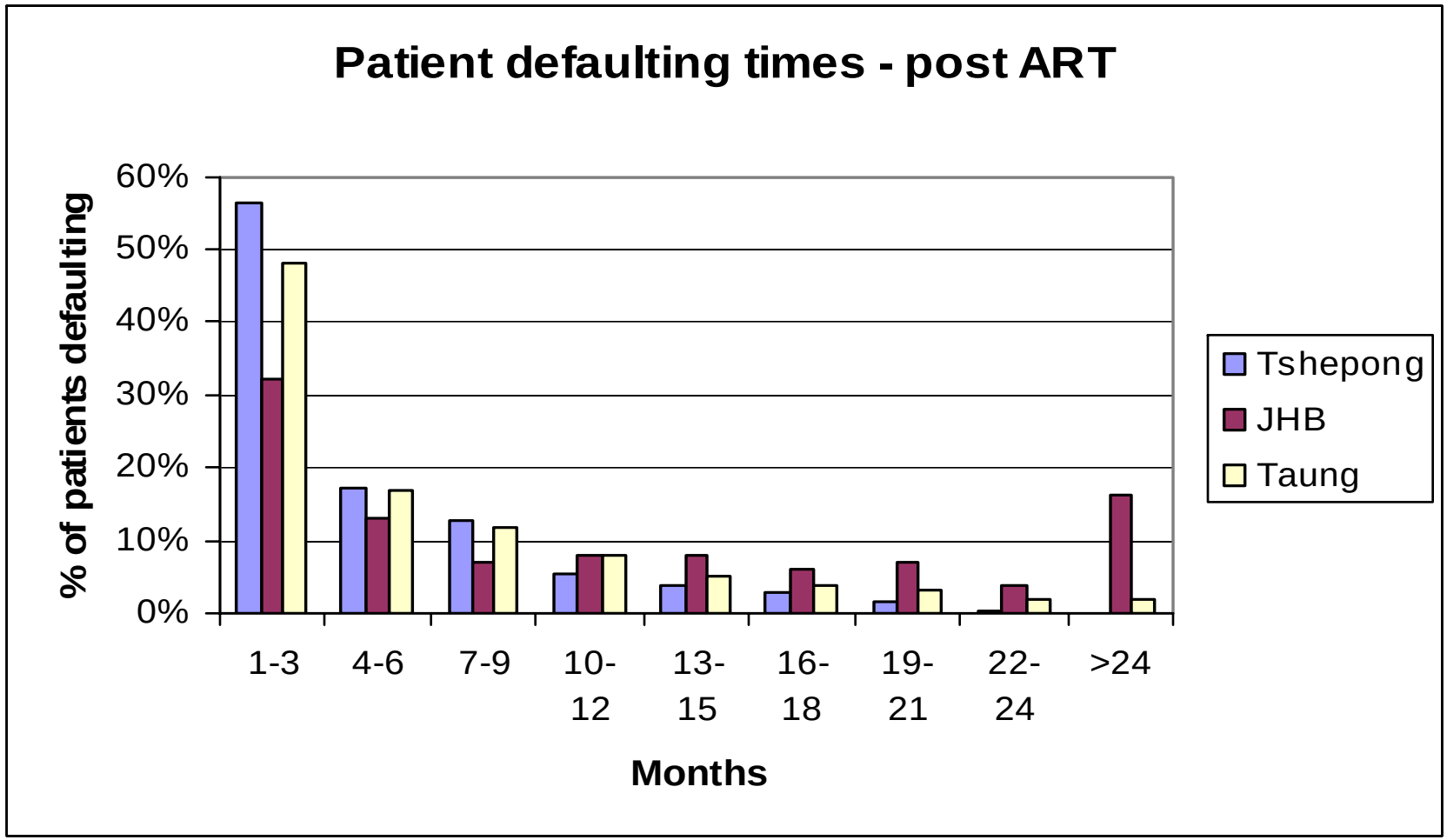
Results: Changes in CD4 Counts (*Tshepong Hospital only)



Results: Viral Load changes (*Tshepong Hospital only)



Results: Post-ART Defaulter Information



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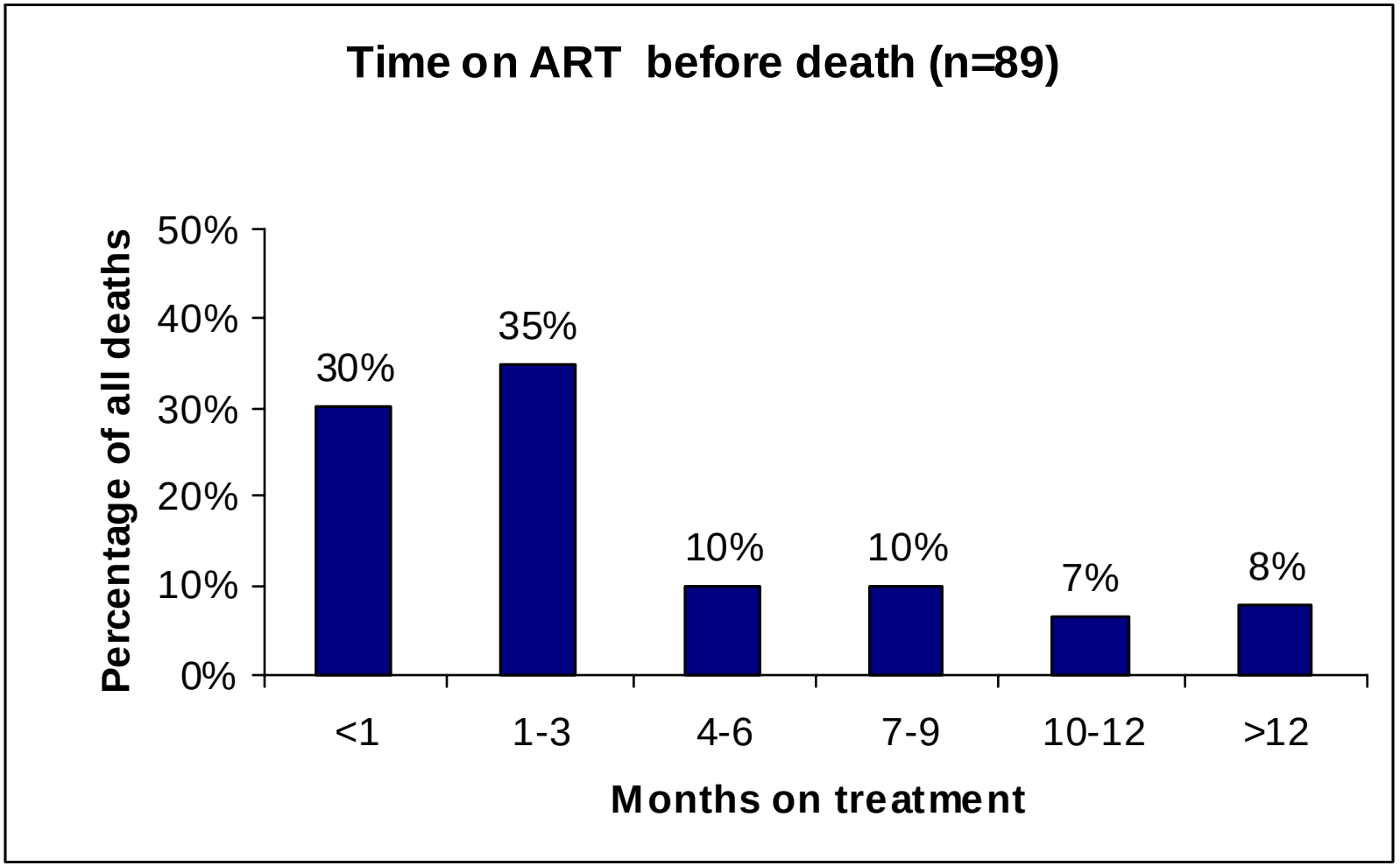
Results: Deceased patients (*Tshepong Hospital only)



Discussion

- **Post Treatment defaulters** are a major concern for the clinics. These patients are at risk of developing drug resistance and earlier onset of AIDS. It is imperative to identify defaulters early and get them back on treatment as soon as possible.

- Establish defaulter tracer systems in all clinics.

Discussion

The file reviews identified **Pre-Treatment Defaulters** as another reason for concern.

- There are multiple areas where these patients could have been lost to follow up. The clinic may have lost them at CD4 count phase, during or after treatment for opportunistic infections (TB etc), or while attending the adherence counseling sessions.

- From the information collected during these reviews, it is not possible to identify where and when the clinics have lost these patients. However, ongoing detailed follow-up of these patients is revealing interesting reasons for defaulting.

Discussion

- It is important to find out how well the **down referral system** is working. One way to ascertain this is by reviewing files of the patients at the respective down referral sites.

- If the down referral system is found to be effective, it will considerably ease the pressure on the tertiary health care facilities and improve quality of services through out the referral network.

- Patients accessing care very late

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Challenges & Benefits of File Reviews

Challenges

- Resource intensive
  - Need HR for reviews
  - Need HR for QA
- Buy in from clinic staff & leadership imperative
- Need reviewers with minimum understanding of HIV care & treatment

Benefits

- Get an accurate picture of the situation
- Identify the weak areas and propose appropriate interventions
- Building the clinic staff capacity to understand the importance of the information collected and to assist them to continue with such activities

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Activities following from file review
(Tshepong Hospital)

- **Defaulter tracer** with high success rates
- New **filing system**
- Improved longitudinal **data collection system and reporting**
- Improvement in quality of **clinical data**
- Improved **quality of care at first visit** to reduce loss to follow-up pre-ART

Future Plans

- Continue with file reviews at partnering DoH sites
- File review package of services (OCAS)
- Support clinic staff to conduct periodic file reviews
- Implement defaulter tracing programs
- Evaluate the file review process

Acknowledgements

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USAID
FROM THE AMERICAN PEOPLE

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THANK YOU

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