

Interacting Policy Imperatives: Is the Clinic a Safe Space for its Workers and Users?

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Gimenne Zwama, Chris Colvin, Alison Swartz, Hayley MacGregor, Karina Kielmann, Anna Voce

Introduction

- The South African National Department of Health introduced the Ideal Clinic Initiative (ICI) in 2016 as a health system strengthening intervention to re-organise, integrate and improve the quality of care. It is aimed to address operational issues such as:
 - Vertical and fragmented service delivery, i.e. needing separate facility visits for ANC, HIV care, EPI and NCD services
 - Overcrowding and inefficient patient flows
 - Poor quality and multiple clinical records per patient, hindering continuity of care
- Within the context of high TB prevalence, the interaction between ICI components and recommended TB-IPC interventions requires investigation

Methods

- Desktop review to identify ICI components and recommended TB-IPC interventions
- Immersive ethnographic methods (3-6 days per facility)
 - At four primary health care facilities in KwaZulu-Natal, South Africa
 - To examine the interactions between ICI and TB-IPC policy imperatives

Findings | Desktop Review

ICI components:

- Centralised filing system/single administrative point
- Appointments scheduling by day and 2-hr time slot, with pre-appointment retrieval of patient clinical records
- Reorganisation of patient flow based on streams of care (i.e. Acute, Maternal and Child Health, Chronic (includes TB))
 - Each stream with its own designated waiting area, vital signs station, and consulting room(s)
- Integrated care: patient receives all required services in one visit

TB-IPC measures (SANDoH 2015):

- Administrative measures: cough triaging, TB symptom screening, (presumptive) TB patient separation or isolation
- Environmental measures: ventilation systems e.g. opening windows and doors
- Personal protective measures: wearing of surgical masks by clinic users and N95 respirators by healthcare workers
- Managerial measures: facility specific TB-IPC plan and TB-IPC champion

Findings | Clinic Ethnographies

ICI implementation is compromised by:

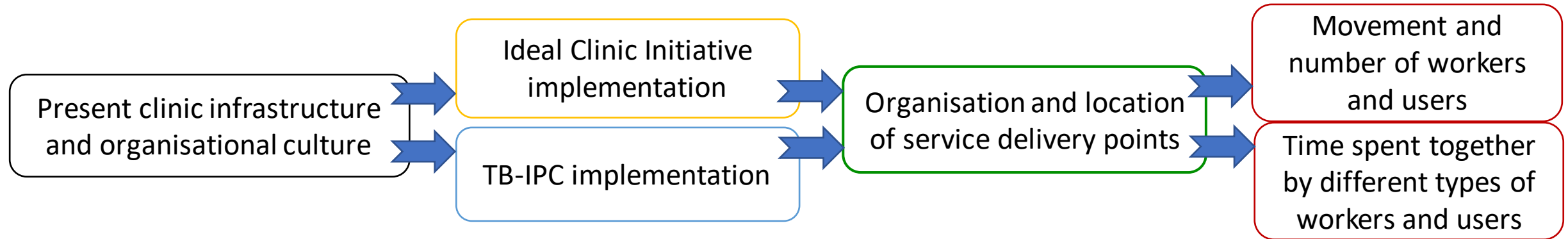
- Previous programmatic service delivery, which has influenced:
 - Existing clinic building infrastructure and current resourcing of health care facilities
 - Organisation of space: physically segregated services
 - Organisational culture
- Piecemeal, partial implementation, e.g. day appointments, and no pre-appointment retrieval of files
- Incomplete interpretation of the policy

Implications of compromised ICI implementation for TB-IPC and TB transmission risk:

- Increased waiting times and sharing of waiting areas by different types of patients to collect their file, or for their vital signs to be taken
- Increased patient movement, e.g. to drop off file and make appointment
- Number of facility workers and time that they are exposed to undiagnosed or confirmed TB patients who still need to be initiated on treatment or experience treatment challenges

Discussion

- Like TB-IPC implementation at health facility level (HSR 2020, Voce et al.), ICI implementation is influenced by local variations in clinic infrastructure, organisation of space, organisational culture and resources
- Effective implementation of policies for health system strengthening and of guidelines for improving programme effectiveness requires:
 - An analysis of interacting imperatives
 - A concerted response to shared implementation opportunities and hindrances

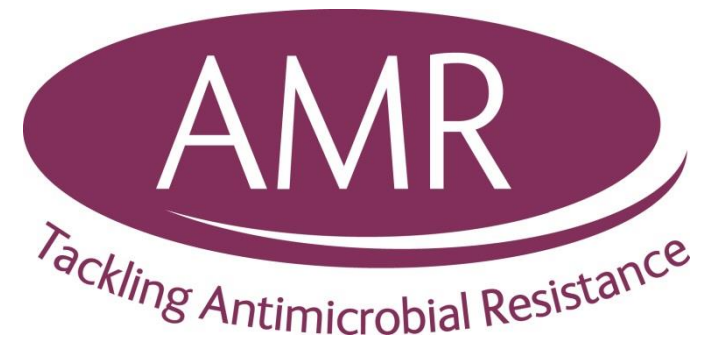


Conclusion

- The alignment of TB-IPC guidelines and ICI policy as well as the integration of their implementation are unexploited opportunities.



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This project contributes to the GCRF challenge areas of **‘Equitable Access to Sustainable Development’** and **‘Good Governance and Social Justice’** by promoting locally appropriate, systems-based approaches to sustainable health and wellbeing for both patients and health workers in South African health facilities.