

# **Strengthening the occupational health clinic for management of TB and HIV in the workplace at Universitas Academic Hospital**



**L BENSON  
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With assistance from mentors:

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*3<sup>rd</sup> SA Nurses conference 24-26 February 2016*

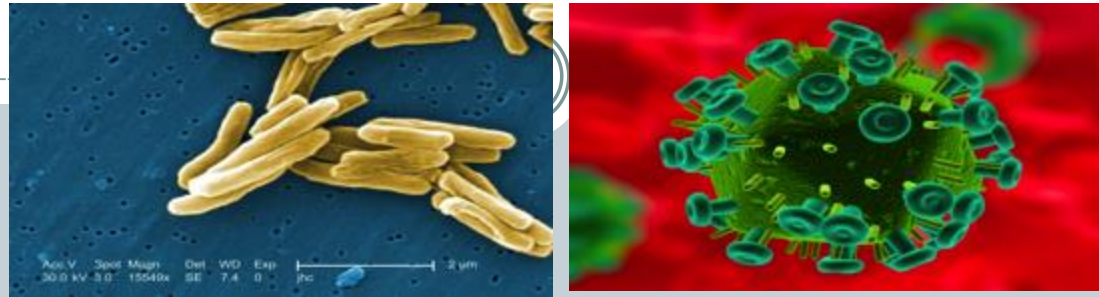
# Background to this Study



- This project was conducted by “group 7” based at Universitas Hospital, Free State Province, South Africa in a partnership with the NIOH, South Africa and UBC, Canada to fulfil requirements for a certificate Programme at UFS, funded by GHRI.
- Certificate programme entitled: *“Building Capacity to Design, Implement and Evaluate Action Research Projects to Decrease the Burden of HIV and TB in the Healthcare Workforce”*



# Background and Rationale



- TB incidence in South Africa: 834/100 000 2015 world report population<sup>1</sup>
- Incidence of TB infection among HCWs is estimated to be 4 times greater than in the community<sup>2</sup>
- Delay in diagnosing TB patients increases risk of HCWs contracting TB
- Lack of good data from Universitas Hospital on burden of TB in HCWs
- Lack of provincial guidelines on TB management amongst HCWs

# Project Aim

- To strengthen the TB and HIV workplace programme at Universitas hospital



# Objectives



1. To encourage staff to utilize the OHC for TB and HIV services from April 2011 to May 2012
2. To improve TB services that are rendered at OHC, in keeping with international guidelines
3. To evaluate the use of the cough register in the control of TB in HCWs



Image: <http://businessasitis.blogspot.ca>

# Methods



- Feasibility study for developing cough registry at Universitas hospital
- Activities:
  1. **Consult stakeholders** (unions, employer, workers..)
  2. Conduct information sessions and distributed information and education communication (IEC)
  3. Develop a **cough registry tool and permission slip**
  4. Train operational managers on cough registry
  5. Develop a **plan for diagnosis and treatment**
  6. **Monitor use of the OHC for TB services**

# Results



- The feasibility study conducted April 2011 - April 2012:
  1. **Stakeholders** consulted: reaction was positive
  2. **Information Sessions:** attendance was high, with positive responses from participants, but on follow-up information sessions concerns raised about confidentiality and **IEC materials distributed** (e.g. posters) and OHC received calls
  3. **Tools** for the cough registry developed
  4. **Plan for diagnosis and treatment** of TB modified & adopted from existing national guide
  5. Occupational practitioners were trained

## “ESTABLISHING AN EFFECTIVE SYSTEM TO PREVENT, IDENTIFY AND TREAT TB IN EMPLOYEES AT UNIVERSITAS HOSPITAL”.

All health care workers have the right to prevention, diagnosis, treatment, care and support services for HIV and TB.

If you have a cough for more than two weeks, please contact Occupational Health Clinic for free (OHC), confidential diagnosis and treatment. Workplace acquired TB could be compensated.

Your manager will be pleased to provide you with a permission slip so that you can attend the Occupational Health Clinic during working hours.

If you encounter any problem after hours or at nearby clinics, you are more than welcome to visit OHC so as to assist you further. No information about your testing will be shared with your manager or anyone else.

*Your Health and Safety representatives  
will also encourage you to seek diagnosis  
and treatment if you are coughing.*

### **For more information contact:**

**Ms Sidiyo: 0514053727**

**Mr Nkhatho: 0514053408**

**Ms Moliko: 0514053014**

**Ms Langfoot: 0514053262**

**Ms Kololo: 0833043450**

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**Hoes vir twee weke of meer?  
Kry Help.**

**O hohlola beke tse pedi kapa ho feta?  
Batla thuso.**



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# Permission slips developed



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**“ESTABLISHING AN EFFECTIVE SYSTEM TO PREVENT, IDENTIFY AND TREAT TB IN EMPLOYEES AT UNIVERSITAS HOSPITAL: PHASE 1 OF A COMPREHENSIVE PROGRAMME TO MANAGE TB AND HIV IN THE HEALTH CARE WORKPLACE”-by Group 7 of certificate programme.**

## **PERMISION SLIP:**

I (Manager)..... send

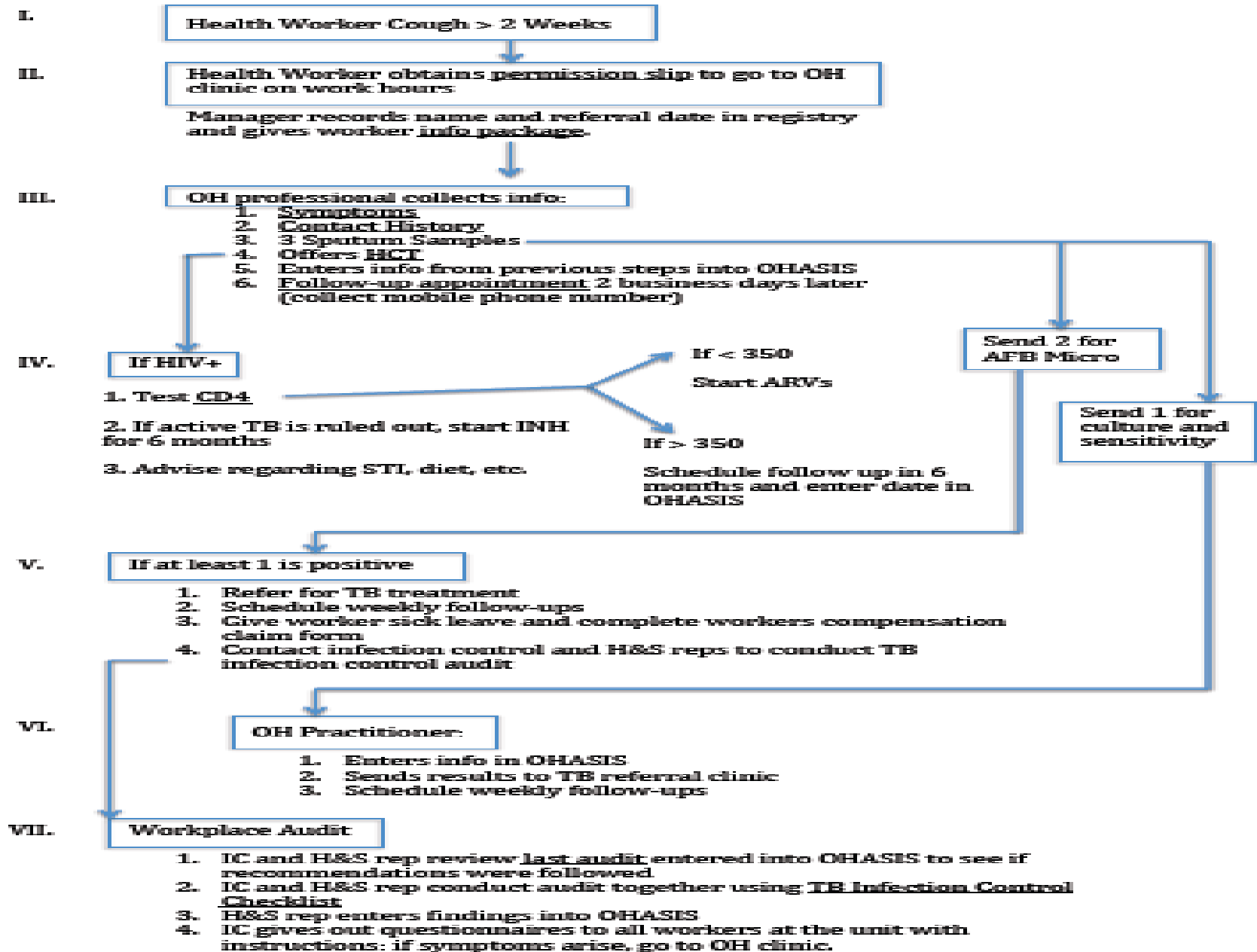
(Employee).....to the clinic.

Left the ward at.....

Signed by (Manager/Supervisor):.....

Time out from clinic:.....

Signed by (OH Practitioner):.....



## Results (continued)

	<b>April 2010- April 2011</b>	<b>April 2011- May 2012</b>	<b>Nov 2012- July 2013</b>
<b>Total OHC visits</b>	<b>4005</b>	<b>4569</b>	<b>1512</b>
<b>HCWs for Sputum Collection</b>	<b>1</b>	<b>22</b>	<b>43</b>

April 2010-May 2012 :2+ sputums managed @ OHC

Nov 2012-July 2013 :6+ sputums managed @ OHC

# Discussion and Conclusions



- **Concerns about Confidentiality:**
  - Lack of use of Cough Register (lack of privacy in operational managers)
  - Information sessions revealed uncertainty about confidentiality in OHC
- Benefits of the cough register
- Data Capturing: more data should be gathered with regard to TB and HIV

# Recommendations



- Cough registry – create a self-referral system
- Data Management: improve monitoring and evaluation (OHASIS) to see if there is an increase in use of OH services
- Provide feedback to the managers, health and safety committees
- Universal TB screening (*Now happening after circular from MEC to screen all HCWs!*)
- Restructuring of OH – to allow for greater privacy and confidentiality

# Thank You, Re ya leboha, Baie dankie

