Recall of lost-to-follow-up pre-antiretroviral therapy patients in the Eastern Cape: Effect of mentoring on patient care

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Background. In 2011 an experienced HIV nurse from the UK was deployed for 3 months to act as a mentor to nurses learning to initiate antiretroviral therapy (ART) in primary care clinics in a small town in the Eastern Cape, South Africa.

Methods. A review of existing pre-ART patient files (N=286) was carried out and lost-to-follow-up (LTFU) HIV patients were recalled.

Results. Only 24% of patients had attended the clinics within the preceding 6 months and 20% had not attended for longer than 2 years. Two lay counsellors visited 222 patients to encourage them to return to care; 65/286 (23%) were untraceable, 11/286 (4%) had relocated, 30/286 (10%) declined, and 8/286 (3%) had died. In the 6 weeks following recall, 51/286 patients (18%) returned to the clinics.

Conclusions. Mentoring plays an important role in professional nurse training and support. Recall of LTFU patients is feasible and effective in improving ART services in rural settings.

Evidence of sustained improvement was seen 6 months after the initial and tools were put in place to maintain effective patient management. 51 HIV patients returned to follow-up and care. Concurrently, systems practice was assessed and gaps in the standard of care were identified. A clear vision of how an effective ART service should run was provided to all patients with a CD4 count <200 and women were advised to have a Papanicolaou (Pap) smear. Furthermore, all patients were encouraged to have their children tested. The pre-ART, ART and IPT registers were updated, the filing system was improved, and the comprehensive Adult Care Record was completed for each patient.

Discussion

The ethical issue of deploying lay counsellors to recall patients was comprehensively discussed at the project start. Although from the same community as the patients, their work involved counselling and HIV-testing, and all counsellors signed a confidentiality agreement on assuming their role. Patient rights to confidentiality and autonomy were respected and acknowledged. In the light of preventable immunodeficiency, the risk of opportunistic infections in unmonitored patients, and onward HIV transmission, recall was considered to be in the best interests of the patients. Patients retained the right to decline re-attendance. Refusal in some demonstrated the need to increase efforts to reduce stigma and improve patient-centred service.

Effective mentoring balances 3 key elements – support, challenge and a vision for the future – all of which contributed to the success of this project. Good relationships were initially established, current practice was assessed and gaps in the standard of care were identified. A clear vision of how an effective ART service should run was explained. The entire team was mobilised to act and within 6 weeks, 51 HIV patients returned to follow-up and care. Concurrently, systems and tools were put in place to maintain effective patient management.

A challenge of any quality improvement strategy is sustainability. Evidence of sustained improvement was seen 6 months after the initial project: all 5 PHCs in the Camdeboo sub-district had started providing full ART services; 17 professional nurses had been mentored and had initiated ART in 55 patients; the dispensaries of all 5 clinics were fully stocked with ART drugs; patient records and registers were completed properly; and all eligible patients were receiving IPT.

Loss to follow-up indicates a problem in ART service delivery. Tracing LTFU patients can be costly and of limited success. Rosen and Kellhapi8 could telephonically trace 260/495 patients who were 1 month late for their ART appointments; 55 (21%) had died, 135 (51%) were still attending treatment at the same or another site and 70 (27%) discontinued ART; only 20 (4%) returned to care at a cost of R3 280/patient. In this project, by making use of lay counsellors to perform home visits, it was possible to recall 51 (18%) patients at a cost of R130/patient.

Conclusions

Sharing the responsibility of initiating ART with primary care nurses throughout SA is ambitious. Mentoring plays an important role in training, support and clinical skills development. PHC systems must be secure and robust to embed effective ART programming comprehensive care guided by tools such as the Adult Care Record and ART registers. In this work, an extended visit by an experienced international mentor contributed to raising HIV care standards in PHCs in a rural area.

Regular file and register review and timely recall can ensure that HIV patients receive continuous care, and that preventable morbidity and mortality are indeed prevented. The use of lay counsellors familiar with the community can be an effective means of reaching LTFU patients. LTFU patient recall is feasible and cost-effective, even in resource-constrained situations.

Acknowledgements

We acknowledge the Global Medic Force – a development agency providing clinical expertise to train local workers in emerging nations (http://www.globalmedicforce.org). Volunteer mentor travel and accommodation costs were provided by the President’s Emergency Plan for AIDS Relief (PEPFAR), through the Foundation for Professional Development (FPD). Ethical approval was obtained from the FPD Research Ethics Committee.

References


Accepted 10 May 2012.

| Table 1. Outcome of recall of LTFU pre-ART patients from 3 primary care clinics (N=286) |
|---------------------------------|-----|
| Already attending specialised HIV clinics | 121 (42) |
| Relocated | 11 (4) |
| Died | 8 (3) |
| Declined to attend | 30 (10) |
| Not traced | 65 (23) |
| Attended for review | 51 (18) |

| Table 2. Outcomes of pre-ART patient reviews (N=51) |
|---------------------------------|-----|
| ART initiated immediately | 13 (25) |
| IPT initiated | 23 (45) |
| TB treatment initiated | 1 (2) |
| Pre-ART follow-up | 24 (47) |