

Module Four: Administrative, Implementation, and Standard Operating Procedures

Total time for this module: 7 hours

Training Objectives

- Participants will address logistical issues related to the integration of provider-initiated and delivered HIV testing and counseling (PTC) into TB clinic practices.
- Participants will develop a plan for forming linkages with the HIV/AIDS program that will facilitate referrals for HIV-infected TB patients.
- Participants will develop a work plan with timeline.
- Participants will learn about logistics and standard operating procedures.
- Participants will understand the monitoring and evaluation plan.

Advance Preparation

- Prepare overheads for Module Four:
 - Overhead 4-1: Clinic Flow of TB Patients for PTC
 - Overhead 4-2: Record-Keeping
 - Overhead 4-3: Monitoring Program Activities
 - Overhead 4-4: Important Indicators
 - Overhead 4-5: Quarterly Reporting Form
- Assign participants to 3 or 4 small groups. If a group of participants has come to this training as a clinic team, their small group will be their clinic team. If participants have not come as a team, assign them to a small group based on their clinic duties and level of service. Those participants working at similar service levels (e.g., province, district, sub-district, health outpost) should be assigned to the same group, as their clinic situations are likely to be similar. On the other hand, each small group should ideally have a mix of clinic personnel, including administrators, clinical providers, laboratory technicians, and others.
- Identify a group leader (discussion facilitator) for each small group as chosen by the group members.
- Make a list of the small groups on newsprint. Note the facilitator. Post the list in a visible place.

Overview of Module Four

Training for this module begins with an introduction and review of the clinic flow diagram. This is followed by a breakout session. During the breakout session, participants will break into their assigned small groups to discuss:

- 1) Patient education
- 2) Referrals for HIV care and treatment
- 3) Patient support

Module Four: Administrative, Implementation and Standard Operating Procedures

After the breakout session, participants will come back together briefly to discuss their ideas. A member from each small group will have 5 minutes to present what his or her small group discussed. Handouts are provided to facilitate group discussion.

After the breakout session, participants will remain as a whole group to discuss three new topics: concerns of the clinic staff, record-keeping, and monitoring and evaluation.

The final class exercise will be to divide again into small groups to complete site-specific work plans and timelines for implementing PTC.

Introduction to the Session

1:30 – 1:50 PM

Adding a new service such as PTC to an existing clinic requires thoughtful preparation. In this module, we will begin the planning process for incorporating PTC into the TB clinic setting. You will develop a work plan with a timeline that will help assure that the implementation of PTC will go smoothly.

In the next exercise, you will have a chance to discuss different parts of the protocol and work through key decisions on how each will be handled in your clinic setting. You will also have a chance to address logistical issues such as procurement of supplies, training of staff, and clinic flow.

Yesterday we discussed the protocol for conducting PTC. Let's go into more detail about how we will incorporate PTC into our TB clinic practice.

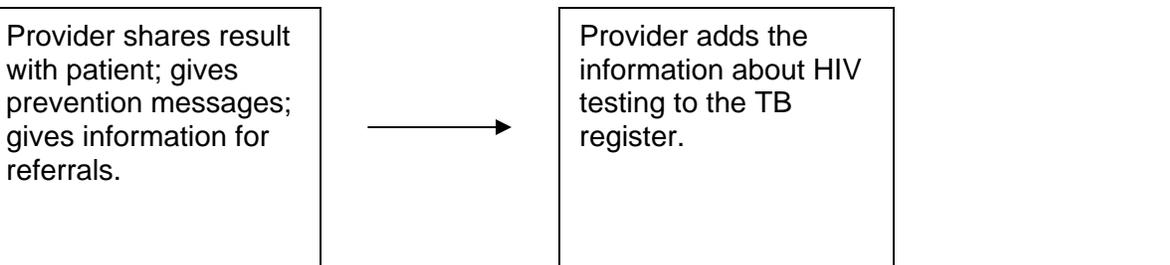
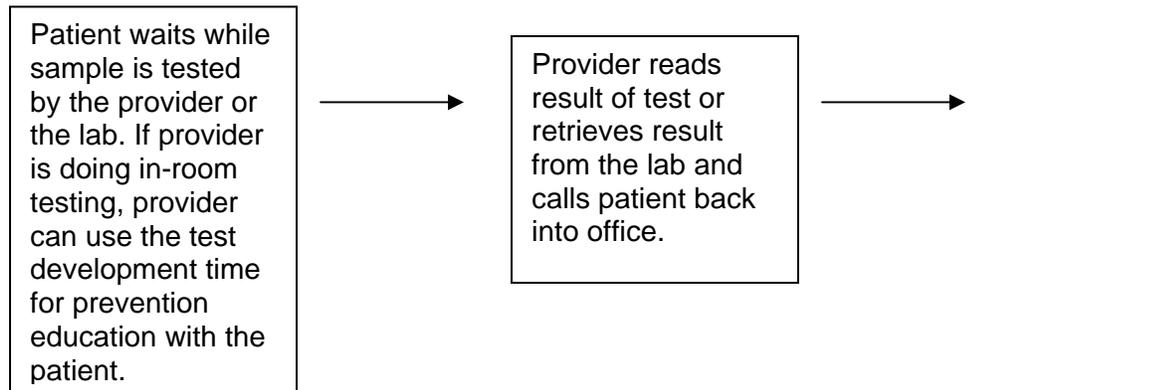
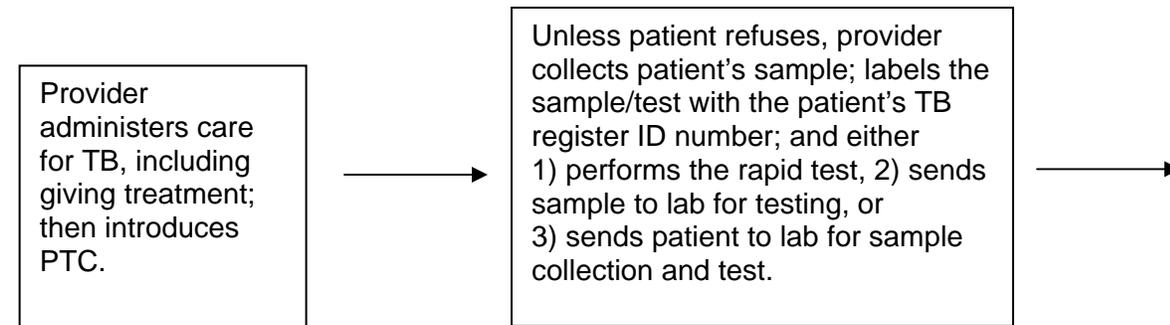
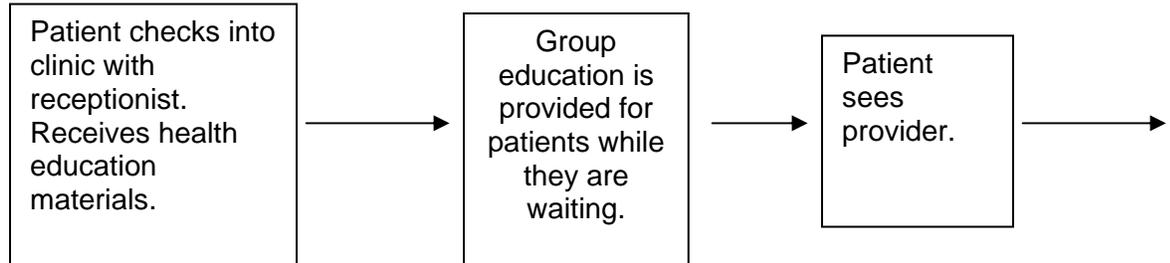
Have participants retrieve the "clinic flow" handout for review. Go over each step in the process.

Be sure to ask if there are any questions.

Find the handout on "clinic flow" in your manuals. Let's review this.

The handout for reviewing clinic flow is on the next page. You also have the clinic flow on an overhead (Overhead 4-1).

CLINIC FLOW OF TB PATIENTS FOR PROVIDER-INITIATED AND DELIVERED HIV TESTING AND COUNSELING



Patient Education, Medical Referrals, and Patient Support

1:50 – 4:00 PM

Discuss the format for the breakout session and explain the makeup of the small groups.

Now that you understand the process and clinic flow, we need to talk about some of the protocol steps. For this exercise, you will break into small groups for discussion.

During this breakout session you will discuss details of the patient group education, referrals for HIV medical care, and patient support.

If you have come to this training as a clinic team, your small group will be your clinic team. If you have not come as a team, I have assigned you to a small group.

Refer to the prepared list of small groups posted on the wall.

Here is the list of the small groups.

Breakout Session Instructions

- *The topics for the breakout session are patient education, referrals for HIV care, and patient support. These handouts can be found in participant manuals.*
- *Participants break up into assigned small groups.*
- *Each small group has a group leader (appointed by the group members) to help facilitate the discussion, and a note-taker, who is a volunteer from the group.*
- *After 1½ hours of discussion on the 3 topics, each group has 5 minutes to present their ideas to the large group.*

Each small group has appointed a group leader, which is noted on the list of small groups. The group leader will help facilitate the discussion during the breakout session. Each small group should appoint a note-taker for the group. The note-taker will record the ideas the group discusses. The topics of this breakout session are patient education, referrals for HIV medical care, and patient support.

Please find the three handouts in your manual behind the Module 4 tab. The handouts are titled:

- 1. Patient Education**
- 2. Medical Referrals for HIV-Positive Patients**
- 3. Patient Support**

Allow a moment for participants to find the handouts. These handouts are located on the next pages for your reference.

During the discussion, the group leader will use these handouts to begin the discussion and keep the group on track. The note-taker should record the discussion and responses to the questions listed in the handout on newsprint. You will have 30 minutes in your small group to discuss patient education. Then, you will move to the next topic which is referrals for HIV care. You will have 30 minutes for this topic as well. Finally, you will then move to the final topic which is patient support. Again, you will have 30 minutes to discuss this topic. After all the topics have been discussed, we will come back together as a large group. Each small group will have 5 minutes to discuss their ideas and findings. I will summarize the main points after each group has presented. Please appoint someone from your group to make this brief presentation.

- *The groups will begin with the topic of patient education.*
- *When participants are in small groups, walk around the room to answer questions and to make sure groups are staying on track. After 30 minutes, have the groups move to the second topic of referrals for care. After another 30 minutes, have the group move to the final topic, patient support. Occasionally announce how much more time the groups have to discuss.*
- *After all discussions, the small groups will come back together for the presentations.*
- *Be sure to summarize the main points at the end of the presentations.*

Are there any questions?

Please break into your small groups and begin.

We will go for afternoon tea after we have finished these discussions and presentations.

Small Group Handout: Patient Education

Instructions: Each group leader should use this handout to facilitate a discussion about patient education. Begin by reading the description of the component and the discussion points.

Background:

Many patients will need to wait for some period of time in or around the clinic before seeing the provider. This is an opportunity to provide patient education about HIV and TB and to inform them that all patients with TB are tested for HIV. Providing patient education before the patient sees the clinic provider will help smooth the way for the provider. However, providing patient education in the waiting area requires staffing, supplies, and may affect clinic flow. Your clinic will need to decide how to handle this issue. There are several options for providing patient education:

Option 1: Have all TB patients arrive at the beginning of the clinic period and hold a group education session led by a health educator. A health educator may be a nurse or other clinician, or a person living with HIV/AIDS. At this group education session, patients will learn about TB and HIV and that this clinic tests all TB patients for HIV unless patients refuse.

Option 2: Hand out brochures or other printed material that informs patients about TB, HIV, and PTC.

Option 3: Put up posters in the clinic waiting area and ask patients to read them before seeing the clinical provider.

Option 4: Use audio-video equipment to show educational materials in the waiting area.

Option 5: Some or all of the above.

Discussion points:

- Which of these options are feasible for your clinic? A clinic may choose more than one option.
- Staffing: If you are able to provide patient education in the waiting area, who will be responsible for the activity? For example, the group education option requires a health educator to lead the group education session. Is this feasible? Who will hand out brochures and when will this be done? Does your clinic already do group health education on TB?
- Training: How will those responsible for the activity be trained?
- Logistics: How will supplies and materials such as brochures and posters be obtained? Who will be responsible for ordering supplies?
- Patient characteristics: Patients need to be able to read the information. Can most patients read? Can posters and brochures be printed in appropriate languages?

Sample Outline for Group Education Presentation

1. Introduce yourself. Greet the patients and establish group rapport.
2. Tell the group:
There is good news for you. You can be cured of TB if you take your drugs as advised by your health care worker.
3. Talk about tuberculosis.
 - Tuberculosis is an infectious disease caused by a germ which can be inhaled when you are in close contact with a person who has TB and this person is coughing.
 - People with tuberculosis often have the following symptoms:
 - a cough for 2 or more weeks
 - night sweats
 - fever
 - It is most important to seek medical advice for a cough that has gone on for more than 2 weeks.
 - If people who suffer from tuberculosis take medication, their TB can be cured.
 - Therefore, it is important to come to the clinic for an early diagnosis. Early diagnosis will mean a better outcome.
4. Now let's talk about HIV.
 - HIV is very common in our community. About ___ people out of 100 have HIV.
 - HIV is an infection with a virus. People with HIV can remain healthy for a few years even though they have the virus. But eventually they will develop signs and symptoms of HIV. When people with HIV become very sick, we often say they have AIDS. AIDS means advanced HIV infection.
 - The main way that people get HIV infection is through unprotected sex with an infected partner.
 - Children can get HIV infection from their mothers. Mothers can pass the virus to their babies while they are pregnant, during labor and delivery, or when breast feeding.

- HIV is very common among TB patients. ____% of patients who have TB also have HIV in our community.
- This may be alarming to you, but if you are infected with HIV, you will be able to access treatment, care, and support for yourself. You will also be able to protect your sexual partner(s) from getting infected.
- If you are HIV-negative, you can take measures to protect yourself from infection.
- Therefore, it is very important if you have tuberculosis that you get tested for HIV infection.

Doctors are recommending that all tuberculosis patients get tested for HIV because of the benefits of getting treatment for HIV. It is the policy of our clinic that all TB patients are tested for HIV.

Today, when you see the provider, you will be tested for HIV unless you refuse. You will be able to talk with the provider more about this and have him/her answer any questions that you may have.

A patient with both TB and HIV can still be cured of TB, but it is very important that the HIV infection is treated while the patient is also being treated for TB.

5. Ask for questions.

Small Group Handout: Medical Referrals for HIV-positive Patients

Instructions: Each breakout group leader should facilitate a discussion about referrals for HIV-positive patients. Group members can use this handout to record notes in the space provided. Begin by reading the description of the component and the discussion points.

Background

The TB clinic will need to notify the HIV clinic of the intent to test all TB patients for HIV. Discussions with the HIV clinic will be necessary to ensure that referrals of HIV-positive TB patients will be handled properly by the HIV clinic. For TB patients who are referred, the HIV clinic will need to know that an HIV test has been performed and is positive. The HIV clinic will also need to know the patient's TB medications.

Discussion points:

- Determine the process for contacting the HIV clinic.
 - Who is responsible for contacting the HIV clinic and setting up a meeting?
- Review the list of items to be discussed at the meeting with the HIV clinic and make any additions. (Prepare a sample list.)
- Notify HIV clinic that the TB clinic will start testing all TB patients for HIV (provide the date this will begin), and that positives will be referred for HIV care.
Let HIV providers know:
 - Patient has tested positive for HIV in the TB clinic
 - Patient has TB
 - Medications the patient is taking for TB
- Discuss the use of a referral note that the TB patient will give to the HIV care provider. **See sample provided.** Review the sample referral note and make any necessary changes.
 - Discuss the need for TB providers to know about HIV medications. This is included in the referral note.
 - Discuss the timeline for starting the HIV testing and how this might impact the HIV clinic. What will the HIV clinic do to handle the new patients?

Patients who test HIV-positive will be given this letter with instructions to take the letter to the HIV clinic.

TB/HIV REFERRAL FORM

Patient name _____ Date: _____

Patient TB ID number _____

Referred from _____ (name of TB treatment clinic/health facility)

Name of referral provider: _____

Referred to _____ (Name of HIV care clinic/health facility, VCT, PMTCT)

Cotrimoxizole started: yes no Date started: _____

Current TB medications: (Check all that apply) Date TB treatment started: ___/___/___

isoniazid

pyrazinamide

streptomycin

rifampicin

ethambutol

other: _____

Note from HIV Care Clinic/Facility to TB clinic/facility (Name of clinic: _____)

Name of provider: _____ Date: _____

Cotrimoxizole started: yes no Date started: _____

Antiretroviral medications prescribed:

zidovudine (AZT or ZDV)

didanosine (ddl)

nelfinavir (NFV)

stavudine (d4T)

abacavir (ABC)

saquinavir/ritonavir (SQV/r)

lamivudine (3TC)

tenofovir (TDF)

nevirapine (NVP)

Indinavir/ritonavir (IDV/r)

efavirenz (EFV)

lopinavir/ritonavir (LPV/r)

Notes to TB provider:

Signed: _____

Small Group Handout: Patient Support

Instructions: *Each breakout group leader should facilitate a discussion about patient support. Group members can use this handout to record notes in the space provided. Begin by reading the description of the component and the discussion points.*

Background

HIV-infected TB patients, particularly as they become ill, will need a lot of support to help them with their daily lives. Many patients also need support when they first learn that they are HIV-positive. They may need help discussing their HIV status with their family and adjusting to the results.

Although the TB clinic may not be able to provide this support, the clinic needs to inform patients of services that are available in the community or connected with the HIV clinic. Other possibilities to consider include having a lay volunteer who is trained in supporting HIV-infected patients available in the TB clinic. Someone who is living with HIV and who has been cured of TB is the best person for this role.

Discussion point:

Discuss how the clinic will handle this issue. Discuss—

- the use of printed material (such as brochures listing community resources)
- having a lay volunteer available during clinic hours
- linking with nearby VCT and care and treatment sites
- linking with other nearby community organizations

Large Group Discussion: Patient Education, Referrals, Patient Support

We would like to hear what each small group has been talking about.

Ask for the appointed representative from each small group to give a 5 minute presentation on what their group has discussed on the issues of patient education, referrals, and patient support. Summarize the key points of each presentation. Facilitate a brief discussion after all presentations are finished. Mention any striking similarities or differences between the groups.

**Break
4:00 – 4:20 PM**

Now we will break for tea. We will begin again in 20 minutes.

Large Group Discussion: Concerns of Clinic Staff

Concerns of Clinic Staff

The trainer should lead the discussion on each of these topics using the following script. Participants should follow along using their handouts. For your reference, copies of the handouts have been included on the pages that follow the script.

Thank you for your participation and insightful discussion on those topics. We are going to discuss the final topics in a large group. These include concerns of clinic staff; record-keeping; and monitoring, evaluation, and quality assurance. We will cover concerns of clinic staff today, and the rest of these topics will be covered tomorrow morning.

Handout: Concerns of the Clinic Staff

Ask participants to refer to this handout. A copy of this handout can be found after the script for your reference.

Providing PTC to patients will undoubtedly raise a number of issues among the clinic staff. Some healthcare workers may want to be tested for HIV, while others may not. Drugs for treatment may be scarce, and there may be waiting periods before patients can be seen in an HIV clinic.

Discuss the following points.

- **What is the availability of testing, care, and treatment for HIV-infected persons in your community?**
- **Are there national policies on HIV care and treatment including ART for health care workers and other staff?**
- **What ideas do you have for handling HIV testing, care, and treatment including ART for health workers and other staff?**

End of Day 2

When discussion concludes, congratulate the class on their work for the day. Tell them that the class will start at 8:30 promptly the next morning.

Participant Handout: Concerns of the Clinic Staff

Providing PTC to patients will undoubtedly raise a number of issues among the clinic staff. Some health care workers may want to be tested, while others may not. Drugs for treatment may be scarce, and there may be waiting periods before patients can be seen in the HIV clinics.

Discussion points:

- Discuss the availability of testing, care, and treatment for HIV-infected persons in your community.

- Are there national policies on HIV care and treatment including ART for health care workers and other staff?

- Decide how you will handle HIV testing, care, and treatment including ART for health workers and other staff.

Large Group Discussion: Record-keeping, Monitoring, Evaluation, Quality Assurance

Begin Day 3

Brief Review 8:30 – 8:40 AM

Start the morning session by reviewing briefly what was covered in Module Four the previous day: patient education, medical referrals, patient support, and concerns of the clinic staff.

Proceed to the morning's task: large group discussion on record-keeping, monitoring, evaluation, and quality assurance.

Ask participants to go to the pages in their manuals titled Record-keeping, Monitoring, Evaluation, and Quality Assurance. You will see sections of the handout throughout the next several pages of this trainer's manual. Participants should follow along with the handout in their manuals.

Record-keeping 8:40 – 9:10 AM

Keeping accurate records of critical medical information is an important function of the clinic staff. These data are used for tracking patients' clinical care, for public health surveillance purposes, and for evaluation of program performance.

Currently, most TB clinics record data about each patient visit in logbooks or registers. Information about HIV TC and other TB/HIV activities will need to be added to these registers. The best method of assuring accurate information is for the district or national level office to supply pre-printed logbooks with labeled columns for each required data item. In the absence of these, clinics will need to determine how they will record the additional information.

Most clinics also have individual patient records or cards that are kept either by the patient or the clinic. The provider records all information about that patient on the card. If these cards are kept by the patient, HIV information should not be recorded on the patient cards to preserve confidentiality.

After introducing record-keeping, go over how the logbook/register is to be completed. Use the following handout as an illustration.

Overhead 4-2.1: Left side of facility-district register ¹

Date of registration	District TB No.	Name	Sex M/F	Age	Address	Health facility ¹	Treatment supporter ²	Date treatment started	Treatment category ²	Site P/EP	Type of patient ⁴								
											N	R	F	D	T	O			

Results of sputum smear microscopy and other examinations										Treatment outcome & date		TB/HIV activities			Remarks
Before treatment			2 or 3 months ¹		5 months		End of treatment		Date	Outcome in text ²	HIV result ³ / Date/ No. HIV test	ART Y/N Start date/ No. ART test	CPT Y/N Start date		
Smear result	Date/ Lab. No.	X-ray Date/ Result ⁴	Smear result	Date/ Lab. No.	Smear result	Date/ Lab. No.	Smear result	Date/ Lab. No.							

Overhead 4-2.2: Right side of facility-district register

³ + positive, - negative, U unknown, ND Not Done. Documented evidence of HIV test performed during or before TB treatment is reported here.

Let's review the data items that will be added to the logbook or register in your clinic. The provider should be responsible for doing the recording at the end of each patient visit.

The following columns will be added to the patient register:

- **Results of HIV testing:** “+” stands for HIV-positive. This means the test is positive and the patient is HIV-infected. “-” stands for non-reactive, meaning that the patient is HIV-negative or uninfected. “U” stands for unknown, meaning that the patient’s HIV status is unknown to the health care provider. “ND” means that the HIV test was not done, meaning that no HIV test was provided for the patient (patients refusing to be tested for HIV would have “ND” recorded)
- **The column labeled “CPT” is for co-trimoxizole preventive therapy.** “Y” should be recorded if the patient has been started on this therapy. “N” should be recorded if the patient has not started. If started, record the date that therapy was started.

¹ World Health Organization’s (WHO) suggested revised TB recording and reporting forms: Basic Management Unit TB Register (http://www.who.int/tb/publications/recording_and_reporting_draft/en/)

- **The column labeled “ARV” is for recording the start of ARV therapy. The provider should record “Y” if the patient has been started on ARV therapy. “N” should be recorded if the patient has not started. Record the date that therapy started as well as the ART.**

When you return to your clinic sites, you will need to determine what record-keeping is already being done in the lab, and if anything needs to be added if TB patients are referred there for testing.

Discuss as a group the importance of maintaining confidentiality of patient HIV results. This includes keeping the clinic register and lab books hidden from view of other patients and staff.

Let’s all discuss as a group the importance of keeping all records with HIV results confidential. The clinic register will need to be kept out of view of other patients and staff and kept in a locked cabinet when not being used.

- **What methods are there for keeping these records confidential?**
- **Who will have access to these records?**
- **Where will the records be stored so that they are safe?**
- **What should the consequences be for clinic staff who disclose someone’s HIV results inappropriately?**

Participant Handout: Record-keeping

Keeping accurate records of critical medical information is an important function of the clinic staff. These data are used for tracking patients' clinical care, for public health surveillance purposes, and for evaluation of program performance.

Currently, most TB clinics record data about each patient visit in registers and on the TB treatment card. Information about PTC activities will need to be added to these registers. The best method of assuring accurate information is for the district or national level office to supply pre-printed logbooks and TB treatment cards with labeled columns for each required data item. In the absence of these, clinics will need to determine how they will record the additional information.

Most facilities also have individual patient records or cards that are kept by the patient. We will not record any HIV information on the patient cards to preserve their confidentiality.

Below is a sample of the information to be recorded in the clinic register².

Date of registration	District TB No.	Name	Sex M/F	Age	Address	Health facility ¹	Treatment supporter ²	Date treatment started	Treatment category ²	Site P / EP	Type of patient ⁴							
											N	R	F	D	T	O		

Unit #

Left Side of Register:

Date of registration	District TB No.	Name	Sex M/F	Age	Address	Health facility ¹	Treatment supporter ²	Date treatment started	Treatment category ²	Site P / EP	Type of patient ⁴							
											N	R	F	D	T	O		

² The World Health Organization's (WHO) suggested revised TB recording and reporting forms: Basic Management Unit TB Register (http://www.who.int/tb/publications/recording_and_reporting_draft/en/)

Right side of Register:

Results of sputum smear microscopy and other examination								Treatment outcome & date		TB/HIV activities			Remarks	
Before treatment			2 or 3 months ¹		5 months		End of treatment		Date	Outcome in text ²	HIV result ³ / Date / No. HIV reg	ART Y/N Start date / No. ART reg		CPT Y/N Start date
Smear result	Date / Lab. No.	X-ray Date / Result ⁴	Smear result	Date / Lab. No.	Smear result	Date / Lab. No.	Smear result	Date / Lab. No.						

³ + positive, - negative, U unknown, ND Not Done. Documented evidence of HIV test performed during or before TB treatment is reported here.

The clinic register will need to be kept out of view of other patients and staff and kept in a locked cabinet when not being used.

What methods are there for keeping these records confidential?

Who will have access to these records?

Where will the records be stored so that they are safe?

What should the consequences be for clinic staff who disclose someone's HIV results inappropriately?

9:10 – 10:10 AM

Monitoring

Let's discuss monitoring, evaluation, and quality assurance. Please find the page in your manuals titled *Monitoring, Evaluation, and Quality Assurance*.

Overhead 4-3

Monitoring Program Activities

Data from monitoring –

- Helps us know and document **what we have done**
- Helps us know **how well we are achieving our program objectives**
- Helps with **program management**
- Helps determine **the impact of our program** on the health of our patients

Overhead 4-3

Monitoring of program activities is a critical function. Data from monitoring activities can be used for a variety of purposes.

Data from monitoring helps us know and document what we have done.

For example, how many TB patients did we test for HIV this quarter?

Data from monitoring helps us know how well we are achieving our program objectives.

For example, did we test all TB patients for HIV this quarter? Did a lot of patients refuse?

Data from monitoring helps with program management.

For example, by monitoring the number of patients tested, we will know how many HIV test kits need to be ordered each month.

Data from monitoring helps determine the impact of our program on the health of our patients.

For example, by monitoring the number of HIV-infected patients who are able to get care and treatment, we can measure the

success of our program in improving the mortality of our HIV-infected TB patients.

Evaluation

Evaluation is the process of using the data that we collect through our monitoring activities to guide program improvement. For example, if our clinic sees a total of 300 new TB patients each quarter, but we have only tested 50 of them, we will know that we need to do a better job getting our patients tested. We might then have a meeting to discuss the reasons that most patients are not being tested and decide how to change our program to facilitate greater numbers of patients being tested.

For monitoring and evaluation purposes, clinics will need to collect data on a number of indicators.

Overhead 4-4

Indicator	Source of Data
Number of new TB patients seen in the clinic this month	Clinic logbook or register
Number of TB patients tested for HIV	Clinic or lab logbook or register
Number of patients who tested HIV-positive	Clinic or lab logbook or register
Number of patients who tested HIV-negative	Clinic or lab logbook or register
Number of patients whose test was indeterminate	Clinic or lab logbook or register
Number of HIV-infected TB patients receiving co-trimoxazole preventive therapy (at least one dose of)	Clinic logbook or register
Number of HIV-infected TB patients receiving anti-retroviral therapy (ART), before, during, or at the end of TB treatment.	Clinic logbook or register

Indicators are data items that are being monitored. In many cases, the district health office will want the clinic to report these indicators on a regular basis.

On your handout, you will see a table with a list of sample indicators and data sources. You will also see an example of a quarterly reporting form. These indicators are a minimum of information. Your clinic may want to collect additional indicators, or your district health office may require reporting of additional indicators.

Overhead 4-5

Quarterly Reporting Form (example)

Indicator	Jan - March	April - June	July - September	October - December
Number of new TB patients				
Number of patients tested for HIV				
Number of patients testing positive for HIV				
Number of HIV-infected TB patients receiving co-trimoxazole preventive therapy (at least one dose)				
Number of HIV-infected TB patients receiving antiretroviral therapy (ART), before, during, or at the end of TB treatment				

The clinic will need to decide who should be responsible for collecting these data and how they will be reported to the district health office.

Write the person's name who you think is responsible for this activity in your clinic on your handout. You may want to take a moment to talk with participants from your clinic, and agree on who is responsible.

Pause while participants are discussing.

After introducing the material, lead a discussion using the points listed below. Be sure to mention the appropriate response listed in italics if the participants do not bring it up.

In addition to reporting to the district office, these data can be used for program purposes.

- **Which indicators can be used to help determine how many brochures are needed each month?**
Answer: The total number of new TB patients seen in the clinic.
- **How will you know if all TB patients are being tested for HIV?**
Answer: By comparing the number of new TB patients seen at the clinic with the number that were tested for HIV.

- **How will a clinic provider know if the patient has been tested for HIV?**

Answer: This should be recorded in the logbook/register. Remind providers that they need to check this each time they see a patient.

- **How will a clinic provider know if his or her HIV-infected patient has been seen at the HIV clinic?**

Answer: Ask the patient at a follow-up visit. This information should be recorded in the logbook/register. Remind providers to check this during follow-up visits. Clinics may also be able to track via the referral forms given to TB patients.

- **How will you know if TB patients have stopped coming to the clinic out of fear of being tested for HIV?**

Answer: Compare the number of patients being seen each month and look for a drop of patient numbers. Note that there may be other reasons why patient numbers have dropped. The clinic team may need to discuss other possible reasons.

Participant Handout: Monitoring, Evaluation, and Quality Assurance

Monitoring program activities is a critical function. Data from monitoring activities can be used for a variety of purposes. Data from monitoring:

- Helps us know and document **what we have done**
For example, how many TB patients did we test for HIV this month?
- Helps us know **how well we are achieving our program objectives**
For example, did we test all TB patients for HIV this month? Did a lot of patients refuse?
- Helps with **program management**
For example, by monitoring the number of patients tested, we will know how many HIV test kits need to be ordered each month.
- Helps determine **the impact of our program** on the health of our patients
For example, by monitoring the number of HIV-infected patients who are able to get care and treatment, we can measure the success of our program in improving the mortality of our HIV-infected TB patients.

Evaluation is the process of using the data that we collect through our monitoring activities to guide program improvement. For example, if our clinic sees a total of 300 new TB patients each quarter, but we have only tested 50 of them, we will know that we need to do a better job in getting our patients tested. We might then have a meeting to discuss the reasons that most patients are not being tested and decide how to change our program to facilitate greater numbers of patients being tested.

For monitoring and evaluation purposes, clinics will need to collect data on a number of indicators. Indicators are data items that are being monitored. In many cases, the district health office will want the clinic to report these indicators on a regular basis, usually each quarter. Below is a list of the indicators that should be part of the quarterly report to the district health office.

Indicator	Source of Data
Number of new TB patients seen in the clinic this month	Clinic logbook or register
Number of TB patients tested for HIV	Clinic or lab logbook or register
Number of patients who tested HIV-positive	Clinic or lab logbook or register
Number of patients who tested HIV-negative	Clinic or lab logbook or register
Number of patients whose test was indeterminate	Clinic or lab logbook or register
Number of HIV-infected TB patients receiving co-trimoxazole preventive therapy (at least one dose)	Clinic logbook or register
Number of HIV-infected TB patients receiving anti-retroviral therapy (ART), before, during, or at the end of TB treatment.	Clinic logbook or register

Quarterly Reporting Form (example)

Indicator	Jan - March	April - June	July - September	October - December
Number of new TB patients				
Number of patients tested for HIV				
Number of patients testing positive for HIV				
Number of HIV-positive patients given results and referrals				
Number of HIV-infected TB patients receiving co-trimoxazole preventive therapy (at least one dose of)				
Number of HIV-infected TB patients receiving anti-retroviral therapy (ART), before, during, or at the end of TB treatment.				

- The clinic will need to decide who should be responsible for collecting these data and how they will be reported to the district health office. Write the responsible person's name in the space below. You may want to take a moment to talk with participants from your clinic, and agree on who is responsible.

- In addition to reporting to the district office, these data can be used for program purposes.
 - Which of the indicators above can be used to help determine how many brochures are needed each month? Write answers based on the class discussion.
 - How will you know if all TB patients are being tested for HIV? Write answers based on the class discussion.

- How will a clinic provider know if the patient has been tested for HIV? Write answers based on the class discussion. Remember that providers need to check this each time they see a patient.
- How will a clinic provider know if his/her HIV-infected patient has been seen at the HIV clinic? Write answers based on the class discussion. Remember that providers need to check this at follow-up visits.
- How will you know if TB patients have stopped coming to the clinic for fear of HIV testing? Write answers based on the class discussion.

Quality Assurance

Ask participants to find the handout, Quality Assurance Checklist, in their manuals. You can find this checklist on the next page.

There are a number of other items that need to be monitored on a regular basis, probably monthly. There is a monitoring checklist provided as a handout for you. Please find the handout titled “Quality Assurance Checklist.”

The clinic will need to decide who is responsible for these activities.

- Check to be sure registers/logbooks are being filled out correctly.**
- Make sure all posters are in place and not worn out.**
- Check supply of brochures.**
- Check supply of condoms.**
- Check to make sure that all providers are using a private space for discussion with patients.**
- Check with providers to see how things are going. Discuss any problems.**

Break
10:10 – 10:30 AM

After the large group discussion, take a 20-minute break. Tell the group to return to the classroom promptly at 10:30.

MONTHLY QUALITY ASSURANCE CHECKLIST

Name of person completing this form: _____

Date: _____

____ Are all registers and logbooks being filled out correctly?

____ Are all posters in place and not worn out?

____ Is there a sufficient supply of brochures still available?

____ Is there a sufficient supply of condoms still available?

____ Are all providers using a private space for discussion with patients?

____ Are providers comfortable with the way things are going? Discuss any problems.

Below, list any problems identified and the solutions you will implement.

Implementing Work Plan and Timeframe

10:30 AM – 12:00 PM

The final activity in this module is an exercise on completing a work plan and timeframe for implementing PTC. Have the participants divide into their small groups again to complete the work plan.

A sample copy of the work plan for participants to fill out can be found on the next page and in their manuals.

Throughout this training module you have developed most of the work plan components for implementing the PTC services. This session will allow you to put the entire plan together with a timeline for getting things done.

Please find the last handout in this section titled Work Plan and Timeframe for Implementing PTC in TB Clinics. I would like for you to break into your small work groups again and develop work plans, including a timeline, for incorporating HIV testing into your TB clinic practice. The handout provides a template for you to use in developing your work plan.

If participants have come to training as a team from one or more clinics, have the staff from the same clinic work together. Instruct them to develop a work plan for their particular clinic.

Note that some things may take a long time to put into place, for example, pre-printed logbooks. Discuss how you will incorporate interim methods (for example, hand written columns for HIV results) that will help you get PTC underway in a timely manner.

At half-hour intervals advise the participants of the time. Also advise them of the time at 11:45 so that they can finish by 12:00 PM.

**Lunch
12:00 – 1:00 PM**

Break for lunch at noon. Remind participants to return to the classroom promptly at 1:00 PM.

WORK PLAN AND TIMELINE FOR IMPLEMENTING PTC IN TB CLINICS

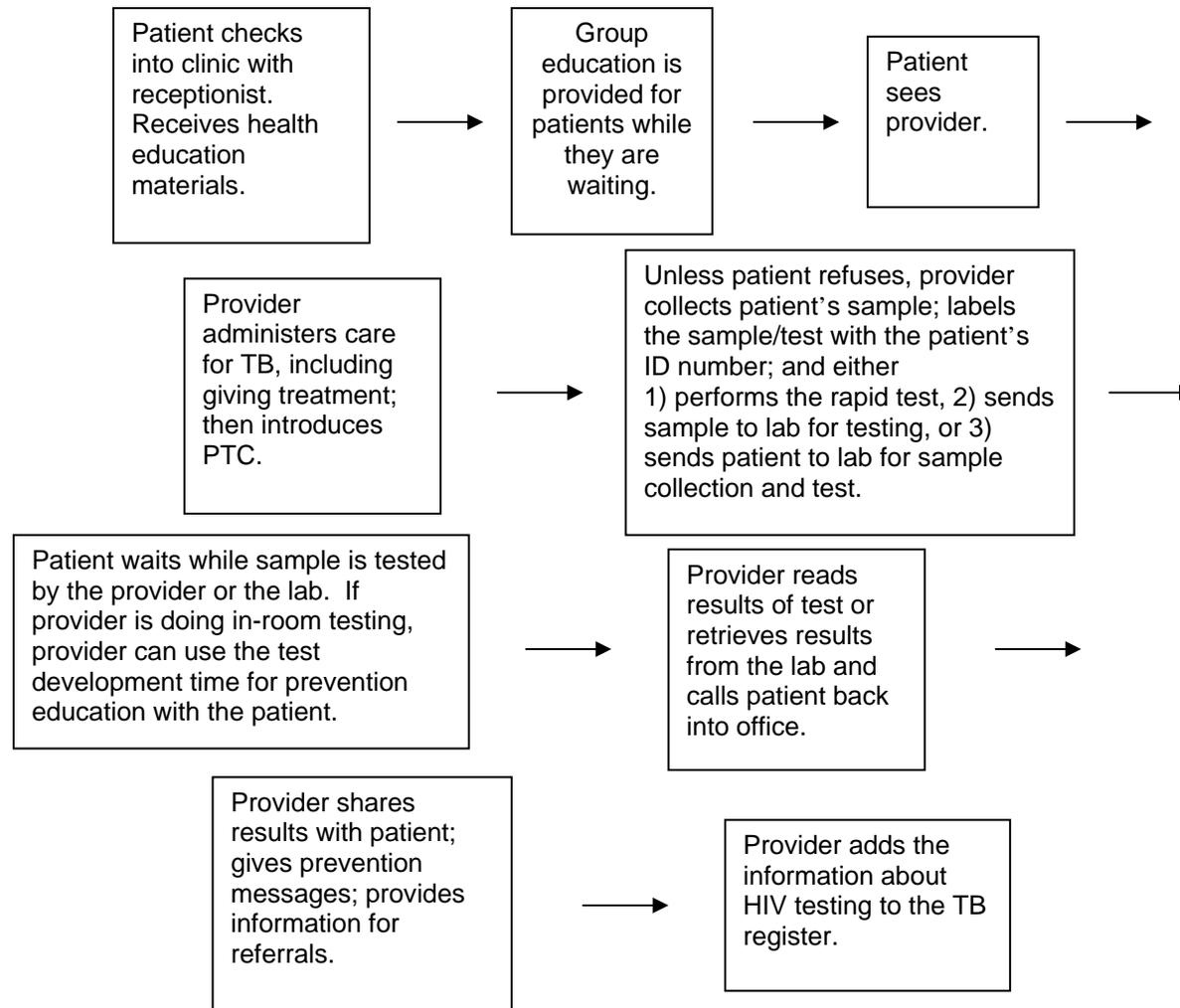
Activity	Persons Responsible	When	How	Outcome
Orientation for all clinic staff.				All clinic staff understand their role in PTC.
Train health educator if doing group education.				Health educator is ready to begin education sessions.
Identify space for group education.				Appropriate space is available.
Assure that providers have reasonably private space for discussing HIV results.				Appropriate space is available.
Train providers.				All providers are trained and ready to begin PTC.
Decide whether to use lay volunteer for patient support – if yes, identify and train.				Lay volunteer(s) identified, trained, and ready to begin patient support.
Linkage with HIV care clinic.				HIV care/treatment clinic is ready to receive referrals of HIV+ TB patients and understands communication process (referral letter and return notice to TB provider).
Linkage with community resources for HIV+ patients.				Community resources are aware of the PTC process and can accept referrals.
Assign and train staff for monitoring functions.				Staff responsible for monitoring are trained and ready to begin.

Activity	Persons Responsible	When	How	Outcome
Assign and train person responsible for inventory control of consumable items (such as brochures and test kits).				Staff responsible for inventory control are ready to begin.
Acquire posters and put in place.				Posters are placed in appropriate locations.
Acquire educational brochures and determine distribution process.				Educational brochures are placed in appropriate locations and distribution process is in place.
Acquire/develop brochures that list community HIV resources and give supply to providers.				Brochures are placed in appropriate locations and distribution process is in place.
Acquire provider script flipcharts and give to providers.				All providers have a copy of the script flipcharts.
Acquire enough copies of referral letters for HIV+ patients and give to providers.				All providers have sufficient copies of referral letters.
Acquire revised patient record/cards.				Revised patient record/cards in place.
Acquire revised clinic logbook/register.				Revised clinic logbook/register in place.
Acquire revised lab logbook/register.				Revised lab logbook/register in place.
Acquire lab request slips.				All providers have sufficient number of lab request slips.

Overheads

**Module 4: Administrative, Implementation,
and Standard Operating Procedures**

CLINIC FLOW OF PATIENTS FOR PROVIDER-INITIATED AND DELIVERED HIV TESTING AND COUNSELING



Record-keeping³

Left Side of Register

Date of registration	District TB No.	Name	X-ray done	w or w/o	Address	Health facility ¹	Treatment supporter ²	Date treatment started	Treatment category ³	Site P / EP	Type of patient						
											N	R	F	D			

Right Side of Register

Results of sputum smear microscopy and other examination									Treatment outcome & date		TB/HIV activities			Remarks
Before treatment			2 or 3 months ¹		5 months		End of treatment		Date	Outcome In text ²	HIV result ⁴ / Date / No. HIV reg	ART Y/N Start date / No. ART reg	CPT Y/N Start date	
Smear result	Date / Lab. No.	X-ray Date / Result ⁴	Smear result	Date / Lab. No.	Smear result	Date / Lab. No.	Smear result	Date / Lab. No.						

³ + positive, - negative, U unknown, ND Not Done. Documented evidence of HIV test performed during or before TB treatment is reported here.

³ The World Health Organization's (WHO) suggested revised TB recording and reporting forms: Basic Management Unit TB Register (http://www.who.int/tb/publications/recording_and_reporting_draft/en/)

Monitoring Program Activities

Data from monitoring –

- Helps us know and document **what we have done**
- Helps us know **how well we are achieving our program objectives**
- Helps with **program management**
- Helps determine **the impact of our program on the health of our patients**

Important Indicators

Indicators	Source of Data
Number of new TB patients seen in the clinic this month	Clinic logbook or register
Number of TB patients tested for HIV	Clinic or lab logbook or register
Number of patients who tested HIV-positive	Clinic or lab logbook or register
Number of patients who tested HIV-negative	Clinic or lab logbook or register
Number of patients whose test was indeterminate	Clinic or lab logbook or register
Number of HIV-infected TB patients receiving co-trimoxazole preventive therapy (at least one dose)	Clinic logbook or register
Number of HIV-infected TB patients receiving antiretroviral therapy (ART) before, during, or at the end of TB treatment	

Quarterly Reporting Form (example)

Indica tor	Jan - March	April - June	July - September	October - December
Number of new TB patients				
Number of patients tested for HIV				
Number of patients testing positiv e for HIV				
Number of HIV-infected TB patients receiving co-trimoxazole preventive therapy (at least one dose)				
Number of HIV-infected TB patients receving antiretroviral therapy (ART), before, during, or at the end of TB treatment				

