Reducing the defaulter rate of clients collecting pre-dispensed chronic medicines at four Primary Healthcare Clinics (PHC) in Ugu District

KZN- Ugu District

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OUTLINE OF PRESENTATION

- Background
- Situation at the beginning of the Quality improvement Project
- Ugu District Challenge Model
- Methodology
- Interventions
- Results
- Impacts and costs
- Lessons learnt
- Way forward
- Acknowledgements

BACKGROUND

- Ugu Health District is found in the lower South Coast of Kwazulu-Natal. The estimated population is 760 285. Ugu district offers the complete package of services with one Regional Hospital, three District Hospitals, two Community Health Centre's and one Specialized Hospital.

- The team started the project with the aim of decongesting the Primary Healthcare Clinics but the initial situational analysis indicated that clients were not collecting their pre-dispensed chronic medication due to the lack of optimal processes and procedures which resulted in a high defaulter rate.

BACKGROUND (cont.)

- The study was conducted in four Primary Healthcare (PHC) Clinics supported by two Hospitals and two Community Health Centres (CHCs). The selected clinics were:
  - Khayelihle Clinic (Turton CHC)
  - Bhomela Clinic (Gamalakhe CHC)
  - Elim Clinic (St Andrews Hospital)
  - Izingolweni Clinic (Murchison Hospital)
- The criteria used for selecting the clinics for the study included:
  - locality from mother institution,
  - the PHC clinic head count and
  - the perceived defaulter rate.

BACKGROUND (cont.)

- We focused the project on patients collecting pre-dispensed chronic medication from the PHC clinic; these are clients that are on hospital based chronic medicines, who are down-referred from Hospital/CHC to PHC clinics once they are stable.

- The medicines are pre-dispensed to PHC facilities on a monthly basis and are returned to the mother facility if the patient does not collect from the PHC clinic.

INITIAL SITUATION

The initial situational analysis highlighted the following shortfalls:

- High number of clients not collecting chronic pre-dispensed medicines at PHC
- High number of medicine packets returned from PHC
- Unknown reasons for clients not collecting chronic pre-dispensed medicines at PHC
- Limited storage space at mother hospital for re-packing returned medicines
- Lack of defined procedures for:
    - pre-packing and issuing medicines from Hospital/CHC to PHC clinic
    - dispensing of pre-packed medication packets to patients at PHC clinic by clinic staff
    - management of defaulters

INITIAL SITUATION (cont.)

The above shortfalls impacted on service delivery and patient outcomes:

Impact on efficient and effective service delivery

- Increased work load for pharmacy personnel (unpack, relabel, repack, re-issue)
- Storage space constraints in dispensary
- Servicing the same client twice (up-referral due to medicine unavailablity at PHC)

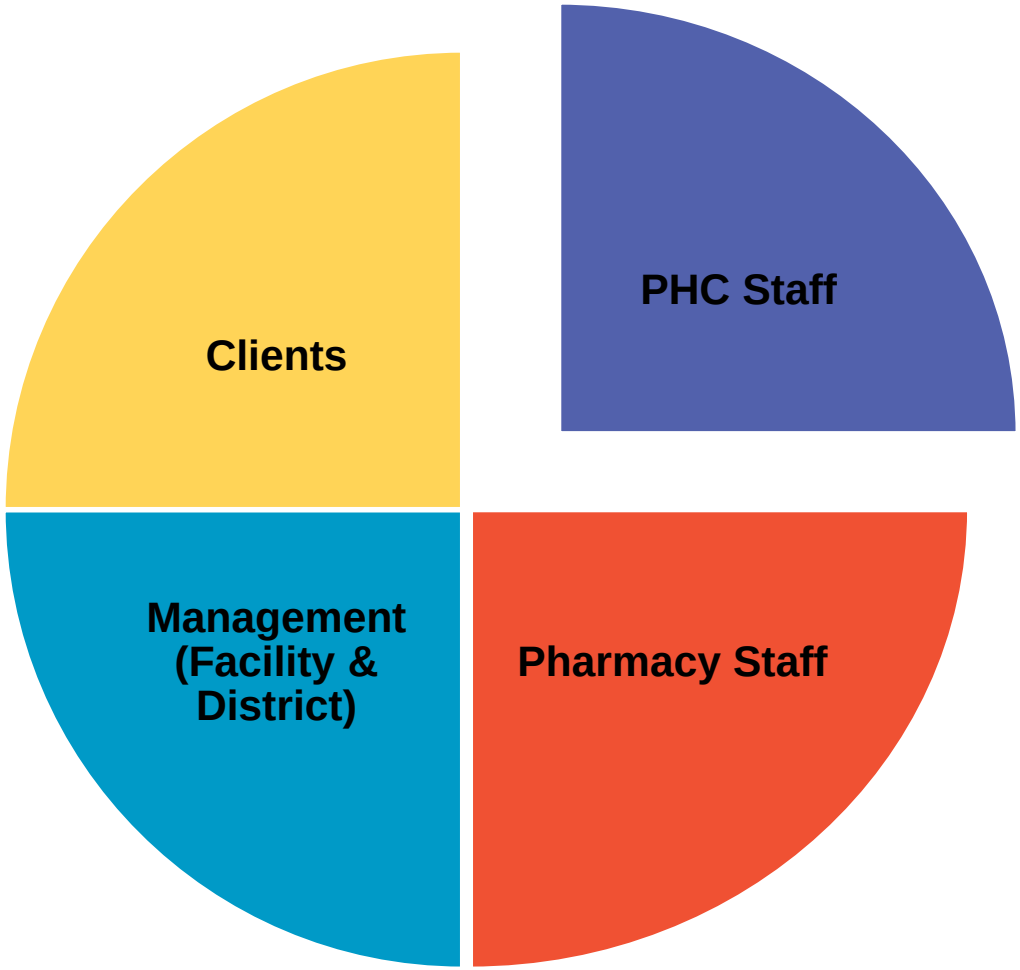
Impact on Patient Outcomes

- Re-lapse (due to missed doses)
- Resistance; increased complications
- No system to trace and manage defaulters at PHC

The Challenge

Lack of an optimal system in Ugu District for the management of pre-dispensed chronic medicines from hospital/CHC to PHC facilities

STAKEHOLDER ANALYSIS



PHC Nurses:

- **Accountability for medicines at PHC**
- **Implementation of SOP**
- **M&E**

MISSION

To provide an efficient , cost effective and sustainable Pharmaceutical service to all levels within UGU District using a multi-disciplinary approach in order to provide safe and rational use of medicines based on legislative frameworks and prescripts

VISION

Empowering all to live healthy

MEASURABLE RESULT

To reduce the proportion of patients defaulting in collecting pre-dispensed chronic medicines from 29% to14% at four PHC facilities within the UGU District by January 2014

ROOT CAUSES

- Lack of patient aids(pamphlets and leaflets) on the importance of adherence
- Lack of an optimal system for dispensing chronic medication at hospital level
- Lack of a system for issuing pre-dispensed medication at PHC level

PRIORITY ACTIONS

- Develop information aids on importance of adherence
- Strengthen the hospital system for pre-dispensed chronic medication to PHC facilities
- Strengthen the system for issuing of pre-dispensed chronic medication at PHC level

CURRENT SITUATION

Currently UGU District has a problem with patients not collecting pre-dispensed chronic medicines from PHC resulting in a high defaulter rate

CHALLENGE

How can we improve the defaulter rate at PHC from 29% to 14% given that there are weak processes and procedures to support the preparation and distribution of pre-dispensed chronic medication at both hospital and PHC levels

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MONITORING & EVALUATION (M&E)

Indicator	Definition	Data Source	Data Collection Method	Frequency of data collection
% of defaulters	-Defaulter: Client that has not collected treatment 7 days after date of appointment -Numerator: number of pre-dispensed medicines uncollected -Denominator: number of pre-dispensed medicines issued	-Prescription dispensed date -Chronic register at PHC -Number of packets returned	-M&E Tool for prescriptions dispensed -Number of uncollected packets returned to mother facility	-Baseline -Monthly

METHOD

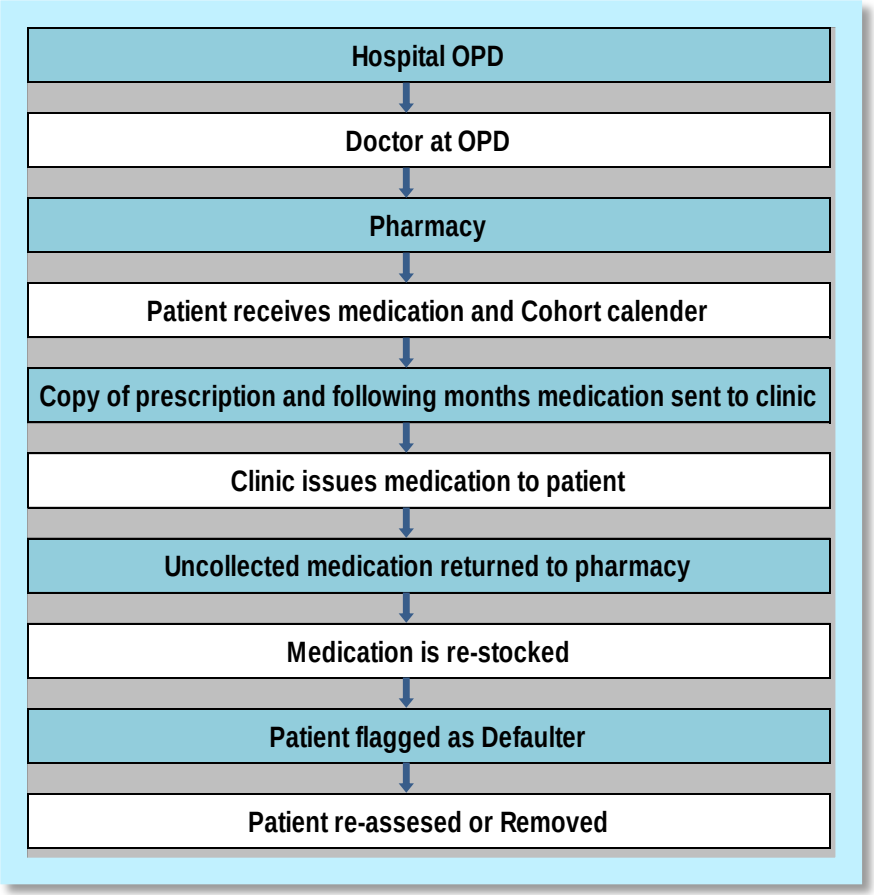
A baseline survey to define the current defaulter rate was conducted by counting the number of uncollected medicine packets returned from Elim, Bhomela, Khayelihle and Izingolweni Clinics between June & August 2013.
Thirty clients from each facility were interviewed to establish reasons for defaulting.

The following interventions were undertaken:

- Development and distribution of Standard Operating Procedures (SOPs)
- Integration of computerised dispensing systems for pre-dispensed medicines from Hospital/CHC to PHC clinic
- Development of adherence aids (adherence pamphlets and client appointment cards)
- Development of cohort calenders for PHC clinic

INTERVENTIONS

STANDARD OPERATING PROCEDURES (SOP)



Process flow of patients at Hospital/CHC

SOP:

- Packing pre-dispensed chronic medication for PHC facilities
- Issuing pre-dispensed chronic medication to clients at PHC clinic
- Managing defaulters at PHC clinic

INTERVENTIONS (cont.)

IMPLEMENTED COMPUTERISED DISPENSING SYSTEM

BEFORE

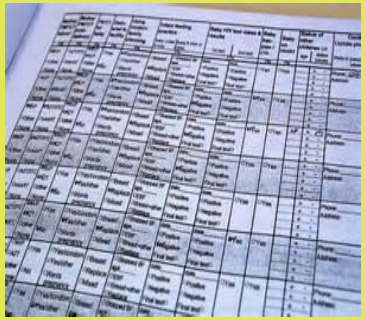
1 x

3 x

AFTER

3 x

1 x



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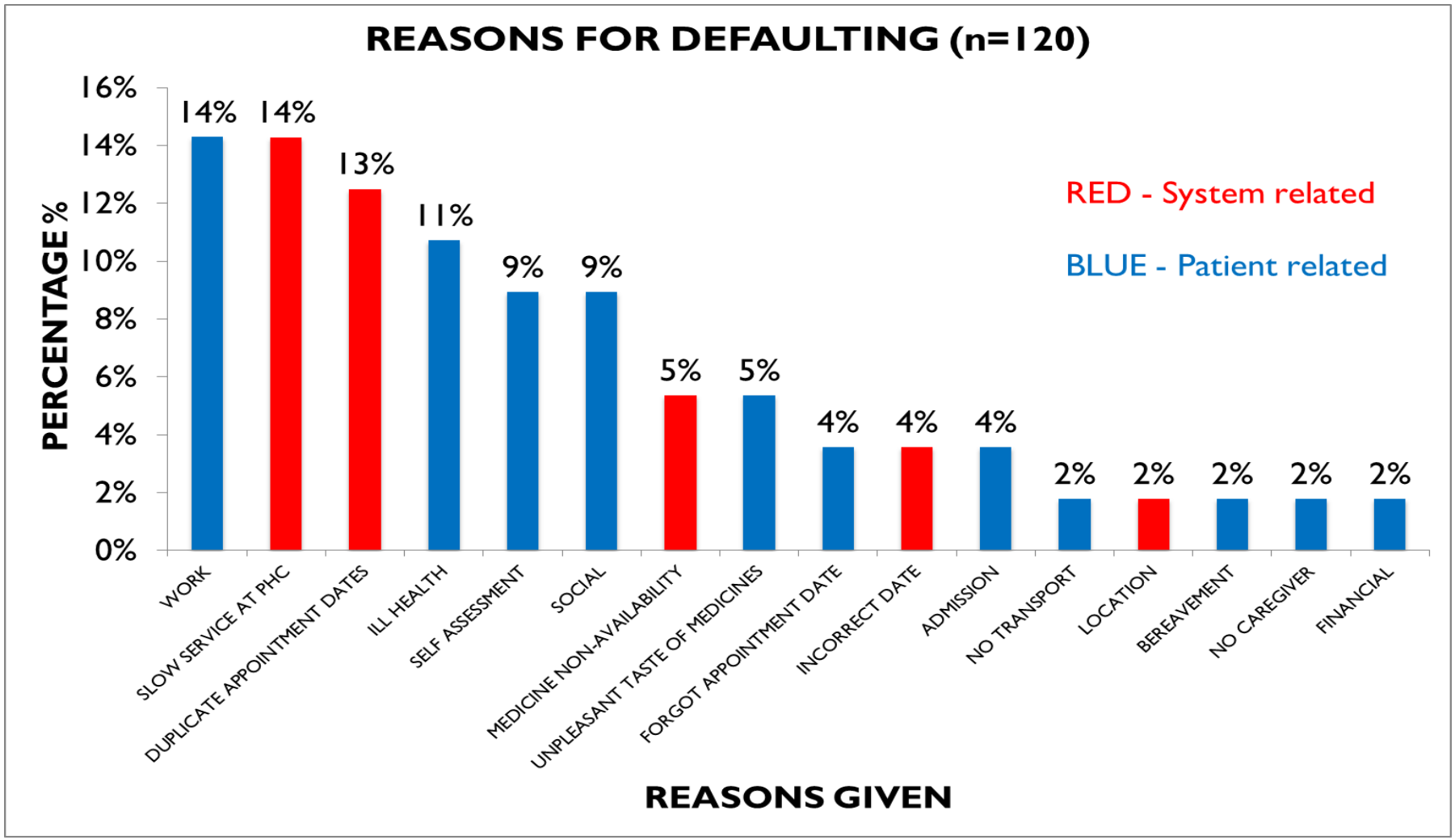
RESULTS



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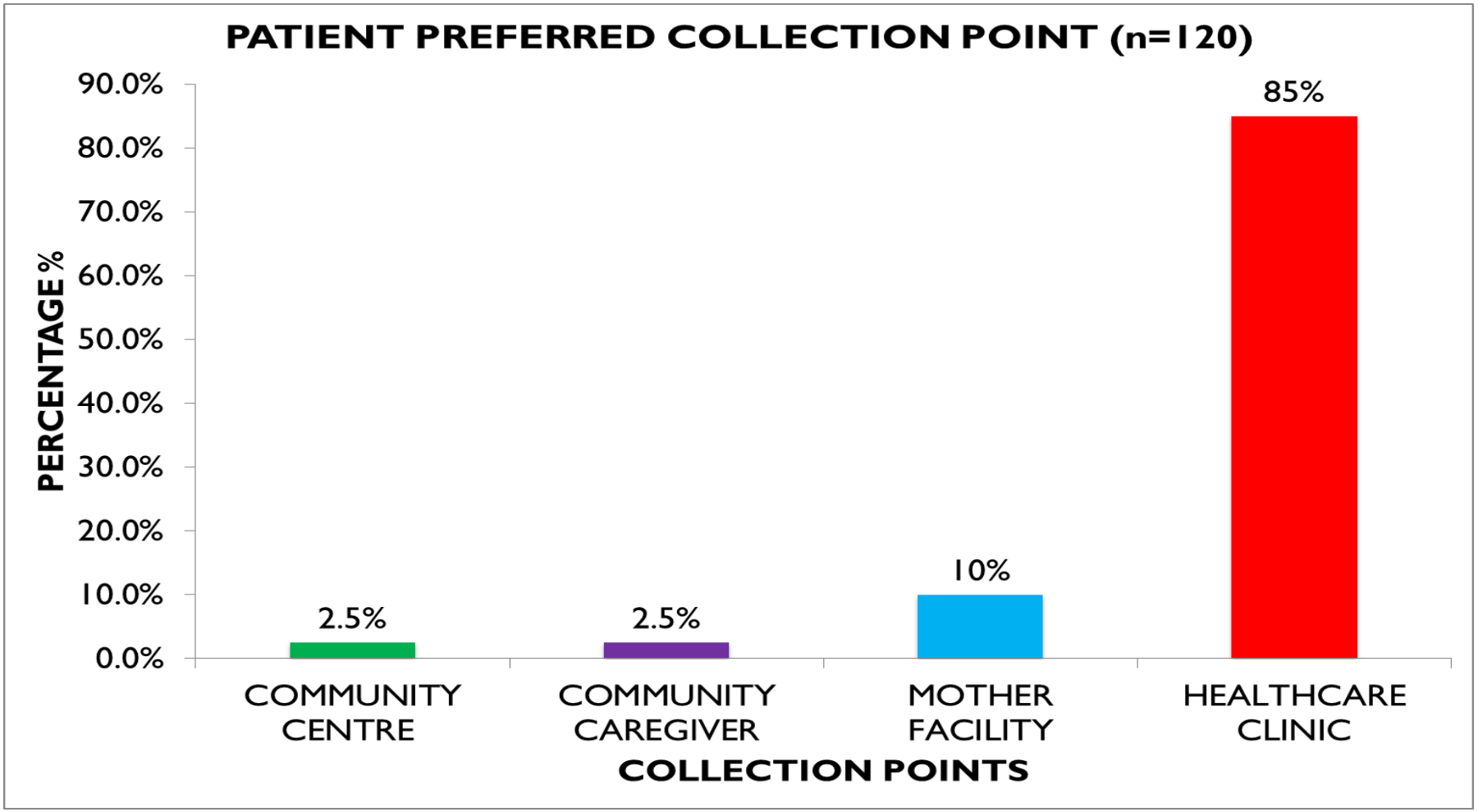
RESULTS (cont.)



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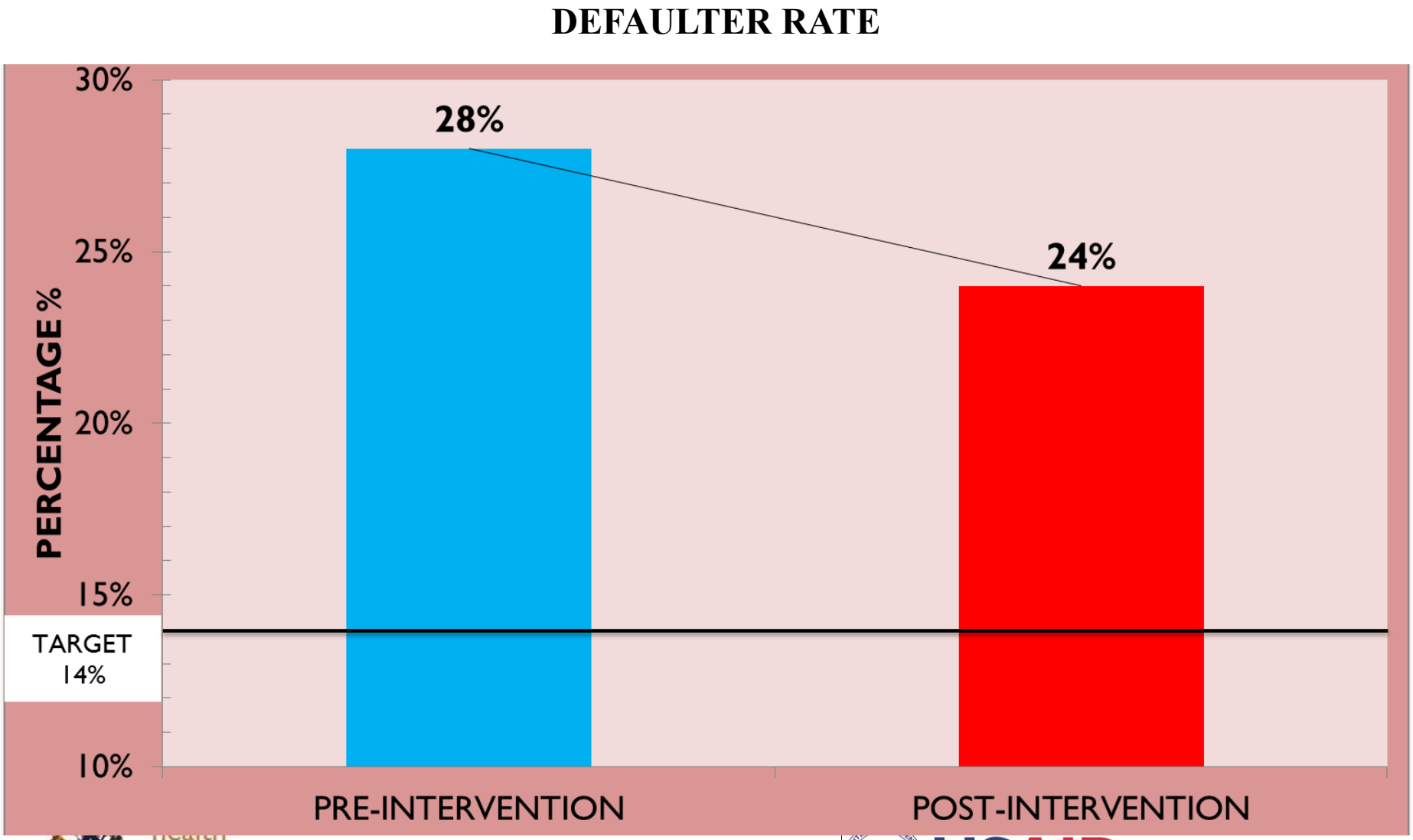
RESULTS (cont.)



DISCUSSION

The desired result of 14% was not achieved and could be attributed to the following:

- Period of implementation: festive season
- Short period of monitoring the change
- Some reasons for defaulting not yet addressed
- Lack of buy-in from PHC staff to implement the new system
- Staff rotations at clinic
- Misuse of tools by PHC staff

DISCUSSION

Although the desired target was not achieved, we must take cognizance of the positives that have been achieved as result of this project:

- Improvements have been made in the processes and procedures for collecting pre-dispensed chronic medication from Hospital/CHC to PHC clinic.
- Three of the four facilities are now using a computerised dispensing programme.
- Turton CHC has subsequently rolled out the system to seven more clinics, Murchison Hospital to six clinics and Gamalakhe CHC to four clinics.

COST INCURRED

NO.	TYPE OF COST	VALUE	COMMENT
1.	TRANSPORT	R14,169.40	distanced travelled per member to district meetings X monthly fuel tariff
2.	STATIONERY	R300.00	File dividers
3.	FOOD	R650.00	Supplied at meetings
4.	TIME	R46,396.86	hours spent on meetings in district X hourly rate for members
	TOTAL	**R61,516.26**	

IMPACT: WORK ENVIRONMENT

Effects on :-

Work climate:

- Created a shared vision (pharmacy managers & all pharmacy staff members participate)
- Established good relations with PHC clinic staff
- Improved audit trail of pre-dispensed medicines for forecasting expenditure and future stock requirements

Attitudes

- Positive attitude
- Willingness to use own resources
- Goal driven (looking forward to seeing results/ improvements)
- Better understanding of the reasons for defaulting from the patient's perspective

IMPACT: WORK ENVIRONMENT

Effects on :-

Relationships across teams

- Improved working relations across the team members
- Improved communication skills

Utilisation / availability of resources etc.

- Used currently available resources (own): no motivations made for approval to management
- Increased use of dispensing programme and reports

LESSONS LEARNT

- Importance of consulting relevant stakeholders
- Get buy in from stakeholders
- Time Management
- Evaluation of current dispensing systems
- Identifying PHC challenges
- Standardization of practices
- Established best practices for Ugu District
- Strengthened work processes with planned activities

WAY FORWARD

The team will continue with the following actions:

- Re-distribution and regular training on Standard Operating Procedures to pharmacy personnel and PHC staff
- Distribution of adherence aids; adherence pamphlets and client appointment cards to chronic clients at PHC
- Roll out the pre-dispensing system to other PHC clinics
- To train and utilise CCG's in the tracing of defaulters
- Quarterly meetings with stakeholders in monitoring and evaluation of performance and to discuss interventions

WAY FORWARD

The following needs to be actioned by Head Office:

- Creation of network points at Hospital/CHC and PHC clinic dispensaries for installation of the dispensing programme
- Standardisation of the dispensing programme with full technical support for hospital and PHC clinics
- Creation of Post Basic Pharmacist Assistant posts for PHC clinics

WAY FORWARD

The team has planned for the future the following projects:

- Medicine Supply Management training to PHC facilities
- Develop pharmaceutical SOPs to align with Integrated Chronic Disease Management (ICDM) model
- Decongestion at PHC clinics by identification of alternate sites for collection of chronic medication and by using alternate resources e.g. School Health Teams, CCG's.

REFERENCES

- 2008 Good Pharmacy Practice: dispensing, storage and distribution
- 1996 National Drug Policy of South Africa
- 2012 Essential Medicine List / Standard Treatment Guidelines
- Pharmacy Act 53 of 1974 (as amended)
- Nursing Act 33 of 2005 (as amended)
- Public Finance Management Act 1 of 1999
- Treasury Regulations (Fruitless expenditure)

ACKNOWLEDGEMENTS

- KZN Health Senior Management
- KZN Health Pharmaceutical Services
- Management Sciences for Health (MSH)
- Ugu District Team
- Hospital/CHC Management Teams
- Hospital/CHC Medical Managers
- Hospital/CHC Pharmacy Staff
- Ugu District PHC Teams
- Ugu Pharmacy team members

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CONCLUDING STATEMENT

"Determination gives you the resolve to keep going in spite of the roadblocks that lay before you"

– Denis Waitley