

Protecting the Standardised Patient in TB scenarios

THE SOUTH AFRICAN STUDY



Symposium on measuring the quality of health care in low- and middle-income countries
using standardised patients: Day 1

London School of Hygiene and Tropical Medicine, Tuesday 2 April 2019

Carmen Christian, Ulf Gerdtham, Dumisani Hompashe, Anja Smith, Ronelle Burger



Concern for the TB Standardised Patient

- SPs used in TB scenarios experience repeated exposure to TB in high risk settings
- Exposure for each TB standardised patient
 - an average of 2.5 hours per facility
 - at least 19 times
 - over a five-week period
- Public healthcare facilities in South Africa (SA)
 - waiting rooms filled with presumptive TB patients
 - varying degrees of infection control measures put in place

Infection control at study facilities

- SPs had access to:
 - surgical masks in **48%** (69/143) of cases
 - N95 respirators in **zero** cases
- SPs counselled on:
 - infection control related to home (opening windows etc.) in **2%** of cases
 - cough etiquette in **3,5%** of cases
 - hand washing in **3%** of cases

How we protected our TB SPs?

- Mandatory baseline health screening of SPs
 - conducted by professional nurse
 - offered to all SP recruits (not only TB SPs)
 - health advice and referrals provided as needed

Field Worker Health Record

DATE:

ADMINISTERED BY:

Name:	
Surname:	
Gender:	
Date of Birth:	
Emergency Contact No.:	
Phone No.:	
Chronic conditions	Chronic medication
Allergies	Acute medication
BMI	BMI = $\frac{\text{weight in kg}}{\text{height in m (squared)}}$
Height (in m):	Underweight = <18.5
Weight (in kg):	Normal weight = 18.5–24.9
BMI:	Overweight = 25–29.9
BMI category:	Obesity = BMI of 30 or greater
Blood pressure	General notes
Reading 1:	
Reading 2:	
Reading 3:	
Glucose reading	
HIV status	

How we protected our TB SPs?

- Selected healthy fieldworkers
- SPs reminded about infection control in the field
 - use surgical masks where provided (or own scarf)
 - walk outside in fresh air for 10 min after every hour spent at clinic
 - N95 respirators were considered **but** too conspicuous since not routinely offered at clinics

SCORE SHEET TWO: Tuberculosis

INSTRUCTIONS TO FIELD WORKERS:

ACCURACY: To ensure accuracy we recommend that you use your mobile phone to capture times and make notes while you wait on how full the waiting room was. Do not at any time make notes on the actual score sheet at the clinic.

SAFETY: In the unlikely event that a health worker is suspicious and confronts you, please present the letter from Eastern Cape Department of Health. It is vital that you always travel with your letter. Thus far we have had almost 200 interactions and no confrontations, but it is important to know what to do in such a case. The first option would be to end the interaction with an excuse and leave, but if this does not work you will need to present the letter.

BASIC INFECTION CONTROL MEASURES: If you find yourself in a clinic where there are no open windows and no adequate ventilation, try to walk outside for 10 minutes after every hour. You may need to ask someone to keep your place in the queue for you.

ASSESSING TESTS: Nurses may not always tell you what tests they are doing. However, after the role-play you should know when your temperature, blood pressure, pulse rate, height and weight are being taken. You have also been shown what chest percussions, chest auscultations and feeling for lymph nodes look like, in case this is also performed.

PRESCRIBED MEDICINES: If any medicines are prescribed, do not collect it. Rather attach the prescription to the questionnaire. If medicines are dispensed by the nurse, bring them along.

What more could be done?

- Mandatory baseline health screening of SPs
 - select fieldworkers who are healthy
 - improve range of baseline tests conducted?
- Offer health-related support when needed
- Post-study follow-up on SP's health status
 - how often? and for how long?