Using Quality Improvement model to improve TB case finding in Cambodia

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Background:
The national TB programme in Cambodia is engaging community DOT volunteer (DV) and private care providers (PPs) to identify and refer TB suspects to public health facilities. While this has contributed to increased case detection, the proportion of TB suspects referred by PPs and DVs arriving at the health centres remained below 50% in 2011. Quality improvement (QI) model was used to guide a team of service providers to test system changes through the use of the Plan, Do, Study, Act (PDSA) tool. The main steps are to identify explicit improvement aim; develop the improvement measurement system; generate ideas for changes using known change concepts; and test system changes. If a specific change yields improvement, it is sustained and replicated. If not, the change is abandoned and another change tested.

Intervention:
Five health centres (HC) in Kampot Cham province applied the QI model to improve successful referrals of TB suspects referred by PPs and DV. The change package implemented were: (i) engaging commune council members in HC activities (ii) joint review of HC performance by all stakeholders (DVs, PPs, and commune council); (iii) monthly meetings to compare patient referrals and arrivals with systematic follow up of these patients who did not report to the HC (iv) involving community religious leaders (Achar and/or Ha Kem) to promote TB awareness and referral of symptom suggestive of TB clients.

Results:

![Graph showing successful referral rates]

![Graph showing TB cases diagnosed in five HC implementing QI]

![Graph showing contribution of 5 HC's in 38 HC's]

Conclusions
QI model can be successfully applied to improve referrals and case finding for TB. Involvement of commune councils in activities of health centres can help address problems faced by the community.