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TRAVELLING WITH THE SYSTEMS QUALITY IMPROVEMENT MODEL IN LACS HEALTH DISTRICT IN TOGO TO REDUCE TUBERCULOSIS DEATHS

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Background The ultimate goal of every tuberculosis (TB) treatment program is a high treatment success rate. Treatment success is extremely important because, when the rate is high, it

Figure 1 Systems Quality Improvement Model (SQIM) conceptual framework.

Figure 2 TB treatment success rate P chart.

Figure 3 TB mortality rate P chart.

Figure 4 TB treatment failure to follow-up rate P chart.

significantly contributes to declining numbers of new cases by reducing the number and period of infectious cases, TB morbidity and mortality, and prevents the emergence of resistant strains.

Objectives Decrease TB mortality by increasing pulmonary TB patients' treatment success rate to at least 85% in Lacs Health District by the end of July 2014.

Methods A systems and dialogic analysis of the public health system related to TB patients' treatment revealed that it was not performing well; we found weak coverage and quality of TB services, a poorly-functioning TB health information system, poor-performing health workforce, poor availability of HIV tests and antiretroviral for TB patients, and low degree of patients' participation in their care. We redesigned the system to correct those weaknesses. The effectiveness of these changes was monitored using plan, do, study, act (PDSA) cycles.

Results We increased TB patient success rate from 80% to 95% between February 2012 and July 2014. The mortality rate dropped from 13% to 3% and the failure to follow-up rate dropped from 3% to 2%.

Conclusions Health systems performance depends on the closeness of services to population; skilled workforce; the ability to collect and analyze data and use information for action; population empowerment, and good management and improvement capabilities of management team especially public health directors. It is highly important that every district health management team member develops improvement capabilities.