



Integrated TB-HIV Outpatient Clinical Service (OPC) QA/QI Checklist

Name of Implementing Agency:

Facility Name:

Assessment team member:

Date:

Reminder: This checklist should be completed as part of the broader overall clinical facility assessment. Please also utilize the 'General Management, Administration and Operations' and 'General Infection Control' checklists. Consider also the 'General STI and VCT Laboratory', 'Pre-post HIV Test and Counseling', 'Care and treatment (OP)' and 'Palliative Care/CHBC' lists, if appropriate to the service. Please file this checklist with the other checklists completed during the facility assessment.

1. Training	Method	Score				Observations/rationale for score
1.1 Written procedures (SOPs)/guidelines exist for TB and HIV clinical procedures.	MI/SI	NA	MS	-	2	
1.2 These are accessible to the TB and HIV clinical staff.	MI/SI	NA	MS	-	2	
1.3 The TB and HIV staff members have been trained on these procedures.	MI/SI	NA	MS	-	2	
1.4 Both HIV and TB clinicians completed training in the management of TB-HIV co-infection, including screening, clinical management and prophylaxis of TB in HIV-positive individuals, adherence, IRS and infection control provided by FHI or national MoH accredited organization.	MI/SI	NA	MS	-	2	

2. Specific TB/HIV program management Issues	Method	Score				Observations/rationale for score
2.1 Staff members have had baseline CXR and Mantoux. There is a protocol to check for TB in staff with a cough of > 2 weeks.	SI/MI/O	NA	MS	-	2	

3. Specific TB infection control practices	Method	Score				Observations/rationale for score
3.1 The facility has a written TB infection control SOP that outlines a protocol for the prompt recognition, investigation and provision of services for those with suspected TB, including referral of those with suspected drug resistant TB.	O	NA	MS	-	2	
3.2 Staff members are trained in both TB and HIV infection control procedures and guidelines.	O	NA	MS	-	2	

Scoring Notes:

(NA) Score 0 on an item that is not applicable
 (MS) Failure to reach minimum standard
 (0) No (1) Yes, partially (2) Yes

Method Notes:

O= Observation
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3. Specific TB infection control practices		Method	Score				Observations/rationale for score
3.3	The HIV OPC screens for clients with prolonged coughs at the reception/triage desk.	O	NA	MS	-	2	
3.4	At the HIV OPC, TB suspect cases are provided with a face mask to cover mouths and noses. They are given advice on respiratory hygiene/cough etiquette, triaged for immediate care and asked to wait in a separate well-ventilated waiting room.	O	NA	MS	-	2	
3.5	Facilities utilize controlled natural ventilation (or other artificial mechanisms such as UV germicidal irradiation) to minimize TB droplet spread.	O	NA	MS	-	2	
3.6	TB specimens are collected in a separate large well ventilated room or outside away from people.	O	NA	MS	-	2	

4. Screening and management of TB for those registered at the HIV Care and Treatment OPC		Method	Score				Observations/rationale for score
4.1	Referral forms, guidelines and procedures exist for the screening and management of TB in all individuals enrolled in the HIV OPC, and are in use.	R/O	NA	0	1	2	
4.2	A register is kept that documents and records all individuals at the HIV OPC who are screened and treated for TB.	R/O	NA	0	1	2	
4.3	All individuals at the HIV OPC with clinical suspicion of TB (prolonged cough, fever, weight loss and symptoms of EPTB) are promptly screened for TB and/or referred to the district referral hospital or TB centre for TB screening.	R/O	NA	MS	-	2	
4.4	Those individuals screened positive for TB are actively referred to the relevant TB unit for treatment in a timely manner.	R/O	NA	MS	-	2	
4.5	All individuals who are clinically eligible for ART are screened for TB prior to being initiated on ARV drugs.	R/O	NA	MS	-	2	

5. Clinical management of those with TB and HIV		Method	Score				Observations/rationale for score
5.1	Clinical guidelines are used to inform decision making on when clients with TB should start ART and what ARV drugs should be used to minimize drug interaction, toxicity, and support adherence.	R/O/SI	NA	0	1	2	

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5. Clinical management of those with TB and HIV		Method	Score				Observations/rationale for score
5.2	Clinical case management meetings are held regularly between TB and HIV physicians to discuss complex cases and the treatment of those on both ART and TB drugs.	R/O/SI/MI	NA	0	1	2	
5.3	Specialized adherence support is provided for individuals and their treatment supporters when individuals are on both ART and TB drugs.	R/O/CI	NA	0	1	2	
5.4	Where DOTS programs exist for TB management, the HIV OPC facilitates both concurrent DOTS for ART when clinicians/clients feel this is an appropriate option.	R/O/CI	NA	0	1	2	
5.5	Procedures are in place and staff members are trained to diagnose and manage TB IRS.	R/O	NA	0	1	2	
5.6	All of those individuals enrolled in the HIV OPC who have TB are provided with cotrimoxazole prophylaxis, regardless of CD4 count.	R/O	NA	0	1	2	
5.7	Medical records are completed accurately during or immediately after patient consultation.	R	NA	0	1	2	
5.8	Clinical outcomes (adverse events, loss to follow up, side effects, drug resistance) meet with international standards.	R	NA	0	1	2	

6. Counseling for adherence to ARV and TB treatment		Method	Score				Observations/rationale for score
6.1	Client's prescribed regimens for ART and TB are documented and available.	O	NA	0	1	2	
6.2	Counselor explores treatment and adherence support.	O	NA	MS	-	2	
<i>For first adherence counseling session</i>							
6.3	Counselor assesses client's knowledge of HIV and TB.	O	NA	0	1	2	
6.4	Counselor discusses the goal (prophylaxis/treatment) of ARV and TB medication.	O	NA	0	1	2	
6.5	Counselor discusses the importance of adherence to ART and TB medication.	O	NA	0	1	2	
6.6	Counselor discusses adherence to previous medication.	O	NA	0	1	2	
6.7	Counselor discusses disclosure and involvement of family member/friend.	O	NA	0	1	2	

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6. Counseling for adherence to ARV and TB treatment	Method	Score				Observations/rationale for score
6.8 Counselor discusses potential barriers to adherence, including side effects of both ART and TB medications.	O	NA	0	1	2	
6.9 Counselor discusses potential solutions to barriers and difficulties.	O	NA	0	1	2	
6.10 Counselor discusses other client needs.	O	NA	0	1	2	
<i>For second and third adherence counseling session</i>						
6.11 Counselor discusses issues raised from previous sessions and answers client's questions.	O	NA	0	1	2	
6.12 Counselor reviews potential barriers to adherence.	O	NA	0	1	2	
6.13 Counselor discusses potential solutions to barriers and difficulties.	O	NA	0	1	2	
6.14 Counselor obtains client's commitment for good adherence.	O	NA	0	1	2	
6.15 Counselor supports the client to develop a strategy for good adherence.	O	NA	MS	-	2	
6.16 Counselor discusses safe sex practices.	O	NA	MS	-	2	
6.17 Counselor discusses the benefits, risks and side effects of ARV's and TB medication.	O	NA	MS	-	2	
6.18 Counselor stresses the importance of not sharing ARV drugs and TB medication.	O	NA	MS	-	2	

7. Isoniazid prophylaxis	Method	Score				Observations/rationale for score
7.1 Isoniazid prophylaxis is actively provided to HIV-positive individuals in accordance with national guidelines.	R/O	NA	0	1	2	
7.2 Adequate screening is provided for those being considered for INH prophylaxis, where it is recommended in the national protocol.	R	NA	0	1	2	

8. Coordination and referral mechanisms for HIV-TB	Method	Score				Observations/rationale for score
8.1 There is evidence of active and timely referral of individuals found to be HIV positive at the TB CT site to the HIV Care and Treatment OPC (if facilities are not co-located).	R/O	NA	MS	-	2	

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8. Coordination and referral mechanisms for HIV-TB		Method	Score				Observations/rationale for score
8.2	There is evidence of active and timely referral of individuals with clinical suspicion of TB from the HIV Care and Treatment OPC to the district TB service (if facilities are not co-located).	R/O	NA	MS	-	2	
8.3	There is evidence of active and timely referral of individuals to HBC where required.	R/O	NA	MS	-	2	
8.4	There are specific referral guidelines available for the management of sputum negative and extra-pulmonary TB.	R/O	NA	MS	-	2	

9. Dispensing of pharmaceutical supplies (ARV and TB drugs)		Method	Score				Observations/rationale for score
9.1	Dispensing rooms for ARV drugs, OI drugs and TB drugs are clean, secure and with adequate cabinet storage.	O	NA	MS	-	2	
9.2	Dispensing area is clean and tidy, and free of clutter.	O	NA	0	1	2	
9.3	SOPs for dispensing medication are available.	O/R	NA	0	1	2	
9.4	Medications are dispensed with clear labels and instructions.	O	NA	MS	-	2	
9.5	Dispenser provides counseling about how to take medications, adverse reactions, side effects etc.	O	NA	0	1	2	
9.6	Written material available with advice for clients on medications including side effects and drug interactions.	O	NA	0	1	2	
9.7	SOPs and registers for recording dispensing and monitoring stock control are available and utilized.	O/R	NA	0	1	2	
9.8	Daily and monthly dispensing records and stock reports are available.	O/R	NA	0	1	2	

TOTAL SCORE:	/ 112	TOTAL MS MET:	/ 25	NUMBER NAs CIRCLED	/ 56
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