

The role of the public district hospital in TB control

Tuberculosis: a multidisciplinary approach to research, policy and practice

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Research questions

- How may the history of hospitalisation for TB and the status quo in the Free State be assessed?
- How do patients experience hospitalisation for TB in the Free State?
- What are the views of health managers at the national, provincial and district levels?
- How may hospitalisation for TB be improved to be most advantageous to TB control?

TB hospital history

1984-1997

- Poloko Sanatorium.
- Owned by Lifecare and later by the Bophuthatswana authorities – a public-private partnership.
- 200 psychiatric and 50 TB patients.

Poloko Sanatorium (for TB and psychiatric care)



Poloko Sanatorium (dilapidation)



1979-1999/2000

- Allanridge Chest Hospital.
- Owned by Lifecare Group Holdings (shareholding by Afrox Health Care and Real Africa Holdings).
- 650 approved TB beds in addition to psychiatric beds (December, 1998).

Allanridge Chest Hospital (TB and psychiatric care)



Allanridge Chest Hospital (a large infrastructure)



1953-2002

- Claudius Brink SANTA Centre (Santoord Hospital).
- Owned by the South African National Tuberculosis Association (SANTA).
- 145 TB patients (November, 2001).

The way to Santoord Hospital: Not *'The Long Walk to Freedom'*



Security at Santoord Hospital



Santoord Hospital (isolation)



Long-term hospitalisation at Santoord Hospital



Not much to do at Santoord Hospital



Closure of non-state TB hospitals

- 1997: Poloko Sanatorium. ✕
- 1999/2000: Allanridge Chest Hospital. ✕
- 2002: Santoord Hospital. ✕

TB hospital status quo

District hospitals

27 district hospitals: Kroonstad Hospital Voortrekker, Botshabelo Hospital, Diamond/Diamant Hospital, Dr. J.S. Moroka Hospital, Elizabeth Ross Hospital, Embekweni Hospital, Itemoheng Hospital, John Daniel Newberry Hospital, Katleho Hospital, Mafube Hospital, Mantsopa Hospital, Matlakeng Hospital, Medovs Sameday Surgical Centre Hospital, Metsimaholo Hospital, Mohau Hospital, Nala Hospital, National District Hospital, Nketoana Hospital, Parys Hospital, Phekolong Hospital, Phumelela Hospital, Phuthuloha District Hospital, Stoffel Coetzee Hospital, Thebe Hospital, Thusanong Hospital, Tokollo Hospital, and Winburg Hospital.

Winburg District Hospital



Elizabeth Ross District Hospital



← R9 449 000

MDR Unit

Dr. J.S. Moroka Hospital

- Broadly modeled on the Klerksdorp MDR Unit.
- 55 MDRTB patients (November 2003).
- Doctor availability.
- Patients content. No absconding.
- Ultraviolet lights and security doors will still be installed.
- Good follow-up to clinic-level care after discharge. A nurse accompanies the patient to the clinic.

Moroka Hospital (home to the new MDR Unit)



MDR Unit (hospital superintendent takes pride)



MDR Unit (extraction fans)



MDR Unit (child with MDRTB in private room)



MDR Unit (modern female ward)



MDR Unit (recreation facilities)



How do patients experience hospitalisation for TB?

Face-to-face, home-language interview survey in (October, 2001).

Sample:



Main hospital patient survey findings

Origin in rural areas/farms – 23%.

Males – 68%.

Age (mean) – 37 years.

Unmarried – 70%.

Functionally illiterate – 20%.

Work/ed at mine – 30%.

Prison experience – 31%.

At least one other household member who has/had TB – 21%.

Monthly income (mean) while hospitalised:

- Santoord – R149.00
- Public – R392.00.

Previous hospitalisation for TB – 58%.

Duration of previous hospitalisation for TB:

- Santoord – 128 days
- Public – 51 days.

Believe having TB is a disgrace – 63%.

Believe people liken having TB to having AIDS – 0%.

Believe hospital staff do their work well:

- Santoord – 49%

See doctor once per week or more often:

- Santoord – 27%
- Public – 71%.

Dissatisfied with...

	Santoord Hospital patients	Public hospital patients
Care generally	38%	11%
Health education	62%	43%
Availability of medicine	25%	9%
Efforts to stop nosocomial infection	38%	26%

What are the views of health managers?

National-level managers, October, 2003

Interviews with Inpatient Care Team

- Three other provinces do not have Lifecare or SANTA hospitals for TB care.
- Are public hospitals able to accommodate TB patients?
- Are public hospitals really equipped to isolate TB patients from others?
- Mixing of TB and HIV patients is unacceptable.
- Doctors in public hospitals lack knowledge about TB.
- Referral systems from public hospital to clinics function poorly.
- Treatment of TB patients in public hospitals is questionable.
- Both Lifecare and SANTA have a future

Interview with Lifecare head office

- *“We were disappointed when the Allanridge Hospital was closed in 1999/2000. We understand that it was a financial decision by the Free State Department of Health. District hospitals are not capable of accommodating patients for up to two months.”*

Interview with SANTA head office

- *“The closure of Santoord goes back six years. First they closed Lifecare. The objective was that they wanted to handle TB within the provincial hospitals. TB patients around the country are becoming more. DOTS was intended to release hospital beds and I guess in practice that is what it appears to do. Santoord Hospital was not really geared for MDR patients. Institutionalising TB patients at district hospitals is a hell of a risky thing to do.”*

Provincial-level manager, October, 2003

Interview with provincial TB co-ordinator

- Social problems at the MDR Unit did not materialise.
- District hospitals should reserve beds for TB.
- The Free State is able to hospitalise for TB at the district level – flexibility to organise bed capacity.
- Farm worker retreatment patients require hospitalisation (streptomycin, however, phased out).
- Unlike Santoord Hospital, no more absconding.

District-level managers, October – November, 2003

Interviews with three district TB co-ordinators

- *“Vir hospitaaldokters is toring opleiding in die nuwe protokole nie regtig ‘n prioriteit nie.”*
- *“At times hospitalisation that took place at Santoord was not even necessary. The district hospitals now admit TB patients when necessary.”*
- *“Elizabeth Ross Hospital is still not sticking to guidelines for diagnosis of TB. X-rays are still used too much.”*

Conclusions

Matebesi: TB patients in the Free State are poor and disadvantaged. Their *'illness careers'* are fraught with difficulty, including stigmatisation.

Janse van Rensburg-Bonthuyzen: With some difficulty, the Free State Department of Health is achieving successful TB control through its primary health care and district health system approaches, and through the vehicle of the WHO DOTS programme.

This study adds...

Hospital TB patients in the Free State are the poor of the poor.

The public district hospital in the Free State; i.e. the primary referral institution within the primary health care approach and the district health system, is somewhat slow to react to the challenges brought about by the closure of the former NGO and private hospitals.

These challenges demand increased delineation of the district hospital as a focal health care facility in state-driven TB control.

Immediate needs are to (i) intensify the training/re-orientation of district hospital doctors, and (ii) clearly reserve beds in district hospitals especially for TB patients.

A particular strong point in the Free State with respect to hospitalisation for TB is: