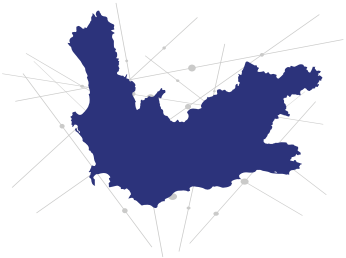


Scaling use of health data: A decentralised approach

Western Cape Government FOR YOU

THE HEALTH FOUNDATION SOUTH AFRICA

CITY OF CAPE TOWN ISIXEKO SASEKAPA STAD KAAPSTAD

Supporting clinical governance in the Western Cape: HIV and TB sentinel indicator reports

The Western Cape's **Clinical Governance (CG)** audit tool project was conceived to transform facility audits from resource-intensive folder reviews to **data-driven assessments in priority programmes** of **HIV** and **TB**, **NCDs**, **Maternal Health**, **Child Health** and **Mental Health**.

Traditional clinical audits required facilities to manually review 10-20 patient folders per audit. This approach was slow and resource-intensive, and provided limited insights into performance. The province needed a more efficient, comprehensive approach that could leverage the growing capabilities of linked digital data within the **Provincial Health Data Centre (PHDC)**.

Innovation

The innovation centred on developing "push-of-the-button" sentinel indicator reports that consolidate multiple existing PHDC reports and available backend data into single-page, easy-access reports. Unlike current reports that require parameter configuration and significant training and mentoring for optimal use, these reports are pre-configured to deliver the most relevant clinical governance information at the facility level in a format that is easy to digest. The reports are being designed to directly inform quality improvement initiatives.

Results and impact

The **TB sentinel indicator report** (Figure 1) has already demonstrated its value in draft format. **Metro Health Services (MHS)** spearheaded the development of the report and has already incorporated an Excel-supported version into their TB forum meetings. Facility staff have responded positively to this initiative, noting its ease of use and provision of valuable insights into key aspects of programme performance. The visual presentation allows facility managers and sub-district support teams to quickly identify trends across their entire patient population, rather than relying on folder audits.

The HIV sentinel indicator report (Figure 2) is in development, with a section being prioritised and already available to monitor monthly performance for the Close the Gap Campaign.

Lessons and future implications

CG activities support the development of a learning health system. By providing relevant and accessible data to identify and address problems, the reports support feedback loops that strengthen the health teams' ability to use data effectively. The collaboration across partners (MHS, Rural Health Services, City of Cape Town, Information Management and Governance, Service Priorities Coordination and PHDC), the use of existing and expanding PHDC infrastructure, the involvement of facility users in the design process, and monthly engagement with ground level staff and management to familiarise and support interpretation of the draft TB report, have all been key to the progress made so far.

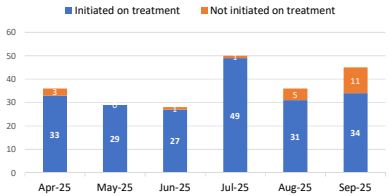
As facilities begin integrating these tools into routine clinical governance and quality improvement, ongoing support will be critical to sustaining and deepening their impact.

TB Programme Monthly Report for facility X

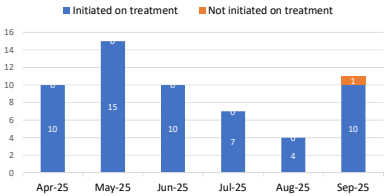
Report Month: September 2025 | **Age Category: All** | **Sensitivity: All**

TB Treatment Initiation

TB Clients Identified in Facility



TB clients allocated to facility



12

Not initiated on treatment in last month

18

Not initiated on treatment in last 3 months

Currently on Treatment at Facility

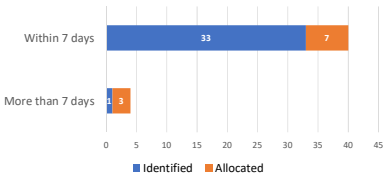
44

TB clients on treatment

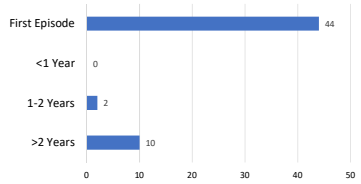
45

Captured in electronic TB

Time to Treatment Start



Duration between TB episodes



27

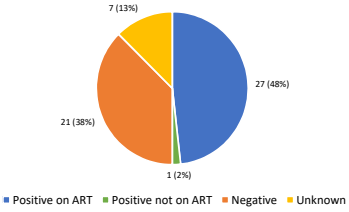
Disengaged from care

*Note this includes the last 6 month cohort

6

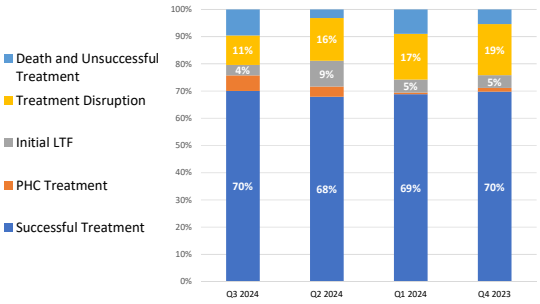
TTAL drawn in last month

HIV Status



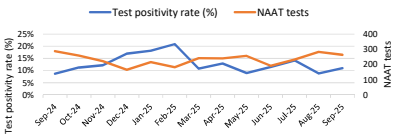
View Line List

Clinical Outcomes



TB prevention

Test Positivity Rate (%) and Number of NAAT Tests



TPT Initiations

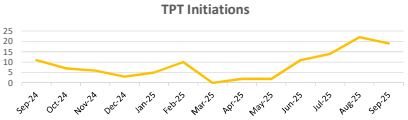


Figure 1: Snapshot of the draft TB Sentinel Indicator Report
(note: the data is fictitious, for illustrative purposes only)

HIV Programme Monthly Report for [Facility/SD/D name]

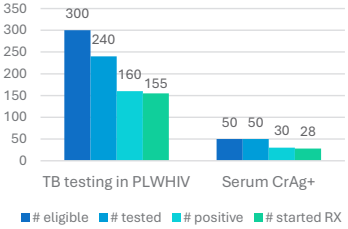
Completed month: July 2024 **Age:** <15 | ≥15 | All

HIV testing & ART, per month (NIDS+)

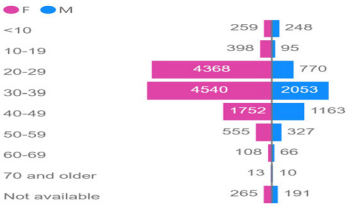
	Feb	Mar	Apr	May	Jun	Jul
HIV Tested	233	1230	1421	1308	1232	1191
HIV positive	155	207	203	184	152	109
Positive, previously on ART	116	123	149	123	112	71
Positive, restarted ART	111	119	149	118	106	69
Positive, never on ART	39	84	51	61	40	38
First ever ART start	39	49	33	51	29	26
Total on ART	1083	1178	1277	1343	1398	1410
Baseline CD4	116	168	182	146	137	92
ART start / restart	150	168	182	169	135	95
Transferred in	5	4	5	4	5	4
Successfully TFO	4	5	4	5	4	5
Disengaged ART	74	73	83	80	82	80
Died	1	0	3	1	1	1

*entering ART care = ART start/ restart + transferred in
^leaving ART care = Successfully TFO + disengaged + died

HIV Co-infections

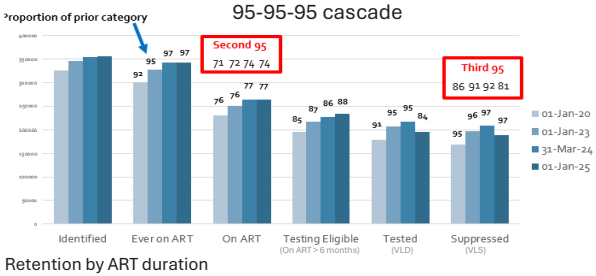


Age breakdown (PLHIV)



HTAL drawn during last month: 2

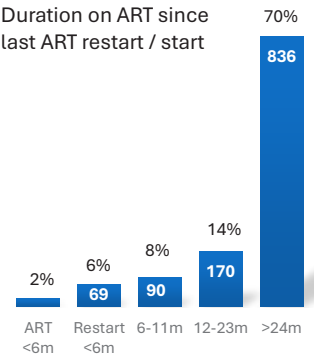
ART cohort, of all who attended in last 24 months



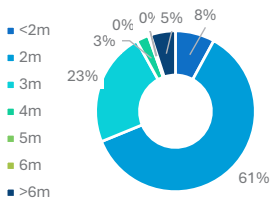
Retention by ART duration

	2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
RIC @ 12m*,	600 60%	600 60%	600 60%	600 60%	600 60%	600 60%	600 60%	600 60%
RIC @ 60m*,	550 55%	550 55%	550 55%	550 55%	550 55%	550 55%	550 55%	550 55%

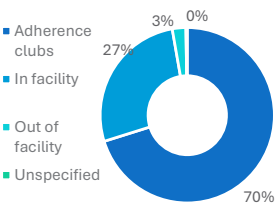
Duration on ART since last ART restart / start



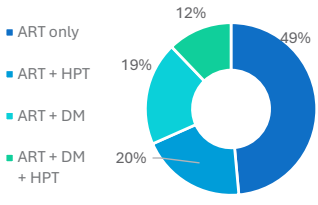
Meds dispensed at last pick-up



Repeat Prescriptions (RPCS)



Last provided medication



Date generated: 11 August 2024

Figure 2: Snapshot of the draft HIV Sentinel Indicator Report
(note: the data is fictitious, for illustrative purposes only)