

Changing the transmission-prevention strategy for pulmonary tuberculosis (TB) in an Iraqi prison: a quality improvement project

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Introduction

Tuberculosis is endemic in Iraq, and although the World Health Organization (WHO) is actively involved in its management and medication supply, there are no clear guidelines or regulation on diagnosis and treatment at the local level. Prisons suffer from higher prevalence of this illness due to multiple factors including security concerns, leading to reduced engagement and sometimes uninformed decisions relating to control infection.

Materials and methods

For the period between June 2014 and July 2015, a quality improvement project was carried out in one of Iraq's prisons to change the tuberculosis (TB) management strategy (Fig 1).

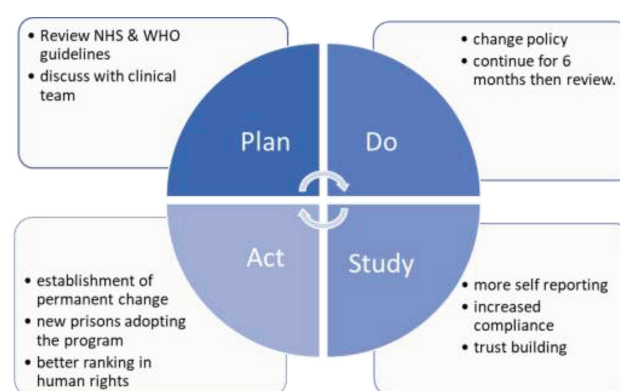


Fig 1. Quality improvement project for tuberculosis management in an Iraqi prison.

Table 1. Different authorities within the prison and mission analysis³

Domains/ departments	Justice department	Military department	Health ministry	Health centre
Role	Supportive	Provision of security	Logistically supportive	Healthcare
Characteristics	Adaptable, passive-aggressive	Reactionary, retaliatory, bullying	Dissonance between ideals and practices	Adaptable
People practices	Authoritarian, keeping social order	Harsh restrictions, unforgiving, dictatorial	Slow-paced, 'administrative sink'	Practical, detached, occasional heroes
Institutional practices	Status quo, detachment, demotivation	Fear, guarding, 'safety first'	Distance, unavailability	Managing expectations, minimally fulfilling its role
Context	Existing competent framework for legal requirements	True focus on security and protection from impending terror attacks	Fulfilment of role with minimal exposure and involvement	Self-protection, asserting autonomy, patient care (ideally)
Leadership styles	Situational, transactional, strategic	'Upper echelon' traits, 'great man', charismatic	Servant, adaptive, consultative	Incorporating psychodynamic skills, behavioural, contingent on circumstances
Managing vs. leading	Rigid leadership that changed into a managerial role	Strictly managerial	Minimally involved / managing	Leadership of healthcare service, managerial in handling internal conflict

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A review of WHO and NHS guidelines was carried out and compared to current practice.^{1,2} A proposal was made to reduce patient isolation from 6 months to only 2 weeks of medication compliance, and without the need for re-investigation. Change was made through challenging existing culture and promoting cooperation between different departments to facilitate change³ (Table 1).

Results and discussion

The common practice of requiring 6 months' isolation led to suppression of presentation and increase in prevalence. The prison was unable to handle the situation and imposed very restrictive management measures.

The change implemented was that isolation continued for only two weeks of compliance to medication, which was given directly by the medical team. Patients then re-joined other prisoners without the need for a negative test. The new procedure improved trust between the medical team and the prisoners. Through the year, the programme diagnosed 37 new cases of TB. Afterwards, the programme was adopted by another prisons, and was accepted as the policy of the prison. Also, the prison received a higher ranking in human rights performance for that year.

Conclusion

The prolonged isolation of TB suspects was due to lack of awareness of the guidelines and miscommunication between different governing

organisations, as well as the tendency to find an easy solution.

Upon introduction of the new system, compliance increased, more patients reported their symptoms and the justice and medical team engaged more enthusiastically. This is a clear example of how quality improvement can be less resource-demanding and still lead to positive results. ■

Conflicts of interest

None declared.

References

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