



EDITORIAL

Lost in time and space: the outcome of patients transferred out from large hospitals

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The completion of anti-tuberculosis treatment is the key both to cure and to ultimately preventing tuberculosis. Many patients are diagnosed at large hospitals and initiate treatment there. Big, busy, overcrowded hospitals may at some stage refer patients to a clinic closer to the patients' homes, which has obvious benefits for patients and their families. In reality, however, this is not always easily done. Although formalising the process eases the referral for the patients and reduces the number lost to follow-up,¹ the actual outcomes of such transferred patients are often not known,² and it has been shown that many of these are in fact lost to follow-up.³

In this issue of PHA, a paper by Jong et al. shows improved treatment outcomes in a large hospital in South Africa following the appointment of a designated person to take care of all transfer procedures in addition to other relevant tuberculosis-related tasks.⁴ A large setup and infrastructure such as this is not available in all settings, but use of existing tools and printed guidelines for transfer-out procedures may also help. One of the tools the focal person uses is referral letters; another may be the regular creation of a list of all transferred patients to help check whether the patients have reached the agreed clinic for continued follow-up. An updated list of all the relevant management units in the area is crucial for a focal person to succeed in these tasks, and this is already routine in some National Tuberculosis Programmes (NTPs). An online list may be easily updated but may still be diffi-

cult to access in many low-income countries. Such a list would also benefit referred patients by having the names of responsible persons to contact on arrival at the new clinic.

A 'tuberculosis focal person' at a large hospital needs to have close contact with the district tuberculosis coordinator, and could be a link for providing information about the real treatment outcome of transfer-out patients. This person would benefit from participating as a facilitator in NTP training sessions for management issues, and could also benefit greatly from links with community health workers. Close, supportive monitoring by the NTP and improved links with the district health system will be crucial to strengthen this approach. The article by Jong et al. is a welcome step towards addressing this universal problem.

References

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