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**Cape Higher Education Consortium (CHEC) / Western Cape Government (WCG)  
JOINT RESEARCH PROGRAMME**

**Final Report and Request for No-cost Extension**

**COVER PAGE**

**Project Title:** Identifying barriers to accessing health care for chronic wounds in the Khayelitsha sub-district: A mixed-methods study

**Priority Theme:** Empowering People

**Provincial Strategic Goal:** PSG 3 (Increasing Wellness)

**NOTE:**

Dear Research Committee,

Data collection was completed in May 2021. The data analysis and write-up phases are in progress. The intended deadline for the completion of the data analysis and write-up was November 2021. However, during the data analysis phase, further interviews were needed to achieve data saturation. Therefore, data analysis and write-up of the conclusion and recommendations are still pending. Finally, the research team intends to disseminate the findings in multiple stakeholder meetings as well as publish the study in a peer-review journal.

**ADJUSTED TIMELINE**

- Data collection will be completed by end January 2022.
- Data analysis will be completed by end of March 2022.
- The write-up will be completed by end of June 2022.
- The dissemination of findings will take place between July and August 2022.
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Herein is a final report although please note that I will submit **an addendum** with the conclusions and recommendations for follow-up action as well as dissemination outputs in August 2022.

**Kathryn Chu | MD, MPH, FACS, FASCRS**

**Primary Investigator**

kchu@sun.ac.za

Director, Centre for Global Surgery

Department of Global Health, Faculty of Medicine and Health Sciences Stellenbosch University

## ABSTRACT

A chronic wound can be defined as a skin defect that has not healed within three months and has an immense physical, psychological, and financial impact on individuals and their caregivers. Chronic pain, reduced mobility, emotional distress, social isolation, loss of income, and amputation-related disabilities from chronic wounds, all lead to a diminished quality of life. A massive burden is placed on the healthcare system by chronic wounds. Chronic wound care is labour intense requiring frequent wound care visits over a period of months to years. The human resources and dressing consumables needed make it a costly condition to treat. Majority of chronic wound care is provided by nurses at primary level facilities. However, if wounds are poorly managed due to a lack of resources, services, or inappropriate referrals, there is an increased risk of ongoing complications. The successful management of a chronic wound requires a well-functioning and robust healthcare system which includes adequate services, resources, and referral pathways for chronic wound care. Access to care is a complex pathway and is affected by multiple factors. Delays in accessing health care can be categorized using the Four Delays Framework which outlines delays in seeking care, reaching care, receiving care, and retaining care. To assist in providing optimal care, barriers to accessing care need to be identified and addressed. The Khayelitsha health district is one of the most impoverished areas in the city and serves a population of 391 749 people. The public health care facilities that serve the Khayelitsha health district include ten primary health care clinics, one district hospital, and one tertiary hospital. In the Khayelitsha health district, there is little known regarding the existing services, resources, and referral pathways for persons with chronic wounds. This study highlights that chronic wound care is an immense, unmet need that calls for a better understanding of existing pathways to health care with the goal to identify barriers to chronic wound care and suggest solutions to strengthen the health system.

One of the priority themes of the Western Cape Government (WCG) is *Empowering People*. This can be achieved through improving health through health systems strengthening. In order to improve the healthcare system, we must be aware of what the system offers and how effectively it functions. Only then will be able to identify barriers and propose solutions to strengthen the system as a whole. Academia plays a critical role in providing gaps in knowledge of barriers to seeking, reaching, receiving, and retaining care for chronic wounds. This situational analysis of wound care management in the Western Cape highlights barriers to accessing and providing wound care, as well as helps empower stakeholders, including patients, wound care providers, and community members to take ownership of their role in wound care pathway. Access to care for persons with chronic wounds living in the Khayelitsha health district and the barriers faced are not known. By understanding the available services, resources, and referral pathways for chronic wound care, the barriers and gaps can be identified easier. After identifying barriers, possible solutions and recommendations will be made that in turn would assist in providing optimal care and lead to better clinical outcomes and improved patient quality of life.

## INTRODUCTION AND AIMS / QUESTIONS

### **Aim**

To map existing services, resources, and referral pathways for chronic wound care at each level of care and identify barriers to accessing care for persons with chronic wounds living in the Khayelitsha health district.

### **Research questions**

1. What are the existing services, resources, and referral pathways for chronic wound care available at each level of care in the Khayelitsha health district?
2. What are the barriers to accessing care for persons with chronic wounds living in the Khayelitsha health district?

### **Objectives**

The following objectives have been set in order to fulfil the aim of this study:

1. Map existing services, resources, and referral pathways for chronic wound care available at each level of care in the Khayelitsha health district.
2. Identify barriers to accessing care for persons with chronic wounds living in the Khayelitsha health district.
3. Propose solutions to address barriers identified in Objective 2.

## RESEARCH APPROACH AND METHODS

### *Study sites*

This study was conducted at the public health facilities that serve the Khayelitsha health district between November 2020 and May 2021. This includes ten primary health care facilities, one district hospital, and one tertiary hospital. The ten clinics are: Michael Mapongwana community health centre (CHC), Site B CHC, Mfuleni CHC, Nolungile CHC, Zakhele Clinic, Kuyasa Clinic, Town Two Clinic, Matthew Goniwe Clinic, Luvuyo Clinic and Mayenzeke Clinic.

### *Study design and population*

To achieve the study aim, we used a mixed methods methodology implemented over three phases. First, a cross-sectional questionnaire was conducted at health facilities serving the Khayelitsha health district. Second, semi-structured individual interviews were performed with select medical staff at primary health care facilities, the district hospital, and the tertiary hospital. Lastly, individual semi-structured interviews were done with persons with chronic wounds.

The study participants included adults with chronic wounds that were receiving wound care services in the Khayelitsha health district, as well as medical staff (nurses, doctors, and facility managers) providing these chronic wound care services in the facilities that serve the Khayelitsha health district. The inclusion criteria for persons with chronic wounds were adults that had the capacity to give consent independently; currently being treated for a chronic wound for > 4 months; currently living in Khayelitsha health district and having either isiXhosa or English as home language. The exclusion criteria were persons with chronic wounds who utilised private health facilities or products from private pharmacies or traditional healers; who used health facilities outside of the Khayelitsha health district; who were bed-bound, and who were adults with impaired decision-making capacity. Staff that had worked with chronic wounds for less than 2 months were excluded.

### *Data collection*

Three phases were completed in order to collect both quantitative and qualitative data. During phase 1, data were obtained through completing a total of 12 cross-sectional questionnaires at all ten primary health facilities, the KDH surgical out-patient department (SOPD), and the TBH plastic surgery clinic. Based on the data obtained from phase 1, two primary health facilities, namely Michael Mapongwana CHC and Nolungile CHC, were selected for the interviews with medical staff. During phase 2, 10 individual semi-structured Interviews with medical staff members were performed at Michael Mapongwana CHC, Nolungile CHC, KDH, and TBH. During phase 3, 10 individual semi-structured interviews with people with chronic wounds assisted in obtaining further qualitative data.

### *Interim data analysis (still in progress)*

Descriptive statistics were used to summarise the data collected in phase 1 of the study. This aided in answering the question regarding existing services, resources, and referral pathways for chronic wound care available at each level of care. The data in phase 2 and 3 consisted of 20 recorded interviews that were transcribed, and a thematic analysis was performed. This approach was selected to answer the broad research question that asked what the barriers are to accessing chronic wound care in the Khayelitsha health district. It sought out people's experiences, views, and insights regarding chronic wounds and the pathways to accessing care.

### *Ethical considerations*

Ethics approval was granted by the Health Research Ethics Committee of the University of Cape Town. Following ethics approval, permission was obtained from the Western Cape Provincial and City Department of Health as well as the relevant medical managers and heads of departments at each primary health facility, KDH, and TBH. Each study participant from phases 1-3 was individually consented.

## CONCLUSIONS AND RECOMMENDATIONS FOR FOLLOW-UP ACTION

Not yet completed (will submit as addendum August 2022 when data analysis and write up are completed).

## Significance and Impact

This is a foundational study that presented the current chronic wound care services, resources, and referral pathways available in the Khayelitsha health district. It also identified and mapped the barriers to accessing chronic wound care for individuals living in Khayelitsha. Suggestions to overcome these barriers will be made to all stakeholders during the dissemination of the findings. The information obtained by this study may serve to support future research that intends to design and test an intervention to improve access to care for chronic wounds. Overall long-term outcomes of developing such an intervention include: 1) empowering communities to recognise when to seek health care and how to prevent chronic wounds and their associated complications, 2) empowering and upskilling health care professionals at community health centres to manage wounds appropriately according to a standardised protocol 3) decreasing the need for referral to higher levels of care, thereby preventing overburdening of these facilities and decreasing delays to patient care, potentially reducing preventable complications.

## BUDGET

<b>Budget:</b>				
	<b>Description of budget line item</b>	<b>Original Budget</b>	<b>Amount spent</b>	<b>Proposed budget for no-cost extension</b>
<b>a.</b>	<b>Transport costs</b> (R3.50 per km x 50km x 30 visits) – Khayelitsha Site B (10 Visits), Khayelitsha District Hospital (10 Visits), Tygerberg Hospital (10 visits)	R5 250	R2 158	R2 012
<b>b.</b>	<b>Gift vouchers for individual stakeholder interviews</b> (R150 x 27 stakeholders) – including 1 doctor, 2 nurses, 3 patients, 3 patient family/support members per site	R4 050	R3 000	R600
<b>c.</b>	<b>Food and beverages for stakeholder focus groups</b> - at Khayelitsha Site B (1x patient focus group, 1x nursing focus group) and Khayelitsha District Hospital (1x patient focus group, 1x nursing focus group, 1x doctor focus group) and Tygerberg Hospital (1x patient focus group, 1x nursing focus group, 1x doctor focus group) = 8 x R750	R6 000	R2 945	R450
<b>d.</b>	<b>Food and beverages for dissemination of findings sessions</b> (1 session at each facility = 3 sessions x R750)	R2 250	R0	R6 022
<b>e.</b>	<b>Consumables</b> (stationery and printing of documents required for sessions)	R1 000	R3 472	-
<b>f.</b>	<b>Data-capturer salary</b> (R65/hour) x 40 hours	R2 600	R0	-
<b>g.</b>	<b>Tape recorders</b> (R1000 each x2)	R2 000	R0	-
<b>h.</b>	<b>Transcription and translation services for 2 patient focus groups and 10 individual patient interviews</b> (R600/hour x 24 hours - 2 hours per focus group/interview)	R14 400	R2 019	R11 400

<b>i.</b>	<b>Transcription services for qualitative data</b> (social scientist fee R480/hour x 13 hours) - 2 nurse focus groups, 2 doctor focus groups, 6 individual nurses, 3 individual doctors (1 hour per interview/focus group)	R6 240	R0	R712
<b>j.</b>	<b>Statistical analysis</b> (Epidemiologist fee R100/hour x 40 hours)	R4 000	R0	-
<b>k.</b>	<b>Publication costs</b>	-	-	R13 000
<b>TOTAL</b>		R47 790	R13 594	R34 196