

Direct Assistance Facility A

VIRAL LOAD RESULTS TRACKING

Team Members

ROLE	TEAM
Champion/Sponsor	
Team Lead	
QI Expert/Coach	
Data Manager	
PMCT Nurse	
Adherence	
Nurse	
Pharmacy	
HTS	
Peer Educator	

Facility Background

- The health centre was started in 1957
- Has catchment population of 44,845
- Has 55 working staff and 6 CHVS
- The CCC was started in 2009
- 1176 are active on ART Uptake
- 1054 are eligible for viral load
- The viral load uptake is at 92%
- The suppression rate is 96%

Stakeholder Analysis(Put actual *people*)

HIGH INFLUENCE LOW IMPORTANCE(satisfy)	HIGH INFLUENCE HIGH IMPORTANCE (Engage)
LOW INFLUENCE LOW Importance(monitor)	LOW INFLUENCE HIGH Importance(inform)

The Story Of Our Project

Project Summary

What are we trying to accomplish?	How will we know if a change is an improvement?	What change will we make that will result in an improvement?
<p>Avail timely viral load results in patient files for effective timely management of patients</p>	<p>AIM Statement To reduce percentage of missing viral load results in the viral load tracking log from 2% to 0% by 29th March 2019</p> <p>Metric: (Number of missing results from the viral load tracking log/Total number of viral load samples taken)</p> <p>To reduce the percentage of missing viral load results in patient files from 27% to 5% by 29th March</p> <p>Metric:(Number of patient files missing viral load results /Number of patient files eligible for viral load)</p>	<p>Intervention</p> <p>Availed SOPs for sample management Call NHRL every 2 weeks</p> <p>Call clients who have missed results</p> <p>Run line lists after every two weeks of all patients eligible for viral loads</p> <p>Extract files of all patients due for viral load</p> <p>Call all patients missing results</p> <p>Ensure prompt filing of results in patient files</p>

Elevator Speech

What is the project all about: Tracking of viral load results

As a result of these efforts, patients will be managed in a timely manner.

It's important because we are concerned about:

timely clinical management of patient results

Success will be measured by showing improvement in:

- ❖ Number of viral load results available in the viral load tracking log
- ❖ Number of viral load results available in the patient files

What we need from you –airtime, tonners and printing paper

Process Mapping

The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Triage	Vital signs-BP, Weight, Temp are taken Adherence assessment- pill count VL Due? YES/NO	Nurse	5-10 minutes	Green cards VL request forms	Documentation of Temperature Pill count ,Respiratory rate to be captured in the Green card. To have Job Aid in Triage
Order VL test	MDT if VL>1000 Adherence sessions Complete lab requisition form,	Nurse/Clinician/lab officer/pharmacy Technologist/adherence counselors/Data officer	30 minutes	Lab requisition form, MDT minutes, call tracking log, viremia register	VL requisition form needs provision for: VL confirmatory/VL Routine
Patient sent to the lab	Laboratorian interact with the patient Requisition form Reviewed for proper information like -Age, sex & CCC numbers Collection of whole blood in EDTA tubes via venipuncture Capture age, sex CCC number on the EDTA tube Document in the VL tracking Log Centrifuge and aliquot 2ml of plasma into cryovial.	Lab Technologist	5-30 minutes	Lab request forms Lab tracking log	Review the SOPs for VL Sample management .

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Sample transport	Remote login done by creating shipment period. Sample transport manifest prepared electronically/manual when there is no power. Samples arranged in rack as they appear in the requisition form ready for shipment by the Rider who picks the Sample Every Tuesdays and Thursdays	Lab technologist	10-15 minutes	VL Sample manifest VL Lab requisition form	Template sheet to be created for rider clock in and out when takes sample to NHRL.
Receive samples @ NHRL lab	Verify manifest for acceptance/rejection- (accurate data entry, sample mislabeling) refrigerate samples	NHRL Staff	1-3 hours	Sample rejection forms	NHRL to sign and stamp the VL sample manifest give it to return to facility. And remain with duplicate copy. Sending site to file the stamped and signed VL manifest.
Site notified	Site notified of rejected samples via rider	NHRL Staff	immediately	Sample rejection log	Rider to be given sample rejection form from NHRL to take to sending facility stating the reason for rejection corrective action taken at site
Storage	Accepted sampled are refrigerate @-40°C FIFO	NHRHL			

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Run tests	Run tests Review results Release results electronically	NHRL Staff	Averagely 10 days		Follow up of missing results
Retrieve results	Download results electronically Document in the VL log and Lab request form Flag HVL in logs	Lab technologist	10-20minutes	VL tracking Log Lab request form	Review the Turn around time for VL results . Review missing results.
Sort HVL vs LVL and deliver to Clinic	Results picked up for delivery to the CCC Department If VL<1000-deliver to data room If VL>1000-deliver to Clinician	Lab technologist	Immediately after getting results	VL tracking log Lab request form	Lab department to create a template where HVL results will be captured and hand them to clinician at CCC for intervention. Create and improvise a tray at CCC room where HVL will be placed and entered in the viremia register and respective clients contacted by the adherence counselor. Data officer to have a tray where VL results HIGH AND LOW will be placed for logging them to the system Lab department to assign VL champion to facilitate and sustain the process.

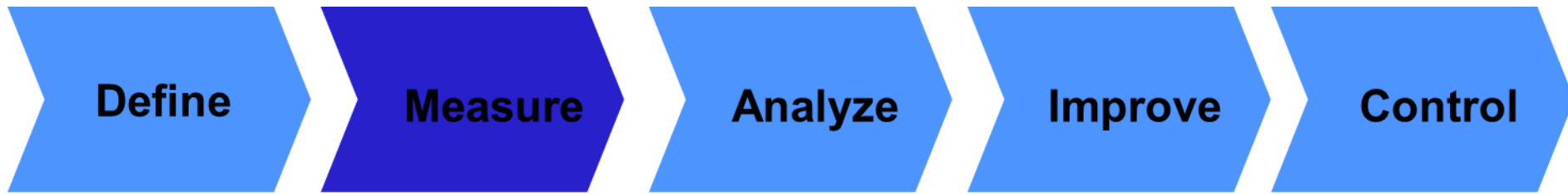
Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Viral load results missing	Track/Compile list of missing results	Lab Technologist	monthly	VL Tracking log	Lab department to assign VL Champion to facilitate, and liase with NHRL staff to know the fate of missing results. Weekly monitoring of missing results
Patient care for high VL	File VL into patient file Document into viremia register Dispense drugs, MDT sits with patients and the enhanced adherence counseling session are initiated	ART Nurse/data officer/peer Educator/clinician/adherence counselor	immediately	Viremia register/patient result forms/patient file	MDT formed to review and discuss PT with high viremia. Minutes captured and well kept for future reference
Call patients with high VL results and schedule appointment for clinic visit	Adherence counseling Monthly appointments	Nurse/adherence counselor/peer educator/clinician	1-4 days	Call log and appointment book	Documentation of the intervention
Call all high VL patients who missed appointments	MDT Explain VL results; investigate reasons for high VL (adherence issues or treatment failure) Address adherence	Nurse/adherence counselor	30-45 minutes	Call log and appointment book	Documentation of the intervention
Home visits after first adherence counseling	Assess adherence	Nurse/adherence counselor/clinician	30-45 minutes	Viremia register/patient file/home visit forms	Review and monitor appointment register'

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
If adherence issue, send patients for counseling	Explore with the client adherence challenges	Adherence counselor/Peer Educator	20-30 min	Adherence forms	Documentation
If treatment failure suspected, schedule clinic visit with next doctor's visit	History taking, Examination of the patient	Nurse/clinician	30 minutes	Patient file/VL Results form	Documentation
Utilize VL test results for patient management	Interpret results low /high VL	Nurse/clinician	5minutes	Patient file VL result form	Documentation

Process Mapping

The First Step Towards Improvement

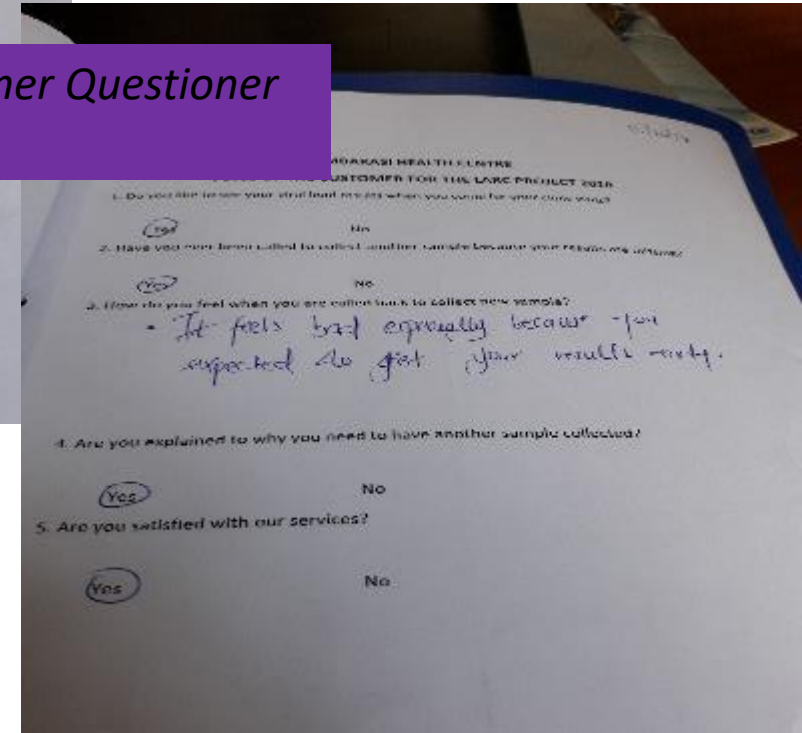
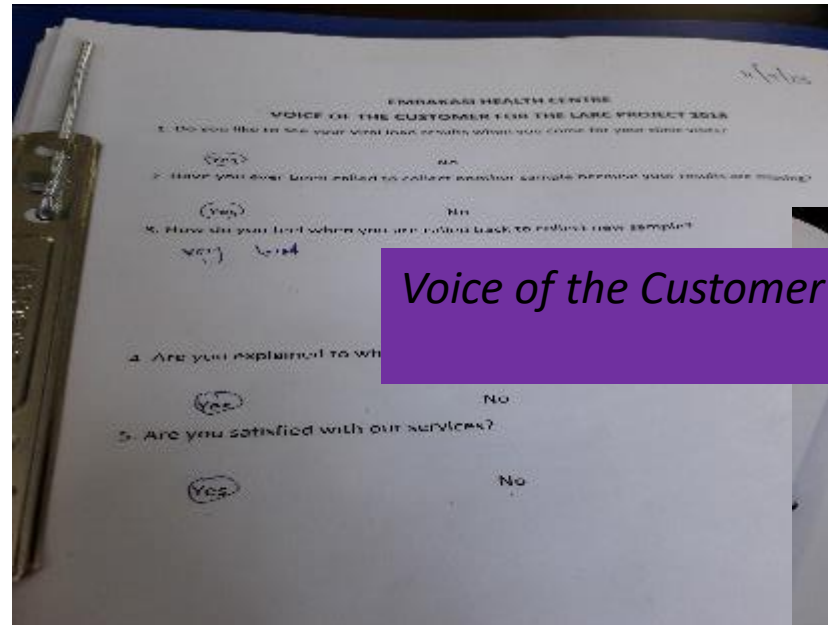




VOC tool

Voice of Customer

- The customer is the HIV positive client who attends our facility.
- **Tool used to collect the VOC was a** a self administered questioner .
- Sample size was 50 patients
- Collection Process: For every 3rd client who visited that facility
- Filled questionnaires dropped by individual patient anonymously at a designated box at the reception

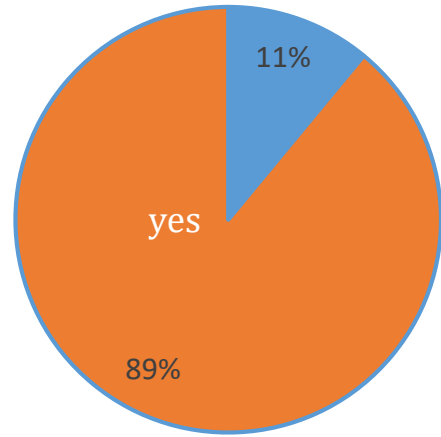




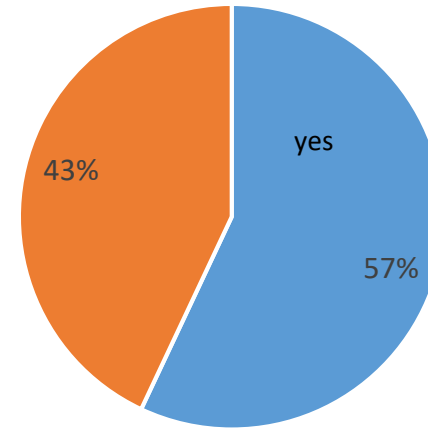
- **Gap (Problem Statement):**

Poorly defined laboratory tracking system of viral results from laboratory to patients file led to negative impact of general client management in the Comprehensive Care Clinic.

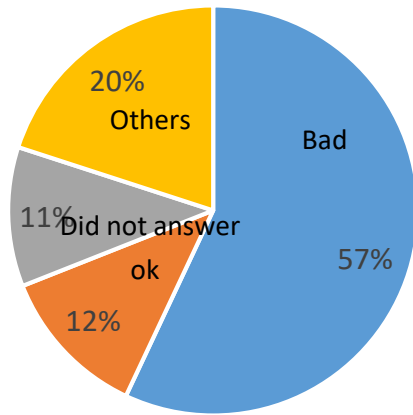
Are you shown your viral load results when you come for your appointments?



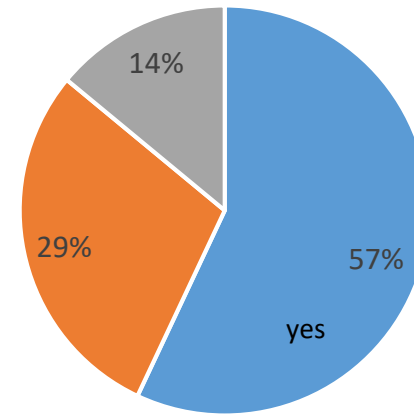
Have you ever been called for a Viral Load



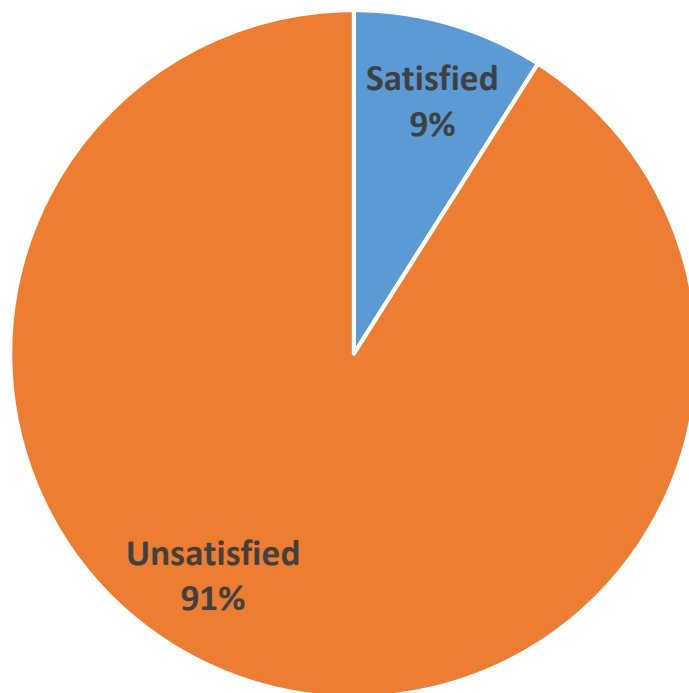
How do you feel when you are called for a viral load repeat?



Did you receive an explanation why the sample is being repeated?



Satisfaction with our services

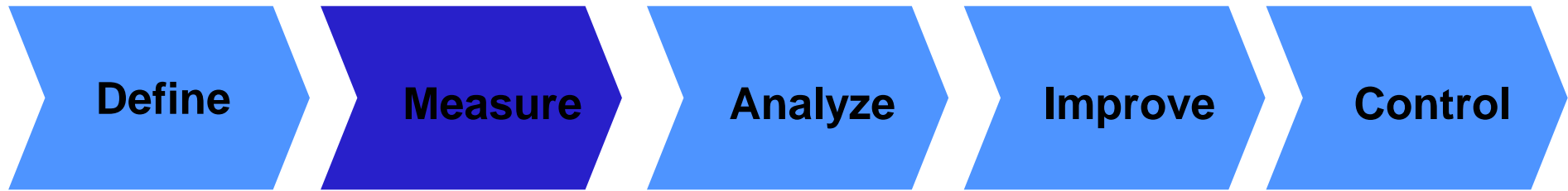


"I may feel bad when called but its ok because for the good of my health"

"I fee disappointed because this is a waste of time caused by someone somewhere not been careful"

What did we learn

- As a facility we learnt that client feedback is very important.
- There is need for us to adopt this for other gaps we may identify as a clinic



- **Metric Selected(for results missing in the VL tracking log)**

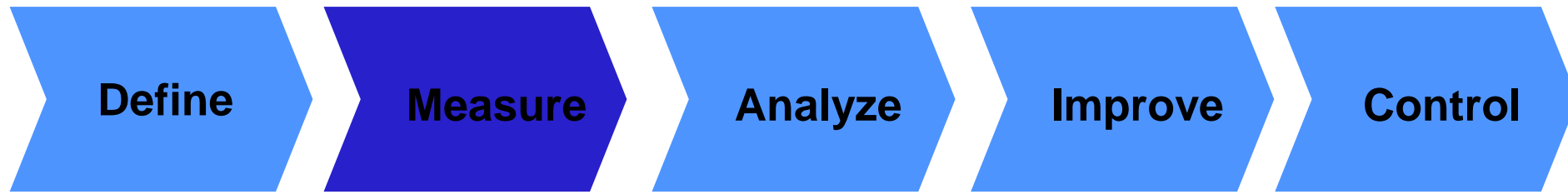
$$\frac{\text{Number of missing viral load results from tracking log}}{\text{Total number of viral load samples taken}} * 100$$

Baseline Data 2%

- **Metrics selected (for results missing in the patient files)**

$$\frac{\text{Number of patient files missing viral load results}}{\text{Total number of viral load samples taken}} * 100$$

Baseline data 27%

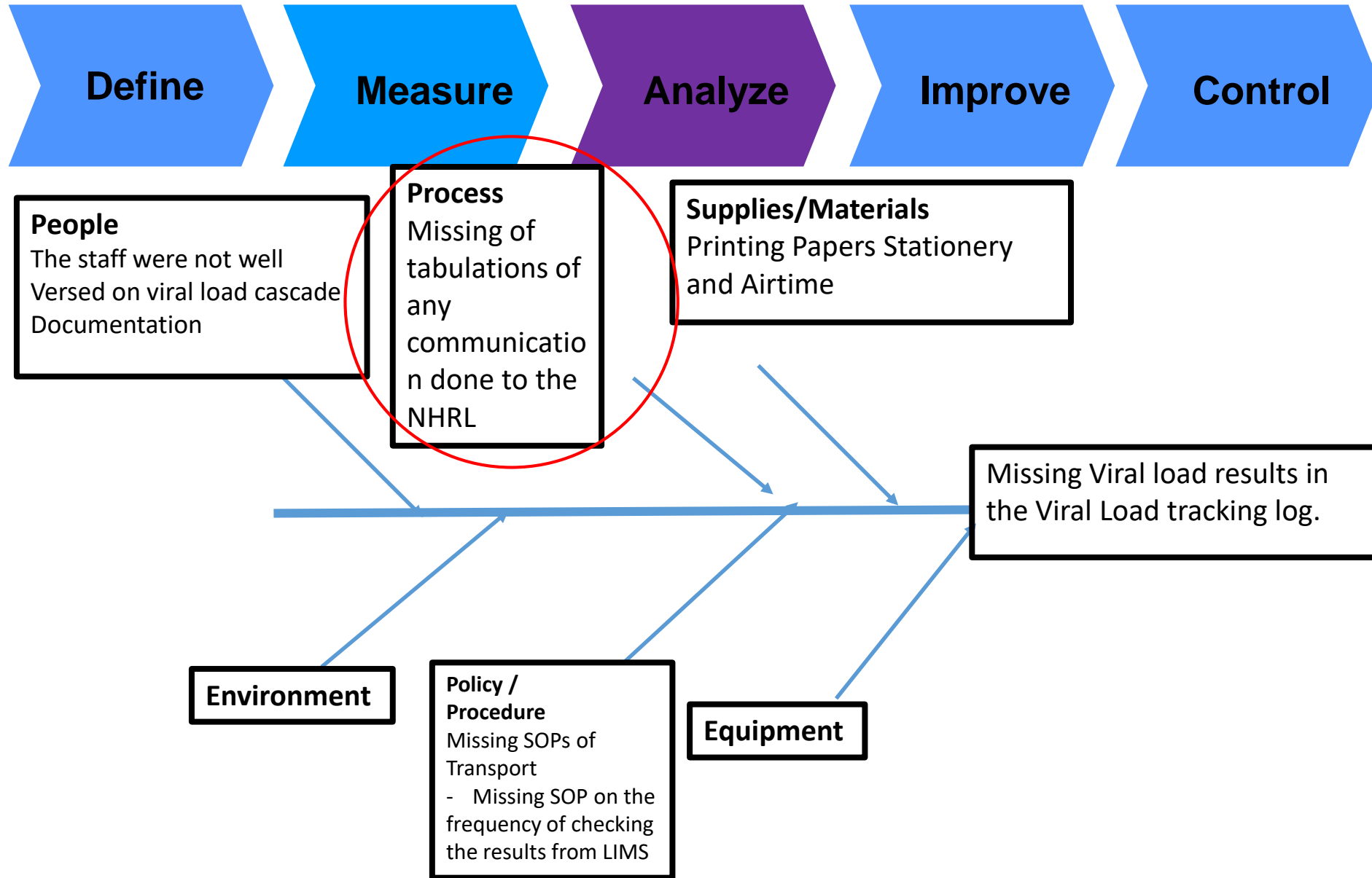


Data collection tool

Sl. No.	Date	Time	Location	Activity	Remarks
01	2014				
02	2014				
03	2014				
04	2014				
05	2014				
06	2014				
07	2014				
08	2014				
09	2014				
10	2014				
11	2014				
12	2014				
13	2014				
14	2014				
15	2014				
16	2014				
17	2014				
18	2014				
19	2014				
20	2014				
21	2014				
22	2014				
23	2014				
24	2014				
25	2014				
26	2014				
27	2014				
28	2014				
29	2014				
30	2014				
31	2014				
32	2014				
33	2014				
34	2014				
35	2014				
36	2014				
37	2014				
38	2014				
39	2014				
40	2014				
41	2014				
42	2014				
43	2014				
44	2014				
45	2014				
46	2014				
47	2014				
48	2014				
49	2014				
50	2014				
51	2014				
52	2014				
53	2014				
54	2014				
55	2014				
56	2014				
57	2014				
58	2014				
59	2014				
60	2014				
61	2014				
62	2014				
63	2014				
64	2014				
65	2014				
66	2014				
67	2014				
68	2014				
69	2014				
70	2014				
71	2014				
72	2014				
73	2014				
74	2014				
75	2014				
76	2014				
77	2014				
78	2014				
79	2014				
80	2014				
81	2014				
82	2014				
83	2014				
84	2014				
85	2014				
86	2014				
87	2014				
88	2014				
89	2014				
90	2014				
91	2014				
92	2014				
93	2014				
94	2014				
95	2014				
96	2014				
97	2014				
98	2014				
99	2014				
100	2014				

Data collection Plan

- Data points
 - Baseline Data points-Monthly & 3 data points
 - Time frame of data collection-2 weeks
 - Interpretation was done using Run charts in Excel program





IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities

Major Improvement

Minor Improvement

Just Do It

SOPs this has been done for VL Management
 Schedule for Riders
 ART guidelines review for clinicians
 Thermometer in vital signs provided
 Availing high viral load for clinicians
 Contract with Riders
 Orientation of Data Officer
 Vital Sign Guide

Just Do It if Impactful

Moving

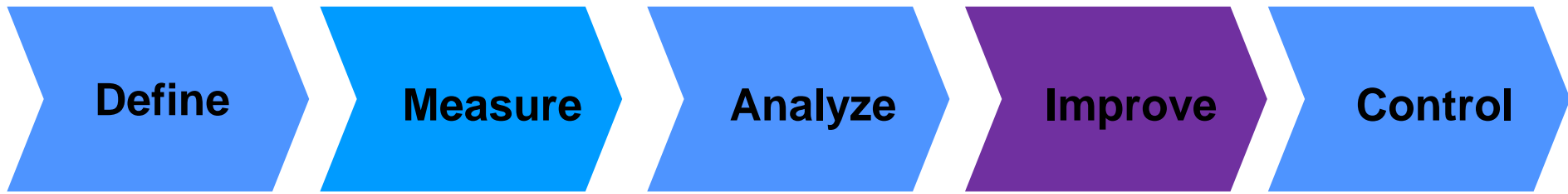
Easy to Do

Projects - Detailed planning and work

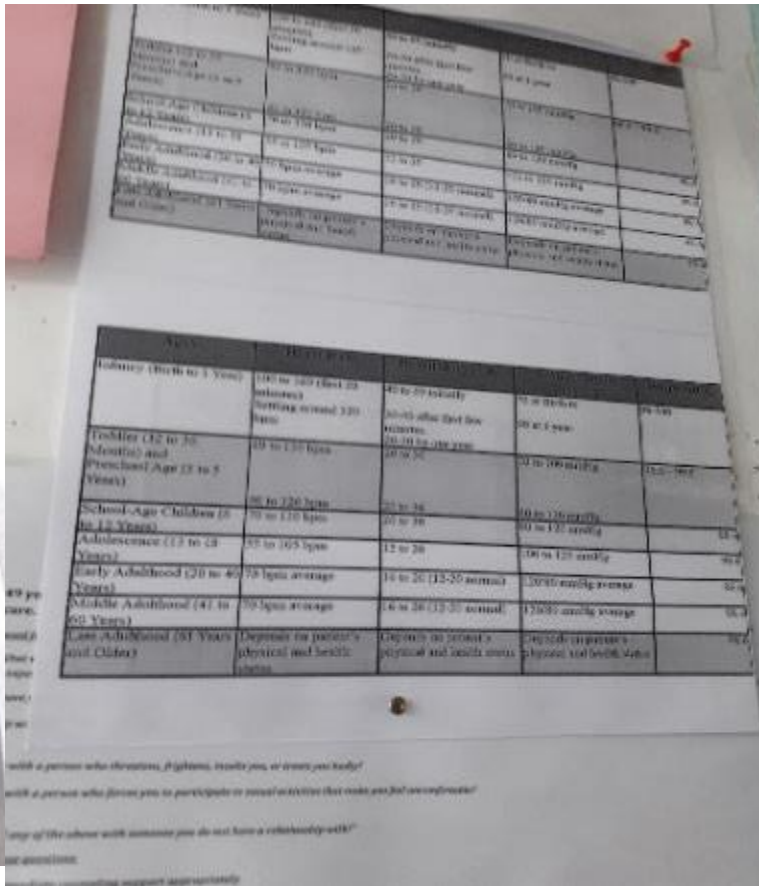
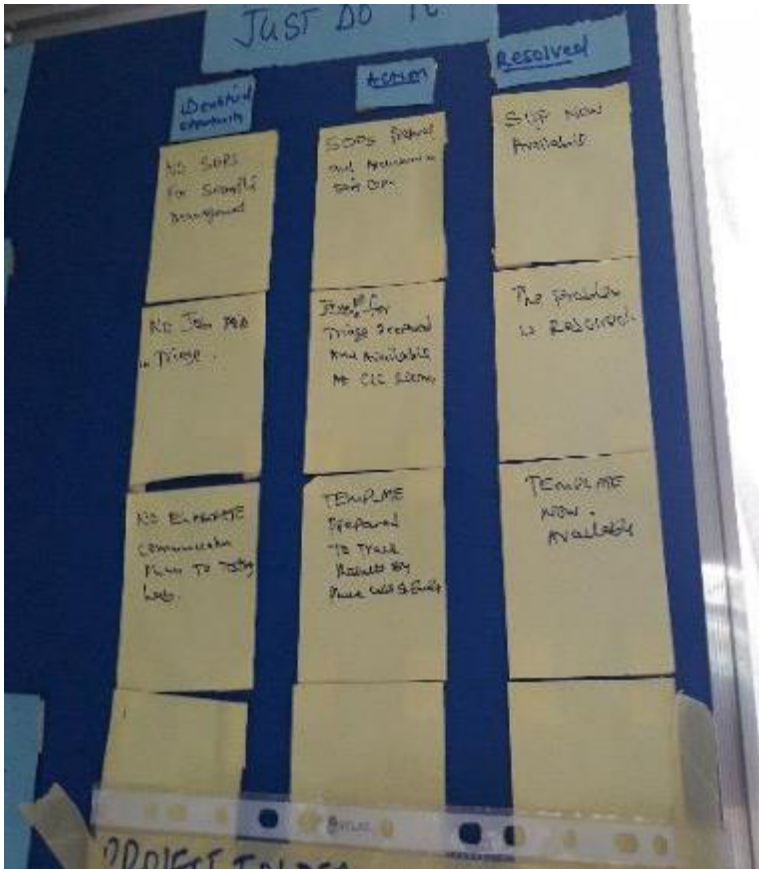
Viral load results missing in VL tracking log

Maybe some day

Difficult to Do



Our Just Do Its



- Just Do It
- SOPs this has been done for VL Management
- Schedule for Riders
- ART guidelines review to all the facility team.
- Thermometer in vital signs provided
- Availing high viral load for clinicians
- Contract with Riders
- Orientation of Data Officer
- Vital Sign Guide

visuals management

BEFORE



A





5 S PICTURES cont...

- Before

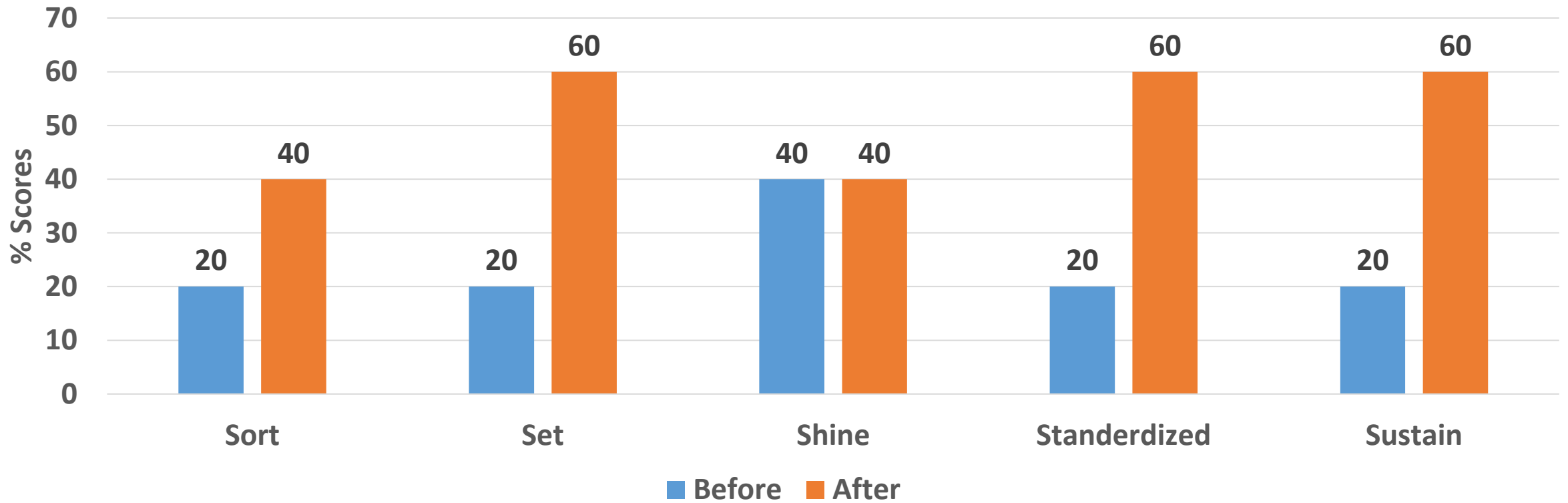


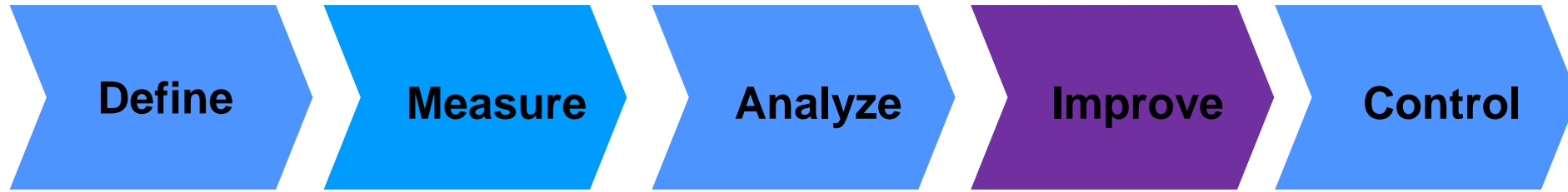
- After





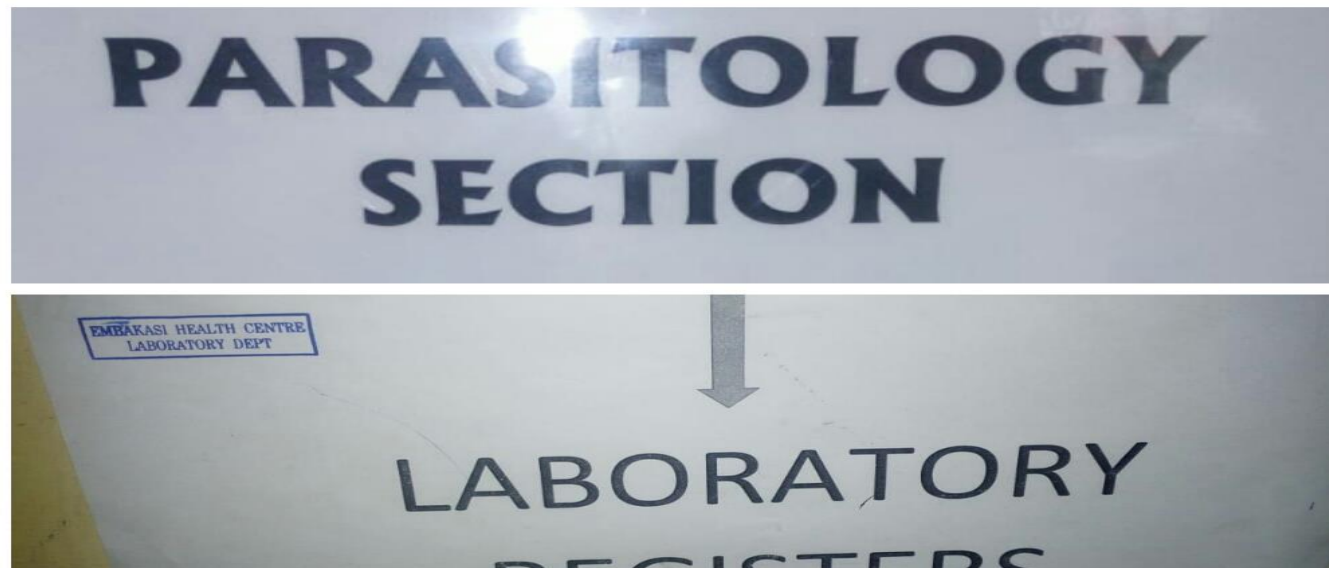
5S-Level of Excellence





Visual Management

- Photos of Visual Management Changes

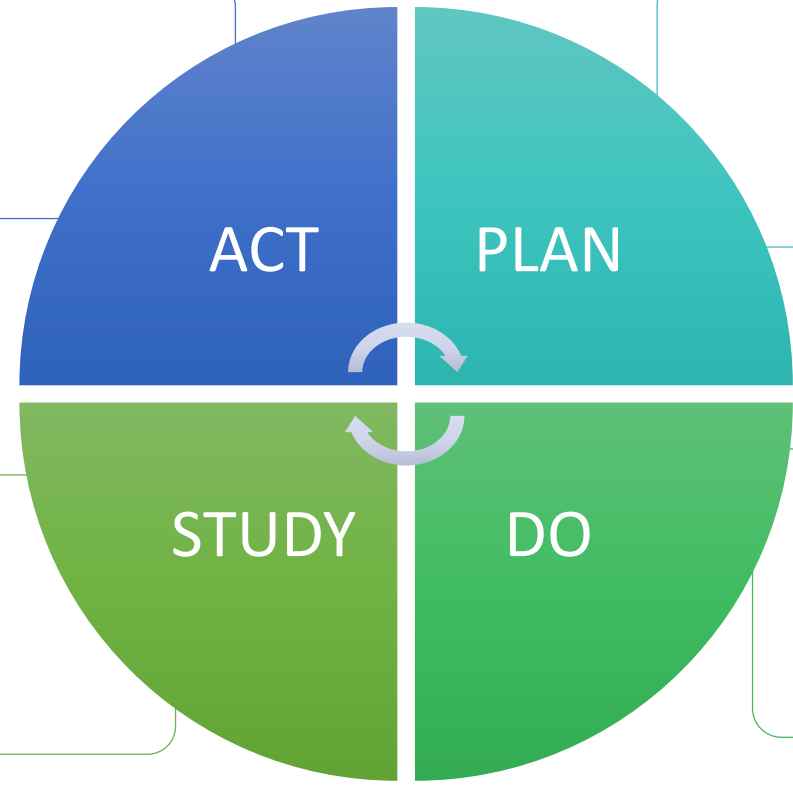




• **Small Test of Change (PDSA)**

• **Standardized calling log as a tool used for tracking calls.**

• **Lab manager to develop call log to be used for tracking log made to NHRL**



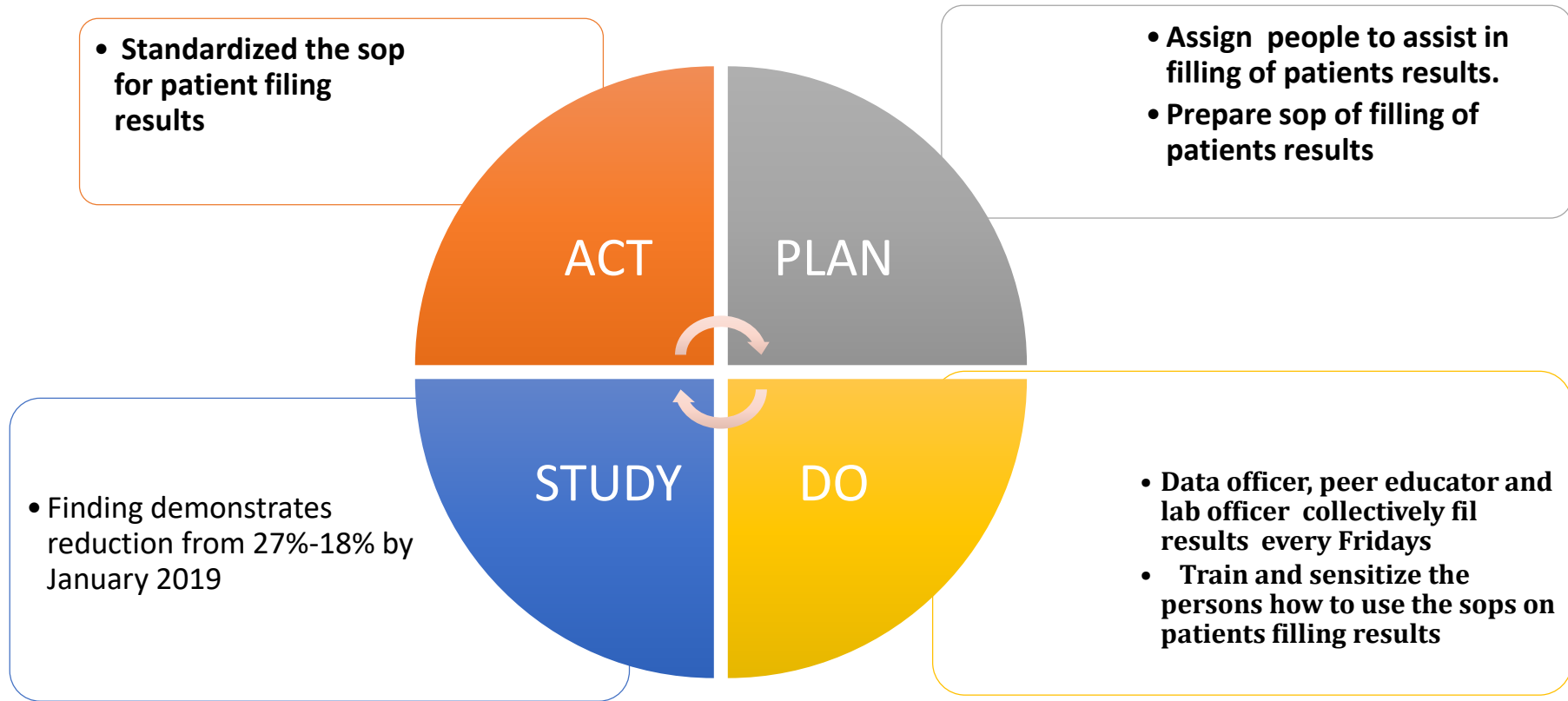
• **Results demonstrates reduction from 2% Sept to 0%**

• **THE tool developed and used for tracking calls**

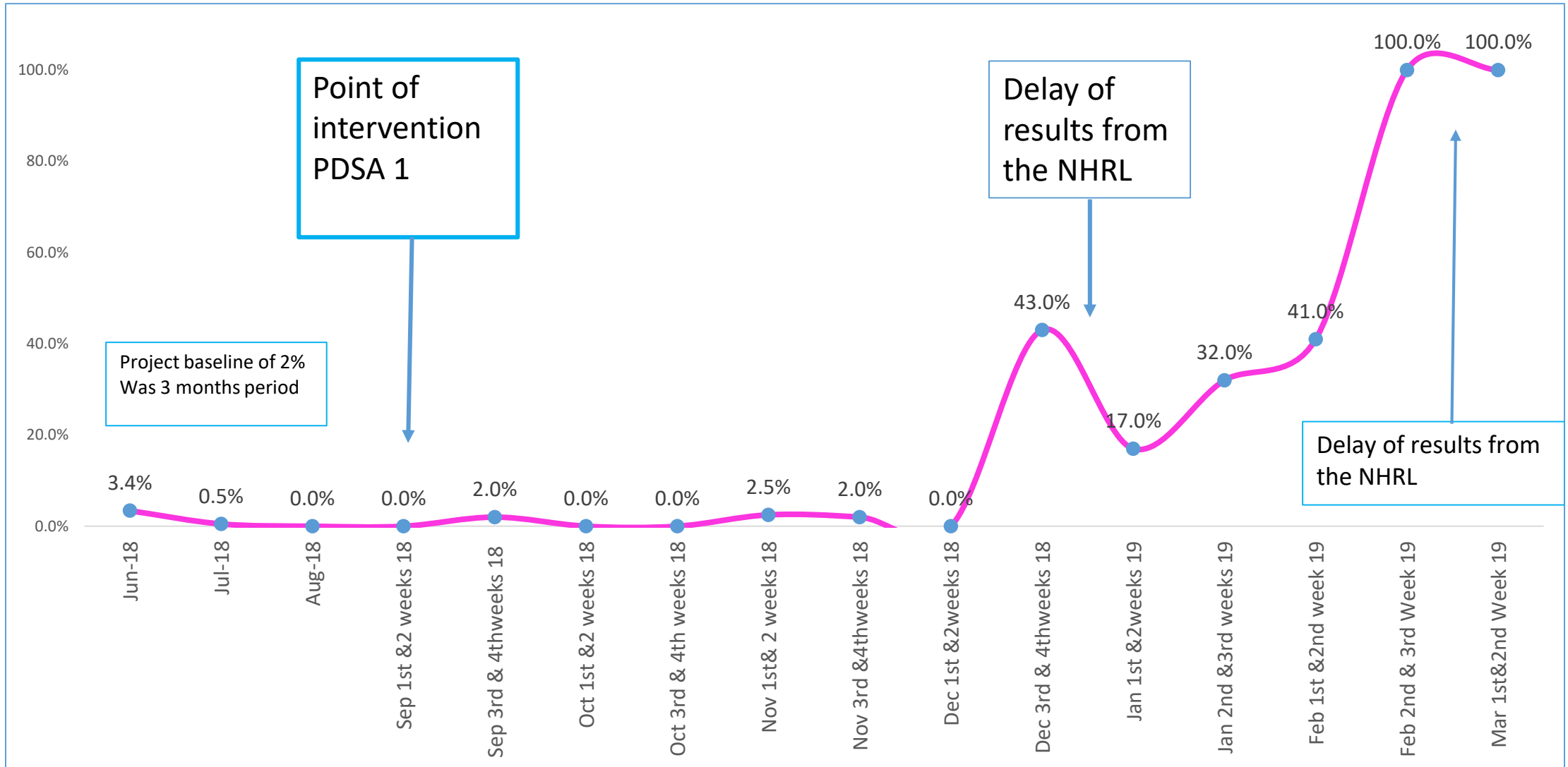
PDSA – Describe in Detail your PDSA



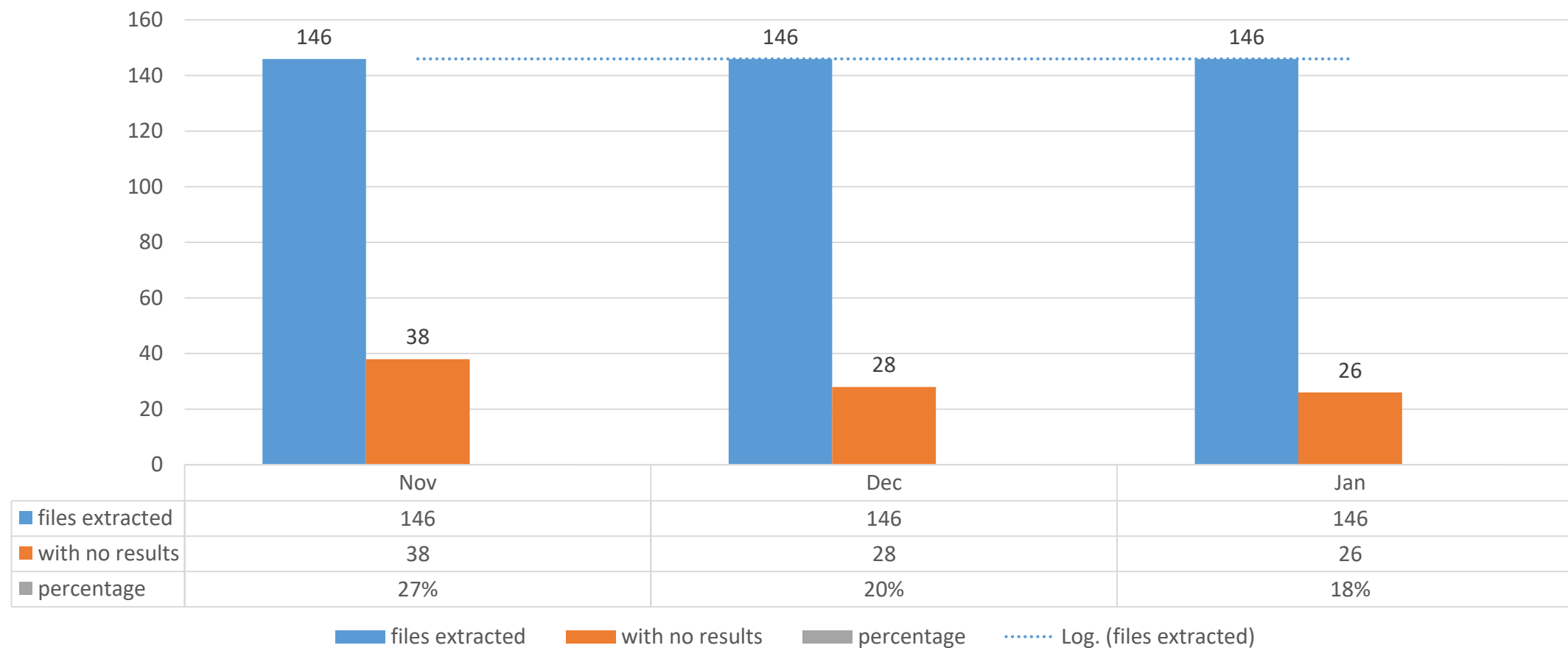
PDSA2



Trends in proportion missing VL results



results missing from the patient files



Lessons Learned

Successes

- SOPs are completed and in use.
- Completed data collection tool.
- Sample collection days increased from 2 days to 3 days.
- Riders now signs clock in and out from the lab.

Challenges

- NHRL results delay

Action Plan

TOPIC/GOALS	ACTION ITEM	BY WHOM	BY WHEN
Review of sample mgt sops	Review of sops		1/9/2018
Job aids	To avail job aid at triage		28/8/18
Review national guideline	A National HIV guideline was shared to facility members		28/8/2018
Moving plan	new structure is now ready for occupying		Nov 2018
Share draft sample magt SOP	SOPs shared		28/8/2018

Action Plan – Share your action plan