

Direct Assistance Facility C

To reduce the number of missed client appointments due for viral load test.

Team Members

Responsibility	Team member
Champion/sponsor	
Team leader	
QI expert/coach	
Data Manager	
Frontline Members	
Other team members	

Background

- Serves residents of 5 wards
- Facility has ever on ART 13,000 and current on ART is 3352.
- Our VL uptake/month 350 with an overall suppression rate of 96%
- Services offered
 - Preventive services, Curative services, Promotive services, Referral services
 - Youth friendly services,
 - Special services: **IPV, VMMC, KAWE, YFS, PRC, PNS, BFCI, PrEP, SENSE, CCC /TB services etc.**
- Clinical officers – 8, Nurses – 16, Pharm techs – 4, Lab technologists – 6, Others cadres – 37.

Stakeholder Analysis

Stakeholder	How much does the project impact them	How much influence do they have over the project	What is important to the stakeholder	How could the stakeholder contribute to the project	How could the stakeholder block the project	Strategy for engaging the stakeholder
Facility staff	High	High	<ul style="list-style-type: none"> • Good patient outcomes 	<ul style="list-style-type: none"> • Interview of clients • Collecting data 	<ul style="list-style-type: none"> • Lack of teamwork • Giving wrong T.CA • Industrial action 	<ul style="list-style-type: none"> • Mentorship • Motivation • Supervision
University of Maryland	high	high	Project implementation and good client outcome	Supply of expertise And monitoring the progress of the project	Lack monitoring the progress and follow up	Scheduling meeting Sharing the updates
Patients	high	high	Adherence on the clinical appointment	Availing on clinical appointment	Missing the clinical appointment	Running a customer voice form Updating clients on the result and what importance towards their care
Local community	low	low	<ul style="list-style-type: none"> • Information relating to security /disease outbreaks 	<ul style="list-style-type: none"> • Disease surveillance 	<ul style="list-style-type: none"> • Political tension 	<ul style="list-style-type: none"> • Community dialogue • Health talks

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>Increase viral load Testing and viral suppression.</p>	<p>AIM Statement To reduce the number of missed appointments due for viral load test from 25% to 10% by 31st March 2019</p> <p>Metric selected</p> $\frac{\text{\# of clients who missed appointments while due for VL test bi weekly}}{\text{Total \# of eligible clients for viral load tests on their clinic appointments}} * 100$	<p><u>Interventions</u></p> <ul style="list-style-type: none"> • Redesign client flow due for viral load test. • Creating alert system for both client and clinical personnel <ul style="list-style-type: none"> • Use of sticker on patient file • EMR signal • Patient appointment card • Actual generated line list prior to appointment date.

Elevator Speech

What is the project all about: To reduce the number of missed client appointments due for viral load test.

As a result of these efforts: we will increase timely viral load testing.

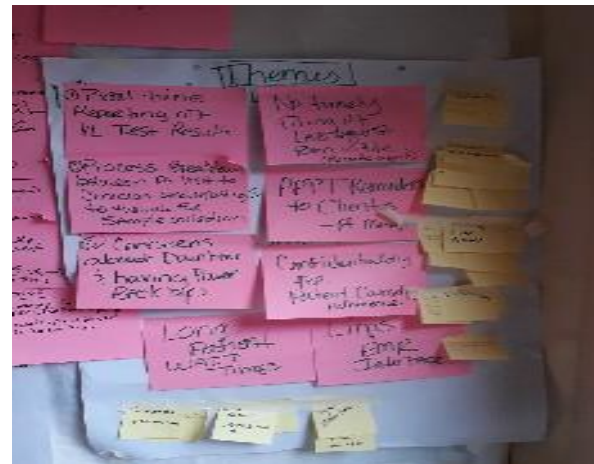
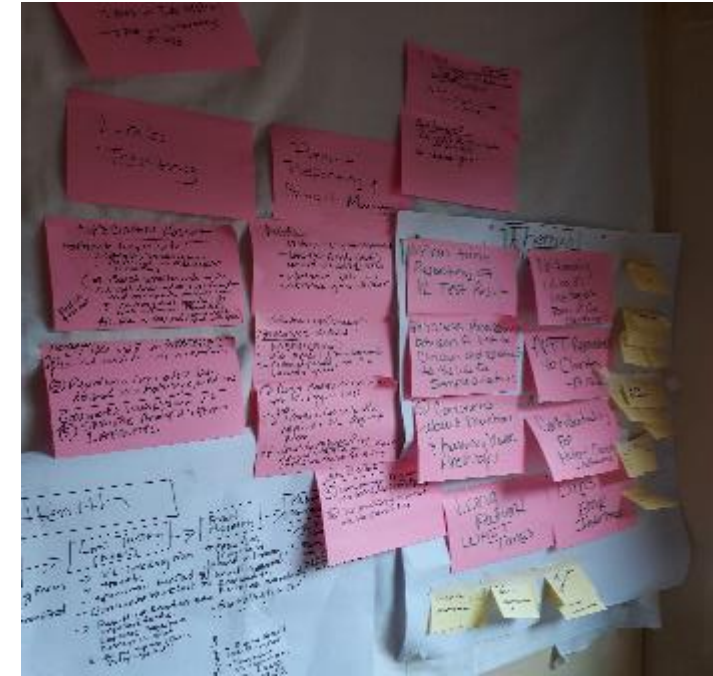
It's important because we are concerned about: High number of our clients due for viral load missing appointments.

Success will be measured by showing improvement in decreased missed appointments by patients due for viral test

Person being addressed: Implementing partner, Facility administration

What we need from you for the success of this project are: Phone, Airtime, printing paper and toner. To facility we would like to rollout to other departments within the facility.

Process Mapping: The First Step Towards Improvement



Old Process Mapping: The first step towards improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1. Demand Creation	<ul style="list-style-type: none"> • Patient files are pulled from data room • File sticker system indicates f/u for VL testing • Make appointments • Triage patients • Clinicians provide care for 20-30 VL patients a day • Provide patient with VL lab Order Form and Pharmacy Form • Send client to lab for VL lab test 	<p>Data Room Clerk</p> <p>Comprehensive Care Clinic Reception</p> <p>Clinician</p>	20 minutes per client	<ul style="list-style-type: none"> • Yellow apt card • Green card • Patient file sticker • IQ Care (EMR) system • VL Tracking Form • VL Lab Order Request Form • CCC Pharmacy Order Form 	<ul style="list-style-type: none"> • Improve patient workflow from clinician to lab to reduce number of patients skipping labs

New Process Mapping: The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1. Patient clinical encounter	<ul style="list-style-type: none"> Patient files are pulled from data room File sticker system indicates f/u for VL testing Assessment of the client Client due for viral load are directed to the clinician to be provided with VL lab Order. Send client to lab for VL lab test 	<p>Data Room Clerk</p> <p>Comprehensive Care Clinic Reception</p> <p>Clinician</p>	20 minutes per client	<ul style="list-style-type: none"> Yellow apt card Green card Patient file sticker IQ Care (EMR) system VL Tracking Form VL Lab Order Request Form 	<ul style="list-style-type: none"> Having an sms reminder system for the client appointment due for viral load test
2. Specimen Collection	<ul style="list-style-type: none"> Clients place VL Lab request Forms on table Call patient in room Draw samples (blood or DBS) Label samples (name, CCC#, VL date) Update sample form (time sample taken) Take sample and forms to lab 	<p>Laboratory manager</p> <p>Lab Techs</p>	5- 10 minutes per client	<ul style="list-style-type: none"> VL Tracking Form VL Lab Order Request Form Sample labels 	<ul style="list-style-type: none"> Improve client first come first serve workflow by implementing sign in sheets Improve client wait times

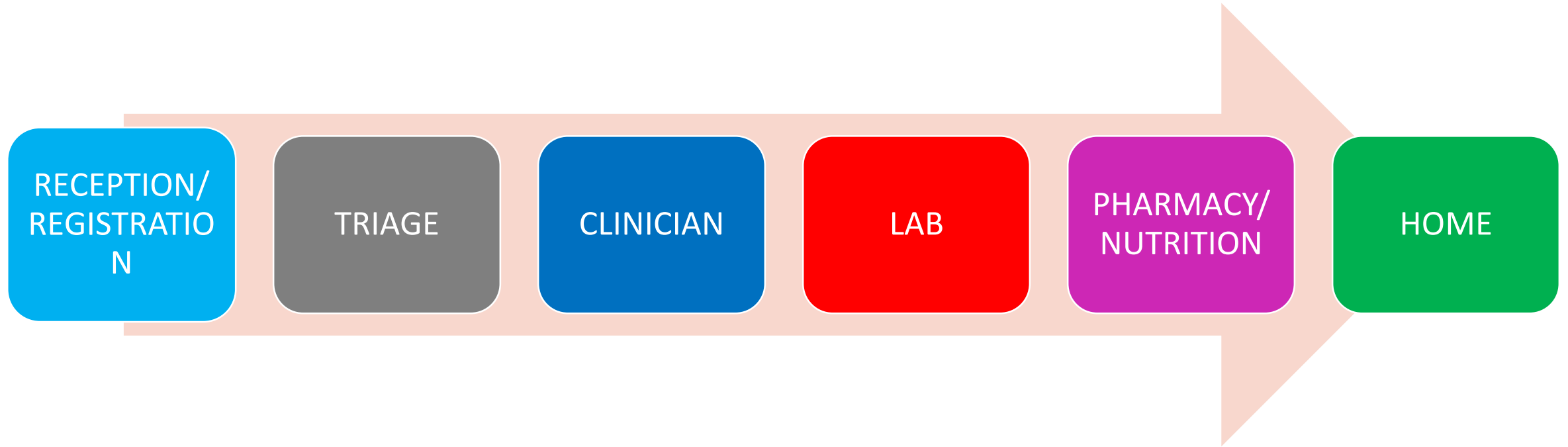
Process Mapping Continued : The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
3. Sample Transport	<ul style="list-style-type: none"> Riders pick-up samples daily (non-hub facility p/u 3 days a week) Collect samples and forms Transport samples to NHRL 	Trained Riders/ Transporters	Unknown	<ul style="list-style-type: none"> Lab Manifest Sample Sheet 	
4. Lab Testing	<ul style="list-style-type: none"> Receive samples Verify and match samples with information Batch samples Test samples 	National HIV Reference Laboratory (NHRL)	7-14 days	<ul style="list-style-type: none"> Lab Manifest Sample sheet 	<ul style="list-style-type: none"> Improve lab result turn around time
5. Result Reporting	<ul style="list-style-type: none"> Receive email from NHRL Check LIMS for lab results Document lab results from LIMS into VL Lab Order Request Form Lock result in cabinet drawer in laboratory 	Laboratory manager Lab Techs	14- 30 days	<ul style="list-style-type: none"> Lab Results LabWare LIMS VL Lab Order Request Form 	<ul style="list-style-type: none"> Routinely update of lab results in forms locked in cabinet Standardized way to keep track of lab request forms

Process Mapping Continued: The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
6. Enhanced adherence counseling	<ul style="list-style-type: none"> • Receive HVL results from lab • Log results in Viremia register • Contact patient for appointment • Patient present for adherence session • Set 3 follow-up appts 	Adherence Team	Months	<ul style="list-style-type: none"> • Viremic register log book • EAC form 	<ul style="list-style-type: none"> • Space for confidential counseling • Community Health Workers to make house calls to patients that are too sick to travel to health facility

THE OLD PROCESS MAP





Gap (Problem Statement)

High number of missed appointments for clients due for VL on appointment.



Voice of Customer

- The customers selected were HIV positive clients who attended our Facility
- We used self administered Questionnaire and Random sampling was used
- Lessons learned were long waiting time for clients contributed to missed appointment, design the questionnaire

VOC Feedback Form

We want to hear your feedback so we can keep improving our services. Please fill this quick survey and let us know your thoughts (Do not write your name).

1. How satisfied were you with the service at this facility?

Tick one box only

+	Not very	1	2	3	4	5	Very much

2. Were you served on time?

Not very	1	2	3	4	5	Very much

3. How long did you spend in this clinic?

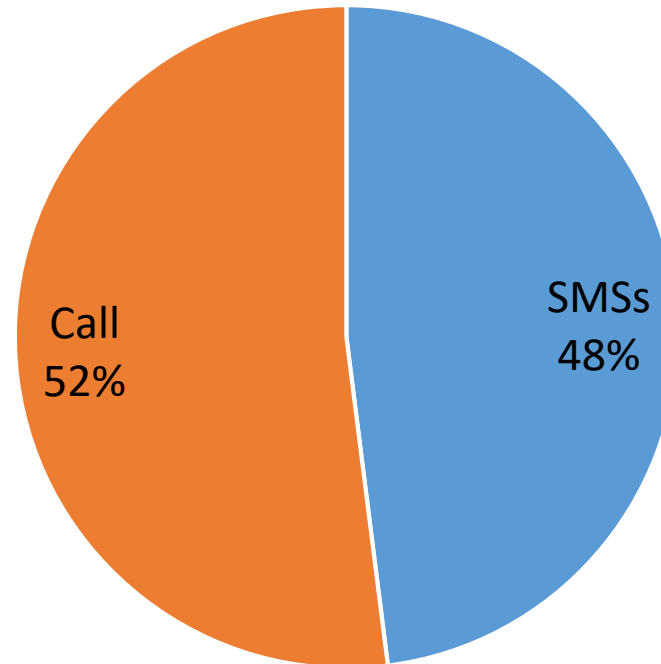
4. Which service impressed you most?

1 = Very dissatisfied 5 = Very satisfied

	1	2	3	4	5
Clinic					
Laboratory					
Triage					
Adherence					
Bookings					
Pharmacy					

Voice of the Customer Analysis

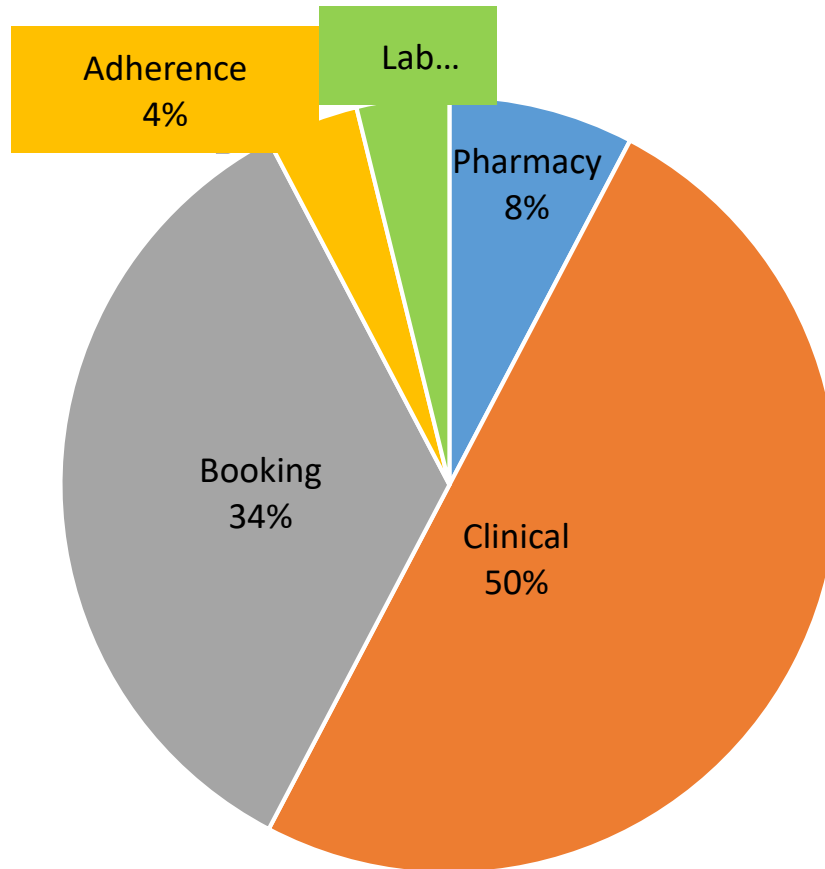
Mode of reminder for Clinical Appointments
N=42 Clients



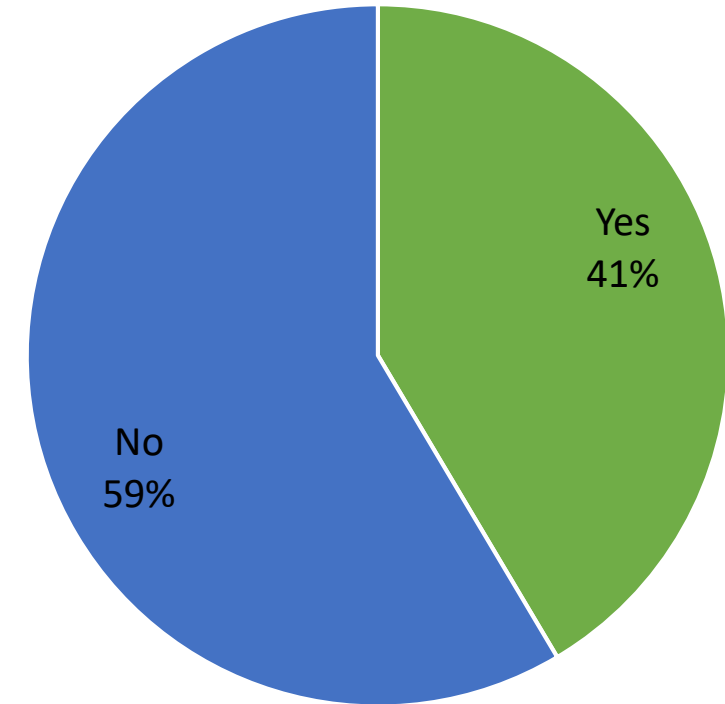
Voice of the Customer Analysis

Service points that impressed clients

n=42

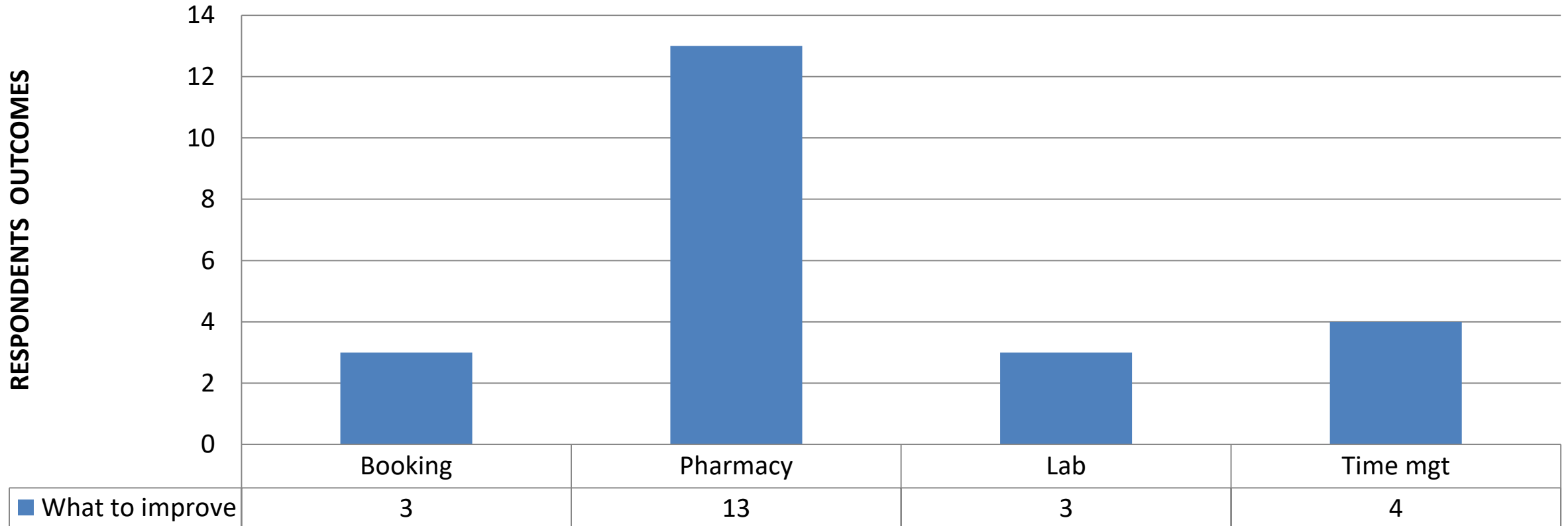


Ever missed an Appointment



Voice of the Customer Analysis

POINTS OF SERVICE TO IMPROVE



VOICE OF THE CUSTOMER (VOC)

VOC Feedback Form

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Tick one box only

Not very	1	2	3	4	5	Very much

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	1	2	3	4	5
Clinic					
Laboratory					
Triage					
Adherence					
Bookings					
Pharmacy					

VOC Feedback Form

We want to hear your feedback so we can keep improving our services. Please fill this quick survey and let us know your thoughts (Do not write your name).

1. How satisfied were you with the service at this facility?

Je umeridhika kiasi gani na huduma katika kituo hiki cha afya leo?

- a. Nimeridhika sana
- b. Nimeridhika kiasi cha haja
- c. Sijaridhika

2. Were you served on time?

Je, umehudumiwa kwa wakati mwafaka?

- a. Ndio (Yes)
- b. La (No)

3. How long did you spend in this clinic?

Umetumia muda upi katika kliniki hii Leo?

- a. 0 – 30 Minutes/Dakika
- b. 30 min -1 hour
- c. 1 hour – 2 hours
- d. 2 hours – 3 hours
- e. >3 hours/saa (*Zaidi ya masaa matatu*)

4. Which service impressed you most?

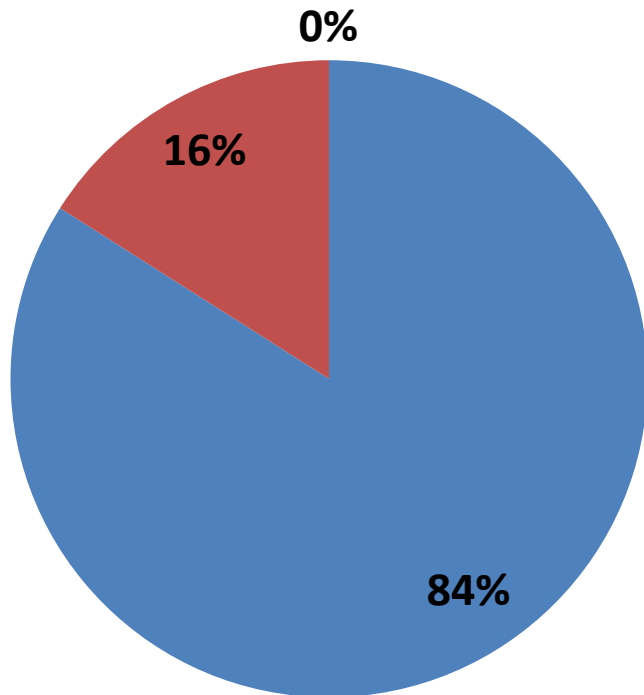
Ni huduma ipi iliyovutia/kupendeza zaidi?

Second VOC

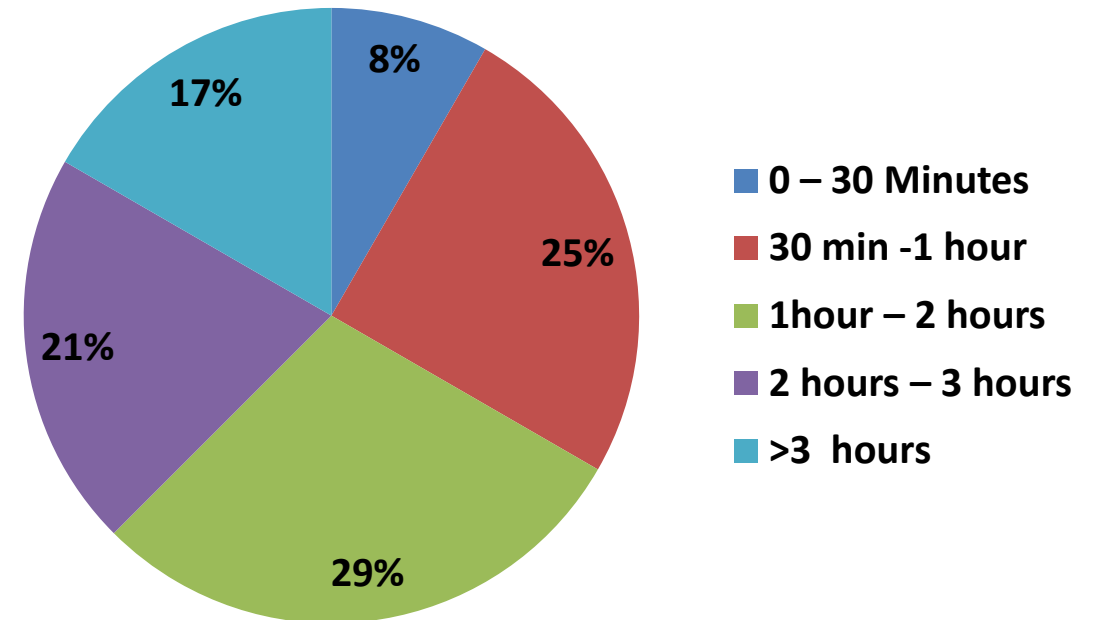
Mode of reminder for Clinical Appointments
N=100 Clients

Satisfaction at the facility

■ Very much ■ Fairly satisfied ■ Not satisfied

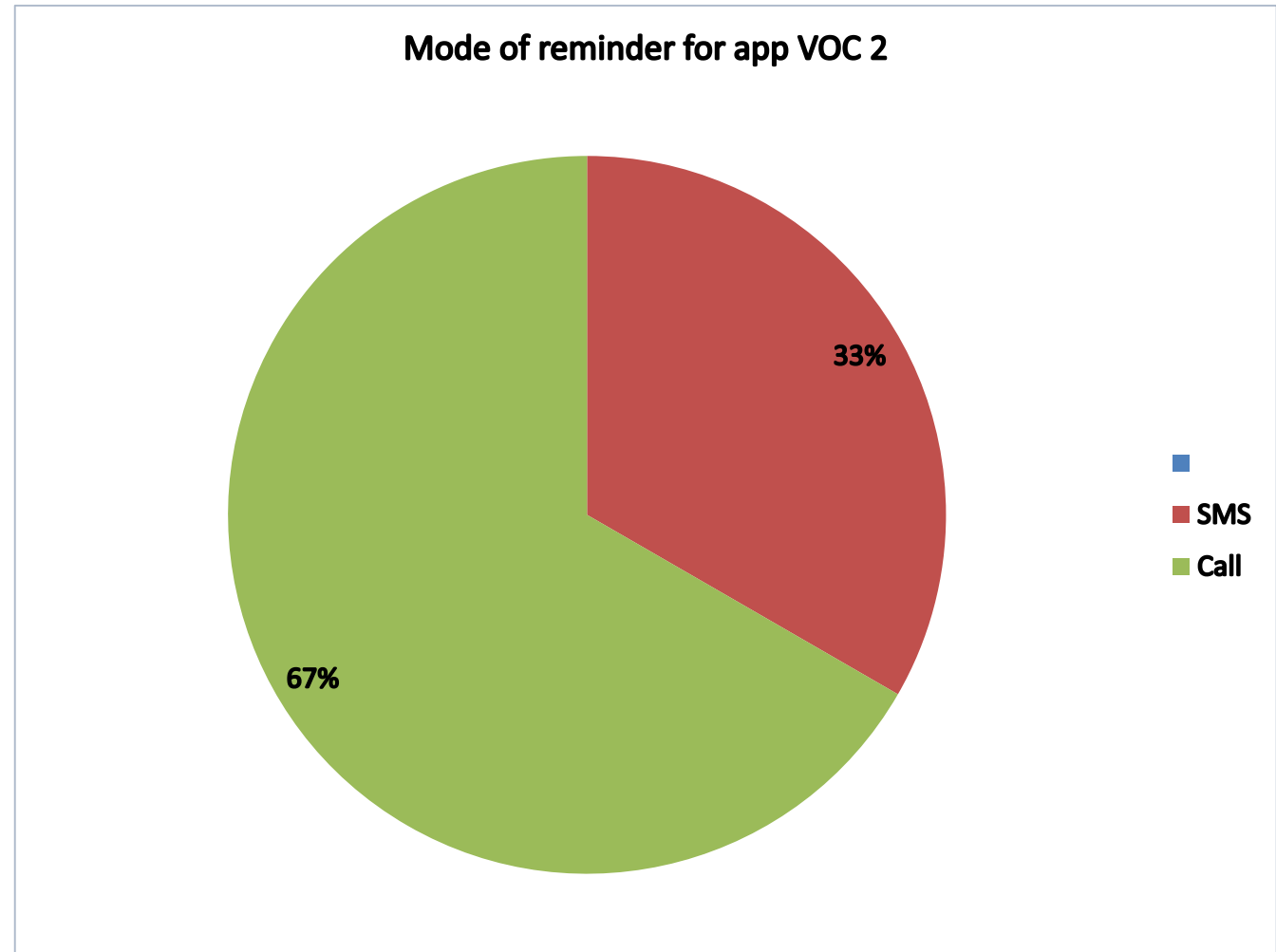
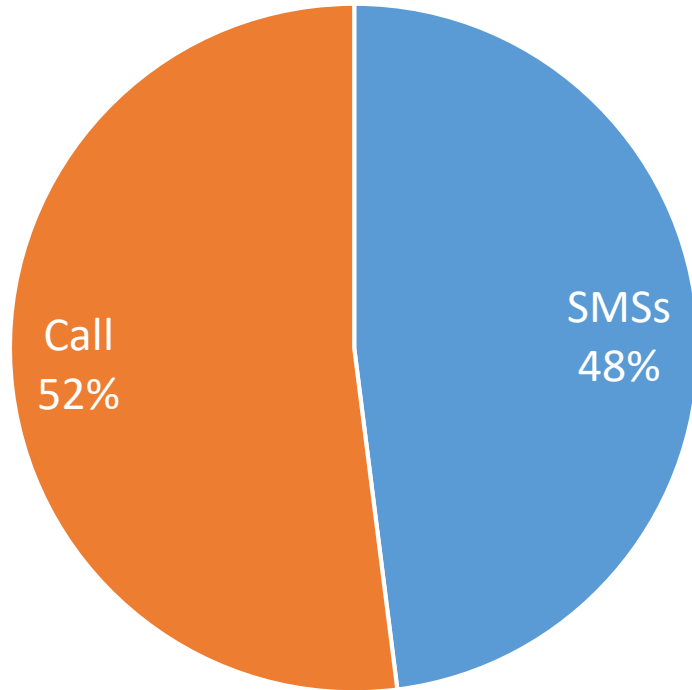


Hours Spent in facility



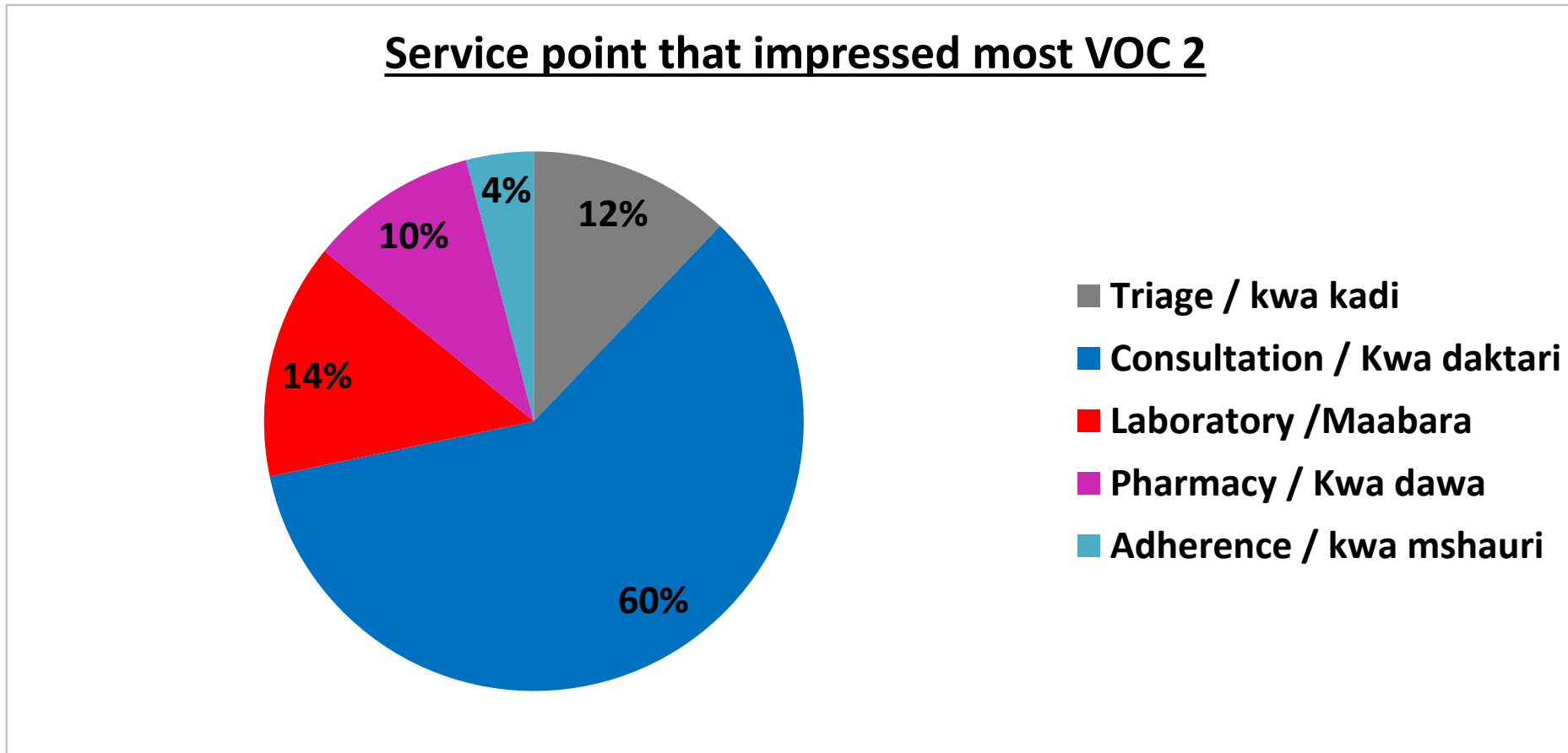
Second VOC

Mode of reminder for Clinical Appointments
N=100 Clients



Second VOC

Mode of reminder for Clinical Appointments
N=100 Clients



Lessons Learned from VOC 1

Lessons learned from the VOC

- Send appointment reminders (SMS and phone calls) to reduce number of missed appointments. Preferably calling because of the low literacy levels of the population we serving.
- Fast track clients to the lab for VL sample collection.
- Change hours of operation and service times (i.e., pharmacy distribution hours)



Metric:

$$\frac{\# \text{ of clients who missed appointments}}{\text{Total \# of clients due for VL tests}} * 100$$

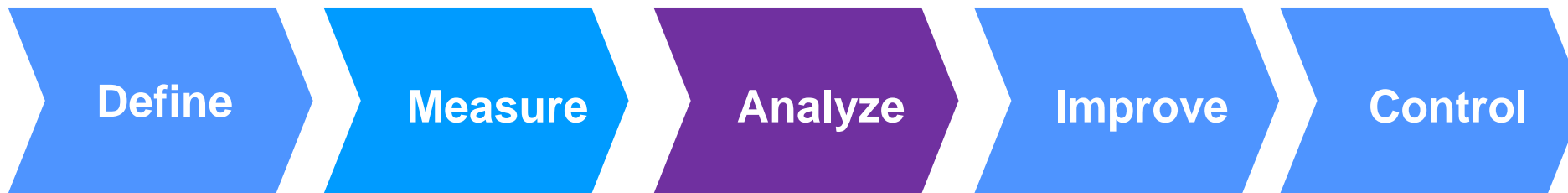


Data collection Tool

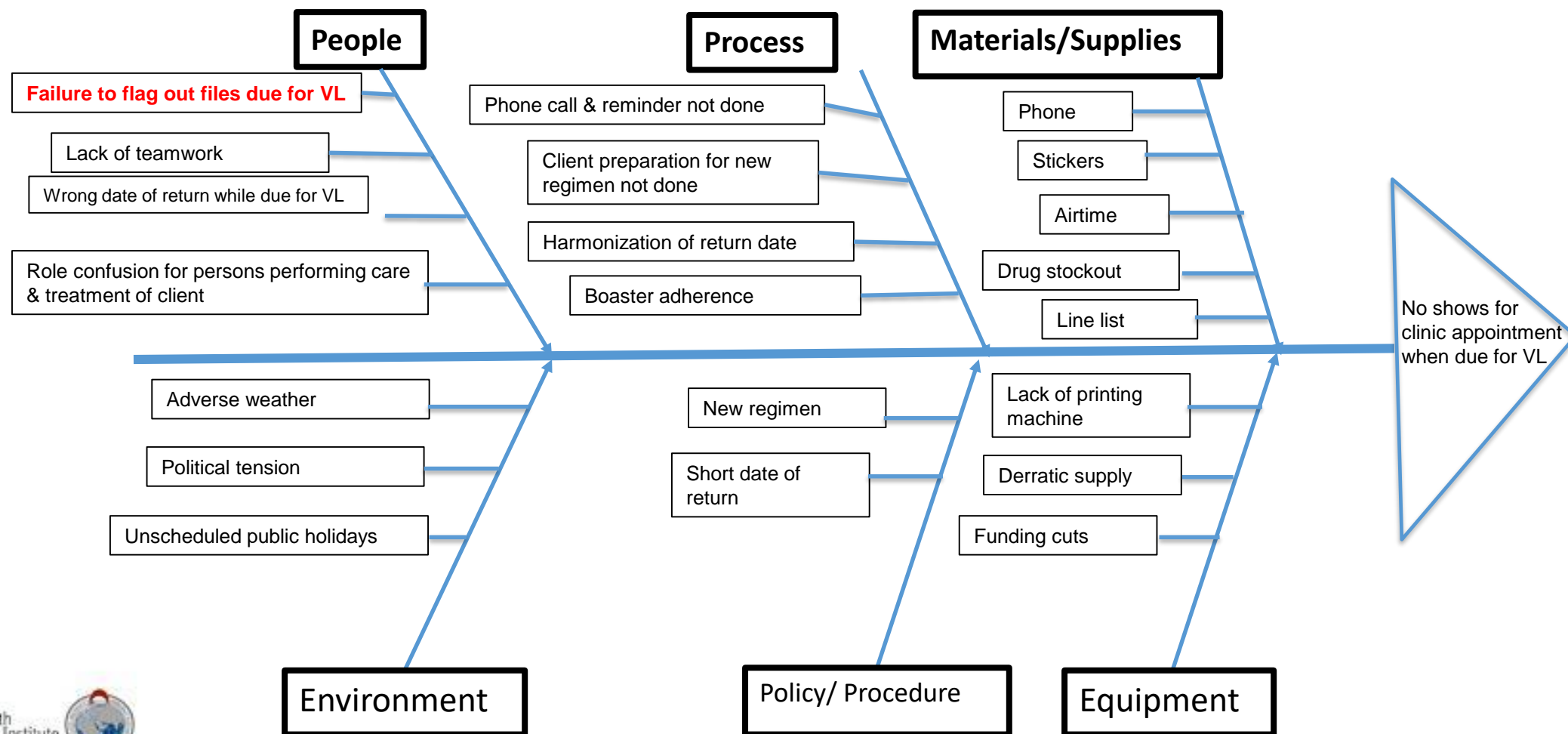
No. of weeks	# Clients who missed appointments	Total # of clients due for VL tests	Percentage
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			

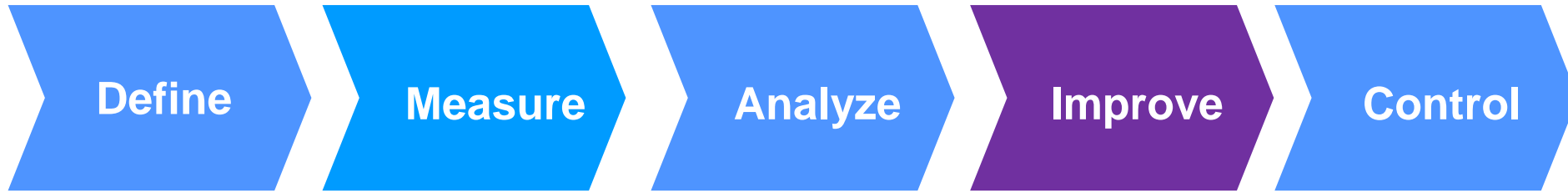
Data collection Plan

- Data points
 - Baseline-3 data points
 - Ongoing- 4 data points
 - Time frame- Monthly
- Data analysis was done using Microsoft Excel program
- Lesions learned on the magnitude of the problem was that 25% of clients due for VL tests were missing appointments.



Cause and Effect Diagram (Fishbone)





IMPACT / EFFORT GRID: A Tool for Prioritizing Opportunities

IMPACT

Major Improvement

Just Do It

1. Flagging of patient file due for VL by putting a sticker & line listing before appointment date.
2. 5S
3. Visual management

Projects - Detailed planning and work

1. No show for clinic appointments for clients due for Viral load
2. Early morning clinic

Minor Improvement

Just Do It if Impactful

Moving

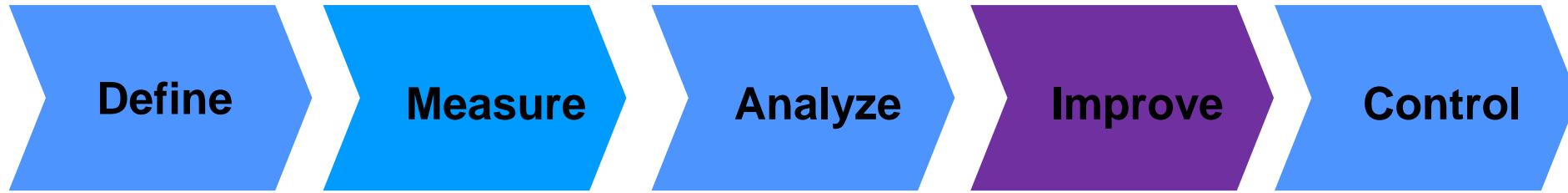
Easy to Do

Maybe some day

Order for Viral load but no show at the Lab
 VL not ordered according to Country algorithm

Difficult to Do

EFFORT



5S

PMTCT Room- BEFORE



PMTCT Room - AFTER





5S

Filing Room Before

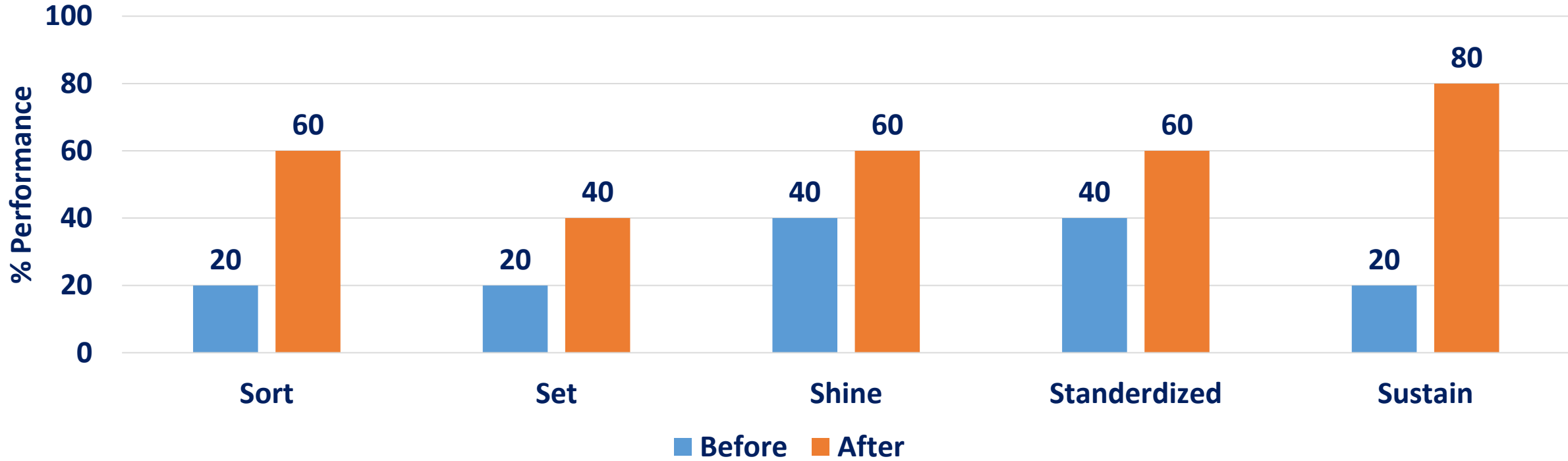


Filing Room After



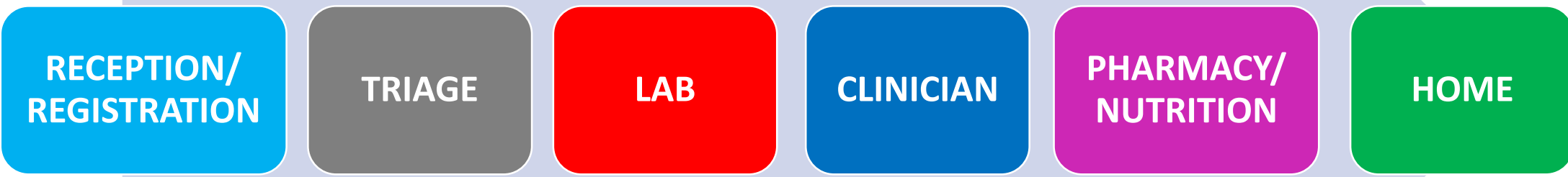
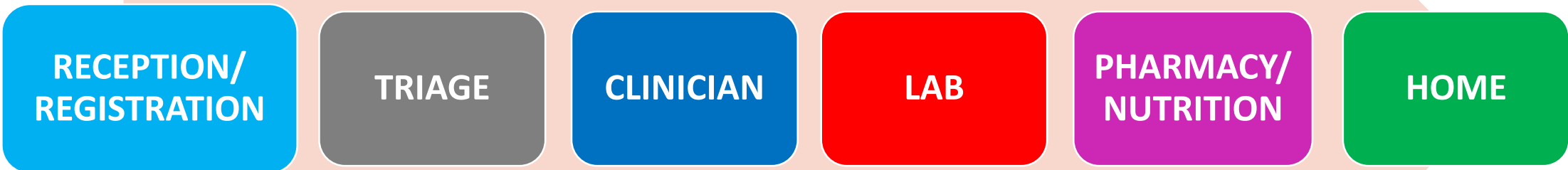


5S Level of Excellence





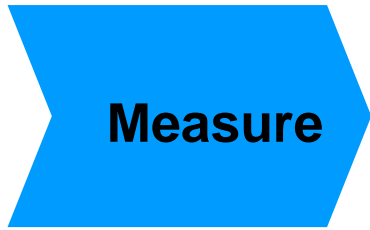
COMPARISON BETWEEN THE OLD AND NEW PROCESS MAPS



Lessons learned

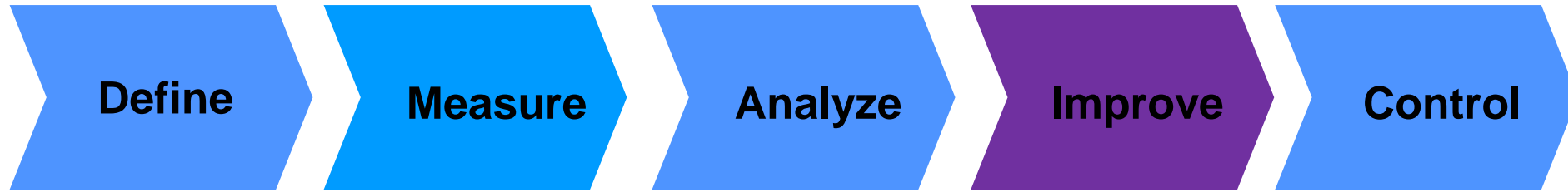
The feel after 5s for PMTCT & Filling area

- There is enough space for working area.
- Ease in locating patient files.
- Reduced chances of encountering occupational injuries e.g. needle stick injuries in PMTCT, Boxes falling in filling area.

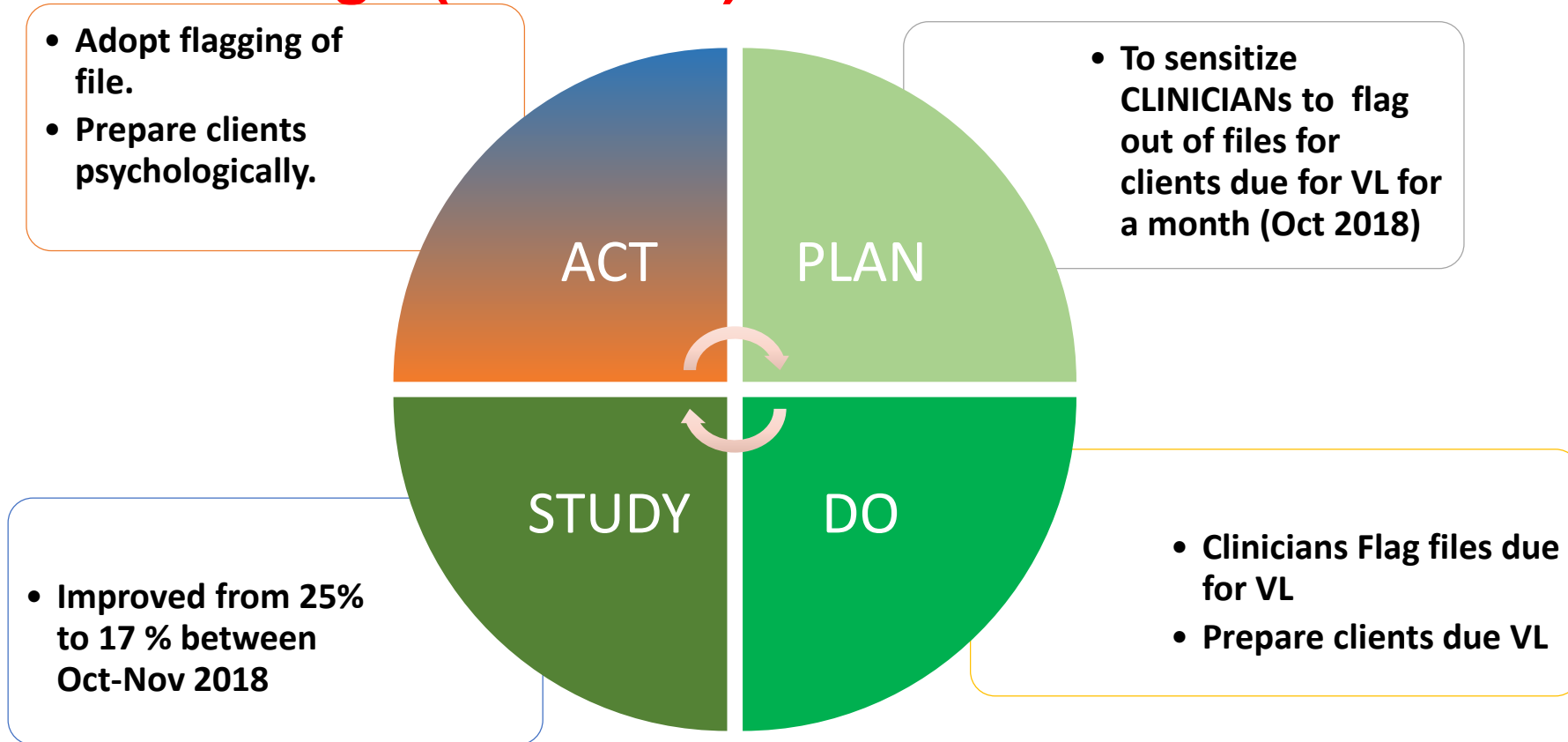


Visual Management



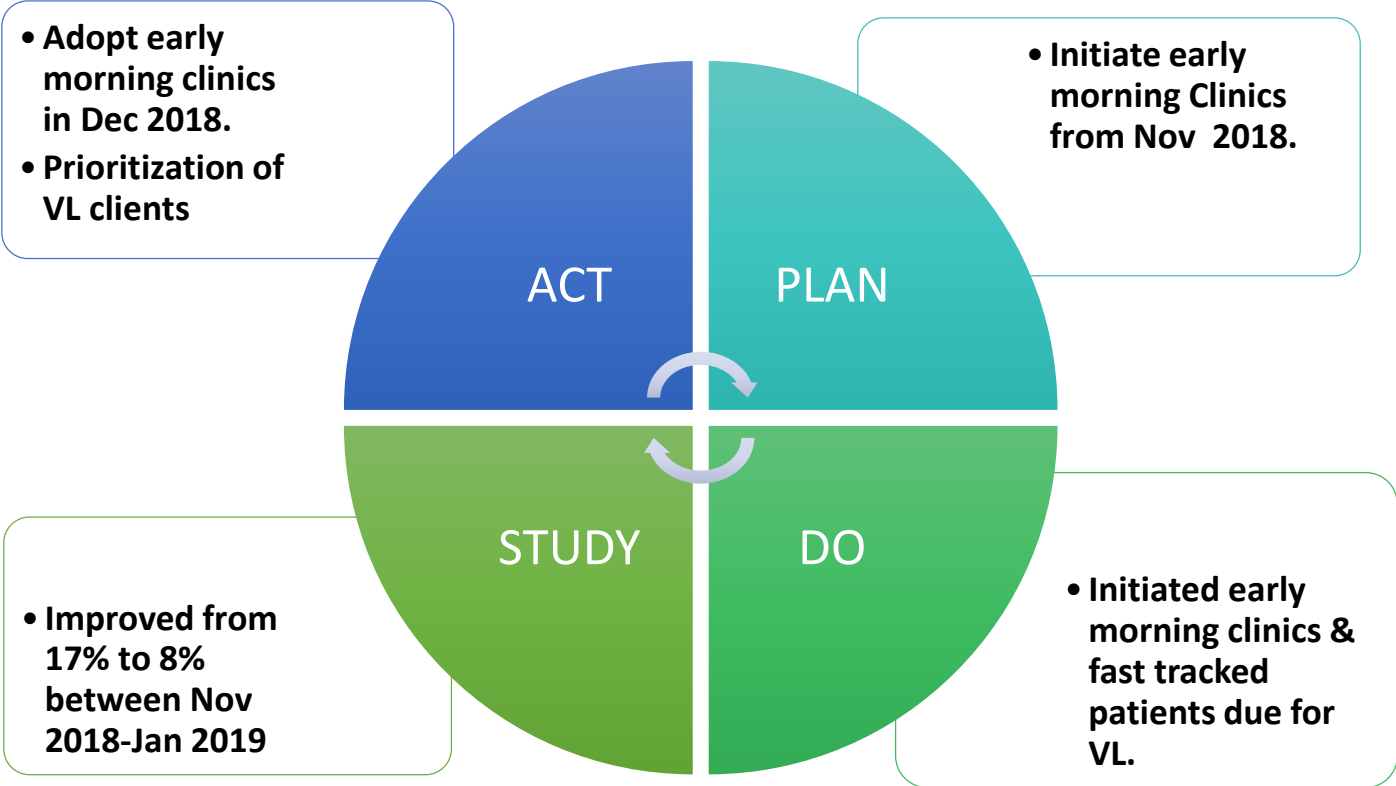


Small Test of Change (PDSA #1)



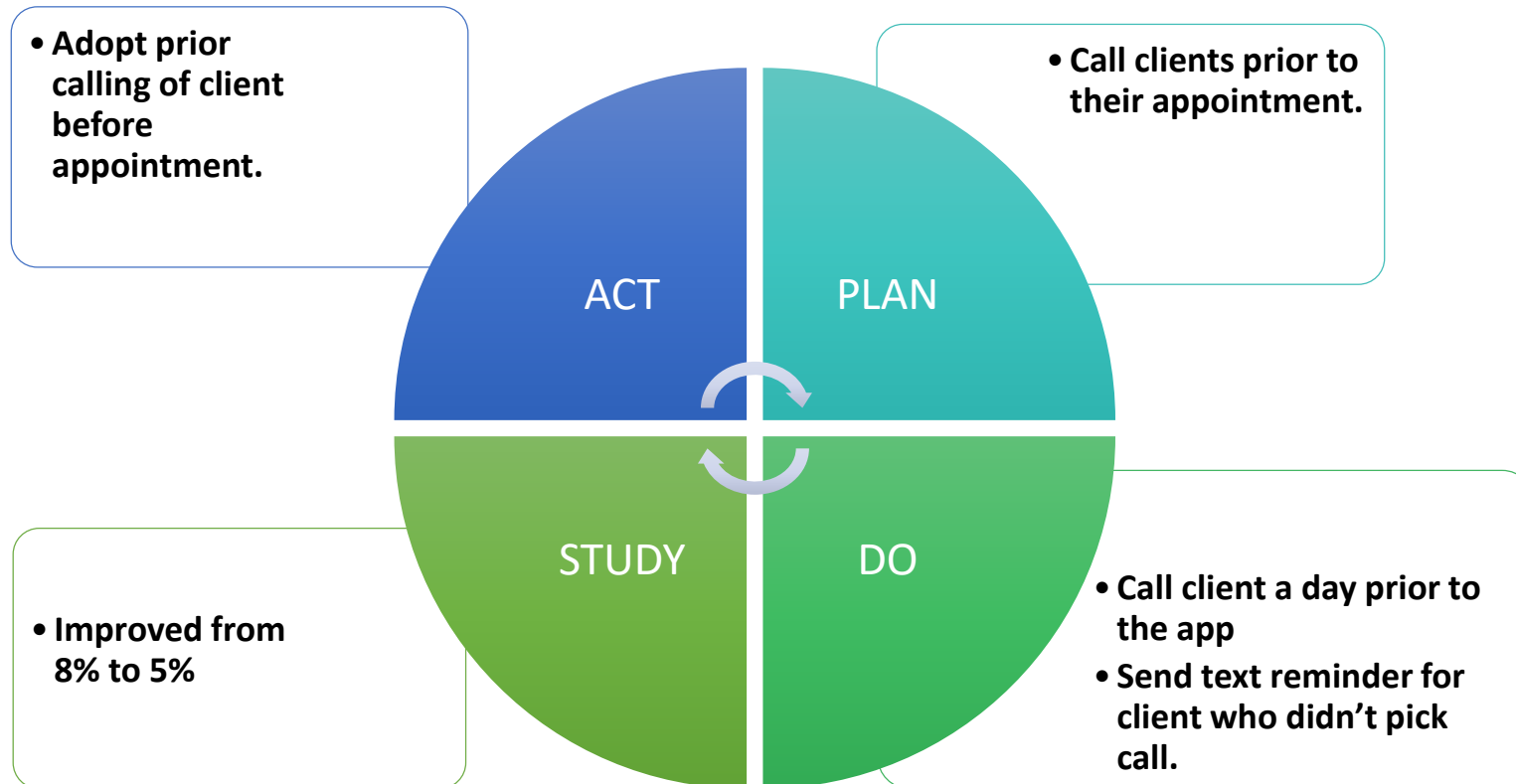


Small Test of Change (PDSA #2)



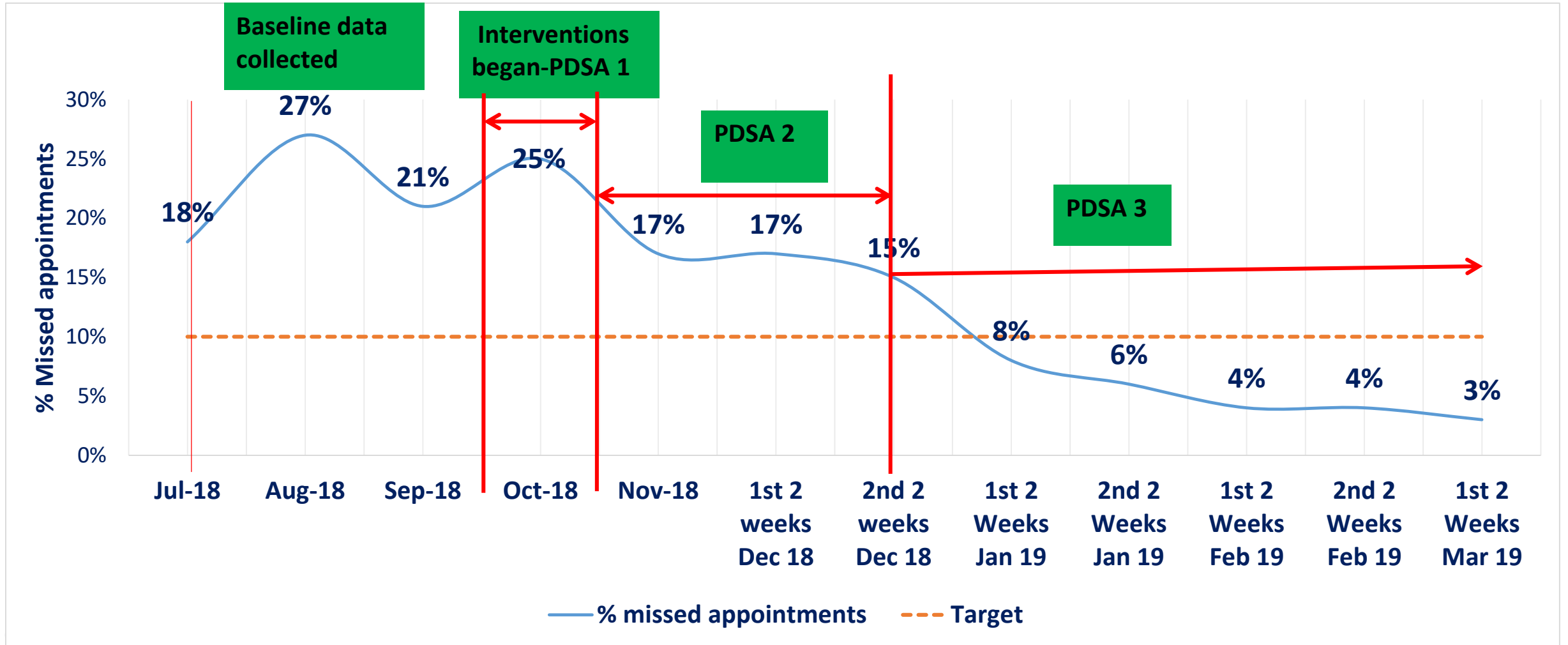


Small Test of Change (PDSA #3)





RUN CHART: Percentage of Missed Appointments from Jul 2018 to Mar 2019



Lessons Learned

Successes

- TEAM WORK
- Tackling gaps through CQI approach
- Special clinics e.g. peads & adolescent clinics
- Early morning clinics

Challenges


- Overriding responsibilities
 - *Assign tasks*
- Meeting time is a challenge
 - *Have a schedule for meetings*
- Voice of the customer was not comprehensively done due to literacy levels disparities.
 - *Redesign VOC in Swahili language that majority use.*

MODIFICATIONS DONE

- **What has been modified**

- System modified to flag out clients due for VL
- Early morning clinics(7:00AM – 9:00AM)
- Fast track clients due for VL(PRIORITY)
- Redesigned the clinic work flow(old and new process mapps).

SOP ON MANAGEMENT OF PATIENT FLOW

		LOCATION -CCC
Version: 1.0	MANAGEMENT OF PATIENT FLOW IN CCC	Effective date: NOV 2018

SCOPE

ALL CCC CLIENT AND PMTCT CLIENTS ENROLLED ON FOLLOW UP CARE AND TREATMENT

PURPOSE

- To ensure smooth management of patient at the RIRUTA health centre Comprehensive care clinic
- To redesign patient flow in ccc when necessary through available alert systems
- To empower patients on importance of honouring clinic appointments.
- To eliminate time wastage for patients at the clinic
- To manage patients clinic appointment bookings and return dates.
- To manage missed appointments by clients as per the CDC and university of Maryland standards and guidelines.

RESPONSIBILITIES

All CCC Workers, health care providers and the clinic management team are tasked to ensure implementation of the SOP

METHOD

- Clinic is opened early at 7:00 AM and closed at 5:00PM
- All patients due for Viral load are fast-tracked for sample collection (BLEEDING) before being seen by the clinician
- Clinician ensures patient details are captured in a lab request form and viral load tracking log
- Laboratarian collects the lab request upon bleeding the patient and refers back the patient to the clinician
- At the CLINICIAN sends the VIRAL LAOD tracking form to the laboratory for sample tracking during separation storage.
- Any No SHOWS are identified and the clinical team together with the adherence counsellors make a follow up on the missed client due for viral load.
- All client who never came for their clinic appointment also called via A phone call by the adherence counsellor and appointment diary register managers
- Client are called and the reappointment made as per the missed appointment SOP (refer to the sop)
- Data collection is done bi-weekly.

Action Plan

Topics/Goals	Action Item	By Whom?	By When?
VOC	Design a second VoC		2 days
Conduct 2 nd VoC	Analyze the VoC results		3 days
Collect data	Review Data		Ongoing
Define Communication	Develop Communication Plan		Ongoing
Reduce Missed Appointments	Conduct client appointment process analysis and implementation		Ongoing
Client Notification	Prior calls for patients before appointment		Ongoing
Improve clinician/ laboratory workflow	Sending client due for VL to lab before clinical review.		Ongoing

Control Plan

Control Plan

Project Title: To reduce the number of missed client appointments due for viral load test.

Project Owner: [REDACTED]

Critical Elements for Quality

Process Step: The processes steps that are critical to the desired outcome are: flagging out of files for clients due for VL and prior calling of these clients, early morning and weekend clinics.

Output: Critical to the outcome of this project are the following:

- Flagging out of files for clients due for VL
- Prior calling of clients due for VL
- Coordination of early morning clinics and activities

Vulnerabilities include:

- Failure to flag out files for clients due for VL
- Failure to orient new staff on the new process of flagging out client files due for VL
- Failure to adhere to the SOP
- Lack of continuous monitoring of the project progress
- Failure of patients not picking call.
- Failure of clients to show up even after a call.

Monitoring over Time

Metric –

$$\frac{\# \text{ of clients who missed appointments}}{\text{Total \# of clients due for VL tests}} * 100$$

Acceptable Range – 90% - 95% of clients due for VL are tested.

How measured – We have bi-weekly data collection

Control or Reaction Plan:

- Assessment of the process maps to identify failure points
- Perform a root-cause analysis

Once this has been done, we shall be able to identify what the problem(s) are and proceed to find suitable ways to solve them.

Accountability

Who is responsible for measuring – [REDACTED] the Data Manager

Where is the measure reported – During the [REDACTED] Health Center the monthly CQI meetings

To whom is it reported [REDACTED] Health Center Incharge

Who is ultimately responsible –

[REDACTED] facility In-charge and the LARC team lead [REDACTED]

Related Documentation:

- SOP document
- Guidelines
- Elevator speech
- Run chart

*Thank
you*

