

Direct Assistance Facility E

Results Reporting and Patients'
Management

Team Members

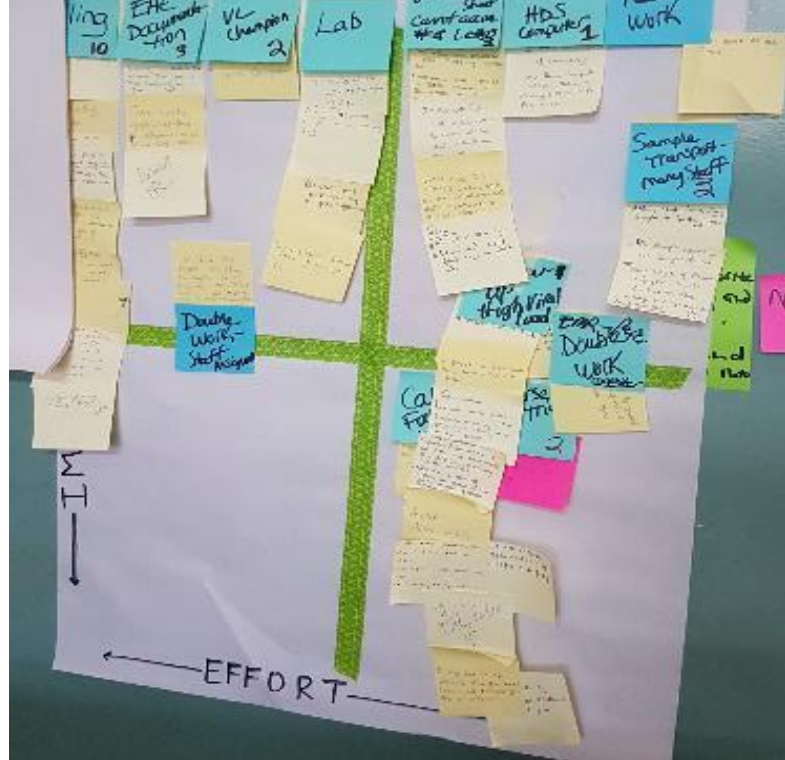
Names	Roles
Champion Sponsor	
Team Leader	
QI Expert/Coach	
Data Manager	
Front Line Team Member(s)	
Other Team Members	

Hospital Background

- It is a high volume facility
- It has 127 Beds, 13 Doctors, 15 clinical officers ,76 Nurses, 13 Lab techs.
- 2610 currently in care, on ART 2602, 100 ART patients a day. The viral load uptake is 96%.
- The suppression rate is at 92%.
- 300 specimens collected for VL testing/month.
- Acts as a VL hub for other sites.

Stakeholders Analysis

Name	Level of Support					Key Interests / Issues	Assessment of Impact (H, M or L)	Action Items / Strategy to Influence	Key Communication Points
Hospital administration					E	Funds and policies	H	Funds	Through presentations & narrative reports
Partners (UMB, AHF, AFYA KAMILISHA)					E	Funds and technical assistance	H	Funds and TA	Project progress and emails
Patients					E	Health services	H	Clinic attendance	Logs and calls
Staff					E	Development and implementation of SOP's and guidelines	H	Implementation of SOP and guidelines	CME and reports
KNH lab					E	Timely feedback of results	H	Feedback	Emails and portal log in
Community			N			Collaboration and being part of the team	M	Disseminating information	Meetings
Suppliers			SP			Ensuring that commodities are available	H	Timely supply of commodities	Calls and emails
	R = Resistant, SK = Skeptical, N = Neutral, SP = Supportive, E = Enthusiastic						H = High M = Moderate L = Low		



Sens/Train Lab Staff	Romano	
Determine TAT		Fri, Sep 20
Review/Summarize Monthly	Romano	Aug 31
Modify Excel Spreadsheet	Alex	Sep 30
write Lab IT secondary	Alex/Drum	

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><u>Overarching Goal</u></p> <p>Effective client management to realize consistent excellent care to patients resulting to Viral load suppression through documentation, monitoring and follow up</p>	<p><u>AIM Statement 1</u></p> <p>To increase % of high VL results documented on the green cards in patients' files from 23% to 80% by March 2019 .</p> <p><u>Metric</u></p> $\frac{\text{\# of HVL results documented on green cards}}{\text{\# of patients with HVL}} * 100$ <p><u>Aim Statement 2</u></p> <p>To increase the percentage of patients with at least one EAC documented from 0 to 80% by March 2019.</p> <p><u>Metric</u></p> $\frac{\text{\# of HVL files with at least one EAC documented}}{\text{\# of patients with HVL}} * 100$	<p><u>Intervention</u></p> <p>Redesigning the process of results flow</p> <p>Redesigning the process of communication flow</p>

Elevator Speech

This project is about:

Improving documentation of high viral load results and EAC sessions.

It's important because we are concerned about:

Incomplete documentation, resulting to inadequate follow up of clients.

As a result of these efforts:

We will ensure that the viral results are in the green cards and the HVL clients are attending EACs **Success will be measured by showing improvement in:**

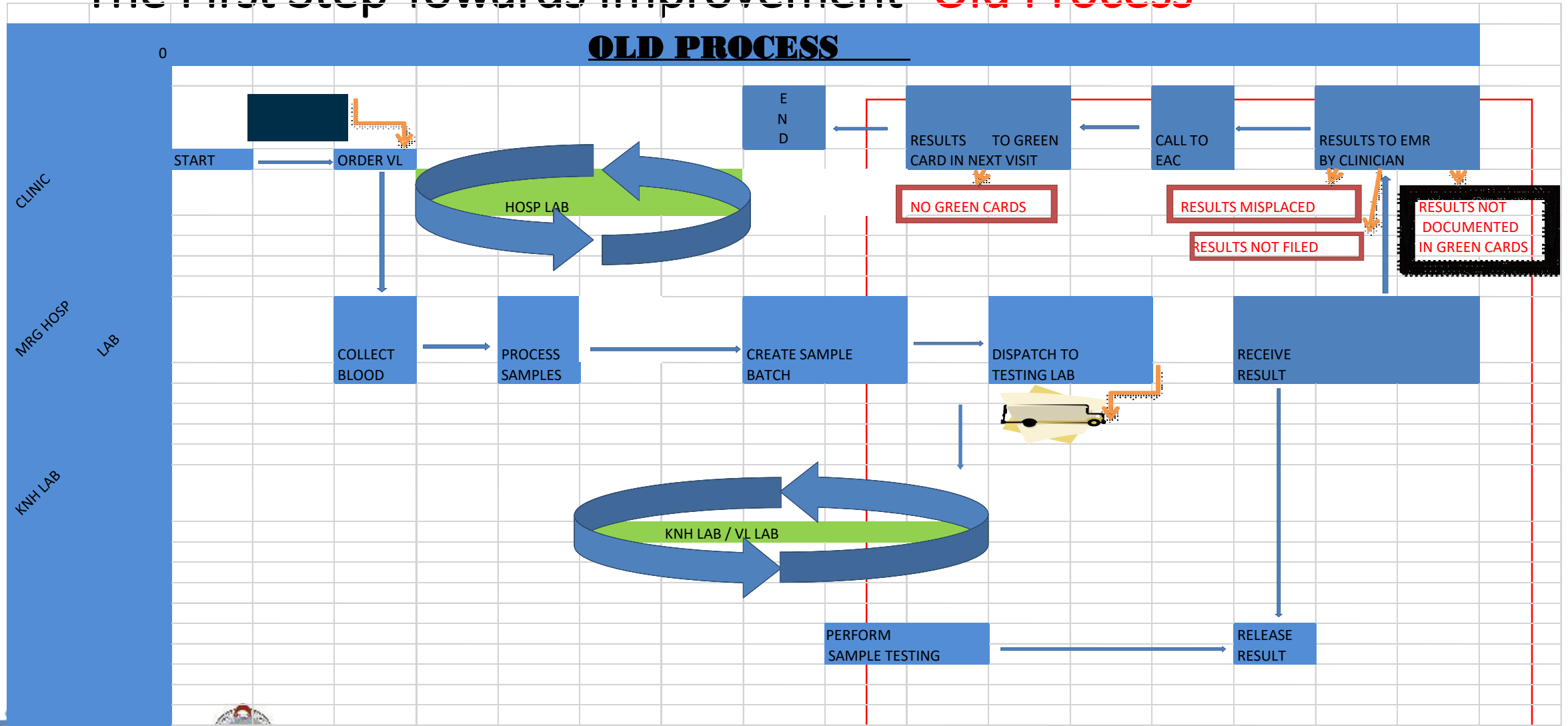
Increased % of HVL results available in the green cards and documented EAC sessions.

What we need from you: Administration

Collaboration and ownership of the process by other departmental heads as we cascade LARC to other departments of the hospital

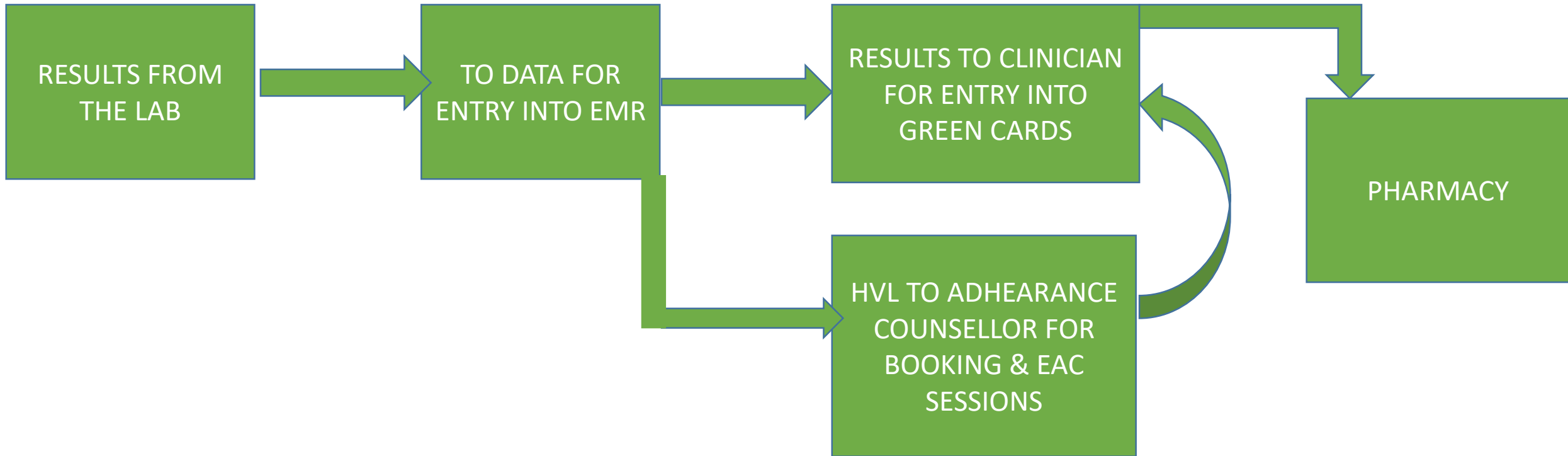
Process Mapping

The First Step Towards Improvement- **Old Process**



Process Mapping

The First Step Towards Improvement- **New Process**



Process Map

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1.Triage	Vital taken-Weight, BP, Height Screening of sick patients who need prompt care	Nutritionist/Peer Counsellor	10 minutes	Daily register for nutritional services CCC patient appointment cards	
2. Consultation	Screening for OIs (TB, STIs, Cancer Screening) Competing the assessment tools Offer family planning services Competing the EMR forms Assess for VL eligibility and request if due	Clinician/ Nurse	20 Minutes	Green Card IPT/ICF card Lab request form Cancer screening cards EMR	Incomplete lab request form; assure 2 IDs available for each patient
3. Phlebotomy at the Lab	Verify requisition-Age, sex & CCC numbers. Log into the VL tracking register Draw blood into EDTA tubes via venepuncture Capture age, sex CCC number on the EDTA tube	Lab Technologist	10 minutes	Lab request forms Lab tracking log	Expand time window for VL blood draw
4. Centrifugation & Storage of samples.	Centrifuge and aliquot 2ml into cryovial Store samples at -20°C temperature.	Lab Technologist	30 minutes	Preventive Maintenance charts	Sample processing, centrifuge samples at mini-lab, storage issues
5. Package samples for transport	Remote login into the Excel sheet Packaging and transport to KNH CCC Lab with a copy of completed excel spreadsheet	Lab Technologist	5hrs		Create VL sent list with 2 patient IDs for tracking purpose
6. Receive samples at testing Lab	Download excel sheet Verification of samples against the spreadsheet Notification for any rejections done	KNH Lab staff	30 minutes	Excel spreadsheet	

7. Analyze the samples	Perform daily maintenance, Process/Load samples into instrument, etc.	Molecular lab technician	5 hours – 3 weeks		Reduce sample rejection rate due to insufficient volume, WB (vs plasma), dedicated VL req form to speed up sample log-in; clinic vs lab sample ID
8. Testing of Samples	Perform daily maintenance Convert excel spreadsheet to CSV files Generate worksheet Load samples into the machine Run test and verify results Upload CSV files to NASCOP system	Molecular lab technologist	5 hrs-2 weeks	Spreadsheet Worksheets IQC logs LJs PMs	High VL results flagged by LIS
9. Tracking results	Daily check for results from website Print summery and individual results Individual results taken to Clinician Summery transcribed into the VL Lab register Flag HVL results	Molecular lab technologist	30 minutes	VL logs Results print outs	Multiple copies are printed
10. Results picked up for delivery to the clinic	Handing over the results to the Clinician	Lab Staff/Clinician	5 minutes	Results print outs	the lab tech delivers the results to the data manager for input into the EMR who then sorts and gives the clinician for transcription to the green card. The list of HVL results given to psychosocial counsellor for calling and booking of EAC
11. Consultation	Keying in to the EMR Prescribe drugs and send to pharmacy Review results and deliver to Expert Client for follow-up action of HVL	Clinician/Peer Counsellor			the clinician transcribes results into green cards
12. Filling area	Put individual results into respective patient files	Data officer	2-4 days	Specimen delivery checklist accompany results?	SMS result delivery

Process Mapping

The First Step Towards Improvement

(Show your process table. Provide sufficient detail of the entire process. Highlight the area/s for improvement.)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
13. Reschedule HVL patients clinic dates	Call patients with high VL results and schedule appointment for clinic visit	Peer educator	30 minutes	Call log and appointment book	Book the clients for EAC immediately. Appointments should be 30 days upon receiving results
14. Enhanced adherence counselling	Explain VL results; investigate reasons for high VL (adherence issues or treatment failure Patients are seen monthly and adherence assessed for 3 months	Psychosocial counsellor	30-45 minutes	MMAS-8	Redesign the communication flow
16. Follow up VL request	Repeat VL after 3 months of excellent adherence	Clinician	15 minutes	Lab request forms	A clerical person to assist nurse in paperwork



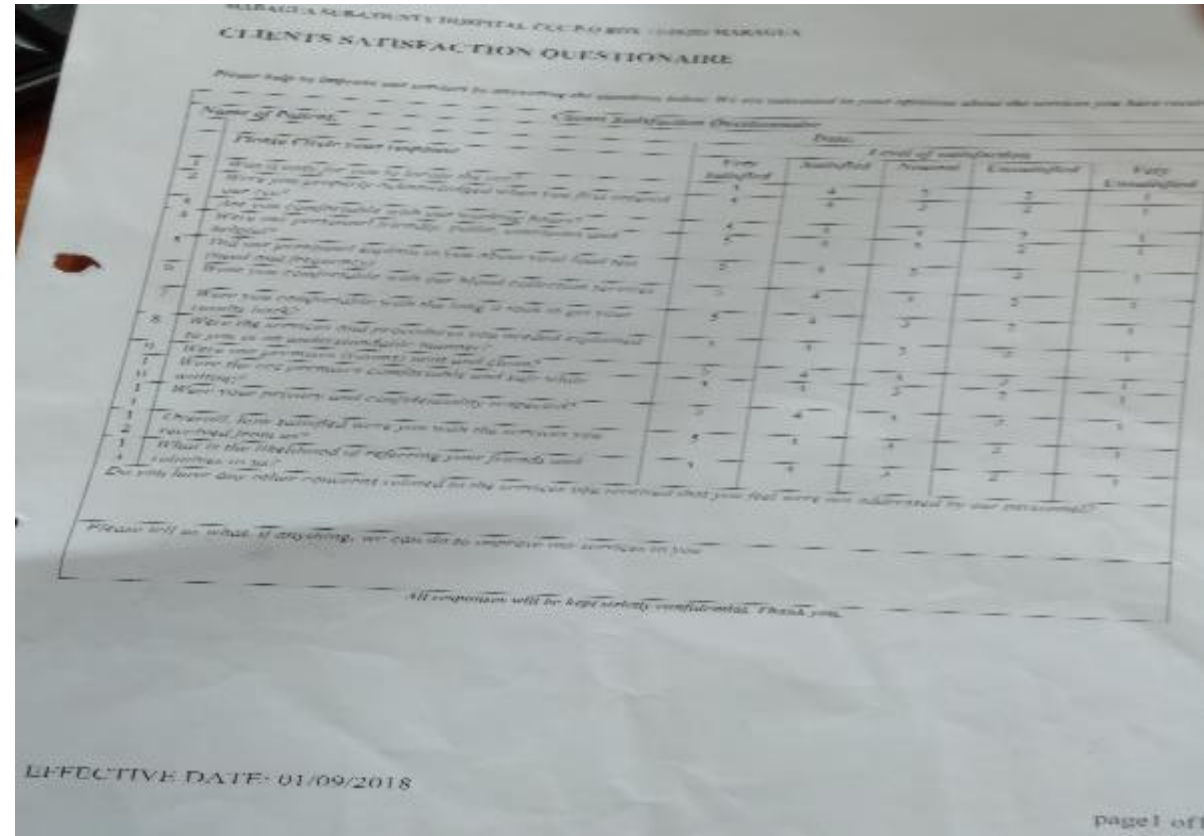
- **Gap (Problem Statement):**

Inadequate enhanced adherence counseling due to incomplete documentation of high viral load results in patients files



• Voice of Customer (VOC)

- Our customers were HIV positive clients
- We selected the right customer for the study
- Data was collected using self administered questionnaire.
- We learnt that we had formulated many questions we should have questions which are specific to the project
- We don't engage the patients in their care
- Customers may not be the client only but may include the consumers touching the process





- Metric Selected

Baseline data

- Average score for the 3 months was 23.2%

	June 2018	July 2018	August 2018
% Score	41.6	0	28

METRIC 2

of files with at least one EAC documented
**100*

of patients with HVL

Baseline : Moving from **40%** in December 2018 to **80%** by March 2019.



Data collection process

Data Collection plan								
CCC #	Age	VL Results In File	Phone call	Visit to the Clinic	Visit to EAC 1	Visit to EAC 2	Visit to EAC 3	VL Repeat

■ Data Collection plan

During baseline we used 3 data points and collected data 2 weekly.(June, July, Aug 2018)

In the following months we analyzed data fortnightly and had 12 data points.

We learnt that 77% of the files did not have the viral loads documented in the green cards and patients did not have EAC sessions documented appropriately.

The baseline data for EAC was collected during the month of December 2018. Data for EAC is collected monthly.



Materials/Supplies

Inadequate supply of green cards
Why? Inadequate funding

Process

The flow of the patients from the ccc to the lab why? We were losing the patients between the ccc and lab.
There is no standard process of receiving and management of results why? No SOP

People

Lack of translating knowledge into practice
Why? Training was done 1 year before arrival of tools
Role conflict
Why?-roles were not clearly defined

Incomplete documentation of HVL on patient green cards

Environment

Space is not adequate
Facility was a health centre and no new structure after Upgrade so no filling space

Policy / Procedure

Change of documentation tools
Overreliance on donor support

Equipment

Lack of printer/breakdown
Lack of toner
Why/ overload of machine



Materials/Supplies

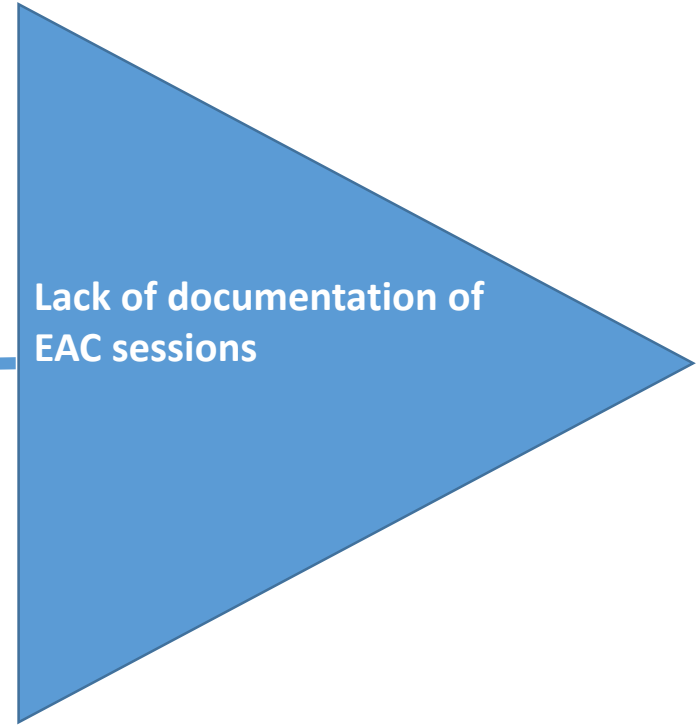
Lack of printing papers /toner
Why? No funds

Process

There is no standard process for documenting EAC sessions
WHY? No SOP

People

Limited human resources
Knowledge gap
Why-Not trained on the on the tools(staffs)
Why –tool was not available
Why – Need not identified
-Undefined roles



Environment

In adequate space
Why? No room for EAC
Why? Building converted from a staff quarter

Policy / Procedure

No tool for EAC
Why? Guideline lacking collecting tool for EAC.

Equipment

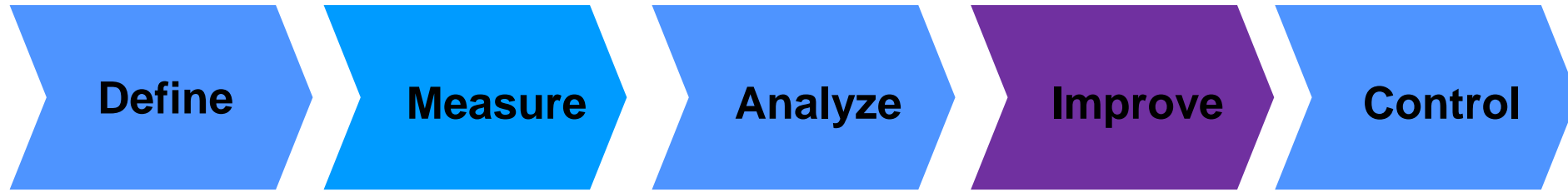
Lack of printing machine
Lack of toner
Why? Lack of funds

a



IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities

IMPACT Major Improvement Minor Improvement	<p>Just Do It</p> <ul style="list-style-type: none"> -improving the documentation of VL TAT -assigning someone to file VL results - 	<p>Projects - Detailed planning and work</p> <ul style="list-style-type: none"> -improving documentation of HVL results in green cards - Improving EAC documentation
	<p>Just Do It if Impactful</p>	<p>Maybe some day</p> <ul style="list-style-type: none"> -availing computers in every section
	Easy to Do	Difficult to Do
	EFFORT	



- Just Do Its

activity	Action	resolved
EAC planning	Psychosocial counsellor should be involved in planning EAC sessions	
EAC form completion training		Psychosocial counselor trained other staff on EAC

5S - BEFORE

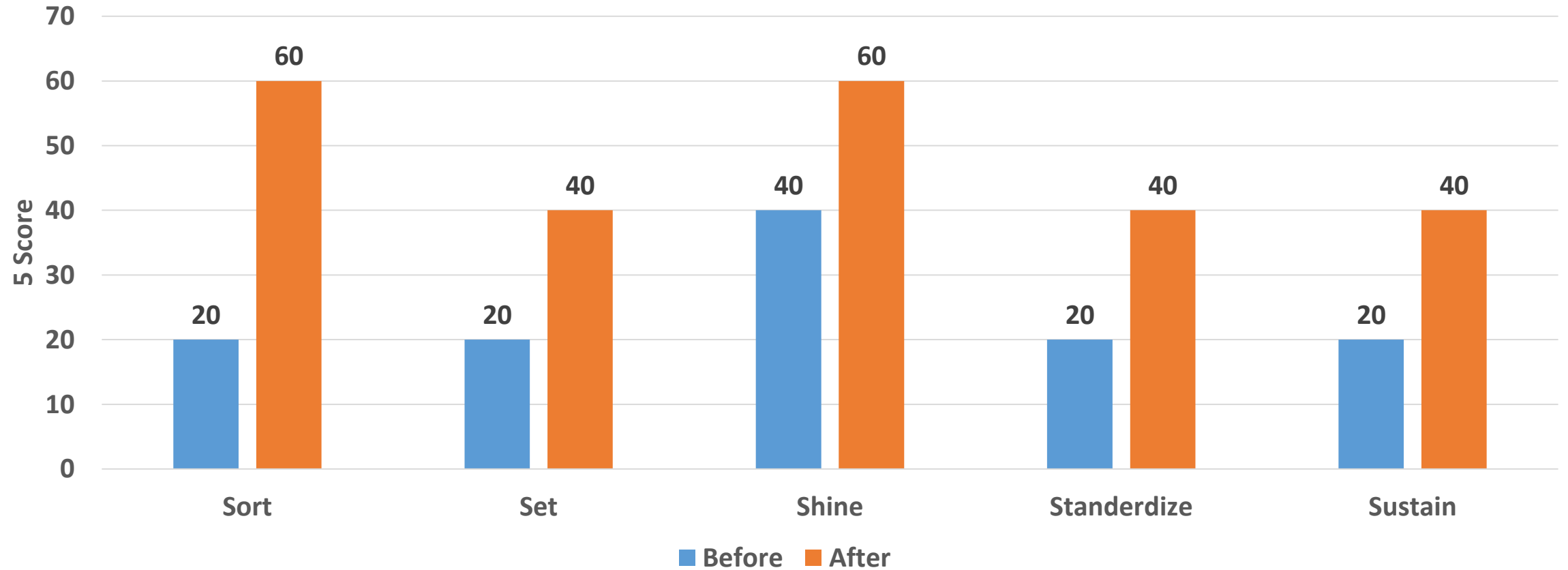


5S- AFTER



5S

5S Level of Excellence



Define

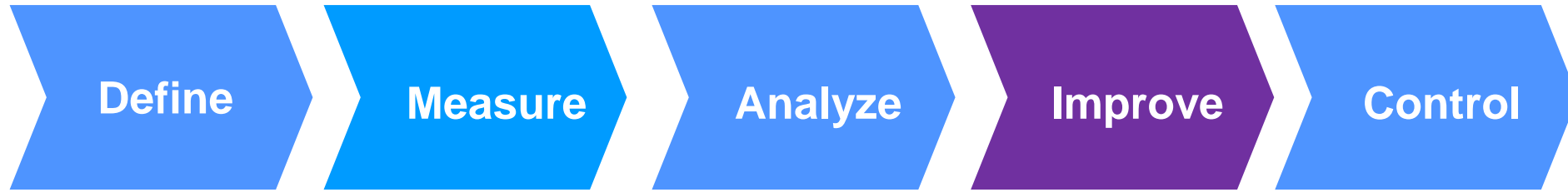
Measure

Analyze

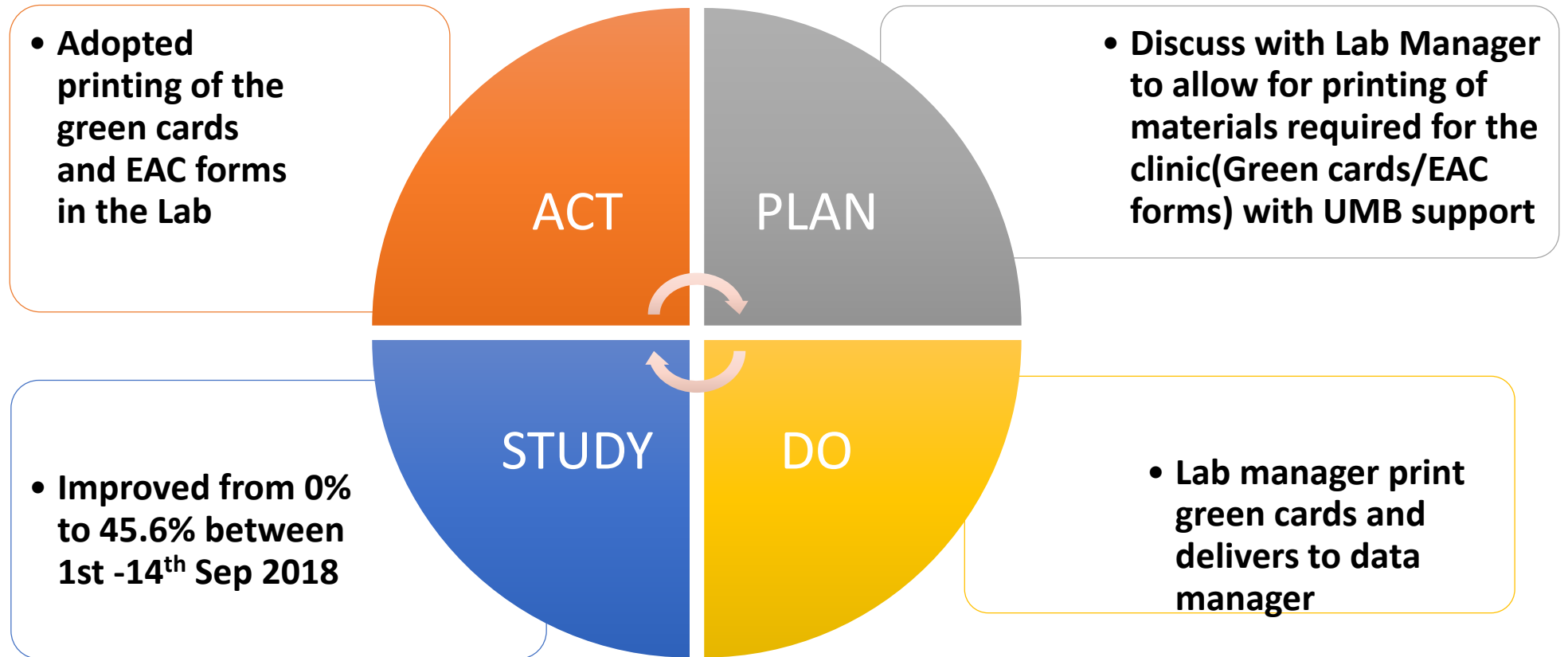
Improve

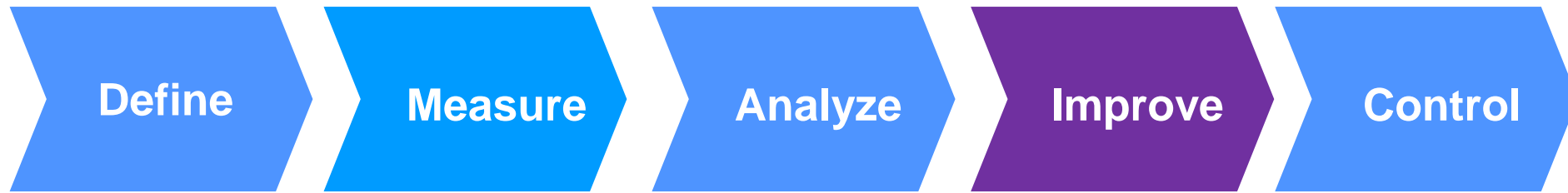
Control



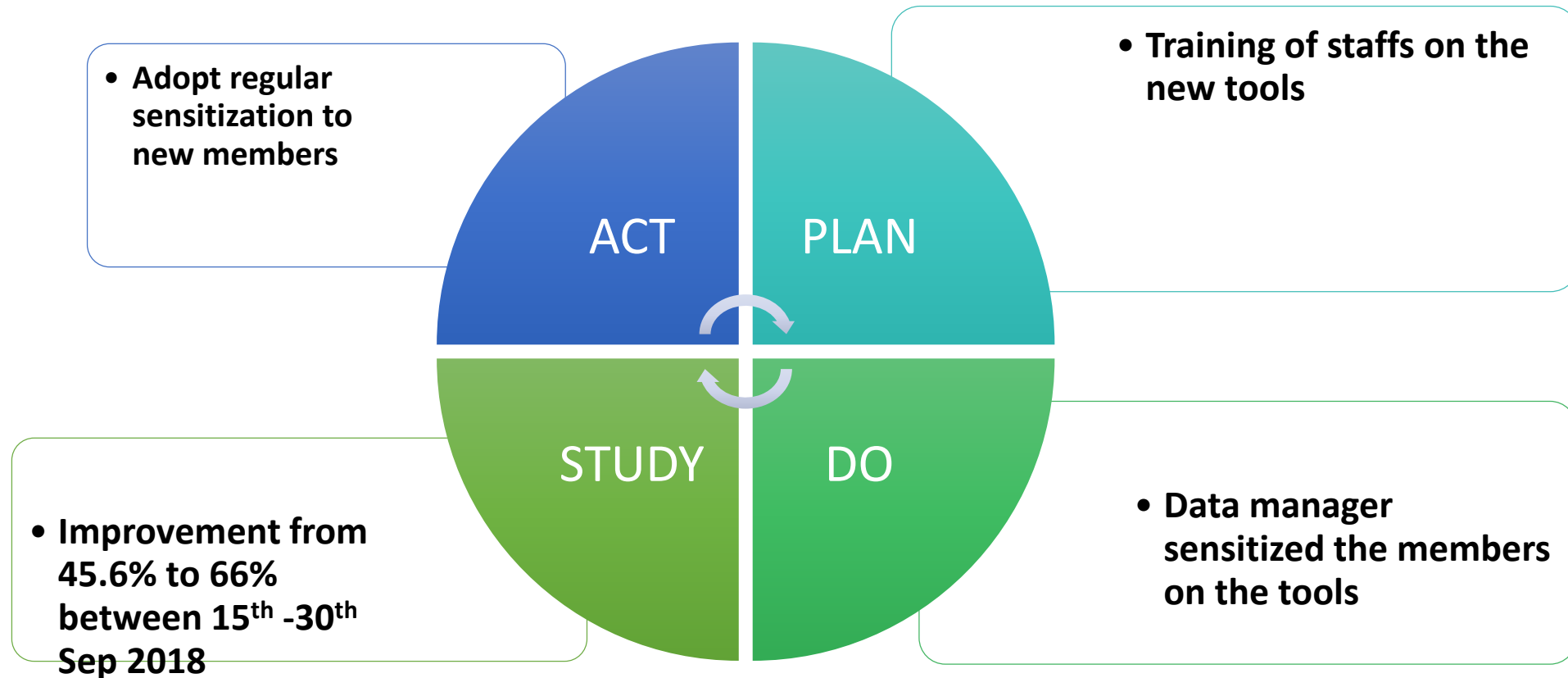


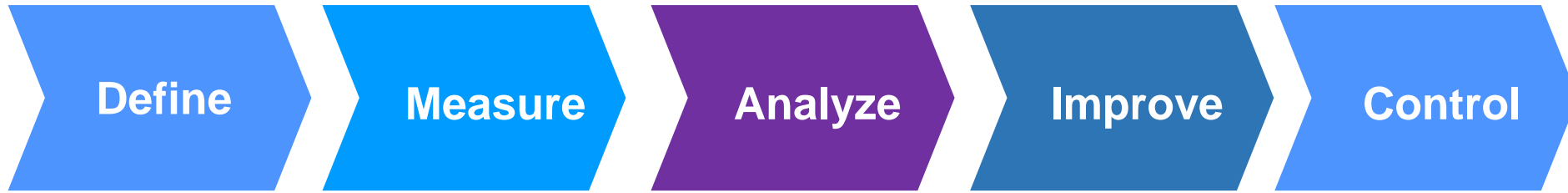
- Small Test of Change (PDSA 1)



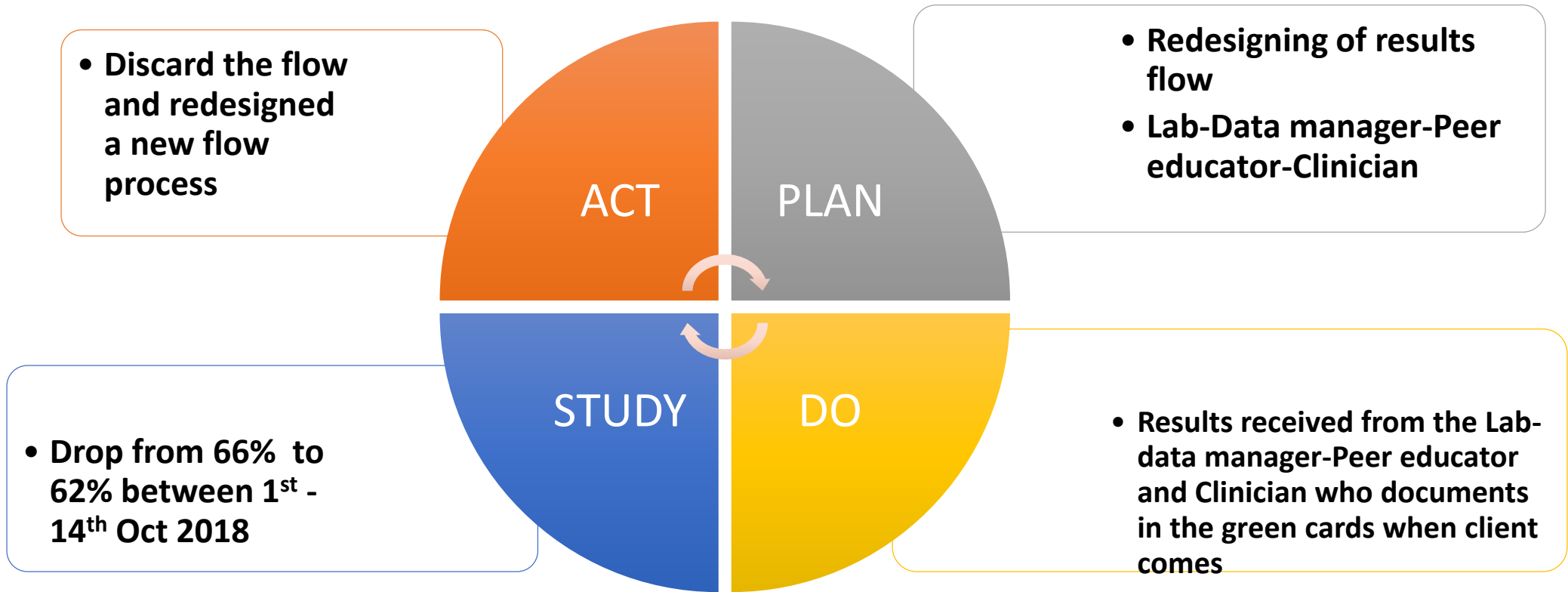


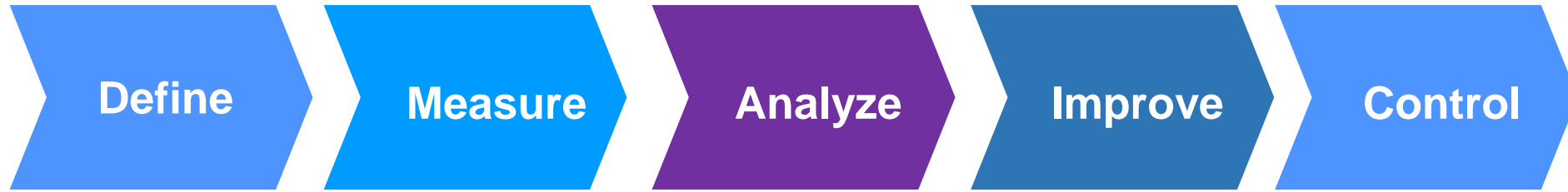
- Small Test of Change (PDSA 2)



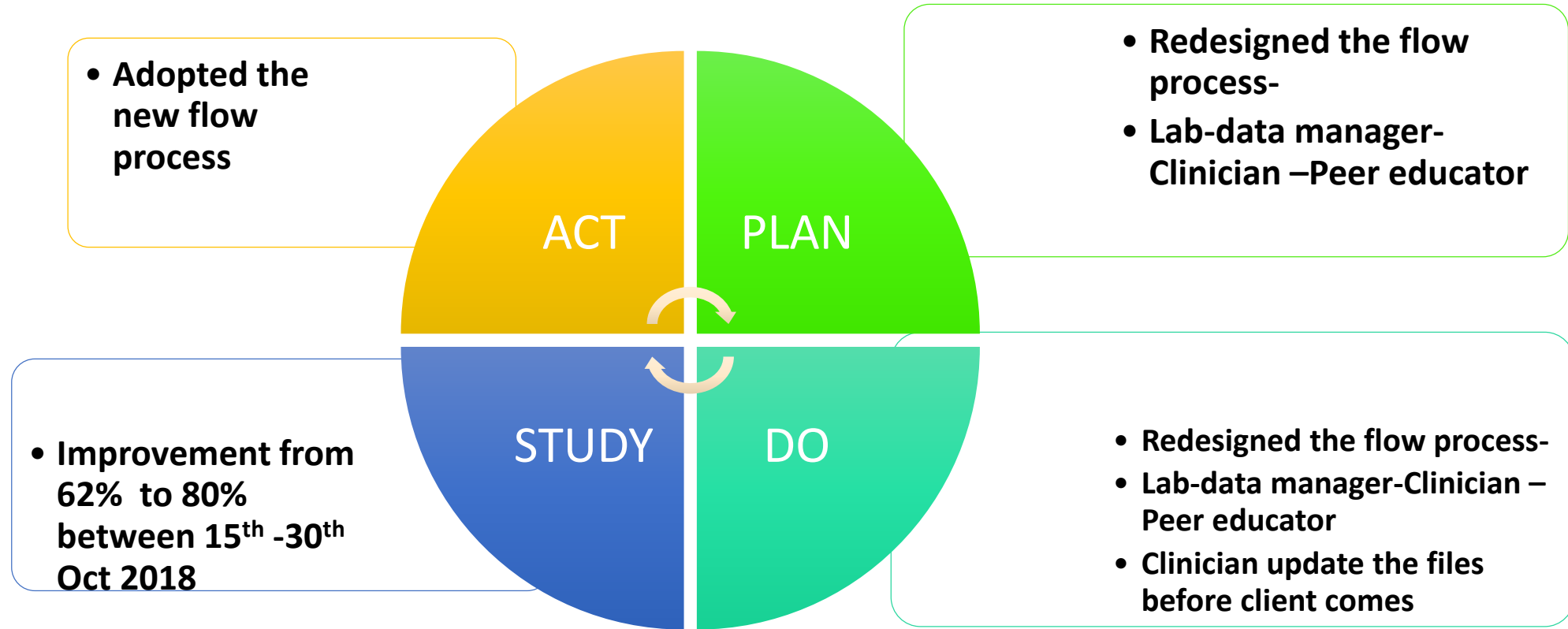


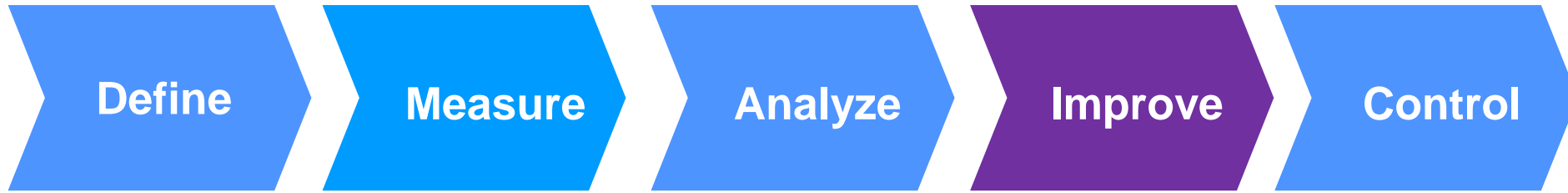
• Small Test of Change (PDSA 3)



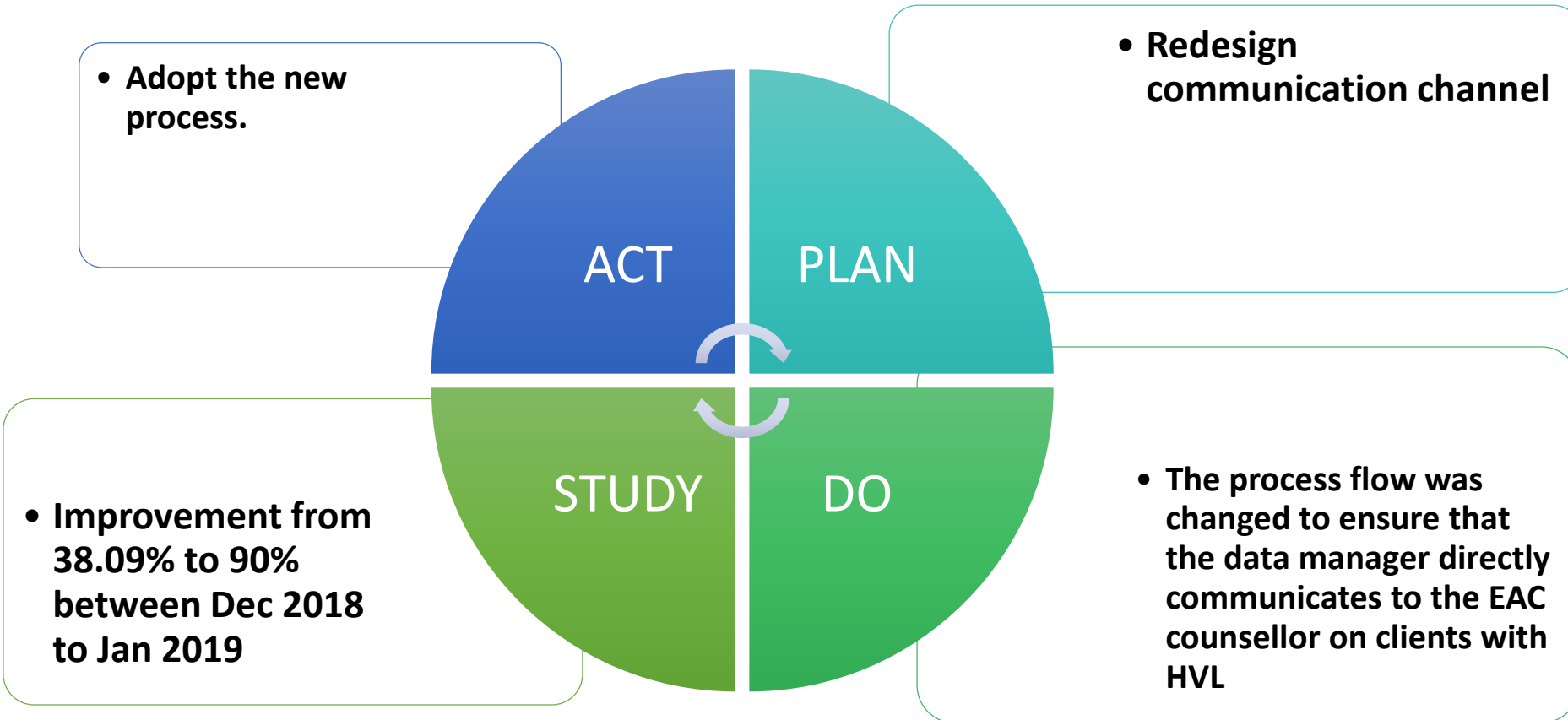


• Small Test of Change (PDSA 4)





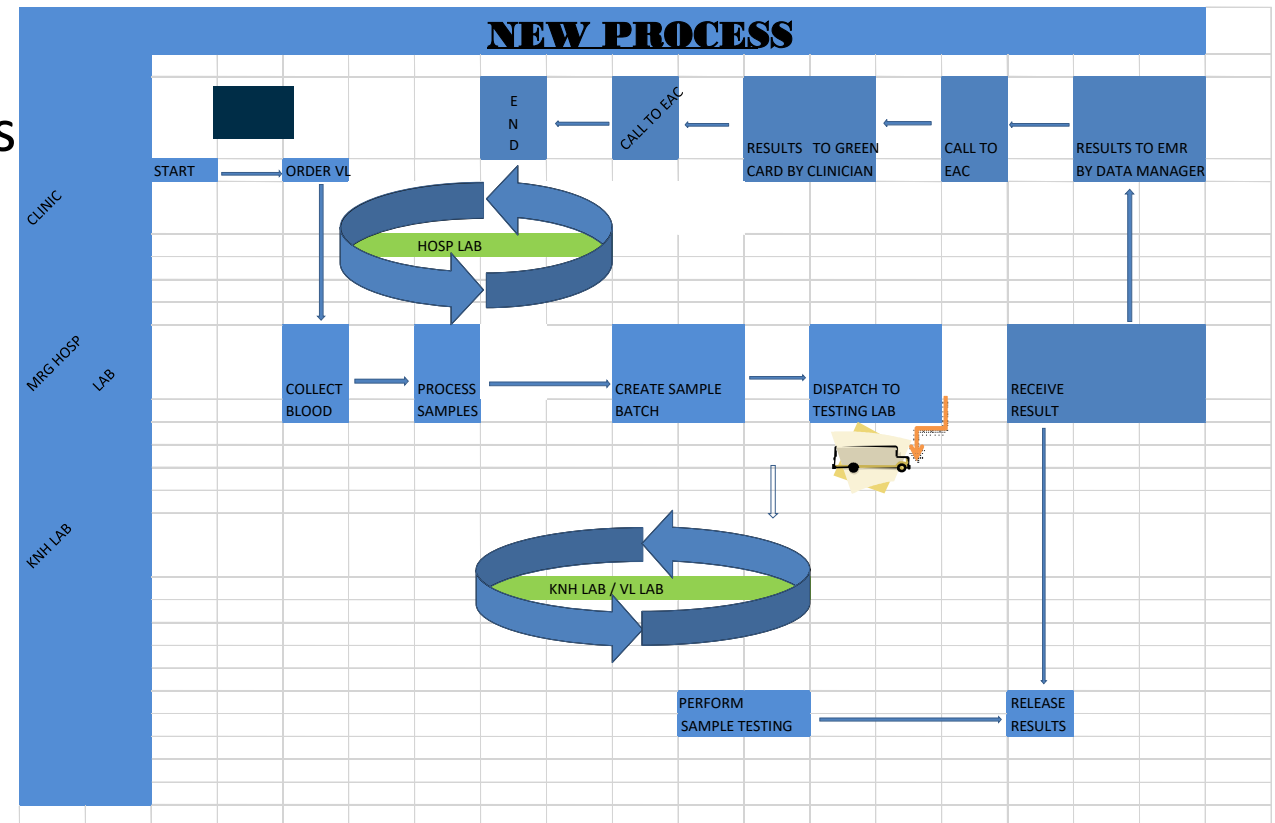
• EAC Small Test of Change (PDSA 1)

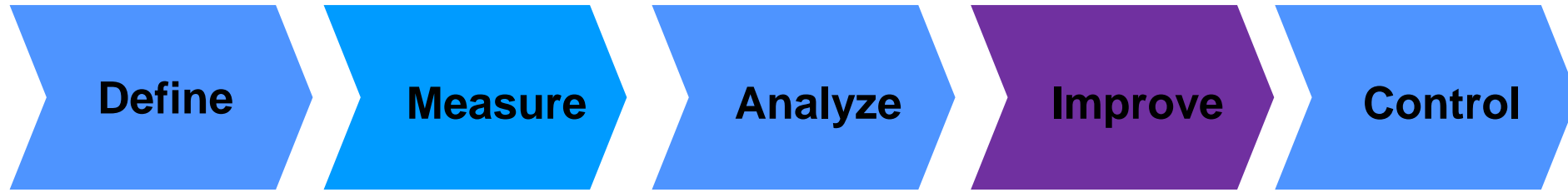




Intervention – ‘After State’ Process Map

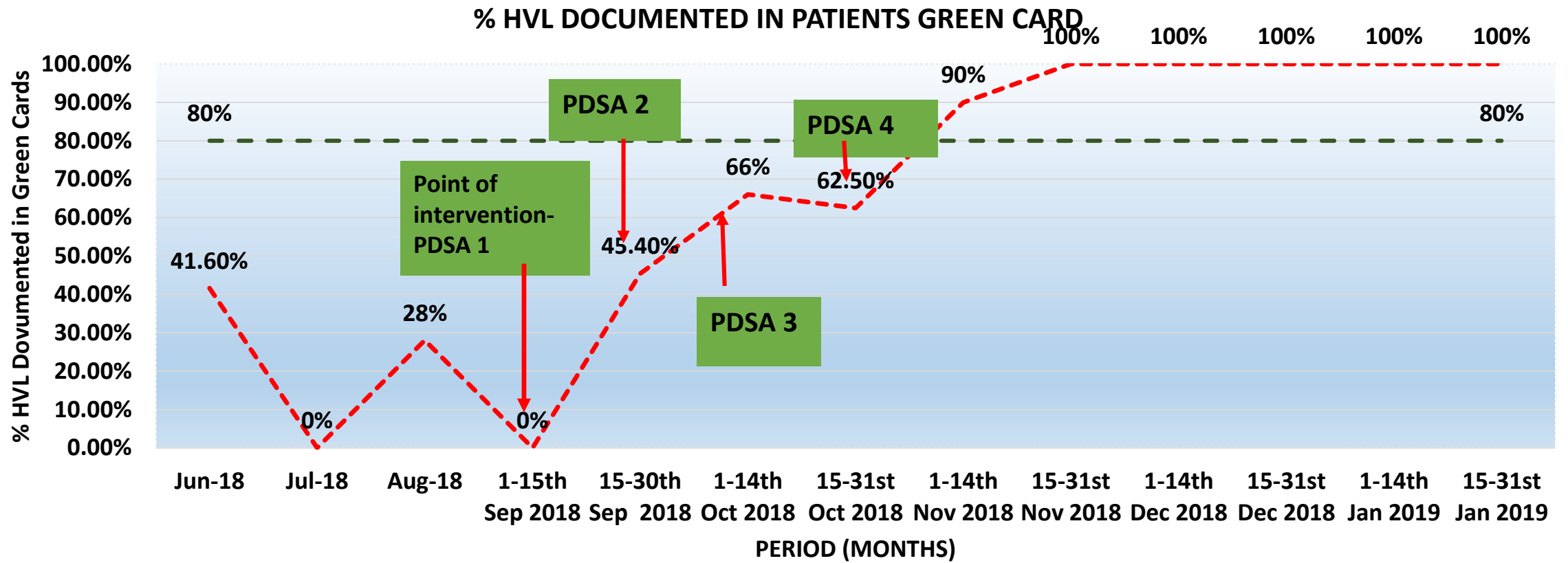
- To solve the problem we:
 - ✓ printed green card, and EAC forms
 - ✓ sensitized team members
 - ✓ reassigned roles
 - ✓ Redesigning the flow process





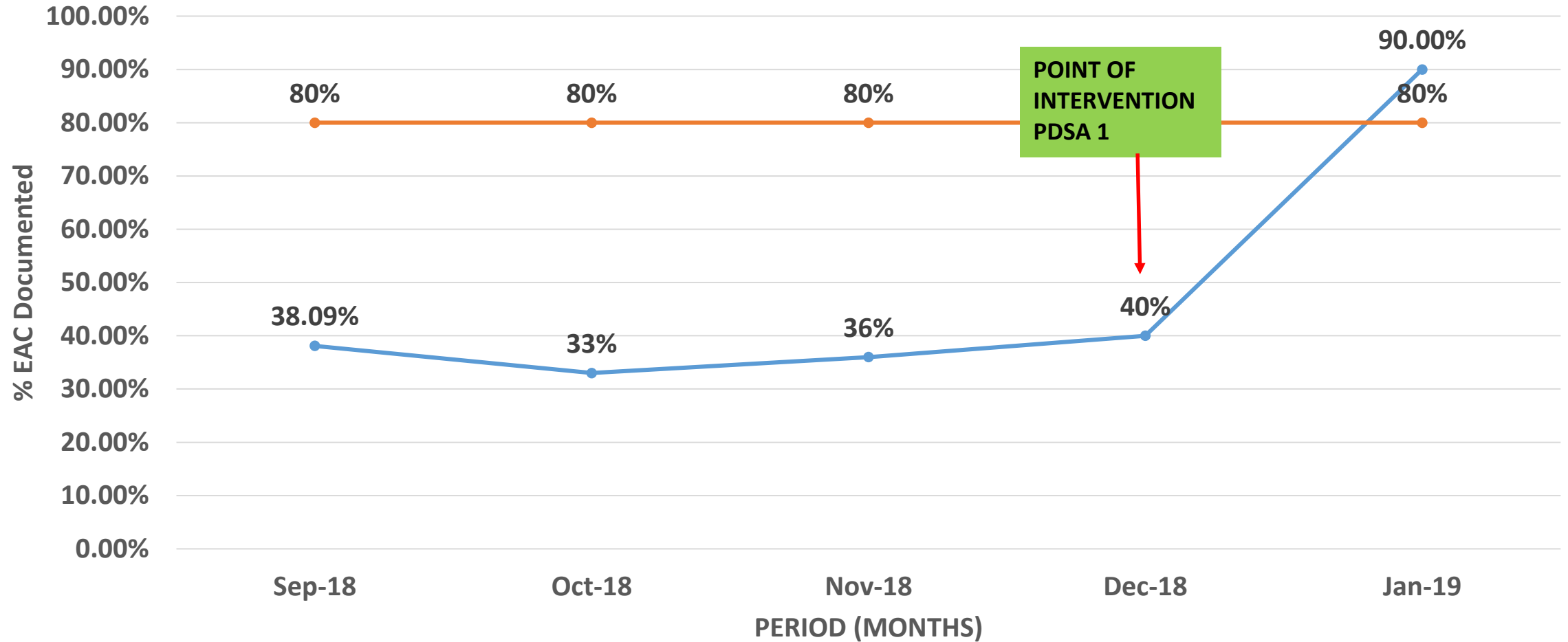
Intervention – ‘Before’ State Process Map

BEFORE	AFTER	BENEFITS
No green cards	Printed green cards	Ensured all files had green cards
No defined roles	Reassigning of roles	ensured sense of responsibility
No defined flow process	Defined flow process	Ensured no duplication of roles and prevented role conflict
Delay in results getting to clinician	Results got to the clinicians promptly	Ensured results were put on green card and were not lost



EAC DATA ANALYSIS

% EAC ATTENDANCE DOCUMENTED



CHALLENGES AND HOW THEY WERE ADDRESSED

challenges

- Conducting of meetings was a challenge.
- Inadequate supplies e.g. green cards
- Since change takes time, it was not easy to convince some staff members especially regarding some changes in process.

Address challenges

- members conducted meetings standing and always had an agenda
- Adequate supplies ensured through printing more cards
- Display of data and prompt feedback with teams and other members of the staff made them embrace the project. The enthusiastic ones were engaged fully.

Lessons Learned from LARC

- Active mentorship is key to success in any learning process
- LARC improved interdepartmental relationship
- It has improved leadership skills
- Effort is not equal to performance
- Application of LARC in OTZ
- LARC can be cascaded into other departments

ACTION PLAN

Topics/Goal	Action Item	By whom?	By When?	STATUS
Implement the changes	Filling of HVL,ensure 3 EAC clinics		Ongoing	Ongoing
Assessment of progress	Review of weekly finding		Bi-weekly	Ongoing
Complete CMM			20 th Feb.	done
Develop SOP	Ensure completion of SOP		15 th March 2019	done

Control Plan

Project Title: Improve documentation of HVL in green cards and documentation of EAC sessions

Project Owner - CCC In charge

Critical Elements for Quality

Process Step: The most critical step is the data manager receives physical results from the lab transcribes to the EMR, then gives to the clinician who transcribes to the green card at the same time gives the list to the EAC counsellor who then calls through the peer educators and books for EAC sessions. In case this step is compromised, there is that likelihood of the old process reverting.

Output: Improved documentation in the green cards and EAC sessions.

Monitoring over Time

Metric – # Of HVL results documented on green cards *100

of patients with HVL

of files with at least one EAC documented *100

of patients with HVL

Acceptable Range – 90% to 95%

How measured– Monitoring the progress of the project. Data Collection Plan

Control or Reaction Plan

We do a root cause analysis using the fish bone.

Accountability

Who is responsible for measuring – - Psychosocial counsellor and Data manager

Where is the measure reported – CQI team

To whom is it reported– CQI champion-

Who is ultimately responsible –Medical Superintendent

Related Documentation

Future/Improved State Process Map: Review new process in the power point slide# 9

Standard Work Instructions: We have an SOP in place

Data – We already have an updated Run Chart slide # 32 & 33