Direct Assistance Facility C

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

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Team member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion/sponsor</td>
<td></td>
</tr>
<tr>
<td>Team leader</td>
<td></td>
</tr>
<tr>
<td>QI expert/coach</td>
<td></td>
</tr>
<tr>
<td>Data Manager</td>
<td></td>
</tr>
<tr>
<td>Frontline Members</td>
<td></td>
</tr>
<tr>
<td>Other team members</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>How much does the project impact them</th>
<th>How much influence do they have over the project</th>
<th>What is important to the stakeholder</th>
<th>How could the stakeholder contribute to the project</th>
<th>How could the stakeholder block the project</th>
<th>Strategy for engaging the stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility staff</td>
<td>High</td>
<td>High</td>
<td>• Good patient outcomes</td>
<td>• Interview of clients</td>
<td>• Lack of teamwork</td>
<td>• Mentorship</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Collecting data</td>
<td>• Giving wrong T.CA</td>
<td>• Giving wrong T.CA</td>
<td>• Motivation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Industrial action</td>
<td>• Industrial action</td>
<td>• Supervision</td>
</tr>
<tr>
<td>University of Maryland</td>
<td>high</td>
<td>high</td>
<td>Project implementation and good client outcome</td>
<td>Supply of expertise And monitoring the progress of the project</td>
<td>Lack monitoring the progress and follow up</td>
<td>Scheduling meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sharing the updates</td>
</tr>
<tr>
<td>Patients</td>
<td>high</td>
<td>high</td>
<td>Adherence on the clinical appointment</td>
<td>Availing on clinical appointment</td>
<td>Missing the clinical appointment</td>
<td>Running a customer voice form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Updating clients on the result</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and what importance towards their care</td>
</tr>
<tr>
<td>Local community</td>
<td>low</td>
<td>low</td>
<td>• Information relating to security/disease outbreaks</td>
<td>• Disease surveillance</td>
<td>• Political tension</td>
<td>• Community dialogue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Health talks</td>
</tr>
</tbody>
</table>
The Story of our Project
# Project Summary

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>How will we know if a change is an improvement?</th>
<th>What change will we make that will result in an improvement?</th>
</tr>
</thead>
</table>
| Increase viral load Testing and viral suppression. | **AIM Statement**  
To reduce the number of missed appointments due for viral load test from 25% to 10% by 31st March 2019  
Metric selected  
\[
\text{# of clients who missed appointment while due for VL test bi weekly} \times 100 \\
\text{Total # of eligible clients for viral load tests on their clinic appointments}
\] | **Interventions**  
- Redesign client flow due for viral load test.  
- Creating alert system for both client and clinical personnel  
  - Use of sticker on patient file  
  - EMR signal  
  - Patient appointment card  
  - Actual generated line list prior to appointment date. |

---

*Public Health Informatics Institute*
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

<table>
<thead>
<tr>
<th>Process Step</th>
<th>What Happens?</th>
<th>Who is responsible?</th>
<th>Duration</th>
<th>Forms/logs</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demand Creation</td>
<td>• Patient files are puled from data room</td>
<td>Data Room Clerk</td>
<td>20 minutes per client</td>
<td>• Yellow apt card</td>
<td>• Improve patient workflow from clinician to lab to reduce number of patients skipping labs</td>
</tr>
<tr>
<td></td>
<td>• File sticker system indicates f/u for VL testing</td>
<td>Comprehensive Care Clinic Reception</td>
<td></td>
<td>• Green card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Make appointments</td>
<td>Clinician</td>
<td></td>
<td>• Patient file sticker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Triage patients</td>
<td></td>
<td></td>
<td>• IQ Care (EMR) system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clinicians provide care for 20-30 VL patients a day</td>
<td></td>
<td></td>
<td>• VL Tracking Form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide patient with VL lab Order Form and Pharmacy Form</td>
<td></td>
<td></td>
<td>• VL Lab Order Request Form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Send client to lab for VL lab test</td>
<td></td>
<td></td>
<td>• CCC Pharmacy Order Form</td>
<td></td>
</tr>
</tbody>
</table>
# New Process Mapping: The First Step Towards Improvement

<table>
<thead>
<tr>
<th>Process Step</th>
<th>What Happens?</th>
<th>Who is responsible?</th>
<th>Duration</th>
<th>Forms/logs</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
</table>
| 1. Patient clinical        | • 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 | Data Room Clerk               | 20 minutes per client    | Yellow apt card  
 Green card  
 Patient file sticker  
 IQ Care (EMR) system  
 VL Tracking Form  
 VL Lab Order Request Form | Having an sms reminder system for the client appointment due for viral load test |
| encounter                  | Comprehensive Care Clinic Reception                                                  | Clinician                     |                       |                                                 |                                              |
| 2. Specimen Collection     | • 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 | Laboratory manager             | 5-10 minutes per client  | VL Tracking Form  
 VL Lab Order Request Form  
 Sample labels | Improve client first come first serve workflow by implementing sign in sheets  
 Improve client wait times |
<table>
<thead>
<tr>
<th>Process Step</th>
<th>What Happens?</th>
<th>Who is responsible?</th>
<th>Duration</th>
<th>Forms/logs</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sample Transport</td>
<td>• Riders pick-up samples daily (non-hub facility p/u 3 days a week)</td>
<td>Trained Riders/Transporters</td>
<td>Unknown</td>
<td>• Lab Manifest</td>
<td>• Improve lab result turn around time</td>
</tr>
<tr>
<td></td>
<td>• Collect samples and forms</td>
<td></td>
<td></td>
<td>• Sample Sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Transport samples to NHRL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Lab Testing</td>
<td>• Receive samples</td>
<td>National HIV Reference Laboratory (NHRL)</td>
<td>7-14 days</td>
<td>• Lab Manifest</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Verify and match samples with information</td>
<td></td>
<td></td>
<td>• Sample sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Batch samples</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Test samples</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Result Reporting</td>
<td>• Receive email from NHRL</td>
<td>Laboratory manager</td>
<td>14- 30 days</td>
<td>• Lab Results</td>
<td>• Routinely update of lab results in forms locked in cabinet</td>
</tr>
<tr>
<td></td>
<td>• Check LIMS for lab results</td>
<td>Lab Techs</td>
<td></td>
<td>• LabWare LIMS</td>
<td>• Standardized way to keep track of lab request forms</td>
</tr>
<tr>
<td></td>
<td>• Document lab results from LIMS into VL Lab Order Request Form</td>
<td></td>
<td></td>
<td>• VL Lab Order Request Form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lock result in cabinet drawer in laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Process Mapping Continued: The First Step Towards Improvement

<table>
<thead>
<tr>
<th>Process Step</th>
<th>What Happens?</th>
<th>Who is responsible?</th>
<th>Duration</th>
<th>Forms/logs</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
</table>
| 6. Enhanced adherence counseling | • 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       | • Viremic register log book  
   • EAC form                       | • Space for confidential counseling  
   • Community Health Workers to make house calls to patients that are too sick to travel to health facility |

*Public Health Informatics Institute*
THE OLD PROCESS MAP

- RECEPTION/REGISTRATION
- TRIAGE
- CLINICIAN
- LAB
- PHARMACY/NUTRITION
- HOME
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
Voice of the Customer Analysis

Mode of reminder for Clinical Appointments
N=42 Clients

- Call: 52%
- SMSs: 48%
Voice of the Customer Analysis

Service points that impressed clients
n=42

- Adherence: 4%
- Lab: 8%
- Pharmacy: 8%
- Clinical: 50%
- Booking: 34%

Ever missed an Appointment

- Yes: 41%
- No: 59%
Voice of the Customer Analysis

POINTS OF SERVICE TO IMPROVE

<table>
<thead>
<tr>
<th>RESPONDENTS OUTCOMES</th>
<th>Booking</th>
<th>Pharmacy</th>
<th>Lab</th>
<th>Time mgt</th>
</tr>
</thead>
<tbody>
<tr>
<td>What to improve</td>
<td>3</td>
<td>13</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
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  3 = Very satisfied

<table>
<thead>
<tr>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bookings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. How satisfied were you with the service at this facility?
   *Je umeridhika kiasi gani na huduma katika kituoni hiki cha afya leo?*
   a. Nimeridhika sana
   b. Nimeridhika kiasi cha baja
   c. Sijishaka

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 kililiki hili Leo?*
   a. 0 – 30 Minutes/Dakika
   b. 30 min -1 hour
   c. 1 hour – 2 hours
   d. 2 hours – 3 hours
   e. >3 hours (Zaidi ya matatizo matatu)

4. Which service impressed you most?
   *Ni huduma ipi iliyo vitia/kupendwa zaidi?*
Second VOC

Mode of reminder for Clinical Appointments
N=100 Clients

Satisfaction at the facility

- Very much: 84%
- Fairly satisfied: 16%
- Not satisfied: 0%

Hours Spent in facility

- 0 – 30 Minutes: 25%
- 30 min – 1 hour: 17%
- 1 hour – 2 hours: 21%
- 2 hours – 3 hours: 29%
- >3 hours: 8%
Second VOC

Mode of reminder for Clinical Appointments
N=100 Clients

Call 52%
SMSs 48%

Mode of reminder for app VOC 2

67%
33%
Second VOC

Mode of reminder for Clinical Appointments
N=100 Clients

Service point that impressed most VOC 2

- Triage / kwa kadi: 4%
- Consultation / Kwa daktari: 12%
- Laboratory /Maabara: 14%
- Pharmacy / Kwa dawa: 10%
- Adherence / kwa mshauri: 60%
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:

\[
\frac{\text{# of clients who missed appointments}}{\text{Total # of clients due for VL tests}} \times 100
\]
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.**

---

### Data collection Tool

<table>
<thead>
<tr>
<th>No. of weeks</th>
<th># Clients who missed appointments</th>
<th>Total # of clients due for VL tests</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Define

Measure

Analyze

Improve

Control

Cause and Effect Diagram (Fishbone)

People

- Failure to flag out files due for VL
- Lack of teamwork
- Wrong date of return while due for VL
- Role confusion for persons performing care & treatment of client

Process

- Phone call & reminder not done
- Client preparation for new regimen not done
- Harmonization of return date
- Booster adherence

Materials/Supplies

- Phone
- Stickers
- Airtime
- Drug stockout
- Line list

Environment

- Adverse weather
- Political tension
- Unscheduled public holidays

Policy/Procedure

- New regimen
- Short date of return

Equipment

- Lack of printing machine
- Dramatic supply
- Funding cuts

No shows for clinic appointment when due for VL
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

Maybe some day

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

Just Do It if Impactful

Moving

Easy to Do
Define | Measure | Analyze | Improve | Control

5S

PMTCT Room - BEFORE

PMTCT Room - AFTER
Define | Measure | Analyze | Improve | Control

5S

Filing Room Before

Filing Room After
LARC

Define
Measure
Analyze
Improve
Control

5S Level of Excellence

% Performance

Sort
Set
Shine
Standardized
Sustain

20 20 40 40 60

Before
After
COMPARISON BETWEEN THE OLD AND NEW PROCESS MAPS

- Define
- Measure
- Analyze
- Improve
- Control

Old Process Map:
- Reception/Registration
- Triage
- Clinician
- Lab
- Pharmacy/Nutrition
- Home

New Process Map:
- Reception/Registration
- Triage
- Lab
- Clinician
- Pharmacy/Nutrition
- Home
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)

- Adopt flagging of file.
- Prepare clients psychologically.

- Improved from 25% to 17% between Oct-Nov 2018

- To sensitize CLINICIANs to flag out of files for clients due for VL for a month (Oct 2018)

- Clinicians Flag files due for VL
- Prepare clients due VL
Small Test of Change (PDSA #2)

**ACT**
- Adopt early morning clinics in Dec 2018.
- Prioritization of VL clients

**PLAN**
- Initiate early morning Clinics from Nov 2018.

**STUDY**
- Improved from 17% to 8% between Nov 2018-Jan 2019

**DO**
- Initiated early morning clinics & fast tracked patients due for VL.
Small Test of Change (PDSA #3)

Define:
- Adopt prior calling of client before appointment.
- Improved from 8% to 5%

Measure:

Analyze:

Improve:
- Call clients prior to their appointment.
- Call client a day prior to the app
  - Send text reminder for client who didn’t pick call.

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

- **Define**
- **Measure**
- **Analyze**
- **Improve**
- **Control**

Baseline data collected
Interventions began-PDSA 1
PDSA 2
PDSA 3

- Jul-18: 18%
- Aug-18: 27%
- Sep-18: 21%
- Oct-18: 25%
- Nov-18: 17%
- 1st 2 weeks Dec 18: 15%
- 2nd 2 weeks Dec 18: 8%
- 2nd 2 weeks Jan 19: 6%
- 2nd 2 weeks Feb 19: 4%
- 1st 2 weeks Mar 19: 3%

% missed appointments

- Target
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

**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 LOAD 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 the 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

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

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

**Project Owner:** [Name]

**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**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of clients who missed appointments / Total # of clients due for VL tests * 100</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Who is responsible for measuring</th>
<th>[Name] the Data Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the measure reported</td>
<td>During the Health Center the monthly CQI meetings</td>
</tr>
<tr>
<td>To whom is it reported</td>
<td>Health Center In-charge</td>
</tr>
</tbody>
</table>

**Who is ultimately responsible** – [Name], facility in-charge and the LARC team lead

**Related Documentation:**
- SOP document
- Guidelines
- Elevator speech
- Run chart
Thank you