Remote Assistance Facility C

Results Management and Patient Care

Team Members

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

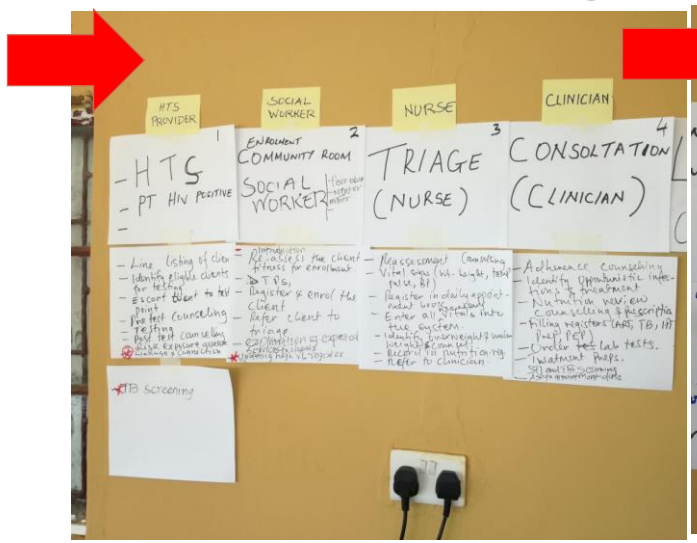
BACKGROUND INFORMATION

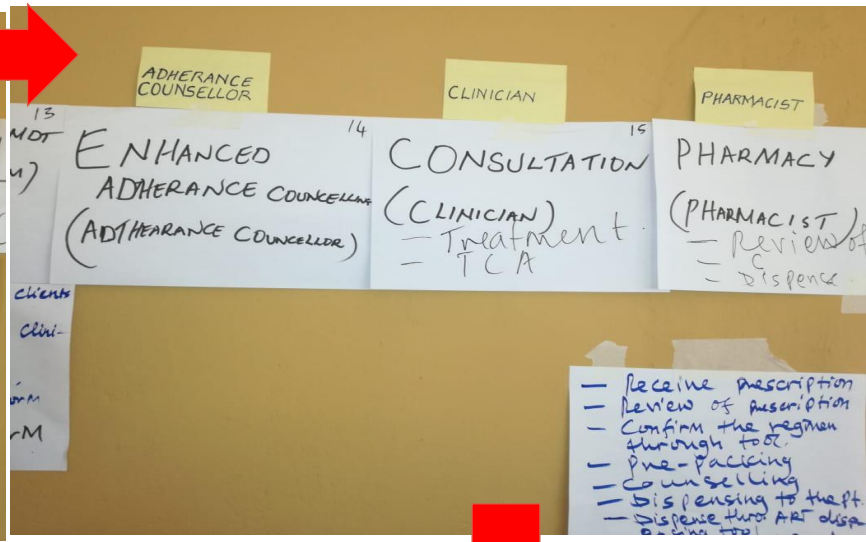
- A level 4 hospital
- Our CCC has a total number of 3580 patients actively on care with an average of 100 clients seen per day.
- Our current suppression rate is 97%.

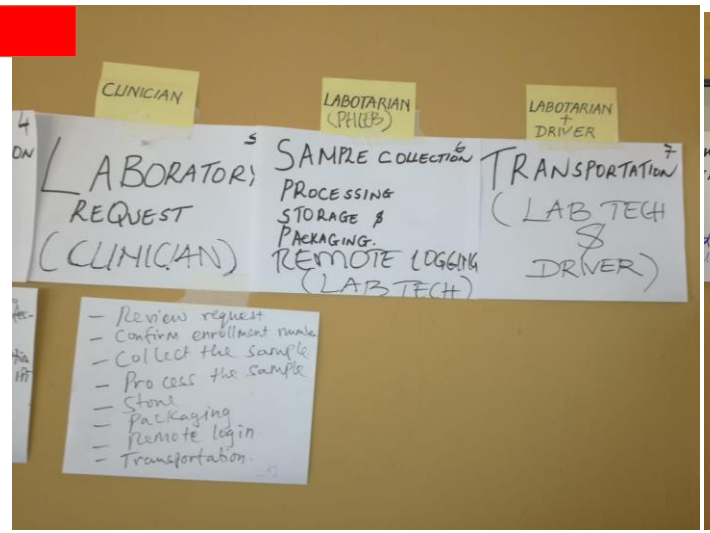
Stakeholder Analysis

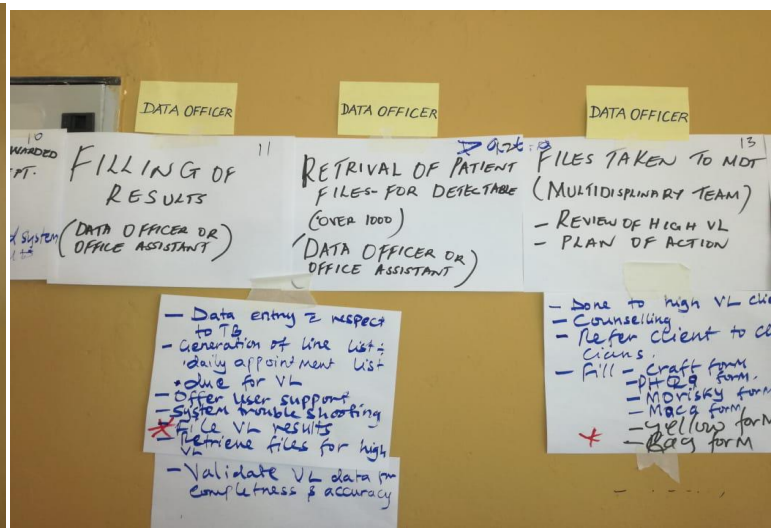
NAME	LEVEL OF SUPPORT					KEY INTERESTS / ISSUES	ASSESSMENT IMPACT (H,M OR L)	ACTIONS ITEMS / STATEGY TO INFLUENCE	KEY COMMUNICATION POINTS	DATE	EFFECTIVE YES/NO
	R	SK	N	SP	E						
KARP				✓		Implementation of changes	H	Assist in sustaining the change	Ensure complete filling of viral load results in patients files	30th November	YES
STJMH Management				✓		Strengthening of the system	H	Providing resources	-provide stationaries	15th October	YES
MOH		✓				Monitoring	M	Conduct supervisions	Feedback	5th December	To leave supervision reports behind
Ampath				✓		Testing & results availability	H	Results accuracy/timely testing	Ensure accurate results to right patients	5th January	YES
GIS				✓		Implementation	H	Sustain change	Frequent trainings & updates	23rd November	YES
Clients KEY Sp- supportive Sk- skeptical H- high M-moderate R-Resistant E-Enthusiastic L-low N-Neutral					✓	Service quality	H	To give feedback on service quality	Inform		

The Story of Our Project









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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?
To have proper documentation and filing of HIV viral load hard copy results in the patients file in order to give consistent, satisfactory care to patients hence viral load suppression	**AIM Statement** To increase the number of hard copy viral load results in the patients file from a base line of 23% in August 2018 to 95% by March 2019. Metric: **Numerator:** Number of patient files with hard copy viral Load results **Denominator:** Number of viral load results received from the testing laboratory	**Intervention** •Establish SOP for result management •Task assignment to data officers/clerks to ensure filing of hard copy results •Train healthcare workers on the importance of hard copy viral load result in patient management •Avail SOP circular on result management

Elevator Speech

This project is about consistent filing of hard copy viral load results as a result of these efforts, there will be consistent and satisfactory patient care hence viral load suppression.

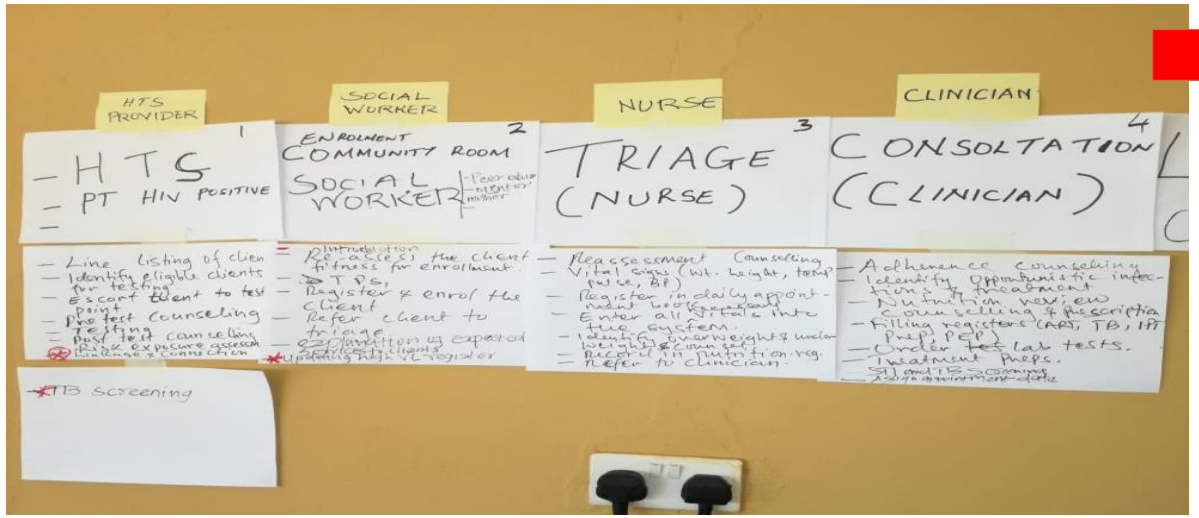
It is important because we are concerned about

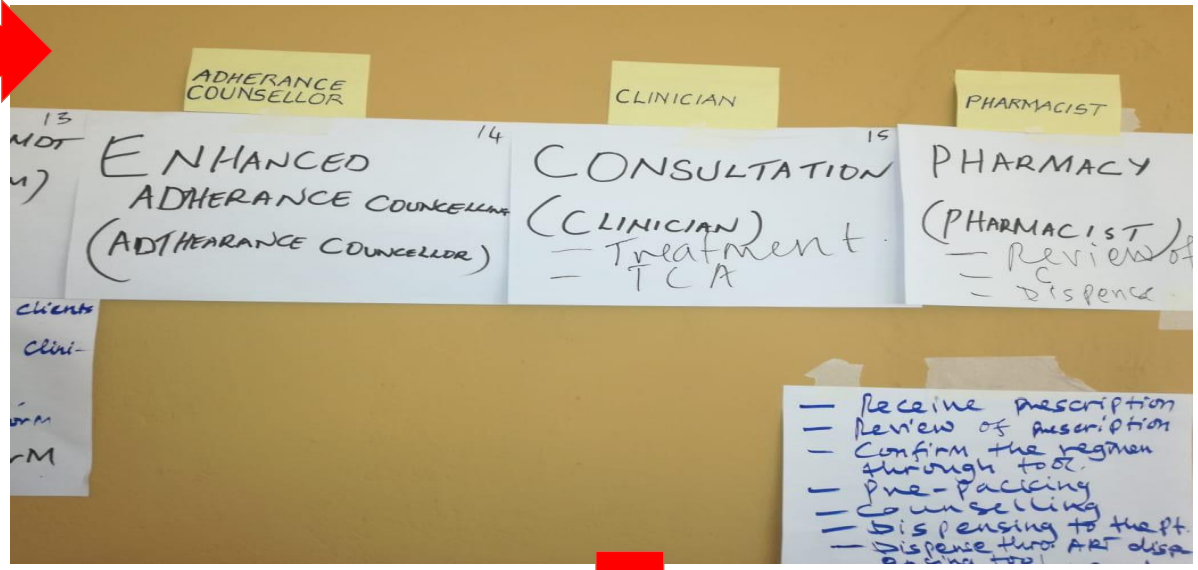
1. Loss to follow up of high viral load patient cases due lack of hard copy results
2. Lack of traceability of transcriptional errors from the testing lab portal to the EMR

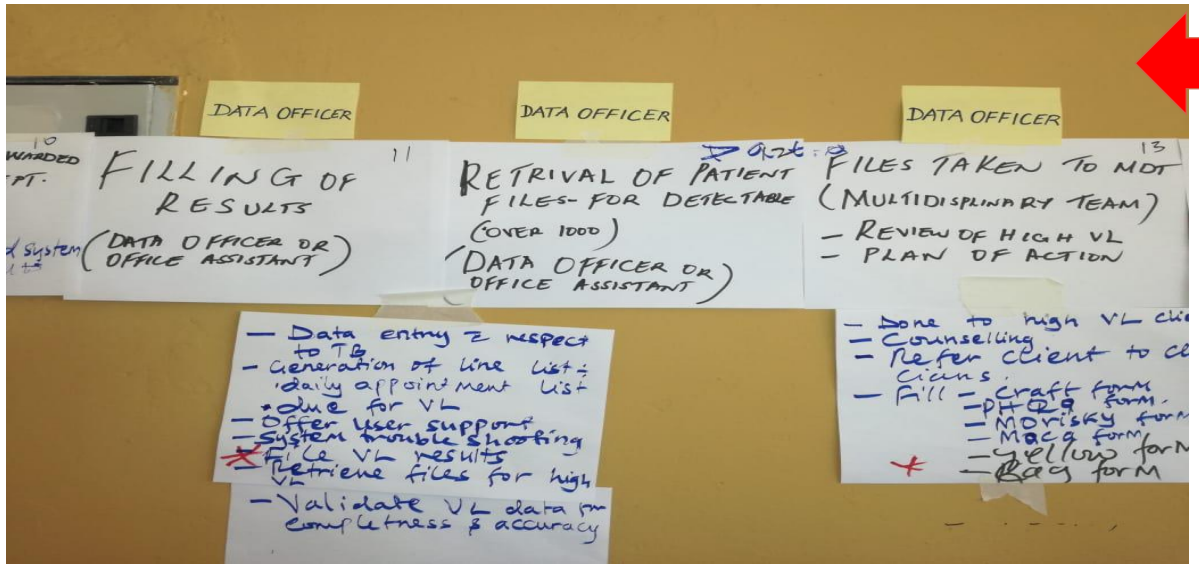
Success will be measured by showing improvement in presence of viral load hard copy results in the patients files and improved patient care. What we need from you is consistent supply of stationary

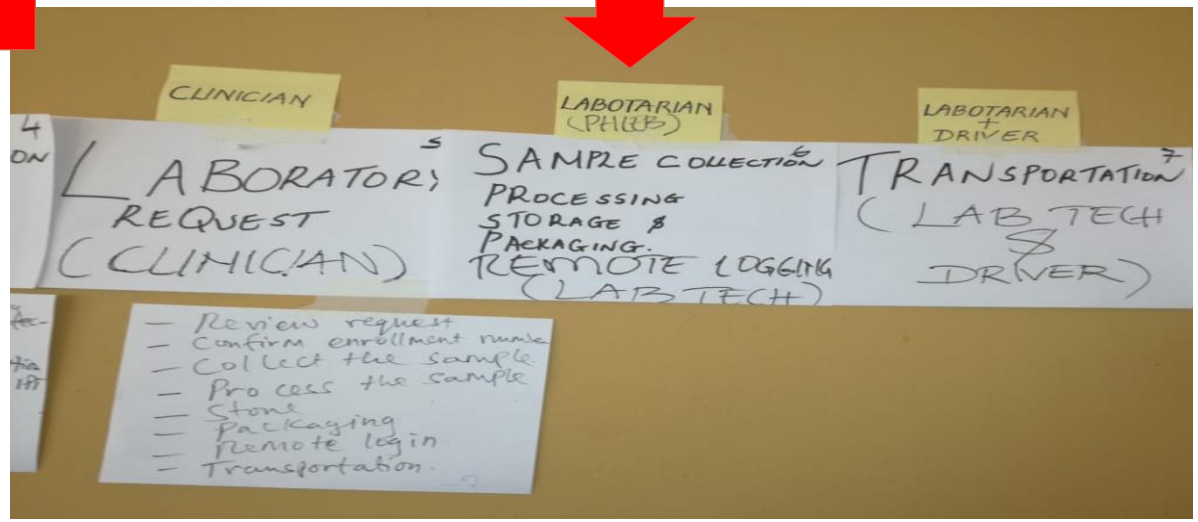
Process Mapping

The First Step Towards Improvement









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Process Mapping

The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
HTS ROOM	Eligibility criteria assessment Testing of eligible clients Positive clients are referred to the enrolment desk	HTS provider	30 minutes	Line listing book MOH 362 ICF form Referral form Linkage book	-Improve on Privacy at screening desk -Label the line listing desk -Improve on documentation in the registers
SOCIAL WORK DEPARTMENT	Reassessment Counseling Enrollment Treatment preparation 1	Social worker Client mentor Adolescent champion	45 minutes	Pre ART register ART register Defaulter register Hei forms	-Add more registers to reduce the spaghetti movement -The registration room needs to be expanded -Need for adherence register
TRIAGE	Reassessment and counseling Taking vitals Treatment preparation 2 Nutrition assessment and education Enter vitals in IQ care Refer to the clinician	Triage nurse	15 minutes	Daily attendance book Daily attendance list -Green card -Nutritional register -Defaulter register(for both new and old clients)	-Need for privacy at the triage area for client confidentiality

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
CONSOLTATION ROOM	Counseling -patient review -Treatment preparation 3 -TB screening and treatment of other opportunistic infections -Nutritional assessment and prescription -VL and other lab requests -Prescription -Family planning information and referral -TCA	RCOs	15 minutes	-green card -ICF -ART register -prep/pep register -pharmacy order form -IPT register -Presumptive TB register -HVL tracking register	add more registers to reduce spaghetti movement -need to expand clinician rooms -need to secure data to avoid possible data alteration
PHLEBOTOMY	review requisition form -sample collection -transportation to the laboratory	Lab officer	15 minutes	VL request form VL register	Proper labelling of the phlebotomy room
LABORATORY	Centrifuging -sample storage -Sample package -Remote logging Transportation to testing laboratory	Laboratory officer	45 minutes	VL request form VL tracking logs	Have thermometers in cooler boxes
LABORATORY	Downloading/printing and recording of Viral load results -flagging of High viral load results Dispatch of high VLs to clinician and suppressed to the data officer	Laboratory officer	30 minutes	Hard copy of VL results Viral load register	-Introduce results release log register

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
PHARMACY	Confirmation of the regimen from the system -packaging of drugs -counseling(both pre and post) -dispensing	Pharmacist	15 minutes	Daily activity register -differentiated care registers -nutrition register -PEP register -PEP files	Introduce an Inventory book for recording the drugs dispensed
DATA ROOM	Verifying and validation of the results of the hard copy against the soft copy -retrieving of the files -filling of hard copy results -data backup -line listing for daily appointments.	Data officer	One day	Hard copy VL results VL hard copy summary -IQcare	-Verification of hard copy results against the results entered in IQcare. -Ensuring all hard copy VL results are in the patient files

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New process map

Process Step	What Happens?
Data Room	Verifying and validation of the results of the hard copy against the soft copy and signing the results summary -results release log being signed by both laboratory staff and data staff -filling of hard copy results and the summary by data staffs assisted by 2 more staffs. -data backup -line listing for daily appointments.

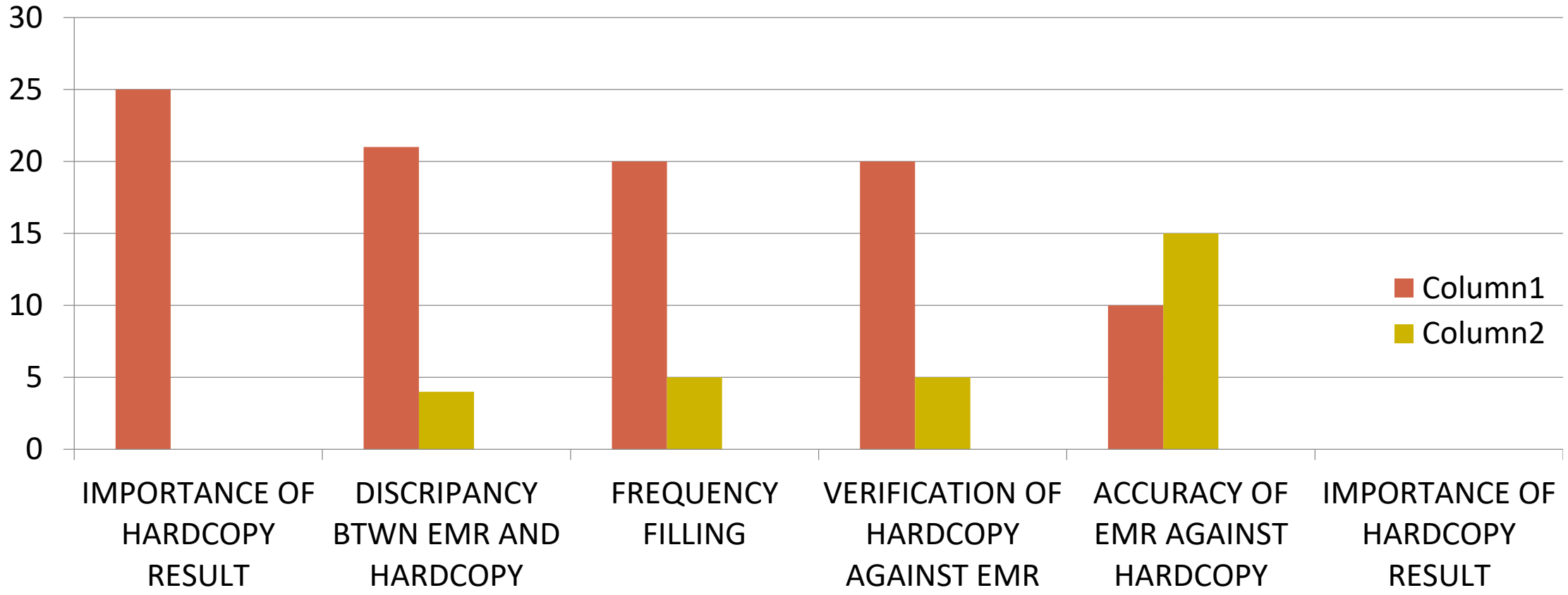
Problem Statement:

From baseline study done in August 2018, 77% of CCC patients' files did not have hardcopy viral load results, this affects progressive patients' viral suppression monitoring.

- **Voice of Customer for healthcare workers – Survey Findings**

	VOICE OF CUSTOMER QUESTIONS	YES RESPONSE	No response
1	Is it relevant to file hard copy of VL results in patient files?	25	0
2	are there any discrepancies between the EMR and the hardcopy results?	21	4
3	Are the hardcopy results filed frequently?	20	5
4	Is EMR verification done against hardcopy results?	20	5
5	Are the EMR VL results accurate as compared to hardcopy results?	10	15

DATA ANALYSIS



LESSONS LEARNT

1. Discripancy between hardcopy VL result and EMR
2. Filling was not being done as frequent as it should be
3. All healthcare workers agreed that hardcopy results should be present in the patient file regardless of the EMR.

Voice of the Customer Survey

CUSTOMER – Patients

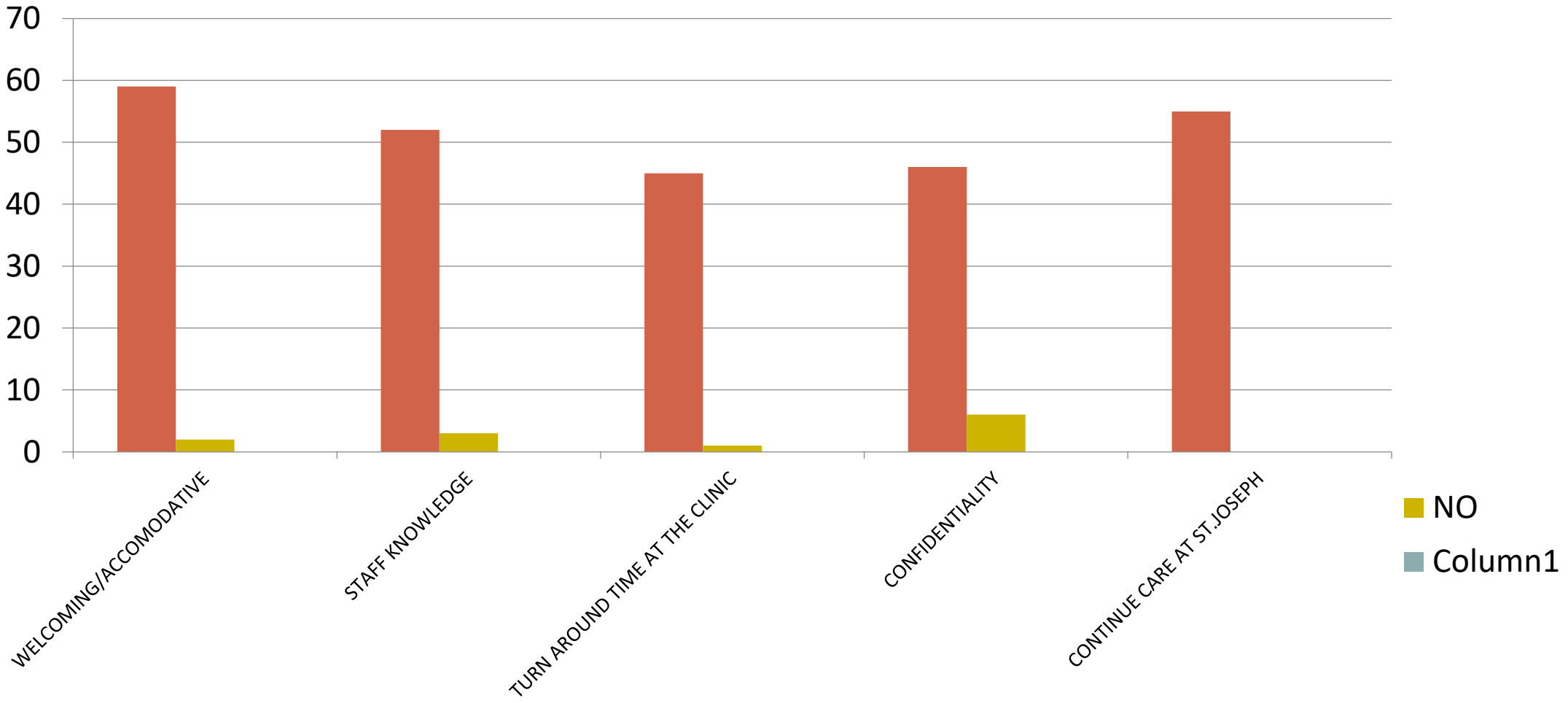
Voice of customer survey 17th -21st January 2019

Questions

1. Are the facility staff welcoming
2. Are you able to get satisfactory response from the staffs
3. Do you normally spend minimum time required at the clinic
4. Is confidentiality observed by staff
5. Do you wish to continue getting care from St. Joseph mission hospital CCC?

METHOD –80 questionnaires were issued out and 59 responded

VOC RESULTS DISPLAY-FOR CLIENT



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LESSONS LEARNT

1. Confidentiality and TAT are the major patients' concern at below 50%
2. There are some delays in the clinic making clients stay longer than they should
3. All CCC staff orientation on the complete process is key

After the outcome the voice of customer assisted in the following areas:

- ❖ staffs to keep client information confidential Improving confidentiality by training
- ❖ More staffs allocated to areas with high workload i.e at the triage to help improve TAT.

- Metric Selected

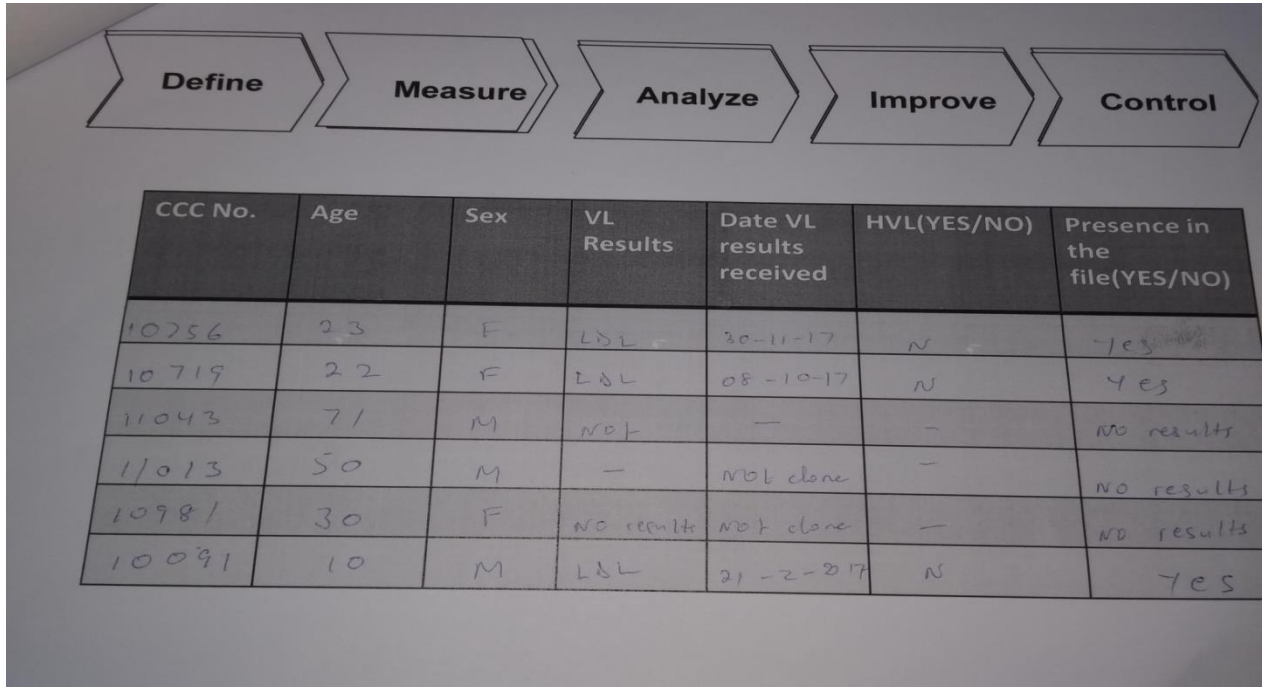
  Number of patients' files with recent hard copy viral load results over number of patients whose VL results have been received from the testing laboratory

- Baseline Data

Three months (June, July and August) data abstraction was done. 23% of patient files had the latest hard copy viral load results

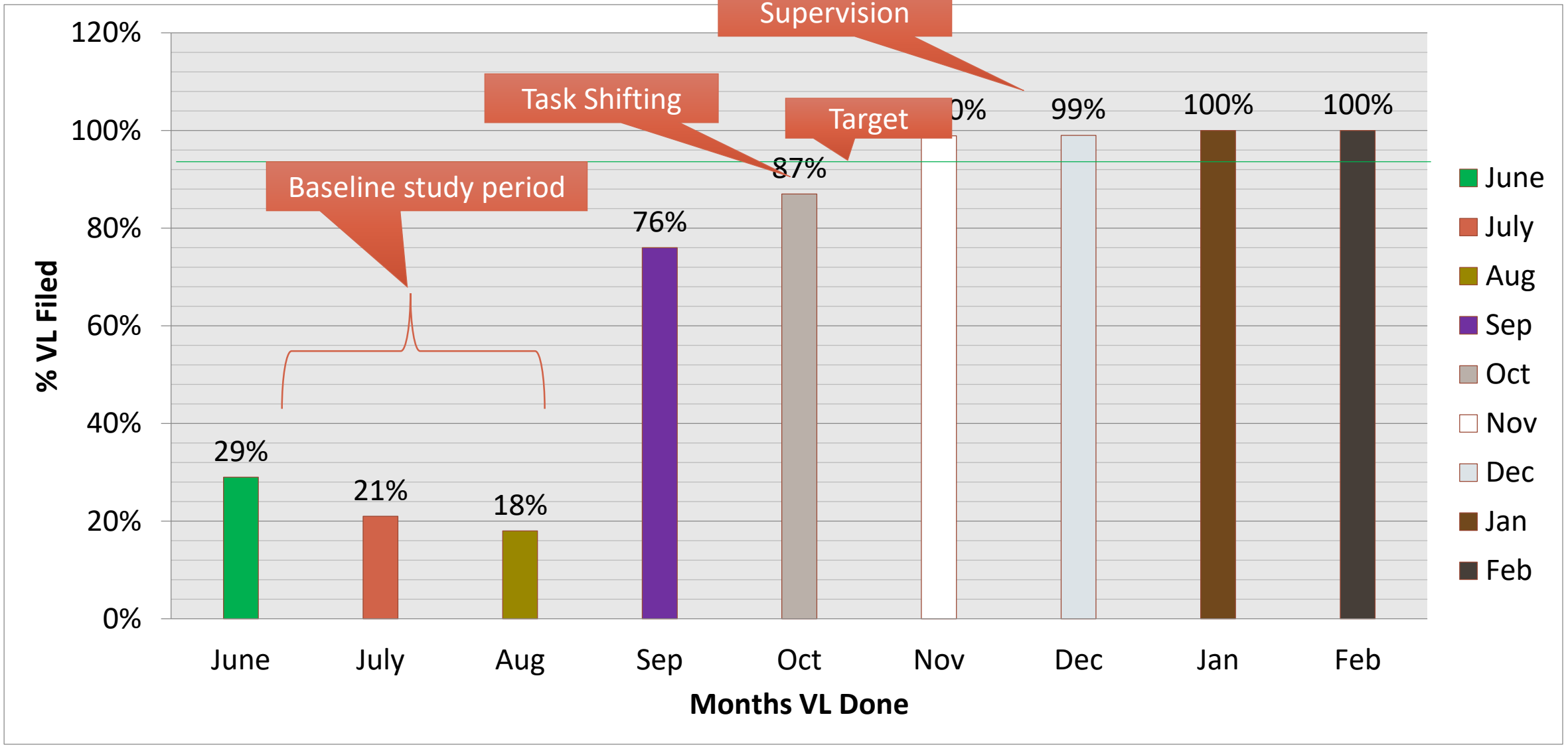
Define | **Measure** | Analyze | Improve | Control

- Data Collection Process
  - Data Collection Tool



CCC No.	Age	Sex	VL Results	Date VL results received	HVL(YES/NO)	Presence in the file(YES/NO)
10756	23	F	LDL	30-11-17	N	Yes
10719	22	F	LDL	08-10-17	N	Yes
11043	71	M	NOT	—	—	NO results
11013	50	M	—	NOT done	—	NO results
10981	30	F	NO results	NOT done	—	NO results
10091	10	M	LDL	21-2-2017	N	Yes

HARDCOPY VL RESULTS FILED



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The five why's

1. Why was filling not done weekly

❖ Oversight by the data clerk to file hardcopy viral load results

2. Why

❖ No task assignment at the data office

3.Why

❖ There was no Standard Operating Procedure for filling of the hard copy viral load results

4. Why

❖ Lack of sensitization on the need for the standard operating procedure

5.Why

❖ No circular on management of results and lack of knowledge of this requirement by NASCOP

- Data Collection Process - Data Analysis & Interpretation

From the data, we learnt that there is an improvement in filing from baseline data of 23% in August to 100% in January 2019 attributed to:

1. Having a procedure in place for HIV viral load result management
2. Task assignment among data clerks which included daily filing of hardcopy VL results
3. Training the healthcare worker on the importance of viral load hardcopy results and this practice is a requirement by NASCOP.

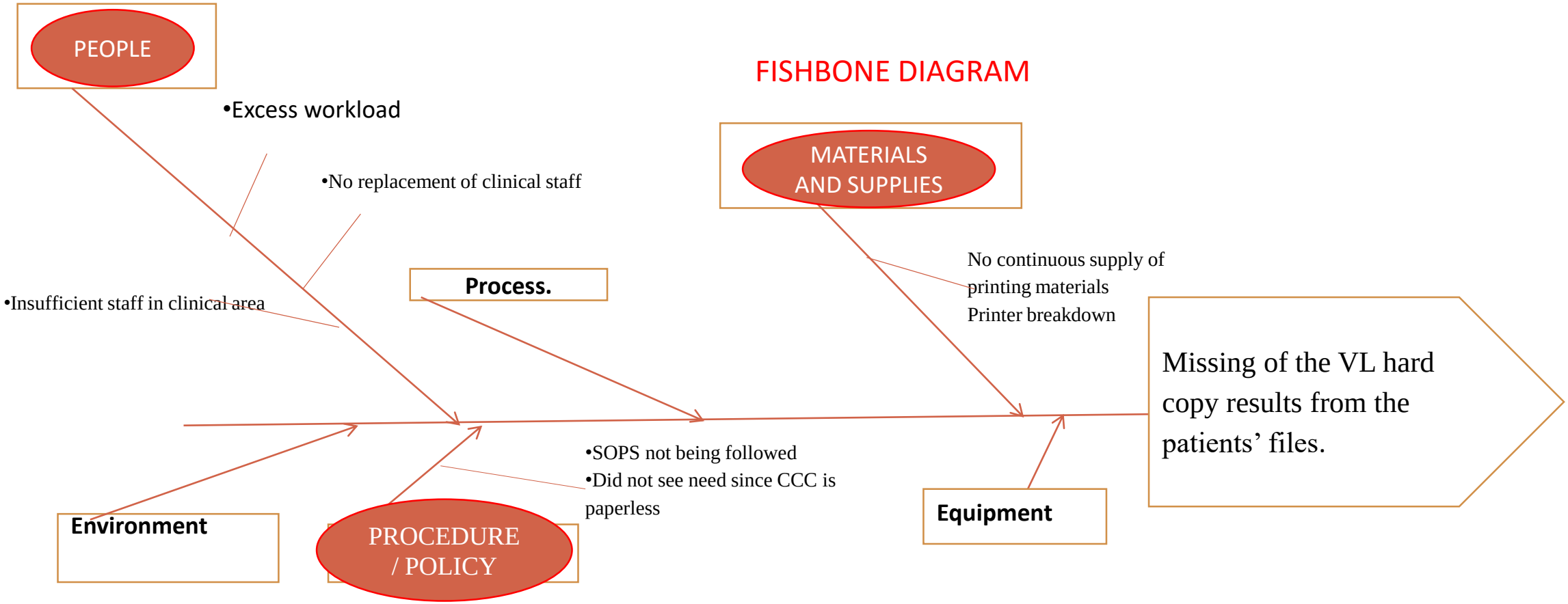
MAGNITUDE OF THE PROBLEM

Failure to file the VL hard copy results is violation of NASCOP requirement

EMR, the system used by clinicians is not able to pick results directly from the testing laboratory results portal, the results have to be fed into the EMR manually.

Discrepancy between results in the EMR and hard copies has been noted at times due to typographical errors, therefore there is great need for the hard copy results in the file for backup and consistent follow up of high viral load cases. High viral load register was also being shared during clinic hours leading to some missed records

Define | Measure | Analyze | Improve | Control



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Define | Measure | Analyze | Improve | Control

IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities

Just do It ▪Labeling of the Phlebotomy room ▪Avail enough registers ▪Have complete Documentation at HTS ▪Proper labeling of Line listing area. ▪Have enough registers ▪Improve in archival ▪Signing of result release log ▪Have pharmacy inventory book	**Project** ▪Filing of hard copy VL results in the patients files
Just do it if impactful •None	**Maybe someday** •Additional staff

Define | Measure | Analyze | Improve | Control

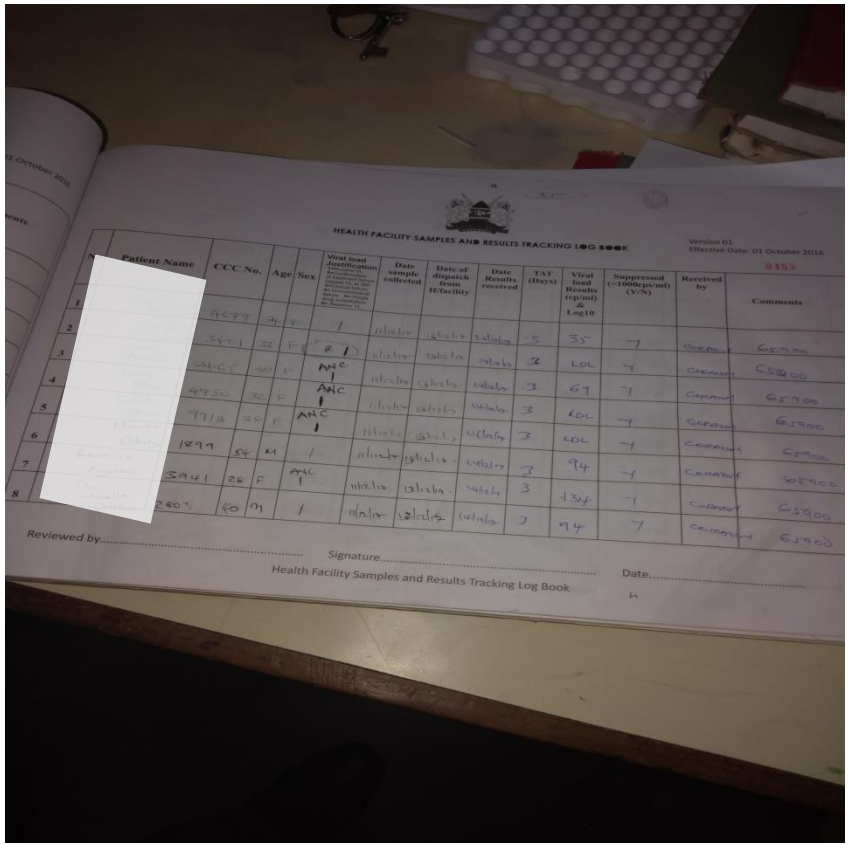
- Just Do It

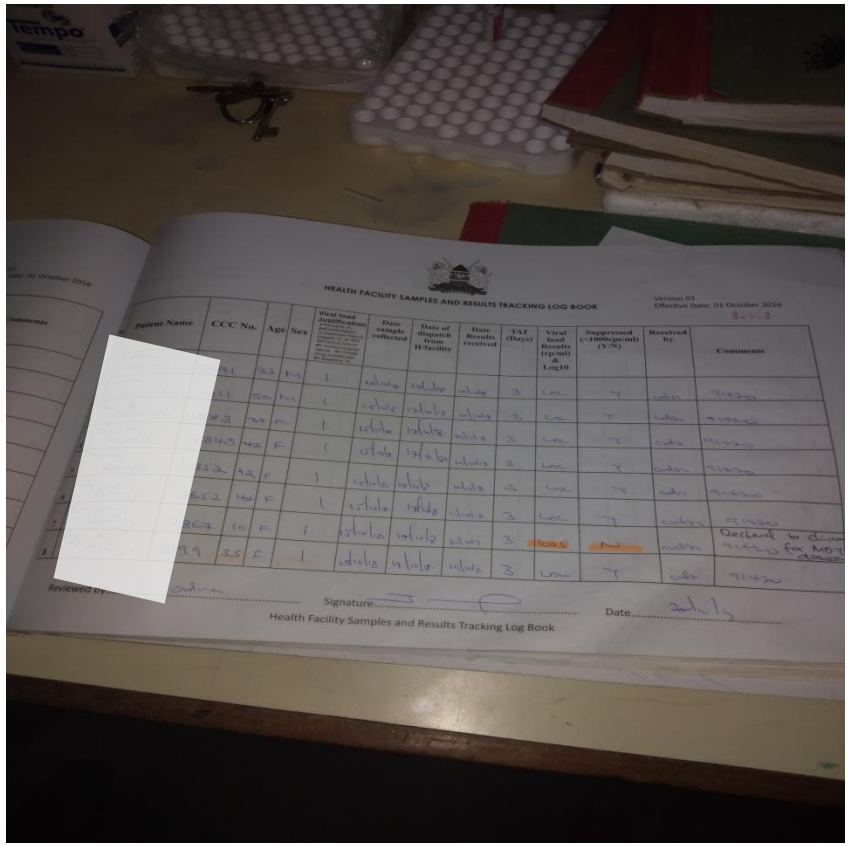
Before

after

Just DO It Cont.

Highlighting high VL results





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LINE LISTING AREA

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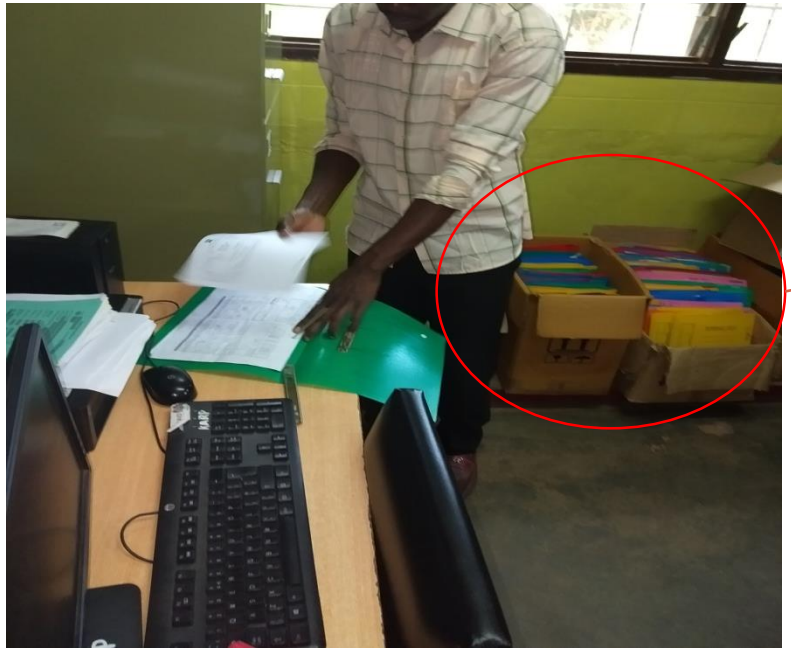
Define | Measure | Analyze | Improve | Control

5S - BEFORE



5S - AFTER

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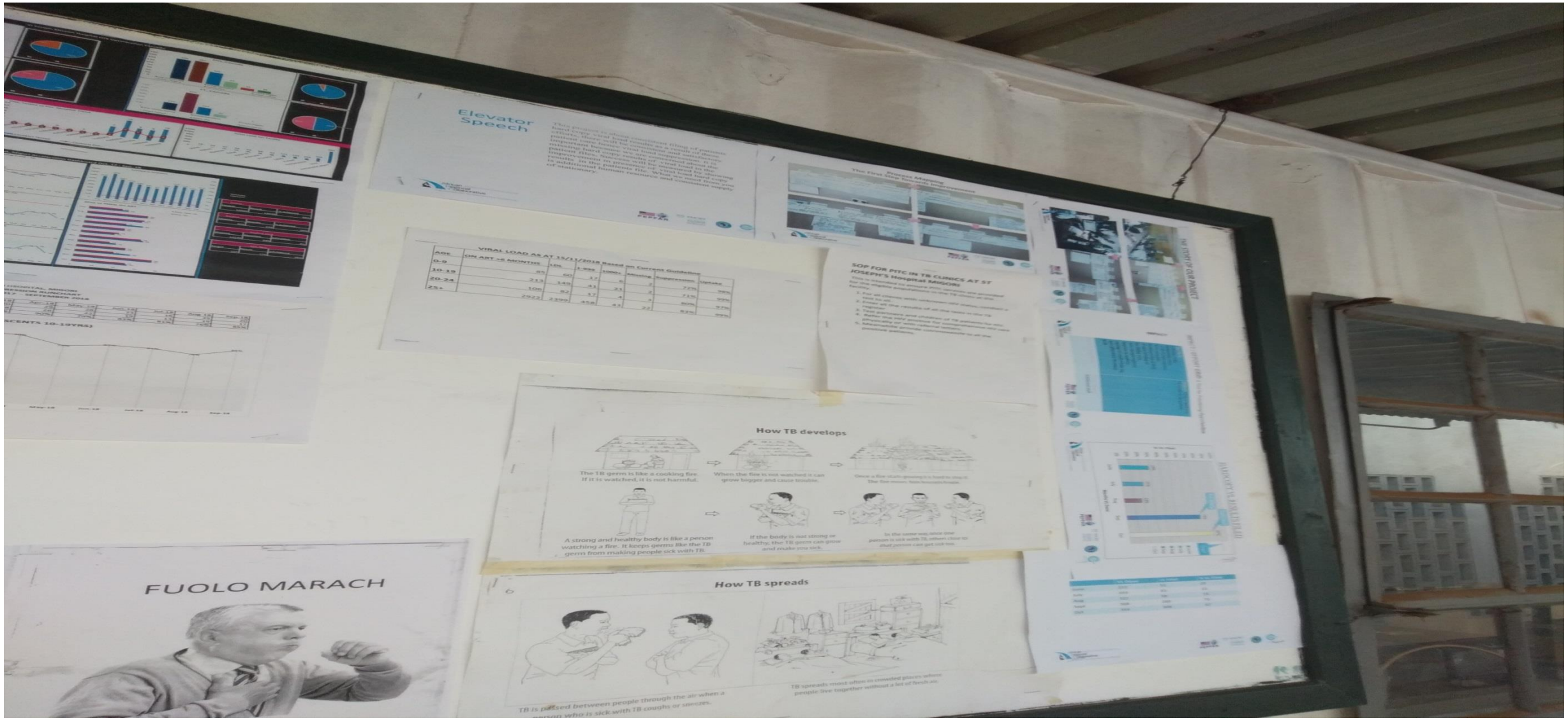
5S - BEFORE

23% of patient file had hardcopy viral load result

5S - AFTER

100% of patient file had hardcopy viral load result

VISUAL MANAGEMENT



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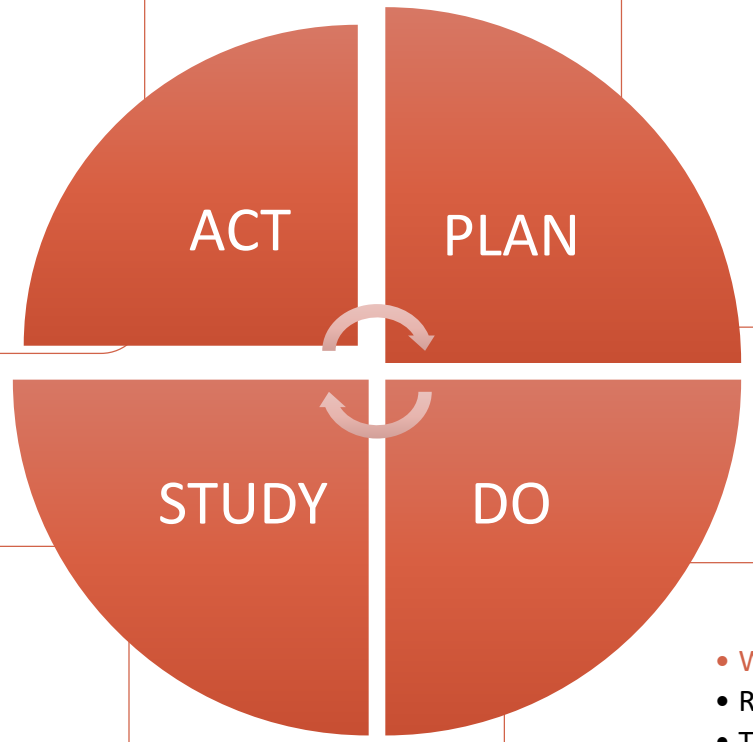
Define | Measure | Analyze | Improve | Control

Small Test of Change (PDSA #1)



- Results verification
- Weekly filing of hard copy results
- Availing of registers at necessary points
- Standardizing the process by involving others through CMEs

- To increase the no of hardcopy VL results filed from 29% in the first month of baseline study to 95% by mar 2019
- (Have evidence)
- reviewing /countersigning.

- Check(analyse)
- From the first month of baseline data to the month of October an improvement of 58% has been realized.

- What was adoptated
- Results verification
- Timely printing of hardcopy
- Timely filling of the hard copy
- ~~What was abandoned~~
- Pilling up of unfilled results

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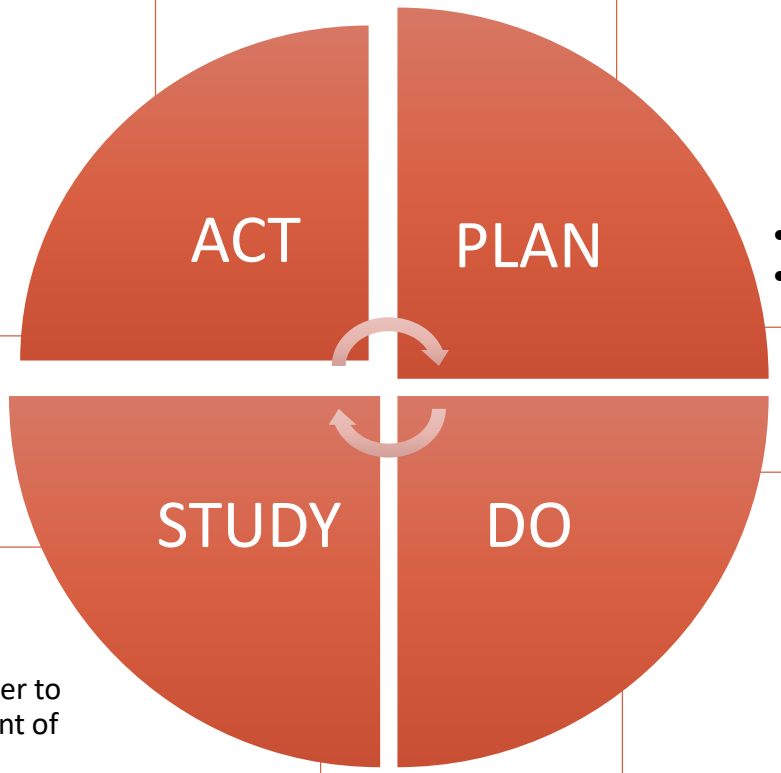
Define | Measure | Analyze | Improve | Control

Small Test of Change (PDSA #2)

- Results verification
- Weekly filing of hard copy results
- Availing of registers at necessary points
- Standardizing the process by involving others through CMEs



- To increase the no of hardcopy VL results filed from 29% in the first month of baseline study to 95% by mar 2019
- (Have evidence)
- reviewing /countersigning.

- Analyse (Check)
- From the month of October to December an improvement of 12% has been realized.

- What was adoptated
- Results verification
- Timely printing of hardcopy
- Timely filling of the hard copy
- What was abandoned
- Pilling up of unfilled results

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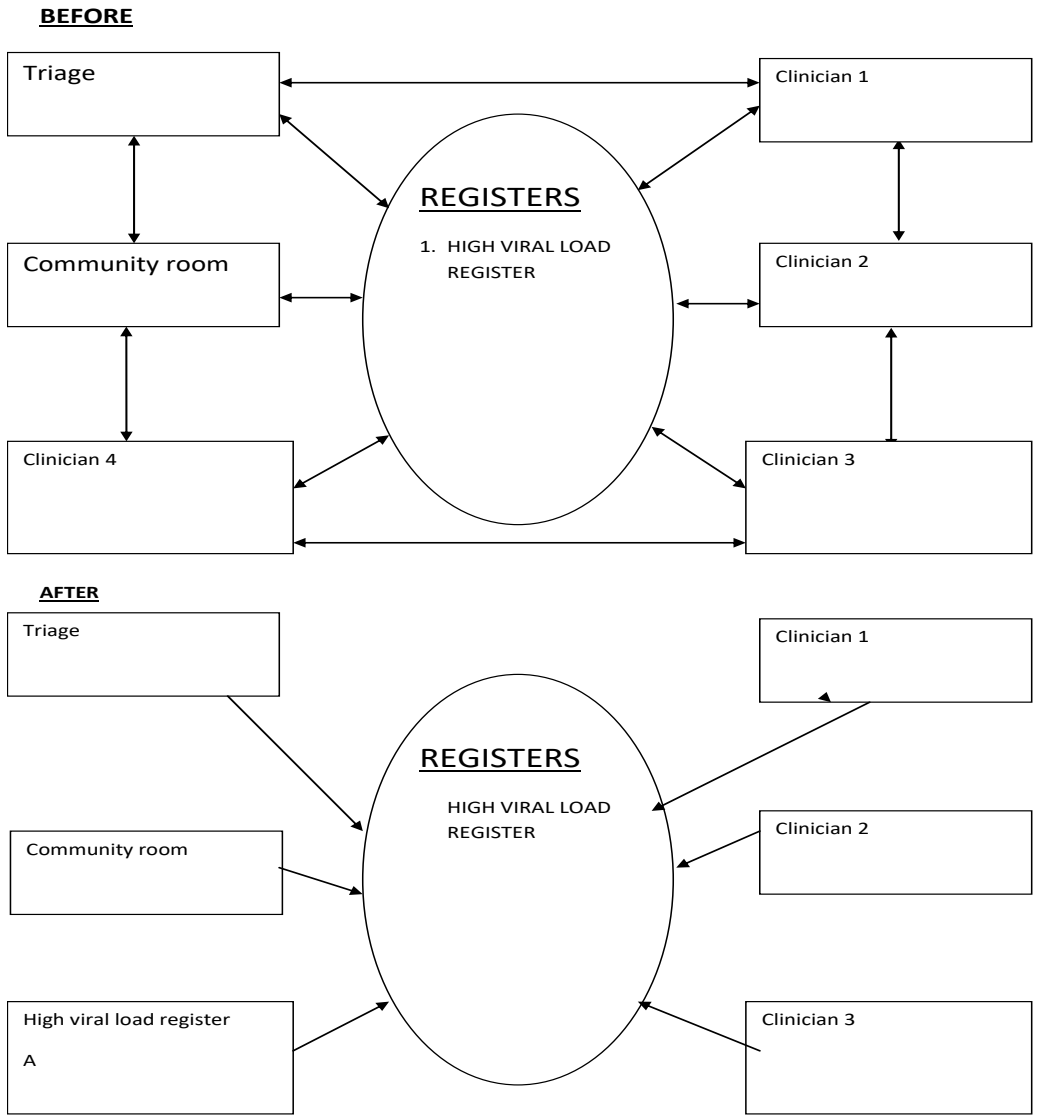
Intervention – 'After State' Process Map

1. Spaghetti movement of the viral load register

- Intervention

The register be placed in the Program coordinators room and all respective departments to fill the register from the coordinators room to help him review and address any problem with high viral load documentation

Intervention in spaghetti movement



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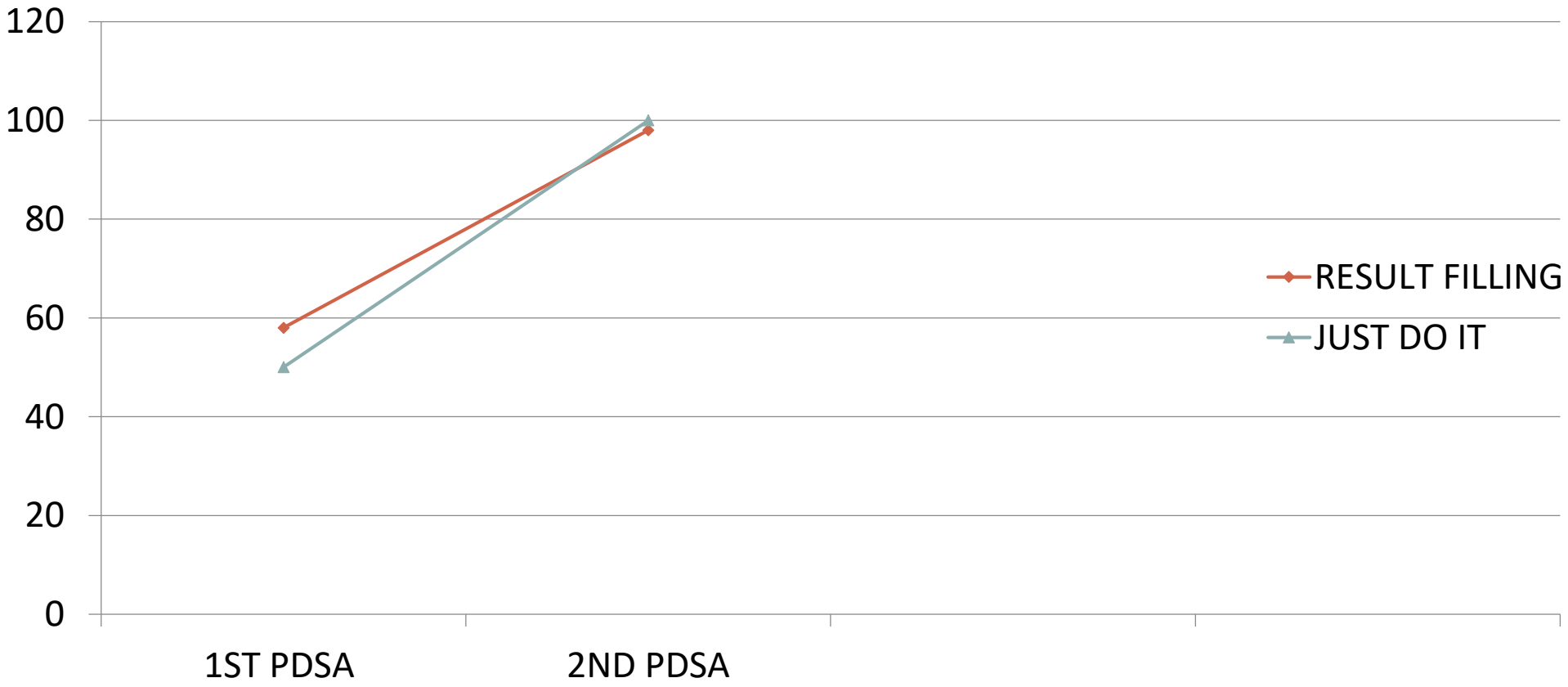
Define | Measure | Analyze | Improve | Control



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Challenges

Challenges

- Lack of sufficient time to carry out project activities effectively

Address challenges

. Train non team members on how to implement some of the just do its to be able to concentrate on the main project.

Divide work i.e data collection

Lessons Learnt

- Hardcopy viral load results are very essential in patient management regardless of the presence of the EMR
- With proper policies put in place and frequent monitoring, hardcopy results can be easily filed in the patient file.

Action Plan

Topics / Goals	Action Item	By whom	By when
Formulate sop on result management	Write sop		March 30th 2019
Follow up on hardcopy results filling	File abstraction		Twice monthly

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