

# Remote Assistance Facility E

Results reporting & Patient Management

# Team Members

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

# FACILITY BACKGROUND

- Bed capacity 136
- Active clients on ART -1854
- Services offered
  - Preventive services, Curative services, Promotive services, Referral services
  - Special services: IPV, VMMC, PNS, PrEP, , CCC /TB services etc.
- Staffing (Doctors -7, Clinical Officers -22, Nurses - 66, Laboratory - 10)
- # VL tests done per month-90
- HIV suppression rate - 83%

# Stakeholders 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"> <li>Good patient outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Interview of clients</li> <li>Collecting data</li> </ul>	<ul style="list-style-type: none"> <li>Lack of teamwork</li> <li>Giving wrong T.CA</li> <li>Industrial action</li> </ul>	<ul style="list-style-type: none"> <li>Mentorship</li> <li>Motivation</li> <li>Supervision</li> </ul>
Amref	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	<ul style="list-style-type: none"> <li>Scheduling meeting</li> <li>Sharing the updates</li> </ul>
Patients	high	High	Adherence on the clinical appointment	Availing on clinical appointment	Missing the clinical appointment	<ul style="list-style-type: none"> <li>Running a customer voice form</li> <li>Updating clients on the result and what importance towards their care</li> </ul>
G4S (Sample transport courier)	High	High	Transportation of VL/EID samples to the testing lab	Timely sending and receiving results from the testing lab	Long TAT of VL/EID results	<ul style="list-style-type: none"> <li>Meetings to discuss the modalities of transportation</li> <li>Training on safe handling of samples</li> </ul>

# 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?
<p>Overarching Goal</p> <p>Effective management of HIV patients with High Viral Load (HVL) for better health outcomes (VL suppression)</p>	<p>AIM Statement</p> <p>Increase the # of patients returning to the clinic for an EAC session within 30 days of receipt of HVL results from a baseline of 40 % to 80 % by March 2019.</p> <p>Metric: # of patients returning to the clinic for an EAC session within 30 days of receipt of HVL results</p> <hr/> <p>Total # of patients needing EAC for that month (patients with HVL results)</p>	<p>Intervention</p> <ul style="list-style-type: none"> <li>• Improve communication process by:             <ul style="list-style-type: none"> <li>✓ Refresh EAC protocol for clinicians</li> <li>✓ Develop EAC tracking tool</li> <li>✓ Orient clinicians to the EAC tracking tool</li> <li>✓ Monitor progress on a monthly basis</li> </ul> </li> </ul>

# Elevator Speech

**This project is about** Increasing the # of patients returning to the clinic for an EAC session within 30 days of receipt of HVL results

**As a result of these efforts** we shall achieve better management of HIV patients with HVL, which will have an impact on the VL suppression rate in Moi Voi.

**It's important because we are concerned about:**

- ❖ Ensuring effective management of clients with unsuppressed VL.
- ❖ Incomplete monitoring of VL suppression

**Success will be measured by showing improvement in:**

- ❖ Increased # of HIV patients with HVL returning to the clinic for an EAC session within 30 days of receipt of HVL results

**What we need from the Hospital administrator & Implementing partners:** support for 2 adherence counselors and supplies to print the Moi Voi EAC tracking tool. These will result in better management and follow up of clients with high VL.

# Process Mapping

## The First Step Towards Improvement





# Process Mapping

## The First Step Towards Improvement

Location	What Happens?	Who is responsible?	Forms/logs	Opportunity for Improvement
Reception	Generate patients list due for VL from IQ Care, Diary of all patients due for VL, Notification to Client who are due for VL, Receives the appointment card from Client, Retrieve patient file, Clients due for VL /Drugs and Patients coming for VL only, Capture patients details in VL register for those due for VL, Health talk	Peer Educator/Record officer	Appointment Diary	
Triage/Reception	Vital signs and Nutritional assessment. Appointment cards are picked and placed in patient's file	Peer educator	Appointment Card/Pt file	
Specimen Collection room	Patients due for VL only, their appointment card are picked for VL sample collection	Peer educator	Requisition form	Date of sample collection to be indicated

# Process Mapping

## First Step Towards Improvement

Location	What Happens?	Who is responsible?	Forms/logs
Consultation room	Files picked taken to the consultation room. Patients due for VL/drugs is given appointment card for VL sample collection	Clinician	Appointment card/patient card/Green card/request form
Sample collection room	Patient due for VL/Drugs appointment is picked and sample collection (DBS) is done, labelled with patient ID, date of birth & date of sample collection. DBS is dried overnight, NASCOP requisition form is filled, packaging of DBS done & handing over the DBS to the laboratory team.	Peer Educator	NASCOP requisition form, laboratory VL referral register/log
Laboratory	Verify the sample integrity and documentation, remote log in the DBS, generation the batch number, verify and record on the requisition form	Laboratory staff	Requisition form, laboratory VL tracking log

# Process Mapping

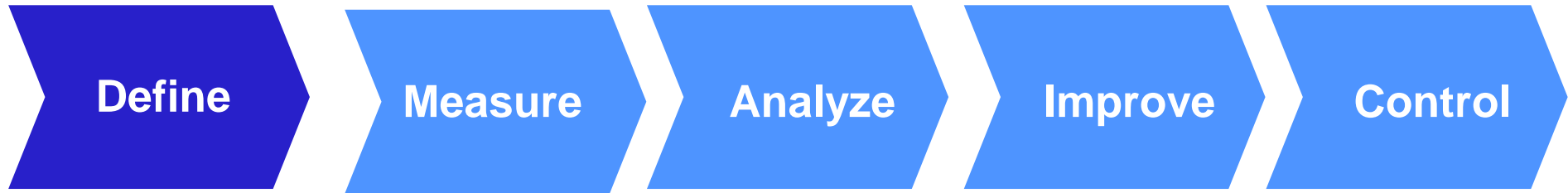
## The First Step Towards Improvement

Location	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Result reporting	Website post results within 5 days; Partner (Aphia Pwani) support airtime bundles and print results; Lab receives results every morning and evening from the Partner and updates VL tracking logbook; peer educator then picks the result from Lab and verifies findings with the sample collection log. All HVL results are flagged and the clinician is notified by the peer educator	Lab technical staff/Peer educator (Aphia Pwani)	5 days	VL tracking logbook, HUB	
consultation/counseling room	Receive physical copy, file the VL results, MDT review same day or the following day. Clients with VL >1000 copies are entered in the unsuppressed VL log, then Pts contacted to go through the EAC	Clinician/Peer educator		EMR, patient files, Cohort register	Availing tracking log for HVL for EAC f/up

# Process Mapping

## The First Step Towards Improvement

Location	What Happens?	Who is responsible?	Forms/logs
Review results and deliver to Expert Client for follow-up action		Peer educator	Have one dedicated staff to manage care of all patients with high VL results; in-box on wall to receive high VL reports
Management of missing results	Verify with log register if there is missing VL results, wait for more 14 days, track result in the Lab, if missing after 2 months redraw	Peer educator/ Adherence counselor/ Lab staff	Communicate to CCC as regards missing results and document, Shorten missing result period before redraw



- **Gap**

HIV Patients with HVL not returning to the clinic for an EAC sessions

# Voice of the customer (voc)

This survey is about the introduction and use of the new EAC tool in our clinic (Moi CCC). Respond to each of following questions.

NB-All information is confidential, no victimization, therefore answer it honestly to improve services

- Respondent gender (F) (M)
- 1. Was the EAC tool developed user friendly?  
A) Yes B) No
- 2. Did the EAC documentation help you in managing patients with high viral load results-?  
A) Yes B) No
- 3. Was the EAC tool important in tracking patients with high viral load (>1000 copies)?  
A) Yes B) No
- 4. Was there an impact in patient management after introducing the EAC tool?  
A) Yes B) No
- 5. Would you recommend revision of the EAC tool in the future?  
A) Yes B) No

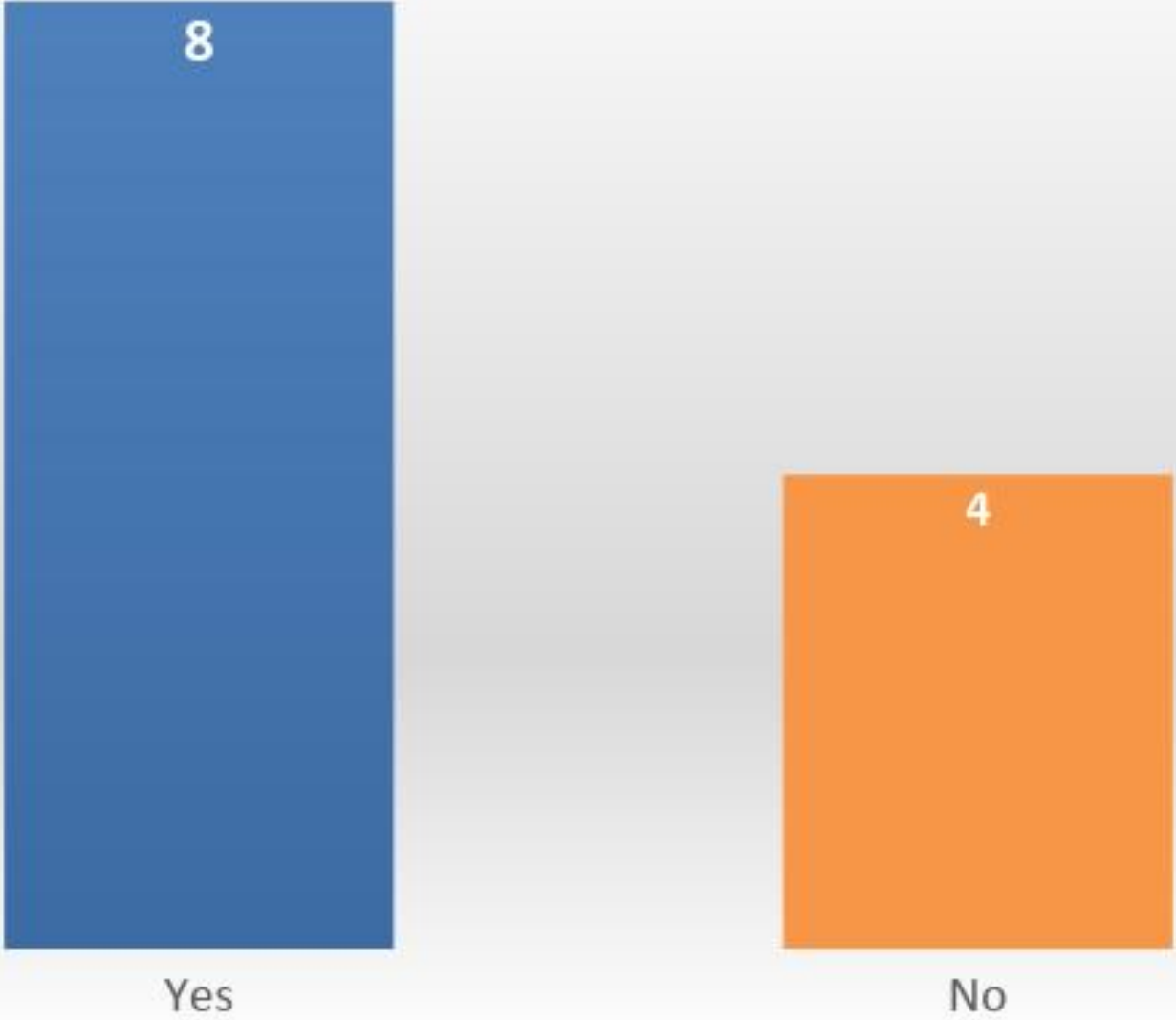
- COMMENTS.....
- .....
- .....

- Our customers were Clinicians using the newly introduced EAC tool
- It was a self administered questionnaire
- We administered 12 questionnaires

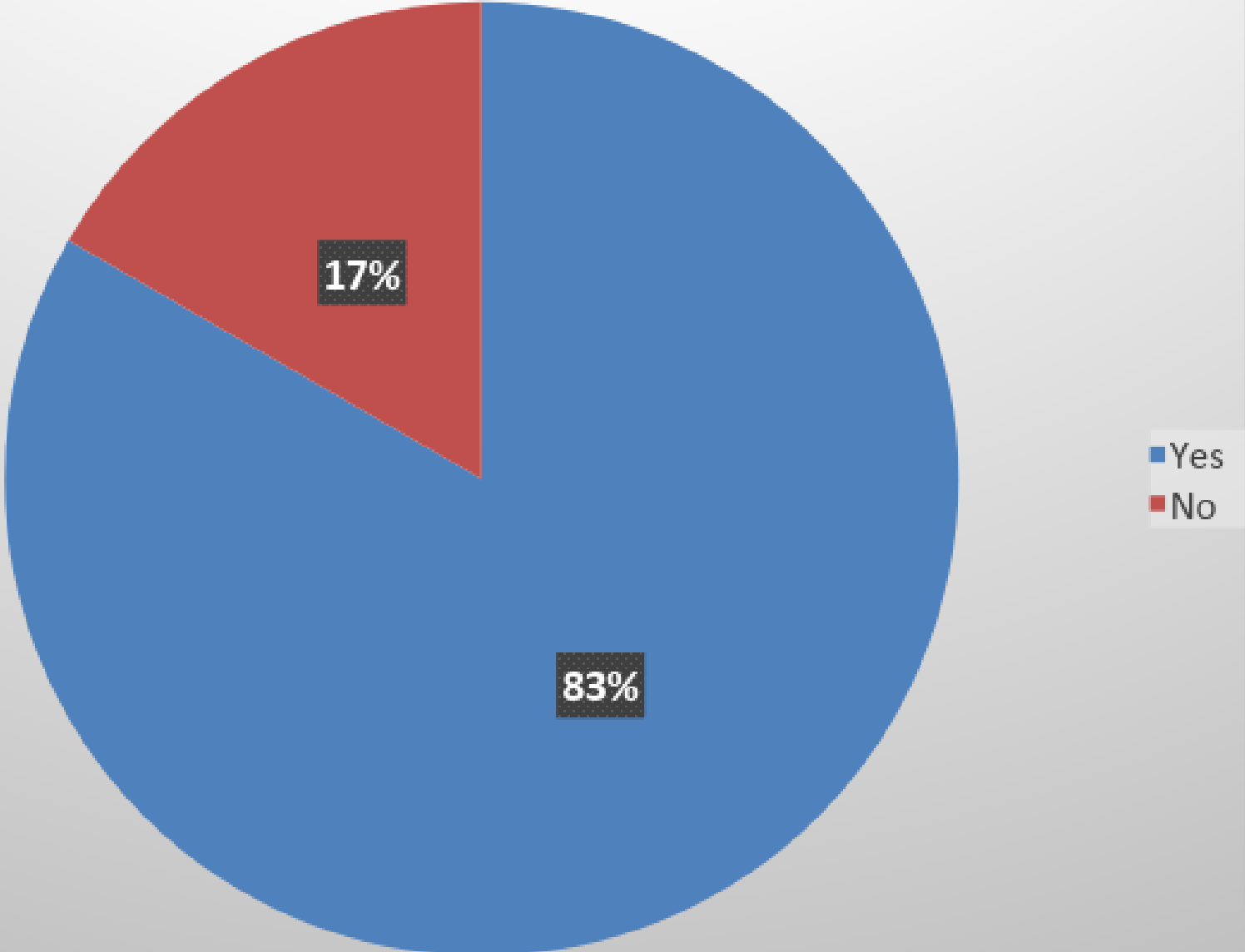
## Lesson Learnt

- **Majority of the clinicians were happy with the introduction of the EAC tracking tool for patients with high VL and said it had an impact on management of patients with viremia**

### Was EAC tool user friendly



Did EAC documentation help track patients with High VL (>1000 copies)?





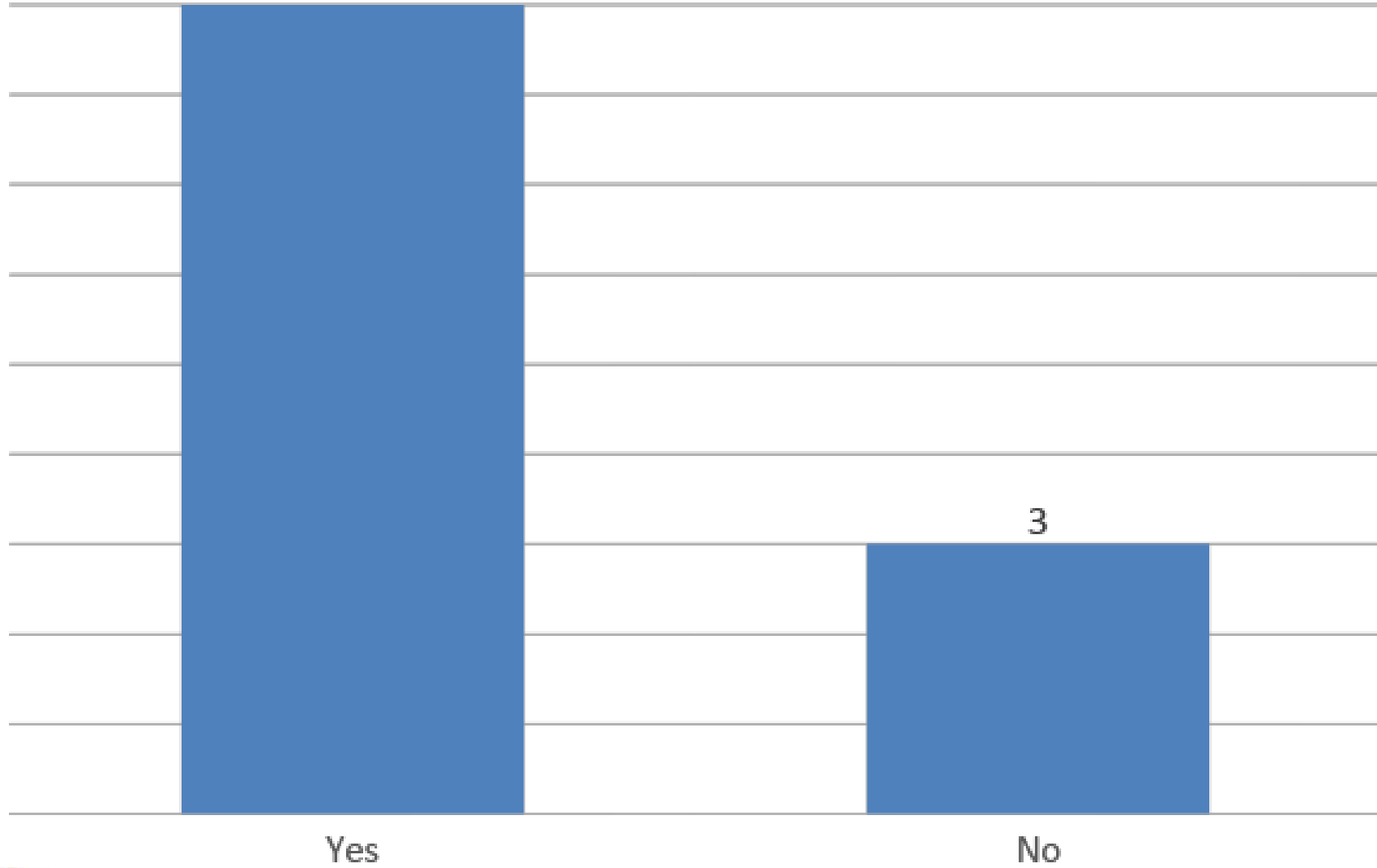
# Was EAC tool important in tracking patients with HVL (>1000)?



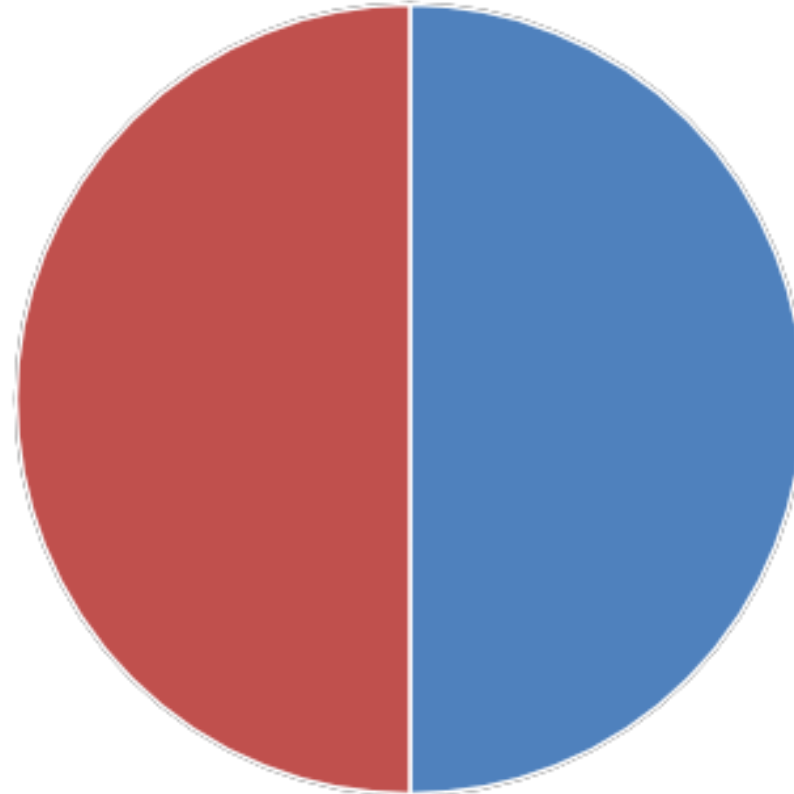
# Was EAC tool important in tracking patients with high VL (>1000)?



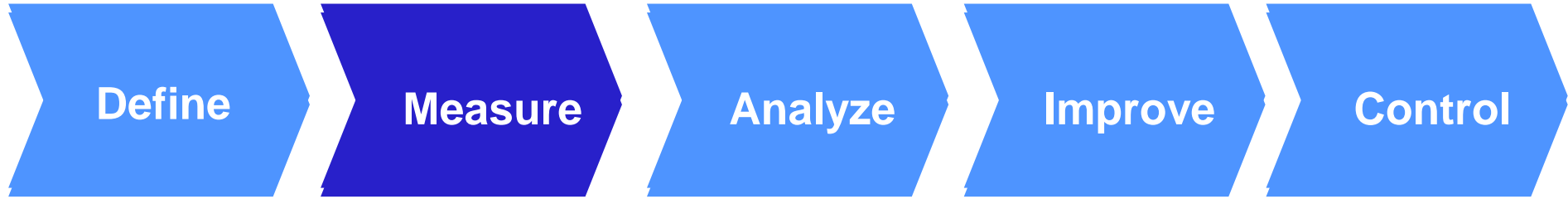
Was there an impact in patient management after using the EAC tool?



Would you recommend revision of the EAC tool in future?



■ Yes ■ No



## Metric Selected

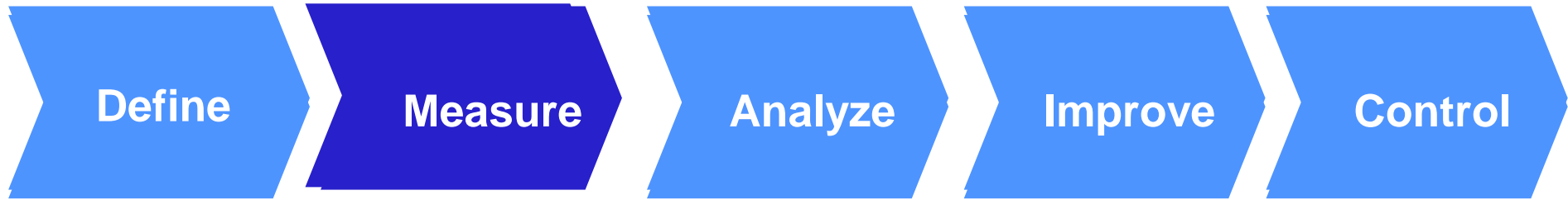
**Numerator:** # of patients returning to the clinic for an EAC session within 30 days of receipt of HVL results

**Denominator:** Total # of patients needing EAC for that month (patients with HVL results)

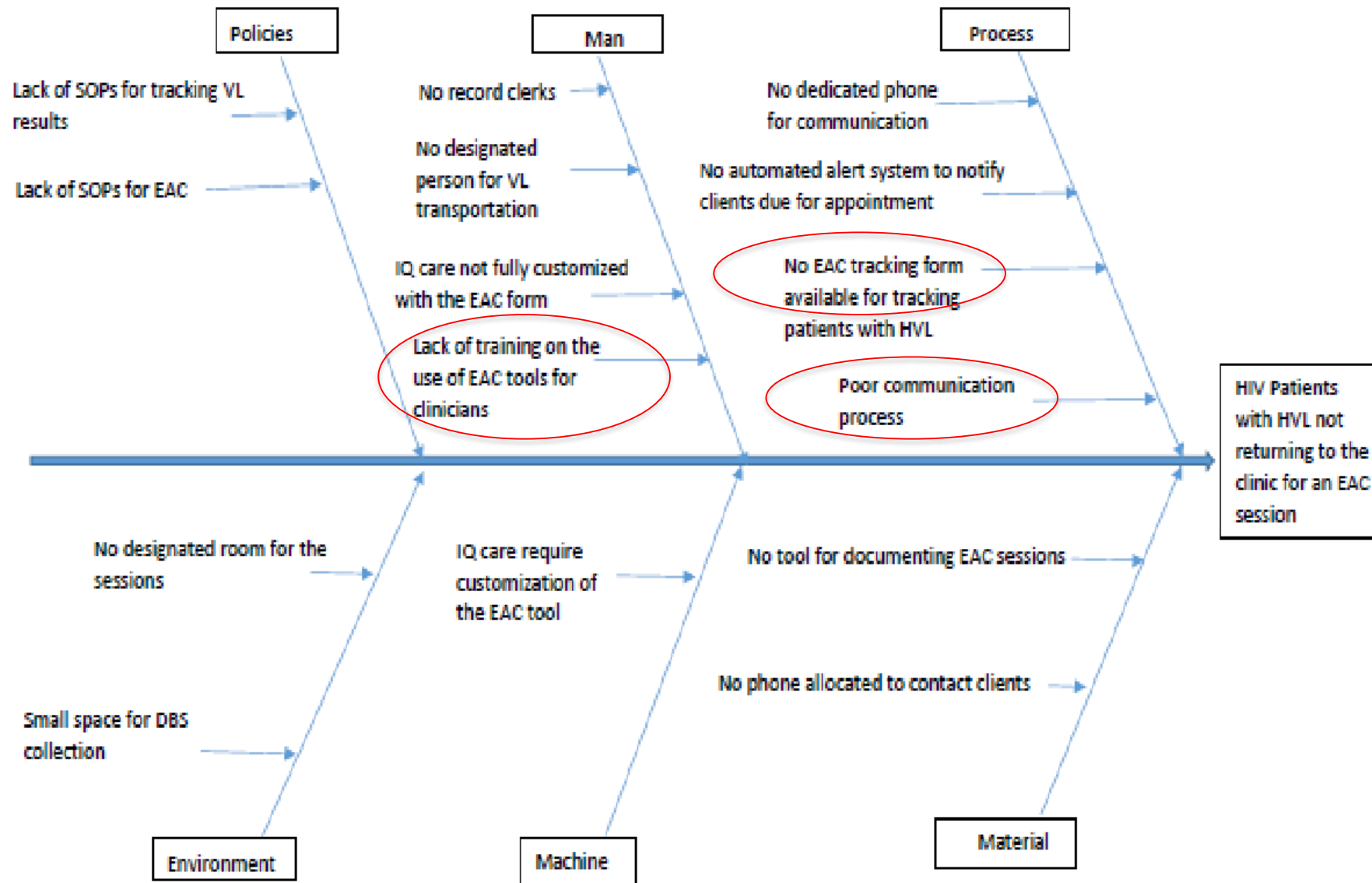
### **Aim Statement:**

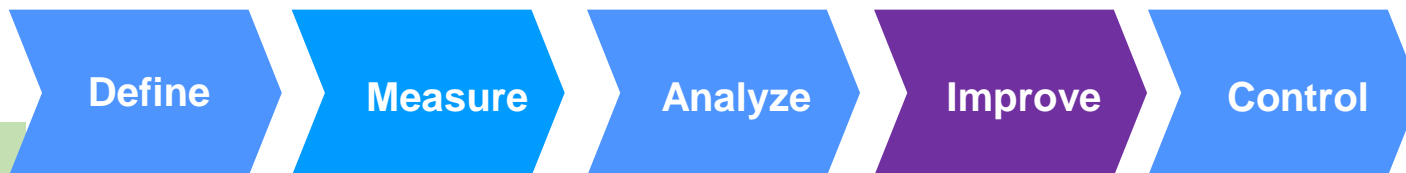
- Increase the # of patients returning to the clinic for an EAC session within 30 days of receipt of HVL results from a baseline of 40 % to 80 % by March 2019

**Baseline Data** – July, August & September (40%)



WHO	WHAT	FREQUENCY	HOW	DATA SOURCES
	Review EAC tracking tool with clinicians	September with LARC launch	In a meeting with the MDT	N/A
	Collects the EAC tool, retrieves and displays data	Monthly	Abstract data from EAC tool in client file	Client files/unsuppressed log





## IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities

IMPACT

Major Improvement

Minor Improvement

### Just Do It

- Update unsuppressed viral load client in the log/register(done)
- Update viral load results in the tracker in the patient file /IQ care(done)
- Verify clients details in the viral load register while taking DBS for VL test (done)
- Training /OJT for lab staff to be conversant with the remote log/ nascp website for VL test (done)
- File hard copy VL results in the patient file (done)
- Label tray in lab for DBS sample/results
- No specific person designated to do adherence counseling(understaffing at CCC leading to multitasking)
- OJT for CCC staff on IQ care is required

Easy to Do

### Projects - Detailed planning and work

- No tool for capturing EAC and counseling guidance in the patient files
- Inadequate documentation/completion of follow up for unsuppressed VL clients in the log/register
  - Clinicians taking too long before being calling high VL clients for EAC

### Maybe some day

Installed & integrated systems in affected departments for managing VL/EID results

Difficult to Do

EFFORT



# 5Ss

**Sample reception area Before**

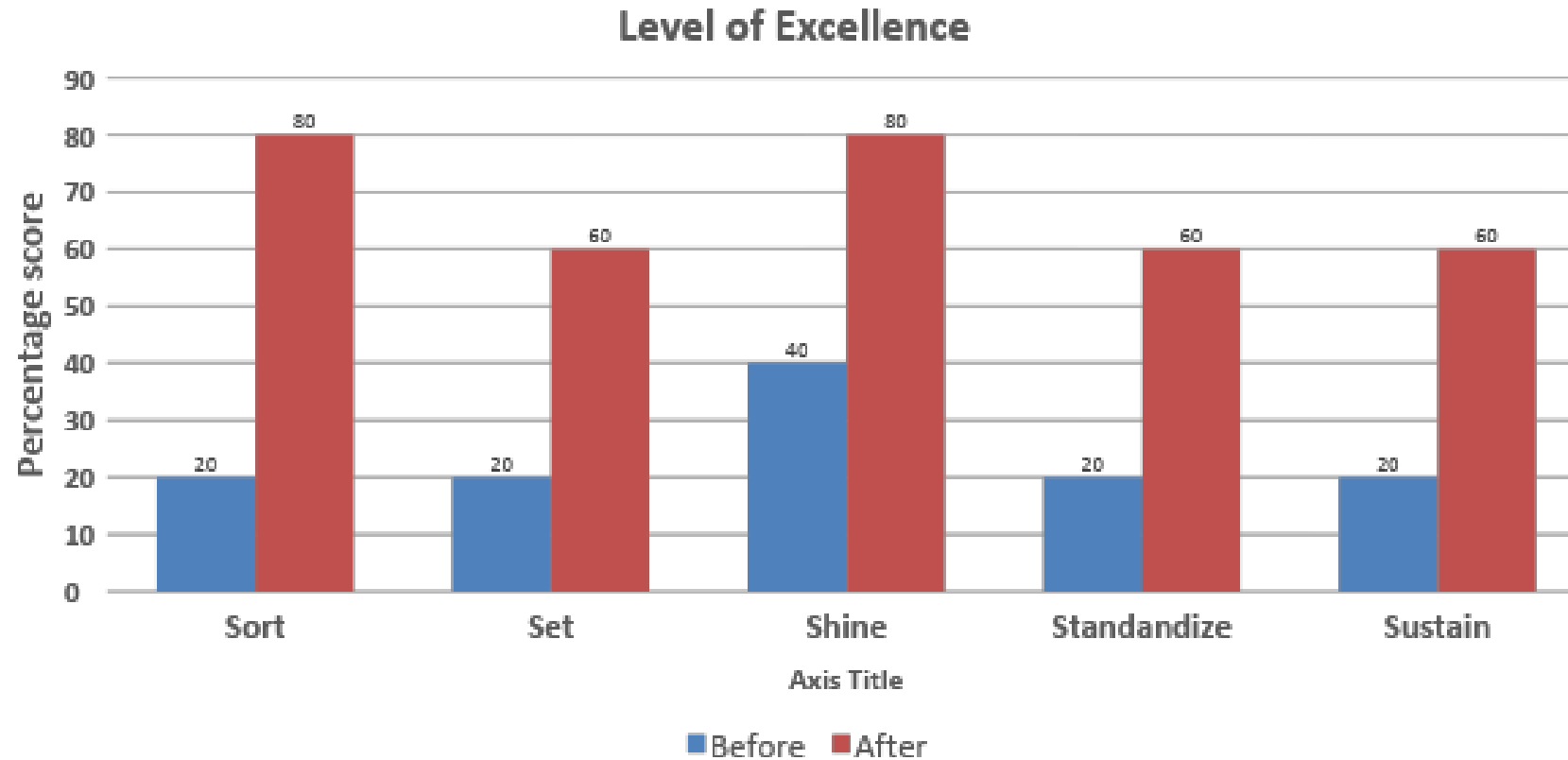


**Sample reception area After**



# The 5 S

Sort, Set, Shine, Standardize, Sustain



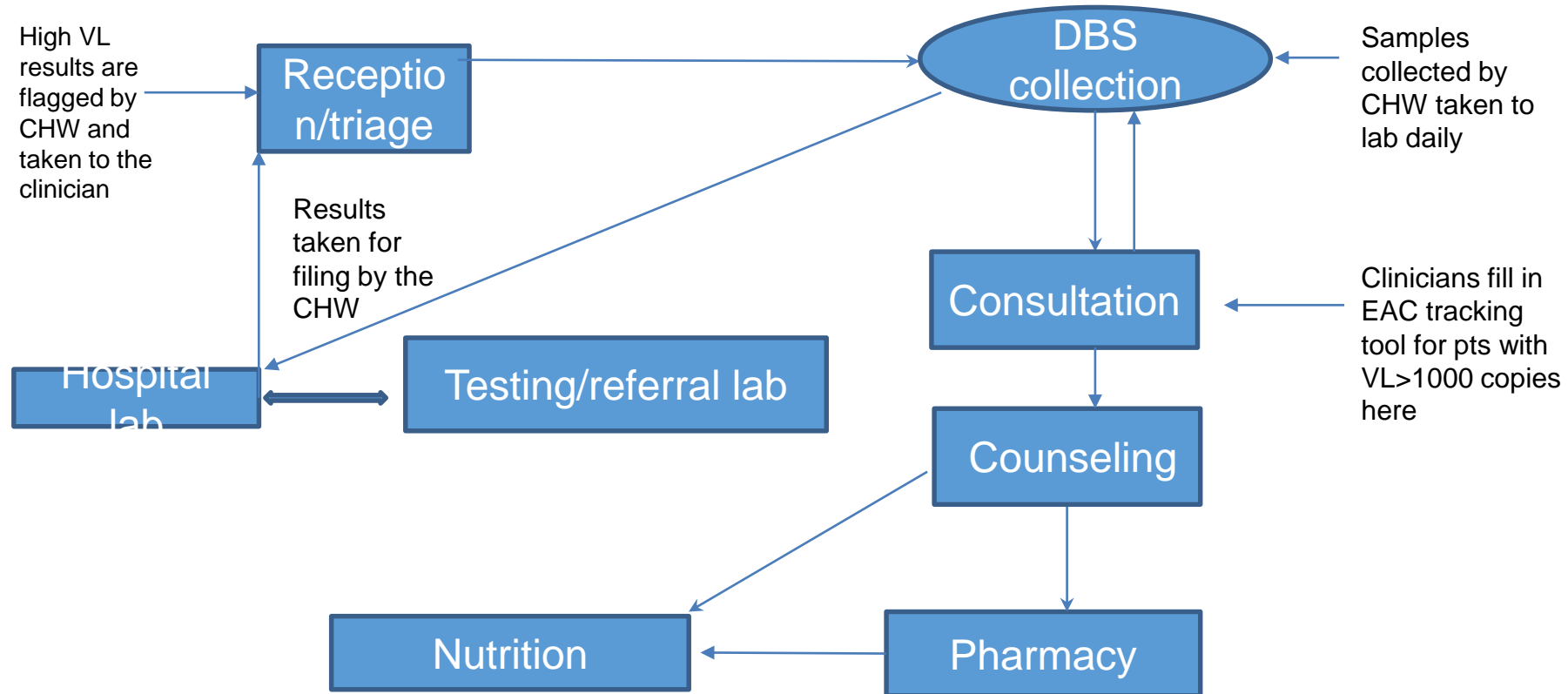
# Visual Management



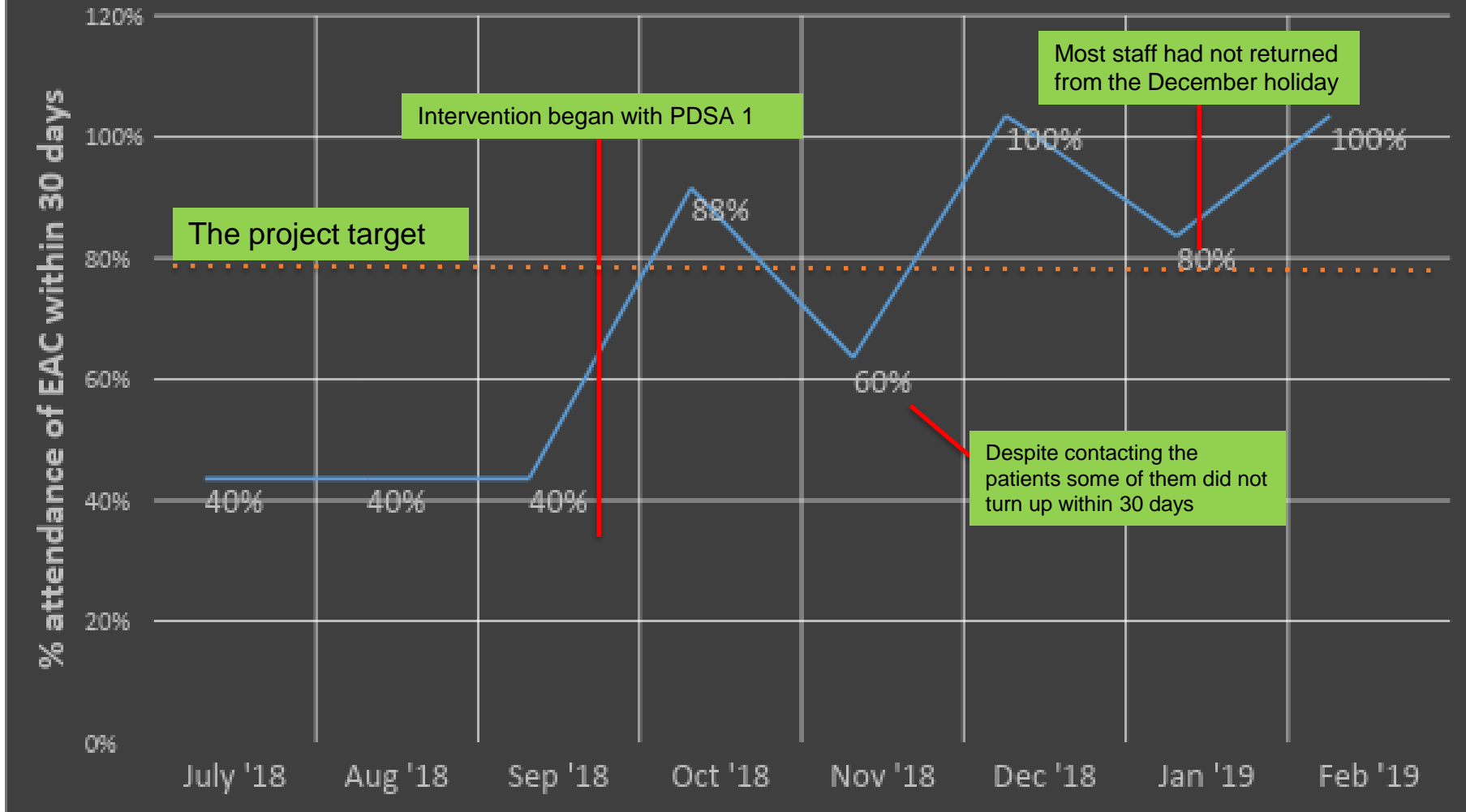
# PDSA 1



# New process: The First Step Towards Improvement



# EAC attendance within 30 days



## Challenges

- Meeting time sometimes is a challenge; members are held up with other work issues
  - ✓ *Have schedule for meetings*
- Overriding responsibilities
  - ✓ *Assign tasks*

## Successes

- Team work
- WhatsApp is used for easy communication amongst team members

# Lessons Learned

- Amref played a critical role with the implementation of a QI project
- Improved documentation is essential for tracking HIV patients with HVL
  - Creating the EAC tracking tool helped with documentation
  - Monthly monitoring and use of run chart to measure impact
- Team work improves quality
- Clear role of each team member results in successful project implementation



# Action Plan

Topics/Goals	Action Item	By Whom?	By When?
Refresh EAC protocol for clinicians	Refresher training on EAC provided		October 2018
Develop EAC tracking tool	Tool was developed		October 2018
Orient clinicians to the EAC tracking tool	Orientation of EAC tool completed		October 2018
Monitor progress on EAC client management	Continuous monitoring on a monthly basis		Ongoing

# Control Plan

<b>Project Title</b> Effective management of HIV patients with High Viral Load (HVL) for better health outcomes (VL suppression)
<b>Project Owner</b> Team Lead
<b>Critical Elements for Quality</b> <u>Process Step:</u> Creating the EAC tracking tool, training of clinicians on the EAC protocol and the use of EAC tracking tool  <u>Output:</u> HIV Patients with HVL returning to the clinic for an EAC session after being contacted within 30 days
<b>Monitoring over Time</b> <u>Metric</u> – # of patients returning to the clinic for an EAC session within 30 days of receipt of HVL results / Total # of patients needing EAC for that month (patients with HVL results) <u>Acceptable Range</u> – 30 days after the client has been contacted <u>How measured</u> – Data collection starts on the day that patients are identified to have a HVL . Return to the clinic for an EAC will be measured 30 days after contacting the client.
<b>Control or Reaction Plan</b> If the metric goes out of range, the team lead will call for QI team meeting to identify the cause of the problem. The first step will be to correct the problem and continue monitoring
<b>Accountability</b> <u>Who is responsible for measuring</u> – XXXX- Data Manager <u>Where is the measure reported</u> – To the QI team in standing meeting/ displayed in a learning board <u>To whom is it reported</u> – XXXX, the QI team lead <u>Who is ultimately responsible</u> – XXXX, medical superintended and the QI champion
<b>Related Documentation</b> EAC protocol & EAC tracking tool Standard Work Instructions SOPs, Flow charts of the new process Data – Run Chart displayed on the learning board