# Remote Assistance
# Facility F

## Improve documentation of high VL results in the EMR (IQ Care)

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# Team Members

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

# Facility Information / Background

- Started in 1992 as a GOK Dispensary
- Catchment population: 130,000
- Bed capacity: 30
- Staffing: MO:2, Clinicians: 6, Nurses:32, Lab: 3, others staff: 100
- Average OPD Workload:7400/month
- Average deliveries:120/Month

# STAKEHOLDER ANALYSIS

| Column1 | Column2 | Column3 |
|---|---|---|
| HIGH | **SATISFY** | **ENGAGE** |
| | • County | • CHVS |
| | • HMT | • KEMRI |
| | • KEMRI | • DATACLERK |
| | • LAB | • CLINICIAN |
| | • KEMSA | • NURSE |
| | | • LAB |
| | | |
| LOW | **MONITOR** | **INFORM** |
| | • KEMRI | • Patients |
| | • KEMSA | • Community |
| | • COUNTY | • USAID |
| | • FHI 360 | • County |
| | | • Afya nyota |
| | LOW | HIGH |

# 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? |
|---|---|---|
| **To achieve effective client management through Improved documentation of High VL results in the EMR(IQ Care).** | **AIM Statement:**<br>Improve documentation of high VL results in the EMR from 66% to 95% by Feb 2019.<br><br>**Numerator:**<br>• No. of high VL results documented in the EMR<br><br>**Denominator:**<br>• Total no. of high VL results received in the lab | **Intervention:**<br>Redesigning the process of receiving results from the lab to the records office:<br>- Ensured availability of dedicated and functional computer in the data room.<br>- Entering HVL results in the EMR before filing.<br>Re-assignment of roles and responsibilities by task shifting less roles.<br>- Dedicated staff to be entering the VL results in the EMR<br>- Identified VL/EID Champion in the facility |

# Elevator Speech

**This project is about**

- Improving documentation of High VL results in the EMR

**As a result of these efforts**

- Identify high VL missed opportunities and returned to care.
- Improve adherence counselling
- Improve VL uptake
- Improve quality of care ART clients

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

- ❖ VL Suppression rate
- ❖ Data accuracy

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

- ❖ VL suppression rate
- ❖ Documentation
- ❖ Reduced VL TAT
- ❖ Patient care

**What we need from you**: resources, stationery, Computer, printer and mentorship support.

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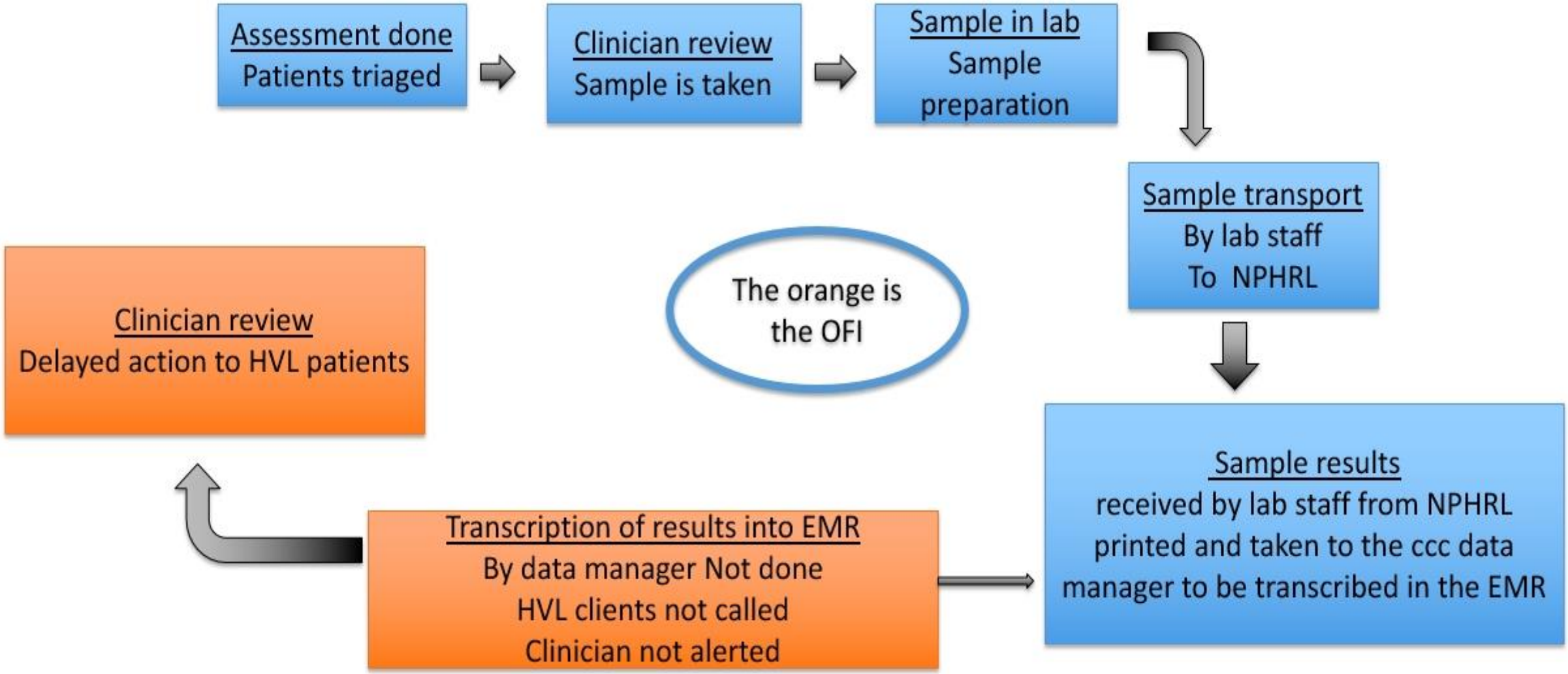
# Old Process Mapping



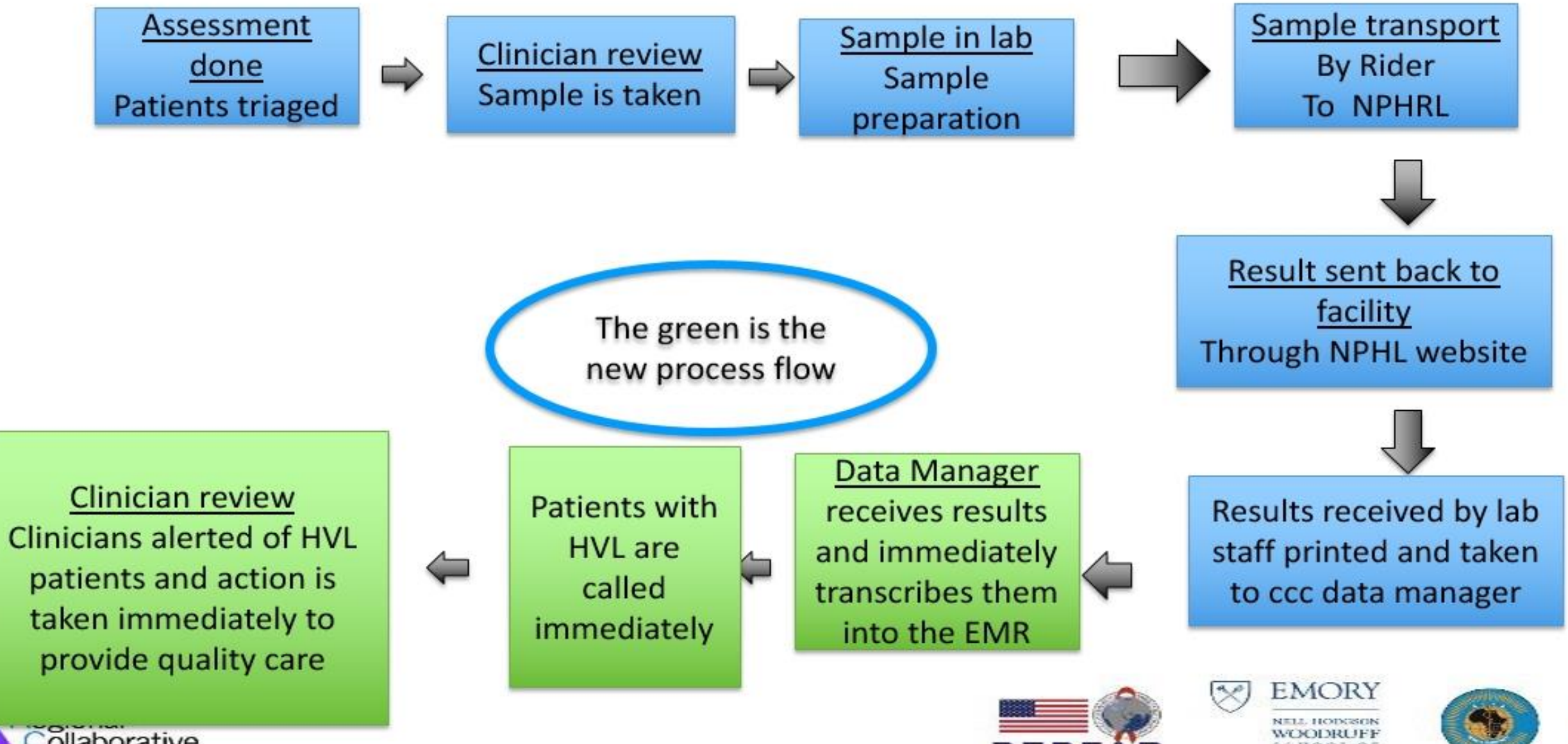
# Process Mapping
# The First Step Towards Improvement

| Process Step | What happens? | Who is responsible? | Duration | Forms/logs | Opportunity for improvement |
|---|---|---|---|---|---|
| **File Retrievals** | - File retrieved<br>- Recording client visits | Data Clerk<br>Link desk<br>Mentor mother | 24hrs | Appointment book | - Defaulters called and not followed up later after the first call<br>- Follow up of defaulter is not done |
| **Triaging** | - Taking Vitals<br>- Express patients<br>- Pill count | Nurse | 5 minutes | Green/Blue card | - No Bp machine in the CCC area. They borrow<br>- No slot for temperature<br>- Missing some vitals in the file BMI, Bp<br>- |
| **Adherence** | - Adherence<br>- Follow ups<br>- Counseling of new clients<br>- Confirmatory of the new clients | Adherence | 10 – 15 minutes | Blue card | - No suspected treatment failure register<br>- No chv's checklist<br>- No log for adherence recording<br>- When adherence is done no notes are recorded<br>- Not all patients of adherence linked to CHV |

# Process mapping

| | | | | | |
|---|---|---|---|---|---|
| **Data Records** | - **Filling the EMR register was done when the patient came for the appointment**<br>- **Incomplete filling the ART register** | **Records Officer** | **10-15 minutes** | **IQ care**<br>**ART register** | - **Results missing in the IQ care and ART register**<br>- **Viremia register missing** |
| **Consultation room** | History taking and screening | Clinician/Nurse | 10 – 15 minutes | Green Card | - VL not sent the right time for patients with adherence issues<br>- Missing MDT book for recording |
| **Pharmacy** | - Verifying the file and the prescription<br>- Dispensing from system and preparing the drugs to dispense<br>- Actual dispensing<br>- Confirm pill count if any issues send back the patient to the adherence counselor | Pharmacy Officer | 10 – 15 minutes | ADT and DAR register | - Missing MDT register |
| **LAB** | - Verify viral load requisition forms<br>- Collection of the sample, packaging, transportation.<br>- Receiving of the results and updating the VL tracking log.<br>- VL champion Identifies and highlights high VL results and send to the data entry clerk in the CCC. | Lab Officers | 10 minutes | Sample viral load log | - Missing SOP on collection and release of results to clinicians/clients<br>- Printer and computer needed in the lab |

# New Process

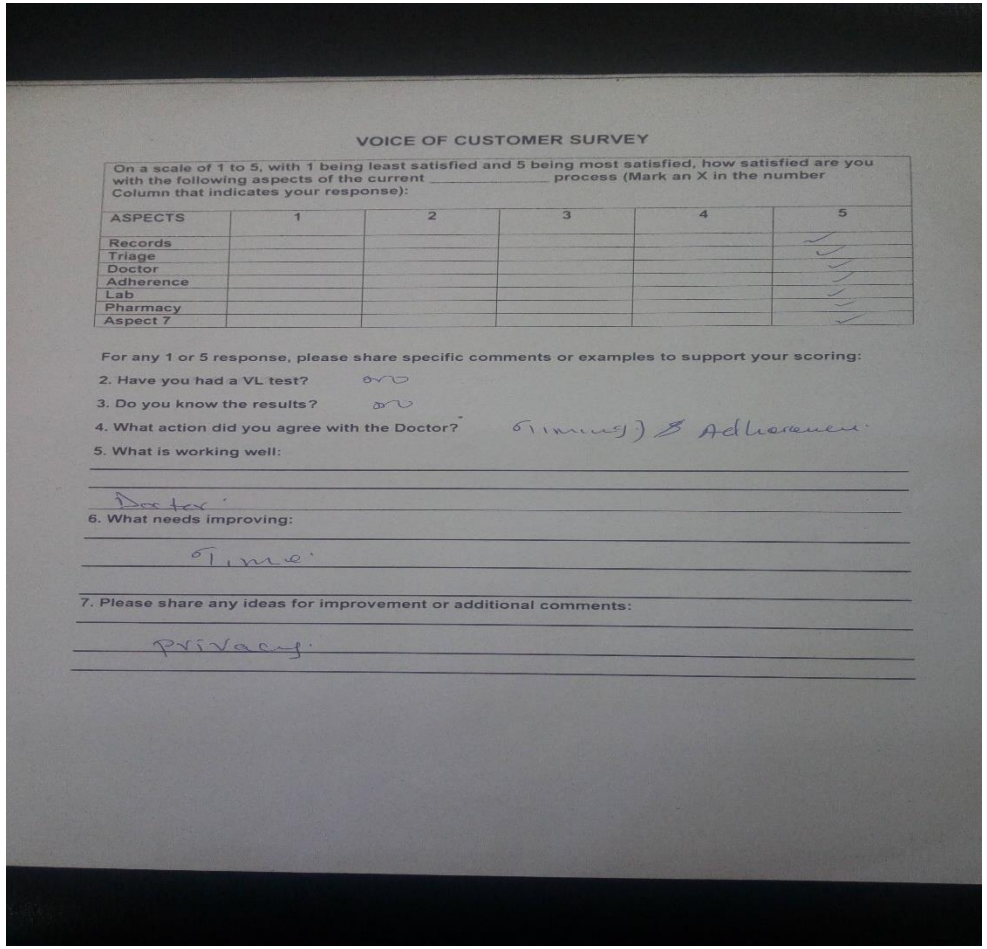

Assessment done
Patients triaged
Clinician review
Sample is taken
Sample in lab
Sample preparation
Sample transport
By Rider
To NPHRL
Result sent back to facility
Through NPHL website
Results received by lab staff printed and taken to ccc data manager
Data Manager
receives results and immediately transcribes them into the EMR
Patients with HVL are called immediately
Clinician review
Clinicians alerted of HVL patients and action is taken immediately to provide quality care
The green is the new process flow

**Gap (Problem Statement):**

- Delayed clinical decisions due to Incomplete documentation of High VL results in EMR and files.

# Voice of Customer (VOC)

- Our customer was the Patients
- Tool used to collect the VOC Questionnaire
- Collection Process - using random selection, 50 patients were surveyed using a self administered questionnaire



VOICE OF CUSTOMER SURVEY

On a scale of 1 to 5, with 1 being least satisfied and 5 being most satisfied, how satisfied are you with the following aspects of the current _____ process (Mark an X in the number Column that indicates your response):

| ASPECTS | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Records | | | | | ✓ |
| Triage | | | | | ✓ |
| Doctor | | | | | ✓ |
| Adherence | | | | | ✓ |
| Lab | | | | | ✓ |
| Pharmacy | | | | | ✓ |
| Aspect 7 | | | | | ✓ |

For any 1 or 5 response, please share specific comments or examples to support your scoring:

2. Have you had a VL test? ovo
3. Do you know the results? ovo
4. What action did you agree with the Doctor? Timing) & Adherence.
5. What is working well:

Doctor.

6. What needs improving:

Time.

7. Please share any ideas for improvement or additional comments:

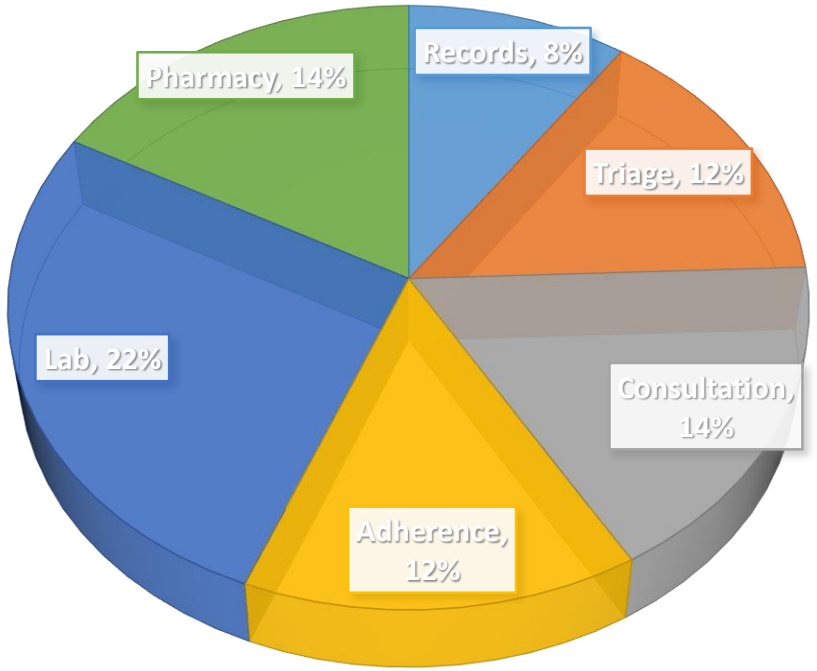
Privacy.

# RESULTS(N= 50)

**RESPONSES**

- In general: Satisfied(100%)
- Had VL: 44(88%), No: 6(12%)
- Know results:36(72%), No: 14(28%)

**AREAS OF IMPROVEMENT**

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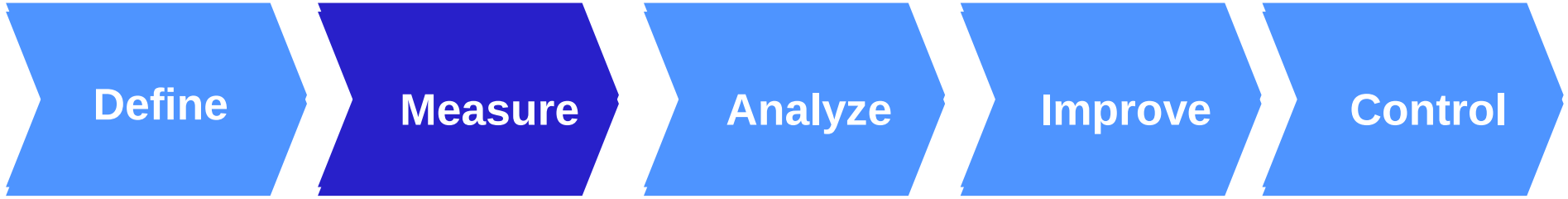
# Lessons learned

- Departments were informed of areas of improvement
- Customer surveys should be carried out quarterly to respond to our customer needs.
- Clients are not aware of  what HVL is and its importance.

**INTERVENTIONS**

- Give awareness talks to clients about HVL and its importance.




**Numerator:** No. of High VL results in the EMR

**Denominator:** Total no. of High VL results received in the lab

Baseline Data: 66% of patients had documented high VL results in EMR.

- Had 7 data points from Jan-Jul'18
- 66% is the average of the 7 months

Define | Measure | Analyze | Improve | Control

# Data Collection Tool

| S.no. | OBJECTIVE:<br>1.To assess and establish the level of documentation for clients with high viral loads in the facility<br>2.To establish the documentation of the intervention proccess for clients with high viral load<br>3.To improve on the documentation of clients with high viral loads and the intervetion process for the same. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | CCC no. | Documentation(Y/N) | | | | Intervention documented (Y/N) | | | |
| 1 | | file | ART Register | STF Register | EMR | file | ART Register | STF Register | EMRT |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

- Data abstraction checklist from Au

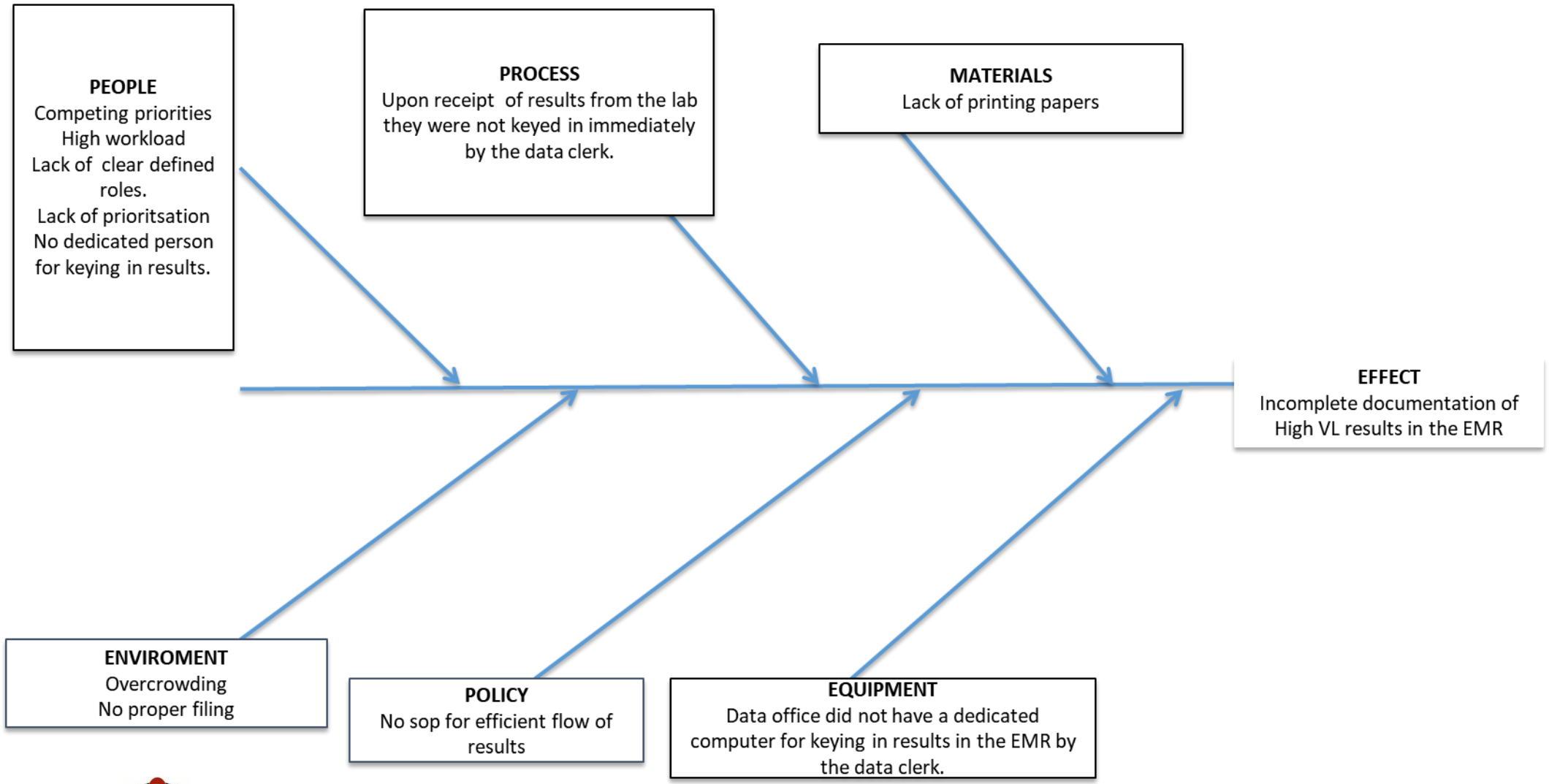
| WHO | Brenda Kipchumba |
|---|---|
| HOW OFTEN | 2 weekly |
| WHAT | Patient with high VL results, documentation in the EMR |
| WHERE | Records office, CCC |
| HOW | Using the log, data will be collected through record reviews |
| TRAINING | Using data collection tool |
| SUSTAINABILITY | Owned by Ongata Rongai health centre |

# Data collection process

- 7 data points for baseline
- Frequency: monthly
- Ongoing data: monthly
- Data analyzed and presented as a trend line

34% of the HVL results were missing in the EMR

# Cause and effect diagram(fishbone)

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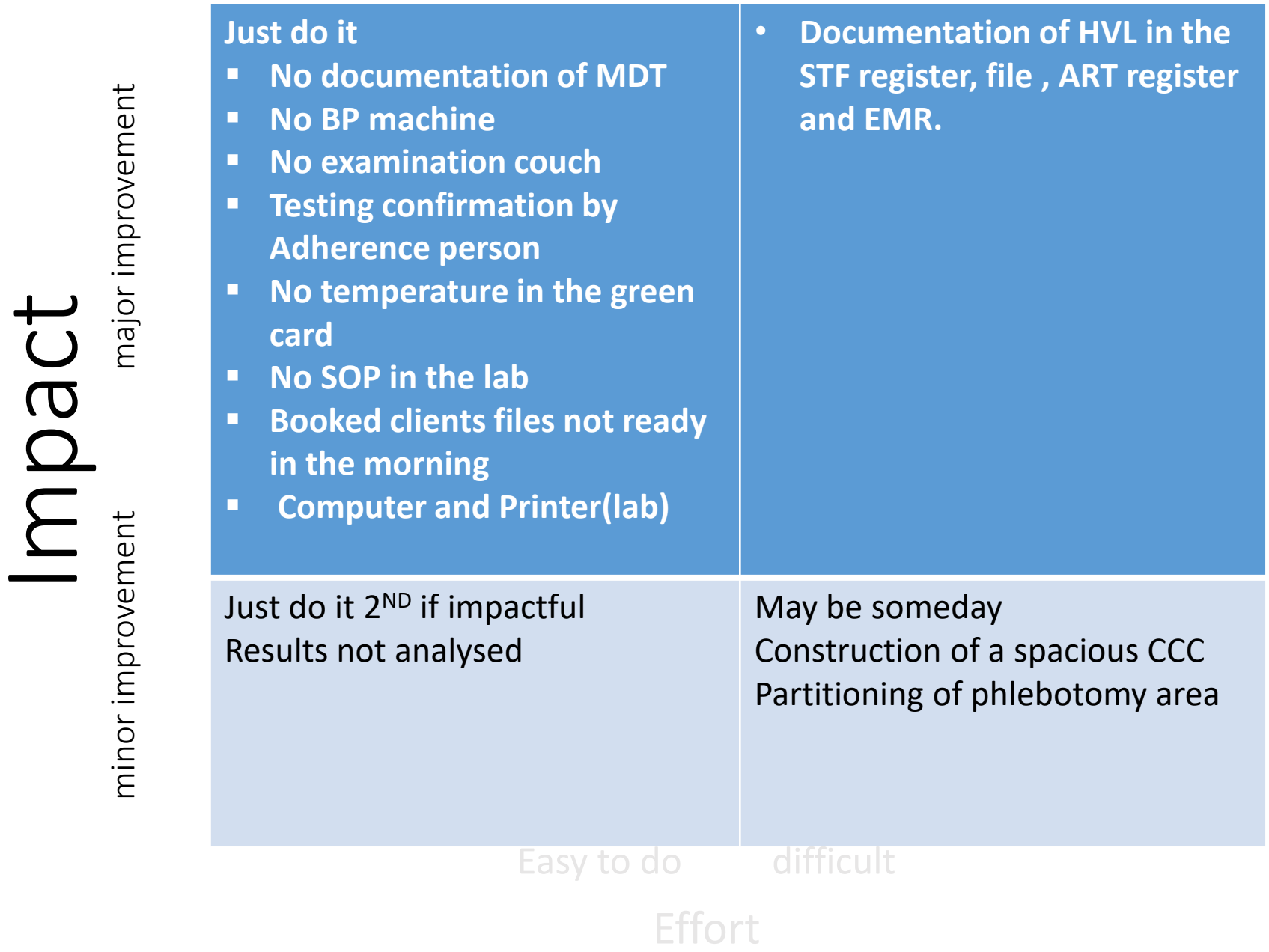


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**Just Do Its**

- Met all the departmental in charge of the facility
- Met cross cadre teams
- Gave a CME to all staff
- Met the care supporter: HSDSA

Define | Measure | Analyze | Improve | Control

## 5S - BEFORE

## 5S - AFTER

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Define | Measure | Analyze | Improve | Control

## 5S - BEFORE

## 5S - AFTER

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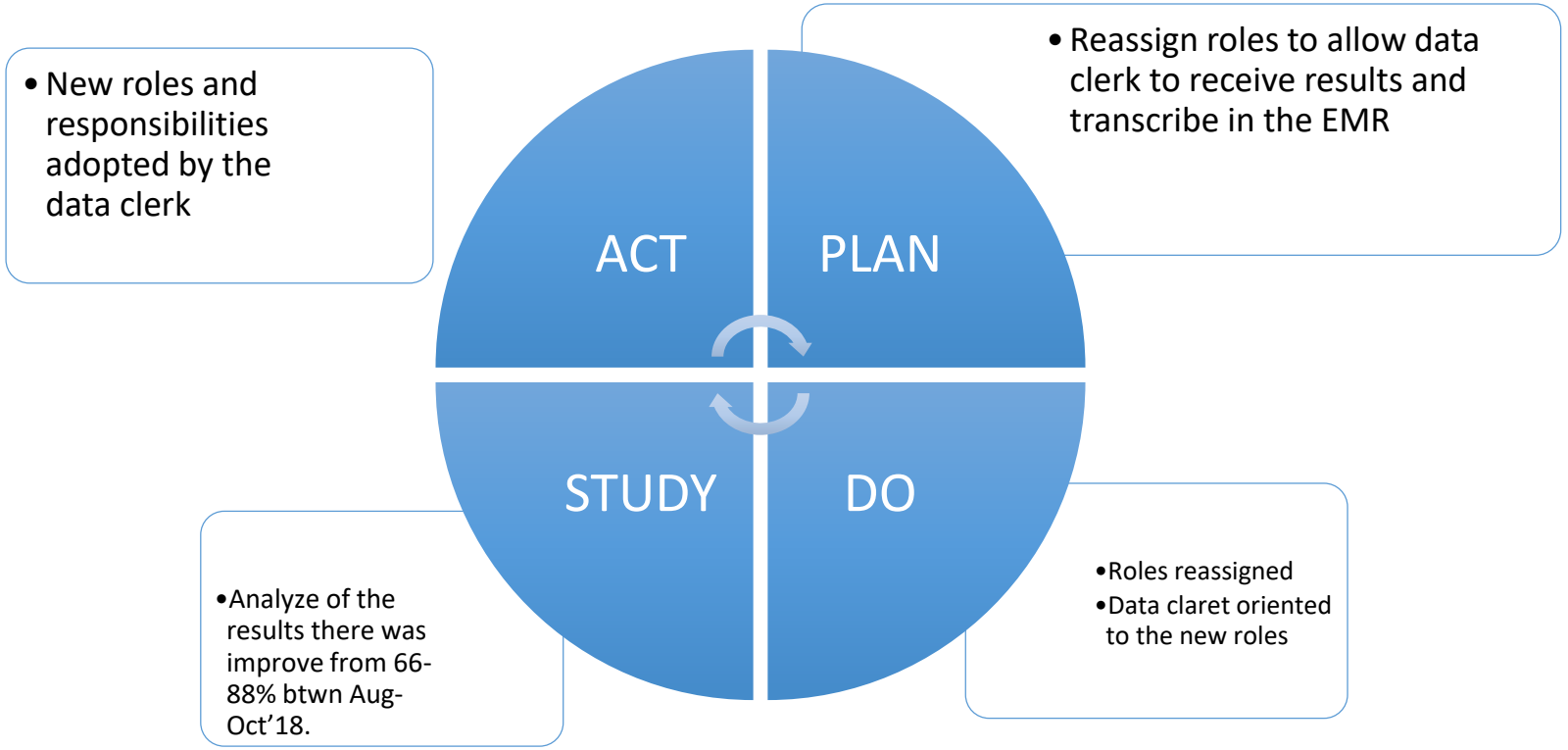
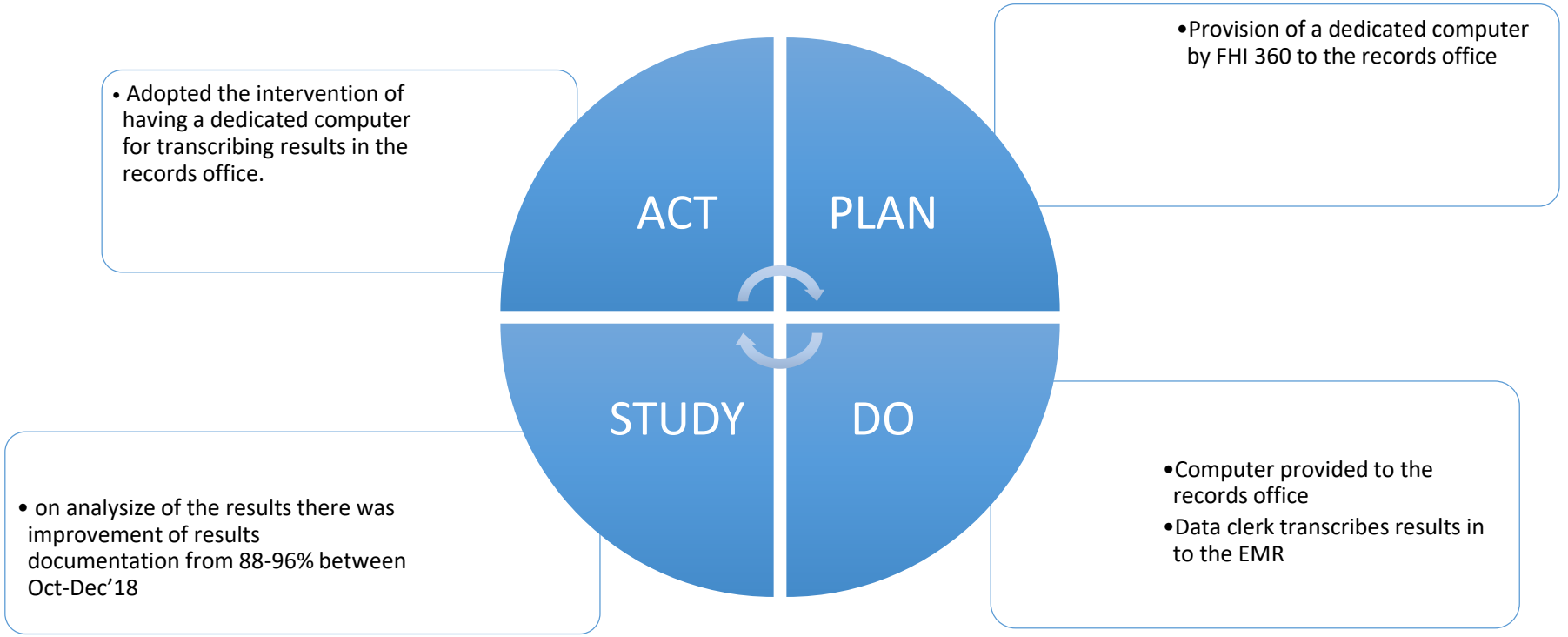
Define | Measure | Analyze | Improve | Control

# Visual Management

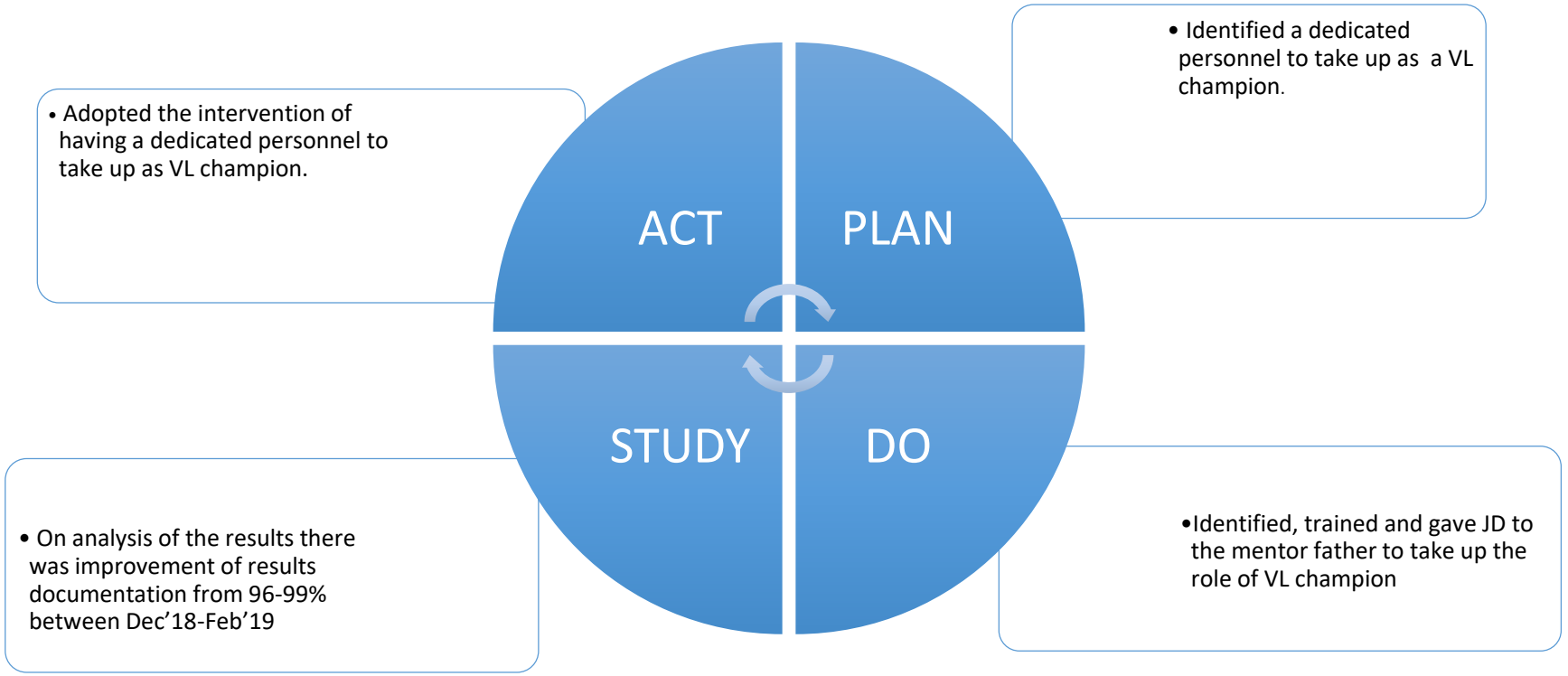
# Small Test of Change (PDSA # 1)



- Small Test of Change (PDSA #2)



- Small Test of Change (PDSA #3)

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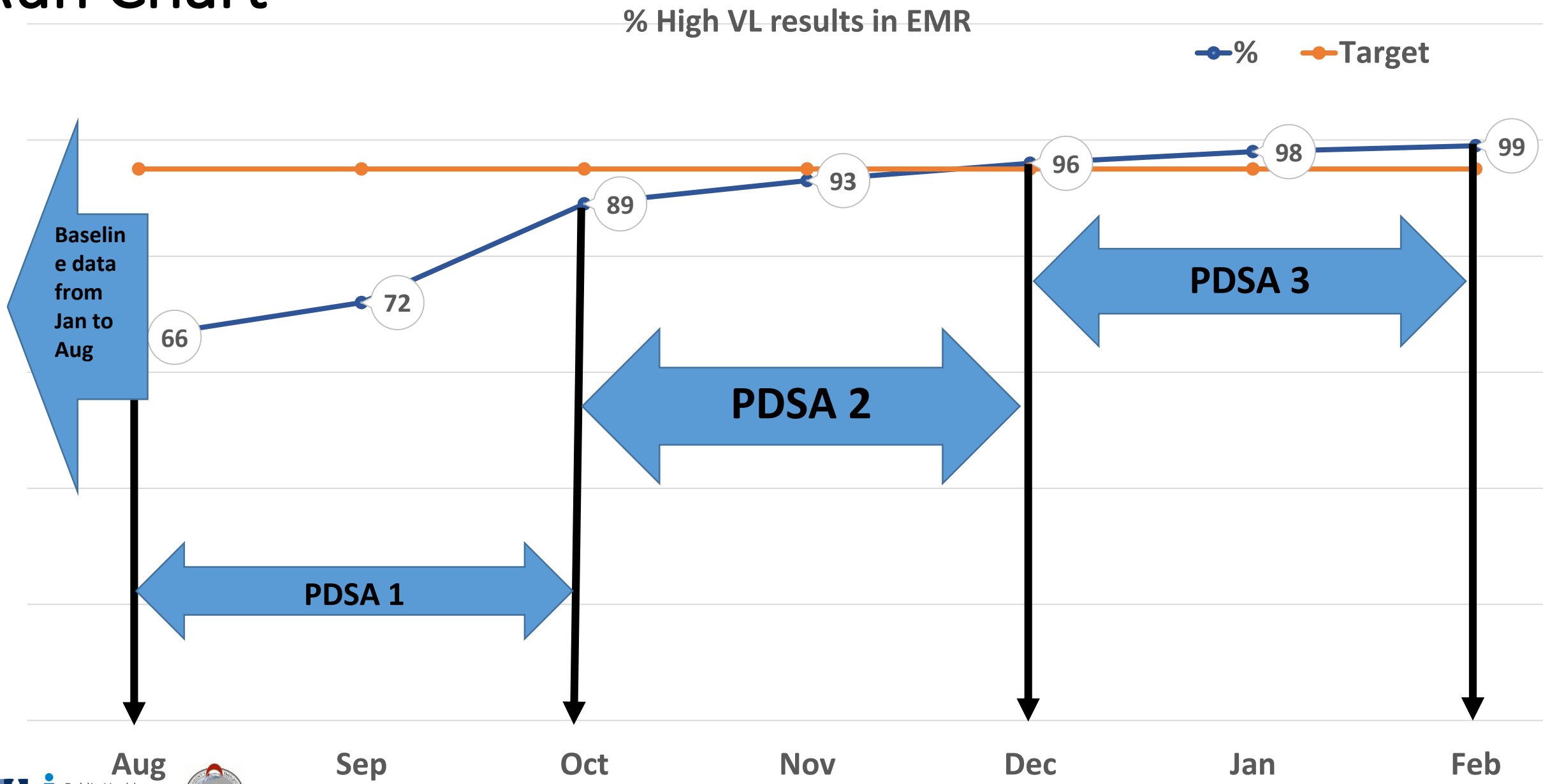
# Run Chart


% High VL results in EMR
%
Target
66
72
89
93
96
98
99
Baseline data from Jan to Aug
PDSA 1
PDSA 2
PDSA 3
Aug
Sep
Oct
Nov
Dec
Jan
Feb

What we did to solve the problem

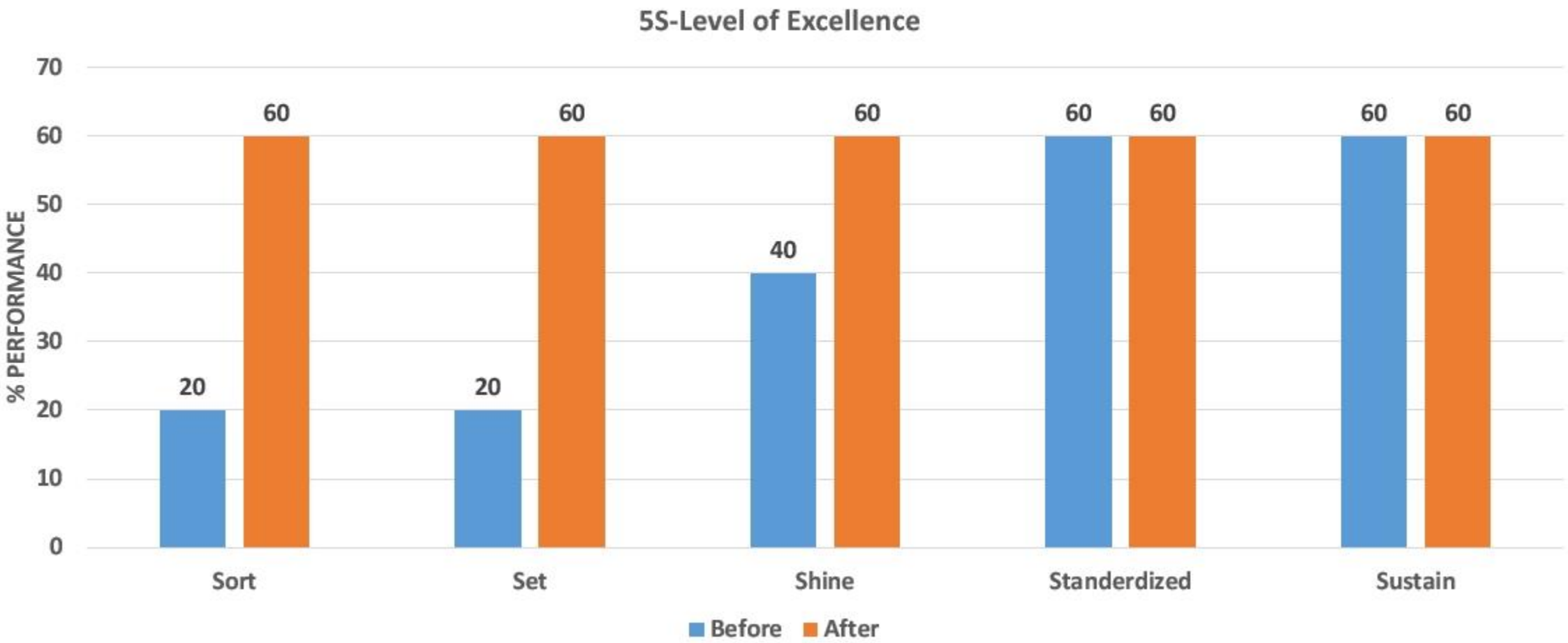
- Reassigned roles and responsibilities to allow data clerk to receive and transcribe results in the EMR

- Provision of dedicated computer by FHI 360 to the records office

- Identified dedicated personnel to take up as a VL champion.

# The 5s

**Sort, Set in order, shine, standardize, sustain**

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# Challenges

**Challenges**

A. Getting information from the data manager
B. Competing priorities
C. Communication delays to the patients

**Address challenges**

- Reassigning of duties to the data clerk
- Appointing a VL champion
- Clinician can see results in the EMR and communicate to the patients

# Lessons Learned

- Team work and intercadre communication
- Using CQI to tackle gaps in the facility
- Monthly meetings of the CCC stakeholders

# THANK YOU