Remote Assistance Facility A

RESULTS REPORTING
<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>
Facility Background

• Currently we have an active in care of 3643 clients. Our average workload per day is 150 clients.

• Care for HIV positive clients takes place at the CCC, MCH PMTCT and adolescent center. VL sample collection is done at the CCC, filing and management takes place at all these service delivery points.
Stakeholder Analysis

- We used the stake holder analysis grid template to complete the stake holder analysis.
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>
| **Overarching Goal:** To achieve efficient client management | **AIM Statement**  
To increase the percentage of hard copy viral load results in the client files from 54% to 90% by March 2019  
Metric: numerator-Number of Hard copy viral load results in the files  
Denominator-Number of viral load samples received from the testing lab | **Intervention**  
1. Appointment of a VL Point person  
2. Separate the files without hard copy VL results for filing of the same.  
3. Prompt requisition and availability of stationary for proper filing of the results  
4. The CCC in-charge together with the laboratory officers to ensure printing of available VL results and missing results daily at 4.00pm |
Elevator Speech

This project is about increasing the proportion of client files with hard copy viral load results. As a result of these efforts, effective client management will be achieved.

It’s important because we are concerned about:
- The low proportion of client files containing hard copy VL results

Success will be measured by showing:
- Improvement in the proportion of client files with hard copy VL results

What we need from you is:
- Additional human resource to manage the high workload
- Consistent supply of stationery
Process Mapping
The First Step Towards Improvement
## 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>Social Science department</td>
<td>Flagging of files, If due for VL, Indicate on the green card, appointment diary and TCA card</td>
<td>Nurse, Peer educator</td>
<td></td>
<td>Appointment diary, TCA card, Green card</td>
<td>• Have stickers to use in flagging</td>
</tr>
<tr>
<td></td>
<td>Retrieving patient files from the shelves in preparation for appointment. Call and SMS Reminders are done a day earlier</td>
<td>Peer educators</td>
<td>40 minutes</td>
<td>Client files, Appointment diary</td>
<td>• Separation of client files due for VL • Identification and separation of client files not mounted with Hard copy VL results for action</td>
</tr>
<tr>
<td>Triage - Health education done and Vitals taken</td>
<td>SSD officer, clinical team, records officer</td>
<td></td>
<td>40 minutes</td>
<td>HIV care and treatment guidelines note book, green card</td>
<td>• Fast tracking of clients for VL sample collection</td>
</tr>
<tr>
<td>Adherence counselling - MMAS4 administered if suppressed. MMAS8 Administered if not suppressed EACs conducted and booking for next EACs</td>
<td>SSD officer</td>
<td></td>
<td></td>
<td>MMAS4, MMAS8, PHQ9, Cage aid, craft, booster adherence, adherence register</td>
<td>• Having team EACs</td>
</tr>
</tbody>
</table>
## Process Mapping
### The First Step Towards Improvement

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</table>
| Consultation          | Consultation – History taking  
                       Examination  
                        Viral Load form completed  
                       Prescription for drug refills completed  | RCOs  
                        Nurses                                  | 10 minutes | Client files  
                       VL request form  
                       Prescription  
                       ICF card and green card       | • Use individual request form for VL sample collection                 |
| Phlebotomy            | Viral Load sample drawing-  
                       VL request received  
                       Patient preparation  
                       Blood draw  
                       Labelling of PPT tube  
                       Documentation       | Lab officer          | 5 minutes | VL request form  
                       VL tracking log       | • Separate phlebotomy room from the clinical room                        |
| Laboratory department | Sample processing -  
                       Separation  
                       Sample storage at -20 degrees Celsius  
                       Remote logging       | Laboratory officer  
                        Data officer         | 1 hour | VL request form  
                       VL tracking logs       |                                                                                 |
|                       | Sample transportation -  
                       Sample transport to CRC HIV lab       | Laboratory officer          | 1 hour | Shipment logs  
                       VL Request forms       | • CDC to reconsider shipment days                                          |
| Sample testing- CRC HIV lab | Sample testing at CRC HIV Lab       | CRC staff               | 7 days | VL request forms |                                                                                  |
# Process Mapping
## The First Step Towards Improvement

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</table>
| Laboratory         | Results received at the hub - Results download and printing
VL tracking logs updated
VL above 1000cps/ml
flagged
Update of dispatch register
Results dispatched                                                                                               | Lab staff           | 10 minutes | Hard copy VL results
VL tracking logs
Dispatch registers                                                                                               | • Consider daily checks in the system for VL results                                                                |
| Consultation and SSD | Results received by CCC and MCH - Sorting based on > or < 1000cps/ml
Flag high VLs by highlighting
For suppressed: results filed and routine follow ups conducted

Filing of hard copy VL results                                                                                   | SSD officer
RCOs
Nurses              | 10 minutes          | Hard copy VL results
Patient files
Adherence register                                                                                               | • Have a specific person in charge of filing VL results in the patient files                                        |
| Consultation       | Patient management - Viremia clinic for the high VLs and individual EACs for three months and repeat VL testing
Follow up clinics for the suppressed
Group counselling                                                                                                  | RCO
Nurse
SSD officer          | 10 minutes          | HIV care and treatment guidelines note book
Client files
Adherence register
Adherence tools                                                                                                    | • Have prompt MDTS and home visits                                                                                |
1. Social science department
3. Separation of files without hard copy VL results for filing
8. Consultation and SSD
12. Results handed to VL point person for filing

Phlebotomy
Consultation
6. CRC lab
5. Laboratory department
7. Laboratory department
9. Consultation
Exit
• **Gap (Problem Statement):** By August 2018, only 54% of client files had hard copies of viral load results compromising effective client management.
• Voice of Customer (VOC)
  • Who is your customer? Patients.
  • Did you select the right customer for your identified problem? Yes
  • Tool used to collect the VOC was survey
  • Collection Process; 120 patients surveyed
LESSON LEARNT FROM THE VOC

• Having hard copy VL results in the client files improves client education

• Having hard copy VL results in the client files improves on client management
% of PLHIV client files with documented hard copy VL results

- Numerator: number of files with hard copy VL results
- Denominator: total number of VLs Received from the testing Lab

Baseline Data
- 54%

Aim Statement:
- To Increase the percentage of clients’ files with hard copy VL results from 54% to 90% by March 2019 at ACH CCC
• Data Collection Process
  • Data Collection Tool
Data Collection Plan

• There were three data points for the baseline
• Timeframe of data collection was on a two weekly basis
• Baseline data collection was done between 2\textsuperscript{nd} August to 10\textsuperscript{th} August 2018.
• Project data collection was done on a Two weekly basis

Data Analysis

• We interpreted our data using a run chart plotted on a monthly basis
• The magnitude of the problem led to;
  1. Delay in decision making
  2. Long waiting time for clients
  3. Poor client management
Define

Measure

Analyze

Improve

Control

LOW PROPORTION OF CLIENT FILES WITH HARD COPY VL RESULTS

EQUIPMENT
- Inadequate filling cabinets

POLICIES AND PROCEDURES
- Inadequate training on filling SOPS

ENVIRONMENT
- Inadequate filing space
- High workload

PEOPLE
- Shortage of staff
- Competing tasks
- Staff not following SOPs

PROCESS
- No SOP for filling
- Poor filling systems
- Some results not printed

MATERIALS AND SUPPLIES
- Low supply
- Inadequate stationery

Non separation of files without hard copy VL results

Inadequate filling cabinets

No specific officer to file results
**IMPACT / EFFORT GRID** A Tool for Prioritizing Opportunities

**IMPACT**

- **Just Do It**
  - Fast tracking of clients who are due for VL
  - Design an individual lab request for VL collection to ensure patient privacy
  - Develop SOPs for all filing areas
  - Improve on administration of EACs

- **Projects - Detailed planning and work**
  - Missing hard copy VL results in some of the patient files

**EFFORT**

- **Easy to Do**
  - Just Do It if Impactful
    - Have a separate phlebotomy room
    - Additional man power

- **Difficult to Do**
  - Just Do It
  - Maybe some day
    - Missing hard copy VL results in some of the patient files

**Major Improvement**

**Minor Improvement**

- Easy to Do
- Difficult to Do
• Just Do Its

Filing SOPs in the filing areas, this is CCC Filing

Individual lab request for Viral Load Request
Just Do Its

• Separation of files without hard copies of VL results a day prior to the clinic day of the client. Also SSD officers doing call and SMS reminders for clients who are due for VL

• Improved administration of EACs for clients with high viral load. The client is present in the MDT sitting
LEARNING BOARD
Define | Measure | Analyze | Improve | Control

5S – BEFORE prompt filing

5S – AFTER prompt filing
5S - BEFORE
• Insert Audit Score

5S - AFTER
• Insert Audit Score
Visual Management

Lead peer educator at the CCC filing room, filing hard copy of VL results after receipt.

Flagging of files due for VL
• Small Test of Change (PDSA #1)

- Having a VL Point person ensures prompt filing of Hard copy VL results
- Separation of files without hard copy VL results improves on the proportion of files with hard copy VL results
- Weekly audit of promptly filed hard copy VL results among the results distributed.
- Take a weekly account of the number of files without hard copy VL results that were separated
- Appointment of a VL point person who ensures prompt filing of VL hard copy results
- Have the lead peer educator take charge of prompt filing of available VL results within a week of receipt
- Distribution of the received hard copy VL results by the lead peer educator to fellow peers and follow up for filing within a week.
- Separate the files without hard copy VL results during the call reminders and consultation, and follow up for immediate filing of the results
• Small Test of Change (PDSA #2)

Define
- Have filing SOPs in all filing areas
- Filing to be done every afternoon by the Peers
- All files not in use by end of the day should be filed appropriately

Measure
- Analyze the proportion of files targeted for filing of hard copy VL results

Analyze
- Having prompt filing of client files in the cabinets ensures fast and efficient filing of hard copy VL results

Improve
- Filing of client files in the cabinets

Control
- Filing of client files in the cabinets

ACT

PLAN

STUDY

DO

ACT

PLAN

STUDY

DO

- Have filing SOPs in all filing areas
- Filing to be done every afternoon by the Peers
- All files not in use by end of the day should be filed appropriately
Define  Measure  Analyze  Improve  Control

Intervention – ‘After State’ Process Map

What did you do to solve your problem?

1. Previously there was no separation of files without hard copy VL results but currently, we separate files without hard copy VL results a day prior to the clinic for filing of the results.

2. Previously there was no VL point person, but currently there is a VL point person to ensure filing of hard copy VL results.

3. Previously there was erratic supply of stationary, but currently there is prompt requisition and of stationary by the SSD In charge for proper filing of the results.

4. The CCC in-charge currently works hand in hand with the laboratory officers to ensure printing of available VL results and missing results daily at 4.00pm.

Overview of our intervention:

- Files without hard copy VL results are separated and the VL results traced/printed for filing before clinic visit of the client.
- The VL point person ensures filing of the received VL results within three days of receipt.
- Prompt requisition of stationary for filing of VL hard copy results including use of file fasteners for this purpose.
- Collaboration between the CCC and Lab to ensure printing of available results and dispatch for filling at 4.00pm everyday.
Data Display

**PERCENTAGE NUMBER OF CLIENT FILES WITH HARD COPY VL RESULTS**

<table>
<thead>
<tr>
<th>Months</th>
<th>Percentage</th>
<th>Action/Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug-18</td>
<td>0%</td>
<td>Baseline</td>
</tr>
<tr>
<td>Sep-18</td>
<td>54%</td>
<td>Appointment of a VL point person</td>
</tr>
<tr>
<td>Oct-18</td>
<td>84%</td>
<td>Separation of files without hard copy VL results</td>
</tr>
<tr>
<td>Nov-18</td>
<td>91%</td>
<td>Printing of missing hard copy VL results</td>
</tr>
<tr>
<td>Dec-18</td>
<td>89%</td>
<td>High workload</td>
</tr>
<tr>
<td>Jan-19</td>
<td>92%</td>
<td>Daily filing of all client files unused</td>
</tr>
<tr>
<td>Feb-19</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Mar-19</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

**TARGET**
Challenges

- There are so many competing tasks
- Low number of staff is a major challenge
- The SSD department still does not have constant supply of stationery e.g. Stapler and staple pins
- Optimization process
- Change of the EMR system thus delay in filing
- Ushauri process delays filing

Address challenges

- Using file fasteners to file viral load results
- The data officers only pick the files they are able to work on in a day
- Staff work overtime to ensure no files are hanging around by the next day
Lessons Learned

• Having a VL point person ensures prompt filing of VL results
• Separation of files without Hard copy VL results limits the files without hard copy VL results
• Fast tracking of clients for VL sample collection reduces waiting time for clients due for VL sample collection
• Prompt filing of client files eases the process of filing VL hard copy results
## Action Plan

<table>
<thead>
<tr>
<th>TOPIC/GOALS</th>
<th>ACTION ITEM</th>
<th>BY WHOM?</th>
<th>BY WHEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bi weekly data collection</td>
<td>File abstraction</td>
<td>Data manager, Team members</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Data collection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Fast tracking of clients who are due for routine VL | • Separate files due for routine VL a day prior  
• Submit the files to the clinician for VL request using the standard request form  
• Do call/SMS reminder for VL sample collection a day prior  
• On the visit day, give request form for VL sample collection before consultation | Clinical officers, Nurses, SSD officers | Ongoing  |
| To improve on administration of EACs and MDTs   | Conduct EACs and MDTs as a team in the presence of the client during viraemia clinic | MDT members               | On going |
### New process map vs old process map

**Intervention – ‘Before’ State Process Map**

<table>
<thead>
<tr>
<th><strong>Old process map</strong></th>
<th><strong>New process map</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No separation of files without hard copy VL results</td>
<td>Separation of files without hard copy VL results for filing</td>
</tr>
<tr>
<td>At the triage we only had health education and vitals taking</td>
<td>Fast tracking of clients due for VL collection at the triage</td>
</tr>
<tr>
<td>After consultation, the client went for VL sample collection</td>
<td>VL sample collection id done after triaging</td>
</tr>
<tr>
<td>Initially there was no specific person in charge of filing VL results</td>
<td>VL point person ensures timely filing of results</td>
</tr>
</tbody>
</table>
# Control plan

<table>
<thead>
<tr>
<th>Project Title</th>
<th>RESULT MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project owner</td>
<td>JAMES OKOTH CCC INCHARGE</td>
</tr>
<tr>
<td>Critical elements for quality</td>
<td>Critical step required for desired outcome-Filling system of hard copy viral load results. Vulnerable step- viral load point person</td>
</tr>
<tr>
<td>Monitoring over time</td>
<td>% of PLHIV client files with documented hard copy VL results</td>
</tr>
<tr>
<td></td>
<td>Numerator: number of files with hard copy VL results</td>
</tr>
<tr>
<td></td>
<td>Denominator: total number of VLs Received from the testing Lab</td>
</tr>
<tr>
<td></td>
<td>Upper limit; 100%</td>
</tr>
<tr>
<td></td>
<td>Lower limit; 90%</td>
</tr>
<tr>
<td></td>
<td>Data collection done monthly</td>
</tr>
<tr>
<td>Control or reaction plan</td>
<td>Do a root cause analysis and develop a work plan</td>
</tr>
<tr>
<td>Accountability</td>
<td>Who is responsible for measuring; HRIO</td>
</tr>
<tr>
<td></td>
<td>Where is the measure reported; MDT</td>
</tr>
<tr>
<td></td>
<td>To whom is it reported; Program Officer</td>
</tr>
<tr>
<td></td>
<td>Who is ultimately responsible; Program officer</td>
</tr>
<tr>
<td>Related documentation</td>
<td></td>
</tr>
</tbody>
</table>
Intervention – ‘Before’ State Process Map

• Compare the problem area in the ‘Before State’ process map to the updated ‘After State’ process map
  - Initially, files without hard copy VL results were not separated for filing but now the files without hard copy VL results are separated a day prior for filing of the results
  - Initially, clients were not fast tracked for VL sample collection but now they are fast tracked at the triage.
  - Initially there was no VL point person to coordinate filing of VL hard copy results but now there is a VL point person who coordinates filing of VL hard copy results.