Remote Assistance Facility E

Results reporting & Patient Management
# 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>
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**

<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, Collecting data</td>
<td>Lack of teamwork, Giving wrong T.CA, Industrial action</td>
<td>Mentorship, Motivation, Supervision</td>
</tr>
<tr>
<td>Amref</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, 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, Updating clients on the result and what importance towards their care</td>
</tr>
<tr>
<td>G4S (Sample transport courier)</td>
<td>High</td>
<td>High</td>
<td>Transportation of VL/EID samples to the testing lab</td>
<td>Timely sending and receiving results from the testing lab</td>
<td>Long TAT of VL/EID results</td>
<td>Meetings to discuss the modalities of transportation, Training on safe handling of samples</td>
</tr>
</tbody>
</table>
THE STORY OF OUR PROJECT
# Project Summary

## What are we trying to accomplish?

**Overarching Goal**
Effective management of HIV patients with High Viral Load (HVL) for better health outcomes (VL suppression)

## How will we know if a change is an improvement?

**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.

Metric: # 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)

## What change will we make that will result in an improvement?

**Intervention**
- Improve communication process by:
  - Refresh EAC protocol for clinicians
  - Develop EAC tracking tool
  - Orient clinicians to the EAC tracking tool
  - Monitor progress on a monthly basis
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 HLV, 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

<table>
<thead>
<tr>
<th>Location</th>
<th>What Happens?</th>
<th>Who is responsible?</th>
<th>Forms/logs</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception</td>
<td>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</td>
<td>Peer Educator/Record officer</td>
<td>Appointment Diary</td>
<td></td>
</tr>
<tr>
<td>Triage/Reception</td>
<td>Vital signs and Nutritional assessment. Appointment cards are picked and placed in patient’s file</td>
<td>Peer educator</td>
<td>Appointment Card/Pt file</td>
<td></td>
</tr>
<tr>
<td>Specimen Collection room</td>
<td>Patients due for VL only, their appointment card are picked for VL sample collection</td>
<td>Peer educator</td>
<td>Requisition form</td>
<td>Date of sample collection to be indicated</td>
</tr>
</tbody>
</table>
## Process Mapping
First Step Towards Improvement

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<tr>
<td>Consultation room</td>
<td>Files picked taken to the consultation room. Patients due for VL/drugs is given appointment card for VL sample collection</td>
<td>Clinician</td>
<td>Appointment card/patient card/Green card/request form</td>
</tr>
<tr>
<td>Sample collection room</td>
<td>Patient due for VL/Drugs appointment is picked and sample collection (DBS) is done, labelled with patient ID, date of birth &amp; date of sample collection. DBS is dried overnight, NASCOP requisition form is filled, packaging of DBS done &amp; handing over the DBS to the laboratory team.</td>
<td>Peer Educator</td>
<td>NASCOP requisition form, laboratory VL referral register/log</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Verify the sample integrity and documentation, remote log in the DBS, generation the batch number, verify and record on the requisition form</td>
<td>Laboratory staff</td>
<td>Requisition form, laboratory VL tracking log</td>
</tr>
</tbody>
</table>
## Process Mapping
The First Step Towards Improvement

<table>
<thead>
<tr>
<th>Location</th>
<th>What Happens?</th>
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<th>Duration</th>
<th>Forms/logs</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result reporting</td>
<td>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.</td>
<td>Lab technical staff/Peer educator (Aphia Pwani)</td>
<td>5 days</td>
<td>VL tracking logbook, HUB</td>
<td></td>
</tr>
<tr>
<td>consultation/counseling room</td>
<td>Receive physical copy, file the VL results, MDT review same day or the following day. Clients with VL &gt;1000 copies are entered in the unsuppressed VL log, then Pts contacted to go through the EAC.</td>
<td>Clinician/Peer educator</td>
<td></td>
<td>EMR, patient files, Cohort register</td>
<td>Availing tracking log for HVL for EAC f/up</td>
</tr>
</tbody>
</table>
## Process Mapping
### The First Step Towards Improvement

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</tr>
</thead>
<tbody>
<tr>
<td>Review results and deliver to Expert Client for follow-up action</td>
<td>Peer educator</td>
<td>Have one dedicated staff to manage care of all patients with high VL results; in-box on wall to receive high VL reports</td>
<td></td>
</tr>
<tr>
<td>Management of missing results</td>
<td>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</td>
<td>Peer educator/Adherence counselor/Lab staff</td>
<td>Communicate to CCC as regards missing results and document, Shorten missing result period before redraw</td>
</tr>
</tbody>
</table>
• 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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>
Did EAC documentation help track patients with High VL (>1000 copies)?

- Yes: 83%
- No: 17%
Was EAC tool important in tracking patients with HVL (>1000)?

- Yes: 11
- No: 1
Was EAC tool important in tracking patients with high VL (>1000)?

- Yes: 11
- No: 1
Was there an impact in patient management after using the EAC tool?

- Yes: 9
- No: 3
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%)
<table>
<thead>
<tr>
<th>WHO</th>
<th>WHAT</th>
<th>FREQUENCY</th>
<th>HOW</th>
<th>DATA SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review EAC tracking tool with clinicians</td>
<td>September with LARC launch</td>
<td>In a meeting with the MDT</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Collects the EAC tool, retrieves and displays data</td>
<td>Monthly</td>
<td>Abstract data from EAC tool in client file</td>
<td>Client files/unsupported log</td>
</tr>
</tbody>
</table>
**IMPACT / EFFORT GRID**  A Tool for Prioritizing Opportunities

**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

**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

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<table>
<thead>
<tr>
<th>IMPACT</th>
<th>EFFORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define</td>
<td>Measure</td>
</tr>
</tbody>
</table>

- **Easy to Do**
- **Difficult to Do**
5Ss

Sample reception area Before

Sample reception area After
The 5 S
Sort, Set, Shine, Standardize, Sustain
Visual Management
EAC tool was developed
Clinicians were trained on the EAC tools
Documentation was done in the patient’s file
Alerting clients to come back
Improved from 18.5% to 92.5% between Oct - Feb 2019

Improve communication process by:
- Refreshing clinicians on EAC protocol
- Developing EAC tracking tool
- Orienting clinicians to the EAC tracking
- Monitor progress on a monthly basis
- Alerting clients to come back

Because of the intervention that was tested, the team adopted it

PDSA 1

ACT
PLAN
STUDY
DO
New process: The First Step Towards Improvement

- **Reception/triage**: High VL results are flagged by CHW and taken to the clinician.
- **DBS collection**: Samples collected by CHW taken to lab daily.
- **Consultation**: Clinicians fill in EAC tracking tool for pts with VL>1000 copies here.
- **Testing/referral lab**: Results taken for filing by the CHW.
- **Counseling**
- **Nutrition**
- **Pharmacy**
Intervention began with PDSA 1

Despite contacting the patients some of them did not turn up within 30 days

Most staff had not returned from the December holiday

The project target

Despite contacting the patients some of them did not turn up 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

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

**Project Title**
Effective management of HIV patients with High Viral Load (HVL) for better health outcomes (VL suppression)

**Project Owner**
Team Lead

**Critical Elements for Quality**

**Process Step:** Creating the EAC tracking tool, training of clinicians on the EAC protocol and the use of EAC tracking tool

**Output:** HIV Patients with HVL returning to the clinic for an EAC session after being contacted within 30 days

**Monitoring over Time**

**Metric** – # 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)

**Acceptable Range** – 30 days after the client has been contacted

**How measured** – 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.

**Control or Reaction Plan**
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

**Accountability**

**Who is responsible for measuring** – XXXX - Data Manager

**Where is the measure reported** – To the QI team in standing meeting/ displayed in a learning board

**To whom is it reported** – XXXX, the QI team lead

**Who is ultimately responsible** – XXXX, medical superintended and the QI champion

**Related Documentation**
EAC protocol & EAC tracking tool
Standard Work Instructions  SOPs, Flow charts of the new process
Data – Run Chart displayed on the learning board