Site Visit and Virtual Site Visit:

Standard Operating Procedure (SOP)

**PURPOSE:**

Site Visits

**Accomplish Aims/Goals for LARC Quality Improvement (QI) Project/s Resulting in Measurable Improvement**

* + Provide on-site mentorship and support for QI project/s
  + Ensure integrity of QI projects
    - Validate Data
    - Validate Project Progress/Deliverables
  + Assess / trouble shoot site activity

**Build QI Capacity of Healthcare Workforce**

* + Improve capacity for QI at the site level
  + Improve Capacity for coaches in assessing, supporting, and troubleshooting improvement projects

**Improve the delivery of good quality, safe healthcare to patients / clients**

* + Improve delivery and documentation of care, treatment, and services

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| Video camera with solid fill | **Virtual Site Visits (VSV) - Purpose**  **Site Support**   * Provide site support in extraordinary event /circumstances, periodic site support where onsite support is not possible * Real-time support to address any issues in a timely fashion   **Build Capacity of Coaches**   * Provides opportunity for oversight and assessment of coach’s skills by supervisory personnel or QI collaborative faculty   **Enable Scale-Up**   * Create a Model for Ongoing VSV * Strengthen Support and increase SSV coverage in a cost effective and sustainable way |

**SCOPE:**

Site Visits are a required component for the successful implementation of the LARC QI Collaborative. Quality Improvement competency requires hands-on training and mentorship in the use of the QI Tools, over and above the didactic teaching provided through the LARC didactic materials. The visits provide an opportunity to assess the delivery & documentation of care at the level of the patient/client.

**SITE VISIT DETAILED PROCESS:**

1. PRE-VISIT PLANNING
   1. Visit Planning and Preparation – Refer to the[*Site Visit Quick Overview*](#_Site_Visit_Quick)
      1. Visits scheduled at beginning of project period
      2. [*Site Visit Report Template*](#Site_Visit_Report)*,* which includes[*Documents and Processes for Review*](#Documents_and_Processes_for_Review) *and* [*Assigned Deliverables*](#Assigned_Deliverables)*,* shared with site, serves as guidance for what will be covered during each visit
   2. Site Visitors (in person or Virtual):
      1. Consider & invite appropriate cadres:
         1. Stakeholders, Funders, MOHCC, etc.
         2. LARC Project Management Team (PMT) / Faculty
         3. Implementing Partners
         4. Site Coach
   3. Pre-Visit Call and Follow-up Email to include:
      1. To assure Site Readiness, Share [Site Visit Report Template](#Site_Visit_Report)
      2. Discuss items to be available at the time of visit – [*Documents and Processes for Review*](#Documents_and_Processes_for_Review)
      3. Project deliverables complete or in process – [*Assigned Deliverables*](#Assigned_Deliverables)
      4. [Data](#Data) and Data Sources readily available
      5. Site Team Availability – Team Lead, Data Manager, all available team members
      6. Ensure that all Permissions/Confidentiality/Site Visitor Requirements are reviewed and completed.
      7. Collect any necessary contact information for the Viral Load Focal Person and/or any personnel who will provide additional information

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| Video camera with solid fill | **Virtual Site Visits – Pre-Visit Planning**  Pre-Visit Call & Email:   * Some documents, including the Project Report (PPT) and photos of the Learning Board/QI corner, need to be submitted 1 week prior to the visit for full visibility and advance review by the site visit team. This is to be discussed on this call and reiterated in the follow-up email.   Technology Requirements:   * Access to Reliable Internet * Internet connectivity tested / confirmed prior to VSV * Confirm required devices for the VSV and make sure that they will be present * Zoom or Teams Invitations * Data Provisions * Share contact information for available support for any potential IT issues |

1. VISIT
   1. Site Visitor Requirements observed – Observe any Visitor Etiquette / Rules specific to the site, in addition to any MOHCC requirements.
   2. Meet with Site Leadership – Observe all protocols. Explain the purpose of the visit. Assess if the site leadership is aware of the QI collaborative and projects. If they are aware, then assess their support of the project. If appropriate, request any support required to complete the project.
   3. Meet with QI Team
      1. Brief Opening Session – An opportunity to meet the team, confirm the purpose of the visit, give the team an overview of the agenda, and confirm the expectations for the visit.
      2. Facility Tour – If time permits, a brief tour of the facility will provide an overview of the state of the facility, the scope of services offered at the facility, and the patients/clients served.
      3. [*DOCUMENTS AND PROCESSES FOR REVIEW*](#Documents_and_Processes_for_Review)
         1. Learning Board / QI Corner – Start the visit here. Is this site updated with current project details? If so, then the project outline, PDSAs and the data/run chart/s should be on display.
         2. Project Management – Assess the required documents to gain an overview of the project. To fully understand the team’s project, ask about the problem, the interventions selected for testing, and how / why those interventions were selected?
         3. Tests of Change – Review the results of each test of change. Determine if any of the tests of change have worked well. What evidence is there that the change worked well?
         4. [Data](#Data) Review – It is important to go to the raw data, review the data collection tool and processes, assess data integrity, and review calculation of the metric/s. This is a frequent point of confusion. Has the data been plotted on a run chart? Does the run chart show annotation to reflect the various changes tested?
         5. [Assigned Deliverables](#Assigned_Deliverables) – The deliverables are all related to the completion of a successful QI project. When reviewing the deliverables, assess the team’s thought processes. As the team progresses through the DMAIC phases, does each deliverable show a connection and coherence through the overall project? Clarify that the team understands when and to how to use the tools. QI is a skill, so competency needs to be assessed.
         6. Patient/Client Record (Care Booklet) Review – From the register, randomly select five (5) High Viral Load records from clients who have had a viral load test in the past 6 months. Review each record for required elements - Refer to [Patient/Client Record Review Template](#Record_Review). Determine the proportion of records in which all the required care was provided (numerator) out of the total number of records reviewed (denominator). This small sample of records is useful in determining if the QI project is resulting in improvements in the delivery of care, treatment, and services.
      4. Teaching / Mentoring - Assess if the didactic curriculum is being grasped and incorporated into daily practice at the sites. Likely, there will need to be some concepts re-taught and demonstrated while at the site. Correct any misunderstandings or ineffective use of tools early to keep the project on track for completion. Use any resources available to help the site team to learn and use the QI tools, i.e., the LARC Workbook or the IHI and/or LARC Videos.
      5. Site Visit Interviews – Talk to members of the team to assess their level of involvement in the project. Ask them to share the elevator speech. Talk to facility staff who are not members of the QI team and ask them if they are aware of the project and of the benefits to the facility. Has the QA team communicated about the project to the facility at large?
      6. [Action Items](#Action_Items) – Assist the site team in determining what are the next steps for the site. Assist the site team to formulate those items into the action plan, describing what needs to be done, by who, and by when. Schedule check-ins, at pre-determined intervals (monthly or weekly), to assess the QI project progress.
      7. Confirm next Site Visit

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| Video camera with solid fill | **Virtual Site Visits - Visit**   * Sign on to the Zoom or Teams link at least 20 minutes before the scheduled start time to assure that all connections are working. Test the on-site devices for picture quality. * Provide all attendees with the contact information for available support should they experience any IT issues during the call/visit. |

1. POST-VISIT FOLLOW-UP
   1. Reports – Complete [*Site Visit Report*](#Site_Visit_Report)
   2. Follow-up any outstanding items. Utilize the scheduled check-in with the site. Even if it is a phone call, text, or a virtual visit, a routine check-in will assist in keeping the team focused on the goals.
   3. Capture any [good practices](#Good_Practices) for the “Change Package”.
   4. Capture [challenges](#Challenges) and share with the stakeholders. Perhaps there will be other sites with similar challenges, and all can be addressed at a central /overarching / higher level.

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| Video camera with solid fill | Virtual Site Visits – Post Visit Follow-up   * Debrief any connectivity or process issues identified during the visit. * Track lessons learned. |

**Appendices:**

# Site Visit Quick Overview

For Site Visit Preparation/Planning

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| **When** | **Task** |
| **During project planning** | * Schedule all mentorship visits ahead, for the entire project period, review quarterly |
| **One week prior to the scheduled visit** | * Finalize the visit objectives and agenda * Confirm with the QI team lead and share the objectives and agenda * Review the site’s information (project outline and previous deliverables) * Get ready for the visit (including preparing site data in an Excel spreadsheet, if necessary) |
| **The day before the scheduled visit** | * Send a reminder to the facility to ensure staff awareness and readiness |
| **On the day of the scheduled visit** | * Call the QI team lead before beginning travel to the site * Plan to arrive 30 minutes ahead of schedule |
| **Upon arrival on site** | * Meet with the team lead to review the visit objectives and agenda; revise as necessary * Check in with the head of the facility |
| **During the visit** | * Gather the team members around the Learning Board / QI Corner and review project progress; seek understanding, and implement corrective action as necessary * Perform data quality checks – examine data collection/tally sheets to ensure accuracy and completeness, resolve inconsistencies in the data   + - Coaches may need to collect the data on paper before transferring them to Excel spreadsheet for analysis * Review challenges and discuss possible solutions * Check completion of all assigned deliverables (see Deliverable List); Provide assistance and guidance as necessary * Meet other stakeholders when applicable; seek their collaboration and support |
| **At the end of the visit** | * Review visit objectives with the team and ensure they have been met * Agree on action plans, including roles and responsibilities * Confirm or agree on the time/date of the next visit * Clarify any other expectations or questions, if any * Summarize meeting notes, including areas for discussion during the next visit * Check out and provide feedback with the head of the facility, if required * Thank the team and leave |

**Continuous Quality Improvement / Clinic Lab Interface LARC** **Site Visit Report for Coaches / Mentors**

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| **Date/Time** |  | |
| **Site** |  | |
| **Attendees** | **Leaders/Coaches** | **Site Team** |
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| **Project Summary** | | |
| **Overall Goal** |  | |
| **AIM Statement** |  | |
| **Intervention** |  | |
| **General Comments** |  | |

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| **Key** **Documents and Processes for Review** | |
| **CATEGORY** | **SPECIFIC DOCUMENT OR PROCESS** |
| LEARNING BOARD / QI CORNER | * Updated with Current Project Information * Elevator Speech |
| PROJECT MANAGEMENT | * Project Outline – w/ problem statement, aims, measures, & goal * Team Function – Leadership, Roles assigned, Minutes of meetings, Communication * Current State Process Map * ‘Just Do It’ List * Current Action Plan |
| TESTS OF CHANGE | * Test of Change Worksheet – current and historical |
| DATA | * Raw Data – Excel Worksheet, Actual Data Collection Sheet * Run Chart w/ Data Box & Annotation |
| DELIVERABLES | * Current project work * Report Presentation (PPT) |
| RECORD REVIEW | * Patient Charts / Records for Review * Record Review Template |

**Check completion of** **Assigned Deliverables.**

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|  | **Deliverable Completed?** | **Comments -** Education/guidance provided. If Follow up Action Needed, include in Action Plan. |
| **DEFINE** | | |
| * Stakeholder analysis |  |  |
| * Team formation tools (sheet with assigned roles & responsibilities) |  |  |
| * Process mapping (current) |  |  |
| * Project Outline |  |  |
| * Problem Statement |  |  |
| * Aim Statement with timeline |  |  |
| * Elevator Speech |  |  |
| * Voice of customer |  |  |
| **MEASURE** | | |
| * Baseline Metrics - Data Collection Tool/Plan |  |  |
| * Run Chart with Data box |  |  |
| **ANALYZE** | | |
| * Analyze tools (Fishbone, 5 whys, etc.) |  |  |
| **IMPROVE** | | |
| * Brainstorming / Impact Effort Grid |  |  |
| * LEAN / 5S |  |  |
| * The Model for Improvement - PDSA |  |  |
| * Process mapping (future state) |  |  |
| * Standard Work |  |  |
| **CONTROL** | | |
| * Control Plan |  |  |
| * Result communication |  |  |
| * Final Presentation |  |  |
| **PROJECT MANAGEMENT** | | |
| * Project Folder |  |  |
| * Learning Board |  |  |
| * Meeting Facilitation |  |  |
| * Action Plan |  |  |

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| DATA MANAGEMENT | | | | | | | | | | | | | |
| INDICATOR DATA | | | | | | | | | | | | | |
| Indicator | | **YEAR** | | | | | | | | | | | |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| 1 | # PLHIV in care on ART |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | VL Collection Targets |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | # PLHIV in care on ART who had a sample collected for VL this month |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | # PLHIV in care on ART who had a VL Test Result Recorded |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Proportion of VL tests processed within the specified TAT (14 days) |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | # Missing results |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | # VL tests rejected |  |  |  |  |  |  |  |  |  |  |  |  |

**Patient / Client Record Review**

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| Patient / Client # | DATE | | | | | | | |
| VL Test Ordered / Drawn | VL Recorded in Record | Clinician Noted VL / Action Taken | Enhanced Adherence Counseling (EAC) #1 | EAC #2 | EAC #3 | VL Sample Redrawn | VL Result Recorded / Action Taken |
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**Track Findings, Plan Next Steps, and Formulate** **Action Items**

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| **Finding/Next Step** | **Recommendation /**  **Action Item** | **Timelines /**  **By When** | **Responsible person/entity** |
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**Identify** **Good Practices**

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| **Good Practices Identified** |
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**Identify** **Challenges / Solutions**

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| **Challenges** | **Solutions** |
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**Include Photos**

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| **Photos** |
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