

# Remote Assistance Facility A

## RESULTS REPORTING

# Team Members

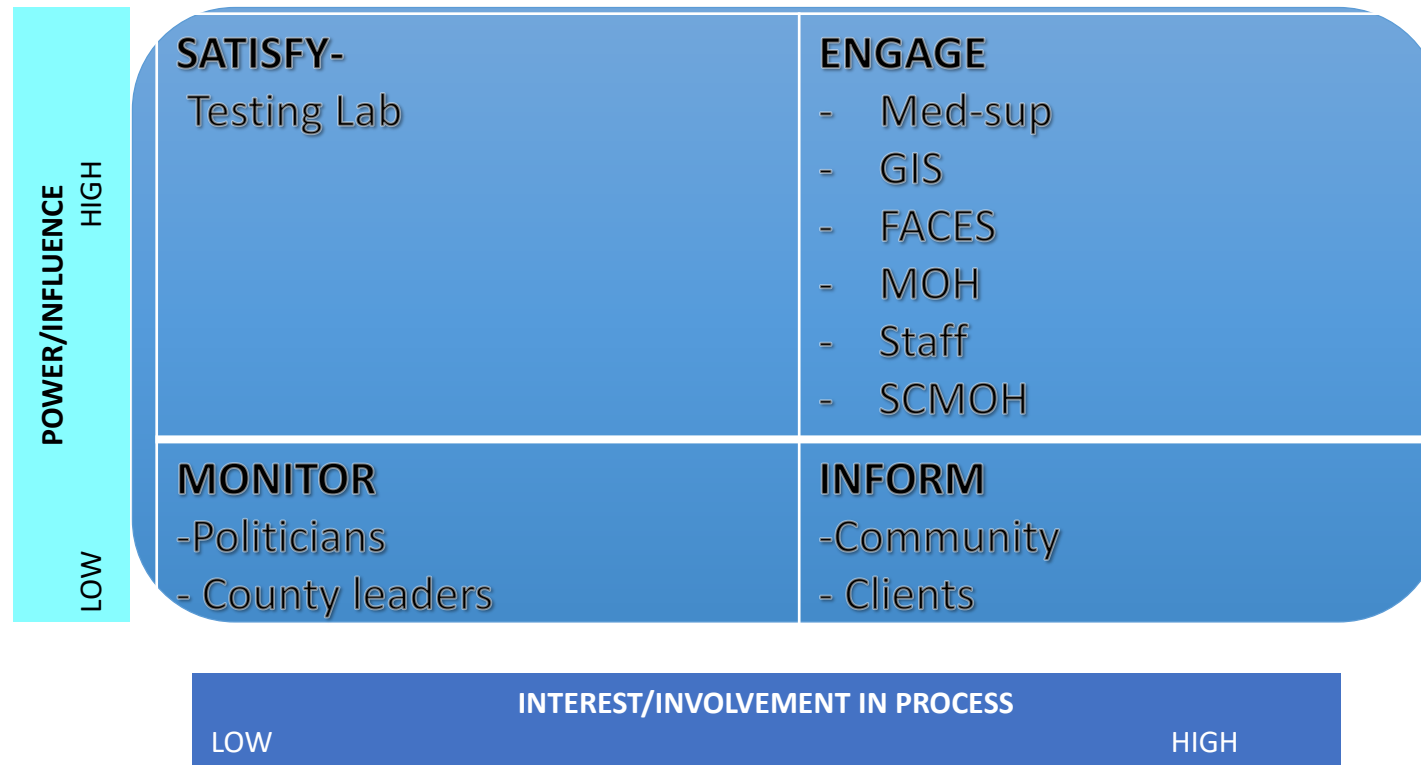
Responsibility	Team member
Champion/sponsor	
Team leader	
QI expert/coach	
Data Manager	
Frontline Members	
Other team members	

# 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

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><b>Overarching Goal:</b> To achieve efficient client management</p>	<p><b>AIM Statement</b></p> <p>To increase the percentage of hard copy viral load results in the client files from 54% to 90% by March 2019</p> <p>Metric: numerator-Number of Hard copy viral load results in the files Denominator-Number of viral load samples received from the testing lab</p>	<p><b>Intervention</b></p> <ol style="list-style-type: none"> <li>1. Appointment of a VL Point person</li> <li>2. Separate the files without hard copy VL results for filing of the same.</li> <li>3. Prompt requisition and availability of stationary for proper filing of the results</li> <li>4. The CCC in-charge together with the laboratory officers to ensure printing of available VL results and missing results daily at 4.00pm</li> </ol>

# 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**

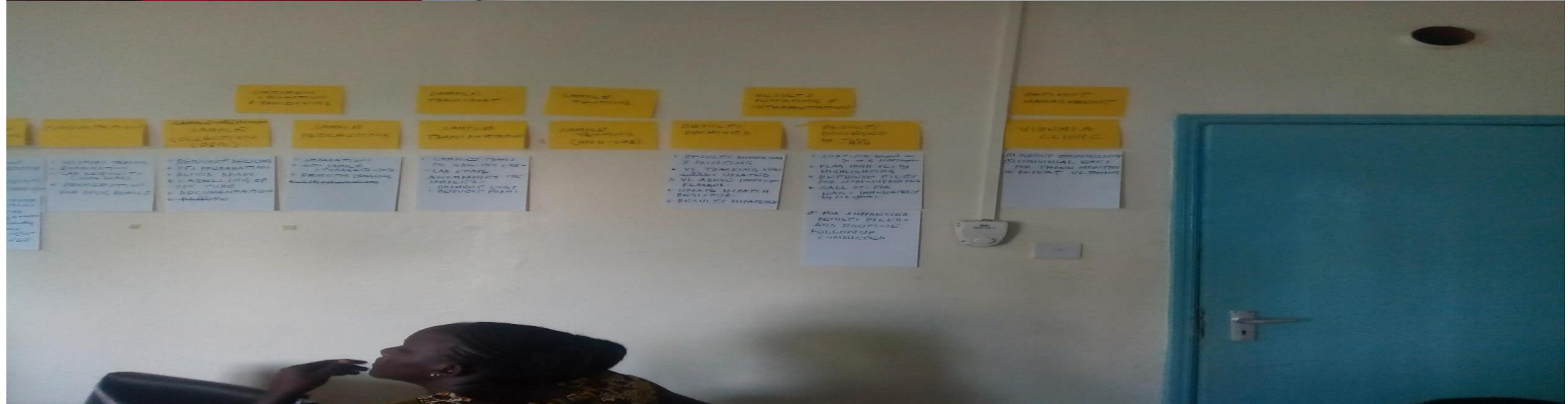
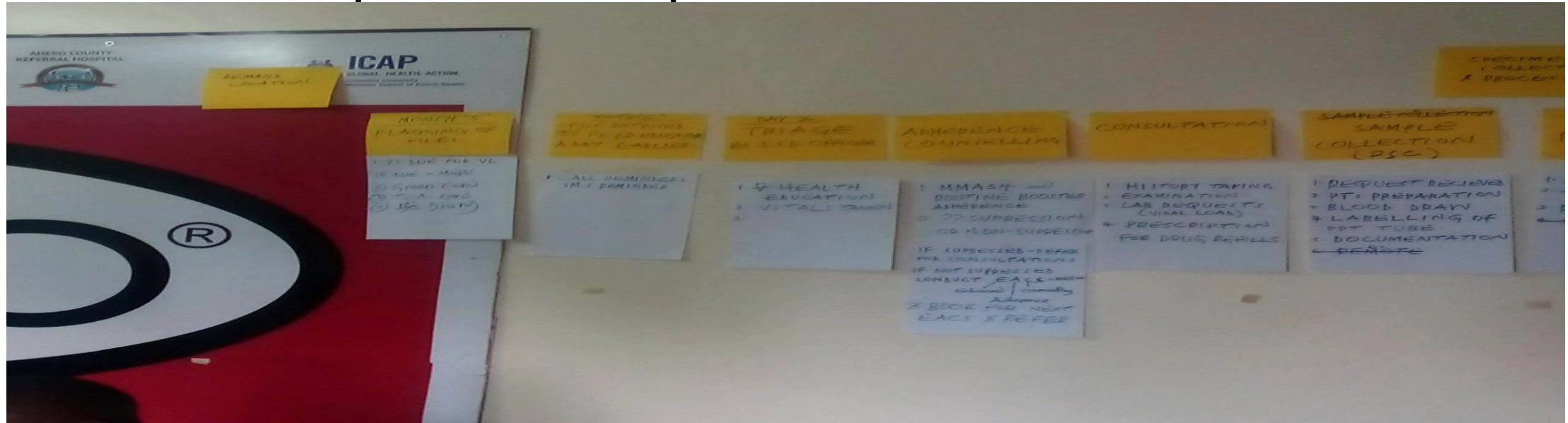
- **Improvement in the proportion of client files with hard copy VL results**

**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

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Social Science department	Flagging of files, If due for VL, Indicate on the green card, appointment diary and TCA card	Nurse, Peer educator	40 minutes	Appointment diary TCA card Green card	<ul style="list-style-type: none"> <li>Have stickers to use in flagging</li> </ul>
	Retrieving patient files from the shelves in preparation for appointment. Call and SMS Reminders are done a day earlier	Peer educators		Client files Appointment diary	<ul style="list-style-type: none"> <li>Separation of client files due for VL</li> <li>Identification and separation of client files not mounted with Hard copy VL results for action</li> </ul>
	Triage-Health education done and Vitals taken	SSD officer, clinical team, records officer		HIV care and treatment guidelines note book, green card	<ul style="list-style-type: none"> <li>Fast tracking of clients for VL sample collection</li> </ul>
	Adherence counselling- MMAS4 administered if suppressed. MMAS8 Administered if not suppressed EACs conducted and booking for next EACs	SSD officer		MMAS4, MMAS8, PHQ9, Cage aid, craft, booster adherence, adherence register	<ul style="list-style-type: none"> <li>Having team EACs</li> </ul>

# Process Mapping

## The First Step Towards Improvement

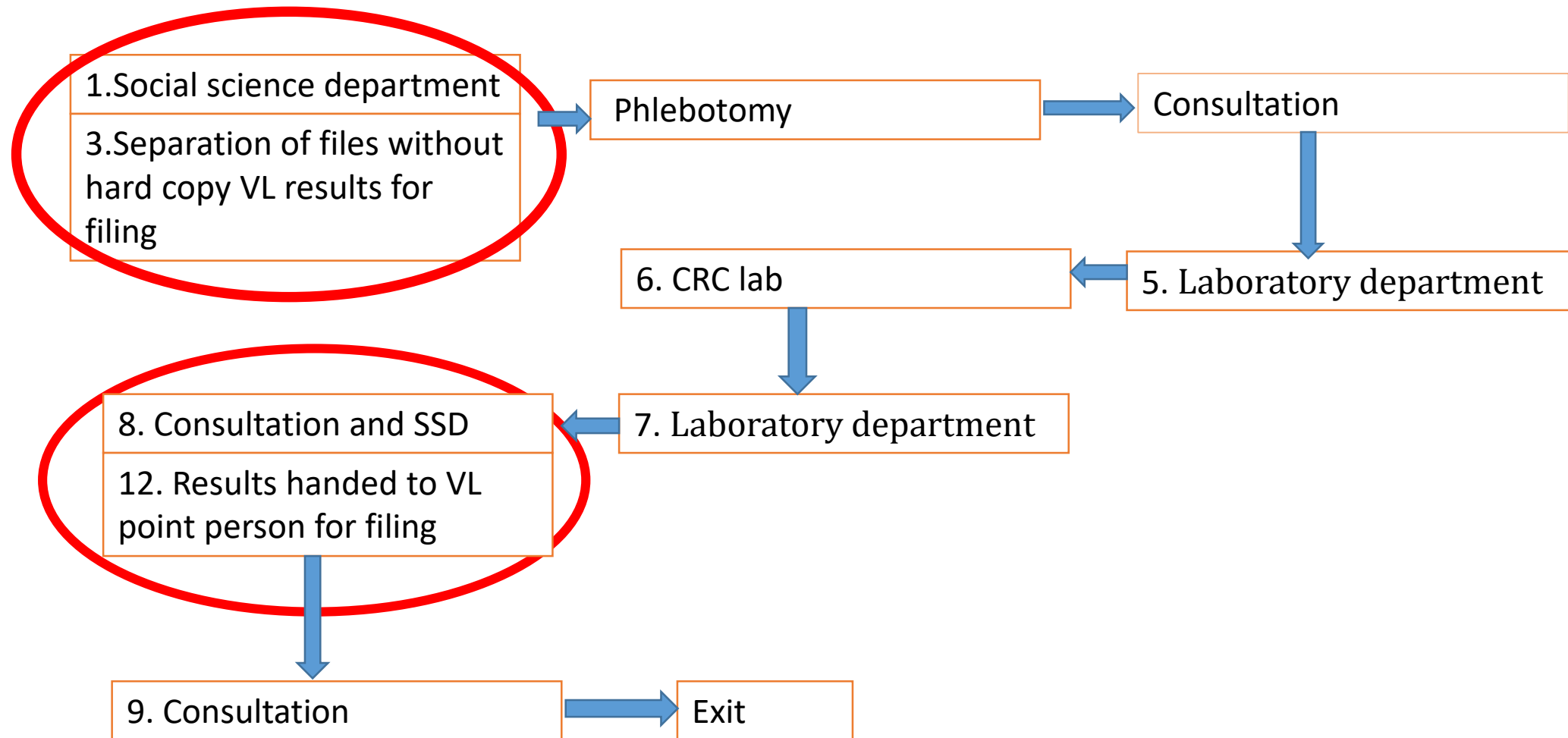
Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Consultation	Consultation – History taking Examination Viral Load form completed Prescription for drug refills completed	RCOs Nurses	10 minutes	Client files VL request form Prescription ICF card and green card	<ul style="list-style-type: none"> <li>Use individual request form for VL sample collection</li> </ul>
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	<ul style="list-style-type: none"> <li>Separate phlebotomy room from the clinical room</li> </ul>
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	<ul style="list-style-type: none"> <li>CDC to reconsider shipment days</li> </ul>
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

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
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	<ul style="list-style-type: none"> <li>Consider daily checks in the system for VL results</li> </ul>
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	<ul style="list-style-type: none"> <li>Have a specific person in charge of filing VL results in the patient files</li> </ul>
Consultation	<p>Patient management –</p> <p>Viremia clinic for the high VLs and individual EACs for three months and repeat VL testing</p> <p>Follow up clinics for the suppressed</p> <p>Group counselling</p>	RCO Nurse SSD officer	10 minutes	HIV care and treatment guidelines note book Client files Adherence register Adherence tools	<ul style="list-style-type: none"> <li>Have prompt MDTs and home visits</li> </ul>

# OUR NEW PROCESS MAP





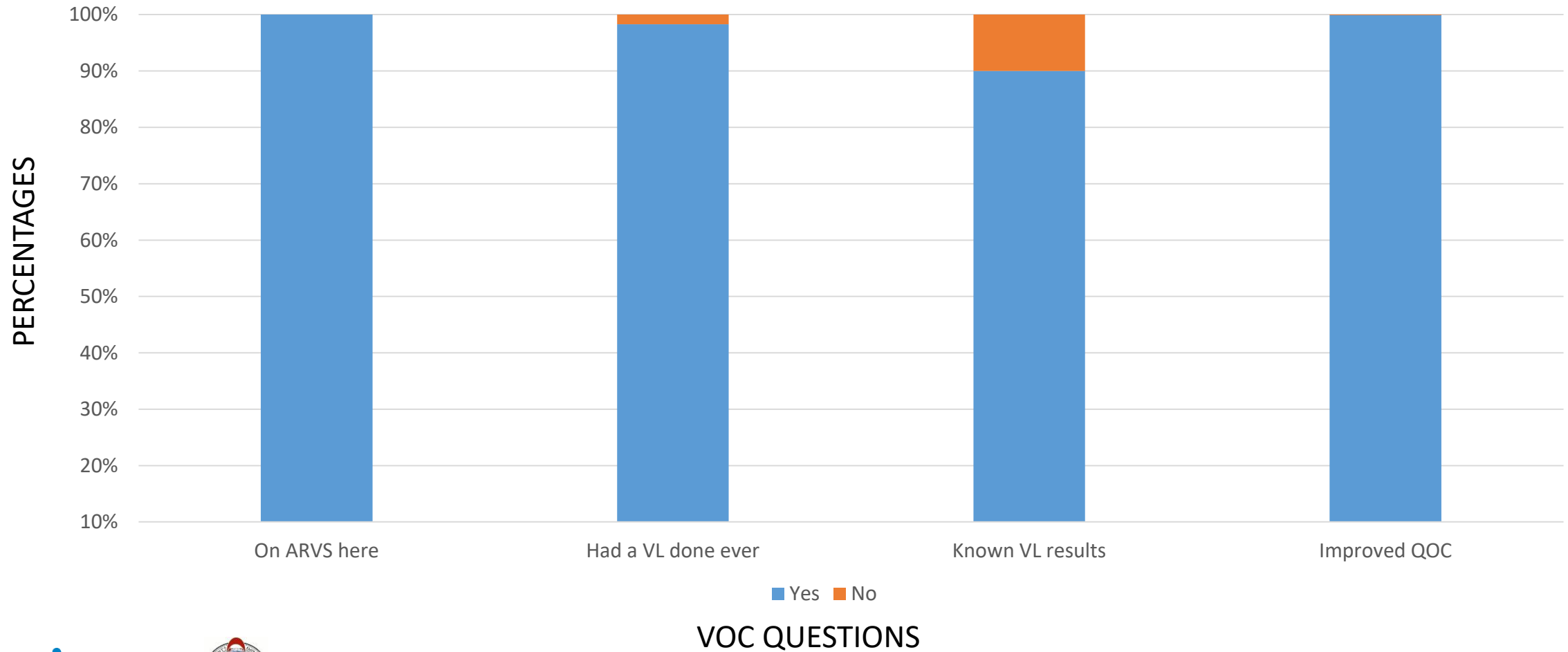
- **Gap (Problem Statement):** By August 2018, only 54% of client files had hard copies of viral load results compromising effective client management



- **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

# VOC RESULTS SUMMARY



# 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





Metric Selected

% 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 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 LOG:

DATE: .....

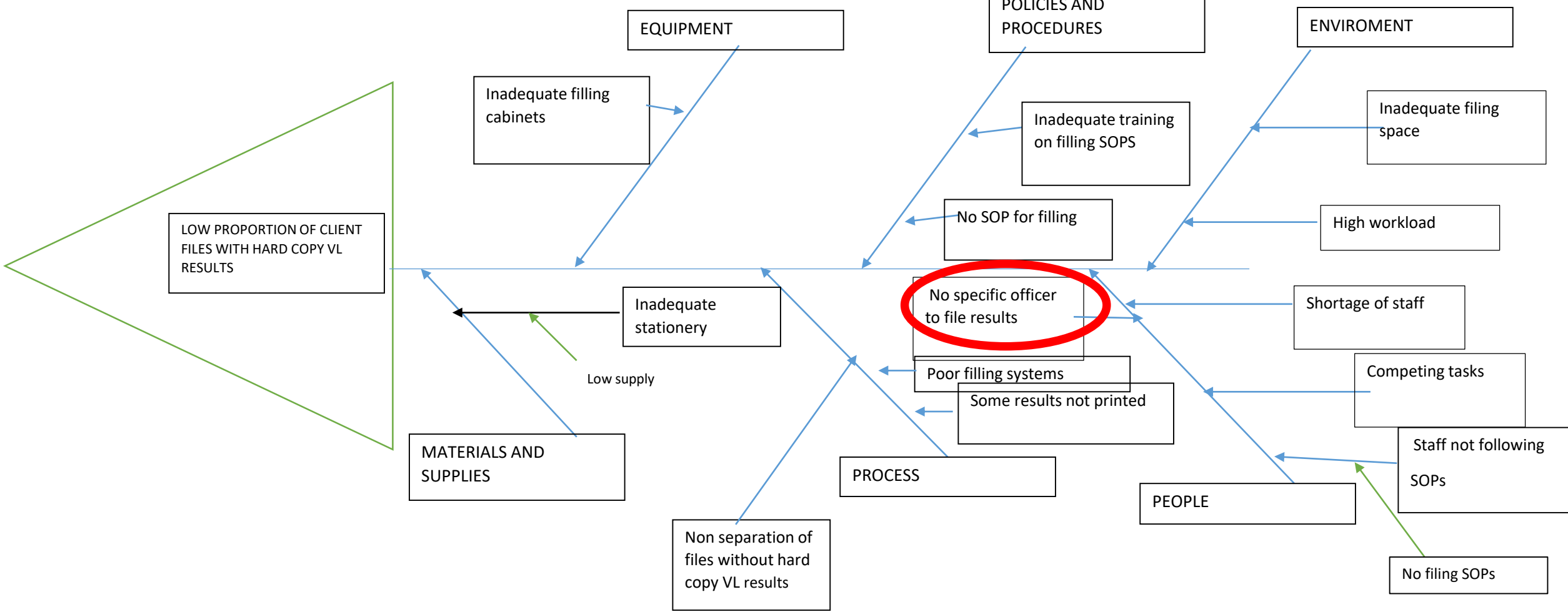
CCC number	Sample collected (indicator) (Y/N)	Plant/soil/air (specification)

## 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<sup>nd</sup> August to 10<sup>th</sup> 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



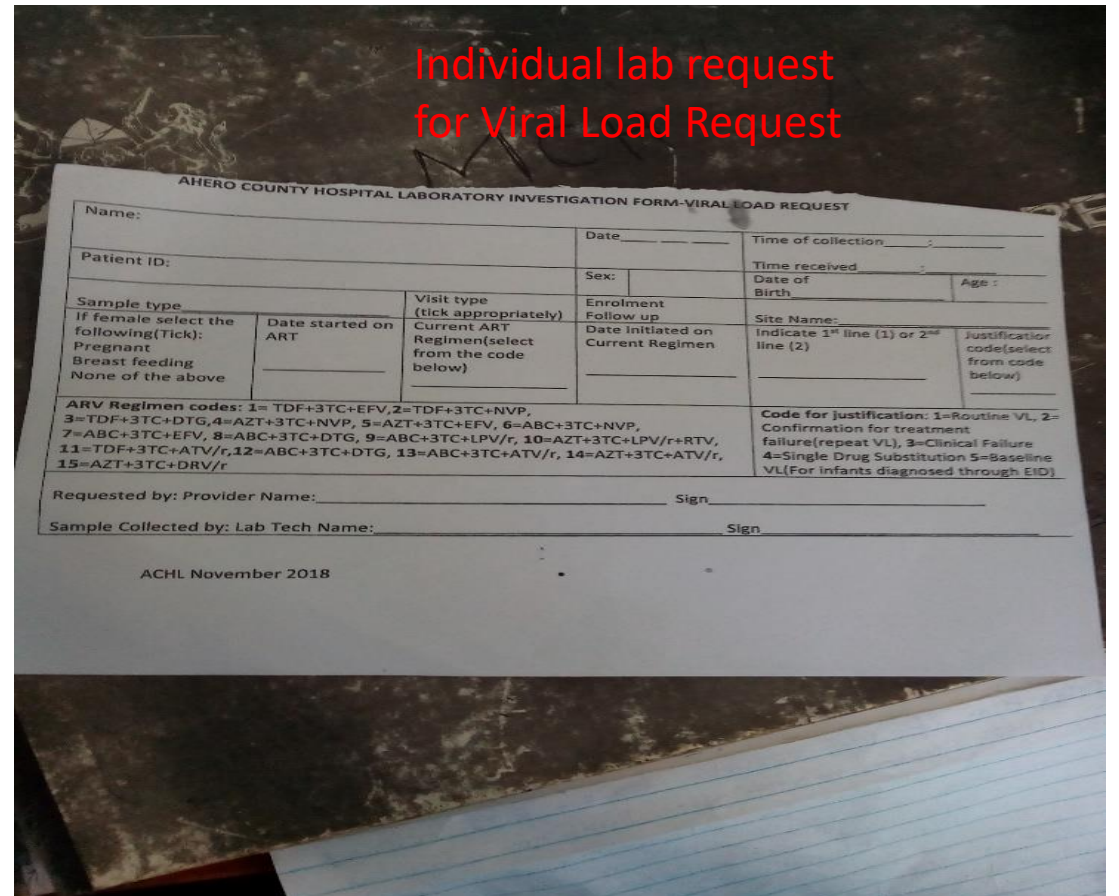
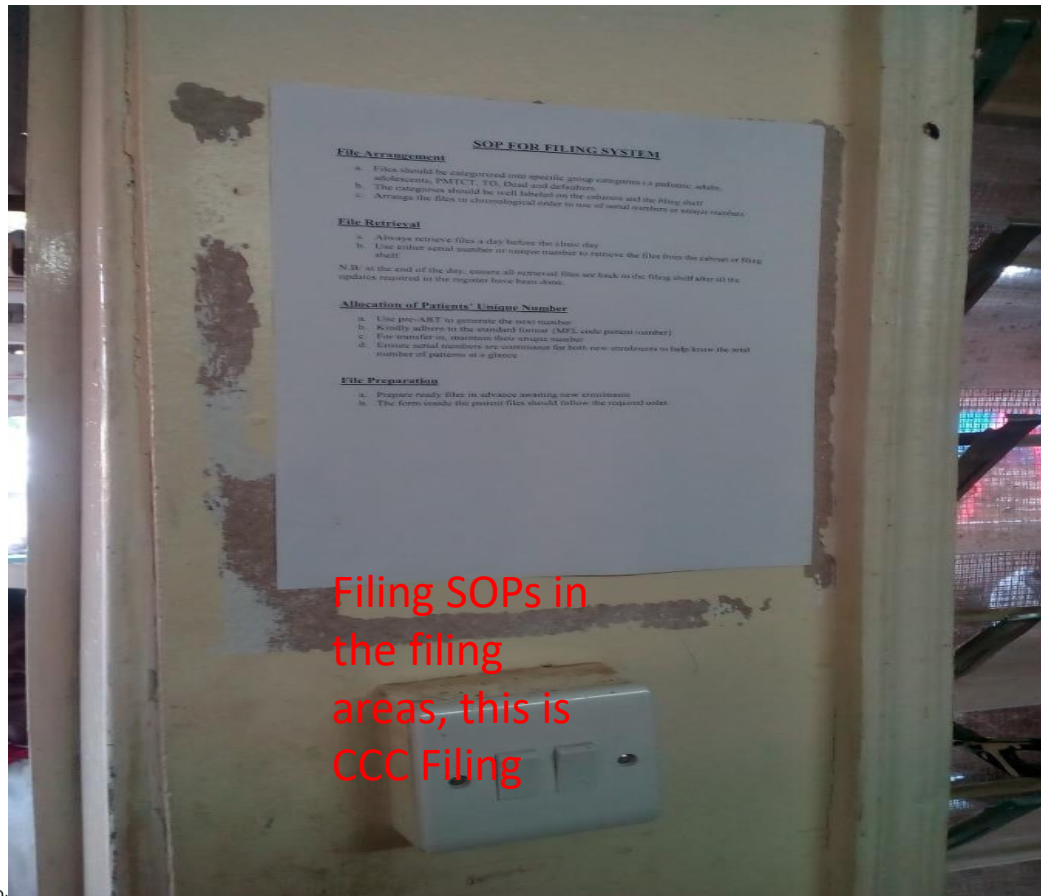


## IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities

<b>Major Improvement</b>	<b>IMPACT</b>	<p><b>Just Do It</b></p> <ul style="list-style-type: none"> <li>• Fast tracking of clients who are due for VL</li> <li>• Design an individual lab request for VL collection to ensure patient privacy</li> <li>• Develop SOPs for all filing areas</li> <li>• Improve on administration of EACs</li> </ul>	<p><b>Projects - Detailed planning and work</b></p> <ul style="list-style-type: none"> <li>• Missing hard copy VL results in some of the patient files</li> </ul>
	<b>Minor Improvement</b>	<p><b>Just Do It if Impactful</b></p>	<p><b>Maybe some day</b></p> <ul style="list-style-type: none"> <li>• Have a separate phlebotomy room</li> <li>• Additional man power</li> </ul>
		<b>Easy to Do</b>	<b>Difficult to Do</b>
		<b>EFFORT</b>	



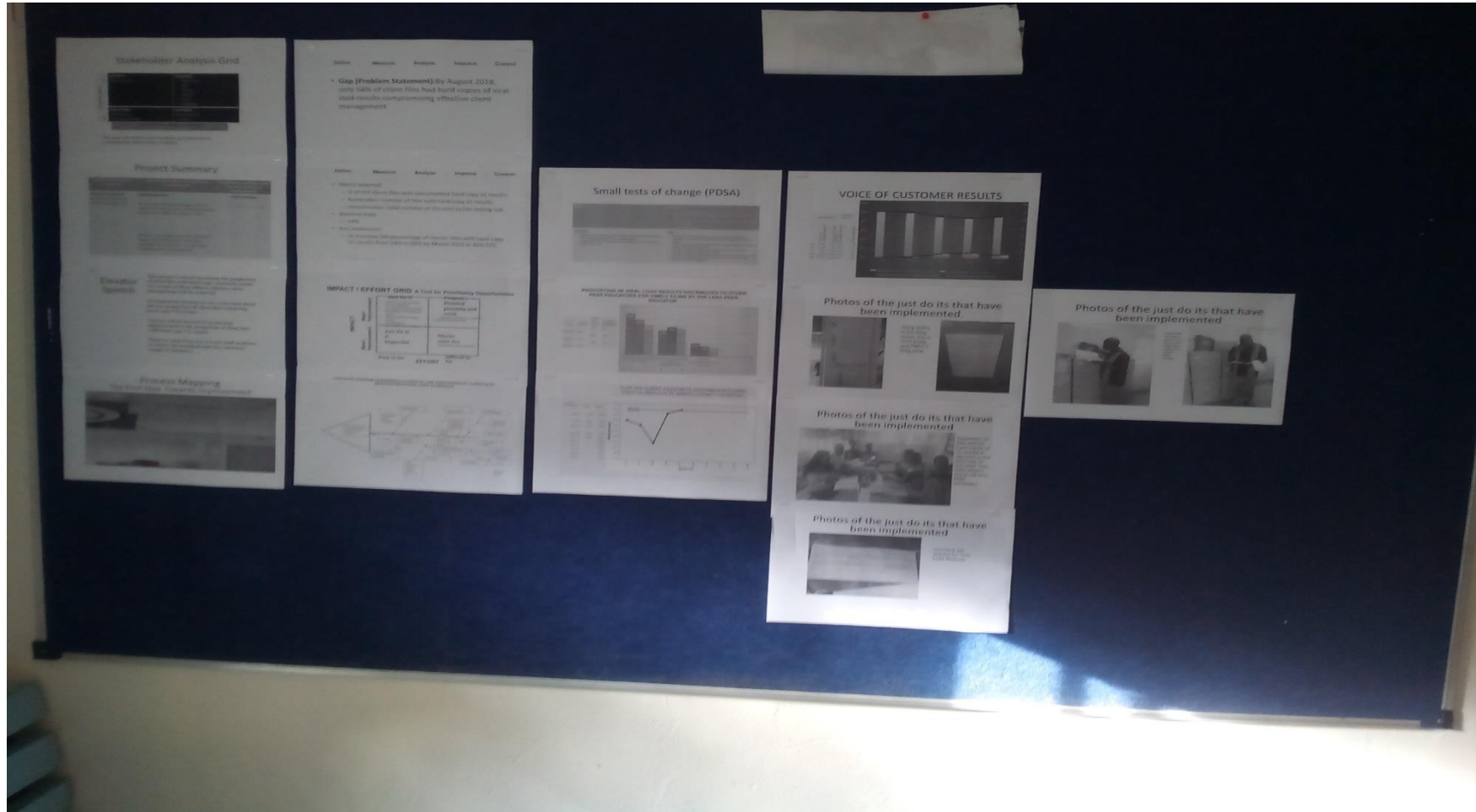
• Just Do Its



# 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







**5S – BEFORE** prompt filing



**5S – AFTER** prompt filing





## 5S - BEFORE

- Insert Audit Score

## 5S - AFTER

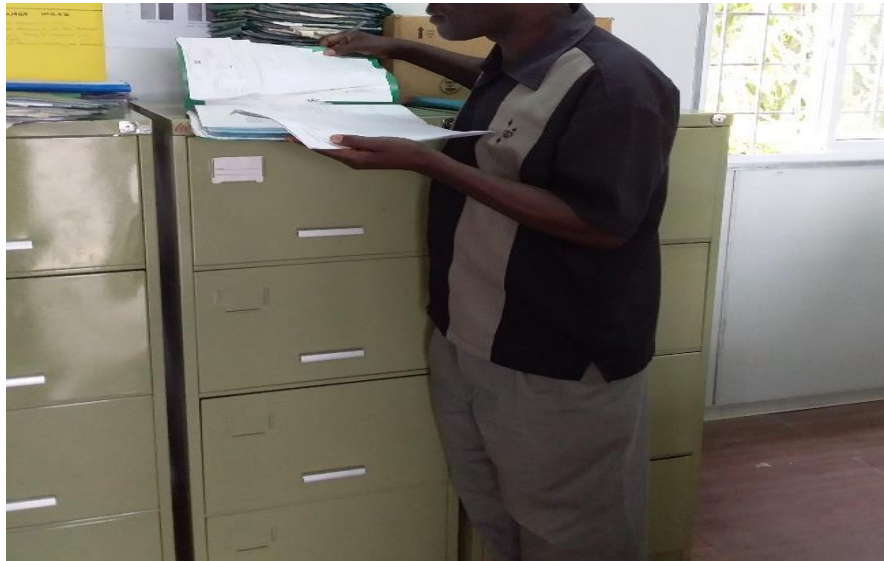
- Insert Audit Score



## Visual Management

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

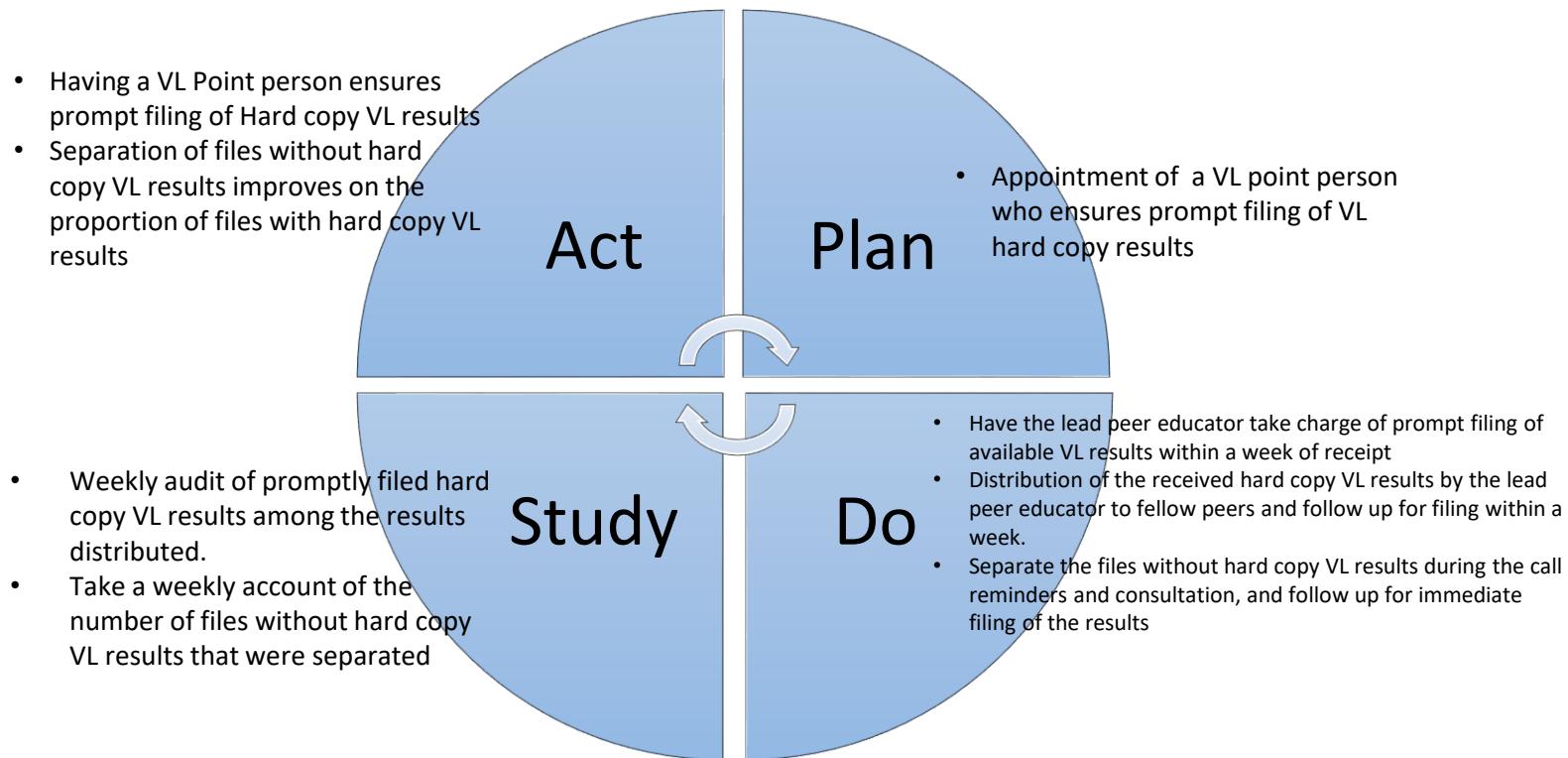
Flagging of files due for VL





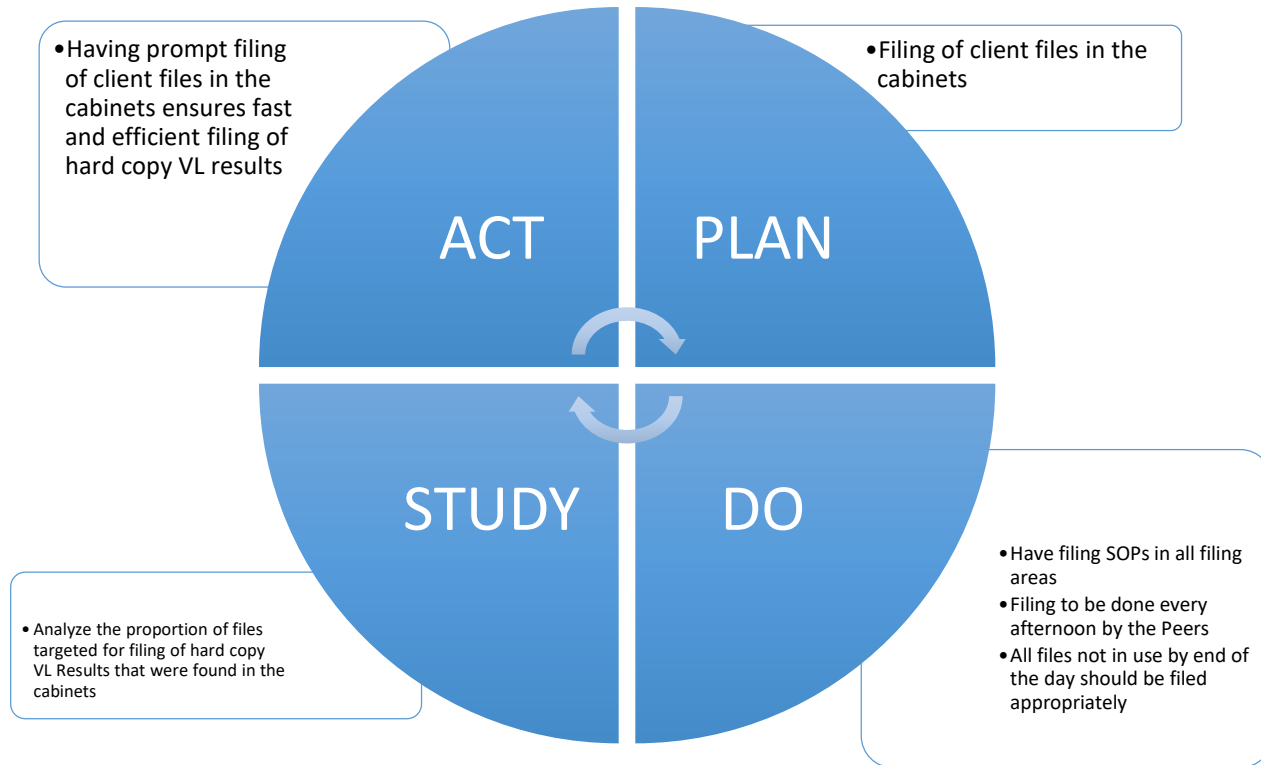


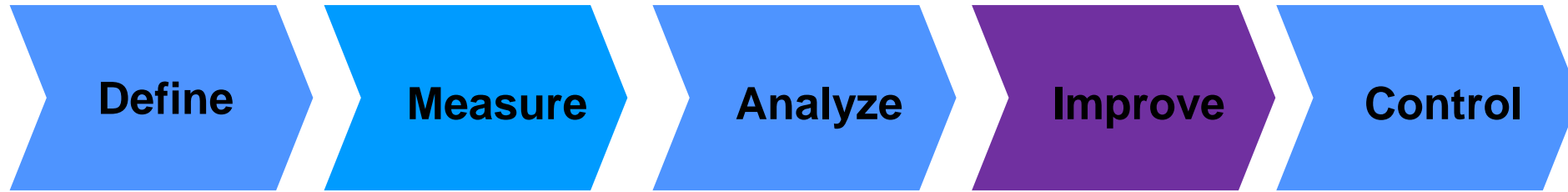
• Small Test of Change (PDSA #1)





• Small Test of Change (PDSA #2)





## Intervention – ‘After State’ Process Map

### *What did you do to solve your problem?*

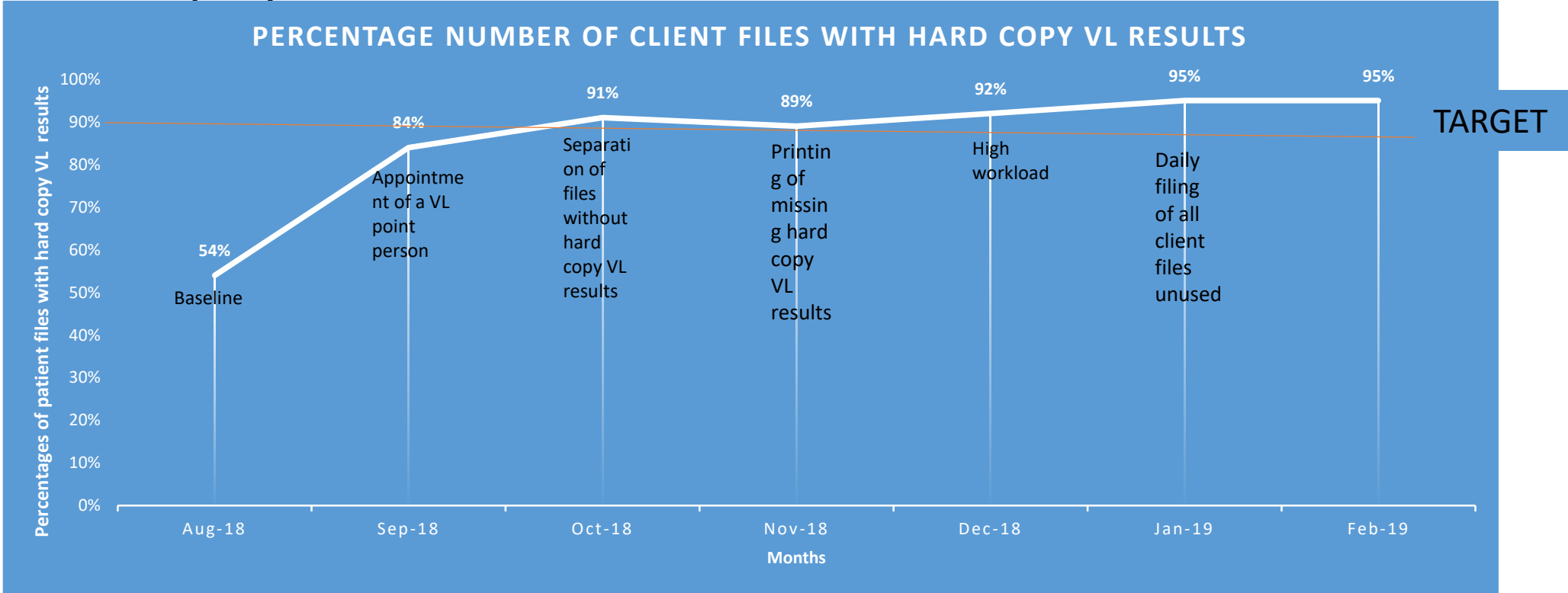
1. Previously there was no separation of files without hard copy VL results but currently, we Separate files without hard copy VL results a day prior to the clinic for filing of the results.
2. Previously there was no VL point person, but currently there is a VL point person to ensure filing of hard 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



# Challenges

## 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

TOPIC/GOALS	ACTION ITEM	BY WHOM?	BY WHEN?
Bi weekly data collection	File abstraction Data collection	Data manager Team members	Ongoing
Fast tracking of clients who are due for routine VL	<ul style="list-style-type: none"> <li>• Separate files due for routine VL a day prior</li> <li>• Submit the files to the clinician for VL request using the standard request form</li> <li>• Do call/SMS reminder for VL sample collection a day prior</li> <li>• On the visit day, give request form for VL sample collection before consultation</li> </ul>	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

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

# Control plan

Project Title	RESULT MANAGEMENT
Project owner	JAMES OKOTH CCC INCHARGE
Critical elements for quality	Critical step required for desired outcome-Filling system of hard copy viral load results. Vulnerable step- viral load point person
Monitoring over time	% 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 Upper limit; 100% Lower limit; 90% Data collection done monthly
Control or reaction plan	Do a root cause analysis and develop a work plan
Accountability	Who is responsible for measuring; HRIO Where is the measure reported; MDT To whom is it reported; Program Officer Who is ultimately responsible; Program officer
Related documentation	



## 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.