Remote Assistance Facility D

Optimization of HIV Clients Management by Results Retrieval and Patient Management

Team Members

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

Background

- A tire 3 hospital

- It has a catchment population of 25820

- Bed capacity of 167

- Clients active on care 1914 as per February 2019

- Average booking per day 50

- Average viral load collected per day 40

- Current CCC viral load suppression is at 94%

STAKEHOLDER ANALYSIS

Satisfy	Engaged
Referral lab- Testing & relay of VL results	Med sup — Stationary PATH — Internet AMPATH Plus — Time Facility colleagues- Time & support GIS- Capacity building and supervision
Monitor County officials(*Chief Officer of Health, CEC {chief executive committee member of Health}.-*	**Inform** Clients- CHMT/SCHMT

TALES 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?
Overarching Goal To Optimize HIV client management at the CCC department by results retrieval and interpretation	**AIM Statement** To improve the availability of hard copy viral load results in the clients' files from the current baseline 0% to the target 80% by March, 2019 Metric: **Numerator**: No. of patients' files with hard copy viral load results (*100) **Denominator:** No of Viral load results received.	**Intervention** • Developed SOP guiding downloading & filing of VL results • Trainings • Technical Support from GIS & CDC • Appointment of a focal person with clear job description

Elevator Speech

This project is about improving the availability of hard copy viral load results in the CCC clients' files from 0% to 80% and sustain.

As a result of these efforts patient management will be optimized by getting actual viral load results

It's important because we are concerned about
❖ Reducing clerical errors
❖ Timely viral load results

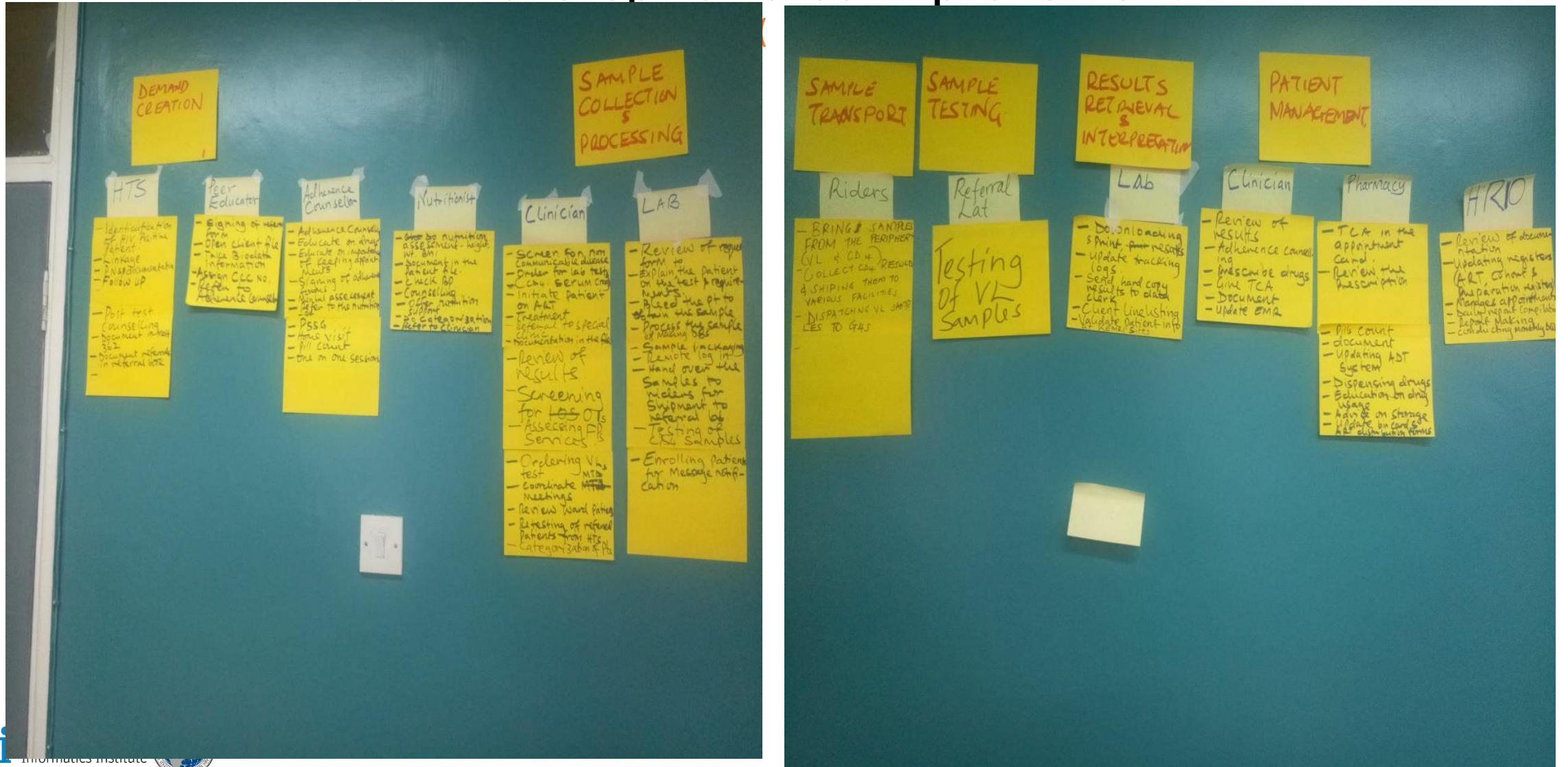**Success will be measured by showing improvement in:**
❖ Success will be determined by the number of files with printed and reviewed hard copy VL results

What we need from you to sustain this is:
• Consistent supply of stationary
• Meeting facilitation.

PROCESS MAPPING
Our First Step Towards Improvement

Process Mapping
The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Reception	• Receiving of the client. • Checking the appointment date. • Registering in the daily activity book. • Retrieving of the file. • Refer for triage and nutrition assessment if virally suppressed or adherence counselling if STF.	Peer educators HRIO	10-20 mins	Call log form Defaulter tracing register PSSG register Evaluation register	
Adherence room	• ART education • Encouraging clients to keep appointment • Mental assessment • TB screening • Filling of STF forms in the files • Pill count • Identifying of barriers to adherence • Enrollment to care • Refer for triage and nutrition assessment .	Adherence counselor	30-45 Mins	• Adherence forms • STF register • ART literacy register • PSSG book	

Process Mapping
The First Step Towards Improvement
CONT'

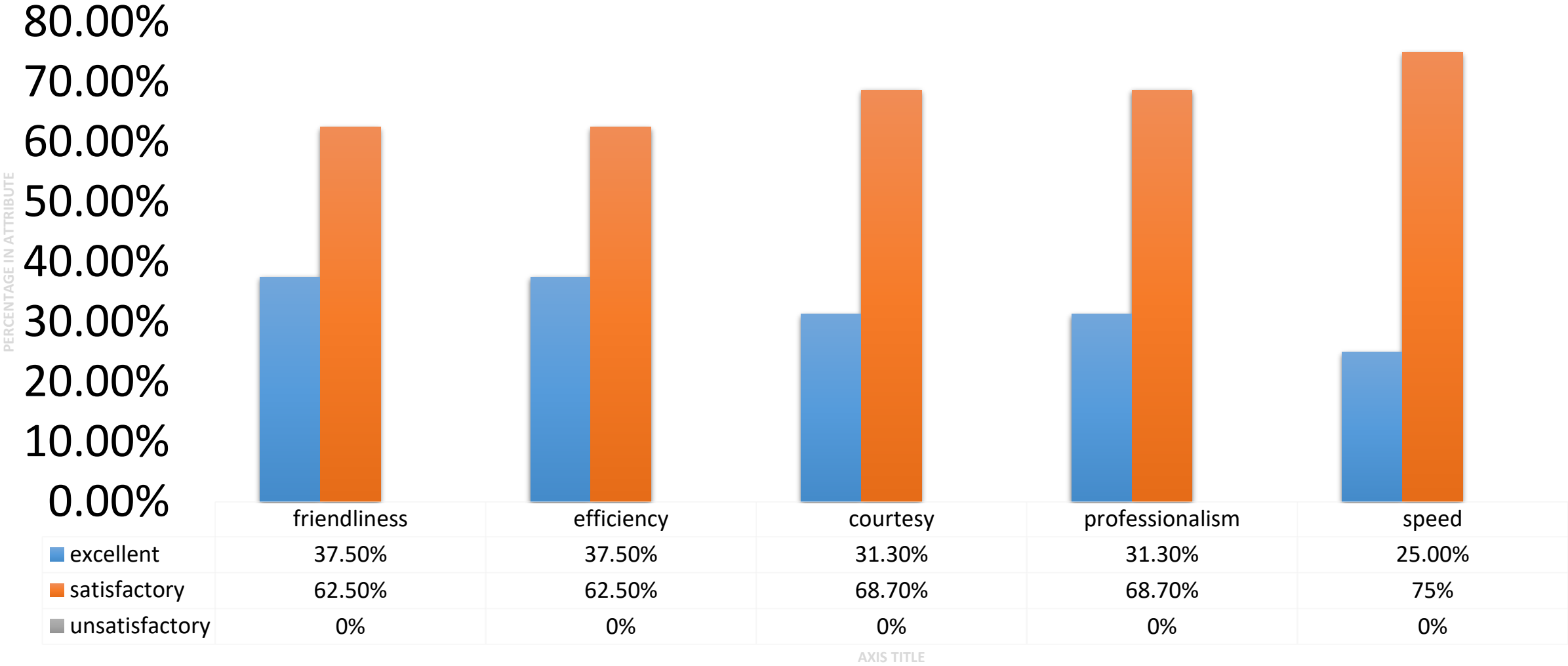|					
Clinician	• Reviewing the patients & lab results • screening of any infections & sending for relevant diagnostic tests • Doing relevant Documentation • Offering relevant treatment	**Clinician**	**10- 30 Mins**	**ICF form** **MOH 257** **CD4 /VL summary form** **Lab request forms** **EMR** **IPT , presumptive & TB registers**	• Dully filled retest register
Laboratory	• Sample collection • Enrollment on SMS notification service • Sample packaging for shipment to the referral lab • Downloading & printing of available results • Handing over to Records department for filing	**MLO**	**10 Mins**	**Lab request forms** **Viral load requisition forms** **Viral load tracking log**	• Review of patient's results • Downloading of individual result together with the results in the batch. • Filing the original requisition form to the patients file

Process Mapping
The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Patient review and management	• Interpretation of any other relevant diagnostic results. • Issuing of the treatment as per the results	Clinician	15-30 Mins	Prescription forms. Patient files.	
Pharmacy	• Check the prescription with regimen on the system • Capture quantity of the drugs in the system and dispense electronically • Client referred to records office	Pharmacist	5-10 Mins	ADT tool	• Avail temperature monitoring tool • Invent a data back up system
Monitoring and Evaluation	• Filling and updating of the registers • Manage EMR • Daily compiling of reports • Diary management • Conducting monthly DQA • Compiling monthly reports • Updating viral load in the patients' file			MOH 366 MOH361A & B MOH 731 EMR DQA template Diary	• Create more space for filing • Writing name and date on the VL results form to indicate that it has been filed

Define → **Measure** → **Analyze** → **Improve** → **Control**
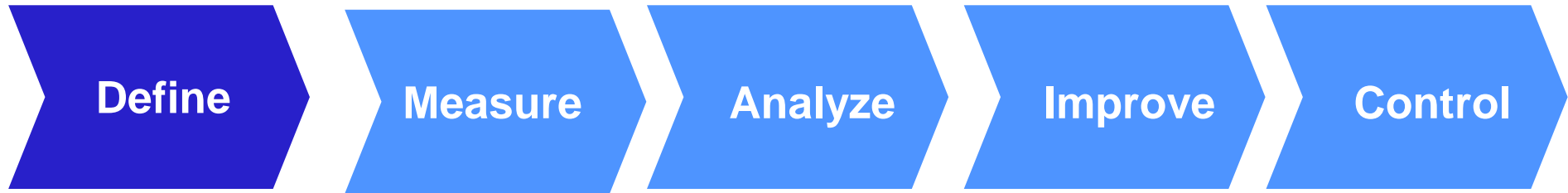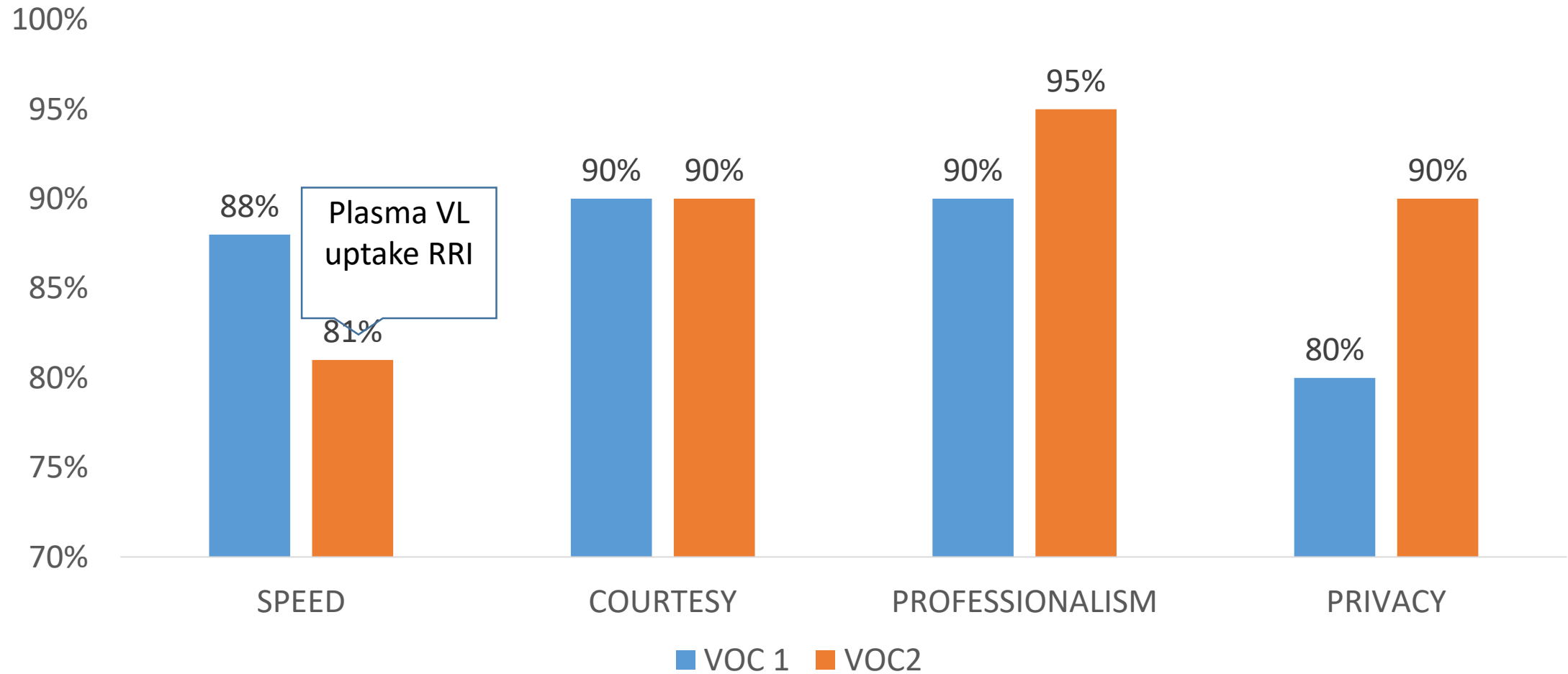
- **Gap (Problem Statement):**

Missing of hard copy viral load results in patient files leading to long waiting time and unnecessary movement that eventually culminate to poor patient management

VOC RESULTS AS AT NOV 2018 (CCC CLIENTS)

	friendliness	efficiency	courtesy	professionalism	speed
■ excellent	37.50%	37.50%	31.30%	31.30%	25.00%
■ satisfactory	62.50%	62.50%	68.70%	68.70%	75%
■ unsatisfactory	0%	0%	0%	0%	0%

AXIS TITLE

■ excellent   ■ satisfactory   ■ unsatisfactory

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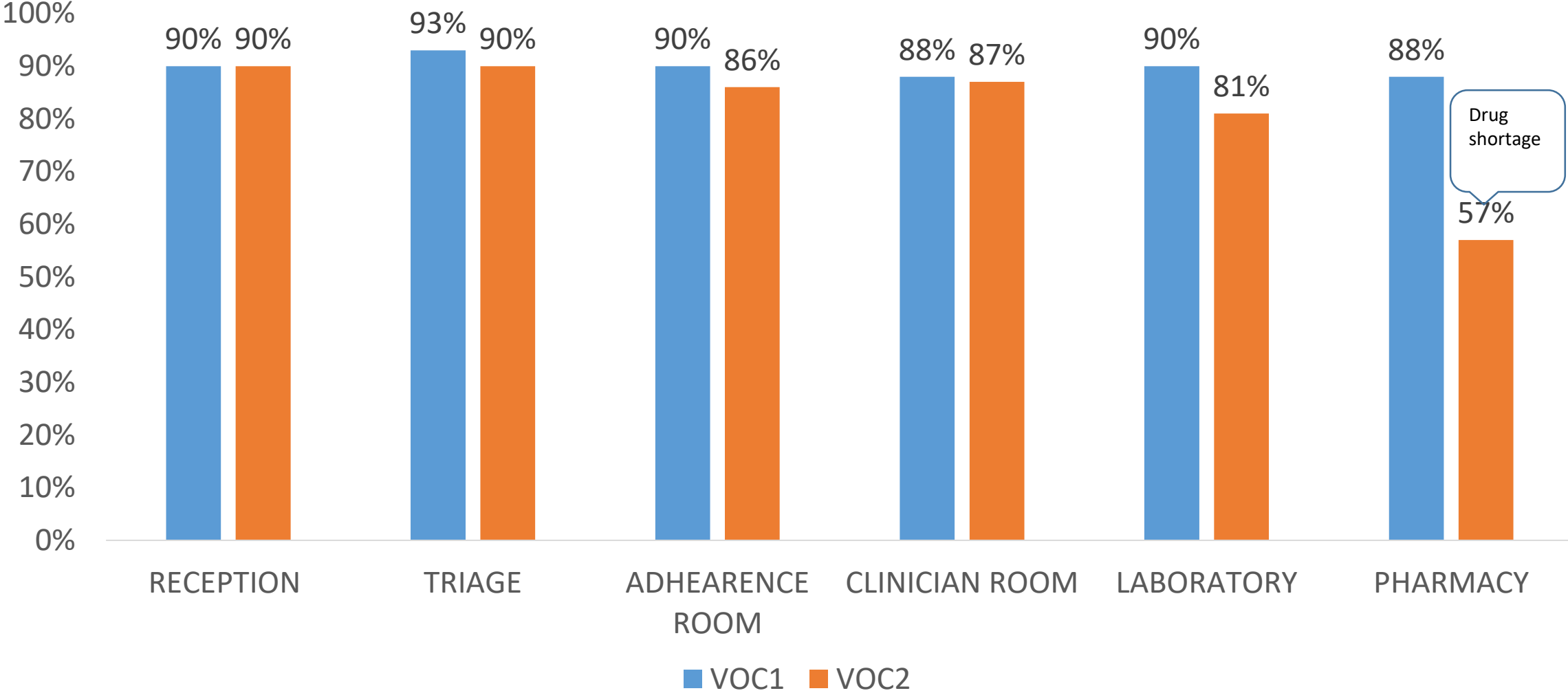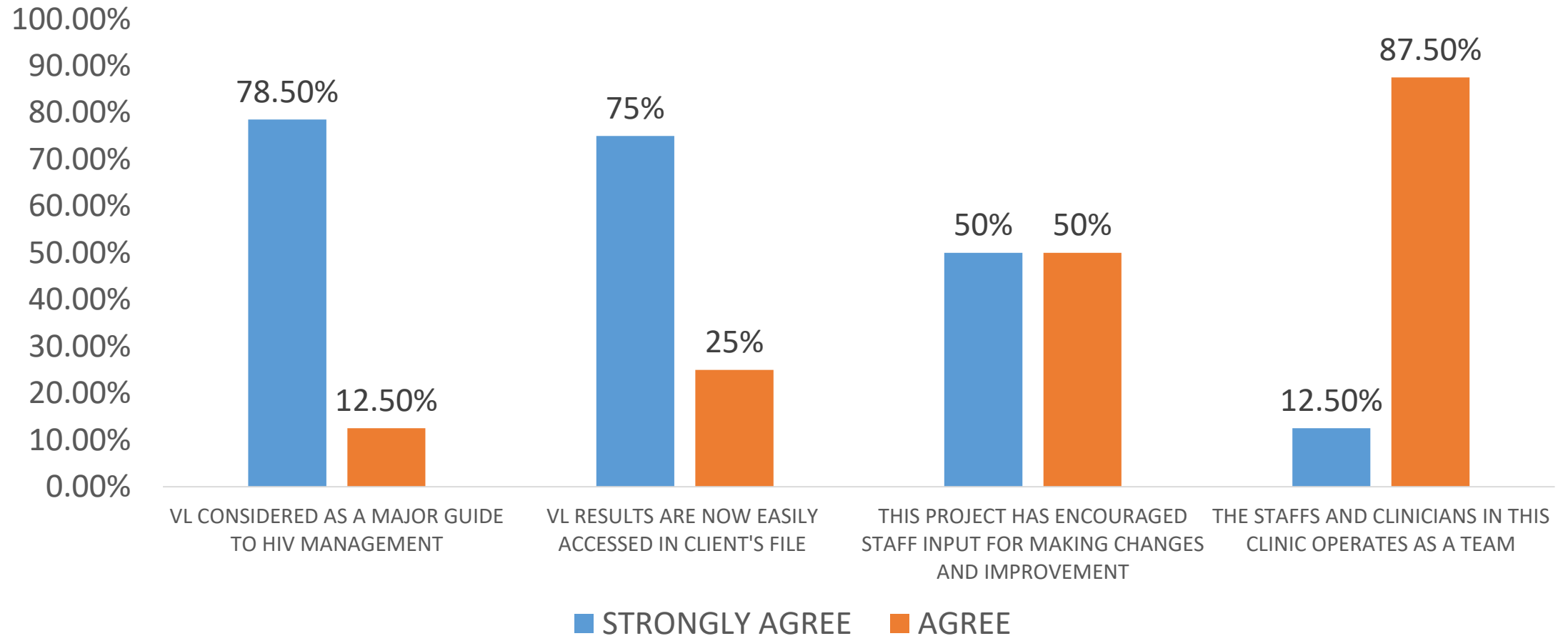
Cont.' VOC

- A survey that was done at the CCC clients and staffs.

- a questionnaire was issued randomly on 247 clients and 17 staffs and analysis done.

Lessons learnt

- Viral load is paramount in patients management

- Teamwork is key in achieving the goals of a project, evidenced by the availability of viral load results in the patients files.

- Communication and proper coordination has led to the success
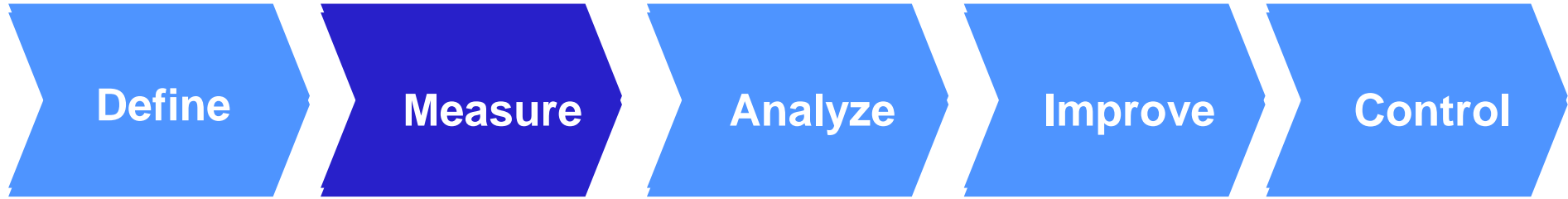
| Define	Measure	Analyze	Improve	Control

- **Metric Selected**

$$\frac{\#\ of\ patients\ files\ with\ hardcopy\ VL\ results}{\#\ of\ VL\ results\ received} * 100$$
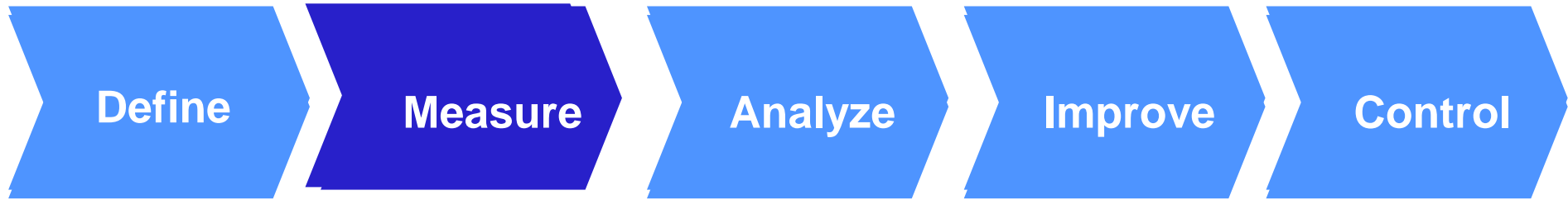
Baseline Data: 0%

Aim Statement:

To increase the availability of individual hard copy viral load results in the clients' files from the current baseline 0% to the target 80% by March, 2019

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Define → **Measure** → Analyze → Improve → Control
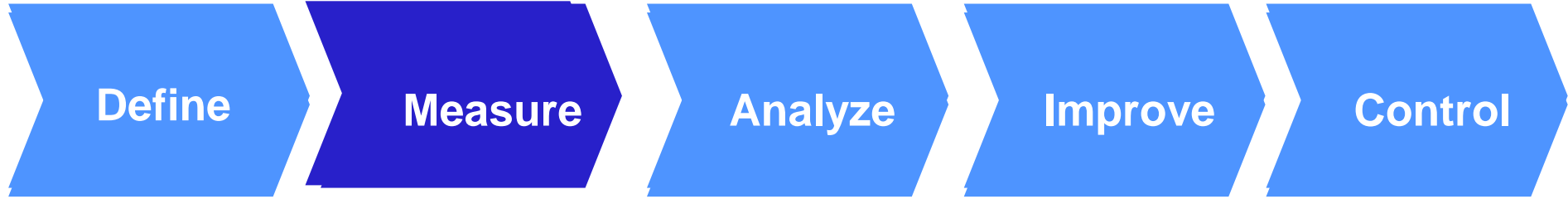
Data Collection Tool

Date reviewed: 13th/9/2018

CCC No	Indication of VL collection (Y/N)	Presence of latest VL results (Y/N)	SUPPR-ESED (Y/N)	SMS ENROLLED (Y/N)	TYPE OF REGIMEN	TAT FOR RESULTS COMMUNICATION

| Define | Measure | Analyze | Improve | Control |

• Data Collection Plan

What to collect	Who to collect	How	Frequency
Baseline Data		Data from patients files (retrospectively)	2weeks
Ongoing data		Review patients' file confirm with patients file by use of the n_{th} number	2 weeks

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GRAPHICAL DATA PRESENTATION

	JUNE	JULY	AUG	15 th sept	end of sept	15th oct	end of oct	15th nov	end nov	15th dec	end of dec	15th jan 2019	5th feb 2019	15TH FEB 2019	END FEB
Filed results%	0	0	0	92	81	81	81	81	86	86	87	87	88	96.6	97
Project Target	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80

Filed results% Project Target
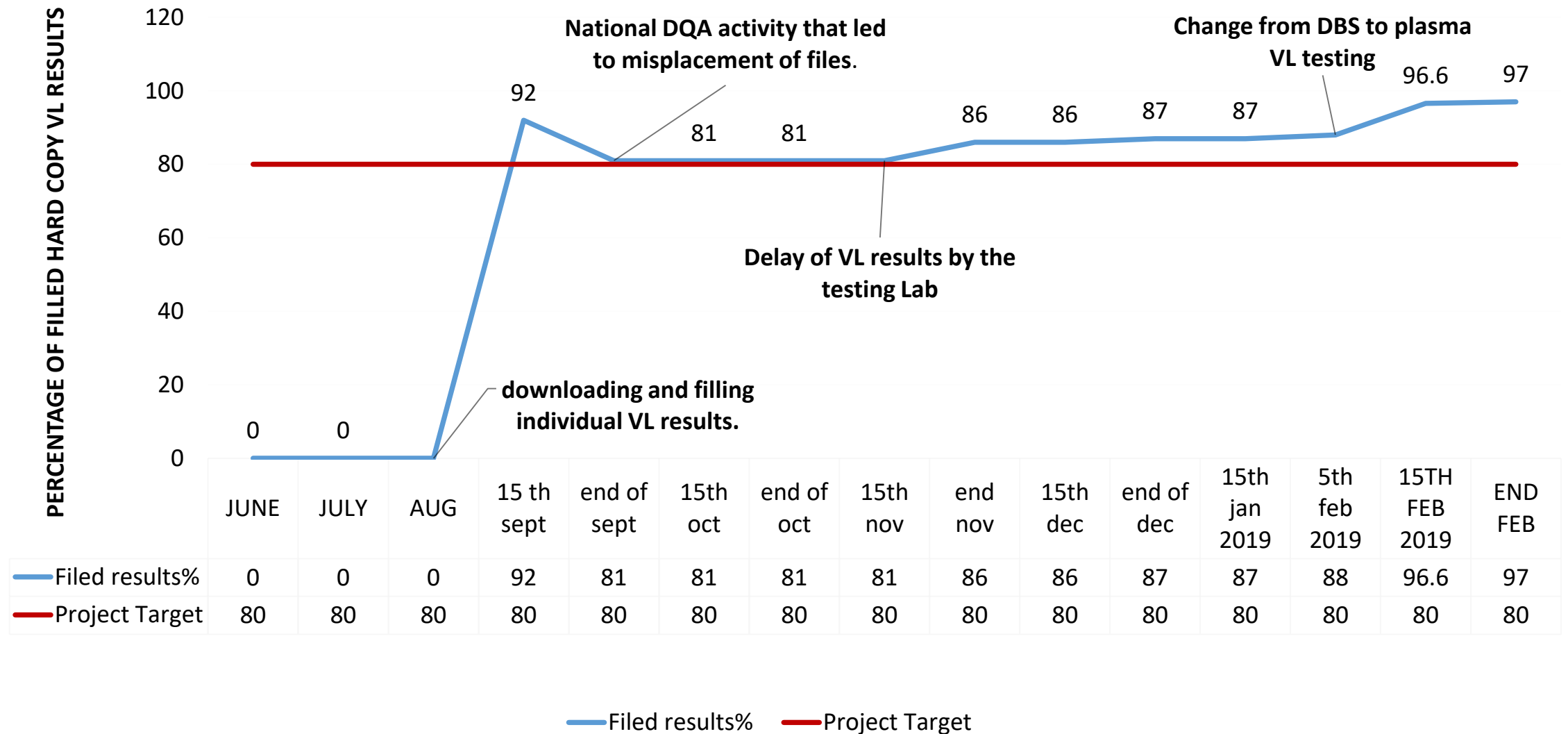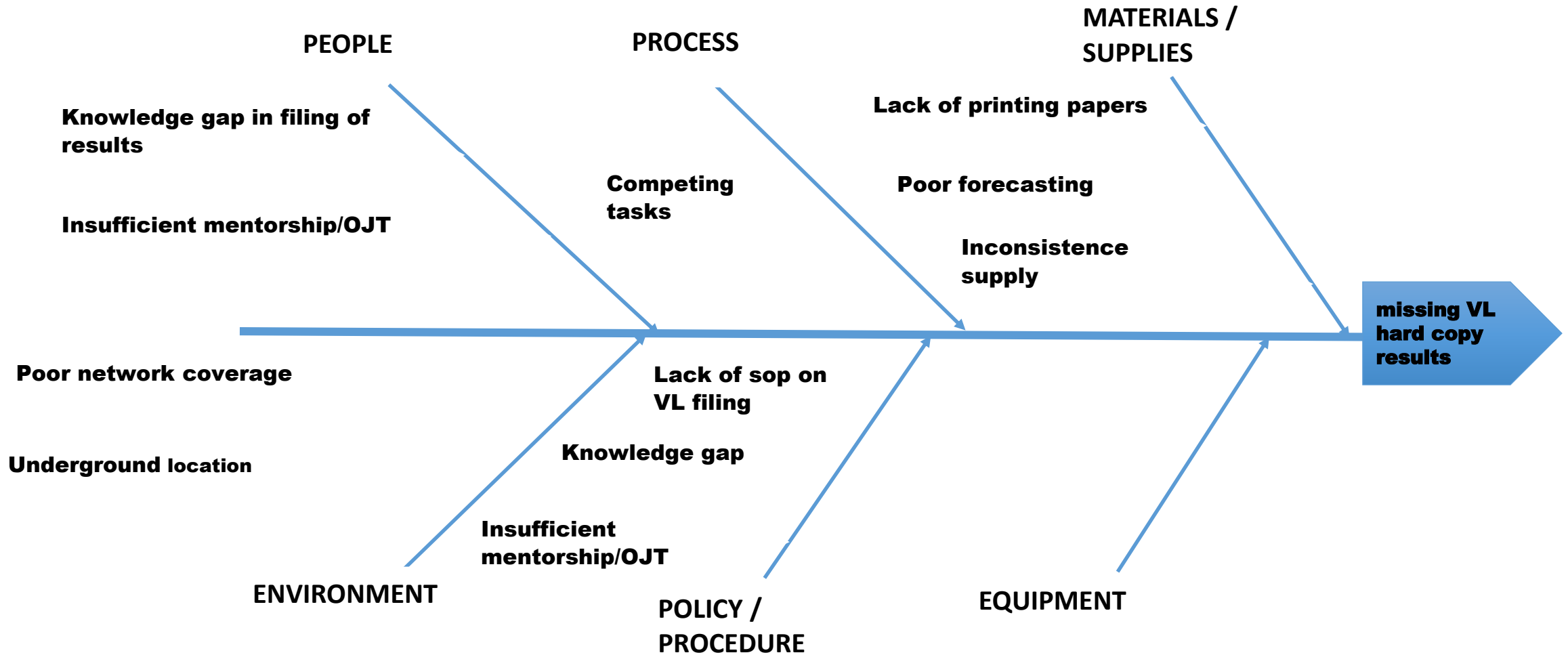
COMPARING DATA, PREDICTION AND ANALYSIS OF DATA

- As a result of the study, we hope to make an improvement in the percentage of client's files with hardcopy results, leading to optimization of HIV clients management at the CCC department and hence improve client's satisfaction. Consistent network supply will lead to timely sample uploading through remote log-in and hence reducing the TAT of the results.

Root cause analysis by use of a fish bone

IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities

	Easy to Do	Difficult to Do
Major Improvement	• Update personnel file • Display job aids and SOPs • Review registers • Document all retested clients • Avail temperature monitor at the pharmacy	• Filling of hard copy VL results
Minor Improvement	**Just Do It if Impactful**	• Provide adherence counselors with space • Provision of more staffs

IMPACT (vertical axis)

EFFORT (horizontal axis)

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JUST DO IT

- SOP on defined TAT for VL & EID samples

- Reviewed Result

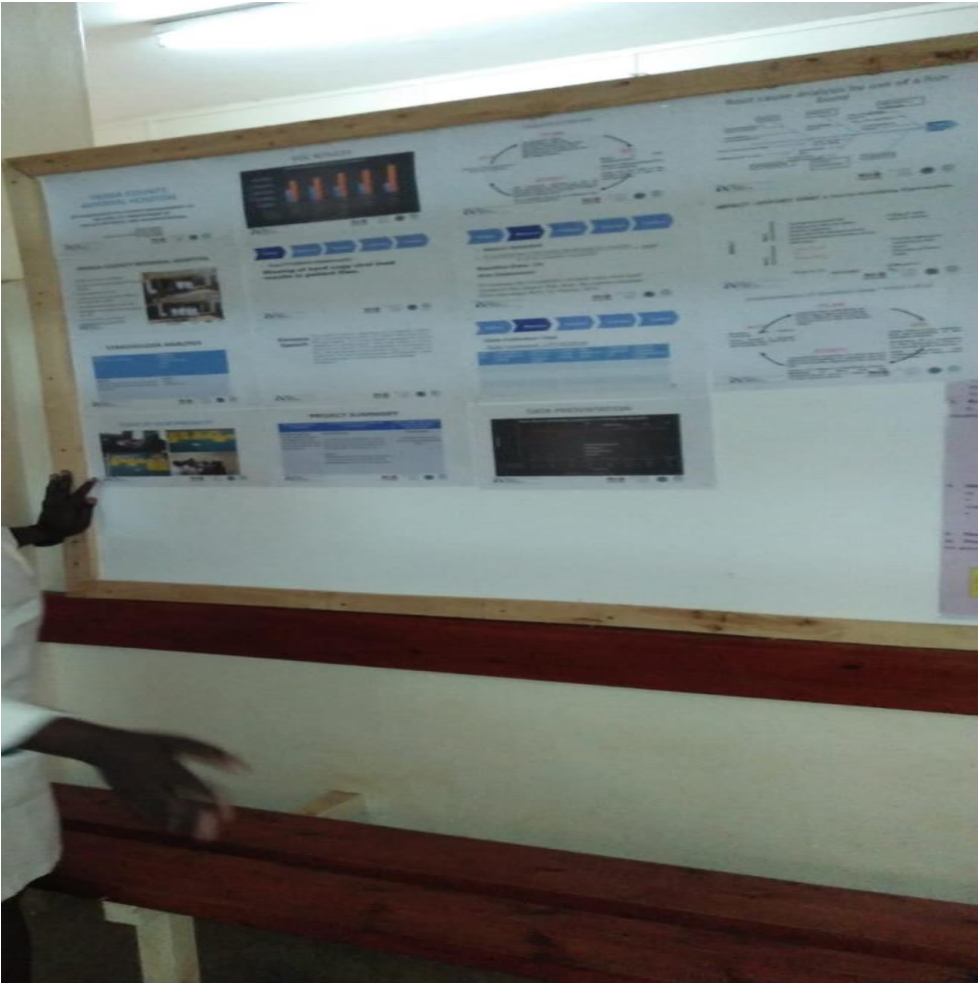- VL Tracking log for samples from periphery sites

5S-BEFORE

5S-AFTER

VIEWING PROGRESS BY USE OF A TALKING BOARD

Implementation of Identified Ideas ~ PDSA CYCLE

PLAN:

Improve the availability of hard copy viral load results in the clients' files from the current 0% to 80% by March 2019.

DO:

- Daily visits to the website and downloading the updated results.
- Filling of the downloaded results
- data collection and analysis done after every two weeks.

ACT:

- Timely sample uploading to the website, Downloading of VL results and filing.
- Monthly data review meetings

STUDY:

- unpredicted data outcome due to delayed uploading of samples by the hub and results upload by the testing lab.
- there was filling of individual results although, file misplacement was a major course of poor performance.
- Data analysis done biweekly and run charts plotted.

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Implementation of Identified Ideas ~ PDSA CYCLE 2

PLAN:

Improve the availability of hard copy viral load results in the clients' files from the current 0% to 80% by March 2019.

ACT:

- **Timely sample uploading to the website, Downloading of VL results and filing.**
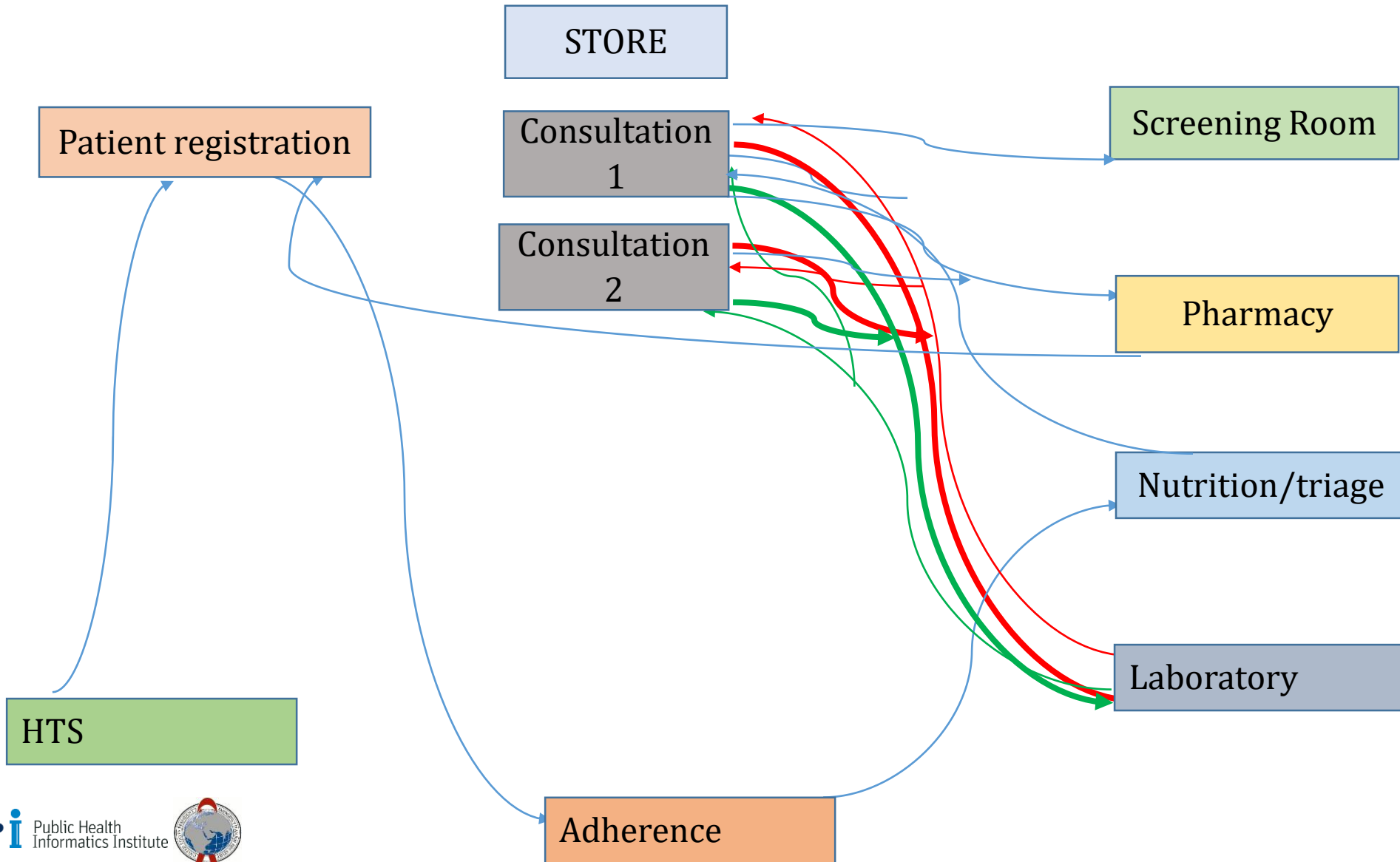- **Monthly data review meetings**

DO:

- **Daily visits to the website and downloading the updated results.**
- **Filling of the downloaded results**
- **data collection and analysis done after every two weeks.**
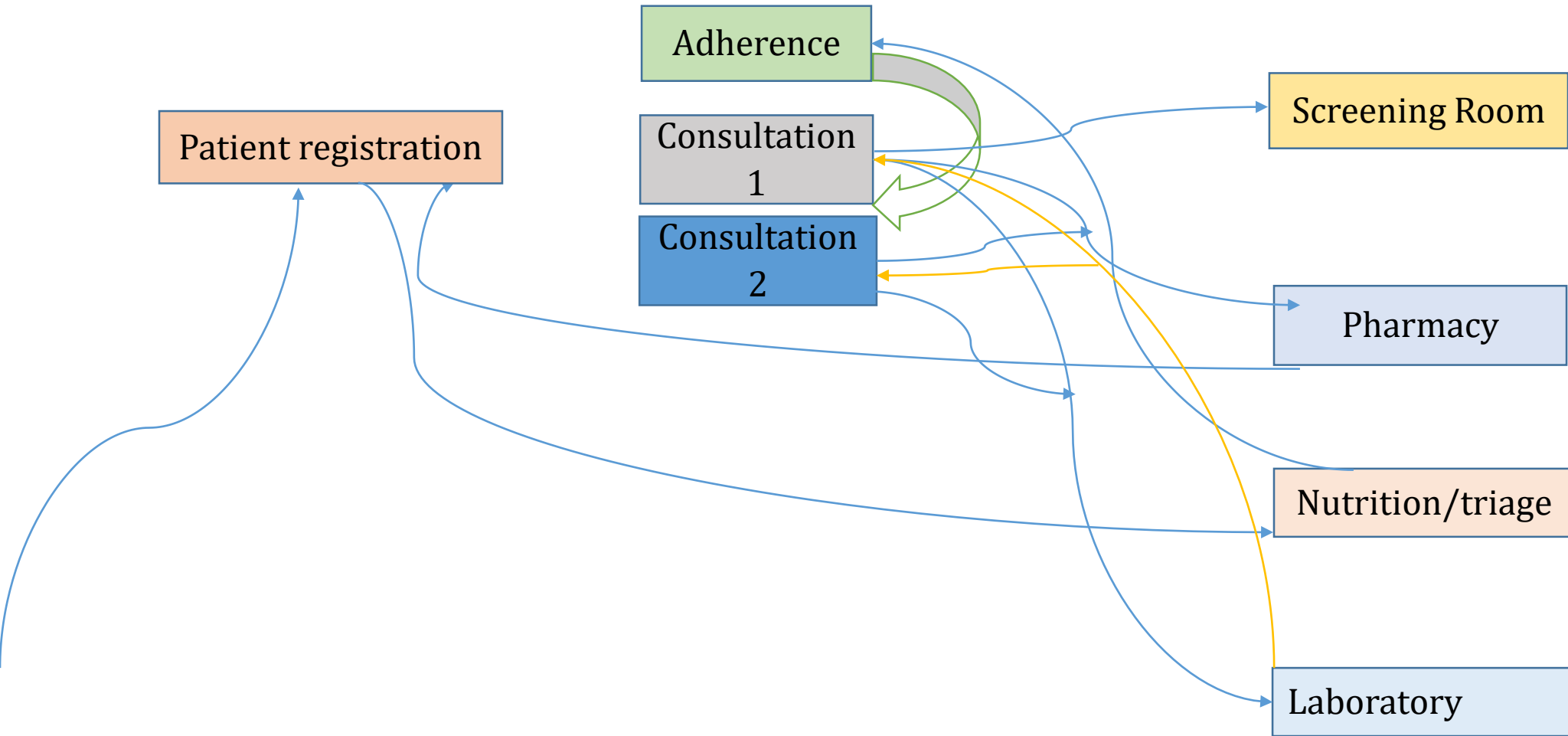
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- **there was filling of individual results although, file misplacement was a major course of poor performance.**
- **Data analysis done biweekly and run charts plotted.**

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BEFORE

STORE

Patient registration

Screening Room

Consultation 1

Consultation 2

Pharmacy

Nutrition/triage

HTS

Laboratory

Adherence

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AFTER

Adherence

Patient registration

Consultation 1

Consultation 2

Screening Room

Pharmacy

Nutrition/triage

Laboratory

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CHALLENGES

Challenges

- Creation of new patient unique number.

Address challenges

- Confirming the unique number on the request form to the one indicated on the appointment card(MOH 258).

Lessons Learnt

Success

- Reduced Client Waiting time

- Timely EAC sessions

- Easier categorization of clients

Challenges

- Insufficient data bundles

- Delayed result uploading by the testing Lab

- Insufficient stationary

PROJECT ACTION PLAN(PDSA)

TOPIC/GOALS	ACTION ITEM	BY WHOM	BY WHEN	STATUS
To improve the percentage of hard copy viral load results in the clients' files from the current baseline 0% to the target 80% by March, 2019	• Downloading & review of individual VL results		immediate	continuous
	Feedback on Ls3		2nd April 2019	Not started

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THANK YOU