

LARC Project-Kenya

Improving Results Reporting and Management in the HIV Viral Load Cascade in Kenya

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National Nursing Association of Kenya

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Kenya LARC Team



The Kenya LARC-Field Team



Homa-Bay Town



Homa-Bay Hospital



300 Beds, 20 Doctors, 130 Nurses, 21 Lab techs,
7103 ART patients on care, 1500 specimens collected
for VL testing/month

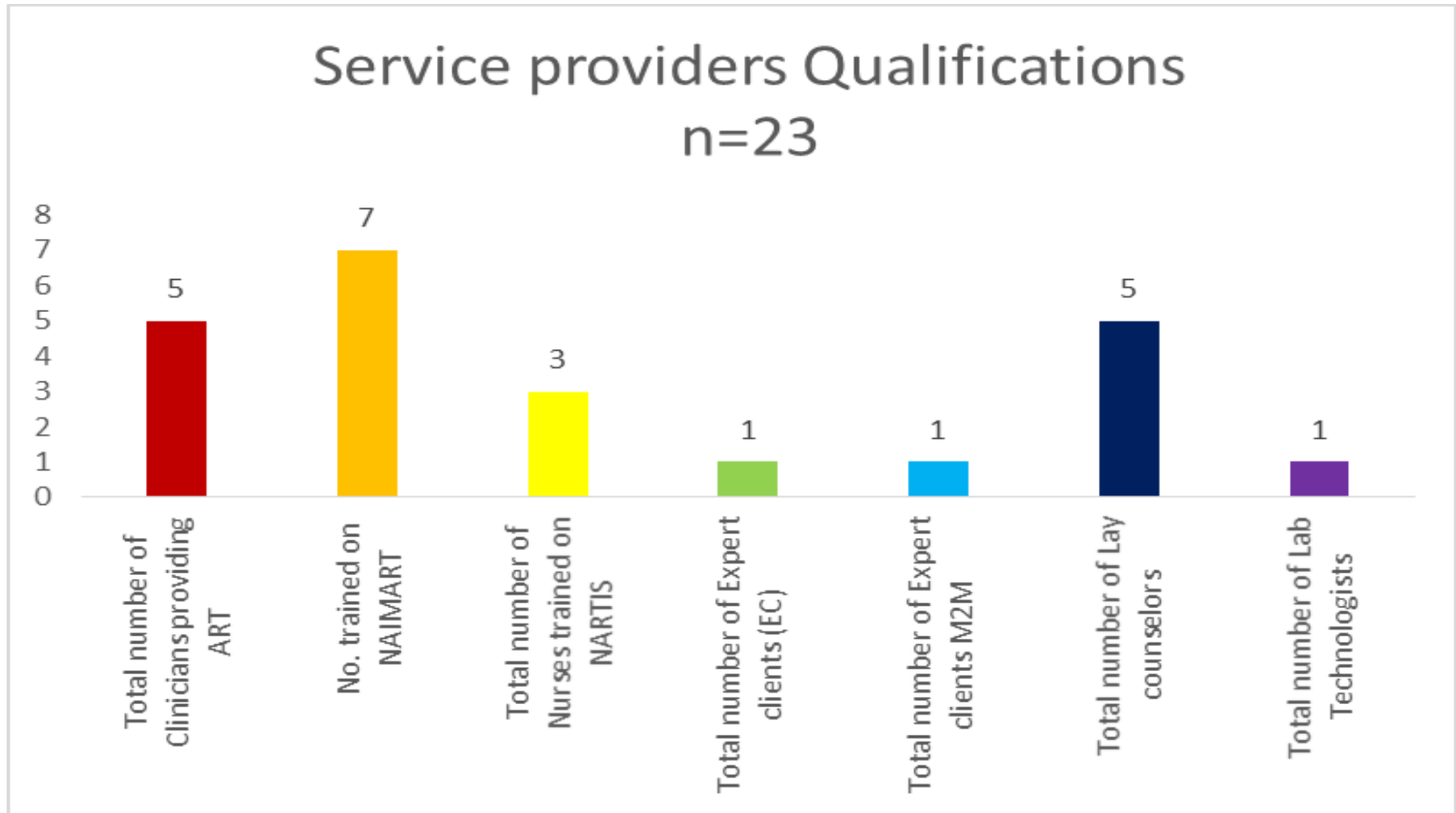
Homa-Bay Laboratory



Homa-Bay PSC



ART Service Provider Qualifications



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>Overarching Goal</p> <p>Efficient HIV Viral load results management.</p>	<p>AIM Statement</p> <p>To reduce delay of HIV VL results for patients on ART from baseline by 50% by end of project period (June 2017).</p> <p>Metric=</p> $\frac{\text{Number of patients on ART with hard copy results in chart (N)}}{\text{Total Number of Patients on ART sampled(D)}}$	<p>Your Intervention</p> <ul style="list-style-type: none"> • Documented the problem. • Identified the bottle neck barriers. • Design an intervention to mitigate the problem. • Involve the patterns to support the intervention.

Elevator Speech (summary)

This project is about

To ensure timely documentation of the patients' VL results in the patients' file.

As a result of these efforts,

Clinicians will be able to appropriately managed the patients' on ART.

It's important because we are concerned about:

- *Patients' confidence on the ART management at the Homa-Bay County Referral Hospital*
- *Absence of Viral Load results will lead to ineffective viral load suppression.*

Success will be measured by showing improvement in:

- *VL documentation in the patients' chart.*
- *Ultimate VL suppression of patients' on ART.*

What we need from you –

- *IT investments to enable rapid delivery of VL results.*



The stakeholders include:

- The HBH County management.
- Staff of HBH at the PSC and Lab.
- PEPFAR Implementing Partners: EGPAF and Global Implementing Solutions (GIS).
- The stakeholders have been kept informed through regular meetings held at the HBCTRH facility

Process Mapping

(Share the steps of the portion of the process on which your team is working)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
Document review	Review of relevant documents, available checklists, national guidelines and daily logs.	PK, NB, EM	June- July		Absence of national guidelines on results management at the facility
Facility/clinic assessment	1. Using a prescribed checklist to assess levels of networking and staff competency. 2. Abstract data on results management processes in the HBCTRH.	WS, RK	July - November		Delayed results Delayed clinical action
Design an intervention to address the bottle necks. Evaluate the intervention.	LARC team will implement and assess the effectiveness of the intervention.	LARC TEAM	November – December December -June		The intervention will identify opportunities for prioritization, e.g. investments in IT at the HBCTRH,



- Gap Identified (Problem):

Hard copy VL results for patients on ART have been missing in patient files which delays appropriate clinical management.

- Aim Statement:

To improve by 50% the availability of VL test results filed in patient files.

Define

Measure

Analyze

Improve

Control

- Baseline Data focused on: –
 - A convenient sampling of patients' files to document the presence of VL test results.
 - The percentage of patients' files missing the hard copy VL test results.
 - Using this data as a baseline to measure subsequent improvements.

Abstraction Form

Instruction:

Only patients who have been on ART for > 6 months will be eligible for this study.

Fill in each field on the abstraction form. Please ensure that all information is recorded prior to submitting your forms.

Record a separate serial number for each file being reviewed on the data abstraction form. Begin numbering the abstracti

serial number.

Record the serial number of each data abstraction form in the *Link-Log* data book.

Record the patient file number in the *Link Log* data book. Be sure the serial abstraction number correctly aligns and is matched to the patient file number.

AT NO TIME SHOULD THE DATA ABSTRACTION FORMS OR PATIENT FILES OR THE LINK LOG DATA BOOK BE LEFT UNATTENDED.

Upon completion of your daily abstraction, return the patient files, data abstraction forms, and *Link-Log* data book to a member of the Homa Bay Project Team that has been designated for that particular day.

1. Date of Abstraction: month------(day)------(Yr)---

2. Abstractor Initials: _____

3. Data Form Serial Number: _____

4. Patient sex: (circle correct entry) Male/Female

5. Patient DOB: (month) ___(day) ___ (year) ___

6. Date of confirmation of HIV infection:

(month) ___(day)___(year) _____

7. Date of the most recent viral load (VL) specimen collection:

(month)___(day)___(year) _____

8. Is the hard copy of the VL test results from the most recently collected specimen available in the client's file? (circle the correct entry) Yes /No

8. Is the hard copy of the VL test results from the most recently collected specimen available in the client's file?
(circle the correct entry) Yes /No

***[If the answer is Yes, respond to Question 8 (a) and 9 (b).
If you respond No, continue to question 9]***

9. Document the date when the VL test result was received in the Homa Bay Laboratory. Enter the date that is written in the VL Tracking Log Book.

(month) _____ (day) _____ (year) _____

Document the date when the VL test result was entered in the PSC registry, an electronic day base of related lab results.

Enter the date that was entered in the PSC registry.

(month) _____ (day) _____ (year) _____

Circle the correct entry:

VL results < 1000 copies

VL results > 1000 copies

Define

Measure

Analyze

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– When was the data was collected?

- The -1st week of October 2016.

– What tools were used?-

- Data abstraction tool and the facility assessment survey developed by the team.

– By whom?

- LARC team interviewed and hired research assistants.

Define

Measure

Analyze

Improve

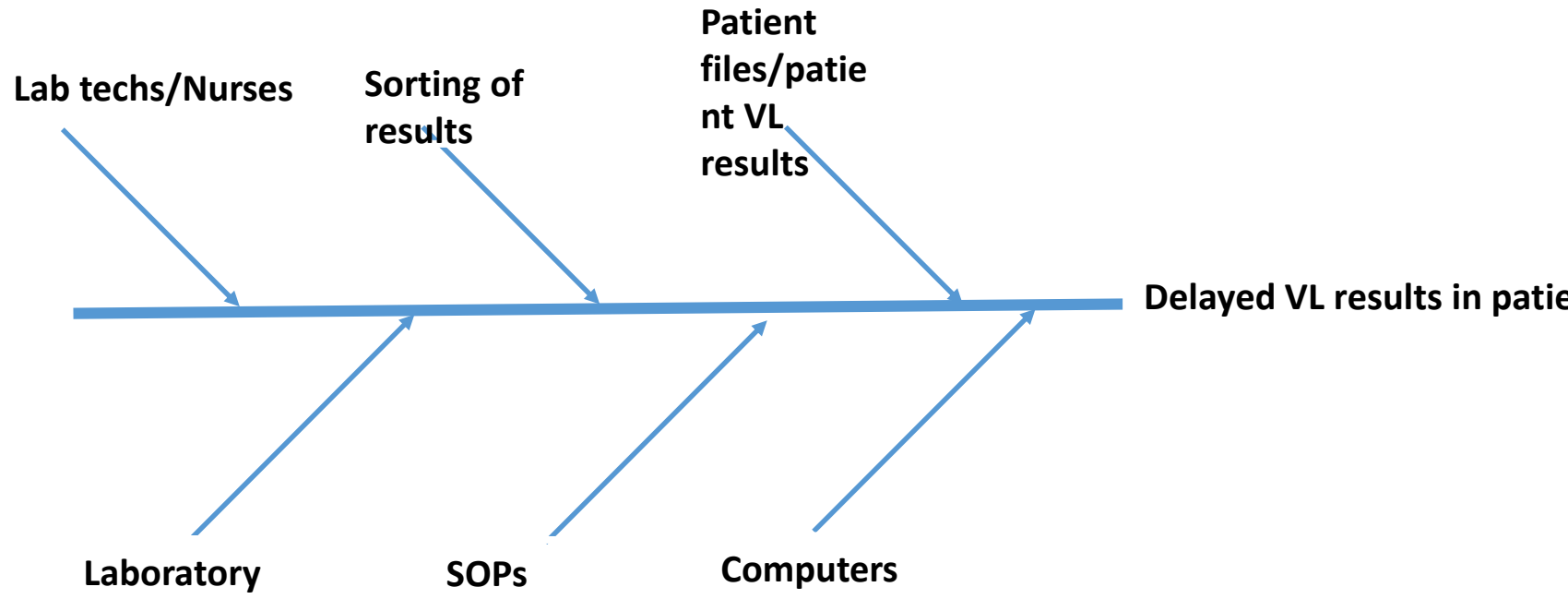
Control

– How?

- Data was abstracted from 250 patient files randomly selected.

– How often?

- Data will be reviewed every quarter.



Define

Measure

Analyze

Improve

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Action Plan

Action Item	By whom?	By When?
Data abstraction from 250 patient files randomly selected	LARC team members	20/10/2016
Review and analyze preliminary data	LARC Nairobi team	31/10/2016
Design an intervention and Continue with data collection	LARC Team	31/12/2016
Implement project interventions based on the identification of the bottle necks:	LARC Team	November 2016. June 2017.

Define

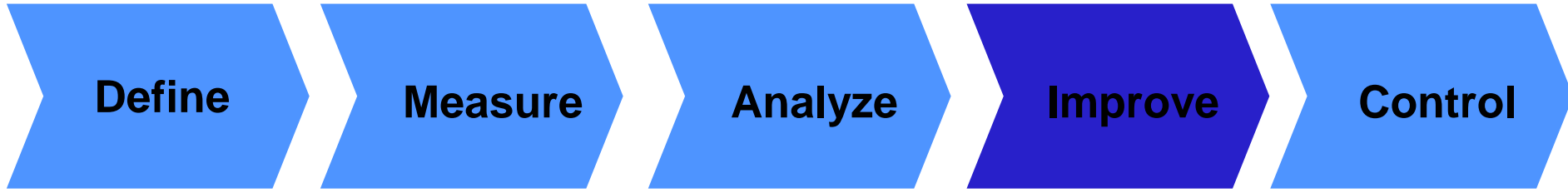
Measure

Analyze

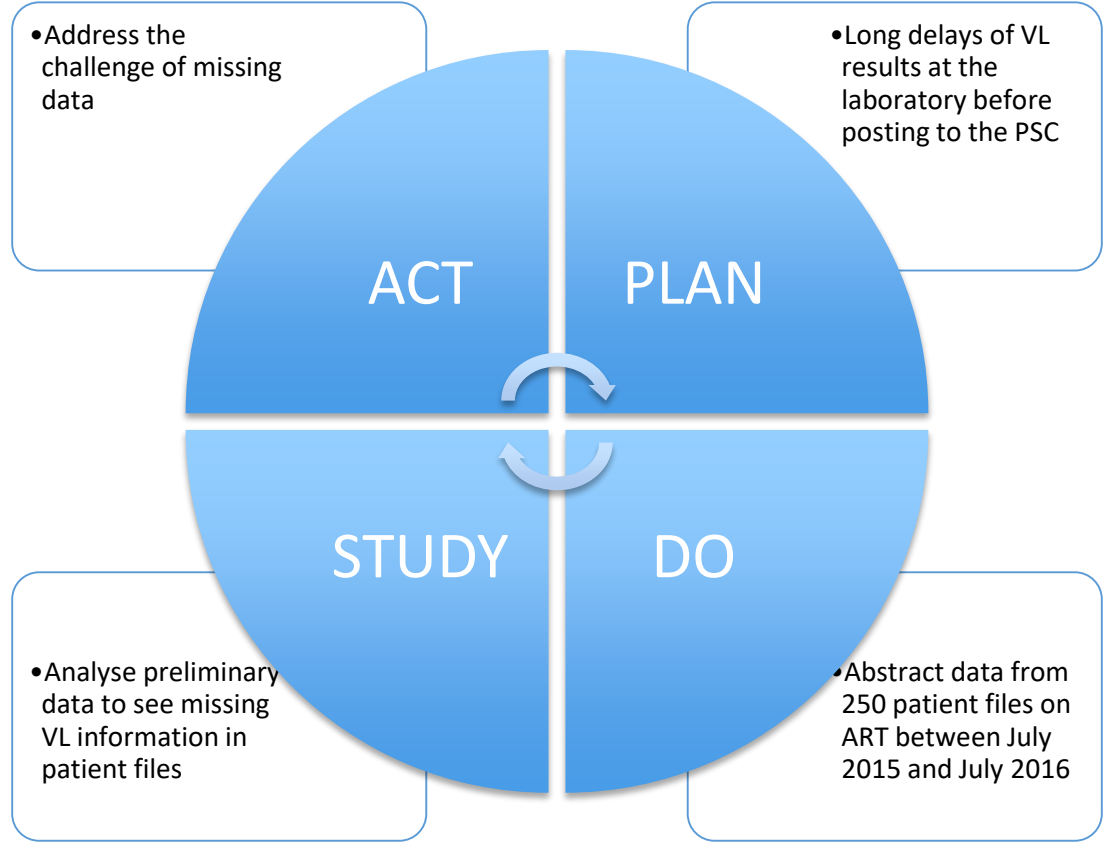
Improve

Control

- Just Do It:
- What we did:
 - Met the facility managers
 - Met cross-cadre teams
 - Met the IPs partners at the facility
 - Conducted BPM



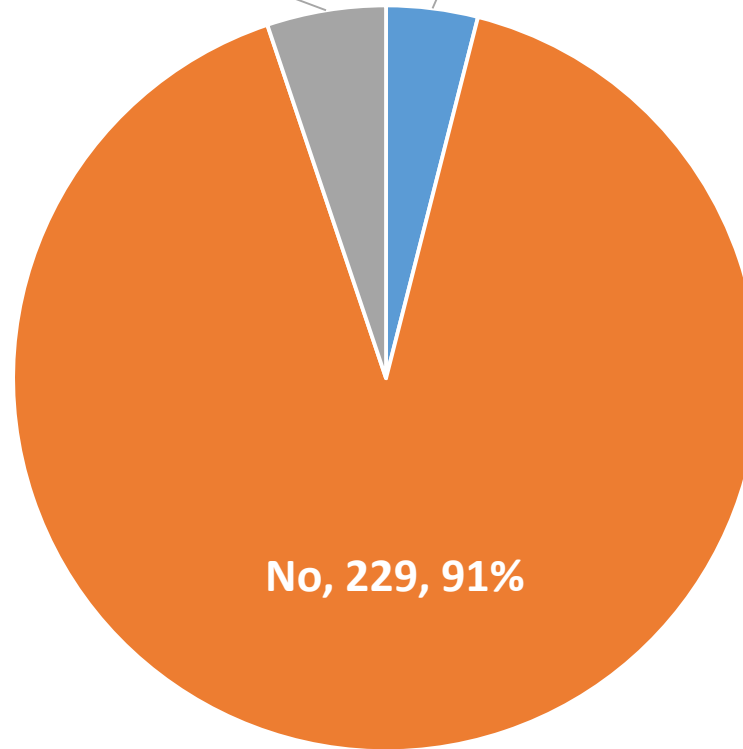
PDSA #1



Preliminary Results

Is VL results of the most recent test available in the file

Missing, 13, 5% Yes, 10, 4%



Questions for Thought

- How have you facilitated continuous inter-cadre collaboration (e.g., lab-nurse collaboration)
 - Setting up a local LARC led by the Lab manager with an aim of:
 - Conducting regular meetings to review progress.
 - Identify gaps and addressing the gaps.
 - Undertaking quality improvement activities.

Questions for Thought

- How does your project leverage existing VL in-country initiatives and/or ARC, resources, tools?
 - Leverage on an already existing High risk meeting by the PSC personnel done weekly.
 - Already existing CME within the facilities that will provide feedback forums and mentorship platforms for quality improvement within the HIV cascade.

Challenges / Lessons Learned

Challenges

- Geographical distance
- Communication delays
- Competing priorities
- **Strategies to address challenges:**
 - Use of digital communication tools

Lessons Learned

- Significance of timeliness in review of documents
- The power of partnerships in program execution
- The value of networking and information sharing

Way Forward

- Local LARC team:
 - How will you build on what you've accomplished?
 - Provide feedback to the facility
- What are your general plans for the next Action Period?
 - Feedback to the facility
 - Improve on documentation management
 - Improve inter-departmental communication
- How will you carry it forward to the next level?
 - Bi-monthly visits to Homa-Bay to review data with facility staff
 - Local LARC to hold regular meetings to provide information
- Implement action plans and timelines