African HEALTH PROFESSIONS Regional Collaborative
FOR LABORATORY TECHNOLOGISTS & TECHNICIANS

PEPFAR

EMORY NELL HODGSON WOODRUFF SCHOOL OF NURSING

CNMF Commonwealth Nurses and Midwives Federation

LARC KENYA

Impacting the 3rd 90 at the Homa Bay County Teaching and Referral Hospital, Kenya.

Winnie Shena,
16 May 2017

Core Team

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LARC TEAMS

The Field Team

TA Team

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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 Efficient HIV Viral load results management for timely clinical decision making	**AIM Statement** *To increase the % of patients with VL results in their files from baseline 4% to target 80% by June 2017.* Metric: $$= \frac{\text{Number of patients with VL test results in the patient file (Numerator)}}{\text{Number of Patients with VL ordered (Denominator)}}$$	**Intervention** • Documented the problem. • Identified the bottle neck barriers. • Design an intervention to mitigate the problem. • Involve the patterns to support the intervention • Continuous monitoring, evaluation and learning

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Elevator Speech

This project is about : *Timely documentation of the patients' VL results in the patients' file.*
As a result of these efforts, *Clinicians will be able to appropriately manage the patients' on ART.*
It's important because we are concerned about:

- *Delayed VL results leading to inappropriate clinical decisions and management.*
- *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' files*
- *Ultimate VL suppression of patients' on ART*

What we need from you –

- *Cooperation and support*
- *IT investments for rapid delivery of VL results*

Our project was initially focused on addressing facility-specific challenges and barriers around specimen collection and processing that could impede scale up efforts for HIV viral load (VL) monitoring in Kenya. However, following targeted discussions both with national and regional implementing partners, and conducting a Business Process Mapping (BPM) exercise on VL result management at the Homa Bay Referral Hospital, we redirected our focus to address delays in the filing of VL results at the patient support Centre (PSC) once received from the reference laboratory within Homabay hospital. At this time, only 4% of the patients eligible for clinical review had VL results in their files.

Our project works to unlock the bottle necks that were associated with VL results delaying for more than a month at the PSC before they are entered into the patient chart to initiate clinical decisions. Over the implementation period, our project has worked with the HBCRH staff and the regional PEPFAR implementing partners to streamline the management of VL results at the facility. More importantly, the project has helped the facility to deploy dedicated staff to receive and document the VL results. Our project is well on the way to achieve 80% of patient charts with VL results by June 2017.

THE STORY OF OUR PROJECT

Process Mapping
The First Step Towards Improvement

Define | Measure | Analyze | Improve | Control

- **Gap (Problem Statement):**

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

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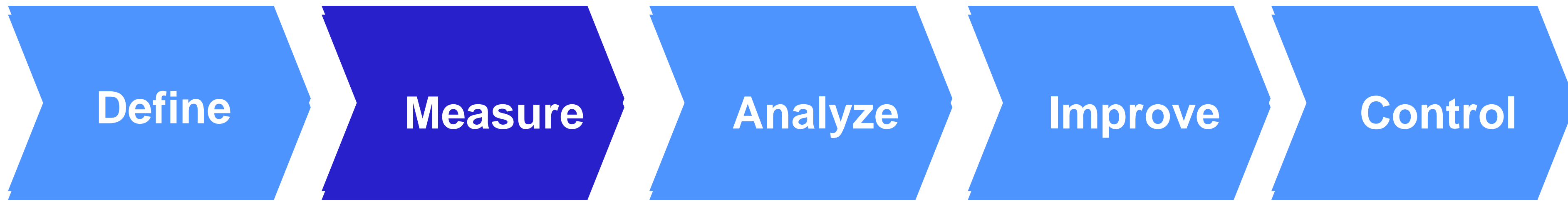

- Metric Selected

  % of HIV patient files with documented VL tests; Numerator/Denominator

- Baseline Data

  Only 4% of patient files had documented VL results

- Aim Statement:

  To increase the % of patients with VL results in their files from baseline 4% to target 80% by June 2017.

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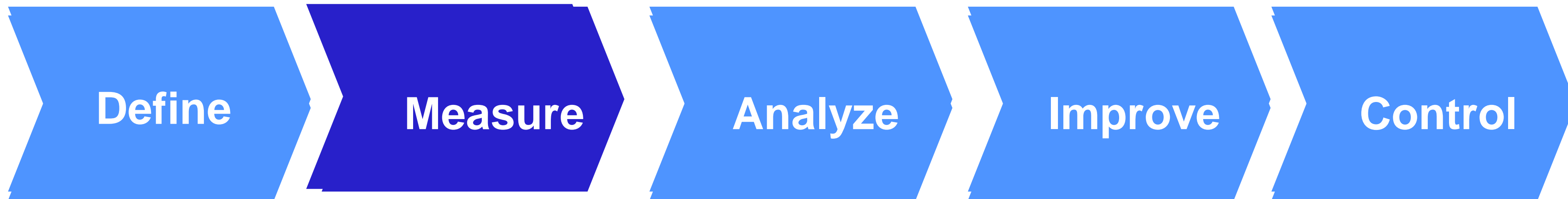

- Data Collection Plan / Tool :
  - Data abstraction checklist, Tablet, Monthly data summary tool.
- How was project data collected?
  - Data was collected by external research assistants under supervision of the LARC Core and Filed teams
  - Data was collected and reviewed every month

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Define | Measure | **Analyze** | Improve | Control

- What was the root cause?-
  - lack of a designated person at the registry to receive the results and file in the respective patient charts on time for appropriate clinical decision.
- What tools did you use to determine the root cause?
  - Fish bone
  - Business process mapping.

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Define | Measure | Analyze | Improve | Control

Lab techs/Nurses
Registry staff

Sorting of
results in
the lab and
then left at
the registry.

Patient
files/patie
nt VL
results

Delayed VL results
in patient file

Laboratory &
Registry

SOPs to
Guide results
management

Personnel designated
to sort out and
file the results

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Teams observations 2016.

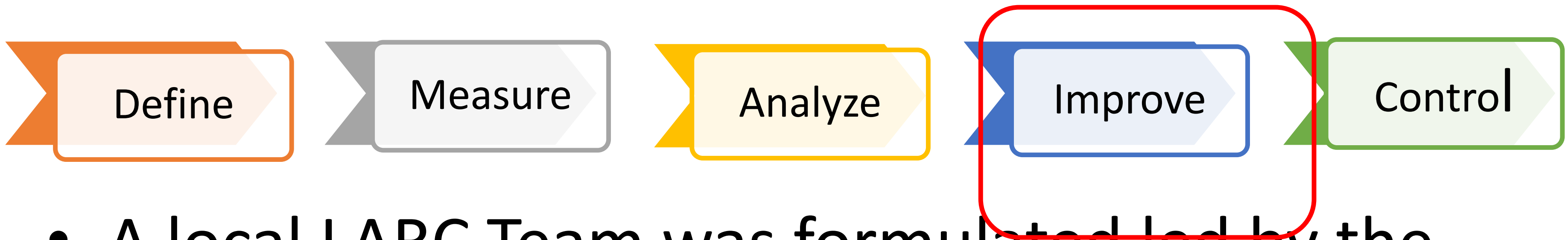
VL results are not available in patients' chart and can't be used for treatment

VI Result not in patient file
96%

VL Result in Patient file
4%

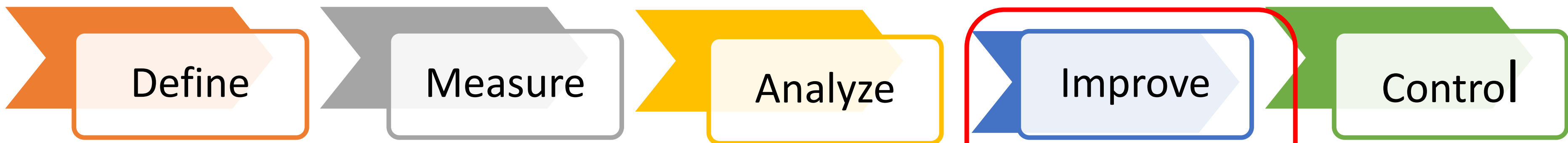
VL Result in Patient file
VI Result not in patient file

Solving HS challenges together



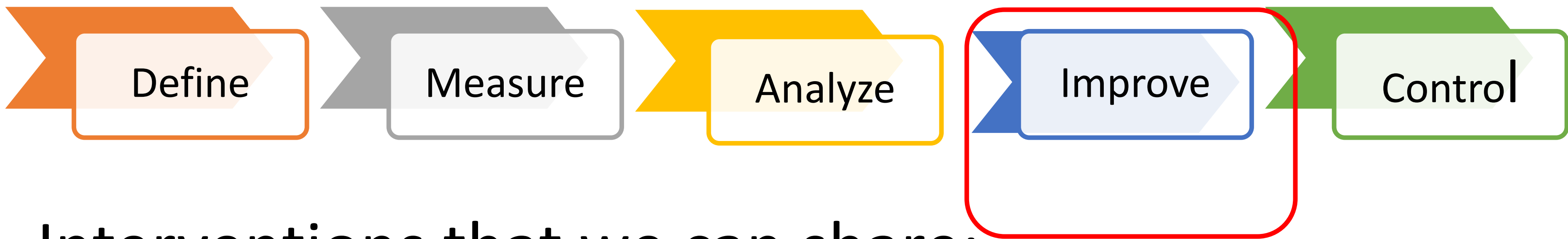
- A local LARC Team was formulated led by the nurse manager and the Lab manager.
- Implementing partners working at the HBCRH were engaged and became part of the local LARC team.
- Convening regular meetings to evaluate and track progress.
- Introduction of a register for receipt of results from the lab at the registry.- this did not work.

Solving HS challenges together



- Expanding the local LARC team to include the Data in charge.
- Identification of a designated personnel at the registry to receive and file the results from the lab.
- The local LARC team expanded with data officer as a key driver of the intervention.
- Designing a flow chart for results management by the data officer and the lab in charge.
- Regular monthly data review.

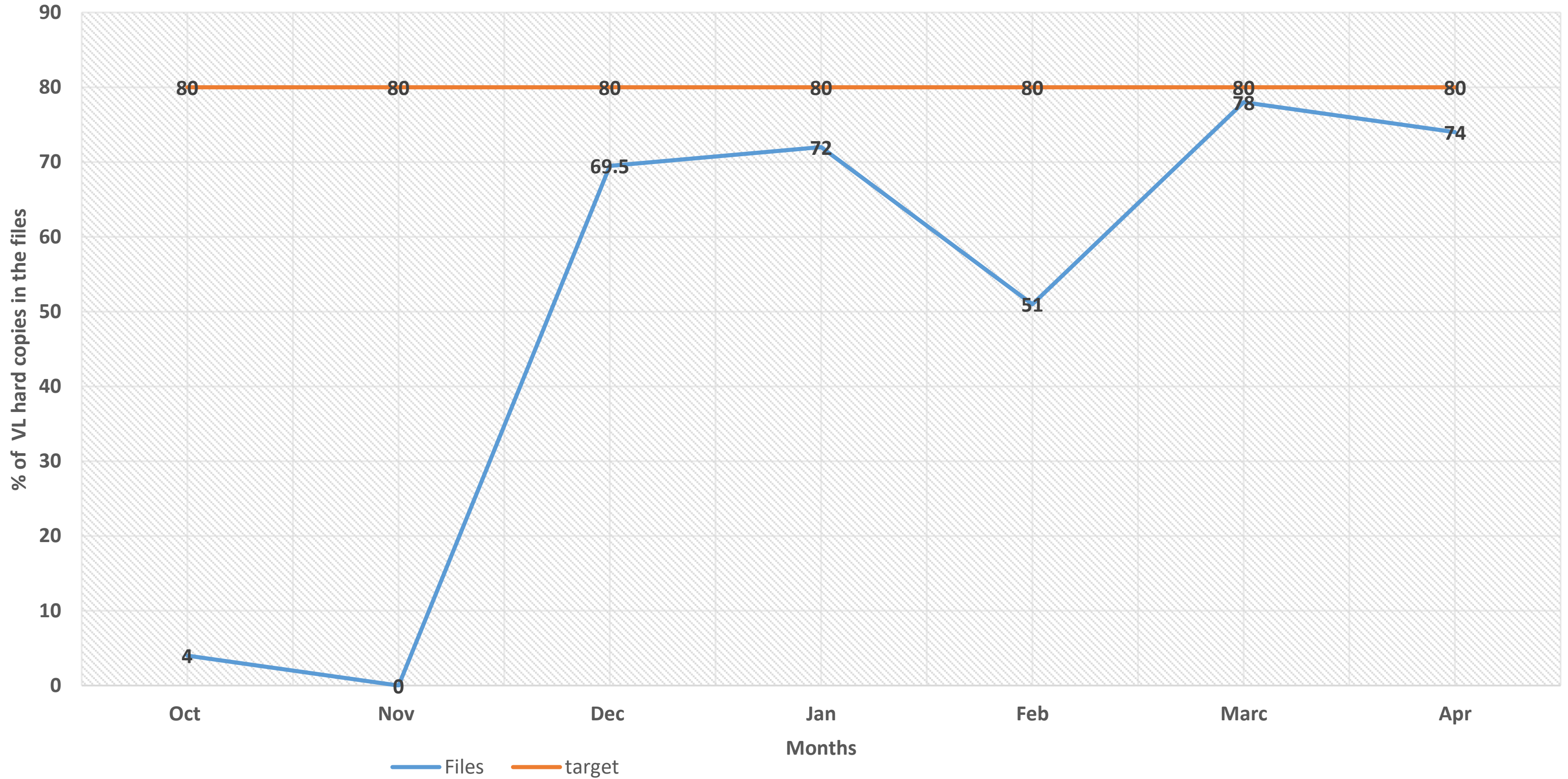
Solving HS challenges together



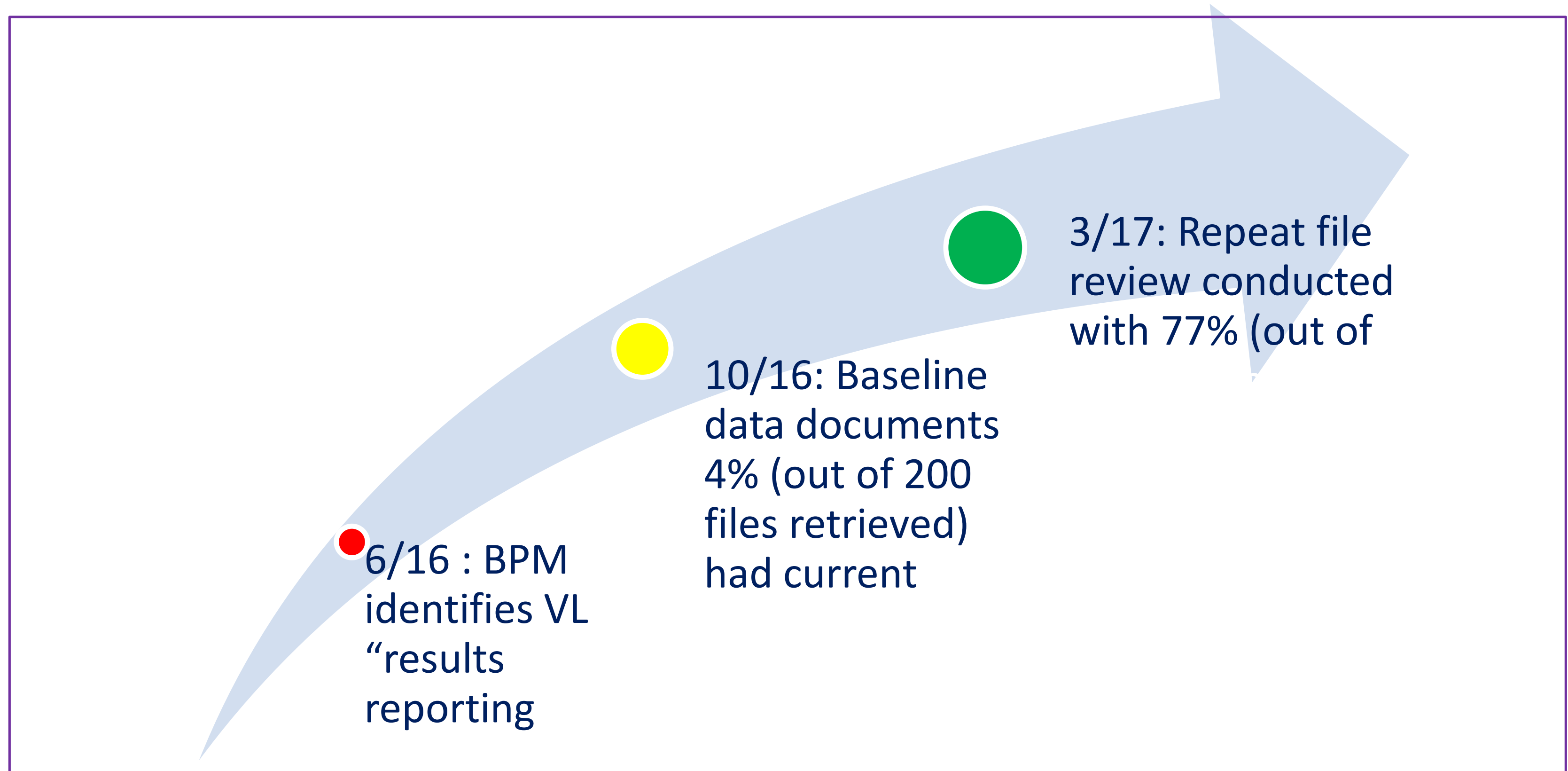
Interventions that we can share:

- Clearly understanding the roles of each partner in the VL cascade.
- Bringing the implementing partners together to share in the responsibilities.
- Expanding the local Larc- data officers.

Results



LARC Kenya Project Milestones:



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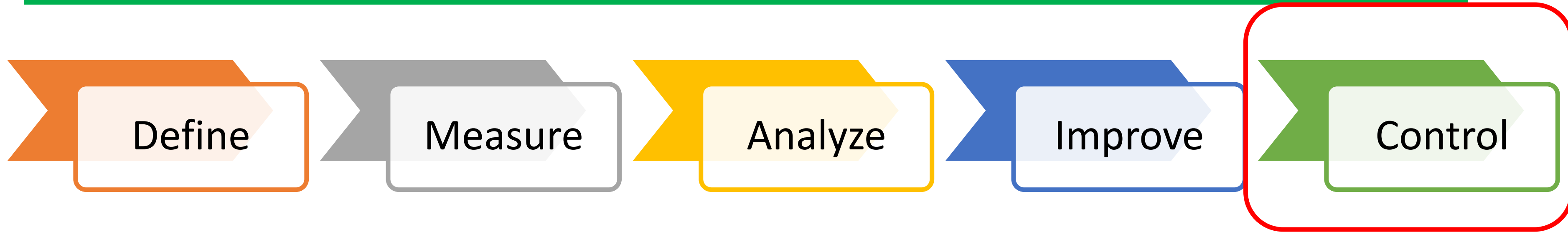
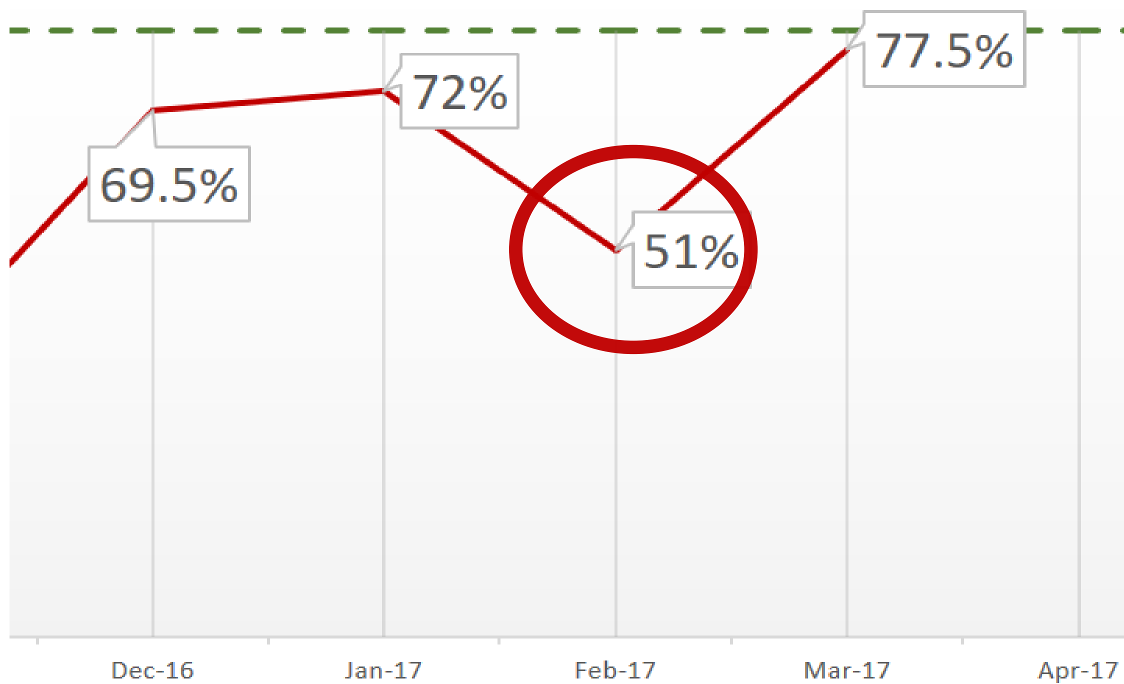
Control Plan-1





Controlling Outcome

- Drop on VL result is due to closer of health functions because of industrial action
- Constant monitoring and improvement is need for maintain quality of service

Control Plan-2

Define | Measure | Analyze | Improve | Control

- Provide feedback to the facility
- Improve on documentation management
- Improve inter-departmental communication
- Bi-monthly visits to HBCRH to review data with facility staff
- Local LARC team to convene routine meetings to share information between clinic and lab
- Implement action plans & corrective action with timelines

Control Plan

ELEMENTS OF A CONTROL PLAN	Process Owner	SOP for New process	Ongoing Plan for Monitoring of metrics	What will you do if metrics do not maintain goals?	Communication of Results
Details	Who will own/monitor the process when the LARC cycle is over?	State/show your new process in enough detail that other sites could implement the new process	How often will you monitor the project measures? Where will the measures be presented? (i.e. Name a specific meeting or management group)	You must know what you will do if your metrics drop below the goal. Give specific details.	Specific plans on who/when you will present your results?
Your Control Plan	**Facility under the direction of the County and National MOH governance**	**-Form facility level VL advocacy team -Identify a champion -Conduct BPM as 1st step of improvement -Intervene, review communicate and document progress**	**Monthly monitoring and evaluation. Measures to be presented to facility Health Management meetings**	**Conduct BPM to identify specific bottle necks and intervene**	**Results of the project will be shared as final reports, publications and at conferences**

CMM

Where are we?

Kenya: Results Reporting

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
☐ Results are not received in a timely manner at the clinic from the laboratory ☐ Results are not recorded in the client's chart in a timely manner ☐ No standard operating procedures for results reporting and documenting results in the client's chart **AUG 2016**	☐ Results are occasionally received in a timely manner by the clinic from the laboratory ☐ Results are occasionally recorded in the client's chart in a timely manner but often not returned to clients ☐ Standard operating procedures for results reporting and documenting results in the client's chart are in development	☐ Results are regularly received by the clinic in a timely manner from the laboratory ☐ Results are regularly recorded in the client's chart in a timely manner and returned to the client regularly ☐ Results reporting and chart documentation standard operating procedures are established and implemented across the organization	☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for results reporting ☐ Clinic ensures a facility-based person is accountable for timely recording of VL results in client charts and notification of clients with VL>1000 to return to clinic prior to scheduled appointment **Mar 2017**	☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process for results reporting

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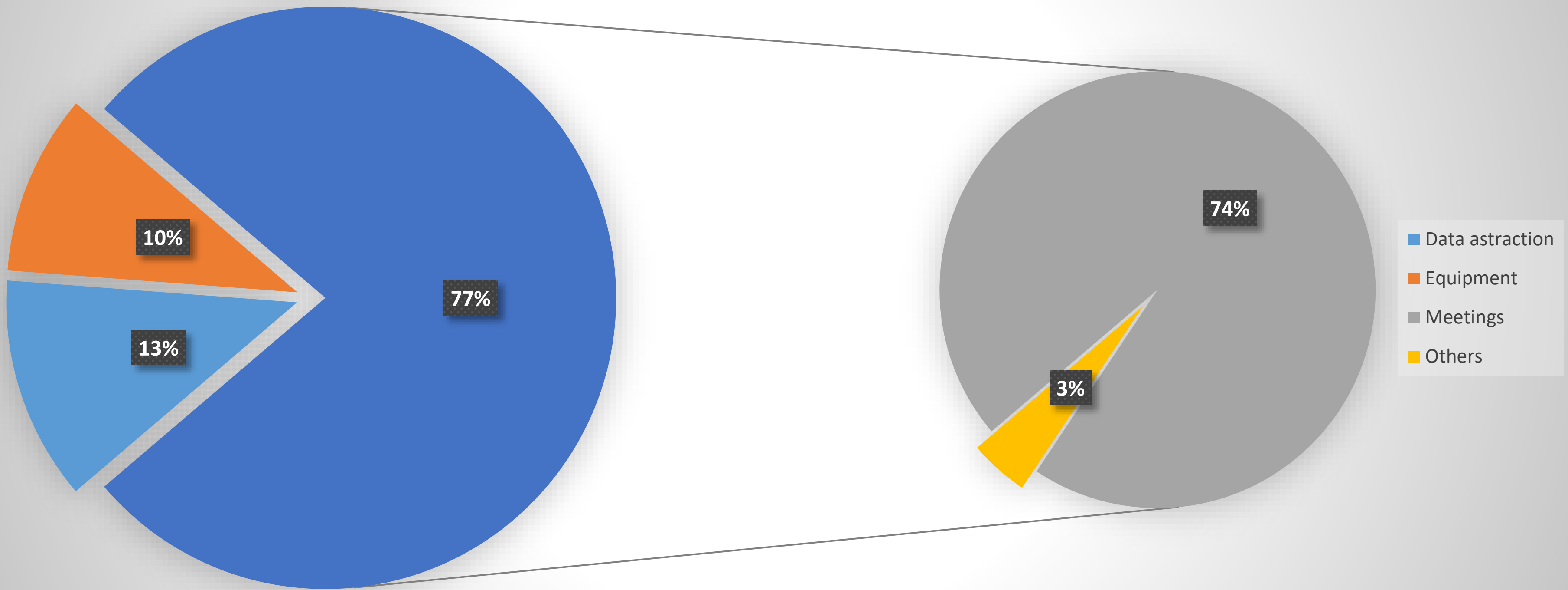
Budget



Questions for Thought

Facilitated continuous inter-cadre 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.

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Questions for Thought

Leverage existing VL in-country initiatives and/or ARC, resources, tools:

- Synergizing and maximizing PEPFAR Partners' contributions with locally developed LARC intervention to support sample transport, lab testing and quality monitoring, and receiving results (e.g., printing off results from NASCOP's
- 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
- Importance of communication
- Fostering intra-cadre collaboration e.g., lab-nurse collaboration to improve impact of such a project

Lessons Learned

- What would you do differently in the future?
  - More in depth planning
  - More teams to be involved from the inception to include already implementing partners.
  - Undertaking the BPM at the onset to avoid assuming problems.

Way Forward

- Build on success through partnerships to sustain what has been accomplished
- Extend project to other facilities to address diseases other than HIV

Asanteni/Thank you!

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Define | Measure | Analyze | Improve | Control

- What intervention did you choose?
- How did you test the intervention? Did you try anything that did not work?
- How did your intervention evolve/change over time?
- Clearly state your final successful intervention.
- What did you do? State the intervention so it would be in a format that you could share it with other teams.
- For example - If you developed a new process, **visually show** the new process! See example next slide.