

# LARC Swaziland



## Results reporting and interpretation, Patient management

Sindisiwe Dlamini, Chief Laboratory Technologist  
Swaziland Health Laboratory Services (SHLS)  
3 November 2016

# Country Team

Sindisiwe Dlamini  
Thembisile Khumalo  
Glory Msibi  
Ruth Mkhonta  
Bongani Mamba  
Sehlephi Kuhlase  
Nokulunga Dlamini  
Dan Gama



# Motshane Clinic



# 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></p> <p>Improve the care &amp; management for patients with high HIV viral load, specifically addressing the result reporting/clinician interpretation step of the viral load cascade.</p>	<p><b>AIM Statement</b></p> <p>Increase the percentage of high viral load patients with documented appointment and timely clinical follow-up from 12% to 80% by 30 January 2017.</p> <p><b>Metric:</b>  <b>Numerator</b> – # of patients who met the high VL follow-up criteria.  <b>Denominator</b> – # of patients with high VL.</p>	<p><b>Your Intervention</b></p> <p>High viral load results log with actions to be carried out within 2 days once the HVL result has been identified (<b>results review by clinician, calling of patient to set up appointment for adherence counselling</b>).</p>



# Elevator Speech

**This project is about** improving the clinical process for managing patients with high viral load results.

**As a result of these efforts,** patients with high VL will be identified and scheduled for appropriate follow-up within 2 days of results receipt in facility.

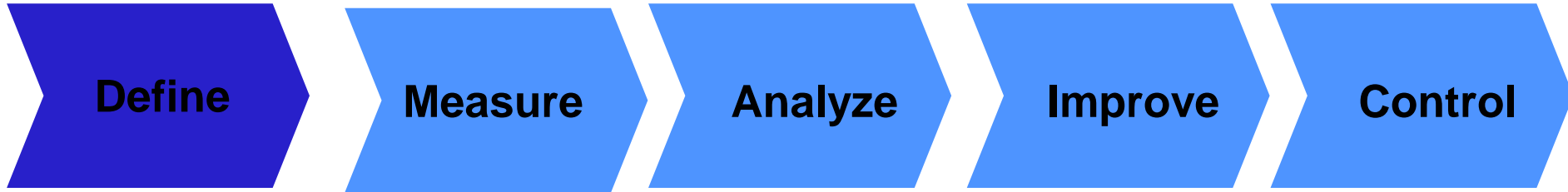
**It's important because we are concerned about:**

- ❖ Utilisation of viral load results to improve the health status of the patients by suppression of high viral load.
- ❖ Maximising the efforts and financial inputs of the Swaziland MOH and its multiple partners.

**Success will be measured by showing improvement in:**

- ❖ The percentage of patients with high viral who are scheduled in a timely manner for appointment and provided appropriate clinical management.

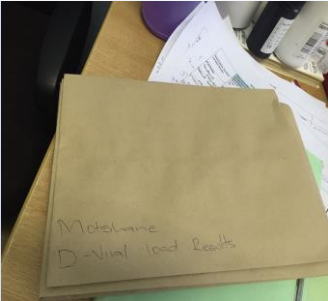
**What we need from you** is resources to train health care workers so that processes are standardized and national systems are improved.



## Stakeholders

- Swaziland Ministry of Health
- Swaziland National Aids Program (SNAP)
- National Viral load Task Force
- MOH Donors and Partners

# Process Mapping

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1. Receive results and enter in NST logbook; sort result printouts into high vs low VL piles		Phlebotomist	0.5 hour	NSTS log book, tests result sheets	Direct communication of high VL results to clinic and patients (SMS); make high VL results visible (e.g., highlight)
2. Deliver results to ART nurse		Phlebotomist	0.5 day		In-box on wall to receive high VL reports
3. Review results and deliver to Expert Client for follow-up action.		Nurse	0.5 day		Viral load focal person/nurse; In-box on wall to receive high VL reports.
4. Call patients with high VL results and schedule appointment for clinic visit	Coincide with doctor's visit.	Expert Client	1 – 4 days	Call log, appointment register	



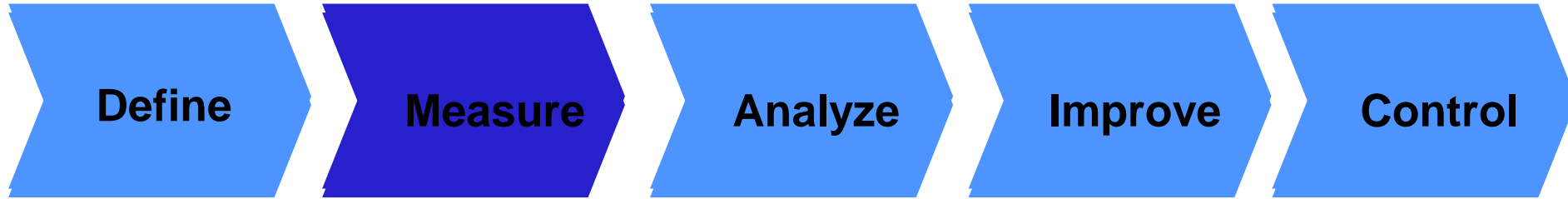
## Gap Identified

Results of patients with high viral load were not handled with urgency and patients were not being called for follow-up in a timely manner.

## Aim Statement

Increase the percentage of high viral load patients with documented appointment and timely clinical follow-up from 12% to 80% by 30 January 2017.





## Baseline Data

Percentage of patients with high viral load who met the follow up criteria (were called for follow-up within 2 days of results receipt in facility).

Define

Measure

Analyze

Improve

Control

## Data Collection Tools

MOTSHANE CLINIC HIGH VIRAL LOAD TRACKING LOG

Patient Name, Surname and MOT Number	Please put in the date of when the below actions on high viral load results were carried out and your initials.				Actions taken by expert client (Please tick actions carried out and put in next appointment date)	Date of log review by nurse (sign.)	Comments	Outcome	
	Received in the lab	Received by nurse	Reviewed by nurse	Received by the Expert Client					
Mlabatsi Smdsise MOT-911	26/07/16 H9	27.07.16 Z.M	Zinwile Mkhonta	Zedwisa 27/07/16	<input checked="" type="checkbox"/> Call Patient 09:15 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 28/7/16	ZMkhonta	Promised to come to the clinic 28/07/16		
Sibindi Dudu MOT-59	26/07/16 H9	27.07.16 Z.M	Zinwile Mkhonta	ZM 27/07/16	<input checked="" type="checkbox"/> Call Patient 09:22 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 28/7/16	ZMkhonta	Promised to come to the clinic 28/07/16	the already done course	
Mavuso Bongani MOT 1133	04/08/16 H9	4/8/16	Lungile Mdluli 2/8/16	BABILI 2/8/16	<input checked="" type="checkbox"/> Call Patient 09:55 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 10/09/2016	ZMkhonta	Promised to come and finally come on 11/08/16	PT started first session concerning	
Phiri Lwapha	04/08/16	05.08.16 Z.M	Zinwile Mkhonta 08/08/16	BABILI 5/8/16	<input checked="" type="checkbox"/> Call Patient 10:06 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 11/08/2016	ZMkhonta	PT promise to come but she didn't come.	PT promise to come, for she said she will come the next session	
Mamba Sibongile MOT-138	23/08/16 H9	24/8/16 Lmdani	Zinwile Mkhonta	Zethu 24/08/16	<input checked="" type="checkbox"/> Call Patient 10:55 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 25/08/16	Lmdani	She promise to come 25.08.16	She came has already done course	
Sitshese Mandla MOT-1300	25/08/16 HE1	24/8/16 Lmdani	Zinwile Mkhonta	Zethu 24/08/16	<input checked="" type="checkbox"/> Call Patient 09:58 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 29/08/16	Lmdani	She promise to come 25.08.16	she came the 25th Re-initiated on ART	
Total patient results with high Viral loads =				6	Total Patients with high VL acted on fully within 2 days =				6

Define

Measure

Analyze

Improve

Control

### Data Collection Tools

Reference: Specimen(s):

ests ordered HIV V/Load

**IV VIRAL LOAD**

	Flags	RefInterva
HIV: Viral Load (CAP/CTM) ....		RNA copie
log value .....		

951000  
5.98

CAP/CTM(2) 18/08/16 08:49 Op V Nokwanda Hlophe  
 Authorised by P Siphwiwe Dlamini (Medical Technologist) 18/08/16  
 --- End of Laboratory Report ---

**Client Follow-Up Attempts**

Date of Follow-Up: 9 / 8 / 16 Method:  Phone  Home Visit  SMS

Date of App: \_\_\_ / \_\_\_ / \_\_\_ Reason for Missed Appt: \_\_\_\_\_

Outcome of Follow-Up: promise to come New Appt: \_\_\_ / \_\_\_ / \_\_\_

---

Date of Follow-Up: 24 / 08 / 16 Method:  Phone  Home Visit  SMS

Date of App: \_\_\_ / \_\_\_ / \_\_\_ Reason for Missed Appt: client defaulted and was re

Outcome of Follow-Up: client to come for High viral load results New Appt: 25 108 16

Define

Measure

Analyze

Improve

Control

### Data Collection Tools

Handwritten notes on a piece of paper titled "Step Up counselling" with a table and a laboratory report.

Date	Reason	Outcome	Next
14/09/16	High viral load	Pt had an issue with time she cannot keep time because she takes her tabs in the morning and in the evening.	12 /
12/10/16	High viral load	Pt has managed to keep time in the	

LABORATORY REPORT

Specimen Received 09/08  
 Laboratory Number VNM01  
 Reference: 0964

Tests ordered HIV V/Load

**HIV VIRAL LOAD**

HIV: Viral Load (CAP/CTM) .... **1850**  
 log value ..... **3.27**

Flags RefInterval  
 RNA copies

CAP/CTM(3) 12/09/16 08:33 Op U Susan Kamalizeni  
 uthorised by P Siphwe Dlamini (Medical Technologist) 12/09/16 1

--- End of Laboratory Report ---



Define

Measure

Analyze

Improve

Control

### Data Collection Tools

Motshane clinic  
 Motshane  
 Motshane

Reference:

ests ordered HIV V/Load

V VIRAL LOAD

HIV: Viral Load (CAP/CTM) ..... **1850** **L.N.M** **3.27** **Flags** **P**

og value .....

AP/CTM(3) 12/09/16 08:33 Op U Susan Kamalizeni  
 thorised by P Siphwe Dlamini (Medical Technologist)

--- End of Laboratory Report ---

Date	Reason	Outcome	Next
14/09/16	High viral load	Pt had an issue with time she cannot keep time because she takes her tabs in the morning and in the evening.	12/
12/10/16	High viral load	Pt has managed to keep time in the morning and in the evening. She is also worried about her weight she is losing weight.	01/



**Define**

**Measure**

**Analyze**

**Improve**

**Control**

## Action Plan

Action Item	By whom?	By When?
Modify the call log and provide step up adherence counselling record sheet.	Sehlephi	30 Oct 2016
Train phlebotomist on VL sample preparation	Sindisiwe	30 Oct 2016
Training for facility staff on new HIV management guidelines	SNAP	30 Oct 2016
Update VL task force and other stakeholders on project	Sindisiwe	20 Dec 2016

**Define**

**Measure**

**Analyze**

**Improve**

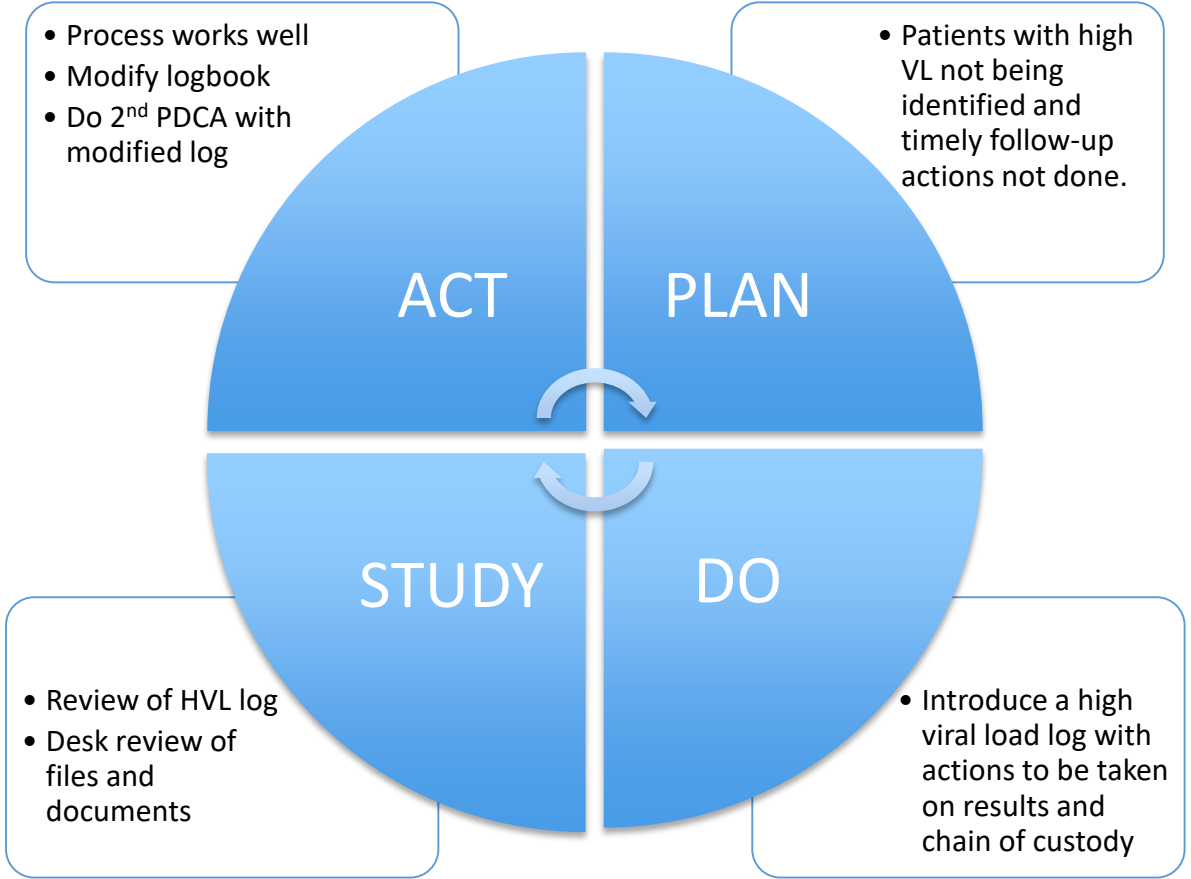
**Control**

## Just Do Its

- High VL chain of custody log
- High VL inbox for ART clinic consultation rooms.

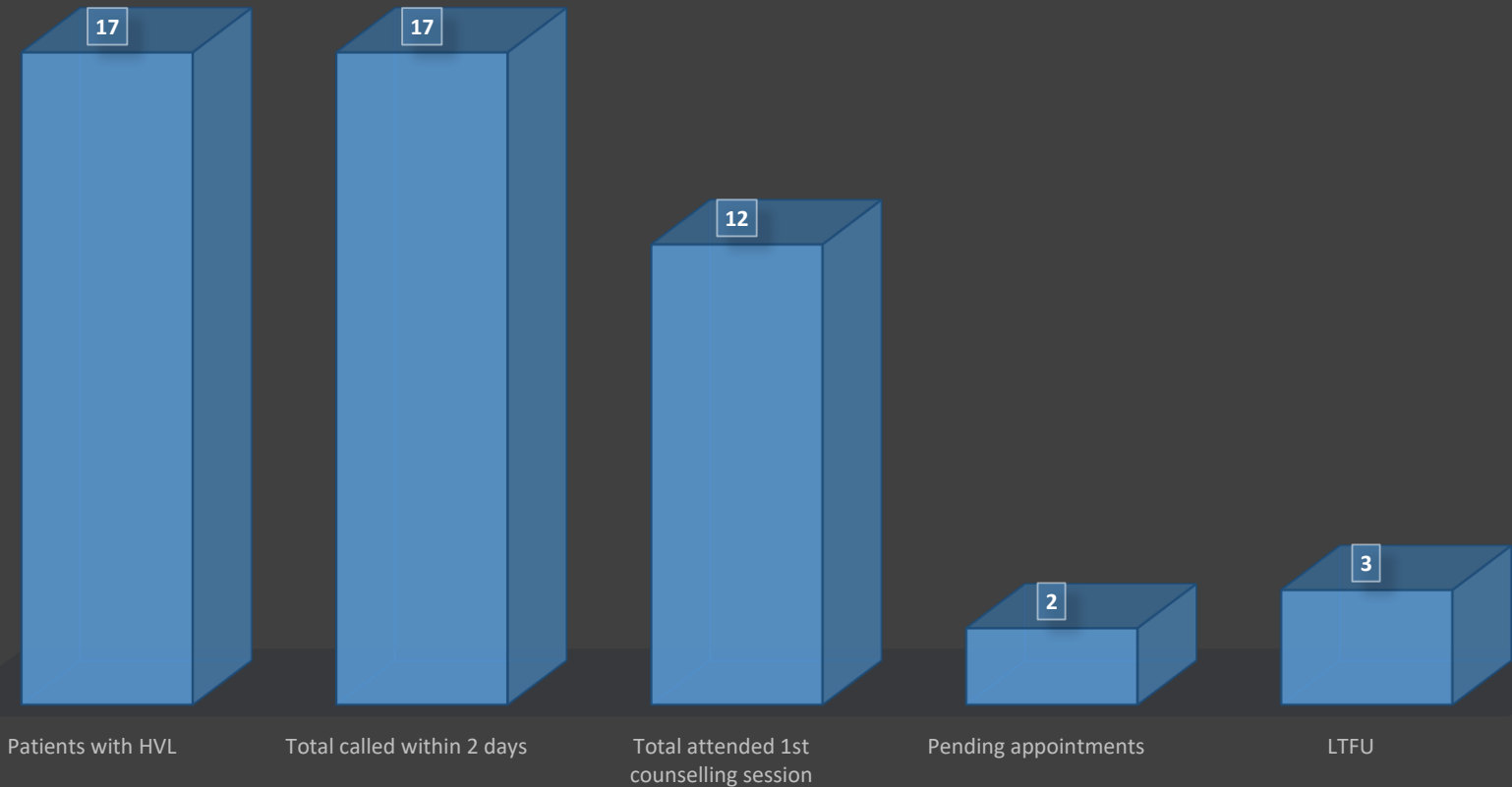


# PDSA #1



# Results

MOTSHANE CLINIC RESULTS FROM 26/07/16 TO 13/10/16

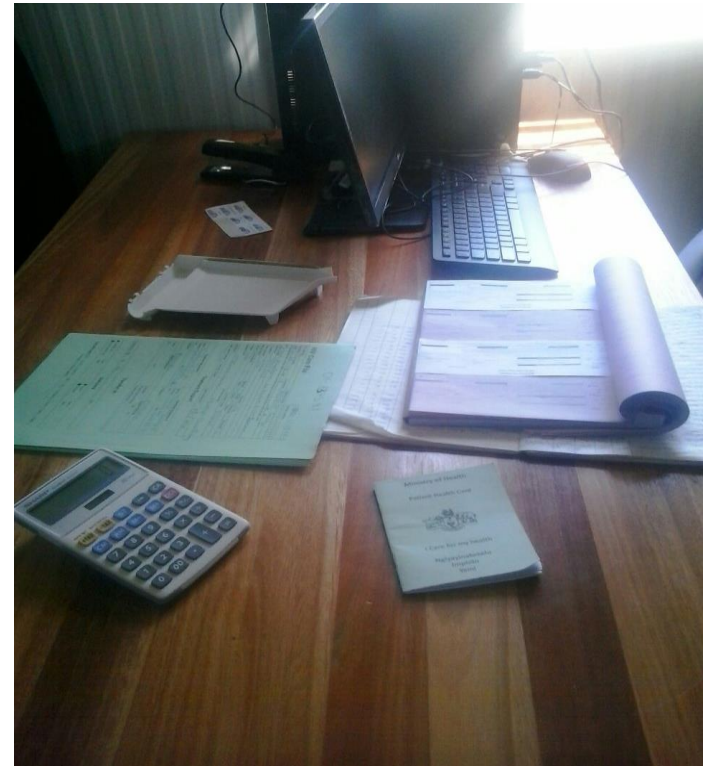


# 5S (Filing of patient results)

**BEFORE**



**AFTER**





# Inter-cadre Collaboration



# How Project leverage existing VL in-country initiatives/ARC, resources, tools?

- Usage of VL sample tracking log for sample transport to reference laboratory
- VL Result tracking tool to be adapted for other site
- Training on VL sample collection

# Challenges / Lessons Learned

## Challenges

- Multiple versions of chronic care files in use.
- Old version of chronic care file without section for documenting step-up adherence counselling.
- No system for tracking of patients in the national ART network.

## Lessons Learned

- Understanding process flow is key.
- Pilot interventions before implementation.
- Importance of version control and training when new versions of documents are introduced.
- Cadre integration @ facility level is key to any task

# Way Forward

- Present preliminary findings to the relevant stakeholders.
- Follow-up on patients who are scheduled for viral load testing after completion of step-up adherence counselling.