

LARC Swaziland



Results reporting and interpretation; Patient Management

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ICAP
16 May 2016
Orion Hotel, Piggs Peak

Country Team



Motshane Clinic



Motshane Clinic staff



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

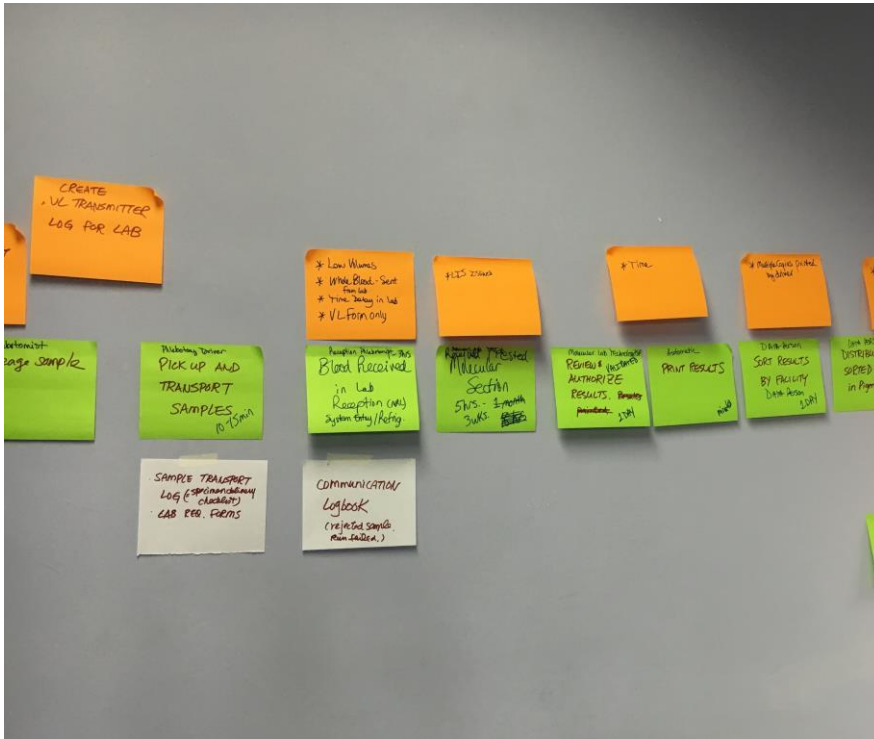
- ❖ **The percentage of patients with high viral who are scheduled in a timely manner for appointment and provided appropriate clinical management.**

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

THE STORY OF OUR PROJECT

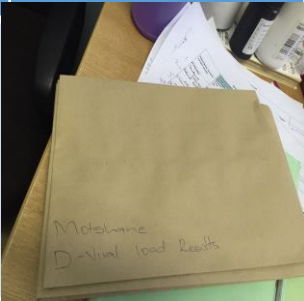
Process Mapping

The First Step Towards Improvement

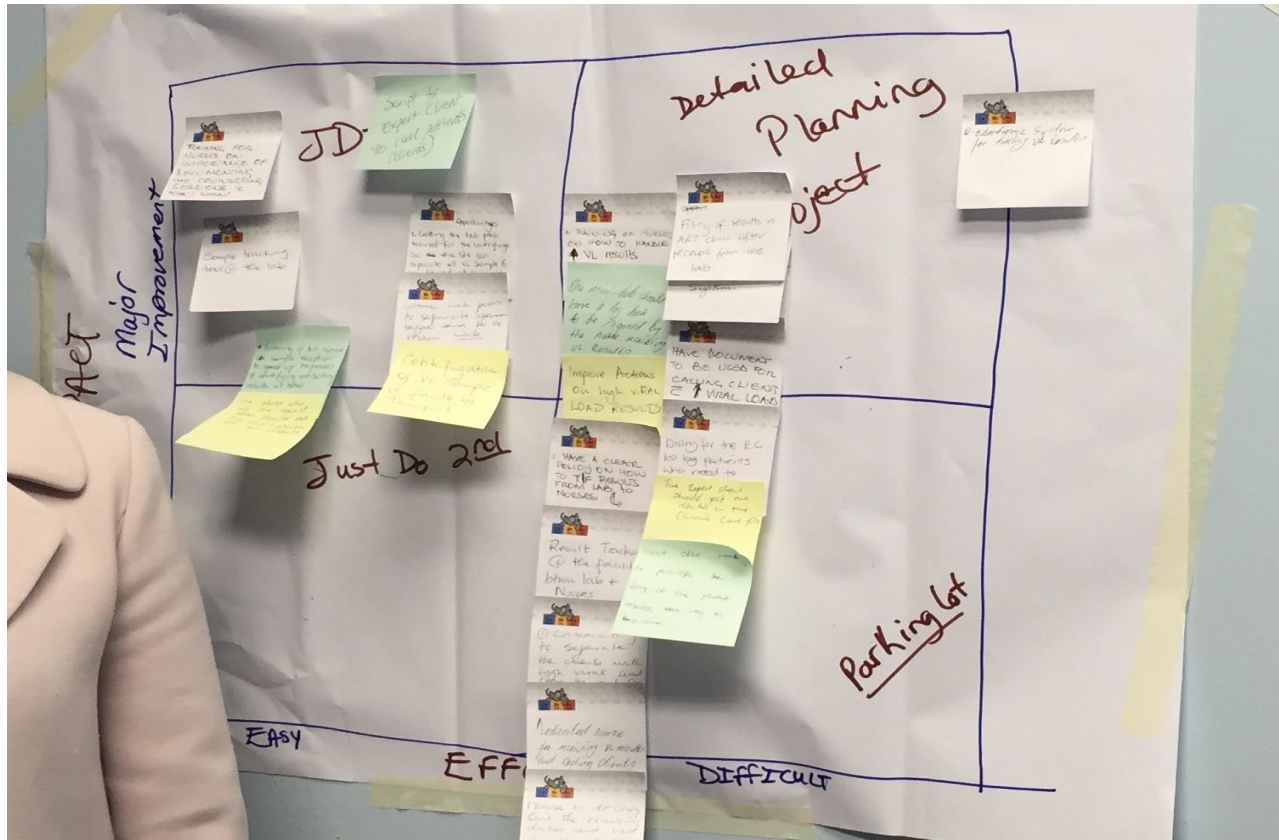


Process Mapping

The First Step Towards Improvement

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
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	

Impact-Effort grid



Country team at project inception



The Viral Load Cascade



**Demand
Creation for
Testing**

**Specimen
Collection &
Processing**

**Sample
Transport**

**Laboratory
Testing**

**Result
Reporting &
Interpretation
by Clinician**

**Patient
Management**

Define

Measure

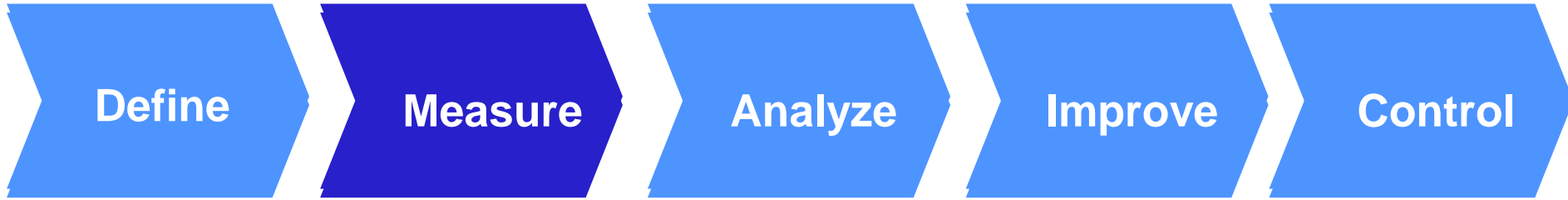
Analyze

Improve

Control

Problem statement

Patient results with high viral load are not being **handled with urgency** and patients are not being **called back for follow-up** in a timely manner.



Metric Selected

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).

Numerator – Patients with HVL results called within 2 days of results receipt in facility.

Denominator – All patients with HVL results.

Baseline Data

12%



Aim Statement

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

Define

Measure

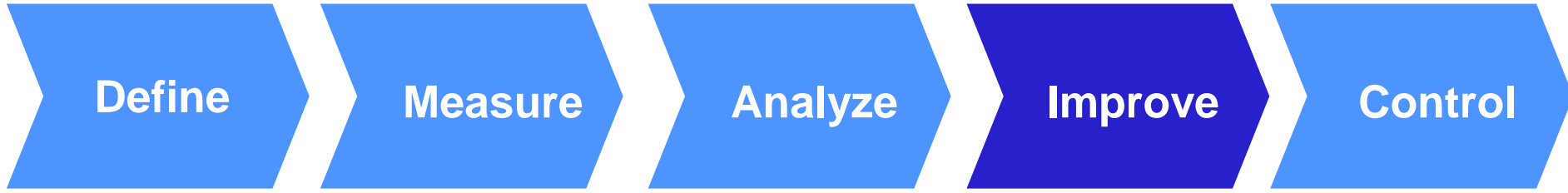
Analyze

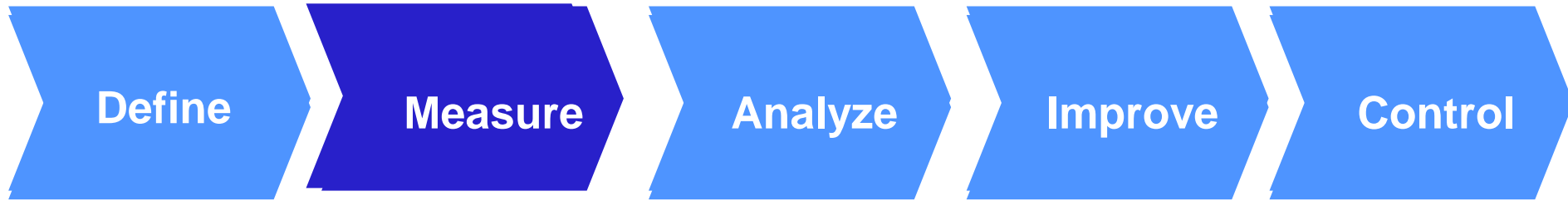
Improve

Control

Root Cause

- No system for identification of HVL results for immediate action.
- HVL results mix up with routine results and lead to non-follow up of patients.
- Results are not filed timeously.
- Patient results get lost.





Improvement actions

- Introduction of hand-off log for HVL results.
- Wall mounted inbox for HVL results in ART clinic.
- Signing of acknowledgement upon reviewing of results.

Define

Measure

Analyze

Improve

Control

High Viral Load Tracking (Hand-off) Log

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 Sundiso MOT-911	26/07/16 HG	27.07.16 Z.M	Zinile mchout	Zadwa 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	Zmchout	Promised to come to the clinic 28/07/16	
Sibindi Dudu MOT-59	26/07/16 HG	27.07.16 Z.M	Zinile mchout	Z.M	<input checked="" type="checkbox"/> Call Patient 09:22 <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: 28/7/16	Zmchout	Promised to come to the clinic 28/07/16	the already done
Mavuso Bonqani MOT 1133	04/08/16 HG	4/8/16	Lugie 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	Zmchout	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	Zinile 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	Zmchout	PT promised to come but she didn't come.	PT promised to come, but she said she would come the next session
Mamba Sibongile MOT-138	23/08/16	24/8/16 Lmdani	24/8/16 Lmdani	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 promised to come 25.08.16	She came has already done 2 sessions
Sitsebe Mandla MOT-1300	23/08/16 HEI	24/8/16 Lmdani	24/8/16 Lmdani	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 promised 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

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

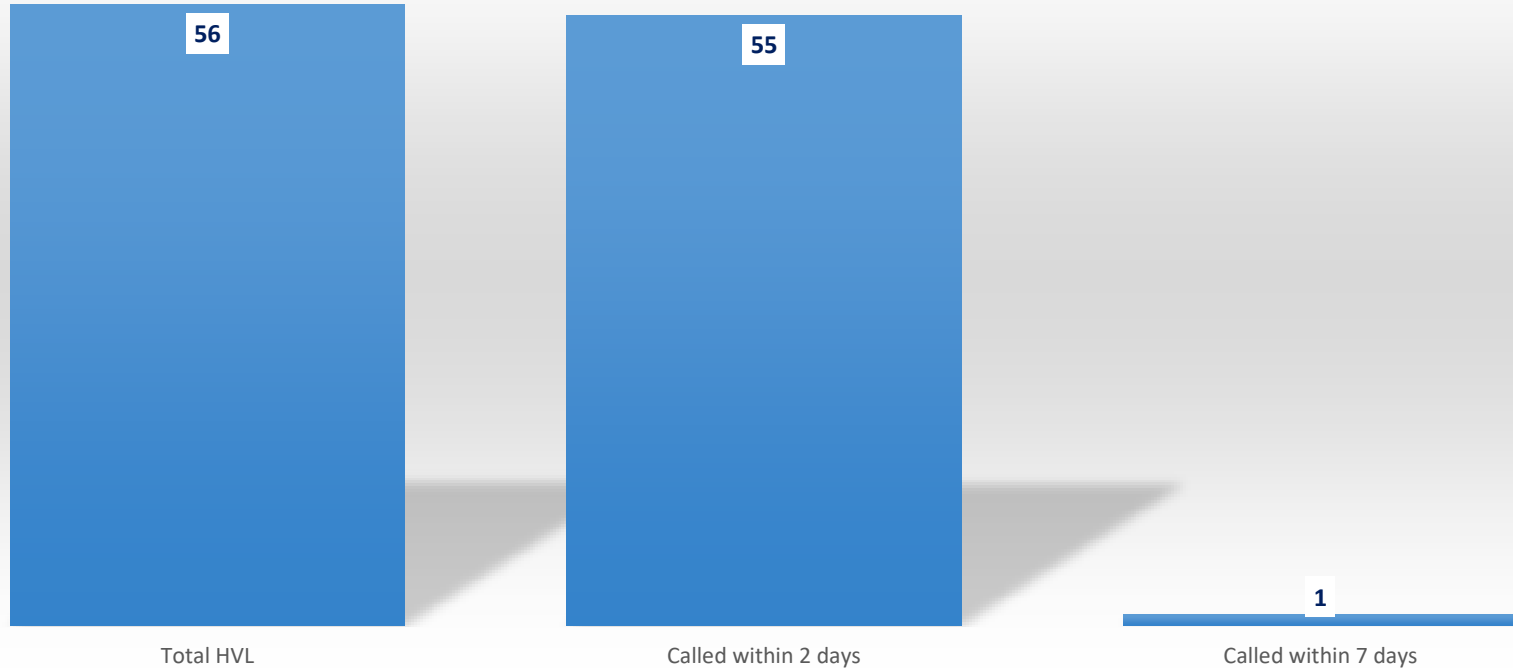
AP/CTM(3) 12/09/16 08:33 Op U Susan Kamalizeni
 thorised by P Siphwe Dlamini (Medical Technologist)

--- End of Laboratory Report ---

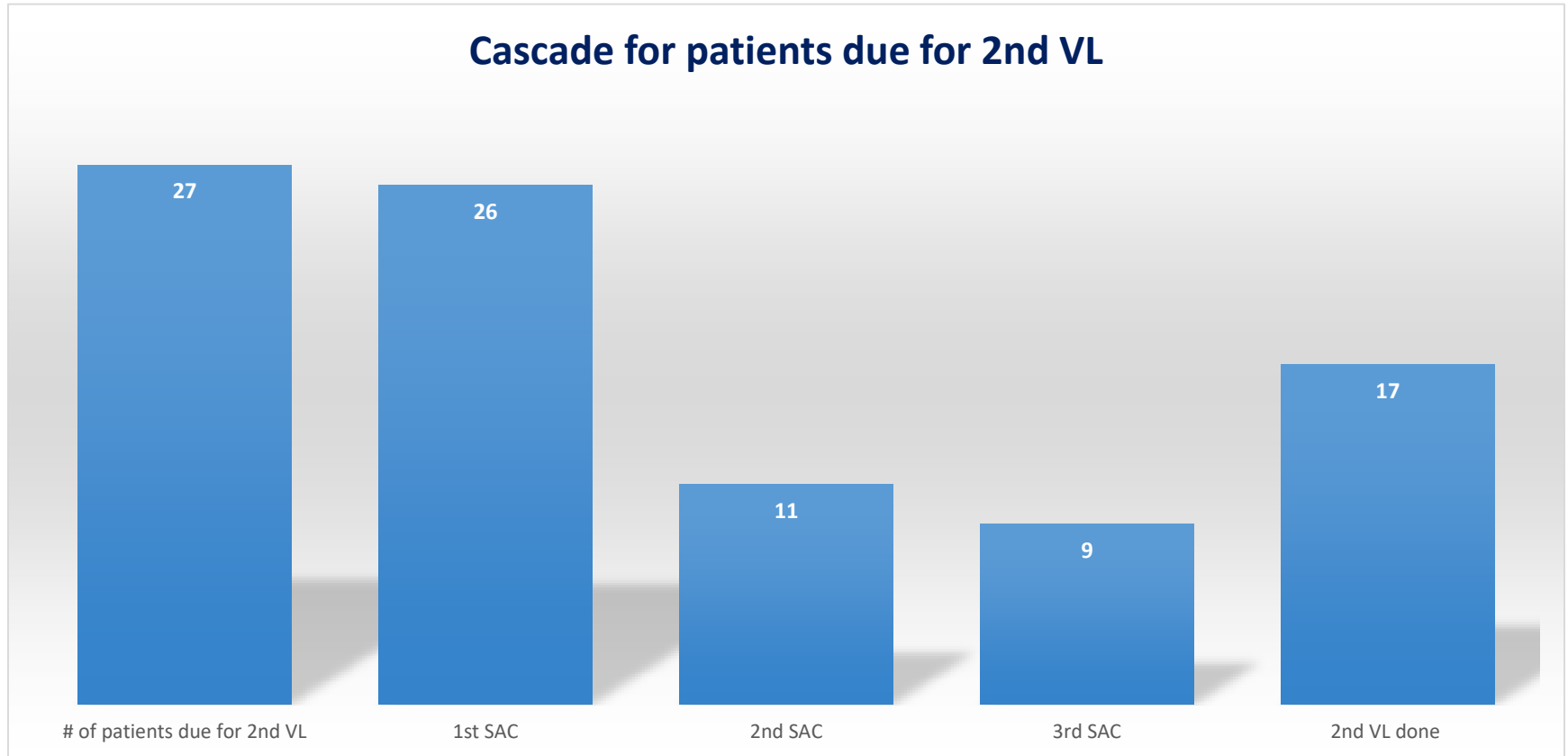
Date	Reason	Outcome	Next
14/09/16	High viral load	Pt had an issue with time she cannot keep time because she takes her tabs in the morning and in the evening.	12/
12/10/16	High viral load	Pt has managed to keep time in the morning and in the evening. She is also worried about her weight she is losing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

Results

High viral load patients called within 2 days

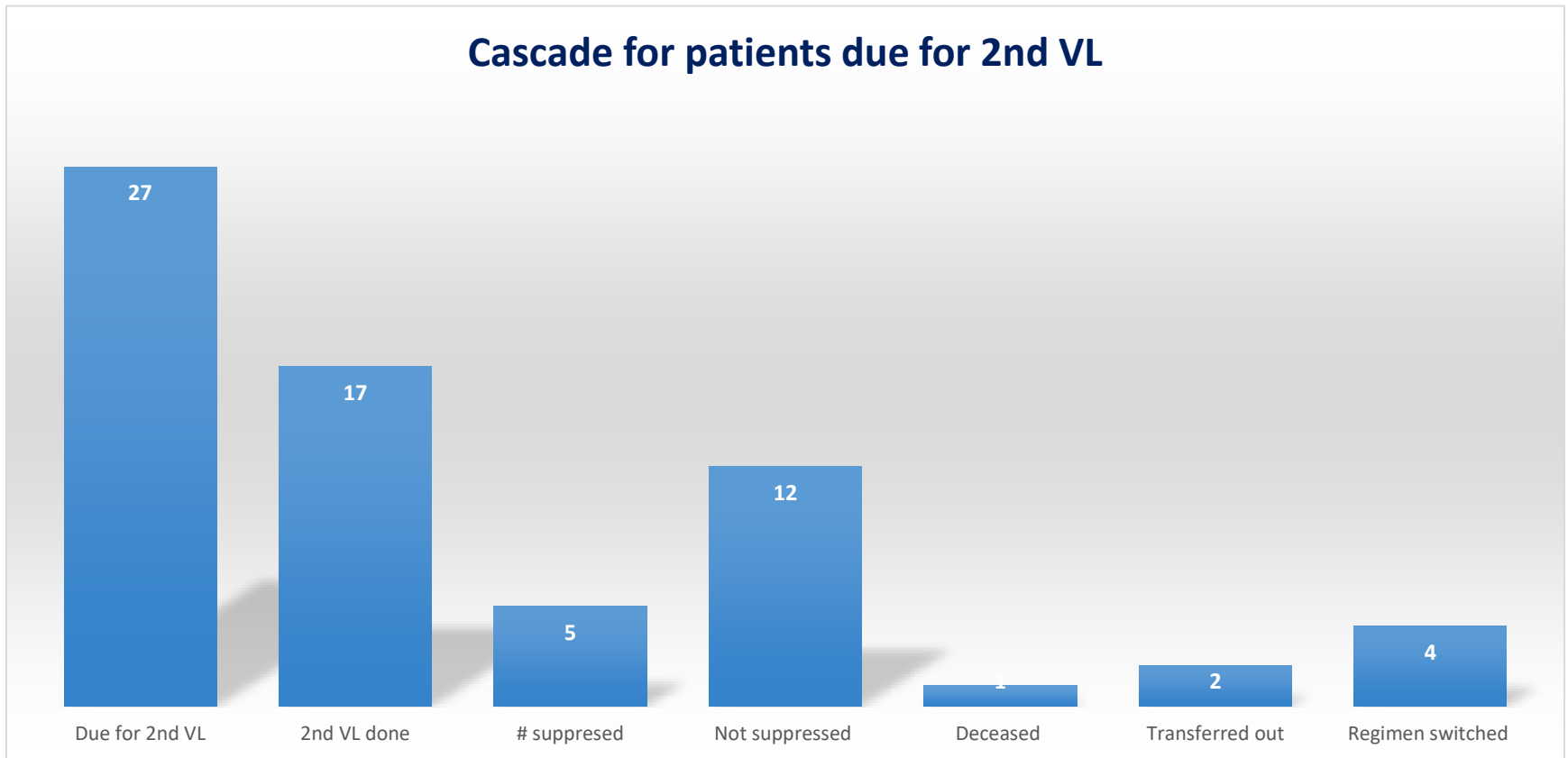


Results cont.



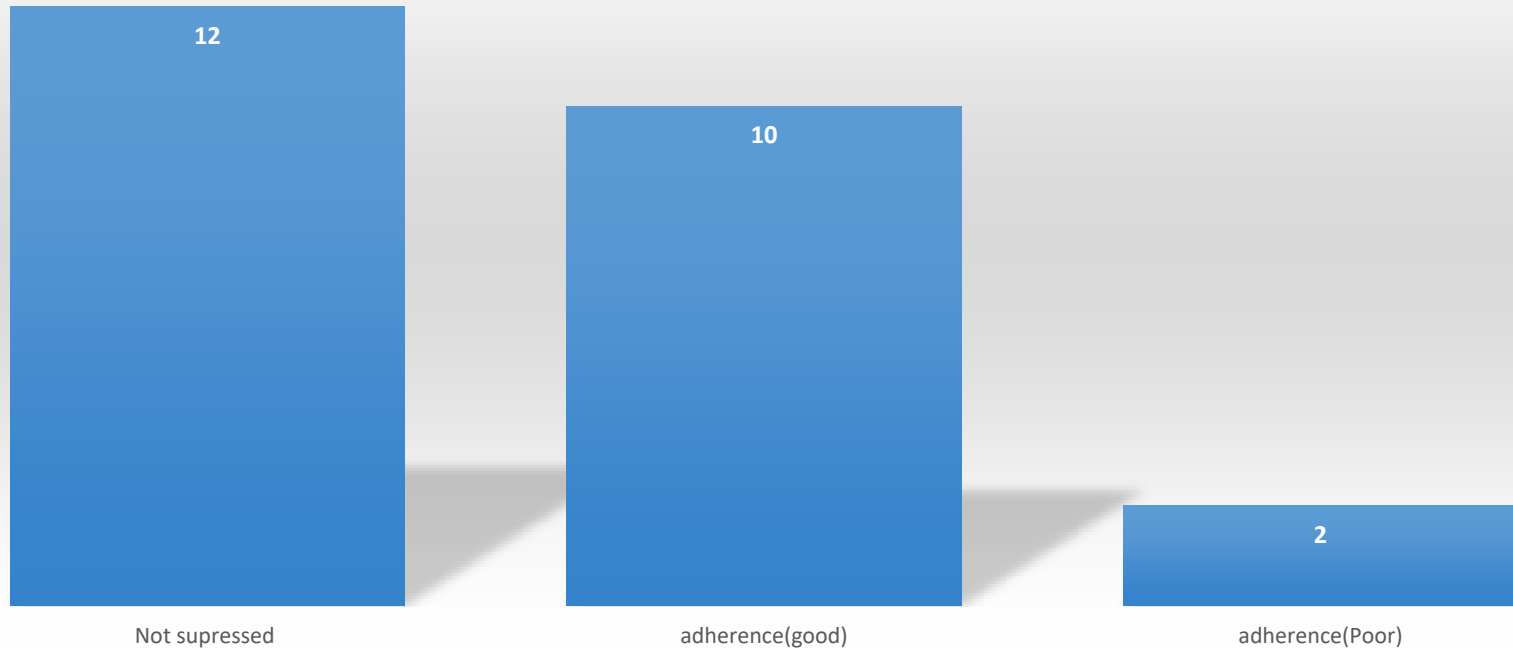
Results cont.

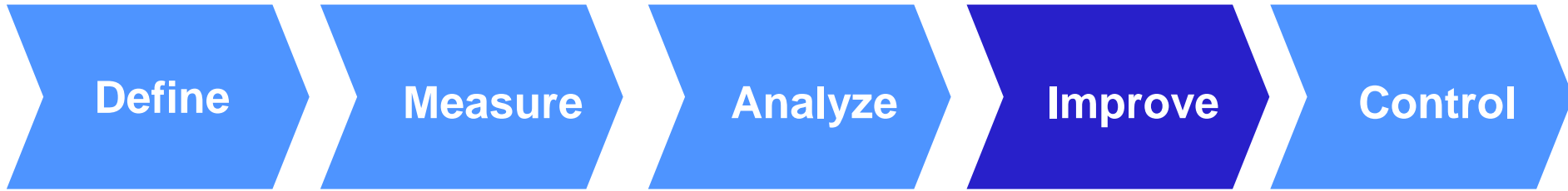
Cascade for patients due for 2nd VL



Results cont.

Not suppressed patients Vs Adherence





Just Do It

- Mounting of the HVL results inbox in the ART clinic.
- Identification of HVL results by the phlebotomists for nurses action.

5S or Visual Management

BEFORE



AFTER

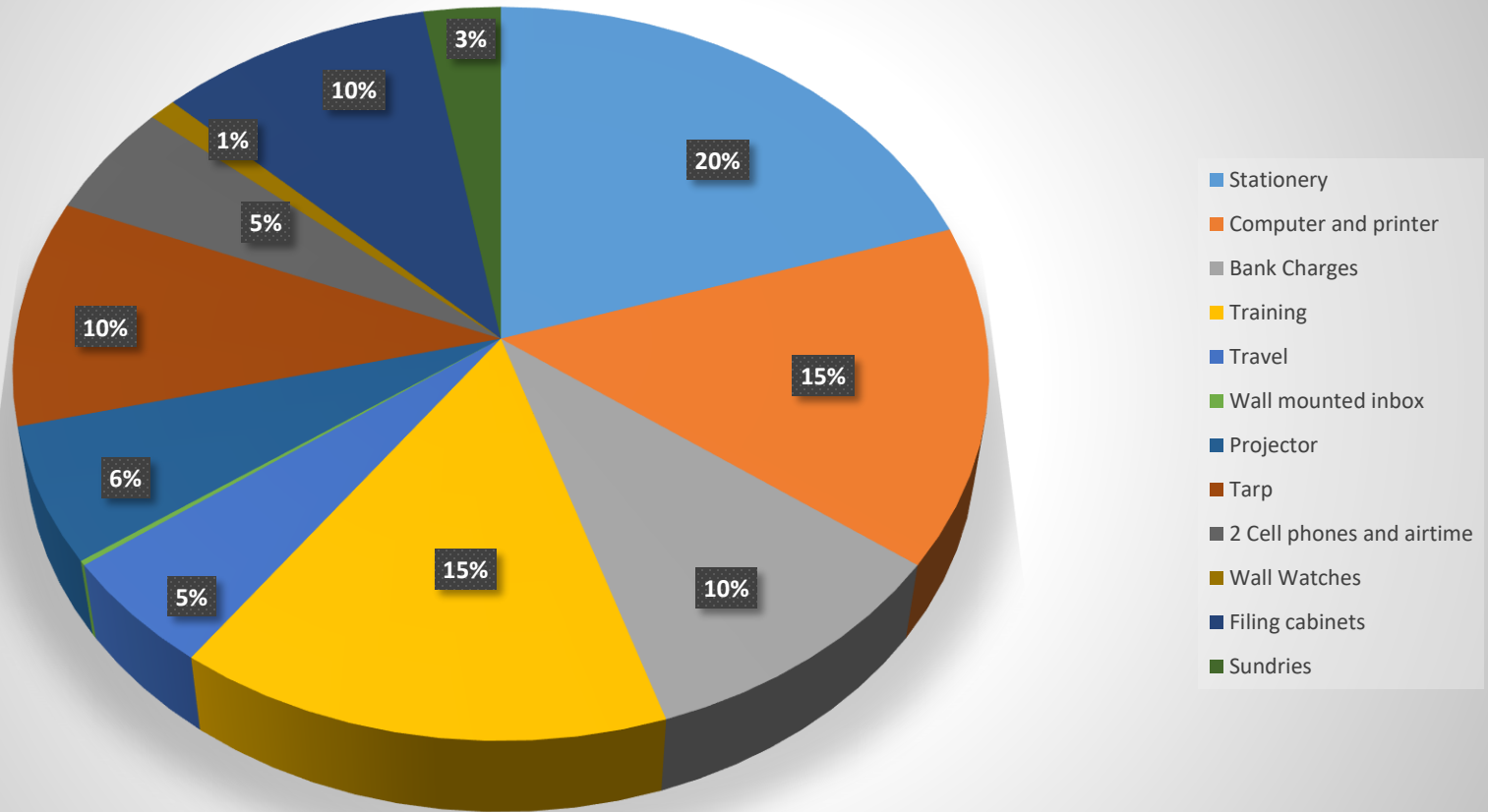


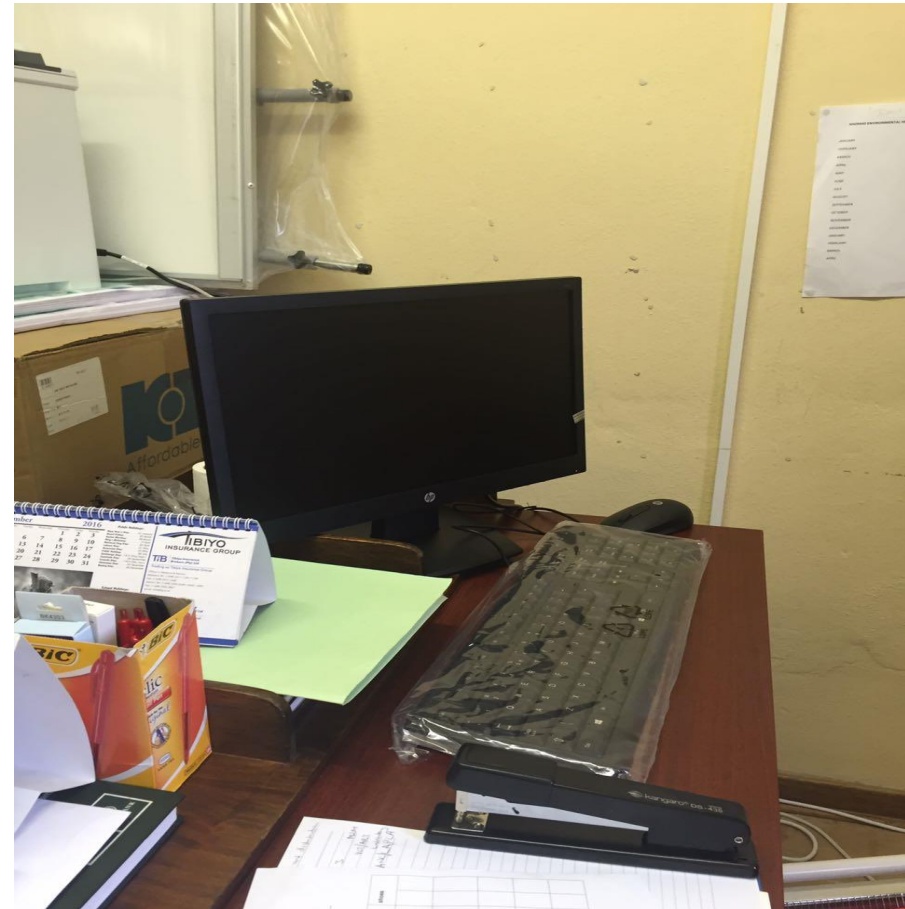
Control Plan

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	Nokulunga Dlamini (Sister In-Charge at Motshane Clinic)	Handling of HVL results at Motshane Clinic	Project measures will be monitored quarterly and presented at RESAR.	MDT meeting with the facility team to re-map process and identify the gaps.	The viral load task force.

Budget

Budget Allocation for Project





Swaziland: Results Interpretation/Clinic Management

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
<ul style="list-style-type: none"> <input type="checkbox"/> Viral load results are difficult to read and interpret and requires laboratory assistance <input type="checkbox"/> Clinicians are not properly trained to interpret viral load results <input type="checkbox"/> Clinicians are uncomfortable integrating viral load results into ART care <input type="checkbox"/> Clients do not understand their viral load results <input type="checkbox"/> Clinicians have no backup person to call to discuss difficult cases or clients who require 2nd line treatment <input type="checkbox"/> No standard operating procedures for result interpretation and client management 	<ul style="list-style-type: none"> <input type="checkbox"/> Viral load results are occasionally readable and interpretable and requires minimal laboratory assistance <input type="checkbox"/> Increased awareness of result interpretation by clinicians <input type="checkbox"/> Few clinicians are comfortable integrating viral load results into ART care <input type="checkbox"/> Clients have a limited understanding of their viral load results <input type="checkbox"/> Intermittent availability of consultation for 2nd line treatment <input type="checkbox"/> Standard operating procedures for result interpretation and client management are in development <p>AUGUST 2016</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Viral load results are consistently readable and interpretable by clinicians <input type="checkbox"/> Clinicians are adequately trained in viral load result interpretation <input type="checkbox"/> Clinicians regularly discuss VL results with clients <input type="checkbox"/> Clients understand their viral load results and can repeat their understanding back to the clinician <input type="checkbox"/> Standardized system in place which all providers have a designated POC/referral system in place to consult for management of VL results and switch to 2nd line <input type="checkbox"/> Result interpretation and client management standard operating procedures are established and implemented across the organization <p>NOVEMBER 2016</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for client management <input type="checkbox"/> All stakeholders (e.g., clinicians, personnel, clients, etc.) play active role in client management and their viral load <input type="checkbox"/> Clinicians ability to identify missed opportunities for ensuring VL results are integrated with client management <p>MAY 2017</p> <p>NOVEMBER 2016</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of client management

Inter-cadre collaboration

- More interaction between nursing and laboratory cadres.
- More understanding of roles of the different cadres in patient care.
- ARC experience in the Dyad resulted in more efficiency and accountability.

Challenges

Challenges

- Conflicting schedules amongst Dyad members.
- Inability to source some of the budgeted items.

Dealt with the challenges

- Updates through Whatsapp and email with visits by one team member.

Lessons Learnt

- Inclusiveness and awareness of project by all clinic staff.
- Appreciation of staff effort and being open to staff suggestions.
- Staff appreciated seeing senior MOH officials actively engaged in a project that would benefit the facility.
- Have regular update and review meetings with facility (planned review meetings for project are important).

Way Forward

- Development of necessary SOPs and integration of new VL tools in the facility.
- Project close-out and handover to the facility.
- Share project success with other facilities to encourage intake of the strategy.

Lessons learnt at Implementation site

- Treatment failure is common amongst patients who have been on ART for long.
- With interventions of counselling, changes in noted in patients behavior (social and adherence).
- Routine VL testing has assisted in identifying patients who do not take their pills even though their adherence scores are good.

Challenges at implementation site

- Patients do not adhere to scheduled appointment times.
- Regimen switches which are done by the M.O. are not done according to the national guidelines (one drug is changed instead of two drugs).

Siyabonga!

