

SWAZILAND



Improving Clinical Process to High Viral Load Results at Motshane Clinic

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Motshane Clinic



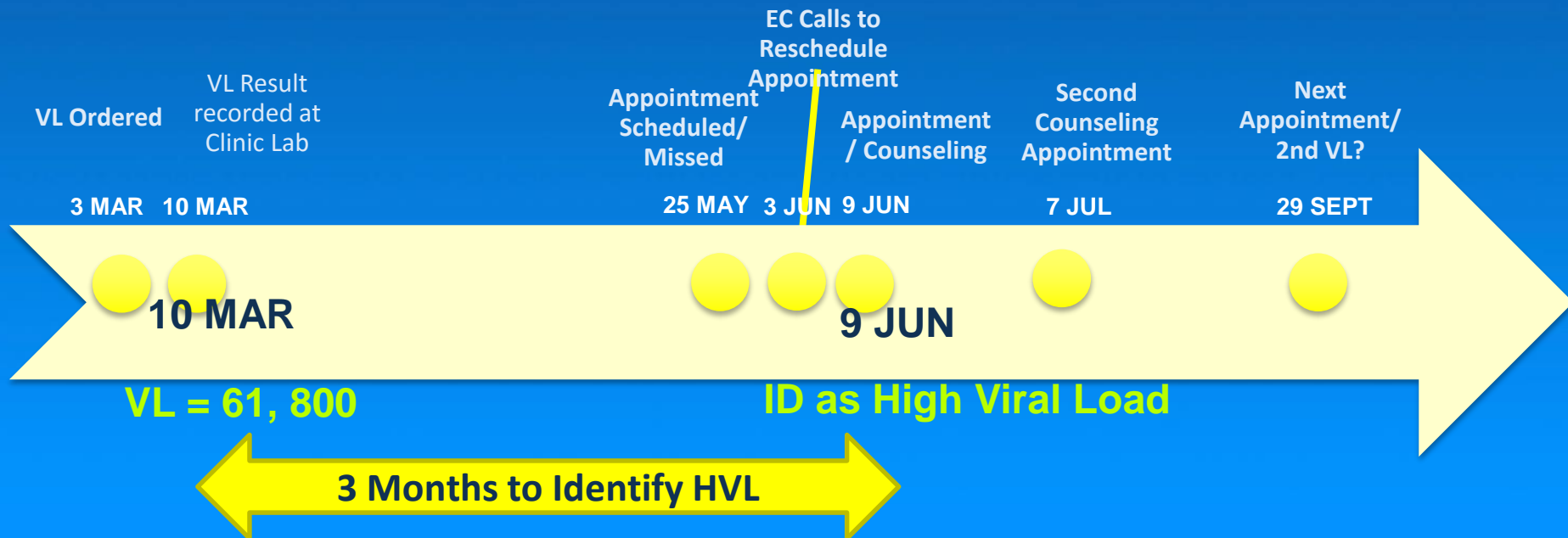
Planning Process

- 1. Process Mapping-** How the High VL results are received and actioned at the facility. This is a crucial tool for seeing, understanding, and improving the process.
- 2. "Go & See"** - We visited the facility to follow the mapped process. Actually trace patients
- 3. Engaged the cross-cadre team** in "seeing" the process leading to engaging of all the team members in improving the process
- 4. Impact Effort Grid** was used for prioritizing multiple opportunities/suggestions for improvement

Background: Problem Statement

There is no system to track high viral load results and there is delayed clinical interventions.

A Patient "Falls through the Cracks"



Project Objectives

- To increase the percentage of patients with high VL Results with documented appointments for timely clinical intervention and follow-up from 12% to 50% by July 30, 2016
- Follow-up schedules from 50% to 80% by November 2016

Metric: # of High VL patients who meet follow-up criteria
 # All patients with high viral load Results @ Motshane

IMPACT

Major Improvement

Just Do It

- a) Train Nurses
- b) Sample tracking tool
- c) Flag high VL results
- d) Centrifuge VL samples @ clinic "mini" lab

Projects

- a) Improve process for handling ↑ VL results
- b) Electronic health record

Minor Improvement

Just Do It if Impactful

- a) 2 Pt Identifiers on Req
- b) Script for Expert Client
- c) High VL results visible
- d) Inbox for ↑ VL reports

Just Park It

Easy to Do

Difficult to Do

EFFORT

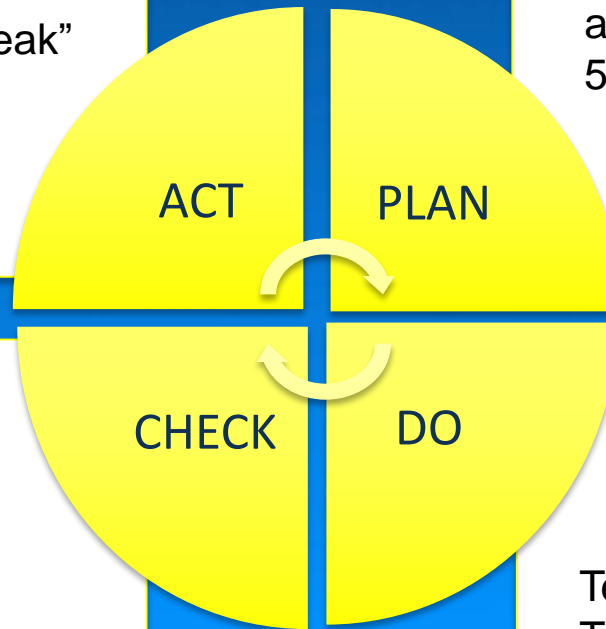
Methods - Intervention

Action Item	Responsible person (s)	Start Date	End Date
Development of a high VL tracking log	Dyad members, printed by Sehlephi	7/12/16	7/12/16
Baseline Data Collection	Hloniphile and Siphwe	7/15/16	7/28/16
Review and analyze preliminary data	Sindi and Nokulunga	7/27/16	7/29/16
Facilitate National algorithm training for facility staff	Sindi	8/25/16	11/30/16
Review and share data with stakeholders	Whole Team	November 2016	February 2017

PDCA - Small Test of Change (July)

- Worked well ➔ Standardize
- Did not work ➔ Create new test of change (PDCA)
- Worked partially ➔ “Tweak” and begin PDCA #2

↑ % of high VL patients scheduled for F/U appointment from 12% to 50%



Analyze Data (by 29 July)

- Met goal?
- Why/Why not?

Test new Daily High VL Tracking Log on Tuesdays & Thursdays 12-22 July

Methods – Data Collection Plan

- Those who meet the criteria for follow-up are patients with high VL results of over 1000 copies/ml
- The baseline measure is at 12% and the projected target is at 80% after intervention

Methods – Data Collection Plan (cont'd)

- A high VL track log has been created to capture all VL results above 1000 copies/ml
- All VL results will be sent from the molecular lab at the NRL to the mini-lab with high VL results highlighted
- At the facility, the ART nurse will review the results and the expect client will call the client within two days for intervention

Example of Data Collection Tool

Please put in the date of when the below actions on high viral load results were carried out and your initials.							
Patient Name, Surname and MOT Number	Received in the lab	Received by nurse	Reviewed by nurse	Received by the Expert Client	Actions taken by expert client (Please tick actions carried out and put in next appointment date)	Date of log review by nurse (sign.)	Comments
					<input type="checkbox"/> Call Patient <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: _____		
					<input type="checkbox"/> Call Patient <input type="checkbox"/> Call Treatment Supp. <input type="checkbox"/> File Results Appt. Date: _____		
Total patient results with high Viral loads =				Total Patients with high VL acted on fully within 2 days =			

Results of the “small test of change”

- Baseline was determined by looking at previous data of HVL results received in the facility from 1st January till 8th July against the number of HVL that were actioned on within 3 days (N=25).

of High VL patients who meet follow-up criteria (3)


All patients with high viral load Results @ Motshane (25)

- **Baseline metric was 12%**

Results of the “small test of change”

- Between the 12th and the 22nd of July, viral load results were received in the facility.
- All results received (N=4) were below 1000 copies/ml.
- Small test of change period will be extended for an additional two weeks.

The Model for Improvement

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 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 Increase the percentage of high viral load patients with documented appointment and timely clinical follow-up</p> <ul style="list-style-type: none"> ➤ from 12% to 50% by 22 July 2016 (Short term aim = Follow-up appointment scheduled) ➤ from 50% to 80% by 31 October 2016 (Long term aim = Counseling and second viral load recorded) <p>Metric: $\frac{\# \text{ of patients who meet follow-up criteria}}{\# \text{ patients with high viral load}}$</p>	<p>NEW LOG / NEW PROCESS</p> <p>Track Handoffs and Clinical Actions related to High VL Test Results</p> <p style="text-align: center;"></p> <p>Appropriate Clinical Care for Patients</p>

Challenges

- Getting all members to attend regular meetings.
- Delayed results return due to backlog at the reference lab.

Summary

This project is about:

Improving the process for managing patients with high HIV viral load

As a result of these efforts,

Patients with high viral load will be identified and scheduled for appropriate & timely clinical follow-up.

It's important because we are concerned about:

- *Utilizing viral load results to improve the health status of patients by suppression of high HIV viral loads.*
- *Maximizing the efforts and financial input of the Swaziland MOH and its multiple health care partners.*

Success will be measured by showing improvement in:

- *Percentage of high viral load patients who are scheduled in a timely manner for appointments and provided appropriate clinical management.*

Way Forward

- Pay weekly visits to the facility to understand easy use of the log
- Bi-weekly site visits to review data with facility staff
- Share preliminary findings with SNAP and the VL Task Force

Thank you

