

TANZANIA LARC

Result reporting

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DNMS Office: Tanzania Ministry of Health Community Development, Gender, Elderly and
Children

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Tanzania LARC Team



Country Team

Laboratory Professional

Core

- Charles Massambu,
- Mike Mwasekaga
- Anyelwisye Kabuye,
- Dickson Majige,
- Angelika Luguru ,
- Victor and
- Erenest Lokoya

From the site

Magreth Msanga



Magreth Lyimo

Nursing Professionals

Core

- Gustav Moyo ,
- Nassania Shango ,
- Ligmas Samwel
- Paul Magesa
- Lena Mfalila,

From the site

- **Sweet Ndurumaki**
- **Mwanamsham Jangama**



Mkuranga District Hospital



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>Impacting HIV+ patients management by assuring patients with high Viral Load (VL) receive timely enhanced adherence counseling</p>	<p>AIM Statement</p> <p>Increase percentage of high VL patients with a documented return visit from 35% to 70% by 31st Jan 2017 and to 100% by 30th June 2017.</p> <p>Metric: Number of high VL patients with documented EAC return visit / All patient with high VL results per month</p>	<p>Intervention</p> <p>Flagging System to highlight patient with high viral load Call/notify patients with high VL to return for EAC within 2 weeks</p>

Elevator Speech

This project is about

Impacting HIV + patient management by assuring patients with High Viral Load receive timely Enhanced Adherence Counseling (EAC)

As a result of these efforts,

Patients will achieve HIV viral suppression

It's important because we are concerned about:

- ❖ In country HIV epidemic control
- ❖ Achieving 90/90/90 HIV&AIDS goals by 2020

Success will be measured by showing improvement in:

Percentage of HIV patients with high Viral Load attending timely EAC

What we need from you –

Technical support and commitment



LARC project Stakeholder

- MoHCDGEC
- District Health administrators
- Hospital Management
- CTC and Laboratory health workers
- We shared information about the LARC project with our stakeholders by actively engaging them in meeting.
- we have an excellent team spirit and ownership at the facility level because all the health care workers are actively involved in the Project Implementation.

Process Mapping



Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1. Check in at CTC Clinic	CTC 1 Card accepted; Triage; File pulled	Nurse	Minutes	CTC 1 Card; CTC 2 Card	Outdated CTC 2 – no place for Viral Load (VL) tracking
2. Identify eligible client for Viral Load (VL) test	Review the file; Identify clients eligible for VL test according to country protocol	Nurse	Minutes	Patient file with CTC 2 Card; National Guidelines	No flagging on patient file or highlighting on CTC VL Register to identify HVL pts or those due for VL testing
3. Educate & Obtain Consent for VL Test – Group or Individual	Explain VL testing/significance; Obtain verbal consent for VL testing	Nurse	Minutes		Let patients know that if VL results are abnormal, they will be called and should be prepared to return early for next appointment; Standardized VL education material
4. Obtain Anthropometrical Measurements - Check-In	Obtain Height/Weight	Nurse	Minutes	CTC 2 Card	No Streamlined Check-in process

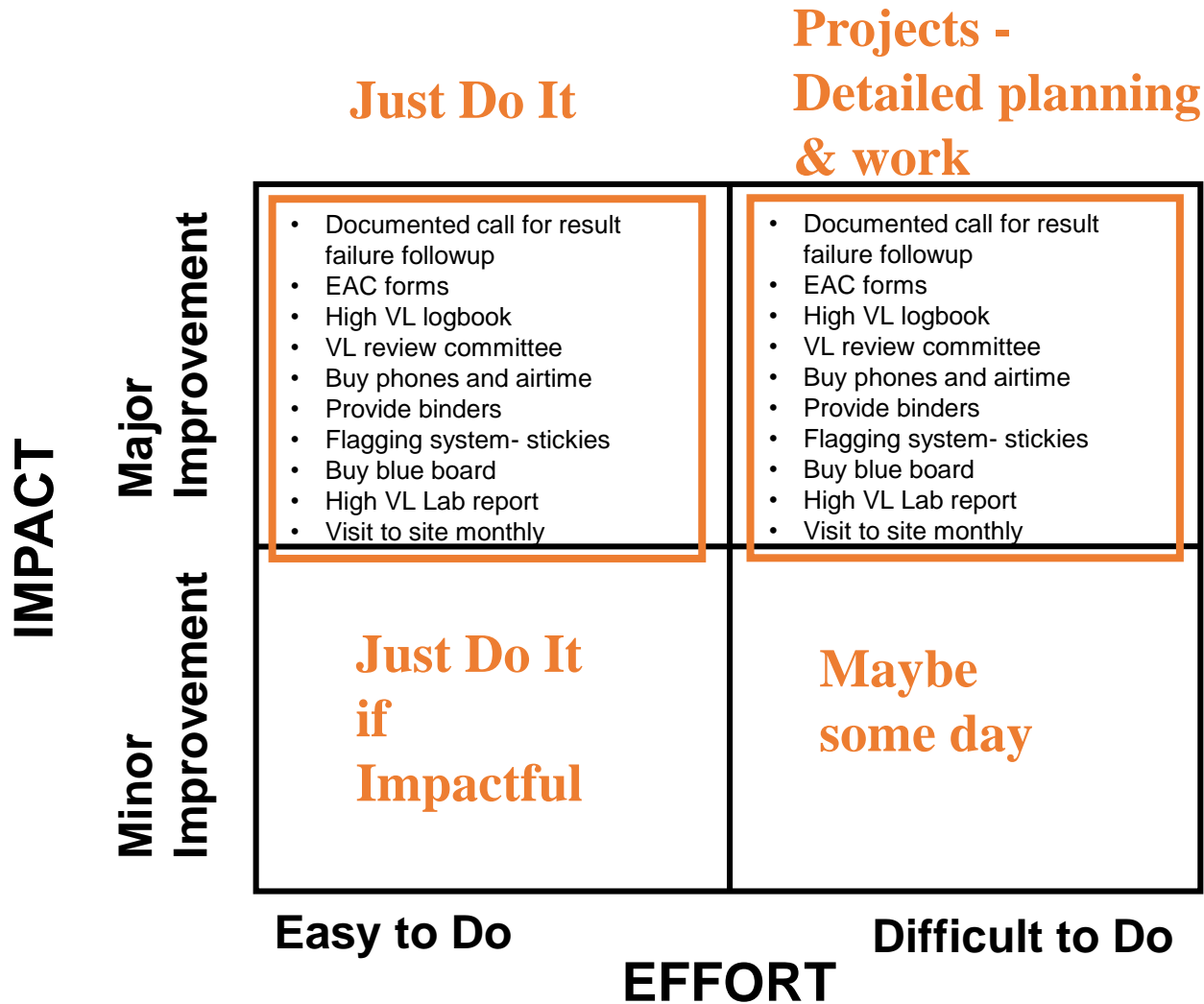
Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
5. Examine Patient	TB screen (standardized tool), OI Screen; Document on CTC 2 card	Clinician	Minutes	Patient File	Outdated CTC 2 Card; No flagging of patients who need an initial VL or HVL patients
6. Order Viral Load (VL)	Complete VL request form	Clinician	Minutes	HVL Laboratory Request Form	No VL laboratory requisitions
7. Document in CTC VL Register	Record in CTC Registration Book & VL Log Book; Assign Lab ID or look up if done before; Validate completeness of VL requisition form; Set up follow-up appointment	Nurse	Minutes	HVL Laboratory Request Form CTC VL Register Appointment book	Incompletely-filled VL lab request forms; Multiple Logs; No way to follow-up if patient returned for f/u appointment; Challenges in assigning "Lab ID" - currently assigning serial numbers as patients come
8. Escort to lab	Escort patient	Peer Educator	Minutes		
9. Register patient in Lab	Check Request Form for completeness; Register in Lab register; Check if other tests requested	Lab technician	Minutes	HVL Laboratory Request Form HIV Viral Load Facility Register (Lab Register)	

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
10. Draw patient's blood (phlebotomy)	Patient education; Sample collection	Phlebotomist	Minutes	HVL Laboratory Request Form	
11. Process Sample	Centrifuge; Store Plasma at 2-8 degrees if necessary	Lab Technician	Minutes – 3 days		Future Point of care Testing
12. Prepare sample for Transport	Package sample; Complete manifest; Transfer to Peer Educator	Lab Technician	Minutes	HVL Sample Manifest	
13. Transport Sample	Load bus fare; Check manifest, verify & sign; Receive samples in cooler box; Deliver to National Reference Lab (NRL)	Peer Educator	4-8 hours	HVL Sample Manifest	Biosafety training for peer educator; Concerns re: Biosafety in transport (public bus system); Bus fare not loaded on phone;
14. Deliver samples;	Samples delivered to lab; Manifest reviewed & signed; Sample handoff; Specimen rejected if does not meet criteria	Peer Educator; NRL VL lab technician	Minutes	HVL Sample Manifest; NRL Sample Receiving Log	

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
15. Test Sample	Sample received, stored, tested & results reported	NRL VL Medical Laboratory Scientist	2-4 weeks	Electronic Report → Printed	Result delivery not electronic (SMS or wireless printer for NK site); No monthly high VL report to site
16. Collect Results at NRL/Transport to NK Clinic Lab	Results dispatched to peer educator; Dispatch book signed	NRL VL Medical Laboratory Scientist; Peer Educator	0.5 day	Result Dispatch Book; Printed laboratory reports	Improve lab result report – Standardize reporting (e.g., TND, Not detected, <20), Add clinical decision support to report & Flag high VL
17. Receive / Register Results / Dispatch to CTC	Receive results; Transcribe into Lab Register; Transcribe to paper VL Request Form; Document time/date delivery to CTC	Lab Technician	1- 2 days	Patient's HVL Request Form; HIV Viral Load Facility Register (Lab Register); HIV Viral Load Dispatch Log	No highlighting of high VL results; Results not accounted for;
18. Enter results into Data Base / Sort into high & low values	Hand off form signed; Results entered in data base &	Data Clerk	1-2 days	Hand-off form; VL Request Form with transcribed result	No highlighting of high VL results

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
19. Place results in patient file	Recorded in CTC VL register & High VL Log Book; Place report in patient file; Transcribe results to CTC 2 Card	Nurse	1-3 days	CTC VL Register; High VL Log Book (Register)	No flagging files or highlighting CTC VL log to identify HVL pts or those due for VL testing; No patient notification of HVL results (e.g., No Phone); No communication log - no place to record if called; No method to track follow-up; i.e. did patient return for scheduled appt. (Suggest appointment book); No national high VL register
20. Initiate EAC at next visit	EAC initiated;	Nurse	1 month	High Viral Load Counseling Form (now in CTC Clinic)	No EAC Forms; No place to track when next VL is due if patient is compliant – suggest EAC form redesigned to include “decision point”;
21. EAC #2/#3; Continued ART dispensing	Additional EACs; Pharmacist dispensing additional monthly ART	Nurse / Pharmacist	2 months		No pill count recorded - Pharmacist not engaged in pill count;
22. Check 2 nd viral load if patient compliant		Nurse	After 3 months		Inconsistent implementation of country algorithm – I.e., ordering of 2 nd VL, No pill count recorded; No place to record when follow-up VL due if pt. compliant;

IMPACT / EFFORT GRID A Tool for Prioritizing Opportunities



JUST DO IT - HIGH IMPACT & EASY TO DO

- Documented call for result failure followup
- Availability of forms for EAC
- To have logbook for high VL result and EAC
- Formulating VL review committee
- Buy phones and airtime
- Provide binders
- Flagging system stickies
- Buy blue board
- High VL report visit to site monthly

PROJECT

- Monitoring time to pick up results from testing lab after calling the facility
- Reduction of TAT
- Monitor actual TAT
- Providing bus fee for sample transportation by peer group
- Having standard result reporting
- Create SOP
- Mentorship & training
- Availability of policy

MAYBE SOME DAYS

- Provide VL machine
- Provide vehicle for sample transportation
- Staff employment



- Gap Identified (Problem):

High viral load results are not acted upon with appropriate timely follow up action

- Aim Statement:

Increase percentage of high VL patients with a documented return visit from 35% to 70% by 31st Jan 2017 and to 100% by 30th June 2017.

Define

Measure

Analyze

Improve

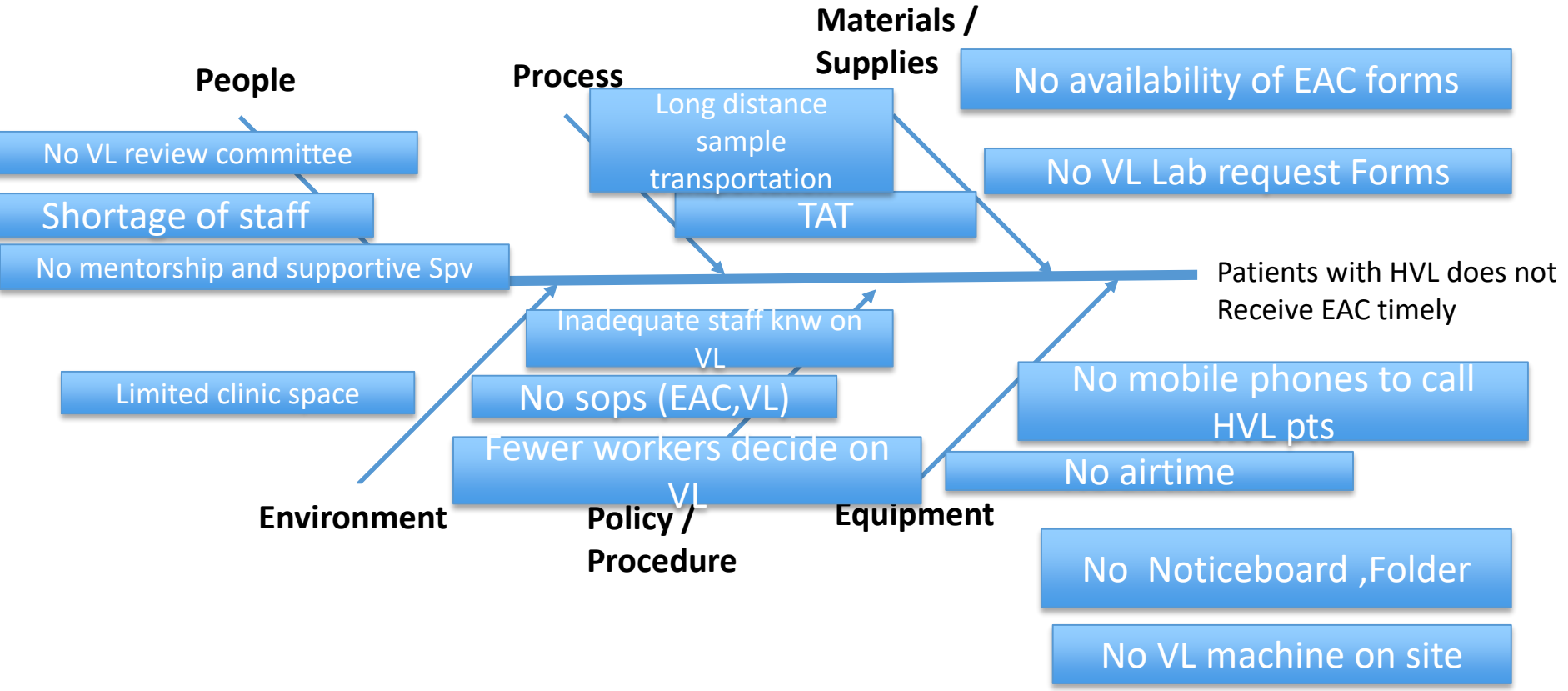
Control

Baseline Data

- **171 VL patient files reviewed** (300 VL test specimens collected at Mkuranga from July to September 2016; however 129 specimens were requested to be recollected due to internal quality control failure)
- **66 patients had HVL results** (viral copies greater than 1000)
- **23/66 (35%) patients had documented return EAC visits**

- **Data Collection Plan / Tool –**
 - Data will be evaluated and entered into a run chart monthly (Data closing period for each month will be the 15th of the following month)
 - Review / Analysis of results monthly (Victor) to guide implementation

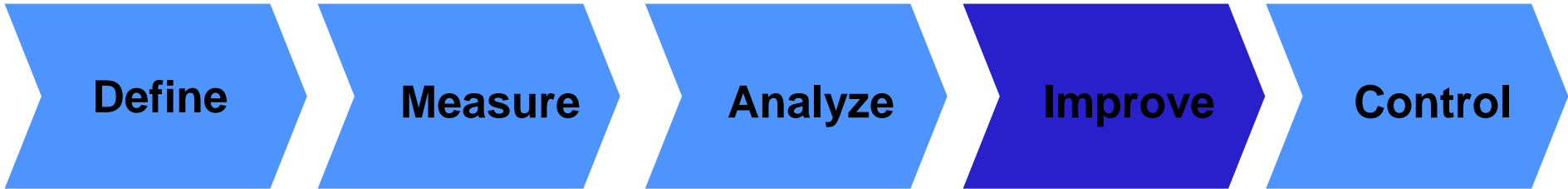
UNIQUE CTC NUMBER	Age	SEX	Viral Load Results (cp/ml)	Date of Viral Load Testing	Date of Viral Load Results at CTC	Phone Call Made /Appointment Date	Follow-up Visit for EAC



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

Action Plan

Action Item	By whom?	By When?
Photo copying 1000 EAC and 2000 VL forms , Tagging files with High Viral Load	Magesa	October
Purchase mobile phones and Smart phones	Magesa	October
Data collection	Victor	February
Training of HW on Viral Load	Ligmas	March
Formulation of VL technical review committee	Anyelwise	December
Monitoring and Evaluation	Core LARC team	Every two months
Site Visiting	Core LARC team	At least monthly
Active communication	Ligmas	Weekly



PDSA #1

- Standardize the solution
- Develop measures to new gaps
- Implement PDSA #2

- Call ↑VL pts within 48hrs
- Schedule EAC
- Schedule EAC # 1
- Improve performance from 35% to 70% by January 2017



- Evaluate monthly progress toward the target of 70%

Implement the plan from November to January 2017

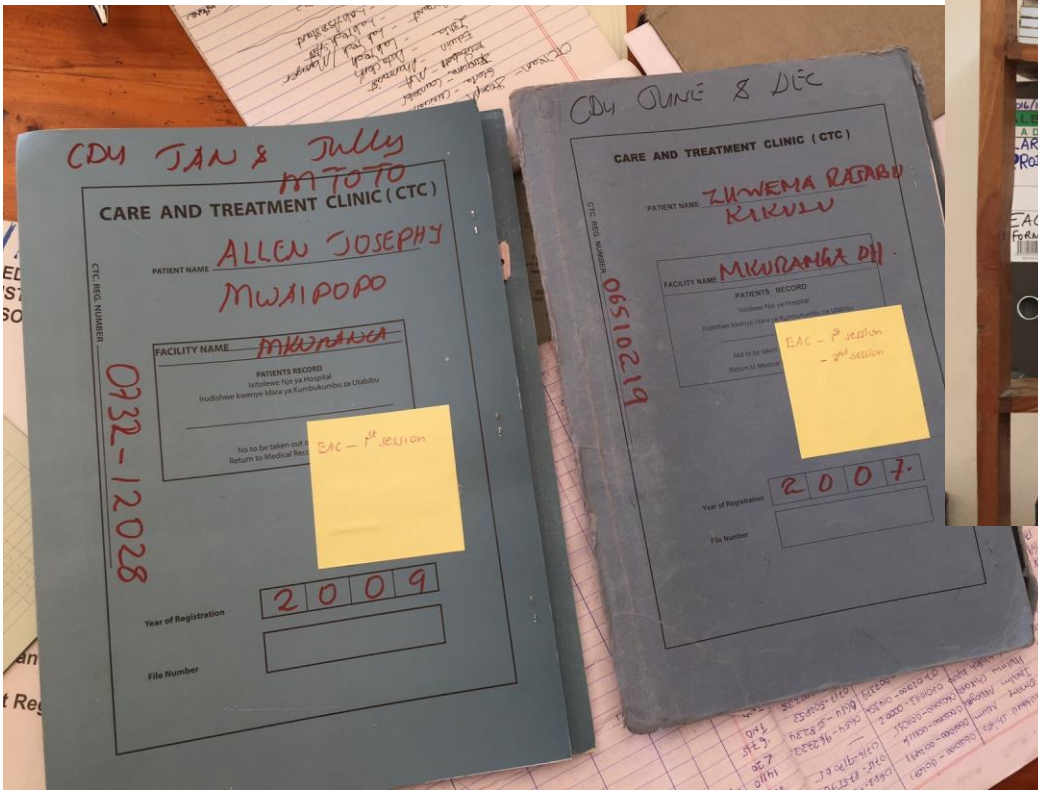
Results to Come



Results to Come



Visual Management



Questions for Thought

- Continuous inter-cadre collaboration was facilitated by;
 - Meeting with entire staff during each site visit (clinician ,Lab personnel ,Data clerk , Pharmacist, Medical attendant)
 - Everyone is able to give the AIM statement
- The project leveraged existing VL in-country initiatives as it is assisting in quality HIV services and improved clinical health outcomes of patient

Challenges / Changes

Challenges

- Meeting as a team

Do differently next time

- Can't wait for the whole team to meet; Keep project moving even when all can't attend
- Pick a single site – consider distance/travel budget/travel time
- Must go to site to actually see what is occurring
- Regular communication with site
- Start early

Good Practices Identified

- Dedicated Phlebotomy Work station for VL patients
- Patients escorted to phlebotomy work station
- Creating a high viral load register from a notebook – Don't wait for permission
- Strong Team Engagement for QI projects
- "We became their team."



Way Forward

- Continue supporting for airtime to enhance EAC
- Continue equipping the site with monthly data collection tool
- Conducting weekly data collection and follow up
- Conduct monthly data review and analysis to monitor trends for improvement
- Providing supportive supervision, Mentorship and training to identified gaps

THANK YOU FOR LISTENING

