

Country :TANZANIA

Assessment of viral load results reporting and interpretation by clinician at two high volume sites in Shinyanga region

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Country Team

Laboratory Professional

Core

- Dr Charles Massambu, Anitha Maganga, Zaharan Hassan, Dickson Majige and Angelika Luguru

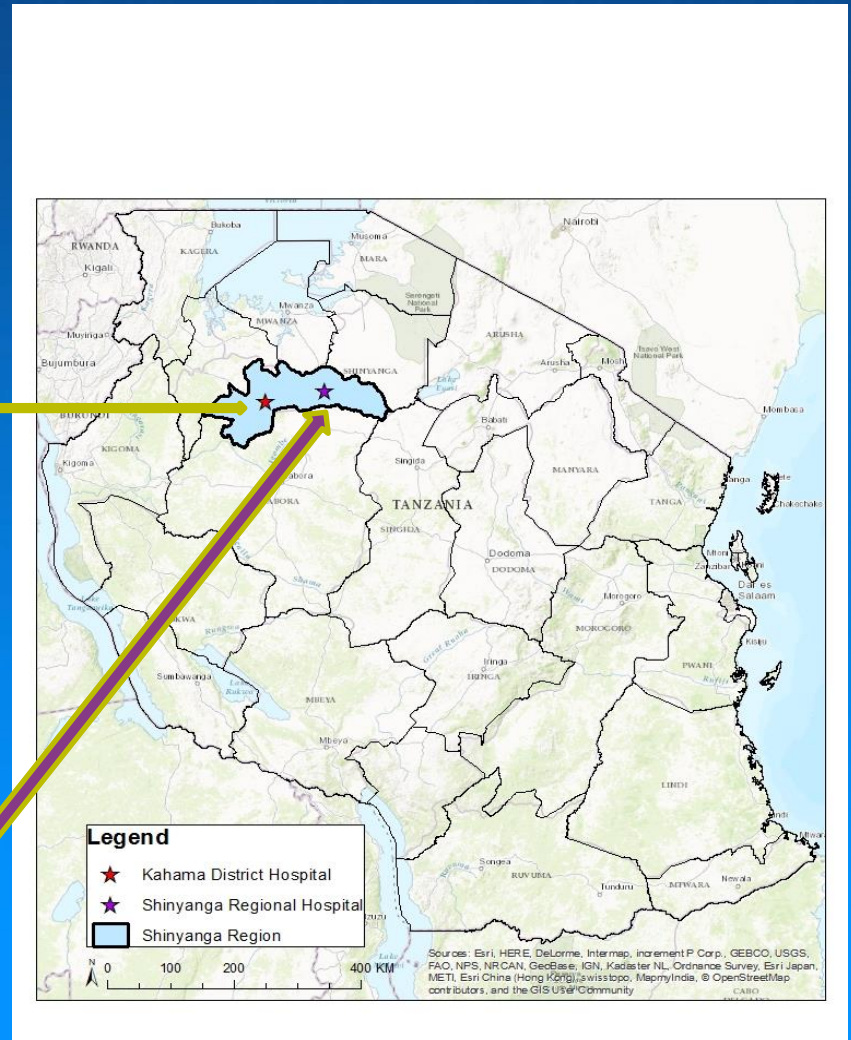
Nursing Professionals

Core

- Gustav Moyo , Nassania Shango , Ligmas Samwel and Paul Magesa
- Lena Mfalila, Happiness Masenga ,Vermand Ndemetria

Name of Facility selected

The map showing Selected Sites: Shinyanga Regional Hospital and Kahama District Hospital



Project Planning Process

The process used to develop project plan

- Development of the Project Plan in Tanzania started in March 2016 letter after LARC meeting in South Africa.
- Several consultative meetings with stakeholders including CDC office in Tanzania were conducted.
- Two lab sites , Shinyanga Regional Referral Hospital and Kahama Town Council Hospital , were selected for project implementation.
- Two staff from the sites were selected to join LARC project
- Letter of concurrence were obtained from CDC and MoH .

Project Planning Process cont-

- LARC team is working collaboratively between Laboratory profession and the Nursing quad.
- The project will fill gaps existing in the current system such as gathering data on how many results are entered in the patient's .as well as leveraging on Viral load scale up
- The project is working closely with the Quality Improvement teams in the respective facilities to complement initiatives already existing.

Background: Problem Statement

- In Sub-Saharan Africa 46% of CD4 test results are misplaced.
- Tanzania as one of the Sub-Saharan Africa Countries which is faced by this problem which occurs within the interconnected processes carried out by clinicians in providing HIV&AIDs care to the patients.
- Moreover carrying out the process in each steps of Viral load testing to patients' results interpretation for appropriate intervention, there are several redundant and ineffective processes observed.
- In sub-Saharan Africa 51% of positive EID test results are not received by patients, misplacement and improperly coded as result timely decision and intervention to the clients are not made.

(UNICEF stock taking report ,2008)

Project Objectives

LARC Project at Shinyanga Regional Referral Hospital and Kahama Town Council will be guided by two objectives :

- i. To improve documentation of viral load results in the register using PDSA-Cycle approach

Numerator: Number of patients visiting in a quarter with properly recorded viral road results in appropriate register

Denominator: Number of patients undergoing VL test in a quarter

- i. To train clinician on proper utilization of Viral Load result to improve patients management in six month.

Numerator: Number of clinician trained on proper management of patients using their viral road results in a quarter

Denominator: Number of clinician attending patients at CTC in a quarter

Methods - Intervention

Action Item	Responsible person	Start Date	End Date
Conduct baseline assessment	Nassania Shango	August, 12,2016	Sept, 12,2016
Train clinician on proper documentation of Viral Road results	Anitha Maganga	August 12,2016	August 12, 2016
Coach and Mentor clinician on proper utilization of VL results in Pts management	Charles Massambu	August 12,2016	August 12,2016

Methods - Intervention

Action Item	Responsible person	Start Date	End Date
Establish clinical data review team	Nassania Shango	August 15, 2016	Sep 9, 2016
Develop SOP for clinical data management and utilization	Magesa Paul	August,17,2016	Dec 17,2016

Methods – Data Collection Plan

- Baseline data will be obtained and analyzed at the beginning of the project implementation , and thereafter, quarterly .

The following project elements will be tracked

- Number of patients with viral load results documented CTC2 card.
- Number of patients with viral load suppressed in 6 months after initiation of ART
- Number of clinician with ability to interpret Viral Load results
- Percentage of patients switched to second line ART

Methods – Data Collection Plan (cont'd)

- Number of patients' register with proper documentations
- Number of CTC data review meeting conducted in a Month
- Percentage of attrition in a quarter (death, stopped ART, Lost to follow up)

These project elements will be assessed quarterly comparing to the baseline assessment: example quarter one will be compared to the base line and Quarter two will be compare to quarter one assessment results etc.

The target is to ensure that each project element is attaining 100% quality improvement compared to its baseline data.

Example of Data Collection Tool

This project will use the prepared data collection tool , this tool will collect both quantitative and qualitative data.LARC_Data collection tool.docx

Challenges

- Limited in country awareness on LARC project

Strategies

Conducted six consultative meeting with in country stakeholders

- Lesson learned, effective communication through email most of the time works best to us.

Way Forward

- Strengthening collaboration between Nursing and Midwifery profession and Laboratory profession
- MoHCGEC to write letters to Regional Administrative Secretary of Shinyanga and District Executive Director to inform them on the exactly date of implementation of this project in their hospitals.
- LARC team to visit the sites for project implementation preparations

ASANTENI

KARIBUNI TANZANIA