



# LARC UGANDA PROJECT

## Viral Load Result Documentation and Utilization

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# UGANDA COUNTRY TEAM



## CORE COUNTRY TEAM

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## OTHER COUNTRY TEAM MEMBERS

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3. Joseph Kabanda
4. Samuel Wasike
5. Jonathan Ntale

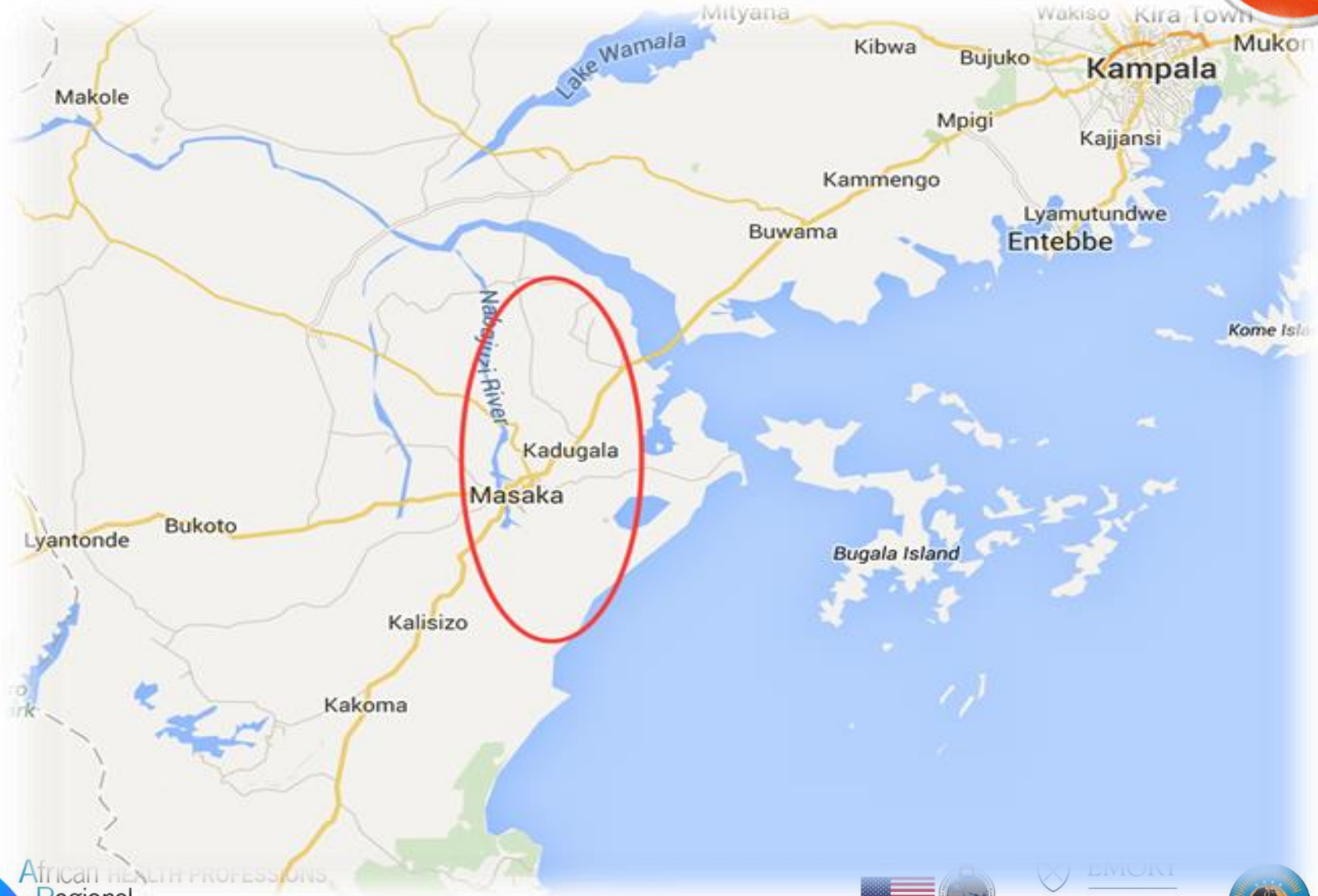
And Dave Cross  
CDC-ATLANTA





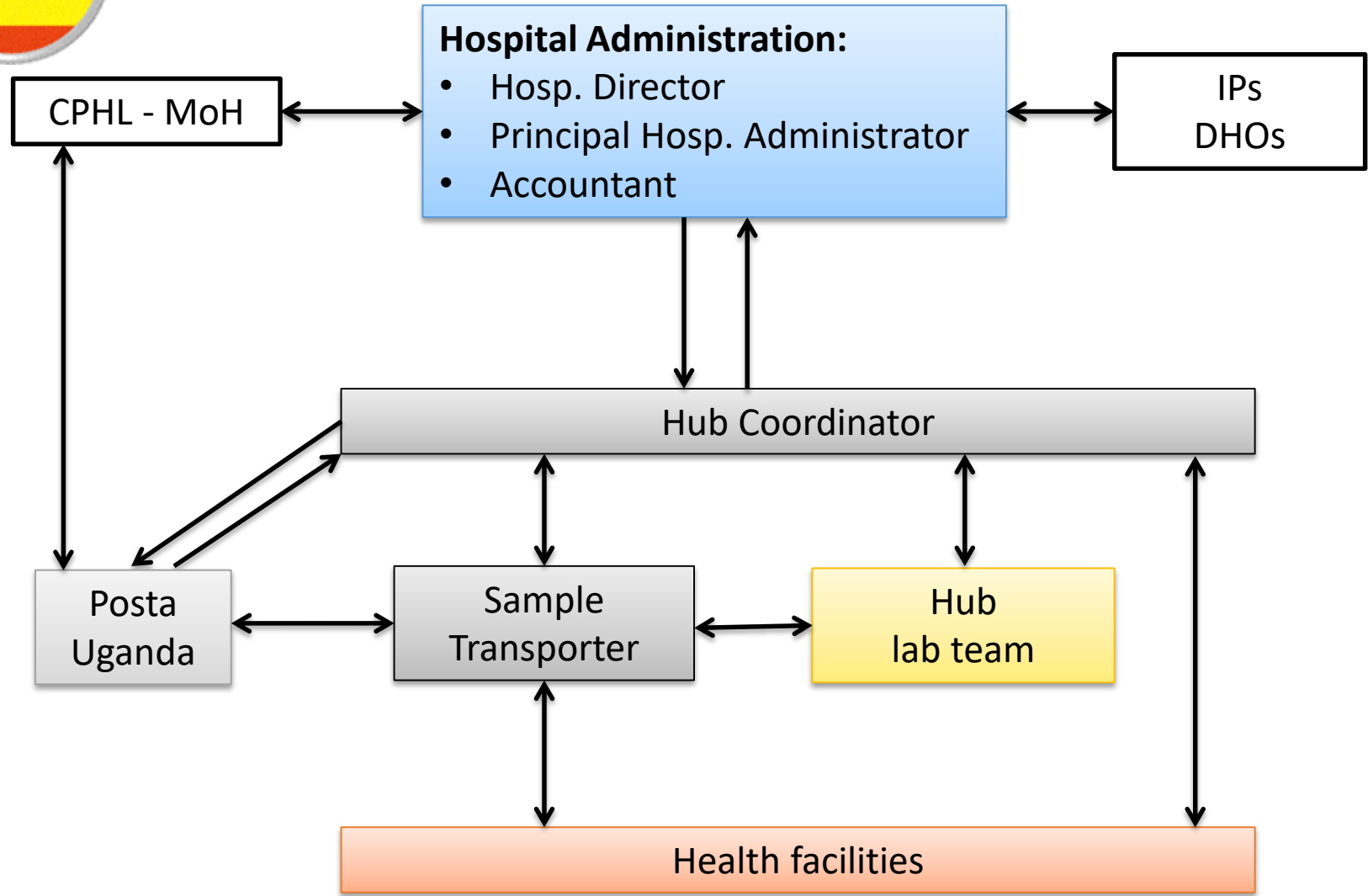


# Masaka Hub





# Hub operations





# 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>GOAL</b> To achieve viral suppression for 90% of all ART clients in Masaka region</p> <p><b>OBJECTIVES</b></p> <ol style="list-style-type: none"><li>To Improve the percentage of VL test results accurately documented in patient files between July 2016 to Jan 2017.</li><li>To Increase the percentage of eligible patients managed using the VL test results between July 2016 to Jan 2017.</li></ol>	<p><b>AIM Statement</b> Improve documentation and utilization of viral load results in patient management to 100% between July 2016 to Jan 2017.</p> <p><b>Metric:</b></p> <ol style="list-style-type: none"><li>Number of patient with an accurately documented VL result/total number of patient files with VL test result</li><li>Number of patients managed according to VL result/total number of patients with VL test result</li></ol>	<ol style="list-style-type: none"><li>Mentor HWs on results utilization ensuring that VL results are documented on the next attended appointment following results receipt.</li><li>Flag patient files using different colors of stickers according to VL eligibility and results</li><li>Develop and use clients flow chart based on the VL eligibility criteria.</li><li>Document that VL testing has been requested, sample collected, test done and results returned to facility.</li><li>Stamp returned results showing date received at facility</li><li>Develop and use VL results utilization flow chart based on the VL suppression</li><li>Ensure that the received patient result is subsequently documented on the patient ART CARD preferably on the next appointment date when the patient attends in person.</li><li>Track result utilization on the patient file and write summary of decision taken</li></ol>

# Elevator Speech



## **This project is about:**

Improving documentation and utilization of viral load results in management of patients on ART in Masaka Region.

## **As a result of these efforts:**

Patients on ART will be monitored better to achieve viral suppression in 90% of patients on ART; thus reduce incidence of new HIV infections, ill health and HIV related deaths, improve quality of life and increase productivity.

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

- ❖ The low level of VL results reporting and documentation in patient files despite improved access to VL tests.
- ❖ Low utilization of VL results for patient management at health facilities
- ❖ Delayed clinical response to unsuppressed VL results.

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

- ❖ Timely documentation of VL results in the relevant HMIS tools following receipt at facilities
- ❖ Increased utilization of VL results by clinicians in making treatment decisions.

**What we need from you** –support in; capacity building of front line Health Workers (Nurses, Lab and Clinicians) in VL results utilization.

# Define

# Measure



# Analyze

# Improve

# Control

### GAP

Low documentation and utilization of VL results in Masaka hub & its peripheral health facilities

### AIM

Improve documentation and utilization of viral load results in patient management to 100% between July 2016 to Jan 2017

### BASELINE MEASURE:

PEPFAR SIMS assessment tool , LARC facility assessment

### DATA SOURCE:

survey 18th – 21st July 2016

### SAMPLE SIZE:

24 facilities scaled down to 18

### CONTRIBUTING FACTORS

#### People:

knowledge and skills on use of VL results

#### Materials:

Lack of HMIS tools and sample collection materials

#### Processes;

Poor coordination and incomplete registers

1. Mentor HWs
2. Flag patient files
3. Develop and use flow chart
4. Documents processes
5. Track result utilization
6. Identification of CQI projects

CQI meetings following LARC objectives  
 LARC project Reports  
 Baseline, midterm and end term assessments  
 Feedback meetings to health workers after assessments  
 Re-planning





# Process Mapping

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
<b>VL result documentation</b>	Lab staff documents returned results in the viral load register	Designated lab VL focal person	Done	HMIS 095	Stamping date of results received
	Results sorted according to suppressed and non-suppressed	Designated lab VL focal person	On-going	HMIS 095	Coordination of the clinic and the lab
	VL results sent to the clinic viral load focal person	Designated clinic VL focal person	On-going	Actual results Patient file Non-suppression register	Communication between the clinic VL focal person and the clinicians
	Documentation of the VL results onto the patient ART card	Clinician, Nurses, & Counsellors	On-going	Patient files ART card (HMIS 122a) ART Register	Capacity building in interpretation and documentation Updating of HIV tools to include column for VL results

# Process Mapping ctd.



Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
VL result utilisation	Results sorted according to suppressed and non-suppressed	Designated Clinic VL focal person	Done	HMIS 095	Tracking the non-suppressed
	Filling of the Viral load results into patient files	Designated Clinic VL focal person	On-going	HMIS 095	Coordination of the clinic and the lab
	Flagging <b>RED</b> the non-suppressed files.	Designated clinic VL focal person	On-going	Actual results Patient file Non-suppression register Stickers	Communication between the clinic VL focal person and the clinicians (Counsellors)
	Transcribing VL results onto the patient ART card and discussing results with client.	Clinician, Nurses, & Counsellors	On-going	Patient files ART card (HMIS 122a)	Capacity building in interpretation and documentation Updating of HIV tools to include column for VL



**Define**

**Measure**

**Analyze**

**Improve**

**Control**

## **Gap Identified (Problem):**

Low documentation and utilization of VL results in Masaka region ART sites

## **AIM**

Increase documentation and utilization of viral load results in patient management to 100% between July 2016 to Jan 2017



Define

Measure

Analyze

Improve

Control

- Baseline Data –
- **What data elements are measured?**
- % of patient files with filled viral load results have been received but **NOT** documented on the ART card.
- % of patient files with evidence of viral load results utilization for treatment decision.
- % of patient files for non-suppressed with evidence of Intensive Adherence Counselling.





**Define**

**Measure**

**Analyze**

**Improve**

**Control**

- **BASELINE MEASURE:**
  - PEPFAR SIMS assessment tool ,
  - LARC facility assessment
- **DATA SOURCE:** survey 18th – 21st July 2016
- **SAMPLE SIZE:** 24 facilities scaled down to 18
- **WHAT WAS MEASURED?**
  - Proportion of files with documented viral load results
  - Proportion of files with evidence of results utilization



**Define**

**Measure**

**Analyze**

**Improve**

**Control**

- **Data Collection Plan / Tool**

- A baseline assessment tool was developed

- **WHO?**

- Uganda LARC team and
- the facility CQI teams

- **HOW ?**

- Field visits for
  - document review,
  - interviews and
  - Observations

- **WHEN ?**

- mid-term (early November 2016)
- end term assessment (early January 2017)

- **WHAT TOOLS?**

- A mid-term and end term assessment tool.

- **How often will the data be reviewed?**

- Monthly (facility CQI teams)
- Quarterly (LARC team)



**Define**

**Measure**

**Analyze**

**Improve**

**Control**

**People**

- Inadequate knowledge on VL results utilization
- Low staffing rates

**Process**

- No focal persons to coordinate
- Incomplete register

**Materials / Supplies**

- Stock out of HMIS tools
- Patient ART card is not updated
- Lack of stickers and stamps

**Poor documentation and low utilization of VL results**

**Environment**

Infrastructure of the HIV clinic distorts the client flow

**Policy / Procedure**

Lack of SOPs and VL flow chart

**Equipment**

Lack of EMRs at various facilities



**Define**

**Measure**

**Analyze**

**Improve**

**Control**

Action Item	By whom?	By When?
Mentor HWs on results utilization ensuring that VL results are documented on the next attended appointment following results receipt	LARC Project team	July 2016 and still on going
Flag patient files using different colors of stickers according to VL eligibility and results	Health Facility Teams and Clinic VL focal person	August 2016 and on going
Develop and use clients flow chart based on the VL eligibility criteria	Facility QI teams	August - September 2016
Document that VL testing has been requested, sample collected, test done and results returned to facility.	Clinicians, Nurses, Lab staff, hub rider and CPHL	On going
Stamp returned results showing date received at facility	Facility lab focal person	On going





**Define**

**Measure**

**Analyze**

**Improve**

**Control**

Action Item	By whom?	By When?
Develop and use VL results utilization flow chart based on the VL suppression	LARC Project team, facility CQI team	July 2016 and still on going
Ensure that the received patient result is subsequently documented on the patient ART CARD preferably on the next appointment date when the patient attends in person.	Clinicians, Nurses, Midwives, Counsellors and Clinic VL focal person	August 2016 and on going
Track result utilization on the patient file and write summary of decision taken	Clinicians, Nurses, Midwives, Counsellors, Clinic VL focal person and LARC Project team	August - September 2016



**Define**

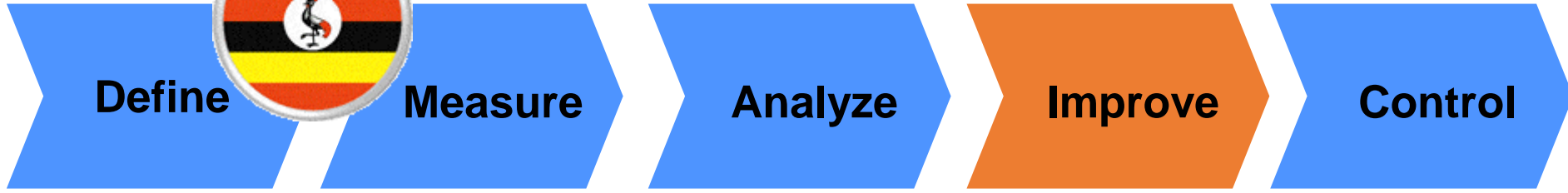
**Measure**

**Analyze**

**Improve**

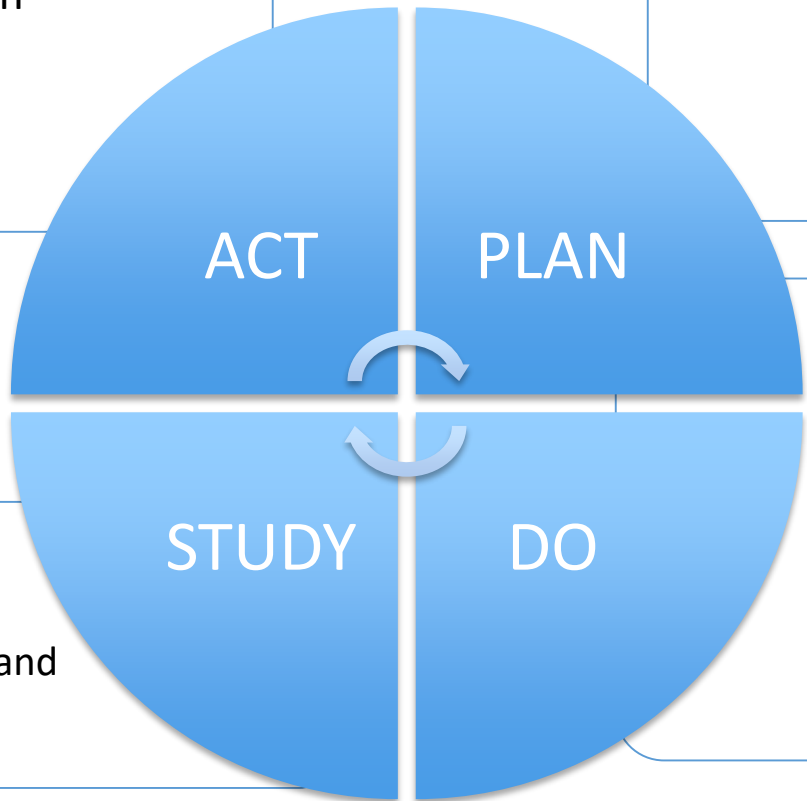
**Control**

1. Mentored HWs
2. Identification of CQI projects
3. Developed, printed and distributed stickers and results received stamp
4. Flagging of Patient files
5. Flow charts developed and in use
6. Tracking of result utilization



# PDSA #1

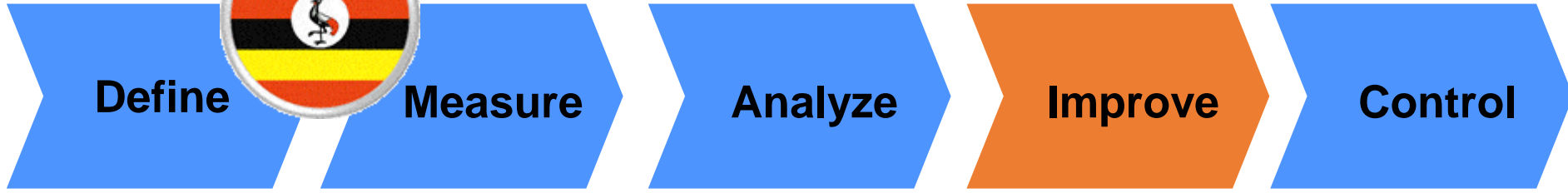
- To act within one month time



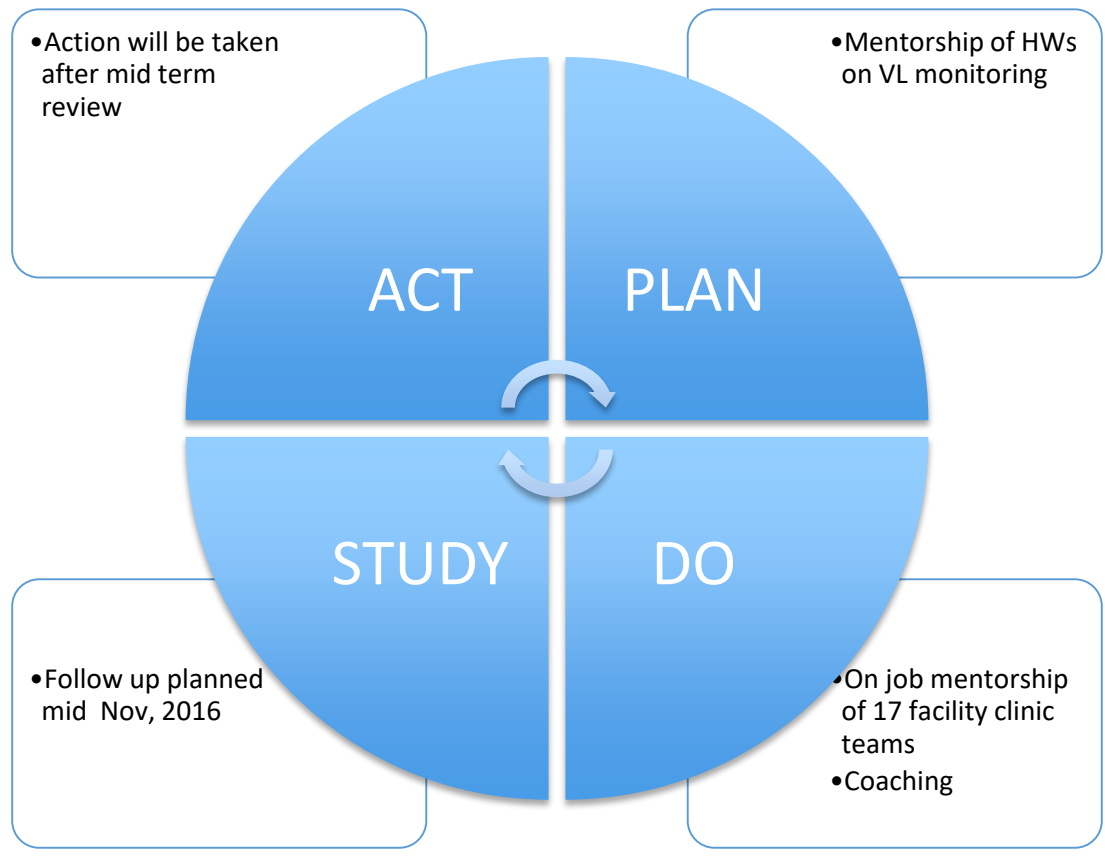
- Develop VL results flow chart
- Putting stickers on unsuppressed patients files

- Number of identified client files in the red and yellow category
- 

- Designed VL results flow chart
- Unsuppressed files flagged red,
- Yellow for patients due for VL test



# PDSA #2







5s

before



after



# Viral Load Results Utilization







# 5S or Visual Management

## BEFORE

- Non-suppressed files flagged with strapping

## AFTER





# 5S or Visual Management

AFTER

(Documented VL results utilization)

BEFORE

- No documented evidence of VL results utilization.

Method Used: Abbott Real time HIV-1 PCR  
Location ID: V1608-0844/13  
Viral Load Testing #:  010964/0816  
Result of Viral Load: ~~Not detected~~

RECOMMENDATIONS

Suggested Clinical Action based on National Guidelines:  
Below 1,000 copies/mL: Patient is suppressing their viral load.  
Please continue adherence counseling. Do another viral load after 12 months.

Lab Technologist: *[Signature]*  
Lab Manager: *[Signature]*

*18/8/16  
Results explained  
Adherence emphasized  
Eon*

*Nansamba Fausta*

CENTRAL PUBLIC HEALTH LABORATORIES  
MINISTRY OF HEALTH  
08 AUG 2016  
Virology Lab



# Questions for Thought



Inter-cadre collaboration (e.g., lab-nurse collaboration)

- They are part of facility CQI teams, clinical teams (switch teams)
- Involvement in planning for QI activities
- Identification of VL focal person

Project leverage existing VL in-country initiatives

– Project integration into the existing National Health System

- Using the National sample and results transport

system.

# Challenges / Lessons Learned



## Challenges

- Implementing partners, Private health facilities and specialized clinics have different goals from the national goals.
  - Difficulty in accessing data from private facilities
  - Heavy workload at the facility verses competing priorities
- **Harmonization of Implementing partners program goals with national objectives**
  - **Use of official introduction letters**
  - **Encourage task shifting at facilities**



# Lessons Learned

## Are there lessons learned?

- Monitoring patients on ART using VL is feasible in resource limited setups .
- Its possible to implement QI activities within the available resources

## What would you do differently in the future?

- Involving the forefront health workers in project planning for QI projects



# Way Forward

- How will you build on what you've accomplished?
  - To consolidate the achievements.
- What are your general plans for the next Action Period?
  - Mid term assessment in November 2016 and adjust the implementation accordingly
- How will you carry it forward to the next level?
  - After end term evaluation, lessons will be adopted for national roll out.



# Acknowledgement

- MOH  
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- Uganda Nurses Council
- Uganda Nursing Commission
- CDC-Uganda
- Mildmay
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- Clients
- CDC-Atlanta/Emory university
- African Regional Collaborative





Thank You



FOR GOD  
AND MY  
COUNTRY