UNIVERSITY of MARYLAND
BALTIMORE

# Continuous Quality Improvement

## Proposed Change Package for Selected HIV Indicators

REACH PROJECT: 2019

PLOT 6 | KENYATTA DRIVE OYSTERBAY DAR ES SALAAM

## Introduction

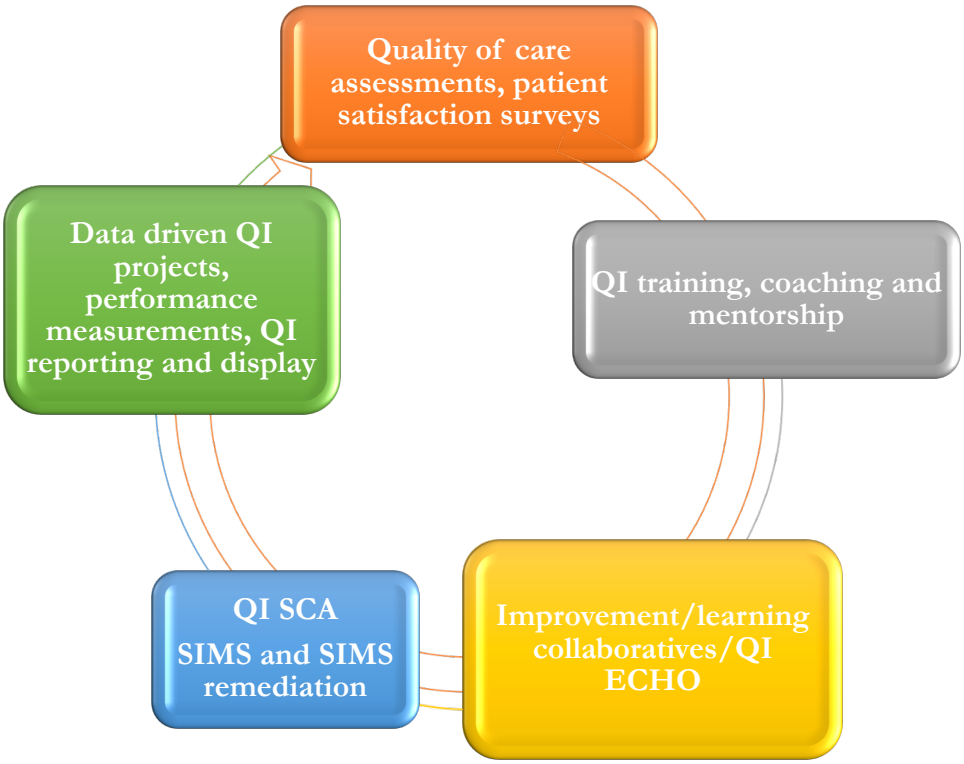
The University of Maryland, Baltimore's Center for International Health, Education, and Biosecurity (Ciheb) was awarded a five-year CDC Cooperative Agreement funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) to implement a technical assistance project named Reaching, Engaging and Acting for Health (REACH). REACH started on September 30, 2016 and runs through September 29, 2021. REACH's goal is to support the Government of Tanzania (GOT), its regional and council health management teams (R/CHMT), and CDC-specified local implementing partners (LIP) in 11 target regions of Mwanza, Geita, Simiyu, Shinyanga, Mara, Tanga, Dar es Salaam, Pwani, Kagera, Kigoma, and Tabora. REACH's purpose is to increase the above institutions and organizations' capacity through targeted technical assistance (TA) to optimize oversight, ownership, and quality of HIV services.

Through REACH, UMB works to minimize systemic and structural barriers that impede the development of the local capacity to deliver quality HIV/AIDS services through the achievement of the following overarching goals: 1) Supporting R/CHMTs and LIPs to operationalize national-level policies, frameworks, and guidelines for effective HIV/AIDS services management at all healthcare system levels and cover all service areas; 2) Harmonizing TA and mentorship approaches by all supported LIPs, including establishing systems for continuous evaluation of the effectiveness of TA provided, that are aligned to a national mentorship cascade; 3) Creating a collaborative learning mechanism for supported LIPs and R/CHMTs to share new knowledge and tools and minimize clinical quality variation across all LIP/R/CHMT-supported facilities; 4) Institutionalizing standard approaches to continuous quality improvement (CQI) and monitoring and evaluation (M&E) to promote a culture of data use to make critical clinical and management decisions; 5) Catalyzing implementation and fidelity of high-impact interventions by LIPs for faster achievement of 90/90/90 HIV epidemic control goals by 2020.

## Continuous Quality Improvement

Quality improvement is essential, given the ongoing accelerated scale-up of the HIV program in Tanzania. Consistent, correct application of data driven CQI initiatives not only helps to achieve program targets but also ensures the quality and safety of the interventions. Thus, UMB has been equipping CQI teams with data use knowledge for data driven decisions and changes to improve service delivery. The REACH project has supported more than 200 health facilities, together with R/CHMTs and LIPs in CQI implementation, either through centralized training or site-level coaching and mentorship.

## REACH Project CQI Support




## REACH CQI Approach

UMB's approach to CQI is guided by collaborative learning and the model for improvement (shown on the right) developed by Associates in Process Improvement. It uses the Plan-Do-Study-Act (PDSA) cycles to accelerate improvement projects and is consistent with the MOHCDGEC Quality Improvement Framework and quality improvement guidelines for HIV/AIDS services. The model has two basic levels:

1. Answers to three fundamental questions:
   a. What are we trying to accomplish?
   b. How will we know whether a change is an improvement?
   c. What changes can we make that will result in improvement?
2. The PDSA cycle that tests and implements changes in actual work settings.

## The Proposed Change Packages for Improving HIV Indicators

The REACH CQI team has been directly supporting CQI activities in at least 101 facilities in 10 CDC-supported regions. The team works with LIP, R/CHMT, and health facilities staff to identify and address a myriad of challenges affecting the quality of care, which impedes HIV epidemic control. CQI teams were supported to identify gaps, prioritize specific areas for improvement, and then develop, test, and implement innovative change ideas following iterative PDSA cycles. Peer learning forums were organized for different facility teams to share their ideas and findings at the central level (learning sessions). The change ideas recommended below are based on such experiences and observations from the field. The change ideas represent a synthesis of the most robust and effective ways of institutionalizing CQI and data use culture.

The change package is also consistent with the national guidelines for the management of HIV/AIDS, focusing on PEPFAR priority indicators. These include index testing, isoniazid preventive therapy (IPT), viral load coverage, multi-month scripting (MMS), linkage case management (LCM), and retention.

## CHANGE PACKAGE FOR INDEX ELICITATION

| Area of Focus | Change Idea |
|---|---|
| Pre-HIV testing counseling | ▪ Provide health education using index package guides on index elicitation at all testing points.<br>○ Importance of testing partners.<br>○ Methods of contacting the elicited sexual partners.<br>○ Assurance that the process of contacting the sexual partners is anonymous.<br>○ Mention the benefits of linking HIV-positive clients to care.<br>○ Mention positive and healthy lifestyles. |
| Post-HIV testing counseling (newly identified HIV-positive clients) | ▪ Start the elicitation process for all clients diagnosed with HIV.<br>○ Document all elicited sexual contacts in index elicitation registers and elicitation forms placed at the outpatient department, reproductive and child health clinic, and the care and treatment clinic (CTC). |

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| | ○ Submit filled elicitation forms to CTC during client linkage.<br>○ Inform the index client on partner notification options and testing modalities for them to choose. |
| Client's awareness at CTC | ▪ Provide health education using index package guides on index elicitation at all testing points.<br>○ Importance of testing partners.<br>○ Methods of contacting the elicited sexual partners.<br>○ Assurance that the process of contacting the sexual partners is anonymous.<br>○ Mention the benefits of linking HIV-positive clients to care.<br>○ Mention positive and healthy lifestyles.<br>▪ Provide orientation to facility staff on using the health education guides.<br>▪ Health education will be provided on each clinic day. |
| Triage desk | ▪ Link index client to elicitation services |
| At CTC: TX_CURRENT clients | ▪ Offer index testing services to all clients attending the facility.<br>▪ Prioritize elicitation of index clients with high VL count (≥1000 copies/mL) in every clinic day.<br>▪ Index elicitation to be a continuous process in every clinic visit.<br>▪ Attach index elicitation forms to client's files.<br>▪ Enter information of index elicitation forms to CTC2 database.<br>▪ Notify index client on partner notification options and testing modalities. |
| At the exit desk | ▪ Check if the client's file has an elicitation form.<br>▪ Check if it has had sexual contact elicitation for the past 12 months. |

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| | ▪ If no sexual contact elicitation for the past 12 months, link the client to elicitation services.<br>▪ Check for correct address of contacts.<br>▪ Check if reachable.<br>▪ If contacts have been traced, tested, and are negative, continue elicitation for more contacts. |

## CHANGE PACKAGE FOR IPT INITIATION & COMPLETION

| Area of Focus | Action |
|---|---|
| Client's awareness at CTC | ▪ Provide health education to ensure HIV clients know the importance of IPT in preventing active tuberculosis (TB) disease, so that they create demand for it.<br>▪ Provide orientation to facility staff on using the health education guides.<br>▪ Health education will be provided in each clinic day. |
| Clinic preparation at CTC | ▪ Identification of eligible clients for IPT by appointment a day before the respective clinic using CTC2 database/DAC tool.<br>▪ Identification of clients for IPT completion by date a day before the clinic.<br>▪ Sorting files for the following day at the clinic.<br>▪ Make sure there is enough IPT stock for clients needing to be initiated and those already on IPT.<br>▪ If inadequate IPT stock, find an immediate solution before the clinic day (ask assistance from IP to obtain supply from nearby facilities with adequate inventory).<br>▪ In the future, set a reminder system using the DAC tool to alert clients via text message about IPT eligibility status (starting or completing) and appointments for the following day at the clinic. |
| At the triage desk | ▪ Assess for IPT eligibility.<br>▪ Assess clients who are due for IPT completion. |

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| | ▪ Inform the client if eligible or due for IPT completion.<br>▪ Attach reminder note on the client's file.<br>▪ Link the client to the relevant service. |
| At the exit desk | ▪ Countercheck if the client has received relevant IPT service and if it is well documented before the client leaves the facility.<br>▪ In case of missed service, resend/link the client back to the service. |
| Daily evaluation | ▪ Review data for:<br>o The proportion of eligible clients who started IPT among those who attended.<br>o Percentage of clients who completed IPT among those who attended.<br>▪ If there is a gap/challenge identified after the clinic, conduct a root cause analysis, then implement a change idea to resolve the identified gap immediately. |

## CHANGE PACKAGE FOR MULTI-MONTH SCRIPTING (MMS)

| **Area of Focus** | **Action** |
|---|---|
| Client's awareness at CTC | ▪ Provide health education using service delivery model (SDM) package guide to ensure HIV clients know the difference and benefits of being categorized as stable and unstable.<br>▪ Provide orientation to facility staff on using the health education guides.<br>▪ Health education will be provided in each clinic day. |
| Clinic preparation | ▪ Identification of stable clients (by criteria= derived from the CTC2 database) for MMS by appointment a day before the respective clinic using updated CTC2 database/DAC tool.<br>▪ Sort files for the following day's clinic.<br>▪ Make sure there is enough ART stock for the following day's clinic. |

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| | ▪ If inadequate ART stock, find an immediate solution before the clinic day (ask assistance from IP to obtain supply from nearby facilities with adequate inventory). |
| At the triage desk | ▪ Assess for MMS eligibility.<br>▪ Inform the client that if eligible, he/she should get that service on the same day of the clinic visit.<br>▪ Attach reminder note on client's file.<br>▪ Link the client to the relevant service. |
| At the consultation room | ▪ Reassess if the client is stable by criteria, categorize client in the CTC2 card as stable and prescribe 3+ months of ART.<br>▪ Align MMS and VL test to avoid less than three multi-months dispensing (MMD) for stable clients. |
| At the exit desk | ▪ Check if every client has been categorized.<br>▪ Check if the stable client has been given MMS.<br>▪ Check if it's well-documented.<br>▪ In case of missed service, resend/link the client back to the service provider. |
| Daily evaluation | ▪ Review data for:<br>○ The proportion of eligible clients who received 3+ months of ART prescription among those who attended.<br>○ If there is a gap/challenge identified after the clinic, conduct a root cause analysis, then implement a change idea to resolve the identified gap immediately. |

## CHANGE PACKAGE FOR EARLY RETENTION

| Area of Focus | Action |
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| LCM (linkage case management) | ▪ Attachment of TX_NEW clients (facility and community) to expert clients.<br>▪ Generate a weekly list of TX_NEW clients who are due for refill per expert client.<br>▪ The attached expert client will do tracking of TX_NEW clients who missed their appointment. |
| Evaluation | ▪ Review weekly data for:<br>○ The proportion of TX_NEW clients who came for an early refill.<br>○ If there is a gap/challenge identified after the clinic, conduct a root cause analysis, then implement a change idea to resolve the identified gap immediately. |

## CHANGE PACKAGE FOR MISSED APPOINTMENT (MISSAP)

| Area of Focus | Action |
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| Tracking | ▪ Identify clients who missed their daily appointments.<br>▪ Conduct same-day tracking of clients who missed their appointment.<br>▪ Document outcome of tracking attempts for three consecutive days. |
| Evaluation | ▪ Review weekly performance for:<br>○ The proportion of missed appointments (MISSAP) clients who were traced back from the previous week.<br>○ If there is a gap/challenge identified after the clinic, conduct a root cause analysis, then implement a change idea to resolve the identified gap immediately. |

## CHANGE PACKAGE FOR HVL TESTING

| Area of Focus | Action |
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| Clinic preparation | ▪ Identification of eligible clients for HVL by appointment a day before the respective clinic through using the CTC2 database/DAC tool.<br>▪ Sort files for the following day's clinic.<br>▪ Make sure there is a person assigned for viral load sample taking in the following day's clinic (from CTC or laboratory).<br>▪ Make sure sample collection tubes/bottles are available for the following day's clinic.<br>▪ For facilities using the spoke in viral load sample collection, make sure there is a system for sample transferring to the hub that is effective in the following day's clinic. |
| Client's awareness at CTC | ▪ Provide health education using a viral load package guide for HIV clients to ensure they understand the importance of knowing their HVL, HVL monitoring, and viral suppression.<br>▪ Provide orientation to facility staff on using the health education guides.<br>▪ Health education will be provided on each clinic day. |
| At the triage desk triage | ▪ Screening all clients for HVL eligibility.<br>▪ Inform the client that if eligible, he/she should get that service on the same day of the clinic visit.<br>▪ Attach reminder note on the client's file.<br>▪ Link the client to the relevant service.<br>▪ Viral load sample to be collected within CTC premises and before the client receives any other service. |
| At the exit desk | ▪ Countercheck if the HVL sample was taken and well documented before the client has left. |

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| | ▪ In case of missed service, resend/link the clients back to the service. |
| Daily evaluation | ▪ Review performance for:<br>○ The proportion of eligible clients who had their VL sample taken.<br>○ If there is a gap/challenge identified after the clinic, conduct a root cause analysis, then implement a change idea to resolve the identified gap immediately. |

**References:**


1. National Guideline for management of HIV/AIDS 7th edition; Chapter 2: 2.2(Triage and Exit points roles), Chapter 2: 2.4(Service Delivery Model), Chapter 2:2.5(Data monitoring), Chapter 3: 3.3 (Index Partners testing)

**Appendixes**

**Daily Facility Performance Audit Tool**

| | FACILITY DAILY REPORTING FORM FOR KEY INDICATORS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Facility:** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| **S/N** | **AREA OF FOCUS** | | | | | | | |
| 1 | **Enhanced/Optimized PITC** | | | | | | | |
| | Total reported OPD attendance | | | | | | | |
| | Total screened for testing | | | | | | | |
| | Total eligible for testing | | | | | | | |
| | Total eligible tested | | | | | | | |
| | HIV positive identified | | | | | | | |
| | Percent screened for PITC eligibility | | | | | | | |
| | Percent eligible for PITC | | | | | | | |
| | Percent tested for HIV | | | | | | | |
| | Yield | | | | | | | |
| 2 | **Index Testing (index case 15 and above)** | | | | | | | |
| | **TX_NEW** (Initiated ART during the day) | | | | | | | |
| | Number of new clients-initiated ART age 15 and above (TX_NEW) | | | | | | | |
| | Number of clients who accepted index testing services | | | | | | | |
| | Number of sexual contacts elicited | | | | | | | |
| | Index acceptance rate | | | | | | | |
| | Elicitation ratio | | | | | | | |
| 3 | **Isoniazid Preventive Therapy (IPT)** | | | | | | | |
| | Number of clients eligible for IPT | | | | | | | |
| | Number of clients started IPT | | | | | | | |
| | Number of clients due for IPT completion | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| | Number of clients who completed IPT | | | | | | | |
| | IPT initiation % | | | | | | | |
| | IPT completion % | | | | | | | |
| 4 | **Multi-Month Scripting (MMS)** | | | | | | | |
| | Number of clients categorized as stable | | | | | | | |
| | Number of clients who received ART for three months | | | | | | | |
| | The proportion of eligible clients given MMS | | | | | | | |
| 5 | **MISSAP Updates** | | | | | | | |
| | Total number of MISSAP from the previous week | | | | | | | |
| | Total number of previous weeks MISSAP who have been traced back | | | | | | | |
| | The proportion for MISSAP that have been traced back | | | | | | | |
| 6 | **Viral Load (VL) Updates** | | | | | | | |
| | Number of clients eligible for viral load test who attended | | | | | | | |
| | Number of HVL samples taken among eligible | | | | | | | |
| | The proportion of eligible clients tested | | | | | | | |

**Client's Checklist for Eligibility of Key Services at Care and Treatment Clinics at Each Clinic Visit**

| | Eligibility | | | | | Services Provided | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Viral Load | IPT START | IPT CPLT | MMS | EAC | Viral Load | IPT START | IPT CPLT | MMS | EAC | |
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