Scaling up routine VL monitoring in Ethiopia: a quality improvement collaborative

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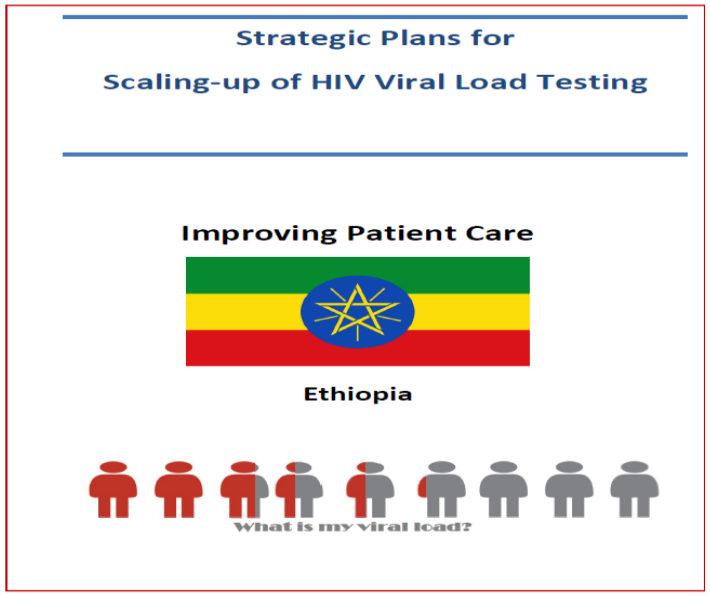
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

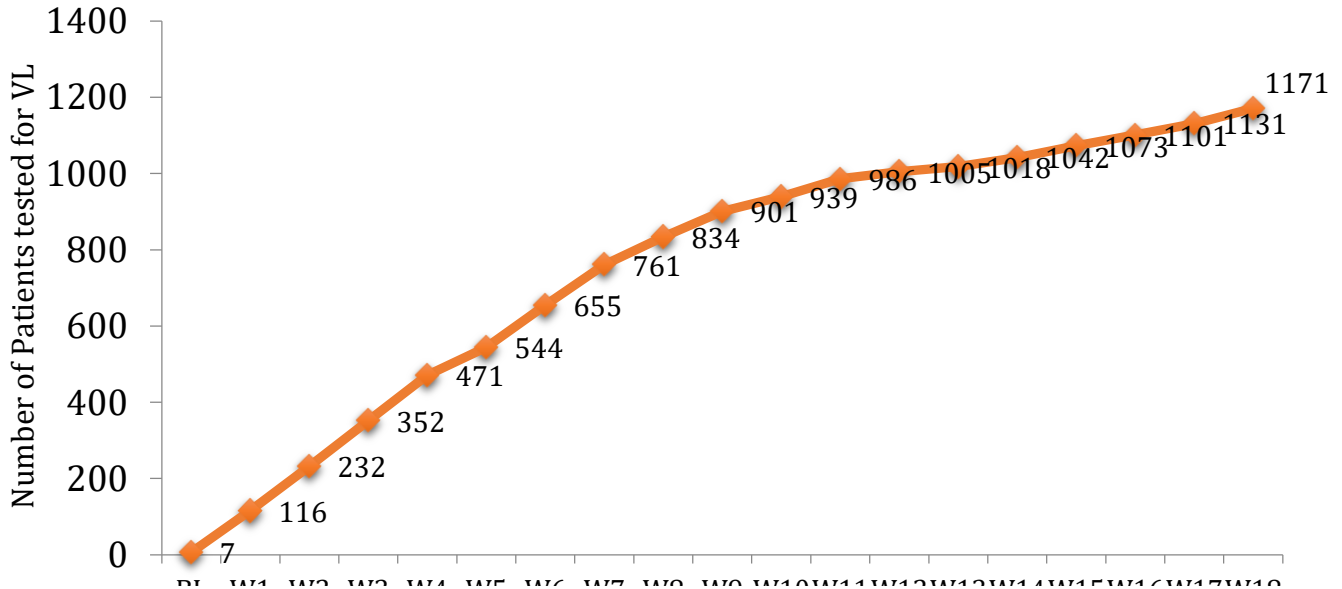
Presentation Outline

- **The Quality Challenge**
- **Planning the QI Collaborative**
- **Implementing the QI Collaborative**
- **Results**
- **Achievements and Next Steps**

The Quality Challenge

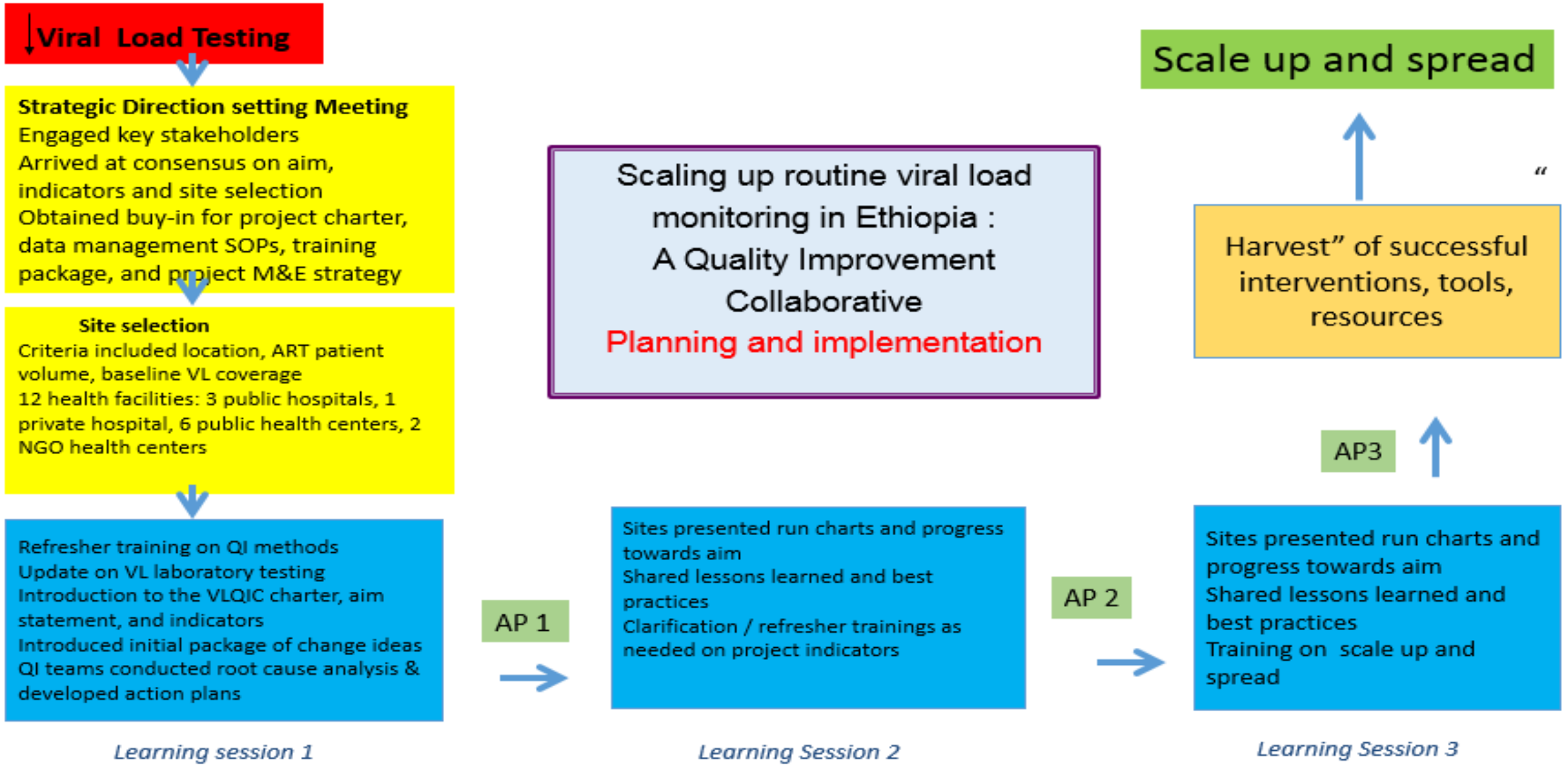
- Despite the availability of a national strategic plan, coverage of routine VL testing (RVLT) was suboptimal
- At many health facilities, fewer than 50% of eligible patients received RVLT
- Experience from a QI project in Ethiopia's Somali region showed that QI strategies could effectively address barriers to RVLT coverage





Planning the QI Collaborative

- A QI collaborative is a large-scale QI project, involving multidisciplinary QI teams from many sites
  - Same aim statement
  - Same indicators
  - Site-specific interventions / change ideas ← designed to fit site context
- Sites convene quarterly for learning sessions, to compare results, share best practices and foster friendly competition
- At the conclusion of QI Collaboratives, teams identify the most successful interventions and develop a “harvest package” that can be used for further scale up and spread


Viral Load Testing
Strategic Direction setting Meeting
Engaged key stakeholders
Arrived at consensus on aim, indicators and site selection
Obtained buy-in for project charter, data management SOPs, training package, and project M&E strategy
Site selection
Criteria included location, ART patient volume, baseline VL coverage
12 health facilities: 3 public hospitals, 1 private hospital, 6 public health centers, 2 NGO health centers
Refresher training on QI methods
Update on VL laboratory testing
Introduction to the VLQIC charter, aim statement, and indicators
Introduced initial package of change ideas
QI teams conducted root cause analysis & developed action plans
Learning session 1
AP 1
Sites presented run charts and progress towards aim
Shared lessons learned and best practices
Clarification / refresher trainings as needed on project indicators
Learning Session 2
AP 2
Sites presented run charts and progress towards aim
Shared lessons learned and best practices
Training on scale up and spread
Learning Session 3
AP3
Harvest" of successful interventions, tools, resources
Scale up and spread
Scaling up routine viral load monitoring in Ethiopia : A Quality Improvement Collaborative
Planning and implementation

Aim Statements

- Each site will aim to increase the proportion of clients on ART for ≥ 6 months who receive routine VL testing from baseline to 90% over the next 12 months

- Decrease Sample Turn Around Time (TAT)
- Decrease Sample Rejection

Generating Change Concepts, Change Ideas, and Implementation Plans

Standard Approach:

- Change concept → change idea → How to implement
- Used 9 change concepts and 19 change ideas
- Types of change ideas: Initial project-wide, then site specific
- How to implement change ideas:
  - For each of the change ideas, tasks to execute its testing were clearly identified according to the "P" of PDSA, including data collection plans

Examples : Change Idea: Introduce Chart Flagging

Group A sites: Chart-provider review- If eligible test –if no Flag chart with a date for the next VL test

Group B sites: Chart-provider review- If eligible test –if no Flag chart-Give appointment card to patient

Group C sites: Chart review by Data Clerk-if eligible during the current visit –Flag chart

All sites (Cohorts): At the beginning of reporting month data clerk generates list of eligible from ART register and posts at ART OPD-ACM abstracts charts-If not appointed for this month-phone call

Change Idea: Harmonize ASM and VRLT appointment dates

- **During client visit, ART provider reviews follow-up card and assesses date for routine VL testing (RVLT) and eligibility for appointment spacing model (ASM)**
- **Provides counselling for clients re: RVLT before dispensing ART**
- **Prescribes ART by aligning ART refill appointment date with RVLT date**
- **At refill appointment, clients give VL sample and return to clinic monthly until their VL results are returned**
- **After client receives result and if VL is suppressed, clients are eligible for 6-month MMS, according to national guideline**

Change ideas related to sample TAT – 1

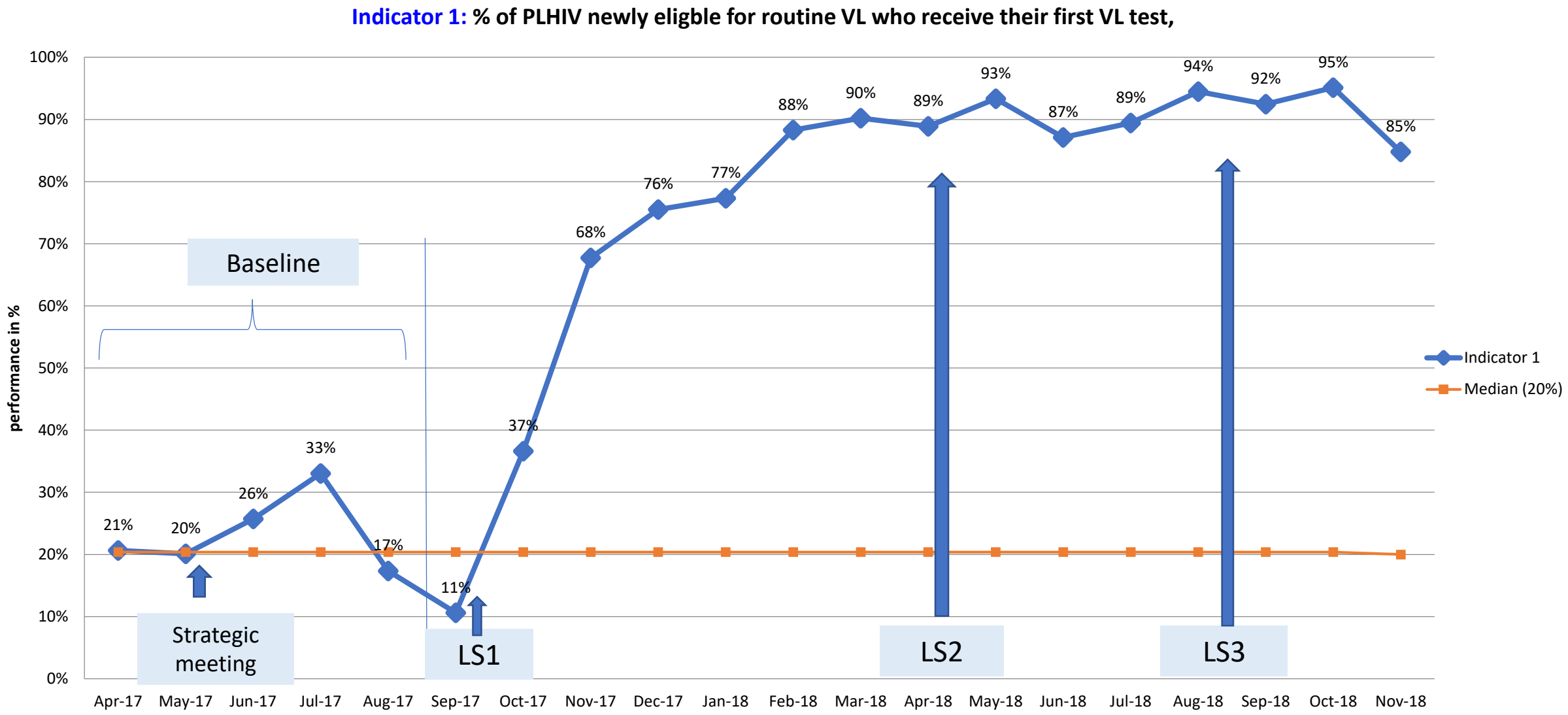
1. Engage and motivate “above-site” stakeholders (Regional Laboratory, Pharmaceutical Funds and Supply Agency hub, Postal Service and NEP+)

- One-day sensitization meeting
- Included on regional management team of QI Collaborative
- Invited to every QIC learning session, where they saw the gaps/needs in their respective domains

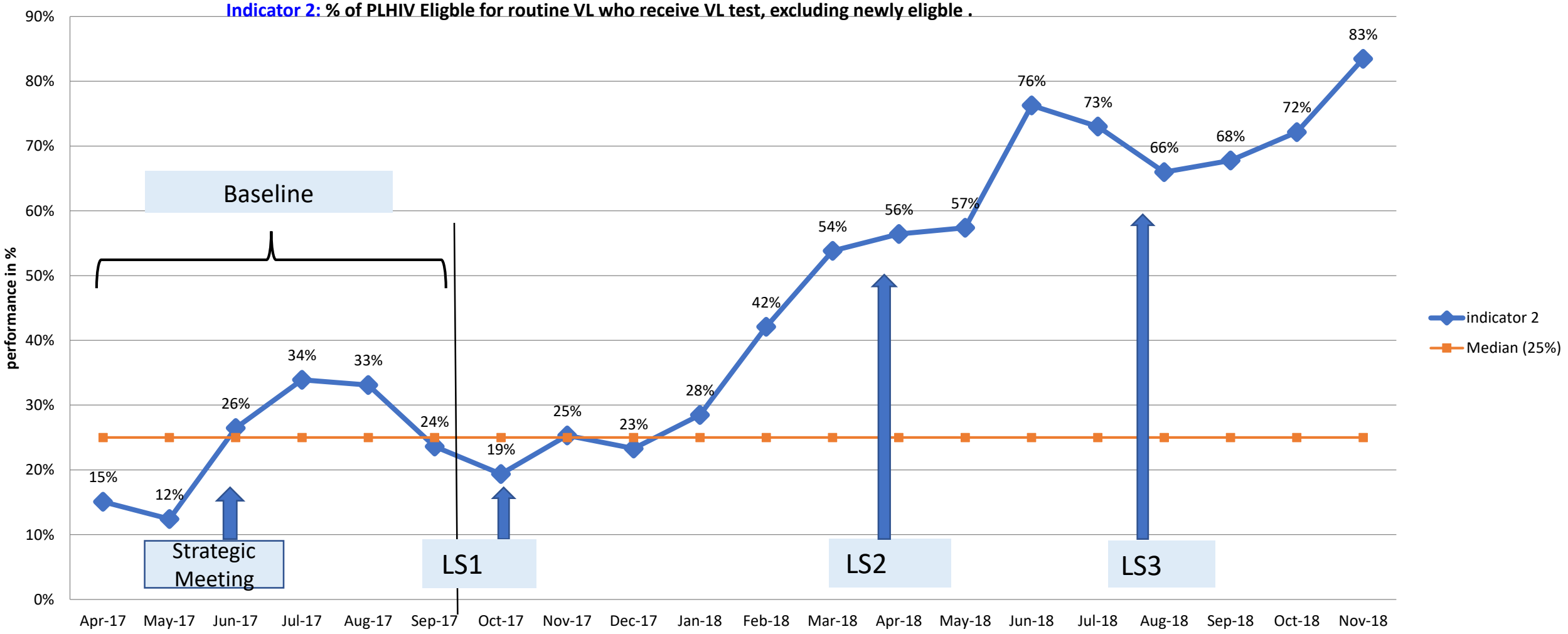
Change ideas related to TAT – 2

- Postal service insured uninterrupted sample transport
- PFSA maintained needed stocks of reagents and commodities
- Regional lab used staff overtime and referral of samples to other labs in times of backlog
- Regional lab established schedule for preventive and curative maintenance of lab machines
- ICAP provided A/C, freezers, power backup for lab
- ICAP zonal coordinators, SQIA ,regional and central lab advisors and the THO conducted joint mentoring and coaching visits at the laboratory during all action periods

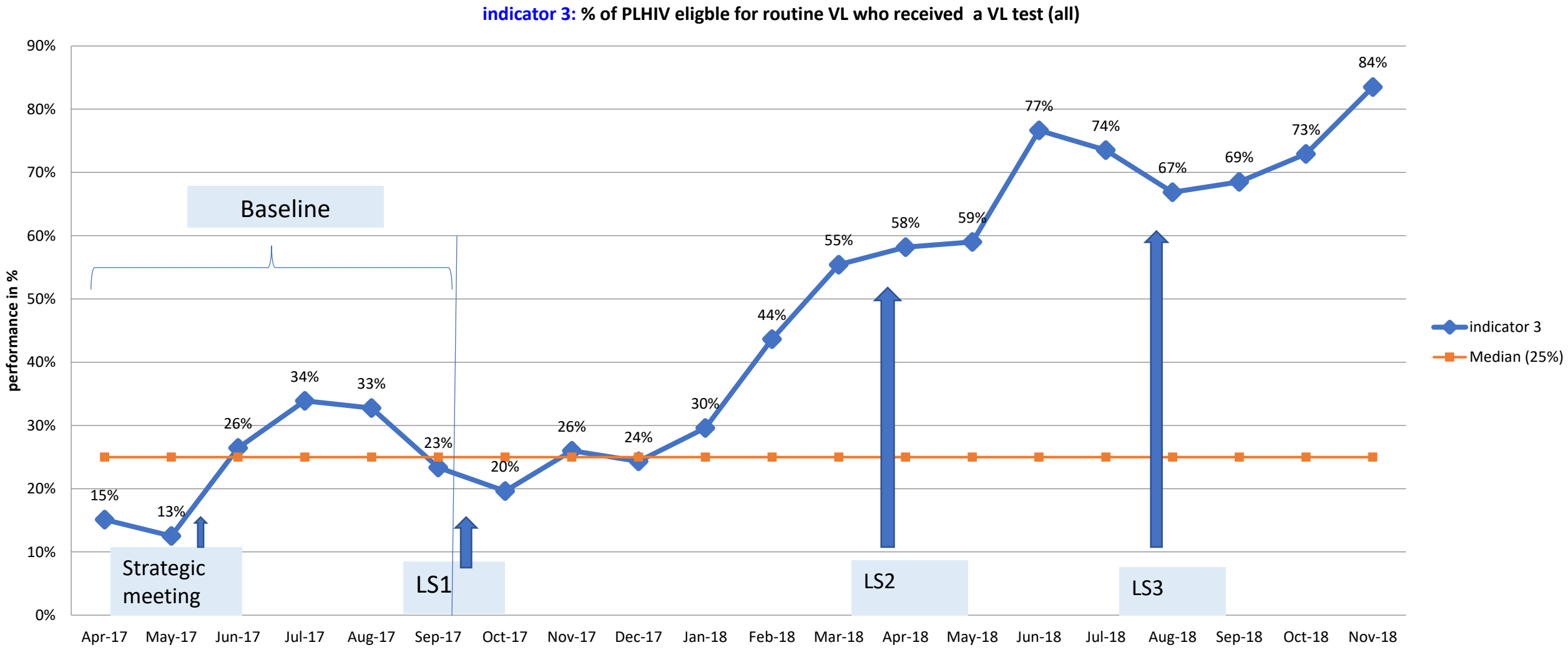
Aggregate Results: 1
% newly eligible for RVLT who received their 1st VL test



Aggregate Results: 2
% who receive VL test (excluding newly eligible)



Aggregate Results: 3
% of all eligible pts who received VL test



Major Achievements

- % of eligible patients receiving RVLT increased from a baseline median of 25% to 84% at the end of 19 months
- Specimen TAT improved
- Sample rejection negligible
- Service interruption negligible
- Client demand for RVLT improved
- Staff capability and motivation improved
- Communication improved (Phone call reminders to clients, between sites, between sites and testing laboratory)

Harvesting Change Packages

Tools

- Performance tracking(HE,)tools
- Worksheets-PDSA
- Meeting minute templates
- Coaching visit checklists
- Collaborative implementation assessment tool
- Calendar
- Action planning templates

Resources

- Charter
- DM SOP
- Contextualized sensitization materials
- Client HE materials
- Contextualized training materials
- HR exposed to collaborative design, planning,implementation and evaluation capability that can be utilized in scale up and spread

Interventions

- Nine Change concepts
- 19 Change Ideas
- Many how to implement Change idea Tasks

Lessons Learned

- We learned that it is possible to implement a QIC in a busy health service environment
- A QIC requires proper planning, close follow-up and timely interventions
- The QIC is an effective learning forum – Chart flagging example
- Simplification is the way to success
- QIC work when effective motivates staff to engage in other QI work
- Documentation and holding meetings are challenges

Next steps

- Dissemination
- Scale up and Spread

Acknowledgements

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Thank You!!!