CQUIN 5ᵗʰ Annual Meeting

Virtual: November 16-19, 2021

Session 3a: Quality and QI: Ensuring High-Quality Differentiated Service Delivery
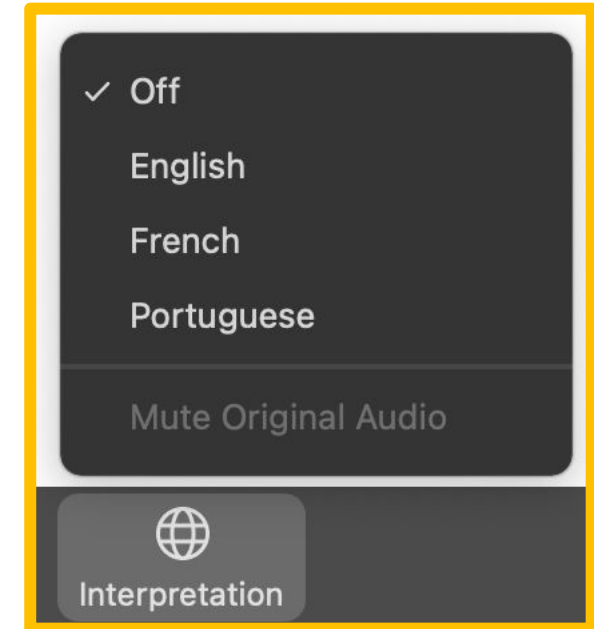
Tuesday, November 16, 2021

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HIV Learning Network
The **CQUIN** Project for Differentiated Service Delivery

Welcome/Bienvenue/Bem-vindos

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Plenary Moderators

Akuosa Baddoo
Head of Clinical Care
MOH Ghana

Gillian Dougherty
Senior QI Advisor
ICAP New York

Framing Remarks

Martin Msukwa
OpCon Project Director &
Regional QI Advisor
ICAP in South Africa

DSD Quality and Quality Improvement Framing Remarks

Quality and Quality Improvement Session

16th November 2021

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Outline

- COP History
- Why a COP on Quality
- COP vision, goal and objectives
- COP terms of reference
- Selected activities and outputs
- Quality Assessment tool
- Next steps and current focus
- Measuring Success
- Issues and Challenges

COP History

- The Quality and QI COP was launched in October 2018

- Membership:
  - ✓ <u>Previous:</u> Cote D'Ivoire, Eswatini, Kenya, Malawi, Mozambique, Uganda, South Africa, Tanzania, Zambia and Zimbabwe
  - ✓ <u>Joining in 2021:</u> Rwanda, Ghana, Liberia, Nigeria, Sierra Leone, Cameroon, Burundi, Democratic Republic of Congo, Senegal,

- Country teams are represented by MOH, recipients of care, PEPFAR implementing partners, CSOs, USG agencies and other stakeholders

Why a CoP on Quality?

- Identified as a high priority by CQUIN members

- Most CQUIN countries self-stage themselves in the quality "red or orange zone" on the CQUIN dashboard

- The "Qu" in CQUIN = quality!

COP Vision, Goal and Objectives

- The vision of the COP is to enhance the quality of DSD programs using modern QI approaches in all member countries, ultimately improving outcomes and client satisfaction for PLWH
- The goal is to embed quality and QI in the delivery of DSD services
- Objectives
  - Develop the capacity of network member countries to implement quality programs using QA and QI approaches
  - Support countries in developing country specific DSD quality standards
  - Support countries to conduct routine quality assessments of DSD programs

CoP Terms of Reference

Primary Objectives:

- To identify priority gaps and challenges related to DSD quality management (standards, QA and QI)

- To systematically implement interventions to address the identified gaps and challenges;

- To jointly create a quality standards framework for differentiated treatment models;

- To exchange best practices and resources for DSD quality assurance;

- To provide ongoing feedback and technical support for QI projects related to DSD programs

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quality. The CQUIN Dashboard tracks DSD coverage in network countries, all of which have shown notable progress in expanding geographic coverage and the proportion of eligible people enrolled in differentiated ART (DART) models. The dashboard also tracks quality – and most network countries have progressed more slowly in this domain, largely due to lack of data about DSD program quality. However, programmatic experience highlights the need for close attention to DSD quality challenges including imperfect use of DSD eligibility criteria; suboptimal utilization of viral load data; changes to program design that discourage enrollment; and lack of fidelity to DSD guidelines.

In response, CQUIN launched a community of practice focused on DSD-related quality and quality improvement, engaging network participants in a series of in-person workshops and an ongoing virtual collaboration. In June 2019, CQUIN hosted an all-network workshop on DSD Quality and QI, and the network continues to explore each of the three elements of the classic "Juran Triad" as they relate to DSD – quality planning, quality assurance, and quality improvement. In 2020, the community of practice reacted to the lack of global and national quality standards for DSD by co-creating a DSD quality standards framework for less-intensive DART models.
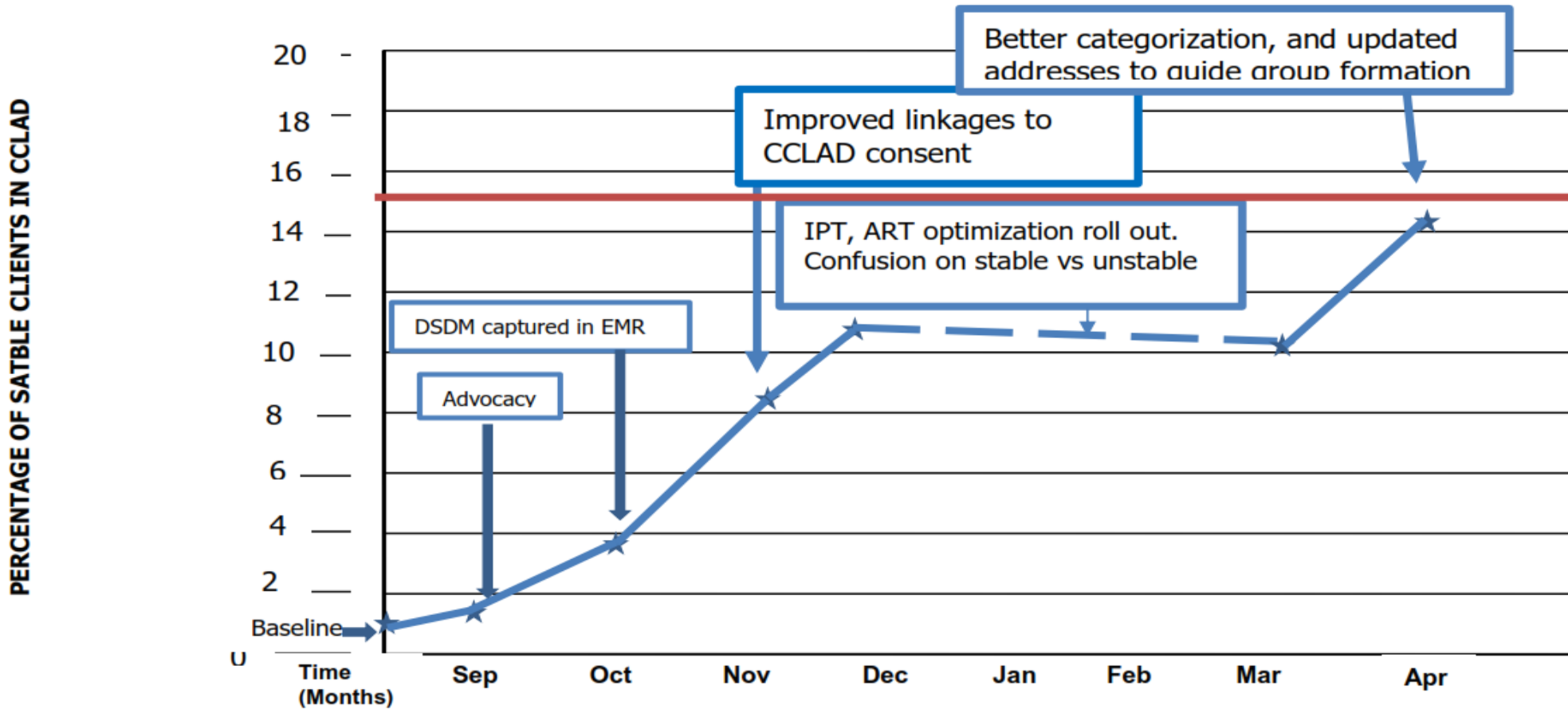
Activities

- QI for DSD workshops and trainings:
  - single-country workshop in Zambia (May 2018)
  - multi-country workshop in Malawi (Oct 2018) w/participants from Malawi, Eswatini, Uganda, Zimbabwe
- Quarterly COP virtual meetings (last one Sept 2021)
  - Virtual meetings for sharing QI for DSD project implementation experiences
- 11-country QI-for-DSD meeting in June 2019, held in Nairobi
- Exchange of QA and QI tools including site-level checklists
- Co-creation of DSD quality standards, indicators and quality assessment tool
  - Participation from MOH, CSOs, recipients of care, IPs, PEPFAR and other global stakeholders
- Pilot testing of DSD quality assessment tool with 3 countries
- Country-specific technical assistance on QI projects

Outputs

- Quality Standards for less-intensive DSD treatment models

- DSD less intensive models_Quality Assessment Tool

- QI for DSD toolkit

- Adaptation of the ICAP core QI training curriculum for DSD and country specific design preferences (online and face to face)

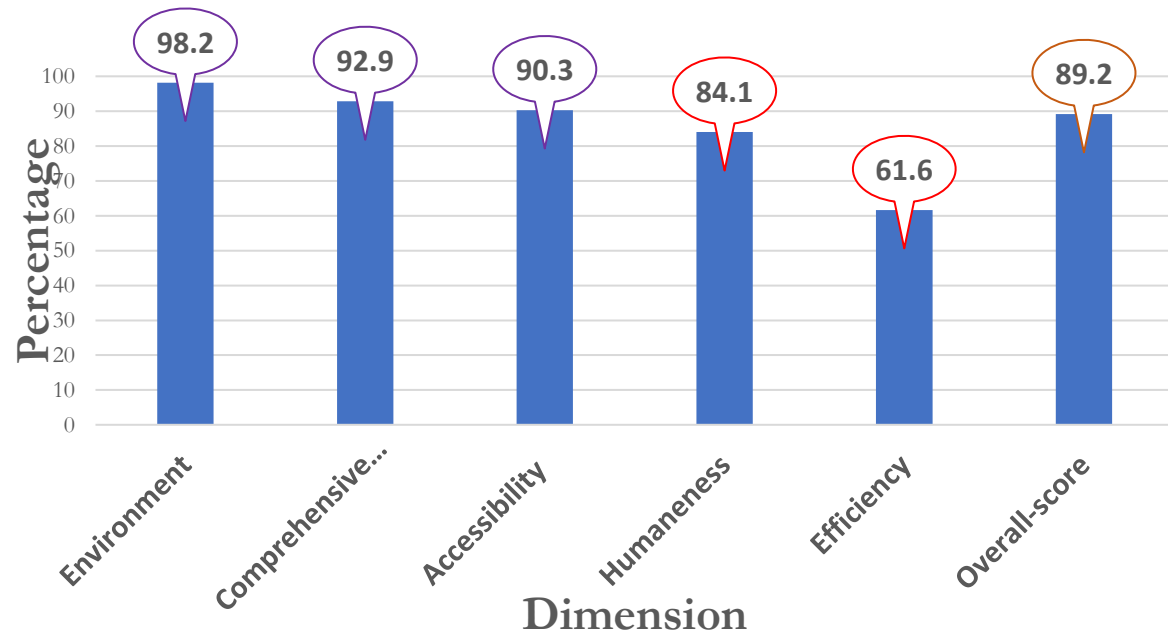- Trained 286 (target was 200) providers and managers in QI.

Example Uganda QI project to increase enrollment of eligible clients into CCLAD to 15% by March 2019 at Fort Portal Regional Referral Hospital

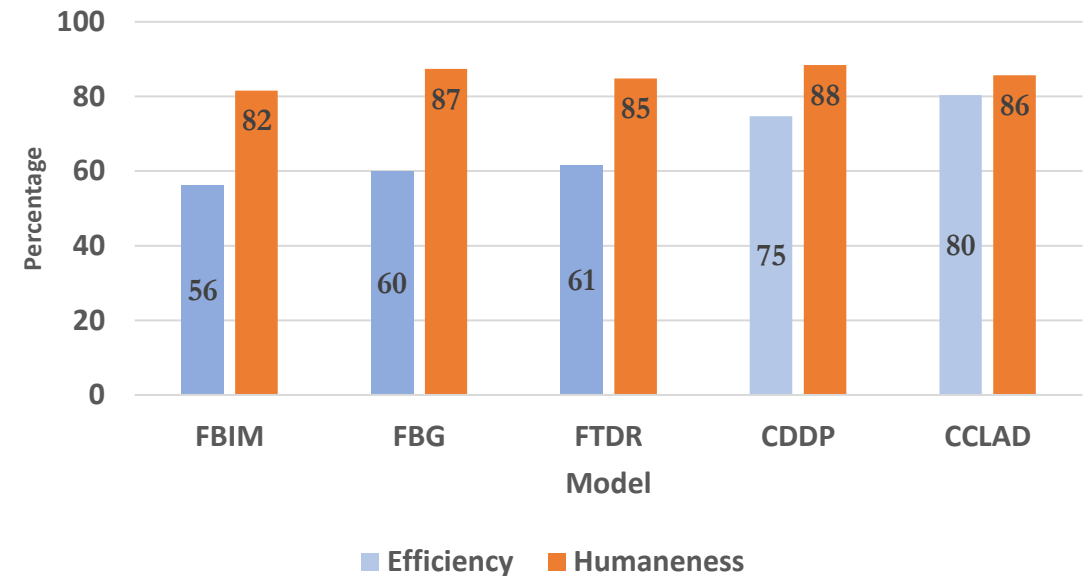| Time (Months)	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Numerator	93	193	496	556	589	651	681	702
Denominator	6174	5154	5927	5143			6602	4768
%	1.5%	3.7%	8.4%	10.8%			10.3%	14.7%

Example from Uganda Study of Clients' satisfaction by DSD model of dimensions of care

Satisfaction by Dimension

> Efficiency and humaneness had the lowest satisfaction level

Satisfaction by model and dimension

> Facility based models had lower satisfaction level on efficiency than community models

Quality Assessment Tool

- This tool complement the [Quality Standards Framework](#) for Differentiated ART (DART)

- Tool serves as a resource for stakeholders who want to assess and improve DART quality.

- This is envisioned to be a living document, and feedback and suggested edits/additions are always welcome.

- Each country should feel free to adapt the quality indicators to the local context and the DART models they are implementing.
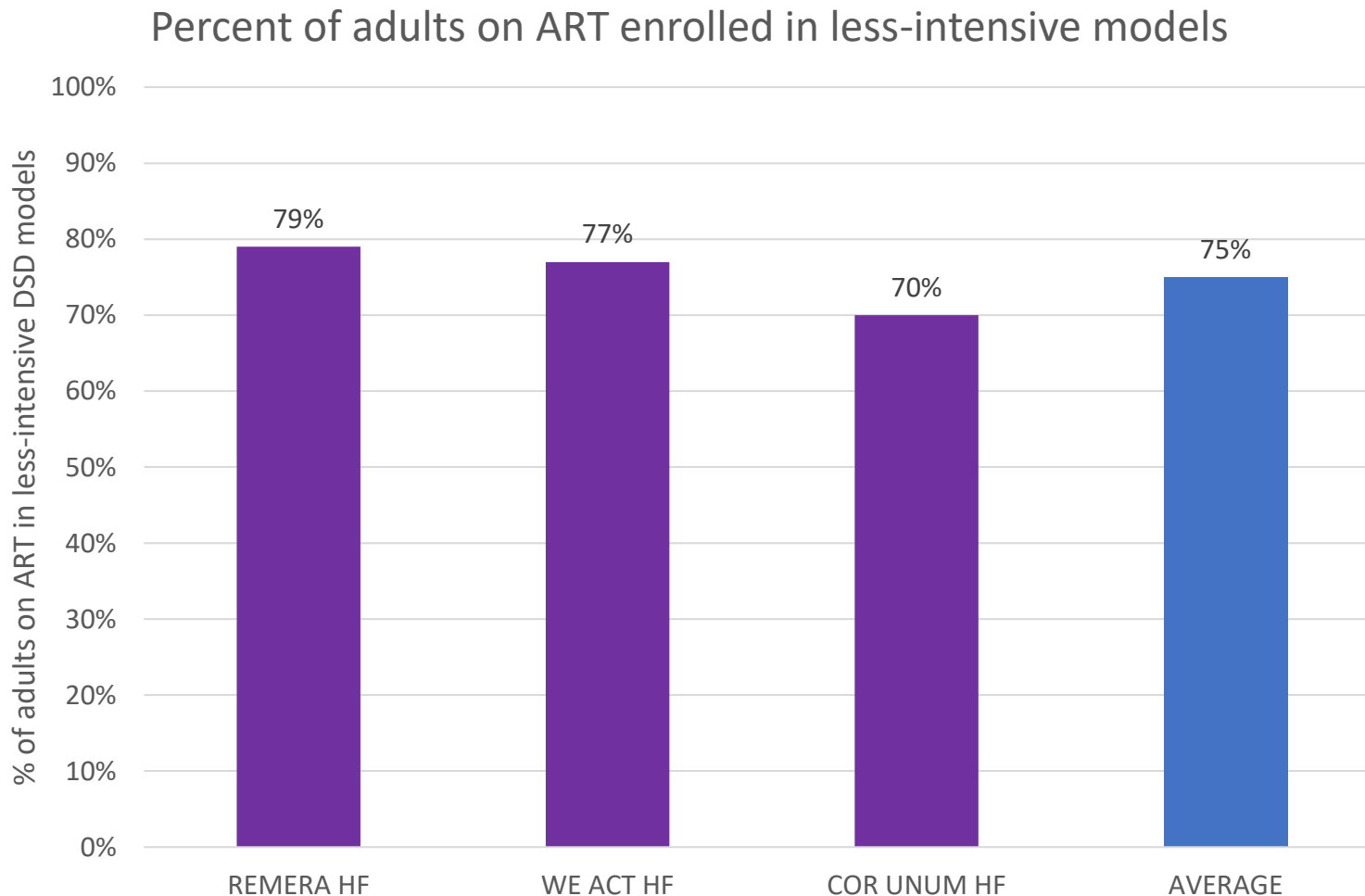
Quality Standard 3: Everyone enrolled in less-intensive DART models should receive systematic **clinical** assessment to guide ongoing HIV management		
Process indicators		
3.1	Is there a system in place to ensure that people in less-intensive DART models receive clinical assessments at the interval recommended by national guidelines? *Data source = Check if the facility has SOPs in place clinical assessment intervals as recommended by national guidelines. Score YES is SOP available*	Y N Yes = Dark green No = Red
Outcome indicator		
3.2	What % of adults in less-intensive DART models received a routine clinical assessment in the past 12 months (or at the frequency recommended by national guidelines)? *Data source = chart review of at least 20 randomly selected files of adults enrolled in less-intensive DART model for ≥ 12 months.* *Numerator = # of people with documented clinical assessment in past 12 months; Denominator = # of charts reviewed*	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = Red
3.3	What % of adults receiving routine clinical assessment in the past 12 months had documented re-assessment of DART eligibility? *Data source = chart review of at least 20 randomly selected files of adults enrolled in less-intensive DART model for ≥ 12 months.* *Numerator = # of people with documented DART eligibility assessment in past 12 months; Denominator = # of charts reviewed*	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = Red

Pilot Testing of the Tool by Rwanda MoH- Example

- Purposeful selection of 3 health centers was done based on scale-up of DSDM, client population and feasibility of piloting the checklist.
  - All clients in DSD were in facility-based models
- 10-20 patient files were randomly selected (10 "stable" and 5-10 "unstable") and examined to respond to the checklist.
- HIV service providers (nurse, data manager and social worker) responded to the checklist while consulting patient files, monthly reports and EMR.

Rwanda Pilot Testing Example: Overall Quality Assessment Results

Percent of adults on ART enrolled in less-intensive models

- **Most adults on ART are enrolled in less-intensive DSD models (average 75%, range 70-79%)**

- **All 3 facilities have over 90% of trained staff and written SOPs to guide eligibility criteria and implementation of all DART models.**

- **> 90% of adults are assessed and classified correctly in DART models.**

Cote d'Ivoire: Results from Quality Assessment Experience at 3 health facilities

✓Explanation of the context of the mission
✓Conduct of the questionnaire
✓On-site presentations of overall results
✓Proposed methodology for the development of a mini plan
✓Virtual meeting with district focal points to follow up on the drafting of the mini plan
✓Follow-up of the implementation of the plan during the mid-term review of the PSD performance review

	vavoua	Sinfra	Aben
Standard 1			
Standard 2			
Standard 3			
Standard 4			
Standard 5			
Standard 6			
Standard 7			
Standard 8		NA	NA
Standard 9			NA
Standard 10			NA
Standard 11		NA	NA

Example of dashboard progress so far

Country	2018	2019	2020	2021
Country A	Red	Orange	Orange	Light Green
Country B	Orange	Dark Green	Dark Green	Light Green
Country C	Red	Orange	Orange	Orange
Country D	Orange	Orange	Yellow	Yellow
Country E	Red	Orange	Orange	Light Green
Country F	Yellow	Yellow	Dark Green	Dark Green
Country G	Red	Orange	Light Green	Dark Green
Country H	Orange	Orange	Orange	Dark Green
Country I	Yellow	Yellow	Yellow	Yellow
Country J	Orange	Light Green	Light Green	Light Green
Country K	Orange	Orange	Orange	Orange

Red: Quality standards for DSD not available and not in development

Orange: Quality standards for DSD programs are in development but no evaluations have been completed

Yellow: At least one evaluation of DSD program quality has been conducted using the national quality standards, but the results do not indicate that standards have been met
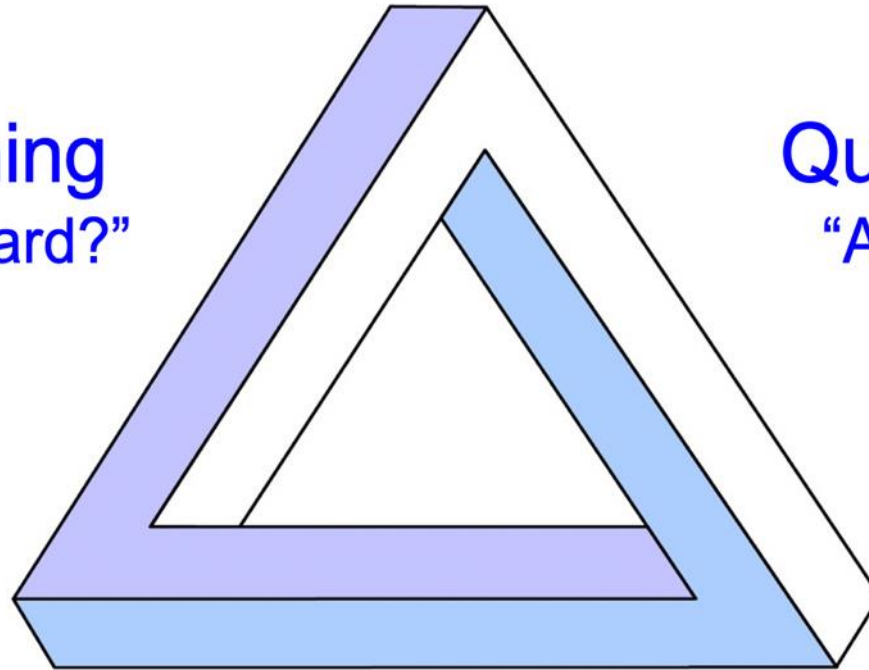
Light Green: At least one evaluation of DSD program quality has found that the program meets established national quality standards

Dark Green: Repeated evaluations of DSD program quality have found that the program meets established national quality standards

Next Steps

Current COP Focus

- Quality standards

  - Support interested country teams to develop/adapt national DSD standards

- Quality assurance

  - Continue to refine the quality assurance toolkit

  - Support interested countries to collect and analyze data

- Quality improvement

  - Identify countries in need of QI-for-DSD training (checklist)

  - Adapt/develop QI-for-DSD curriculum and training materials

  - Design and implement QI for DSD trainings

    - First training scheduled for Zimbabwe November 2021

Measuring Success

Overall Success will be when countries achieve a **Light Green** or **Dark Green** on the Quality of DSD services domain on the dashboard:

- Countries have developed their quality for DSD standards
- Countries routinely conducting assessments/evaluations of the quality of their DSD services
- Countries routinely implementing QI projects to address quality challenges

Issues/Challenges

- CQUIN does not fund QI-for-DSD projects, so implementation of QI activities are dependent on MOH, PEPFAR and other donors

  - Few countries are actively implementing QI for DSD activities

  - Most projects to date have focused on DSD coverage, not DSD quality *per se*

- Limited participation in QI COP meetings by some countries

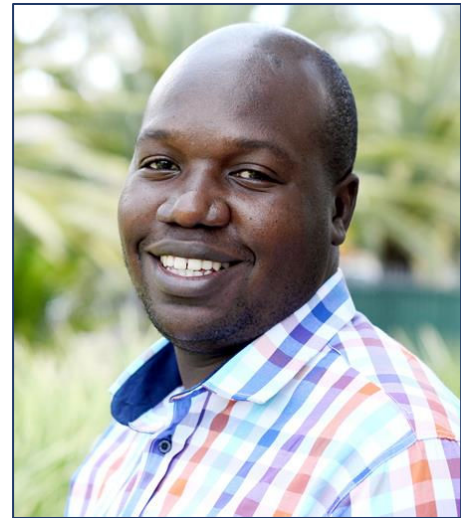- Limited follow up on QI for DSD projects by some countries

Thank You!

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Panelists/Panélistes/Painelistas

Josen Kiggundu
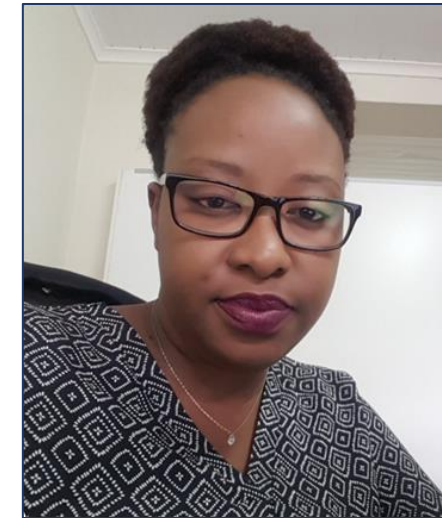Senior Program Officer – DSD
Ministry of Health - Uganda

Sage Semafara
Executive Director
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Vindi Singh
Senior HIV Disease Advisor
Global Fund

Ivan Teri
Associate Director, Program
Optimization
EGPAF, Washington D.C

Siphiwe Kasonka
Senior Quality
Improvement Advisor,
ICAP Zambia

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Virtual: November 16-19, 2021

Session 4 starts Wednesday 17 November at 7:00am EST/12.00noon West Africa/1:00pm Geneva/2:00pm Pretoria/3:00pm Nairobi

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