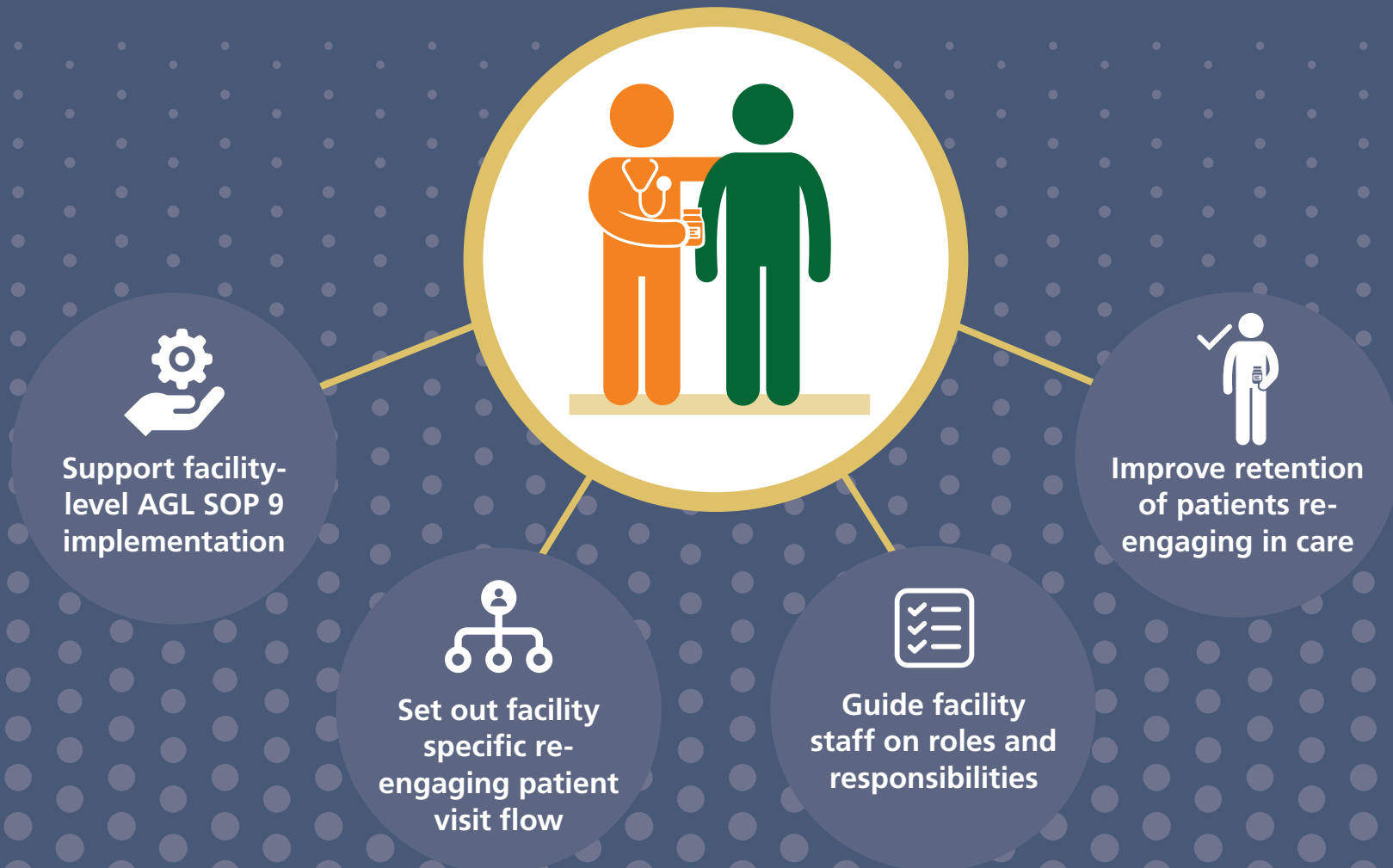


Job Aide for Counsellors (and Retention Officers)

Implementation of National Adherence Guidelines SOP 9:

RE-ENGAGEMENT IN CARE



SOP 9 RE-ENGAGEMENT THREE KEY PRINCIPLES

1

For returning patients,
the *first return visit*
experience is critical

Welcoming, supportive and
empathetic

Clear facility visit flow focused on a
positive patient experience

2

Not all patients late for
scheduled appointments
are re-engaging patients

Only if they are **>14 days** after
scheduled appointment
OR
silent transfer from another facility

3

All re-engaging patients
DO NOT have the same
service delivery needs

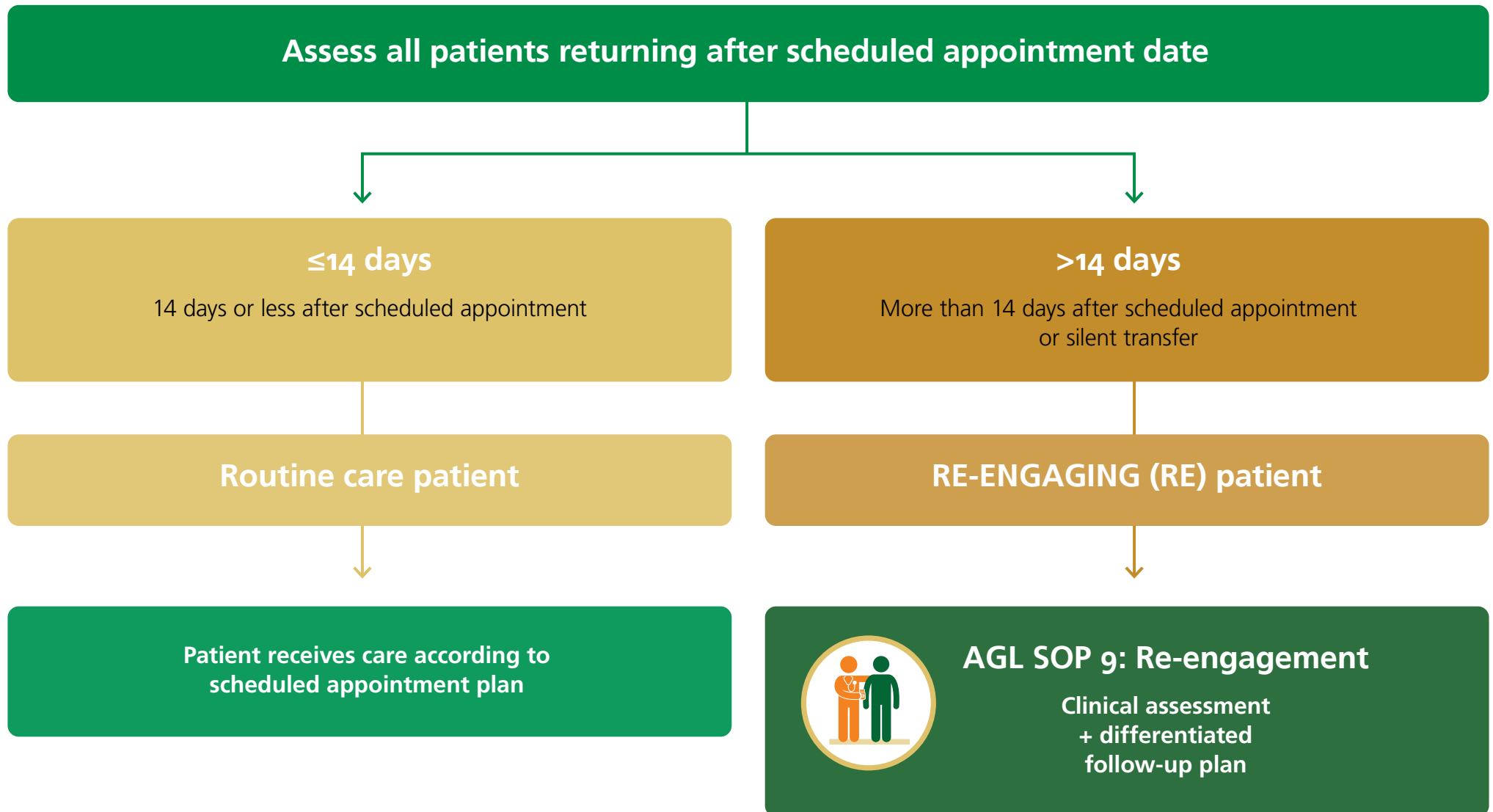
Easier access to treatment

Psychosocial support

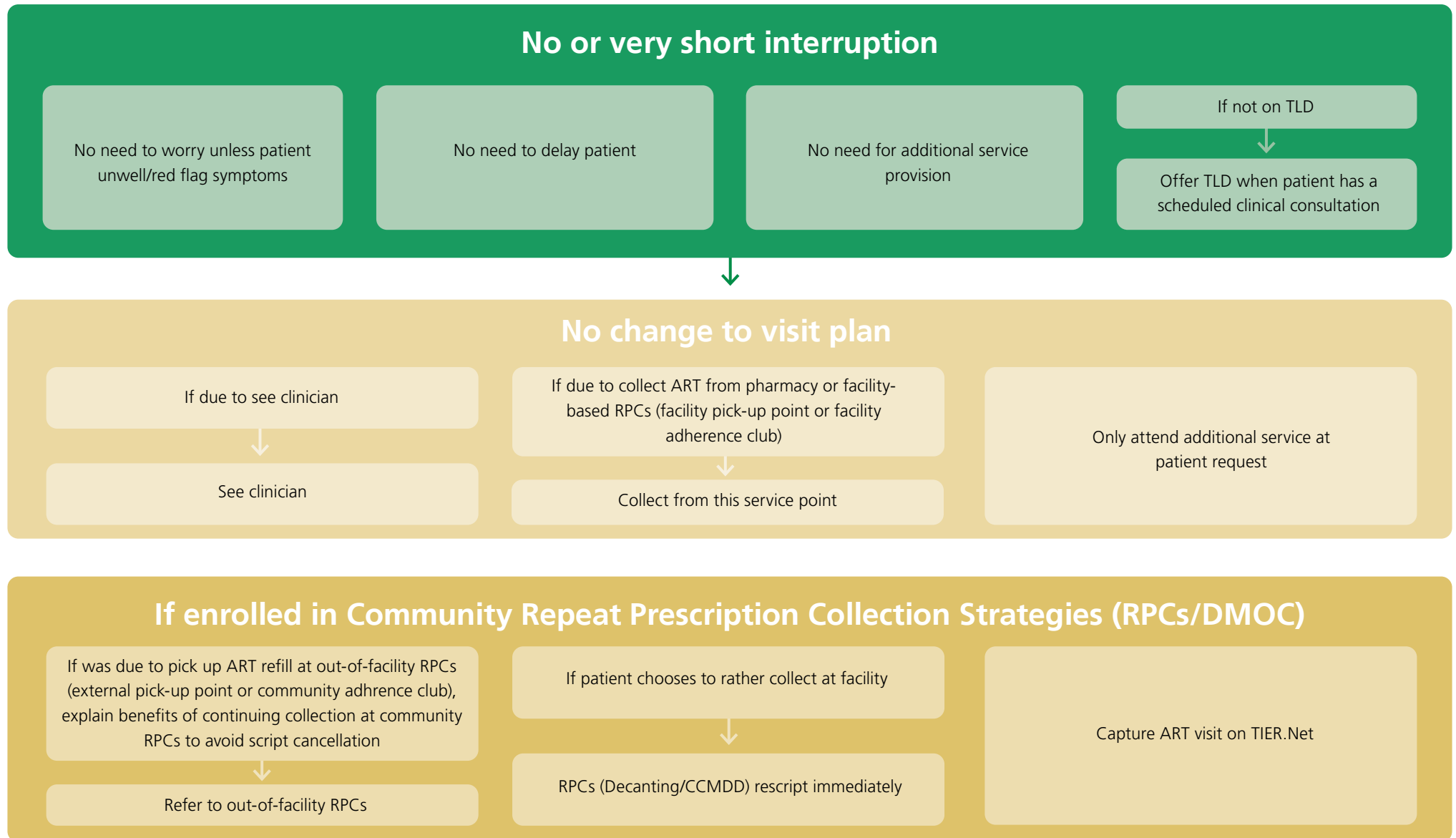
Clinical management

Always
be kind

WHO IS A RE-ENGAGING PATIENT?



RETURNING ROUTINE CARE PATIENTS



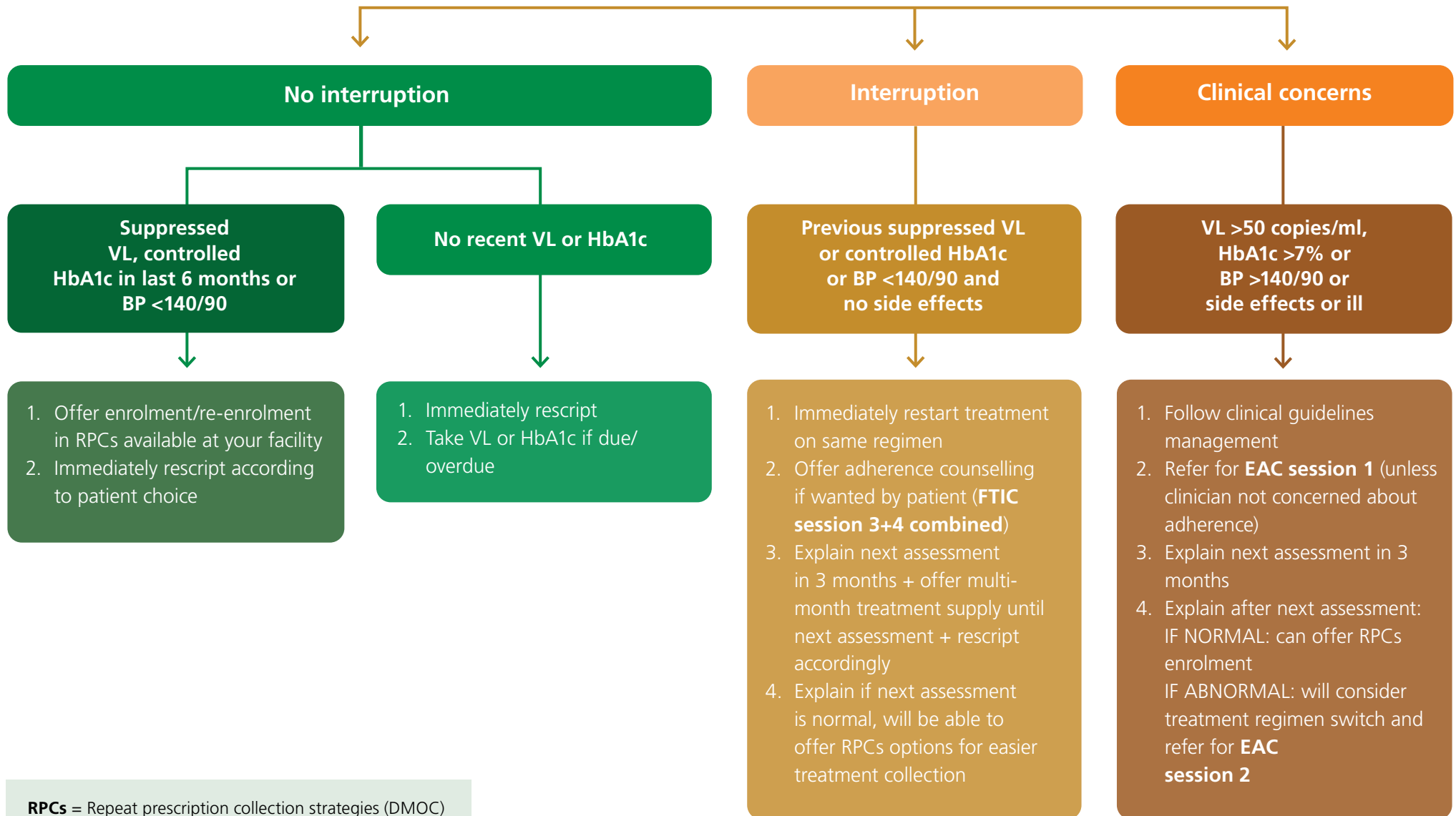
SOP 9: RE-ENGAGEMENT STAFF ROLES & RESPONSIBILITIES

Batho Pele principles: Courteous, open, supportive and empathetic. Focus on positive patient return visit experience.

MAIN SOP 9 ACTIVITY	DETAILED SOP 9 ACTIVITIES	PERSON/S DESIGNATED IN SPECIFIC FACILITY TO BE INDICATED
Direct to facility reception	<ul style="list-style-type: none"> • Navigate to reception • Do not turn any client away at facility entrance 	All Staff (also entrance security):
Identify re-engaging patient	<ul style="list-style-type: none"> • Identify a re-engaging patient • Mark on folder tracking tool indicating \leq or >14 days • Insert SOP 9 RE-ENGAGE form in patient folder 	Admin clerk/s:
Navigate to correct clinician	<ul style="list-style-type: none"> • Support navigation to appropriate clinician queue 	Admin clerk/s or counsellor or Retention officer:
Prepare folder for clinician assessment	<ul style="list-style-type: none"> • Find patient folder/open duplicate 	Admin or data clerks:
	<ul style="list-style-type: none"> • Print/document missing lab results and place in folder 	Admin or data clerks or counsellor or retention officer:
Conduct clinical assessment	<ul style="list-style-type: none"> • Conduct re-engagement clinical assessment 	Assigned re-engagement clinician/s or all clinicians:
Determine SOP 9 follow-up plan for RE patient	<ul style="list-style-type: none"> • Determine and carry out SOP 9 follow-up plan (+/-AHD package) • Script ART • Complete SOP 9 RE-ENGAGE form 	Assigned re-engagement clinician/s or all clinicians:
Provide counselling (+case management)	<ul style="list-style-type: none"> • Provide FTIC combined sessions 3 and 4 or EAC session 1 • Provide low/high risk case management approach 	Counsellor or retention officer:
Collect ART refill	<ul style="list-style-type: none"> • Dispense ART refill as directed • Confirm next place of ART refill collection with patient • Manage CCMDD script submission 	Pharmacy/clinical staff:

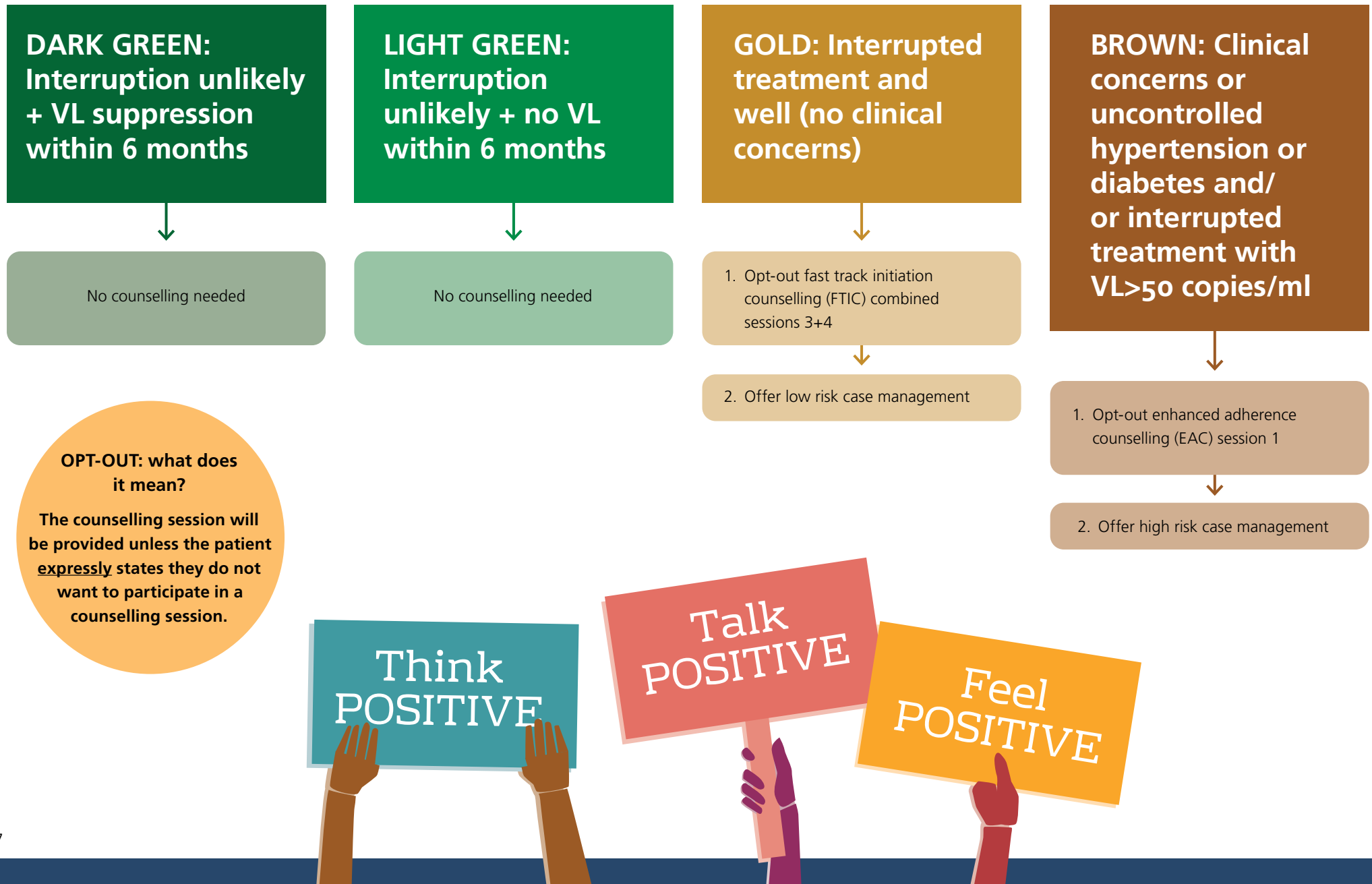


SOP 9 COLOUR-CODED FOLLOW-UP PLAN



RPCs = Repeat prescription collection strategies (DMOC)

Which re-engaging patients should be provided with counselling and case management?





FAST TRACK INITIATION COUNSELLING (FTIC) COMBINED SESSIONS 3+4



SESSION 3: FIRST REFILL 1 MONTH ON TREATMENT

THE LAST STEPS OF THE ADHERENCE PLAN

- Assess how the first weeks on treatment were and if the patient managed to apply the adherence steps agreed upon last time.
- Encourage and motivate.

STEP 11: EXPLAIN TREATMENT PATHWAY AHEAD

Explain to the patient that if they take their treatment well, they will be eligible for longer treatment supply and easier collection systems

- Your clinician will decide how regularly you need to come for the first six months on treatment. Every time you come, you will see a clinician for a clinical consultation and receive enough treatment supply until your next appointment date.
- At 6 months, you will have an assessment done (we will talk about this next month) which will measure how well you are taking your treatment and whether it is working to suppress the HIV virus; control your Hypertension or Diabetes.
- If your treatment is working well, you will be eligible to:
 - receive longer treatment supply to reduce the number of visits to the clinic
 - simpler ways to collect your treatment supply (explain FAC-PUP (fast track collection system at the clinic)/adherence club (support group where you collect your treatment)/ EX-PUP (collection point outside of the facility)) **depending on options available at your facility.**

STEP 12: PLAN FOR TRAVELS

Ask the patient the following:

- Do you plan to travel in the coming weeks or months?
- What would you do to make sure you can continue your treatment if you go away?
- What could you do in case you have an unplanned trip and cannot come to the facility?

...

Inform patients that:

- Things can happen suddenly, try to remember the best approach would be to come to the facility before travelling to inform them of your travel location and length of time away so that you can receive a referral letter and sufficient treatment supply.
- If the trip is not planned and you cannot come to the facility, it is important to go to the nearest facility in the travel area as soon as you arrive to make sure you can access treatment there. It is important you carry evidence of your condition and evidence of the treatment you are taking.

SESSION 4: SECOND REFILL 2 MONTHS ON TREATMENT

ASSESSMENT EDUCATION, TREATMENT GOALS AND PATHWAY AHEAD

Provide explanation or information on the further tests that will be performed:

a. For HIV:

- Remember the last time we discussed the assessment (test) the clinician will do to see if you are taking your treatment well and it is working.
- To know if your treatment is working, a viral load test will be done. This measures the amount of HIV virus in your blood. It is taken after 6 months on treatment, then at 12 months of treatment, then once a year thereafter, unless you have a high viral load of more than 50 copies/ml.
- Explain the possible results and their meaning - what undetectable viral load versus high viral load means, in terms of the amount of HIV detectable in the blood.
- Agree on a goal with the patient to get and keep their viral load below 50 copies/ml.
- Explain that a viral load below 50 copies/ml at 6 months on ART means the patient can ask and the clinician should offer and enroll the patient into a simpler treatment supply collection system of their choice with longer treatment supply based on what is available at the facility (FAC-PUP/Adherence Club/EX-PUP).
- Explain the importance of EPI schedule and return date for the child immunization and PCR for PMTCT patients.



ENHANCED ADHERENCE COUNSELLING (EAC) SESSION 1

Be supportive

SESSION 1

1. Explain the purpose of your session, define terms:

- Determine the reason for abnormal assessment results.
- Assess and address the barriers to adherence and discuss effective strategies to overcome.
- Update or develop an adherence plan with the patient.

2. Education on the assessment result

- Assess patient for mental health using the Mental Health Assessment tool in Annexure II.
- Find out what education on taking treatment the patient has received.
- Find out what the patient knows about the treatment they are taking and check the treatment regimen has been understood correctly i.e. when each medicine is taken.
- Explain in a supportive way that the most common reason for such result is a problem with taking medication correctly.

4. Flexibility on treatment

- Clear any myths and misconceptions around taking treatment and explain that there is some flexibility.
- Emphasize the importance of patients choosing their own suitable time for taking medication as prescribed.
- Explain what to do with late or missed doses depending on the treatment.
- Explain what to do in case of alcohol use while on treatment. If patient cannot control their use of alcohol, they should make sure that they take their treatment anyway.
- Explain to patient that it is better not to use traditional medicines that could interfere with the treatment. If they take traditional medicine, they should make a plan with the clinician to still take their treatment.

5. Patient's experiences

- Ask: *What makes it difficult for you to take the treatment sometimes?* Encourage the patient to be honest about personal issues that may affect their adherence and help them to address issues such as alcohol or other substance intake as they can lead to forgetting medication.
- Explain that medication should be taken even without food and what they can do if food insecurity is an issue. Inform and assist patient on how to access government support programmes, if necessary.

- Consider patient's religious and traditional beliefs that may contribute to non-adherence to treatment.

6. Identify strategies to ensure good adherence

Ask: *What could help you to remember to take the treatment?*

Discuss treatment reminders and adherence options including the advantages and disadvantages of each for the specific patient:

- Treatment buddy to remind the patient to take treatment
- Setting phone alarm
- Support by a family member
- Pill counts
- Marking a calendar or using a pill box
- Linking medication to meal times
- Modified Direct Observed Therapy such as treatment supporter (this is also applicable to children)

Ask: *Who could support you to take the treatment every day?*

Discuss sources of social support for the client. Emphasise the importance of support structures in coping and adherence such as family, friends, peer support groups, faith-based group and work-based support.

- Encourage sharing of feelings and emotions regarding the illness.
- Empower the patient in making a plan that is adapted to the barriers expressed. Be aware not to create dependency, but to find their own solutions, with the help of the healthcare worker or lay counsellor.

7. Inform the patient about pathway ahead

- Explain further facility assessments (tests) to check adherence and effective treatment as per disease specific guidelines (for HIV: a further viral load will be taken in 3 months, for diabetes: a further HbA1c test will be done in 3 months)
- Explain that if the next assessment is normal, it will become easier to collect treatment. If the patient has been on treatment for more than 6 months, the patient can ask and the clinician should offer and enroll the patient into a simpler treatment supply collection system of their choice with longer treatment supply based on what is available at the facility (FAC-PUP/Adherence Club/EX-PUP).