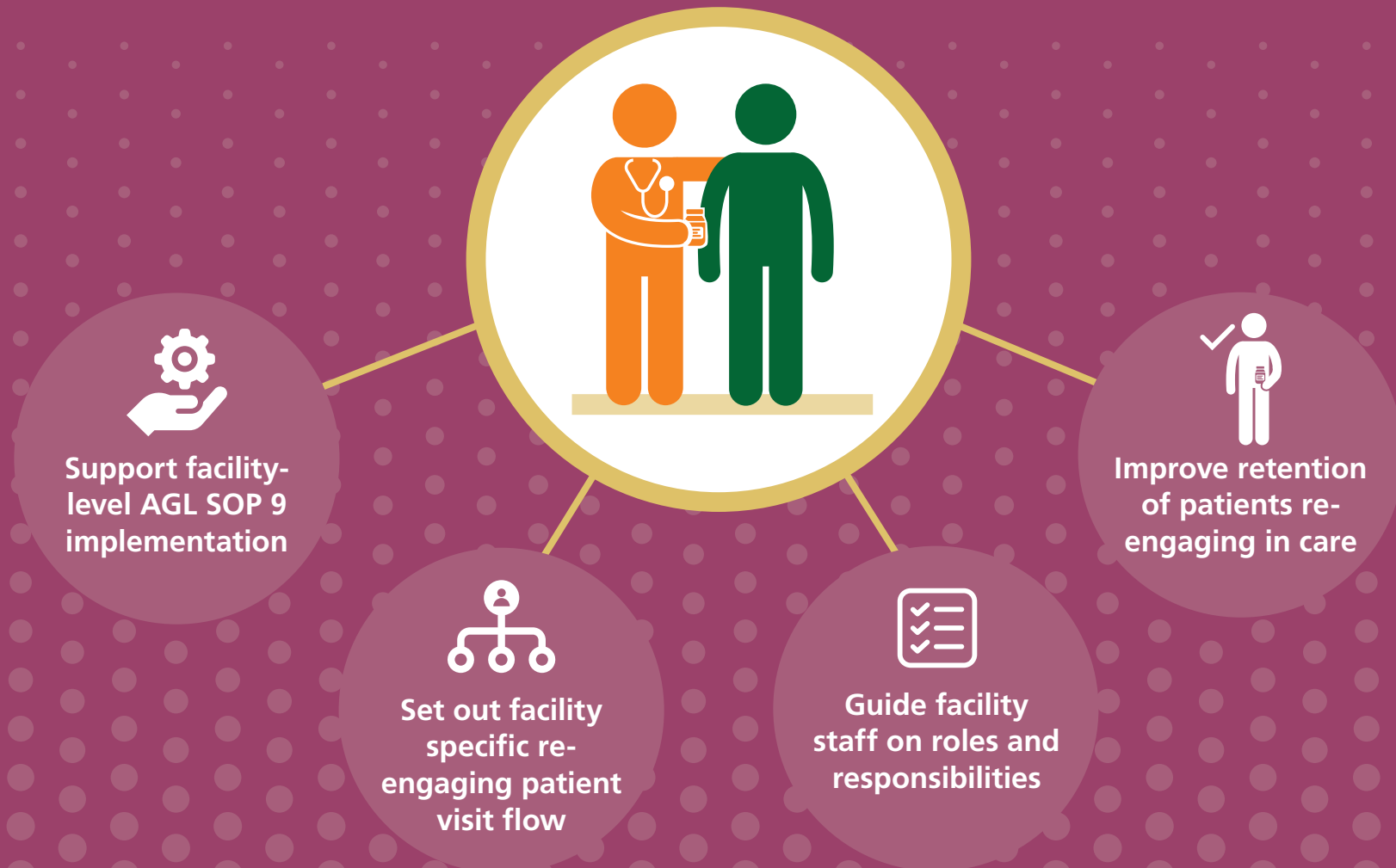


Job Aide for reception staff

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?

Be caring

Assess all patients returning after scheduled appointment date

≤14 days

14 days or less after scheduled appointment

Routine care patient

Patient receives care according to
scheduled appointment plan

>14 days

More than 14 days after scheduled appointment
or silent transfer

RE-ENGAGING (RE) patient



AGL SOP 9: Re-engagement

Clinical assessment
+ differentiated
follow-up plan

RETURNING ROUTINE CARE PATIENTS

Be understanding

No or very short interruption

No need to worry unless patient unwell/red flag symptoms

No need to delay patient

No need for additional service provision

If not on TLD

Offer TLD when patient has a scheduled clinical consultation

No change to visit plan

If due to see clinician

See clinician

If due to collect ART from pharmacy or facility-based RPCs (facility pick-up point or facility adherence club)

Collect from this service point

Only attend additional service at patient request

If enrolled in Community Repeat Prescription Collection Strategies (RPCs/DMOC)

If was due to pick up ART refill at out-of-facility RPCs (external pick-up point or community adherence club), explain benefits of continuing collection at community RPCs to avoid script cancellation

Refer to out-of-facility RPCs

If patient chooses to rather collect at facility

RPCs (Decanting/CCMDD) rescript immediately

Capture ART visit on TIER.Net

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:

WHAT TO DO FOR RE-ENGAGING PATIENTS

Visit procedure steps

Be
welcoming

RE patient = Re-engaging patient

RPCs = Repeat prescription collection strategies (DMOC)

VLS = viral load suppression

Step 1: Identify RE patient

1. Decide if patient is
re-engaging

2. Mark on folder tracking
tool:
☐ ≤14 days
☐ >14days/silent transfer

If RE patient

3. Document RE patient
inside folder next to
date entry

4. Insert blank SOP 9
RE-ENGAGE form in
patient folder

Step 2: Navigate to correct clinician

1. Assigned staff member to
physically navigate patient to
correct clinician queue

2. Patient to move forward in queue
while waiting for file preparation

Step 3: Prepare folder for clinician assessment

1. Assigned staff member to find
folder or opens duplicate

2. Print or document missing lab
results and place in folder

RE-ENGAGING patients:

Place in the queue should always
be respected;

Cannot be made to wait at the back of
the queue;

Cannot be sent to collect transfer
documents from another
facility.

HOW TO IDENTIFY A RE-ENGAGING PATIENT

Be
supportive

Step 1: Reason for visit

"What are you here for today?"

If ART visit

Step 2: Is this your usual health facility?

"Do you usually attend this facility?"
"Have you attended this facility before?"

If not usual facility:

"Do you have any documents from your previous facility?"
NOT REQUIRED but if available clarify last visit date

IF patient is **NOT new** to facility or has transfer documentation

If patient is **new** to facility with no transfer documentation (called a "silent transfer")

Step 3: What is the appointment date?

"When was your appointment?"
"Please can you show me your appointment card"

If no type of appointment card:

"Do you have any document showing an appointment date?"

If no information from patient or document with appointment date:

Check scheduled appointment on TIER.Net

IF late for scheduled appointment

Step 4: Is this a re-engaging patient?

Mark on folder tracking tool:

☐ <14 days ☐ >14 days OR silent transfer

14 days or LESS:
Navigate to routine services

More than 14 days OR silent transfer

1. Record RE-ENGAGE patient inside folder next to date
2. Insert SOP 9 RE-ENGAGE form into patient folder entry

Think
POSITIVE

Talk
POSITIVE

Feel
POSITIVE