

ADAPTATION AND USE OF THE CQUIN DSD SERVICE QUALITY ASSESSMENT TOOL IN GHANA

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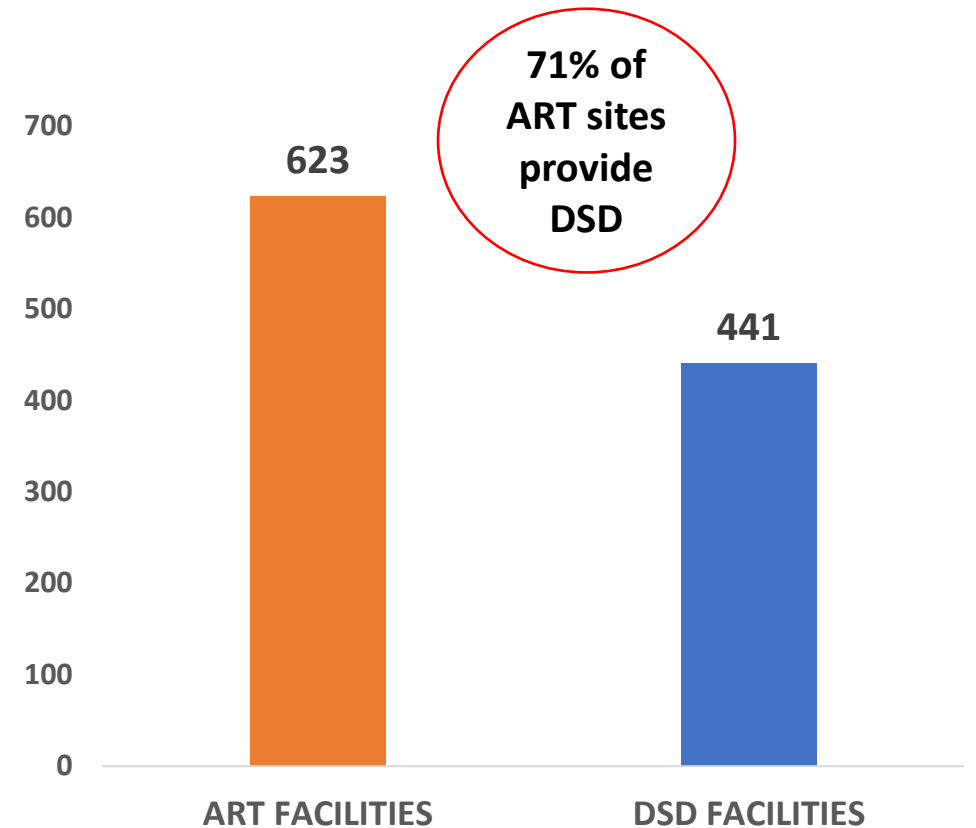
Outline

- Background
- DSD Service Quality Assessment tool
- Adaptation process
- Assessment
- Preliminary Findings
- Key lessons
- Use of Findings/Next steps

Background

- Ghana adopted the WHO recommendations to “TREAT ALL” in 2016 towards achieving 90-90-90 (UNAIDS targets)
- Innovative & pragmatic approach like DSD is needed to help achieve these targets and DSD implementation commenced in 2018
- There has so far been a focus on expansion, with all high-burden sites(200 cots) now implementing DSD
- There is a need to focus on the quality of DSD implementation

Facility Level DSD Coverage, December, 2021



CQUIN QI MEETING

Quality Standards for Less-Intensive Differentiated ART Models

The CQUIN Quality & Quality Improvement
Community of Practice

August 2019



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

LESS INTENSIVE DSD MODELS

A quality assessment tool

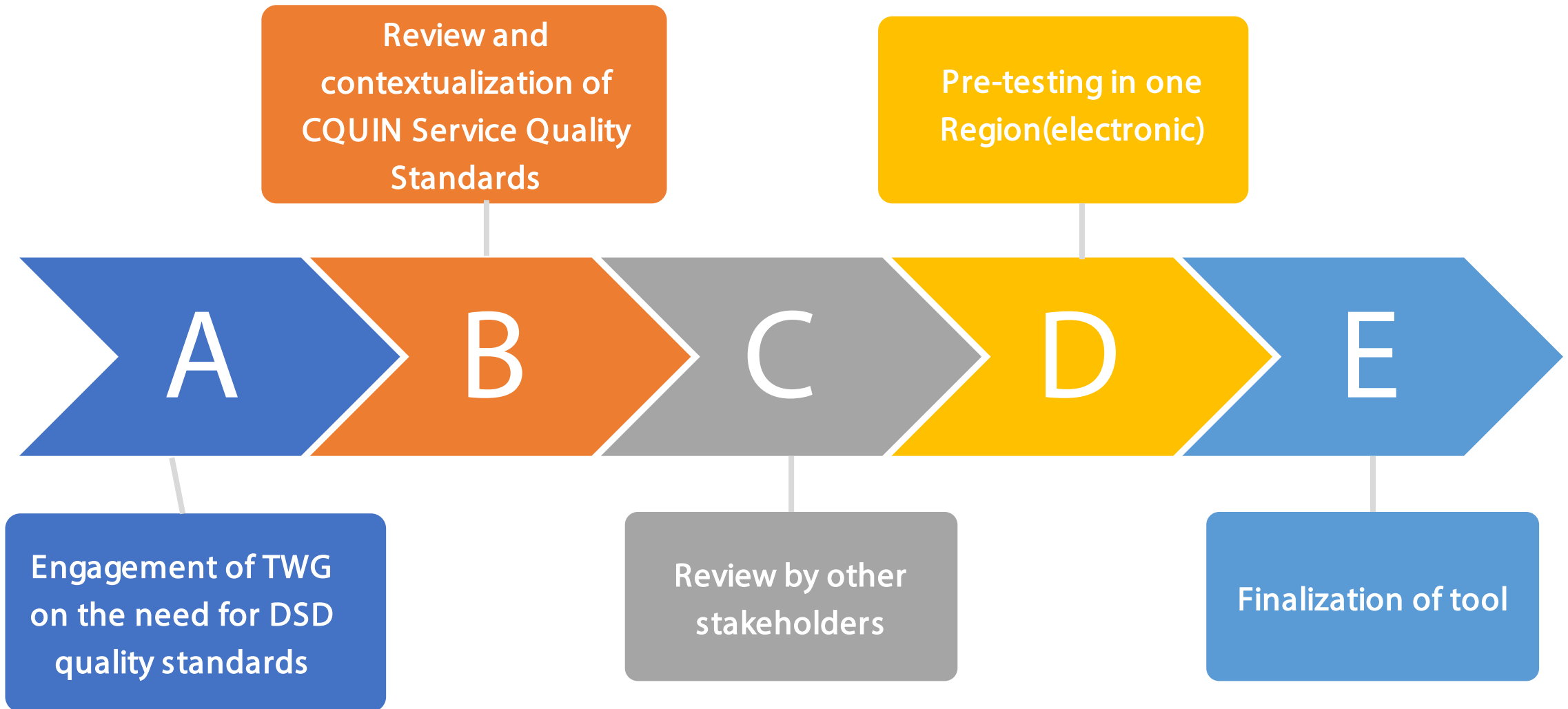
CQUIN Service Quality Standards

Domain	Component	Standard
Cross Cutting	Quality Standard 1	Regular DART eligibility assessment
	Quality Standard 2	Systematic lab assessment
	Quality Standard 3	Systematic clinical Assessment
	Quality Standard 4	Appointment tracking and retention
	Quality Standard 5	Client identification and offer of EAC
	Quality Standard 6	Prompt DART data capture
Fast Track refill	Quality Standard 7	Efficiency of visits
Facility-based ART clubs	Quality Standard 8	Orientation on roles and responsibilities
	Quality Standard 9	Model-specific processes and standards
Community-Based Group Models	Quality Standard 10	Referral systems between facility and community
Community ART groups	Quality Standard 11	Training and other support for CAG leaders and members

Scoring

Color score	Percentage	Description
Dark green	>90	Exceeds standards
Green	80-90	Meets standards
Yellow	60-80	Needs improvement
Red	<60	Needs urgent remediation

Adaptation Process



Ghana's DART Service Quality Assessment tool

Parts		Components
1	Facility information	Location, client load, models implemented
2	Cross Cutting	QS 1 Regular DART eligibility assessment
		QS 2 Systematic lab assessment
		QS 3 Systematic clinical Assessment
		QS 4 Appointment tracking and retention
		QS 5 Client identification and offer of EAC
3	Fast Track refill	QS 7 Efficiency of visits
4	Summary	Innovations/Challenges/Recommendations

Link to tool



Assessment Process



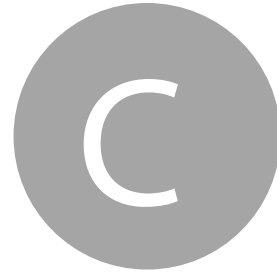
Facility selection

- Regional burden
- Facility caseload



Capacity building

- Regional
- National



Data collection

- Records reviews
- Interviews with HCW
- Interviews with ROC



Data analysis

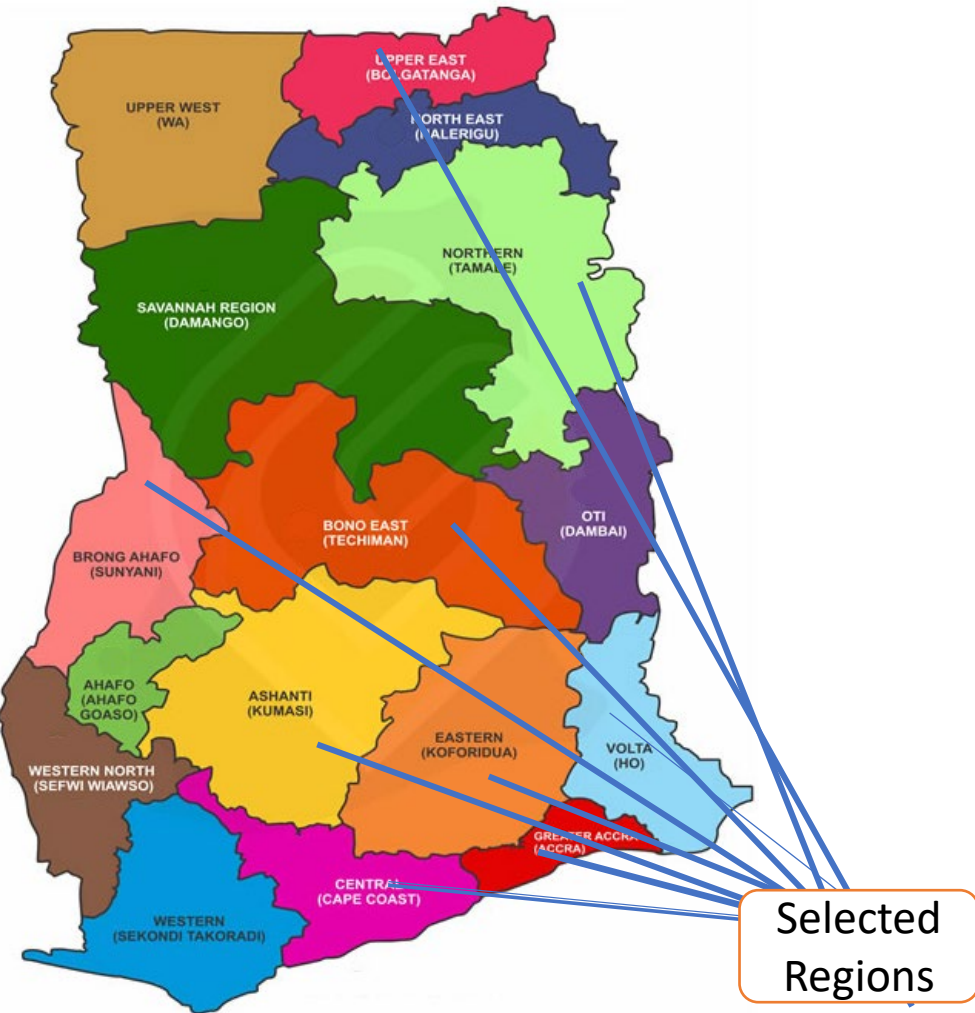
- Quantitative
- Qualitative



Feedback

- Facility
- Region
- National

Assessment sites

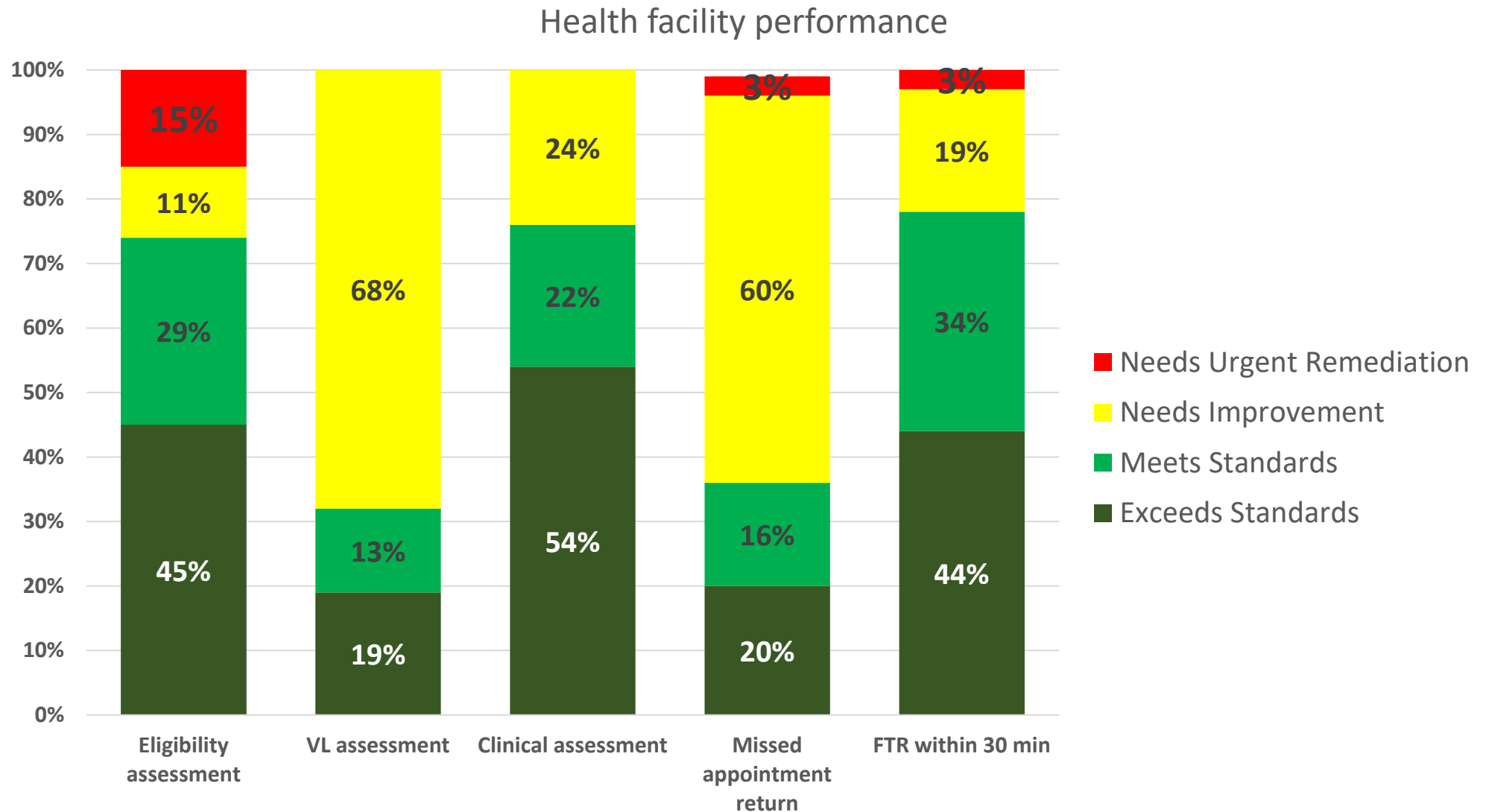


Number of Regions	9(out of 16)
Number of Facilities	156(out of 684)
Client Load	116,281
DSD models	<ul style="list-style-type: none"> • Facility-based individual • Facility-based group
Approaches	<ul style="list-style-type: none"> • MMSD with appointment spacing • Fast track refill • Adherence clubs led by ROC

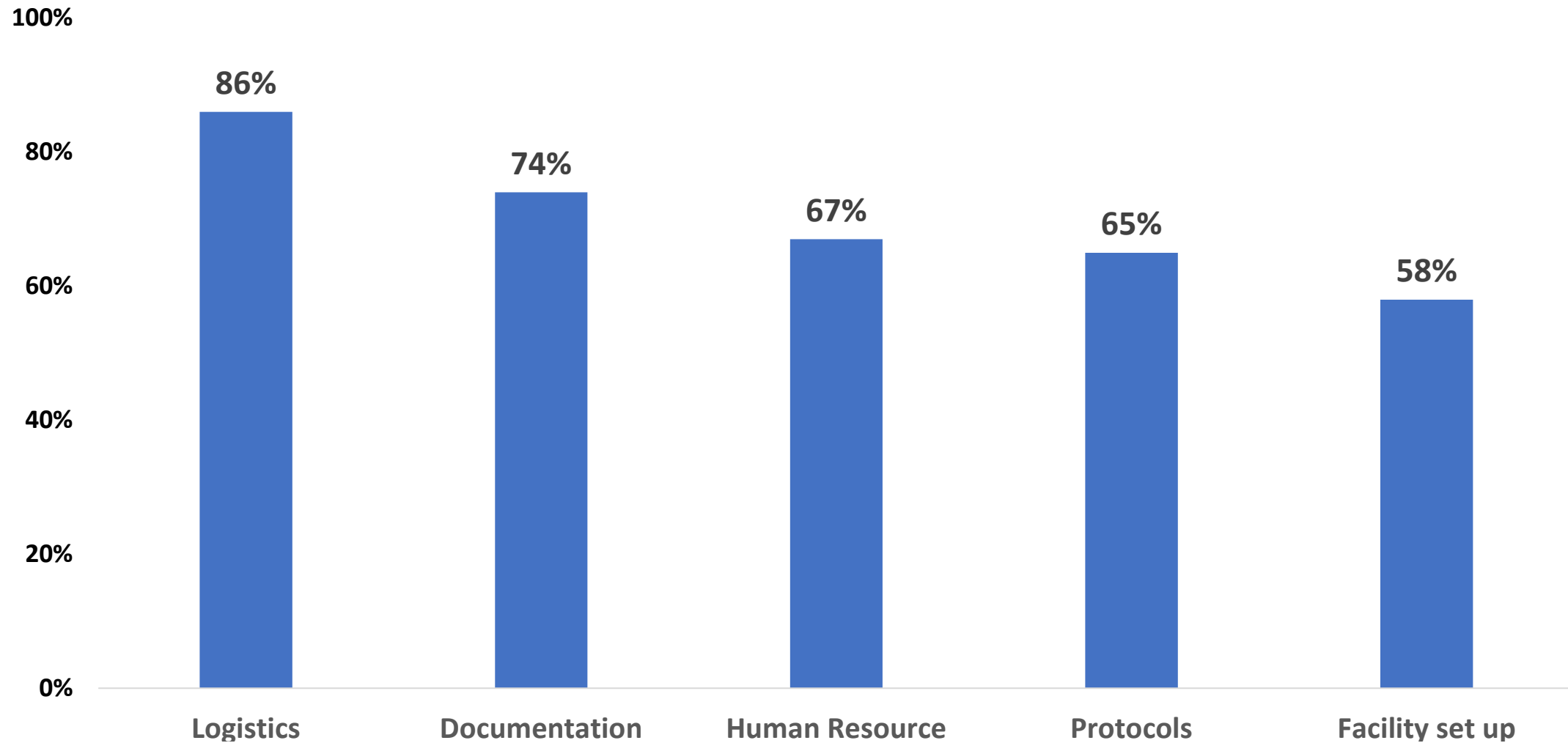
Preliminary Findings (156 facilities)

Domain	Quality Standards	Outcome	Percentage of facilities meeting standards			
			>90%	80-90%	60-80%	<60%
Cross Cutting	1	Correct Assessment of DART eligibility(eligible, ineligible)	45%	29%	11%	15%
	2	Clients with Viral Load assessment in the past 12 months	19%	13%	68%	0
	3	Clients with Systematic clinical Assessment in the past 6 months	54%	22%	24%	0
	4	Missed appointment clients returning within 28 days	20%	16%	60%	3%
Fast Track refill	7	Clients receiving FTR within 30 minutes	44%	34%	19%	3%

Preliminary Findings (156 facilities)



The proportion of facilities with challenges affecting service quality



Use of findings

Level	Relevance of outputs
National	<ol style="list-style-type: none">1. Evidence to guide intervention prioritization(GF grant)2. Knowledge gaps will influence training content3. Facility innovations to be scaled up4. Region-specific targets set for each domain5. 60 facilities prioritized and supported with DSD reorientation6. To provide protocols to service delivery sites
Regional	<ol style="list-style-type: none">1. Human Resource gaps identified to be filled2. Evidence provided on areas to focus on during routine monitoring3. Build capacity of facilities in the use of CQI approaches in DSD
Facility level	<ol style="list-style-type: none">1. Baseline data provided to guide facility level CQI interventions2. Resource gaps identified to be addressed by facility management

Next Steps

Revise the tool further and deploy it on another electronic platform(ODK)

Institutionalize DSD Service Quality Assessment

Include community domains in Q3 2023

Thank you!

