HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

The Rwanda Quality Management for DSD Initiative

Brian KWIZERA MD, MPH
DSD Advisor
Rwanda Biomedical Centre, MOH, Rwanda

CQUIN 6th Annual Meeting
December 6 – 9, 2022 | Durban, South Africa

Outline

- How were assessments done?
  - Rationale/Objectives
  - Re-assessment methodology
- What were the findings?
  - Re-assessment findings
  - QI DSD-related project successes
  - Quality assessment Challenges
  - Implementation experiences
- What's next?

Rationale/Objectives

- In 2020, most of the CQUIN DSD capability and maturity domains had matured for Rwanda. However, the Quality and Impact Domains had barely matured and were still “red”.
- To address the gap, the Rwanda MoH committed to the following key interventions:

1. **Adoption of the CQUIN quality standards and assessment tool**
2. **Assessment of the quality of DART Models at a selection of priory health facilities**
3. **Implementation of QI trainings along with ongoing supervision of QI for DSD projects**

Quality Improvement Trainings

- Implemented after adoption and dissemination of quality standards for less-intensive DART models.
- Baseline quality assessment were performed in 12 HFs to appreciate the gaps in DART service delivery: **April 2022**
- Through CQUIN catalytic support we carried out QI training of 30 HFs (39 HIV providers and Mentors) based on the gaps that were observed during the assessment: **16th-20th May 2022**
- Additional 15 HFs were trained through RBC support: **22-26th Nov 2022**

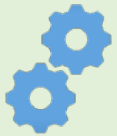
Supervisions

Through RBC/GF and ICAP Rwanda TA Project support, we conducted supervision in 16 Health facilities with the following objectives.

Objectives of supervision:

- Set and monitor baseline data on QI projects for DSD to facilitate the development of monthly/quarterly deliverables to track for routine monitoring.
- Address challenges encountered in the execution of QI project deliverables.
- Ensure QA by monitoring client movements in DSD models

Quality DART Standards Re-assessment Methodology

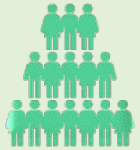


Purposefully sampled 22 HF across 7districts in Rwanda based on gaps informed by program data and having >500 PLHIV in HIV service

7 RBC staff with prior knowledge of QI training (1 facility per day)

DART Quality Assessment Checklist-Google form questionnaire.

Re-assessment selection was also based on HFs that had been assessed and trained



20 randomly selected RoC Charts were accessed at each facility, representing a total of 22012 clients served in the 22 health facilities.

HIV providers, nurse and/or data manager consulted patient charts to capture data including monthly report and EMR.

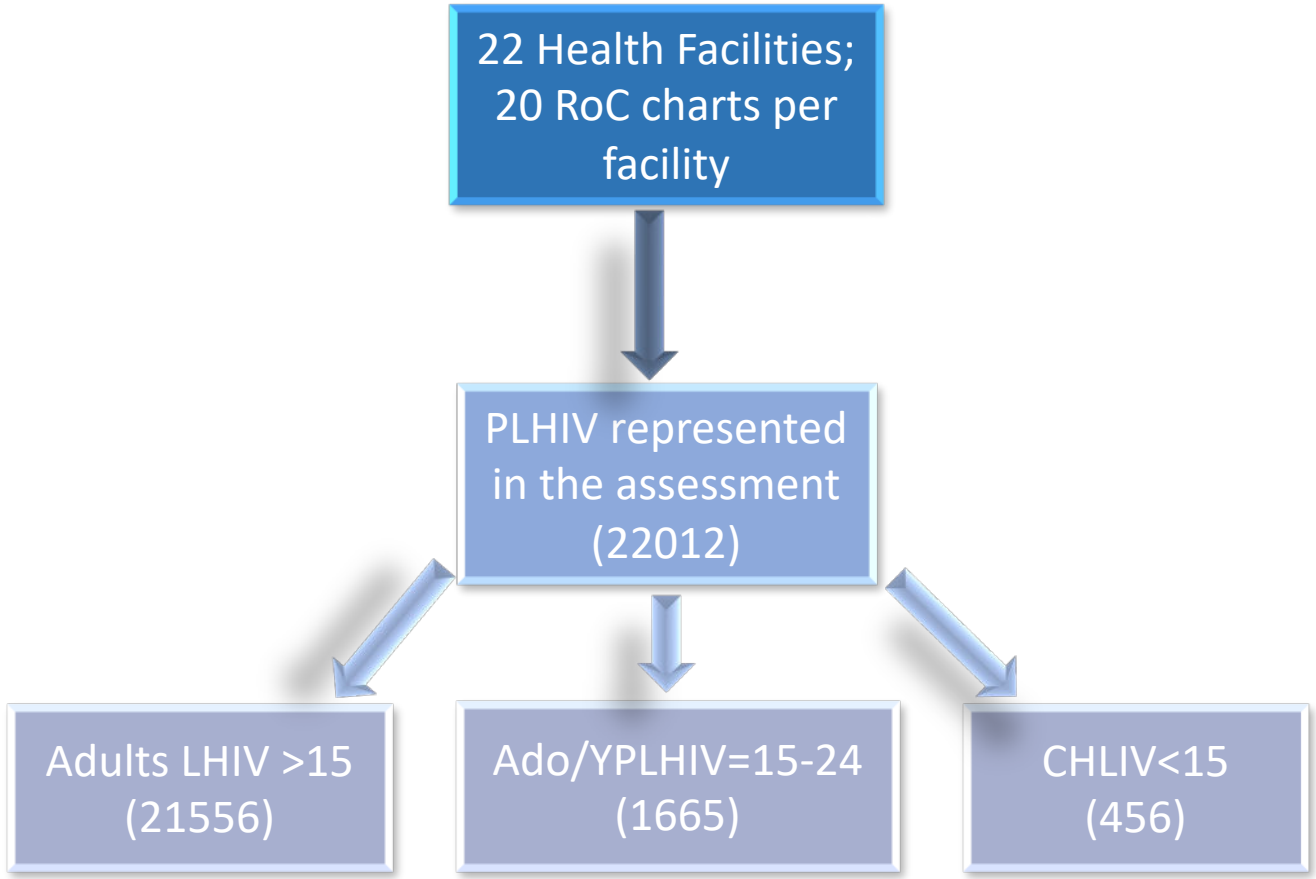
Quality DART Re-assessment success findings

81% (178870) of RoC are in less-intensive models compared to 74% for the national program.

All facilities assessed had an average of 3-4 Facility DART models that RoC can opt-in

73% of adolescents had opted in a facility teen club model, a 10% increase compared to pre-assessment findings

Generally improved TAT of VL testing/result at an average of 1-2 week compared to 2-4weeks in prior assessment.



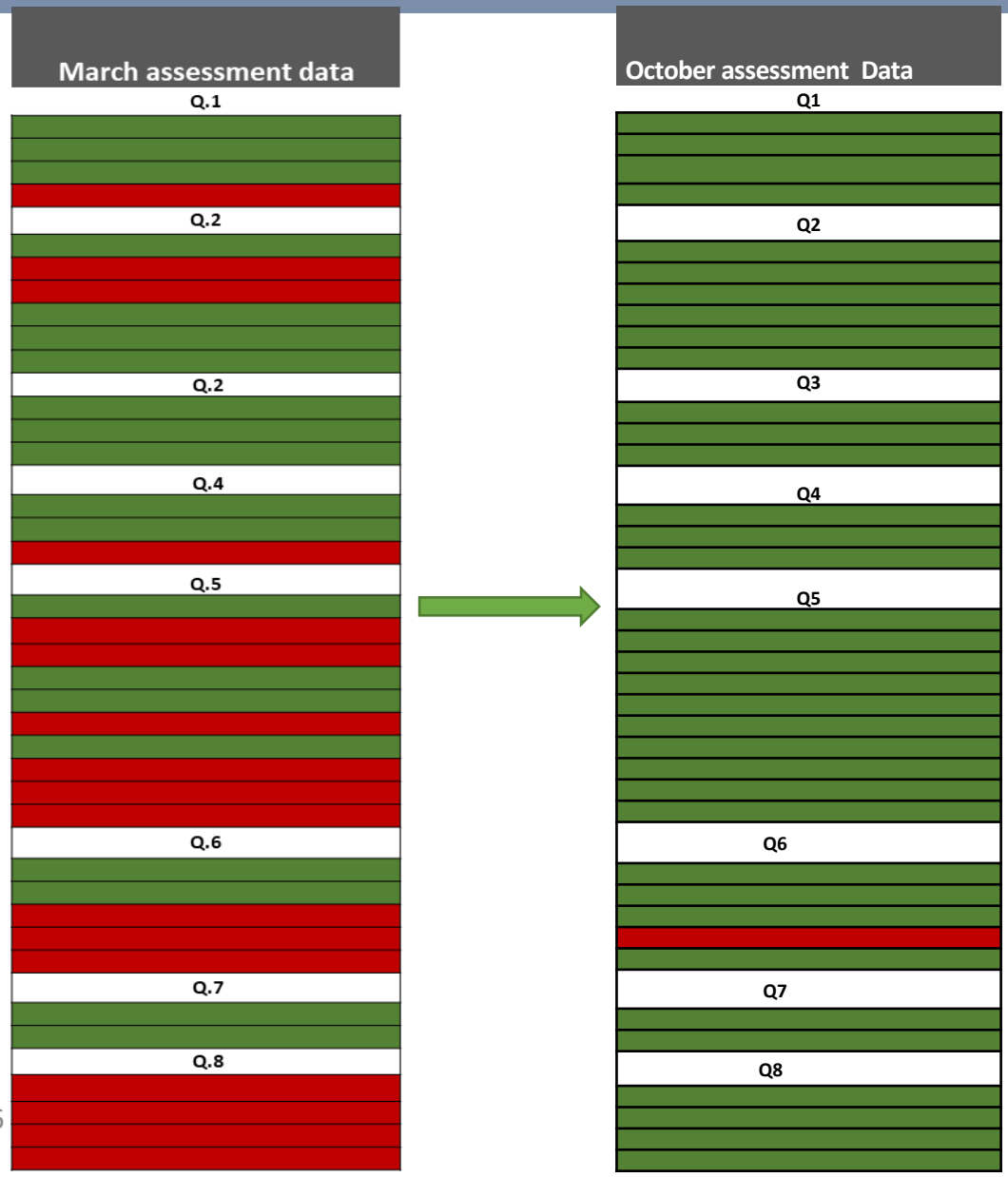
Re-assessment Results- October 2022

	Nyamata DH	Mugina HC	Kabgayi DH	Kibuye RH	Kibagabaga DH	Rubengera HC	Kabgayi HC	Kabuga HC	Gatenga HC	Masaka HC	Gahini HC	Gitwe DH	Ruhango PH	Byumba DH	Gahini DH	Kicukiro HC	Rwampala /Gitega HC	Ruhango HC	Remera Rukoma DH	Mukarange HC	Kinyinya HC	Masaka HC
All recipients of care should be regularly assessed for DSDM eligibility and offered the choice to opt into a Stable model if eligible																						
1.1																						
1.2																						
1.3																						
1.4																						
Everyone enrolled in less-intensive DART models should receive systematic laboratory assessment to guide ongoing HIV management.																						
2.1																						
2.2																						
2.3																						
2.4																						
2.5																						
2.6																						
Everyone enrolled in STABLE DSD models should receive a systematic clinical assessment to guide ongoing HIV management.																						
3.1																						
3.2																						
3.3																						
Systems are in place to identify people in STABLE DSD models who miss appointments, track them and support them to return to care																						
4.1																						
4.2																						
4.3																						
People enrolled in a STABLE DSD model who require more intensive services should be identified, assessed, and transferred to UNSTABLE models as needed																						
5.1																						
5.2																						
5.3																						
5.4																						
5.5																						
5.6																						
5.7																						
5.8																						
5.9																						
5.1																						
Data from both facility-based and DSD models are promptly entered into the facility M&E system.																						
6.1																						
6.2																						
6.3																						
6.4																						
6.5																						
In addition to the cross-cutting package of services received by all recipients of care, people in facility support clubs should receive orientation to the roles and responsibilities of group members, including expectations about confidentiality and mutual/psychosocial support.																						
7.1																						
7.2																						
Necessary model-specific health facility processes include: staff trained in group dynamics and club protocols; assigned space for club meetings; systems to ensure that records, drugs, and supplies (e.g., condoms) are assembled and in place before each meeting; and systems for referral to other departments.																						
8.1																						
8.2																						
8.3																						
8.4																						

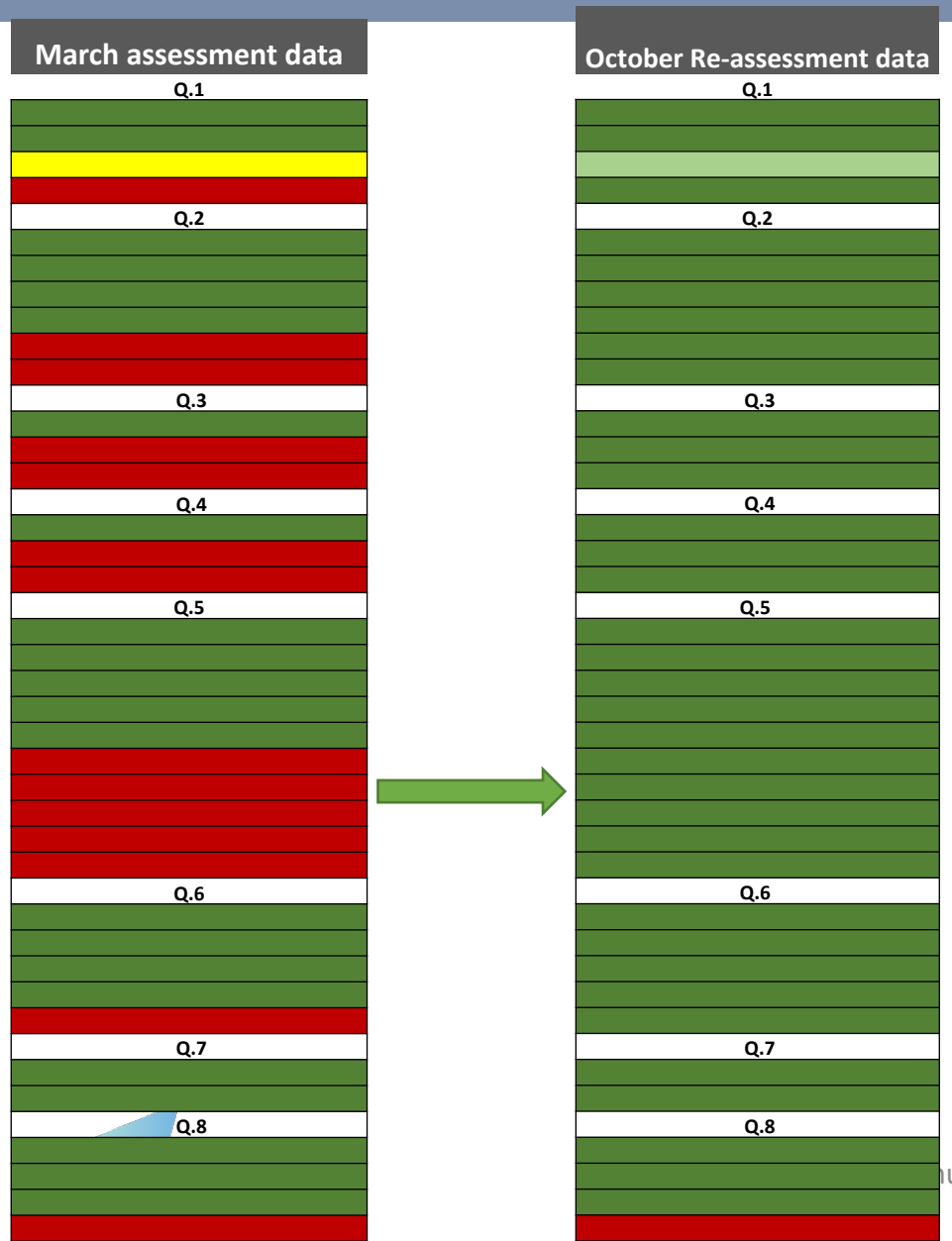
Baseline assessment data and Current re-assessment data Nyamata DH

Problem statement	Aim/Goal statement	Activities	Current Progress
40% of Clients were not well followed up in clinical visit at Nyamata District Hospital	To increase clinical follow-up for all clients in DART from 60% to 95% from June to Dec 2022 at Nyamata DH from	• Created QI team and having monthly meeting to review progress • Shared responsibility among providers i.e. VL Focal person • Checking client's files ahead of opd day • Distributed workload among providers to create room for clinical check-up. • Improved documentation in ART appointment register that acts as reminder for scheduling clients • Designated friendly hour/day for the available FBG models i.e. youth & KP.	Currently clinically follow-up of clients in DART is 97.4%

HIV Provider comments: QI projects have allowed us to do self/individual evaluation and understanding of in-depth routes that impend service delivery. We designed appropriate appointment spacing and it has supported clients to have enough time for clinical follow-up; weight, screening malnutrition, NCDs, and opportunity for EAC which we had dropped over time due to work overload



Baseline assessment data and current re-assessment data Gahini HC

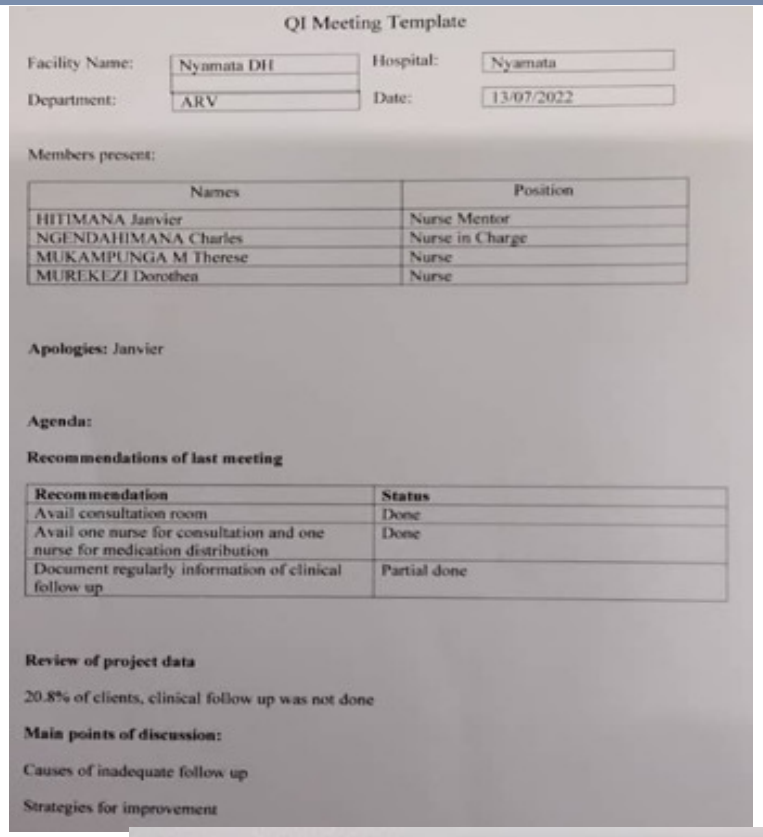


Problem statement	Aim/Goal statement	Activities	Current Goal status
Low index testing clients	To increase the uptake of index testing from 13% to 50% within 4 months from July to Oct 2021.	1. Sensitization of clients during clinical days 2. Internal training of staff 3. Availing index testing guidelines/tools and maintaining sufficient lab requisition 4. Enrolling clients in CBS platform 5. Shared responsibility among providers	35.7% increase in index testing in 4months
Clients on DSDM: Low number of clients in less-intensive DSD models	To increase the number of clients in DSDM to 99% within 6 months from July to December 2022	1. Sensitization of the clients about DSD benefits 2. Enhancing peer educators' roles in sensitization, and monitoring of clients that need more-intensive services. 3. Close monitoring of VL testing (identified tools to capture VL and increased number of days for VL testing/week) 4. setting reminders for clinical follow-up.	79.1% of clients have been classified in DSDM

Comments: At the particular facility there is a huge number of women in PMTCT account for more women in more-intensive models/unstable

Data manager need a refresher training on the system

QI meeting: tracking monthly progress on QI projects



QI Meeting Template

Facility Name: Nyamata DH Hospital: Nyamata

Department: ARV Date: 13/07/2022

Members present:

Names	Position
HITIMANA Janvier	Nurse Mentor
NGENDAHIMANA Charles	Nurse in Charge
MUKAMPUNGA M Therese	Nurse
MUREKEZI Dorothea	Nurse

Apologies: Janvier

Agenda:

Recommendations of last meeting

Recommendation	Status
Avail consultation room	Done
Avail one nurse for consultation and one nurse for medication distribution	Done
Document regularly information of clinical follow up	Partial done

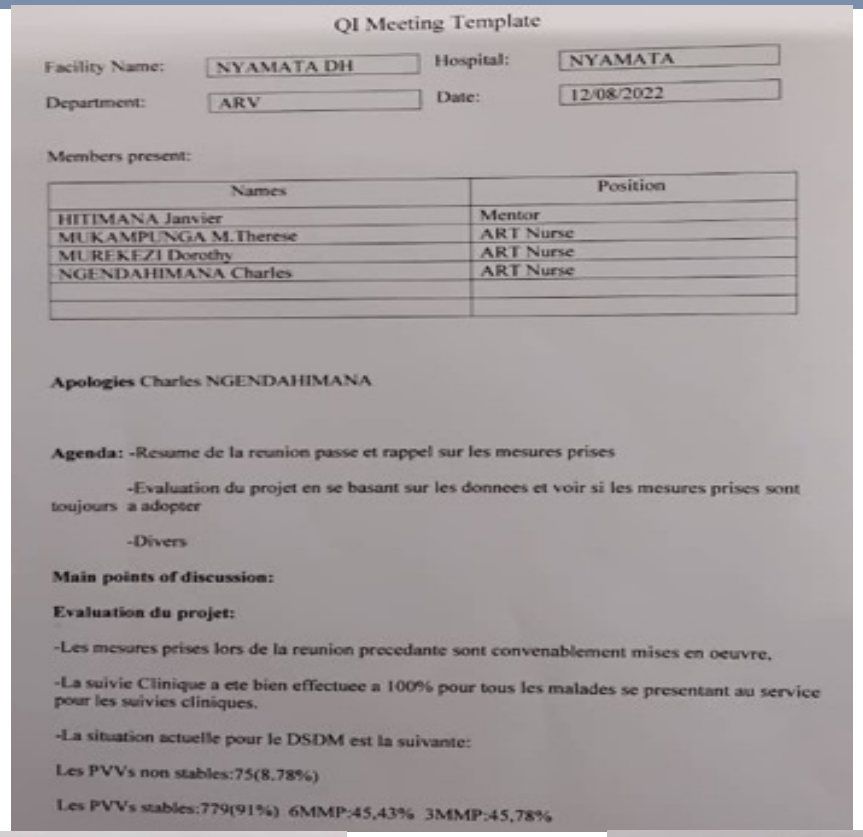
Review of project data

20.8% of clients, clinical follow up was not done

Main points of discussion:

Causes of inadequate follow up

Strategies for improvement



QI Meeting Template

Facility Name: NYAMATA DH Hospital: NYAMATA

Department: ARV Date: 12/08/2022

Members present:

Names	Position
HITIMANA Janvier	Mentor
MUKAMPUNGA M.Therese	ART Nurse
MUREKEZI Dorothy	ART Nurse
NGENDAHIMANA Charles	ART Nurse

Apologies Charles NGENDAHIMANA

Agenda: -Resume de la reunion passe et rappel sur les mesures prises

-Evaluation du projet en se basant sur les donnees et voir si les mesures prises sont toujours a adopter

-Divers

Main points of discussion:

Evaluation du projet:

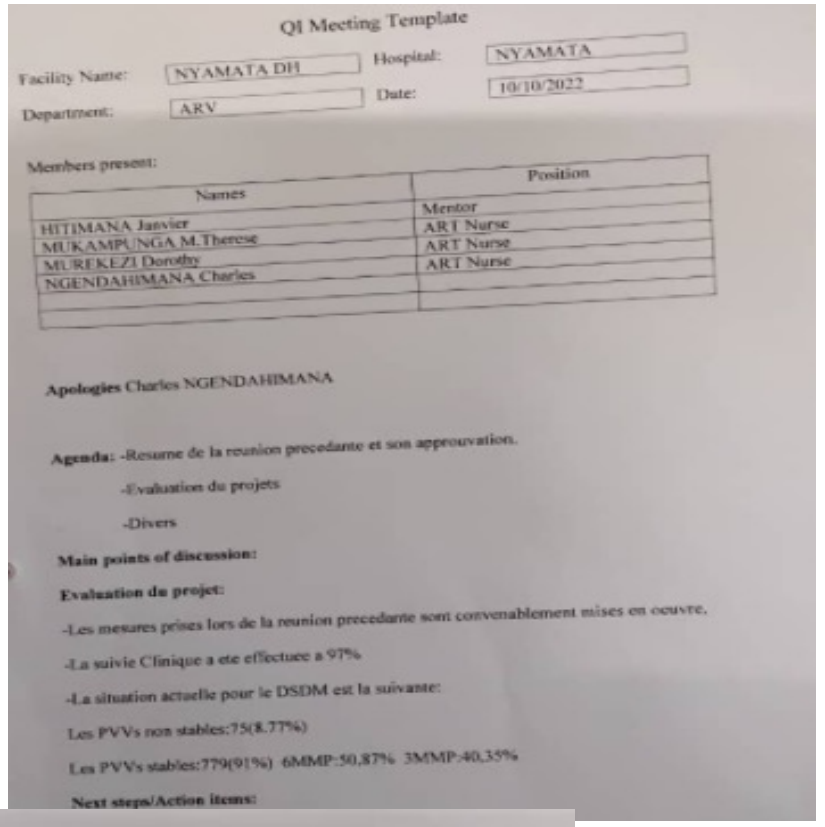
-Les mesures prises lors de la reunion precedante sont convenablement mises en oeuvre.

-La suivie Clinique a ete bien effectuee a 100% pour tous les malades se presentant au service pour les suivies cliniques.

-La situation actuelle pour le DSDM est la suivante:

Les PVVs non stables:75(8.78%)

Les PVVs stables:779(91%) 6MMP:45,43% 3MMP:45,78%



QI Meeting Template

Facility Name: NYAMATA DH Hospital: NYAMATA

Department: ARV Date: 10/10/2022

Members present:

Names	Position
HITIMANA Janvier	Mentor
MUKAMPUNGA M.Therese	ART Nurse
MUREKEZI Dorothy	ART Nurse
NGENDAHIMANA Charles	ART Nurse

Apologies Charles NGENDAHIMANA

Agenda: -Resume de la reunion precedante et son approuvation.

-Evaluation du projets

-Divers

Main points of discussion:

Evaluation du projet:

-Les mesures prises lors de la reunion precedante sont convenablement mises en oeuvre.

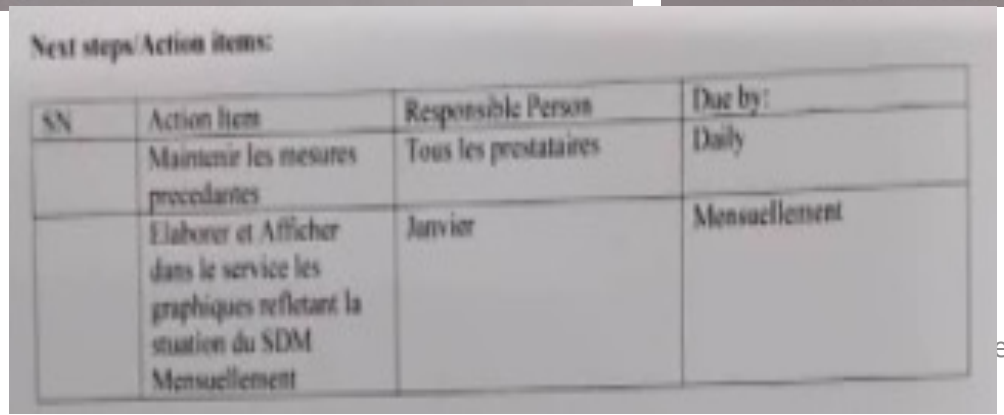
-La suivie Clinique a ete effectuee a 97%

-La situation actuelle pour le DSDM est la suivante:

Les PVVs non stables:75(8.77%)

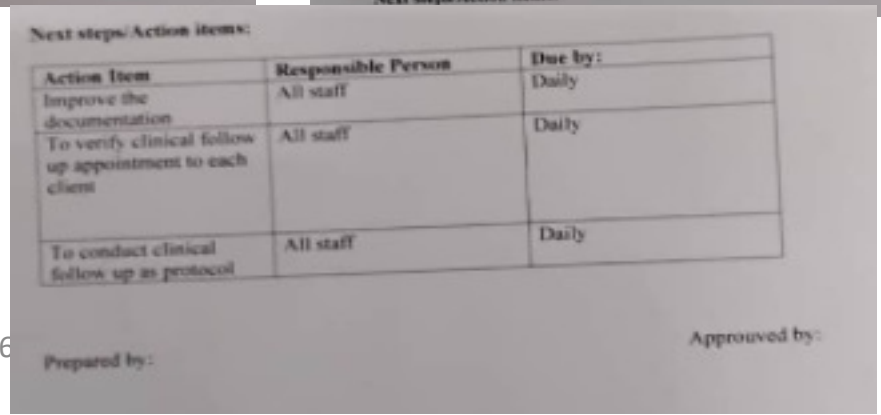
Les PVVs stables:779(91%) 6MMP:50,87% 3MMP:40,35%

Next steps/Action items:



Next steps/Action items:

SN	Action Item	Responsible Person	Due by:
	Maintenir les mesures precedantes	Tous les prestataires	Daily
	Elaborer et Afficher dans le service les graphiques refletant la situation du SDM Mensuellement	Janvier	Mensuellement



Next steps/Action items:

Action Item	Responsible Person	Due by:
Improve the documentation	All staff	Daily
To verify clinical follow up appointment to each client	All staff	Daily
To conduct clinical follow up as protocol	All staff	Daily

Prepared by:

Approuved by:

Successes

- Effective standardization of the CQUIN quality standards and assessment tool.
- The CQUIN Quality assessment tool supported us to measure the maturity of the broader QI domain but also to take a deeper dive into relevant indicators that contribute to a given Quality standard.
- Findings show an improvement in documentation of register and regular assessment of clients for DSD categorization and QI project implementation.
- Facilities are successfully implementing different QI projects:
  - Improving assessment of clients for DSDM classification: 11
  - Improve Clinical follow-up: 3
  - VL Coverage: 3
  - VL suppression: 3
  - Missing appointment: 1
  - Loss to follow-up/interruption in treatment:3
  - PNS Acceptance: 7
  - PMTCT: 1

Key lessons

- To effectively identify gaps in service delivery, assessments are ideal measurements of quality standards.
- It is more efficient to deal with absolute values when measuring the quality of standards.
- Assessments are more objective when issued by a second hand rather than by the service provider.
- QI for DSD is a rigorous and continuous exercise that can only work if there is designated desk, resources and personnel who can ensure that continuous routine assessment are a habit.

Quality assessment Challenges; Implementation experiences

- Generally, there is growing health care worker overload affecting the quality of services. Healthcare provider turnover also remains high.
- The CQI platform monitors QI project progress and supports staff at the central level to virtually monitor progress. However, the data captured electronically is limited to outcomes/outputs and not processes.
- Facilities with issues related to leadership often lag behind in the execution of QI project deliverables.

Thank you!