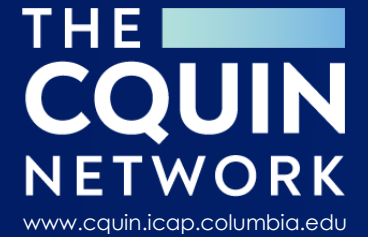




Progress on implementation of Quality standards in Rwanda



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Outline

- **Introduction**
- **What it takes to improve the quality of DSD**
- **Progress of QI projects and lessons learned**
- **Best practices and challenges**
- **Other quality evaluations: TPT quality assessment**
- **Key achievements**

Background

Rwanda joined the CQUIN network in August 2020 to collaborate in the scale-up of high-quality DSD services. In 2021, Rwanda conducted the Capability maturity matrix to assess DSD program maturity.

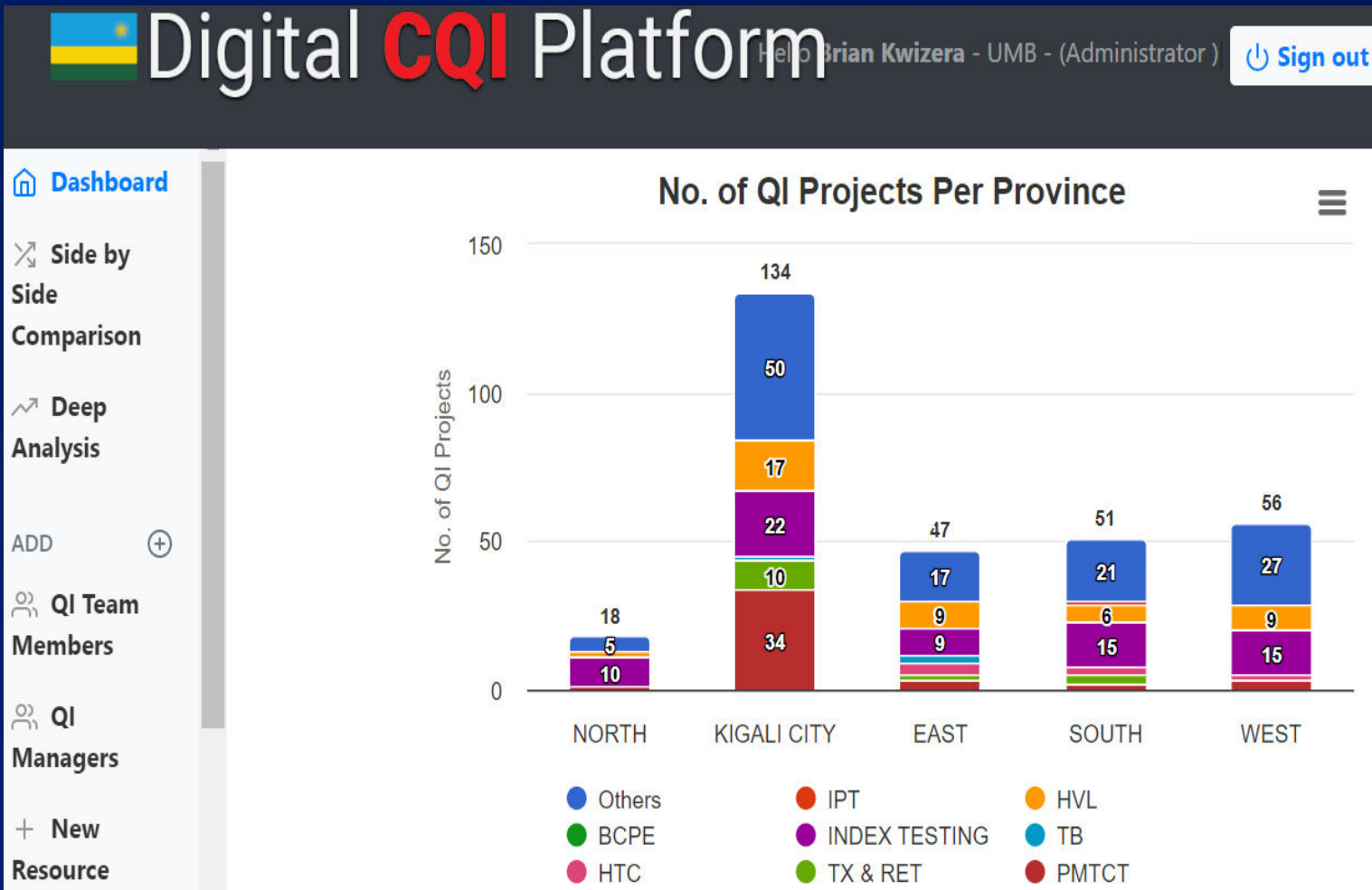
Among the least mature domains was mainly the Quality management and Impact domains. *The HIV program has since been committed to meeting the prerequisites for the provision of high-quality DSD services:*

- Through the adoption of CQUIN quality standards in country context,
- Supporting health facilities to administer quality assessment against the set standards and national guidelines,
- Establishing quality improvement projects to address program gaps through the expansion of QI trainings alongside quarterly supervision of DSD QI projects.



Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Light Green	Light Green
Scale-up Plan	Yellow	Yellow
Coordination	Light Green	Light Green
Community Engagement	Dark Green	Dark Green
Training	Yellow	Light Green
M&E System	Yellow	Yellow
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Yellow	Yellow
Impact	Red	Red
P&SM	Dark Green	Dark Green
AHD	Orange	Orange
KP	Red	Orange
TB/HIV	Dark Green	Yellow
MCH	Red	Orange

The Rwanda QI Digital Platform



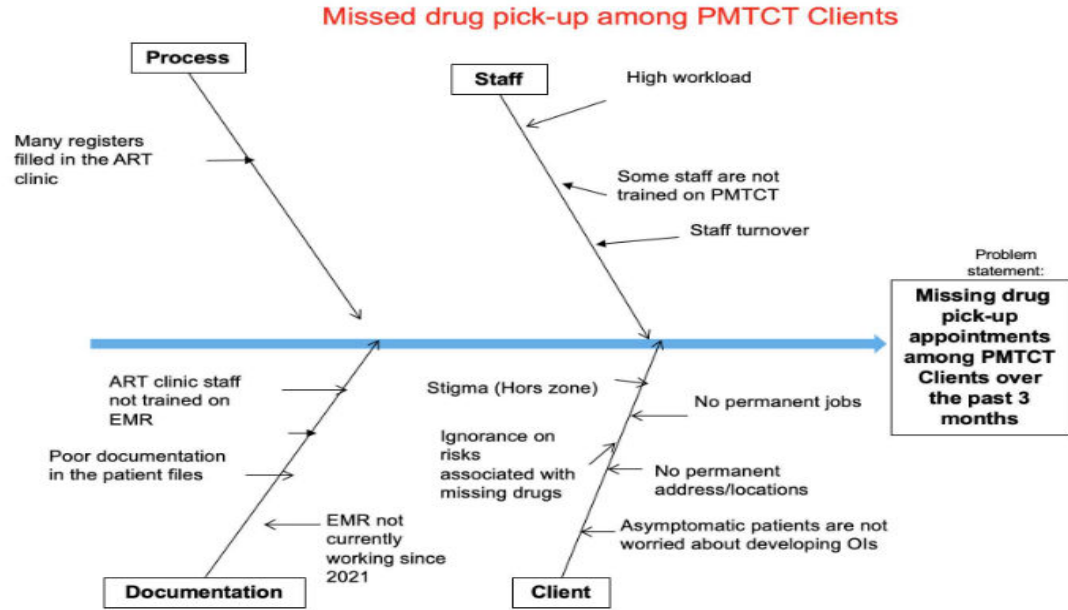
- In 2022, our quality management core team prioritized establishing QI projects that address gaps observed after conducting a quality assessment in nationally representative sample facilities.
- The Rwanda CQI digital platform tracks data on annotated run charts for ongoing QI projects at all HFs.
- Administrators from different IPs can access projects in their respective HFs with interventions updated every other month and quarter
- Admins can provide comments and insights on any ongoing QI projects across all health facilities.

QI Digital platform: QI Project Examples

Problem Background

Missing drug pick-up appointment among PMTCT client over the past 3 months

Process Analysis



Objective

To reduce the percentage of women who missed drug pick-up appointment from January to December 2022

Tested Change

1 1st Jan - 1st Feb 2022

2 1st Feb - 1st Mar 2022

3 1st Mar - 1st Apr 2022

4 1st Apr - 1st May 2022

5 1st May - 1st Jun 2022

Baseline Data

Ongoing chart review, contacting missed appointment clients

Ongoing chart review, contacting missed appointment clients

Ongoing chart review, contacting missed appointment clients

Ongoing chart review, contacting missed appointment clients

Every facility has information on their QI project problem, root cause analysis, aim, indicators and data

Objective

To reduce the percentage of women who missed drug pick-up appointment from 15.6% to 0% starting from January to December 2022

Responsible People

Gilberte, Alice, Floribert, Japhet, Bosco, Josephine

Participants

Providers and PMTCT Clients

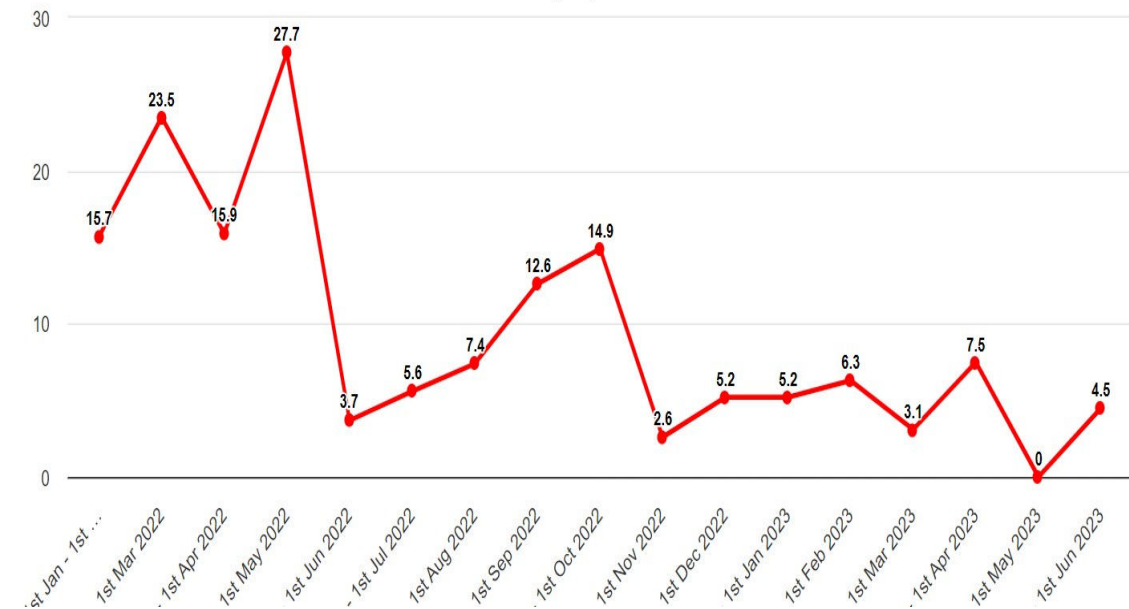
Indicator Numerator & Denominator

Numerator : The number of women followed in the PMTCT program who missed at least one drug pick up appointment during the reporting period

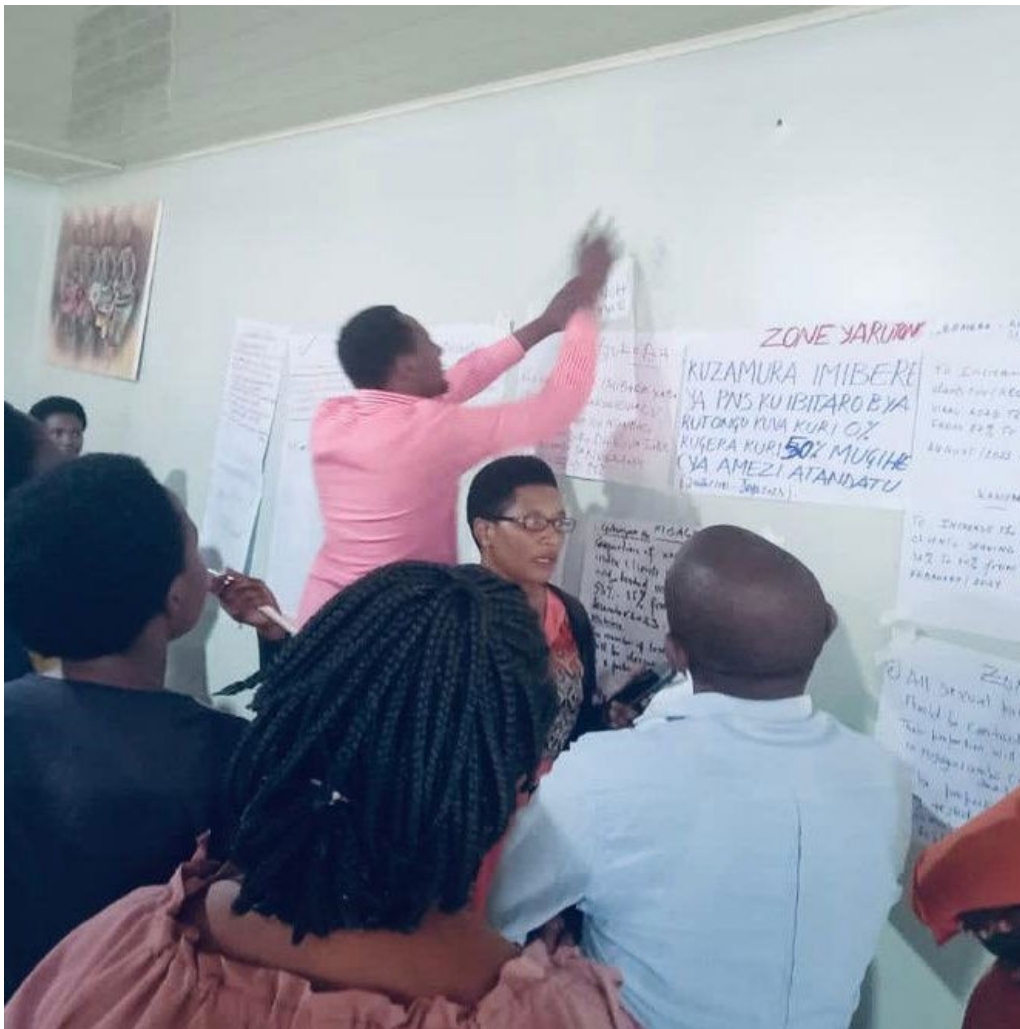
Denominator : The number of women followed in the PMTCT program expected to come for drug pick up during the reporting period

Missed drug pick-up among PMTCT Clients

Avega Kigali CS



Improving on progress towards achieving DART quality standards



In 2022 , We conducted re-assessments of quality standards to compare at baseline:

- Observations; improved standards were mainly those to which QI projects had been developed.

Therefore, QI projects were developed targeting cross-cutting quality standards that were observed to contribute to a less-mature domain

- Root cause analysis uncovered a need to Improve client's adherence to appointments, clinical follow-up, and assessing client's eligibility to DSD models,
- QI projects aimed to improve continuity in care and VL coverage and suppression
- Case-based surveillance: Increase enrollment of clients in the CBS database,

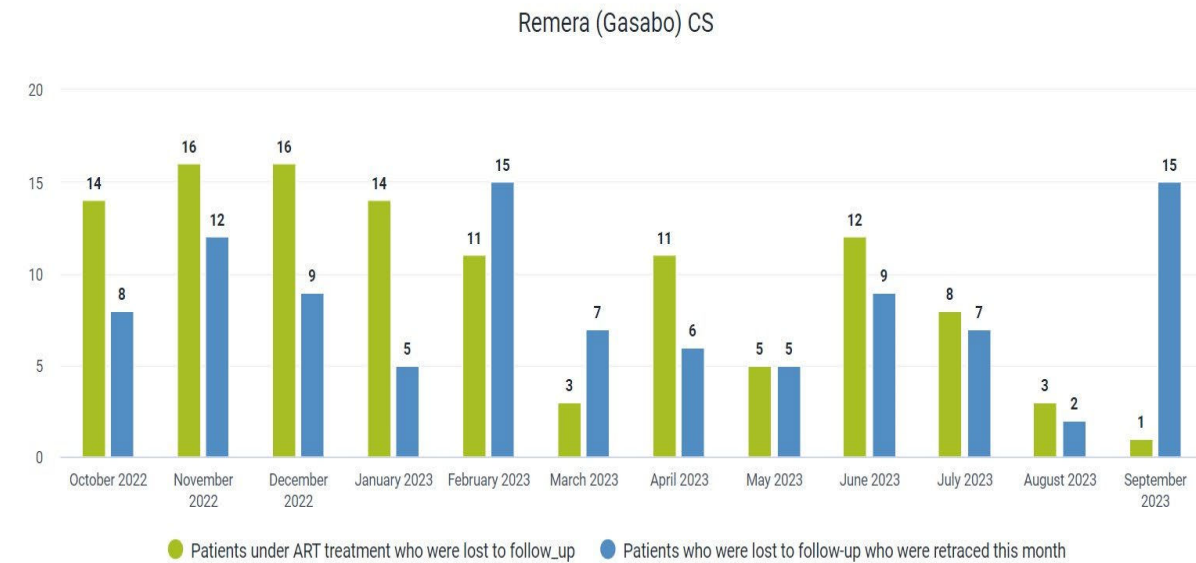
Continuity in treatment QI project-Remera Health Facility Example

#	Cross-cutting Standards-All models
1	All ROC should be regularly assessed for DART eligibility and offered the choice to opt into a less-intensive model if eligible
2	Everyone enrolled in less-intensive DART models should receive systematic laboratory assessment to guide ongoing HIV management
3	Everyone enrolled in less-intensive DART models should receive a systematic clinical assessment to guide ongoing HIV management
4	Systems are in place to identify people in less-intensive DART models who miss appointments, track, and support them to return to care

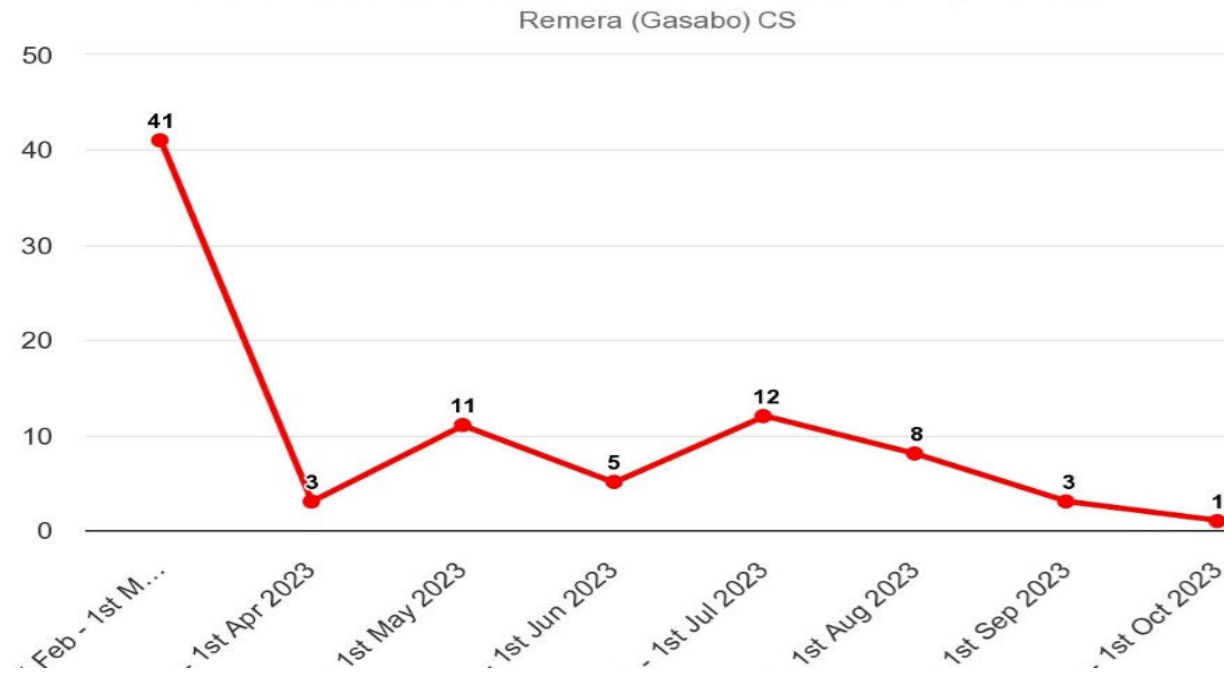
Remera HC has had a high number of RoC who have interruptions in treatment

The RBC, ICAP and the HF QI team developed an enhanced adherence counseling strategy including;

- ✓ Build rapport and trust with the client.
- ✓ Congratulate the client for coming back to continue his treatment.
- ✓ Explore treatment literacy.
- ✓ Identifying reasons for stopping treatment
- ✓ Mental health screening
- ✓ Provide counseling to address the reasons that cause to stop the treatment.
- ✓ Make a follow-up plan with the clients (close follow-up)



Decrease the number of Lost follow up clients



Best practices found in DSD programs contributing to improved quality

- Nurses review each RoC file at each clinical visit to assess for DSD eligibility and refer as needed
- Nurses conduct appointment reminder phone calls for RoC who have previously missed appointments
- Staff establish support groups for RoC with unsuppressed VL with shared characteristics such as adolescents, PBFW, FSW, and KPs
- VL focus person responsible for following all recipients of care with unsuppressed VL and ensuring the documentation of all updated information
- Involvement of health facilities leadership ensures institutionalization and ownership



Challenges

- Majority of the QI committee members at health facilities are not trained in QI processes.
- Shortage of staff due to high turnover and periodic rotations in health facilities high turnover and periodic rotations in health facilities; prioritizing of other competing needs.
- Different indicator definitions from different implementing partners leads to confusion of staff and inability to compare data
- Limited financial incentives to support and motivate RoC to adhere to and access services.
- Social economic status directly affects RoC clinical outcomes.

Quality Standards and Assessment for TPT

Quality of TPT services is evaluated through a quality checklist that evaluates key 4 service delivery areas:

1. Knowledge of TPT service delivery

- Is TPT/HIV a One-stop shop?
- Number of Trained staff, Onsite training?
- Availability of guidelines and algorithms?
- Probe questions to assess knowledge on initiation criteria ?
- Describe TPT algorithm?

2. TPT implementation process

Randomly check 30 client files for:

- TPT services provided,
- IEC, TB screening-5 questions, Diagnostic follow-up for presumptive TB?

Patient Follow-up: Review TPT register and patient file for:

- Respect of appointment %
- TB screening at every clinical visit %
- Adherence %

3. Drug Management

Assess for adequate supply and stockout of TPT drugs?

- Stock card available and completed?
- calculation of minimum stock
- Adverse events on TPT at each clinical visit
- Use of grading scale for classification of side effects?
- Probe questions to assess knowledge on criteria for TPT interruption and restart?
- Proportion of clients with sideeffects

4. Monitoring and evaluation

- Are recommendations from central/hospital level implemented?
- Availability of TPT tools-TPT charts, register, guidelines, algorithms?
- HMIS monthly report status? Documentation, discrepancies, Assess for timely submission of TPT reports?

Key achievements



NATIONAL QUALITY IMPROVEMENT STRATEGIC PLAN FOR HIV SERVICES DELIVERY, 2022-2025



Developed the National QI strategic plan for HIV Service Delivery 2022-25- pending for validation

Established a QI core team that meets regularly to discuss QI activity's progress:

QI core team members include: representatives from RBC, MOH, CDC, RRP+, AHF, ICAP, Referral Teaching hospitals, UMB

45 Health facilities trained (60 HCP including ART Nurse and mentors)
2023: 29 Health facilities trained (40 ART Nurse providers)

QI projects supporting:

- DSD: Improving client's adherence to appointments, clinical follow-up, and assessing client's eligibility to DSD models)
- CBS: Increase enrollment of clients in the CBS database
- VL Coverage and suppression
- Lost to Follow-up

- 1. Experience sharing exercise;** best practices and discuss challenges
- 2. Regular mentorships on HIV, TB, STI;** to support QI committees at health facilities
- 3. QI dashboards;** to facilitate monitoring of QI projects and data analysis of Quality Indicators



Thank you!

