Session 11a: Quality Management Community of Practice

Martin Msukwa, ICAP South Africa

Wednesday November 15th,2023 10:30-12:00pm

CQUIN 7th Annual Meeting

November 13 – 17, 2023 | Johannesburg, South Africa

Outline

- Objectives of the session
- Session's run of show
- Quality Management for DSD CoP Vision, Goal and Objectives
- 2023 CMM performance on the quality domain
- How to improve scores on the quality domain
- AHD capability maturity model and AHD standards
- KP friendly standards
- Recipient of care satisfaction toolkit
- CoP plans for 2024

Session 11a Objectives

- Provide guidance on how to improve score for the quality domain on the treatment CMM
- Share 3 case studies on different quality management approaches in DSD (Rwanda, Ghana and Malawi)
- Sensitize on the AHD and KP Quality Management toolkits

Session 11a Run of show

Moderators: Moses Chananuka and Pamela Bachanas
Framing remarks: Martin Msukwa
Case Study Presentations

1. Brian Kwizera, RBC Rwanda
2. Stephen Ayisi Addo, MoH, Ghana
3. Alice Maida, CDC Malawi

Panel Discussion

1. Deo Mutambuka, RRP+, Rwanda
2. Stephen Ayisi Addo, MOH, Ghana
3. Alice Maida, CDC, Malawi
4. Brian Kwizera, RBC, Rwanda
5. Dixon Jimmy Gama, USAID, Malawi

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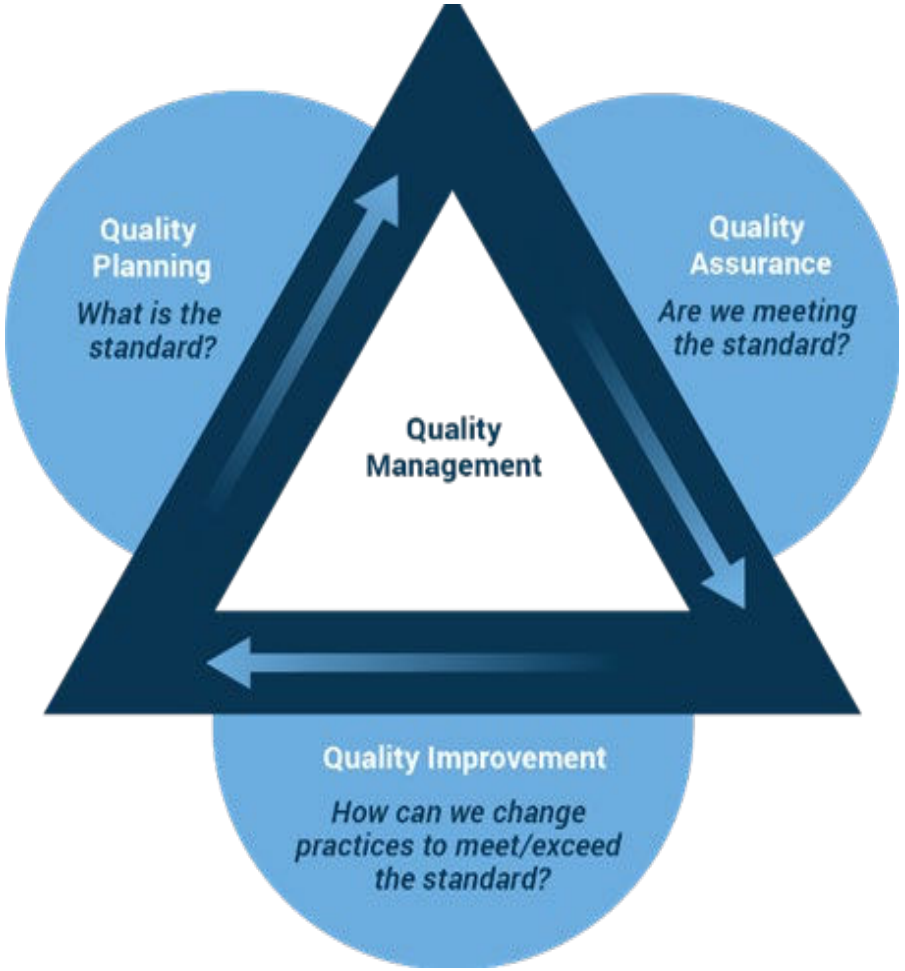
QMD community of practice: Vision, Goal and Objectives



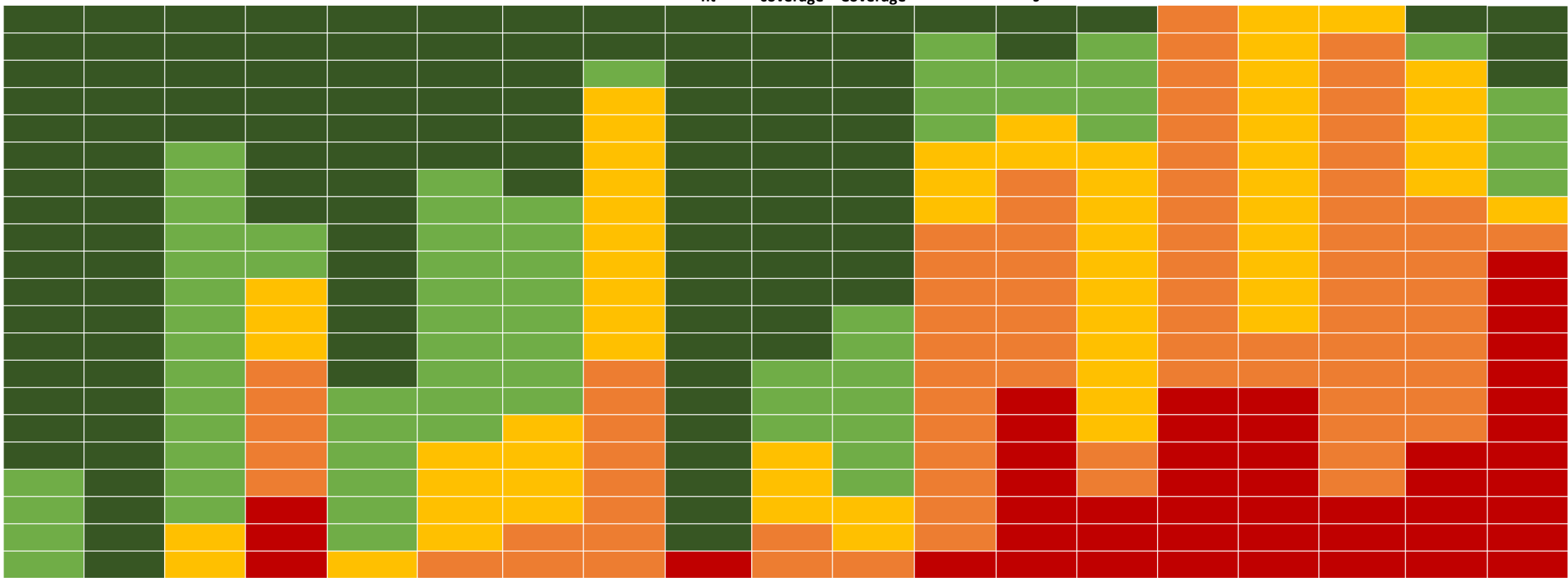
Vision: To enhance the quality of DSD programs using modern QI approaches, ultimately improving outcomes and satisfaction for ROCs

Goal: To embed quality and QI in the delivery of DSD

Objectives

To support countries to develop country-specific DSD quality standards, indicators and tools	To support countries to conduct routine quality assessments of DSD programs	To use the results to design DSD-specific quality improvement projects for DSD service delivery

2023 Treatment CMM
We must push past business as usual approach and intensify efforts focused on quality improvement



Feeling Stuck?
Tips for getting out of Red and Into Green

Add QUALITY to your Action Plans this week

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How to improve scores for quality on the Treatment CMM Tips for Action Planning and Target Setting

Going from RED to ORANGE

- Commit to either identifying quality standards or adapting the CQUIN quality standards and assessment toolkit this year.
- Reach out to set up a meeting with Martin and Gillian
- Provide sensitization of final DART quality toolkit to key stakeholders
- Begin the assessment planning process
- Identify possible funding opportunities (i.e., IPs, Global Fund and current budgets)

Going from Orange to Yellow

- Determine the total number of sites with HIV programs within your country context
- Plan baseline data collection assessment
- Determine the number of sites you will be able to assess
- Plan for data management and analysis post assessments
- Implement quality assessments
- Analyze the data and determine overall quality assessment scores, at least 50% of facilities assessed met or exceeded national quality standards = Yellow in the DART CMM

How to go from Yellow to Green- The 2025 Dream!

- **Going from Orange to Yellow, if greater than 50% of the sites** assessed have Green and Dark Green (met standards) – score yellow.
- OR, If the baseline assessment scores were red and orange- support implementation of QI projects and conduct reassessment process at lower performing sites and determine if scores have improved to conclude if 50% are scoring green / dark green
- Plan for further assessments to additional sites to expand to larger number of sites.
- Plan for ongoing annual assessments

Going from Yellow to Green

- **If greater then 75% of the sites** assessed have green and dark green – score green

OR

- If the baseline assessment scores were red and orange - support implementation of QI projects and conduct reassessment process at least performing sites and determine if scores have improved to conclude if 75% are scoring green / dark green in the quality assessment
- Plan for further assessments to additional sites
- Plan for ongoing annual assessments

AHD CMM: The Quality Domain

Quality of AHD Services	Quality standards for AHD services have not been defined and are not currently in development	National quality standards for AHD services are in development or have been defined, but no evaluations of quality using national standards have been completed	At least one evaluation of AHD service quality has been conducted using the national quality standards, but the results do not indicate that standards have been met	At least one evaluation of AHD service quality has found that the program meets established national quality standards	Repeated evaluations of AHD service quality have found that the program meets established national quality standards

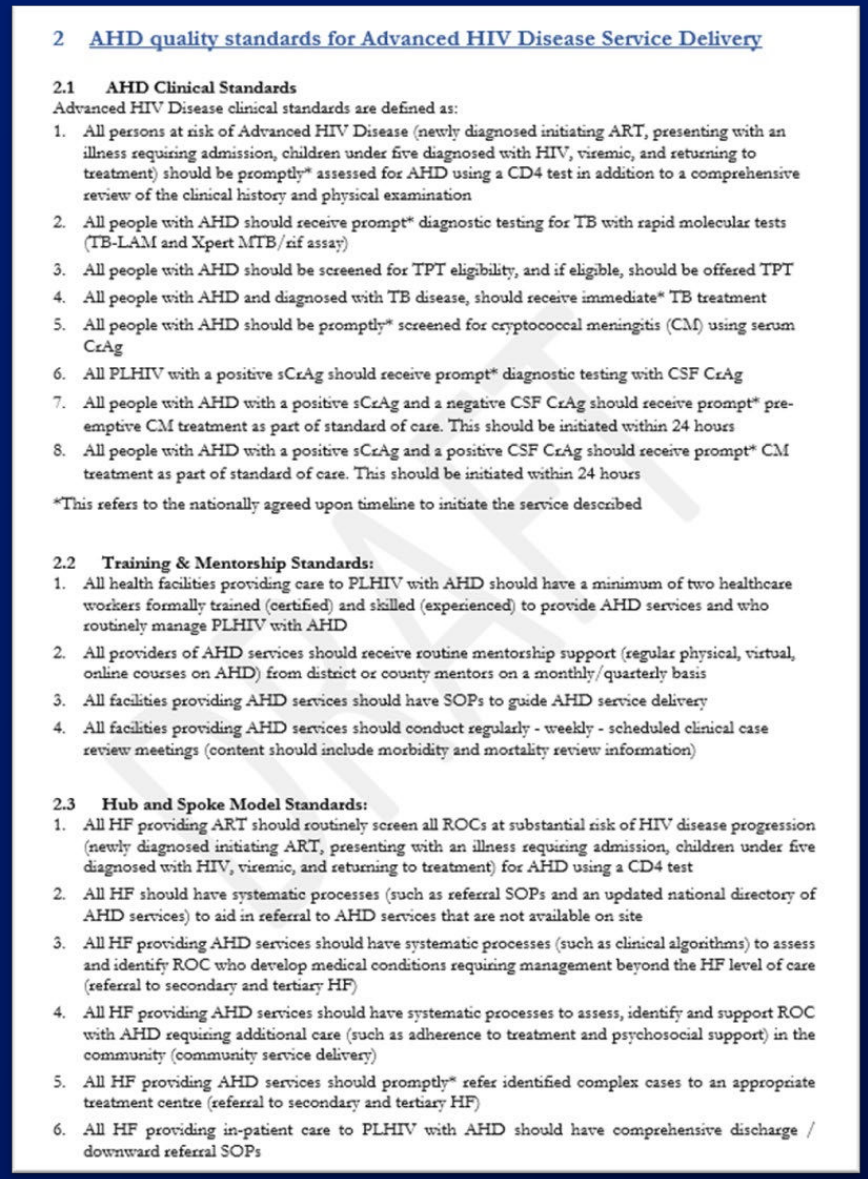
Quality of AHD Services		
	2021	**2023**
Cote d'Ivoire		
Eswatini		
Ethiopia		
Kenya		
Malawi		
Mozambique		
Nigeria		
Tanzania		
Uganda		
Zambia		
Zimbabwe		

Advanced HIV Disease Program Quality Standards and Indicators

- In 2022, AHD quality standards and indicators were developed as a collaborative effort between the CQUIN AHD and QMD Communities of Practice
- Involved stakeholders drawn from CQUIN member countries – MOH and ROC
- Structured to complement the CQUIN DSD Quality Standards for Less Intensive Models

Six (6) AHD quality standards cover the following areas:

1. Clinical AHD standards
2. Training and mentorship AHD standards
3. Hub and spoke model AHD standards
4. Supply chain management system AHD standards
5. Advocacy, communication, and social mobilization AHD standards
6. Monitoring and evaluation AHD standards



2 AHD quality standards for Advanced HIV Disease Service Delivery

2.1 AHD Clinical Standards

Advanced HIV Disease clinical standards are defined as:

1. All persons at risk of Advanced HIV Disease (newly diagnosed initiating ART, presenting with an illness requiring admission, children under five diagnosed with HIV, viremic, and returning to treatment) should be promptly* assessed for AHD using a CD4 test in addition to a comprehensive review of the clinical history and physical examination
2. All people with AHD should receive prompt* diagnostic testing for TB with rapid molecular tests (TB-LAM and Xpert MTB/rif assay)
3. All people with AHD should be screened for TPT eligibility, and if eligible, should be offered TPT
4. All people with AHD and diagnosed with TB disease, should receive immediate* TB treatment
5. All people with AHD should be promptly* screened for cryptococcal meningitis (CM) using serum CrAg
6. All PLHIV with a positive sCrAg should receive prompt* diagnostic testing with CSF CrAg
7. All people with AHD with a positive sCrAg and a negative CSF CrAg should receive prompt* pre-emptive CM treatment as part of standard of care. This should be initiated within 24 hours
8. All people with AHD with a positive sCrAg and a positive CSF CrAg should receive prompt* CM treatment as part of standard of care. This should be initiated within 24 hours

*This refers to the nationally agreed upon timeline to initiate the service described

2.2 Training & Mentorship Standards:

1. All health facilities providing care to PLHIV with AHD should have a minimum of two healthcare workers formally trained (certified) and skilled (experienced) to provide AHD services and who routinely manage PLHIV with AHD
2. All providers of AHD services should receive routine mentorship support (regular physical, virtual, online courses on AHD) from district or county mentors on a monthly/quarterly basis
3. All facilities providing AHD services should have SOPs to guide AHD service delivery
4. All facilities providing AHD services should conduct regularly - weekly - scheduled clinical case review meetings (content should include morbidity and mortality review information)

2.3 Hub and Spoke Model Standards:

1. All HF providing ART should routinely screen all ROCs at substantial risk of HIV disease progression (newly diagnosed initiating ART, presenting with an illness requiring admission, children under five diagnosed with HIV, viremic, and returning to treatment) for AHD using a CD4 test
2. All HF should have systematic processes (such as referral SOPs and an updated national directory of AHD services) to aid in referral to AHD services that are not available on site
3. All HF providing AHD services should have systematic processes (such as clinical algorithms) to assess and identify ROC who develop medical conditions requiring management beyond the HF level of care (referral to secondary and tertiary HF)
4. All HF providing AHD services should have systematic processes to assess, identify and support ROC with AHD requiring additional care (such as adherence to treatment and psychosocial support) in the community (community service delivery)
5. All HF providing AHD services should promptly* refer identified complex cases to an appropriate treatment centre (referral to secondary and tertiary HF)
6. All HF providing in-patient care to PLHIV with AHD should have comprehensive discharge / downward referral SOPs

Background

- These AHD Standards are recommended for all levels of AHD service delivery
- As such these AHD standards have indicators tailored for assessment at
    1. **National Level**
    2. **Health Facility Level – Hubs and Spokes**
    3. **Community Level**
- These are generic AHD standards that need to be adapted and customized by countries to fit their context and guidance on AHD service delivery at these three levels and integrated into existing national quality management programs

Methodology

- These AHD standards and indicators were shared and discussed at the CQUIN / MOH strategic meeting in February 2023
- Five countries were identified to pilot these AHD standards and to provide both technical and structural feedback to improve the tools:
  - ✓ DRC
  - ✓ Eswatini
  - ✓ Mozambique
  - ✓ Uganda
  - ✓ Zambia

Key Takeaway Messages

There is an opportunity to improve the quality AHD services through the rapid adaptation and scale up of the use of the AHD quality standards and indicators

It is important to assess the quality of AHD service delivery at in-patient department settings separately

Overall, availability and adherence to SOPs as well as establishment of structured national referral systems remain critical gaps to ensuring prompt delivery of quality AHD services

Gaps persist in integrating AHD demand creation and service delivery into community programs (e.g., Community Led Monitoring Programs)

KP Friendly Services at Health Facility Level Quality Standards Kicking off the Development Process

Equitable: *All key population groups* can obtain high quality HIV health services available in the public sector.

Accessible: All key population groups *are able* to obtain the HIV health services that are available.

Acceptable: Key population groups *are willing* to obtain the HIV health services that are available.

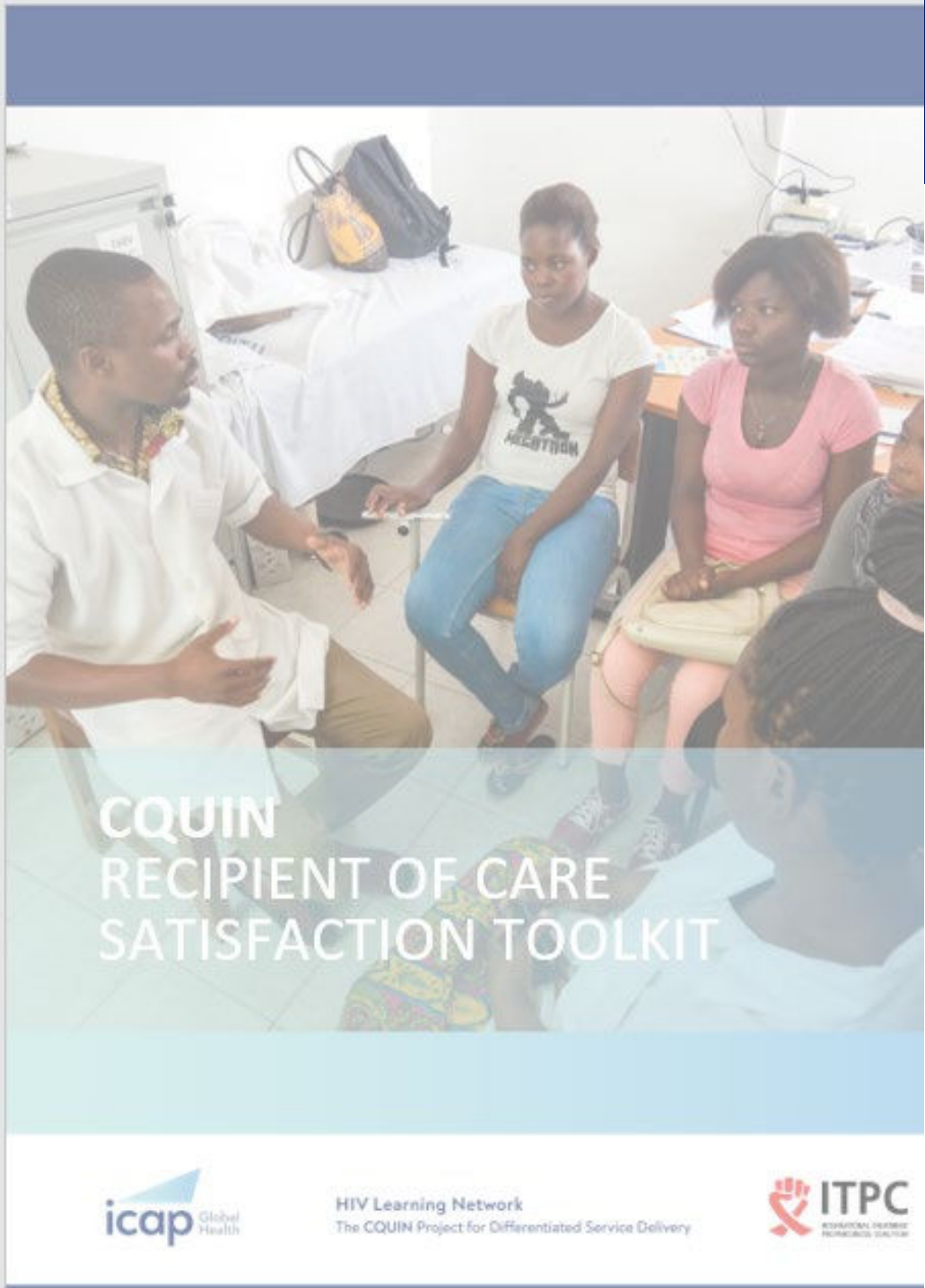
Appropriate: The *right HIV health services* are provided to key populations, based on their needs.

Effective: The right HIV health services are *provided in the right way* to make a positive impact on health outcomes.

Accountable: Key populations are *empowered* to advocate for quality HIV services

Improving the experience of care- The RoC Satisfaction Toolkit

- In response to increasing requests from recipients of care, donors, MoH leaders, and other stakeholders, three of CQUIN's communities of practice (Quality Management, Community Engagement and Differentiated M&E), partnered with CQUIN's Community Advocacy Network to jointly identify resources and best practices related to recipient of care satisfaction (RCS).
- This collaborative process led to the development of an RCS toolkit which highlights key decisions related to RCS assessment and improvement and includes case study examples and resources for illustrative tools and methods.
- The RCS toolkit is designed to be a dynamic resource that evolves and expands over time.
- The RCS toolkit is available here: https://cquin.icap.columbia.edu/cquin-resources/
- Please see the webinar recordings here: https://cquin.icap.columbia.edu/event/centering-recipients-of-care/



What's next for 2024?

Ongoing quarterly meetings to address the following topics:

- Ongoing support for countries seeking to improve quality scores on CMM include adaptation of DART quality standards and toolkit, development of implementation strategies and evaluation of progress
- Consolidate the different standards and assessment tool to create one DSD QMD toolkit
- Support countries to adapt, implement and scale up LIMs, AHD, and KP standards
- Support for developing quality standards for family planning, dHTS and other integrative services
- Systematic tracking for quality of DSD delivery- data visualization toolkit development
- Continue to update the RoC satisfaction toolkit with new case studies

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Please let us know if you have interest in joining smaller working groups to work on these individual workstreams within the CoP

Thank you!

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