

SOUTH AFRICAN DEPARTMENT OF HEALTH NERVE CENTRE APPROACH

Lauren de Kock

ldekock@auruminstitute.org



CQUIN 9th Annual Meeting | Delivering Differently: Prioritize. Adapt. Sustain

A Learning System

A learning system is one that is “skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect knowledge and insights.”

- Garvin D. A., Edmondson A. C., and Gino F., eds. Is yours a learning organization? Harvard Business Review. 2008;86(3):109-116.



Key Challenges Being Addressed with Nerve Centre Approach

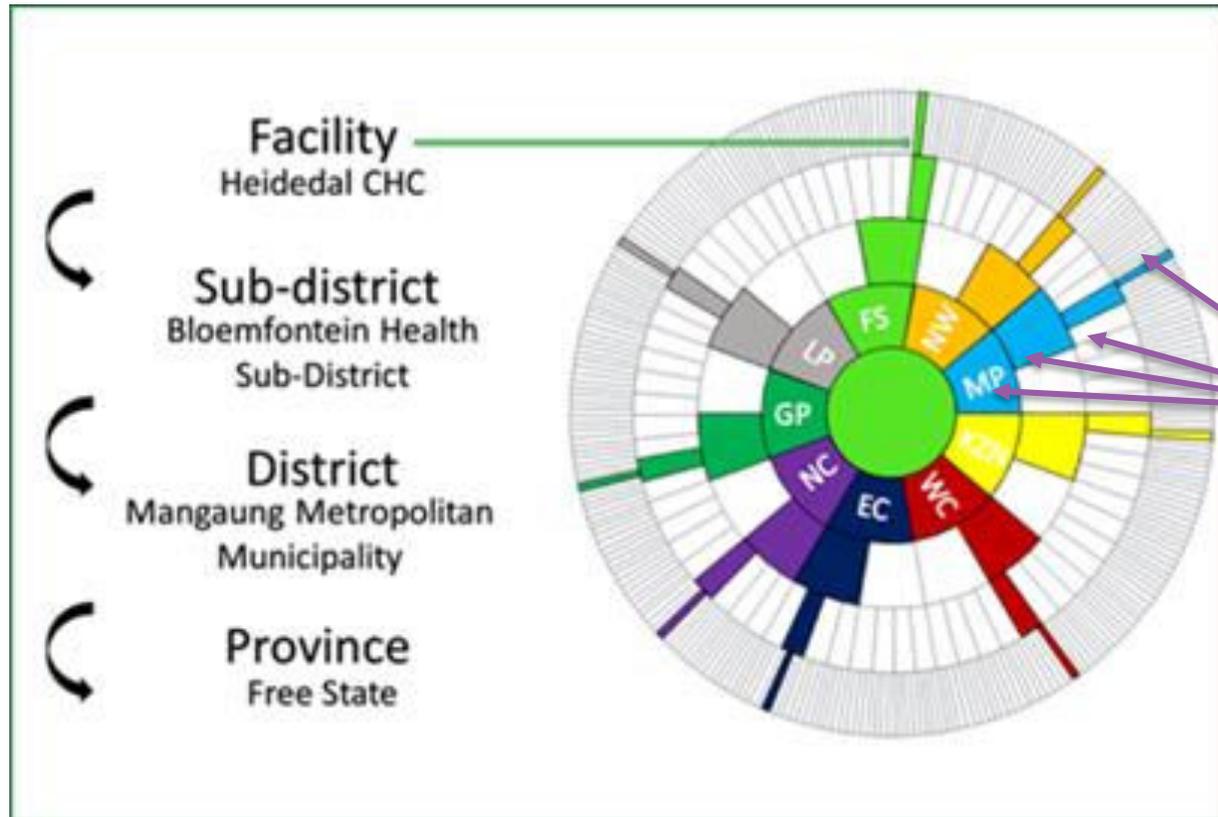
- Lack of understanding of health being a system
- Data being used for reporting and not for improvement
- Lack of standardized tools to assist with the process of work
- Quality Improvement not seen as part of my job as well as too complex and too time consuming
- QI done as a project and not addressing the system in which the work is done; resulting in lack of sustainability
- No Shared sense of accountability or problem solving
- Workforce that is disengaged, frustrated and unsupported
- Multiple uncoordinated demands, interventions, structures, processes and resources aimed at facility level

The Strategy: Creating a Learning System

Develop an overarching framework that can be used daily and not just for special projects



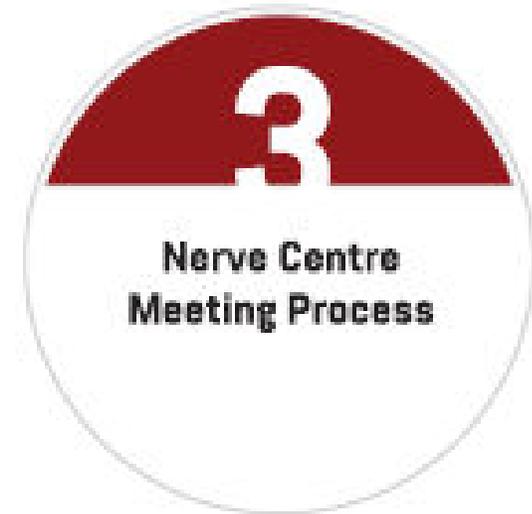
The Implementation Strategy:



NERVE CENTRES



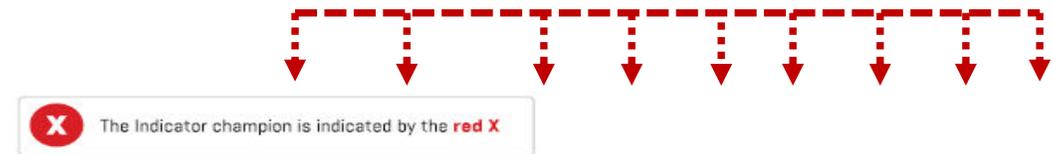
KEY FOCUS AREAS FOR MANAGERS



Facility Indicator Teams



Multidisciplinary Team



| | Operational Manager | Professional Nurse | Data Capturer | Counsellor | Index Counsellor | OTL & Tracer | Clerks | Pharmacy | Community committee member |
|-------------------------------|---------------------|-------------------------------|---------------|------------|------------------|--------------|--------|----------|----------------------------|
| Total HIV Tested | | x | x | x | x | | x | | |
| Total HIV Positive | | x | x | x | x | | x | | |
| Total Naive Start ART | | x | x | x | x | | x | x | |
| Total Remaining on ART (TROA) | | x | x | | | x | x | | |
| TLD transition | | x | x | | | x | x | x | |
| ART Viral Load Suppressed | | x Phlebotomist/ located PN | x | | | x | x | | |
| Differentiated Models of Care | | x Decanting Champion | x | | | x | x | x | |

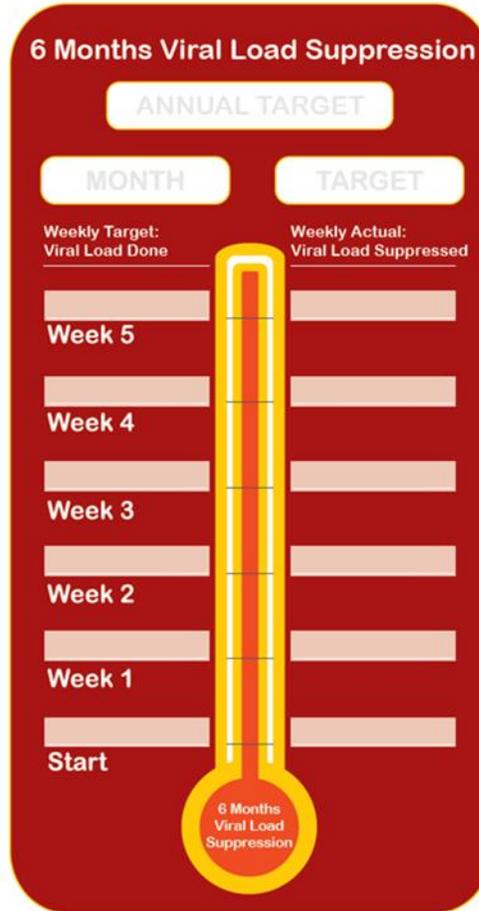
ART Viral Load Suppressed Summary Chart

DATA COLLECTION TOOLS

| MONTH: | | ACTUAL: | |
|--|------------------|-------------------------------|---------------------------|
| 1 → # Viral load due on VL report | | | |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Month | | | |
| 2 → # Viral load from VL overdue report | | | |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Month | | | |
| 3 → From the Pre-retrieved files identify the num | | | |
| | # Active files | # of Defaulters | # C Cc |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Month | | | |
| 3 → Action on Viral load due files | | | |
| | Viral Loads done | # Traced and Promised to come | Appoi resche correc |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Month | | | |

| 4 | |
|--------|-----------------------------|
| Week 1 | Viral load results received |

| 8 | | | |
|--------|--------------|----------|------|
| | Patient file | TIER.Net | DHIS |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Month | | | |
| 9 | | | |
| | Patient file | TIER.Net | DHIS |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Month | | | |



| | | |
|--------|--|--|
| Week 1 | | |
| Week 2 | | |
| Week 3 | | |
| Week 4 | | |
| Week 5 | | |
| Month | | |

Barometers

Indicator: Total Naive Start ART

Elements: ART adult naive start ART in month, ART child under 15 years naive start ART in month, ART adult male naive start, ART adult female naive start, ART child under 1 year naive started ART, ART child 1 to under 5 years naive started ART, ART child 5 to under 15 years naive started ART

WHERE
Problem is
&
HOW
To address it

| | Assess the following: | Evidence | Source | Assessment objective |
|---|--|-----------------------------|------------------|--|
| HTS PERFORMANCE | | | | |
| Step 1 | Number HIV tested weekly | | | To determine if HTS performance and processes compromise the critical linkage to care step. |
| | Number HIV positive weekly | | | |
| HTS PERFORMANCE | | | | |
| LINKAGE Step 2 | Step 1 → | Number HIV tested weekly | | To determine if HTS performance and processes compromise the critical linkage to care step. |
| | → | Number HIV positive weekly | | |
| | → | HIV positivity rate (yield) | | |
| Step 3 | Defer list Management | | Defer list/Diary | |
| | Does the clinician keep track of patients not started on ART the same day | | | |
| | Is there a monitoring tool for patients who deferred treatment | | Pre-ART report | |
| | Number of Deferred for Medical reasons due to return for ART during review | | | |
| | Number not currently ready now but due for follow up after 14 days | | Process Map | |
| | List the follow-up process of patients due to return to care | | Process Map | |
| PATIENT FLOW | | | | |
| Step 4 | Assess the patient flow from HTS point to consulting room | | | Analyse the current patient flow, from HTS service point to consulting room, to identify the steps where the patients might be lost. |
| | How do you ensure all patients tested pos meet with a Clinician? | | | |
| | Number of Patients who tested pos that were not seen by a clinician | | | |
| DATA VERIFICATION, FLOW, CAPTURING | | | | |
| Step 5 | # Patients that were started on ART in | TIER.Net | | To determine if there are any recording, |



FACILITY LEVEL

Indicator: ART Viral Load Suppressed

Elements: Viral load done (Disaggregated by age and months - 6 and 12 months)

| | Assess the following: | Evidence | Source | Assessment Objective |
|---|--|----------|-----------------------------------|---|
| VIRAL LOAD DUE AND DONE | | | | |
| Step 1 | Planning for Patients due for VL at 6 and 12 months | | TIER.Net, Booking list | Determine if there is a process to support the adherence of clinical monitoring of viral loads and to ensure no eligible patient is missed. |
| | Planning for Patients due for VL at 6 and 12 months | | | |
| | The source used to obtain list of patients due for viral load appointments at 6 and 12 months | | | |
| | Does the facility pre-retrieve files for VLs due prior appointments | | | |
| | What is the pre-retrieval period to appointment date | | | |
| | Describe the process of sorting the Viral load due files <ul style="list-style-type: none"> • Active files • Viral load Defaulters • Out of cohort appointments | | | |
| | Is there a process in place to remind the patient of the appointment | | | |
| Step 2 | Managing VL defaulter patients | | | Determine if there is a process to ensure missed appointments and defaulters are realigned to their cohort. |
| | Describe the process of tracing VL defaulters | | | |
| | How do you schedule and track the return to care appointments | | | |
| | How do you reschedule appointments within cohort of VL that was due out of cohort | | | |
| RESULTS MANAGEMENT PROCESS FOR VIRAL LOAD DONE | | | | |
| Step 3 | Result Access | | LabTrack, Shipping list, TIER.Net | Determine if there is a timely and proactive results management process that will efficiently enable responsive clinical action |
| | What method is used to access VL results: SMS Printer, Lab Track, Hard Copies | | | |
| | What is the turn around time for VL results | | | |
| | Who is allocated to receive the results and update patient's files | | | |
| Step 4 | Actioning results | | | |
| | Describe the clinical actioning process of unsuppressed viral load results | | | |
| DATA MANAGEMENT OF RECEIVED VIRAL LOAD DONE | | | | |
| Step 5 | Viral load result documentation | | Patient file and TIER.Net | Determine if fundamental data quality processes are in place to ensure data is collected and reflecting work done. |
| | Identify the document used to record Viral load results | | | |
| | Describe the process for receiving results, documenting results and capturing result on TIER.Net | | | |
| Step 6 | Viral load file flow and capturing | | Patient file and TIER.Net | |
| | Describe the file flow from file update to capturing on TIER.Net | | | |
| | Obtain the estimated time it takes for the viral load result to be captured on TIER.Net | | | |

| Indicator: Total Naive Start ART | | | |
|--|--|------------------|--|
| Elements: ART adult naive start ART in month, ART child under 15 years naive start ART in month, ART adult male naive start, ART adult female naive start, ART child under 1 year naive started ART, ART child 1 to under 5 years naive started ART, ART child 5 to under 15 years naive started ART | | | |
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| | Number HIV positive weekly | | |
| | HIV positivity rate (yield) | | |
| LINKAGE TO CARE | | | |
| Step 2 | Same day initiation | | Determine if there is a management process of all eligible for ART patients who have not yet been initiated, due to various reasons, to ensure they are not missed or forgotten. |
| | Number HIV positive same day initiation (within 7 days) | TIER.Net | |
| | Verify if HIV positive index contacts are initiated on ART | | |
| Step 3 | Defer list Management | Defer list/Diary | |
| | Does the clinician keep track of patients not started on ART the same day | | |
| | Is there a monitoring tool for patients who deferred treatment | Pre-ART report | |
| | Number of Deferred for Medical reasons due to return for ART during review | | |
| | Number not currently ready now but due for follow up after 14 days | Process Map | |
| Step 4 | List the follow-up process of patients due to return to care | Process Map | |
| | | | |
| PATIENT FLOW | | | |
| Step 4 | Assess the patient flow from HTS point to consulting room | | Analyse the current patient flow, from HTS service point to consulting room, to identify the steps where the patients might be lost. |
| | How do you ensure all patients tested pos meet with a Clinician? | | |
| | Number of Patients who tested pos that were not seen by a clinician | | |
| DATA VERIFICATION, FLOW, CAPTURING | | | |
| Step 5 | # Patients that were started on ART in review period | TIER.Net | To determine if there are any recording, flow, verification and capturing gaps that may result in work done not being reflected in data collected and captured. |
| Step 6 | # Same day initiation captured on TIER.Net | TIER.Net | |
| | # of patient's from the list waiting to start ART | TIER.Net | |
| Step 7 | # Removed from TIER.Net list waiting to start ART | Process Map | |
| | Describe the file flow from Clinician to Data room | | |
| AREAS FOR IMPROVEMENT | | | Comments |
| | | | |

| Total Naive Start ART Summary Chart | | |
|-------------------------------------|---------|---------|
| MONTH: | TARGET: | ACTUAL: |

| 1 | # tested HIV pos this week |
|--------|----------------------------|
| Week 1 | 2 |
| Week 2 | 4 |
| Week 3 | 1 |
| Week 4 | 5 |
| Week 5 | 1 |
| Month | 13 |

| 2 | # Due to return for ART in this week from the # waiting for ART list |
|--------|--|
| Week 1 | 1 |
| Week 2 | 1 |
| Week 3 | 2 |
| Week 4 | 2 |
| Week 5 | 1 |
| Month | 7 |

| 3 | Total # Eligible to start New on ART this week |
|--------|--|
| Week 1 | 3 |
| Week 2 | 5 |
| Week 3 | 3 |
| Week 4 | 7 |
| Week 5 | 2 |
| Month | 20 |

| 4 | Total New on ART started this week | |
|--------|------------------------------------|----------------------|
| | Same day | Waiting to start ART |
| Week 1 | 2 | 0 |
| Week 2 | 4 | 1 |
| Week 3 | 1 | 1 |
| Week 4 | 2 | 0 |
| Week 5 | 1 | 0 |
| Month | 10 | 2 |

| 5 | Total captured on TIER.Net | |
|--------|----------------------------|----------|
| | TIER.Net | TIER.Net |
| Week 1 | 2 | 2 |
| Week 2 | 5 | 5 |
| Week 3 | 2 | 2 |
| Week 4 | 2 | 2 |
| Week 5 | 1 | 1 |
| Month | 12 | 12 |

