

SMS REMINDERS

SPOTLIGHT ON VIRAL LOAD COVERAGE

Chris Hani District | Sakhisizwe SD | Thembelihle Clinic | PHC

Average Monthly Headcount: 1700



IMPROVEMENT AREA & AIM

At Thembelihle clinic there were no systems in place to remind facility staff to collect viral loads (VL) and record the results in TIER.Net, or for patients to come to the facility for their 6-month VL appointments post-antiretroviral therapy (ART) initiation. As a result, patients were often missed and the VL monitoring rate was low.

Our aim was to increase the VL monitoring rate at 6 months from a baseline median of 14% (October 2018 – March 2019) to 90% by 30 June 2019.



DESCRIPTION

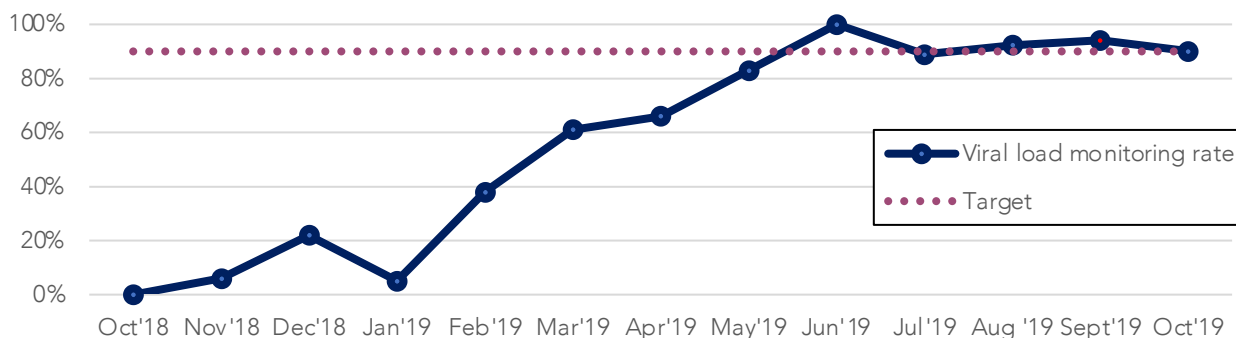
Lists of patients due for VL at 6 months were generated monthly by the Data Capturers (DC). A Case Officer (CO) was then assigned to send patients cell phone SMS reminders that they were due for a VL blood draw. Additionally, the DCs placed paper notes in the patient files to remind Clinicians about blood draws. A VL Professional Nurse (PN) champion at the facility was assigned to be responsible for daily auditing of the patient files and overseeing the CO and DC VL duties.



OUTCOMES

Viral load monitoring at 6 months improved from the baseline median of 14% to 100% by June 2019. Qualitative findings showed an improvement in retention as patients became better informed about treatment efficacy and VL results. Patients who were found to be virally suppressed at 6 months were given longer-term prescriptions (at least 2 months*), resulting in facility decongestion and more time to focus on each patient. *[Note that this was pre-COVID-19. Patients are now enrolled in differentiated models of care (DMOC) for 6 months.]

Viral Load Monitoring Rate at Six Months



STEPS TO IMPLEMENT

- ❑ At the beginning of the month, the DC pulls a list of patients from TIER.Net who are due for a 6-month clinic visit and VL blood draw the following month.
- ❑ DC gives the list and phone contact information to the CO.
- ❑ Patient comes to the clinic for their appointment.
- ❑ DC keeps another copy of the list and inserts a visual reminder in the patient's file for the Clinicians to complete a blood draw.
- ❑ CO sends a cell phone SMS message to the patient reminding them to come to the facility for their 6-month appointment.
- ❑ PN conducts a blood draw and marks it in the patient file.
- ❑ Blood sample is sent to the laboratory for VL test.
- ❑ Clinician records VL test result in the patient's file.
- ❑ DC captures VL test results in TIER.Net.

FACILITATORS

- Held weekly meetings with everyone to remind the Clinicians to watch for patients in need of 6-month follow up appointments.
- A quarterly review of performance for all facilities, including the operational manager (OM) from each facility, helped to monitor progress and encourage further improvement.
- A VL champion helped oversee the process and provide motivation for staff.
- Decanting opportunity encouraged patients to complete VL testing.
- Decanting opportunity was an incentive for Clinicians to monitor patients to determine which patients were eligible for decanting.

CHALLENGES & ADAPTATIONS

- Patients would sometimes give the wrong phone number or address so as not to reveal that their true address is outside of the facility catchment area → Most people with same surname reside in the same area; therefore, we used LabTrack and HPRS to identify their true locations.
- Providers did not always see or process the visual reminders in the patient files → Facility meetings were held to remind providers to look for the reminders.
- Initially, SMS reminders told patients that they would not have to wait when they came to the facility, but that was not always accurate as patients could not be fast tracked until they had been receiving care for 12 months → We learned to manage expectations in our SMS text communications.

ABBREVIATIONS

- ✓ ART – antiretroviral treatment
- ✓ CO – case officer
- ✓ DC – data capturer
- ✓ DMOC – differentiated model of care
- ✓ OM – operational manager
- ✓ PN – professional nurse
- ✓ VL – viral load

OTHER FACILITY ADAPTATIONS

- ✓ Some facilities used stickers in patient files, while others wrote directly on the file to indicate patients due for blood draws.
- ✓ Some facilities also began with monthly review but realized that weekly was less burdensome and allowed for closer monitoring of patients.

RECOMMENDATIONS

We recommend including everyone in VL management, not only the clinicians, but also data and administrative staff. Routine data monitoring and quality improvement (QI) processes were key to the success of this change idea.