DMOC IMPLEMENTATION

SPOTLIGHT ON DECANTING

Amathole | Mbashe Sub-District | Willowvale | CHC

Average Monthly Headcount: 3738

IMPROVEMENT AREA & AIM

Willowvale Community Health Centres (CHC) had a low decanting rate of 61% of total patients remaining on antiretroviral therapy (ART) (TROA) compared to the national target of 80% due to a backlog in the capture of viral load (VL) results and missed appointments by some patients who were eligible for decanting.

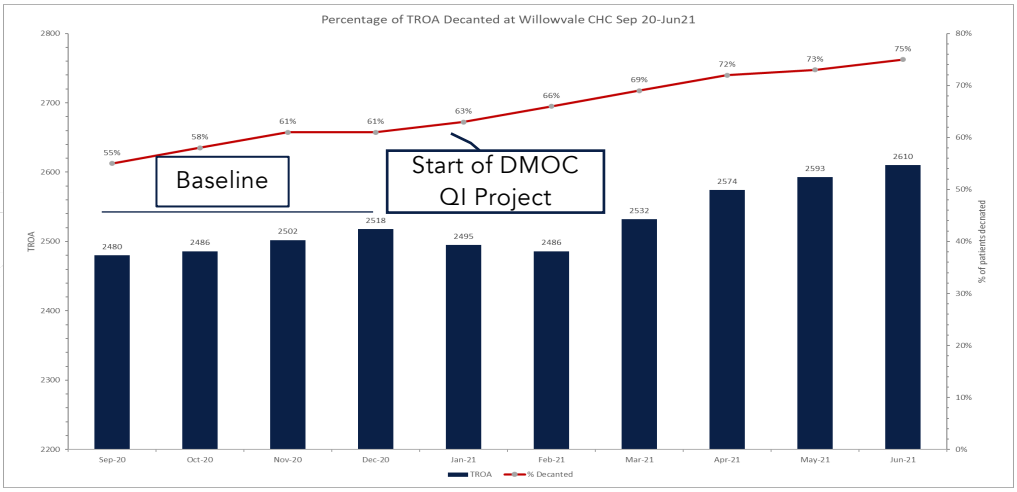
We aimed to improve decanting from a baseline of 61% of TROA in December 2020 to 80% by the end of June 2021.

DESCRIPTION

On a weekly basis, the Data Capturer (DC) completed bulk capturing of VL blood results on TIER.Net and flagged patients eligible for decanting using the NDOH criteria. The DC pulled the files of all patients eligible and shared the info with the Nurse Clinician (NC) for verification of eligibility. The decanting list was then given to the Case Officer (CO) to remind patients about their scheduled appointment dates and when they were due for a VL blood draw.

OUTCOMES

After 6 months of project implementation, the decanting rate at Willowvale CHC increased from 61% of TROA at baseline in December 2020 to 75% by June 2021. The facility started to become decongested resulting in reduced wait times which increased satisfaction among both patients and facility staff. There was also an improvement in the number of ART patients honouring their clinical appointments.



STEPS TO IMPLEMENT

- ❑ Data Capturer (DC) captures blood results on TIER.Net.
- ❑ DC flags patients eligible for decanting based on VL result.
- ❑ DC shares VL results with NC who transcribes blood results on patient folders.
- ❑ On Fridays, DC generates list of eligible patients due for a visit the following week and retrieves their folders for the NC to verify eligibility for decanting.
- ❑ NC puts stickers on the outside cover of all eligible patients' files.
- ❑ DC shares list of eligible patients with the CO.
- ❑ CO calls patients a week before their appointment as a reminder and to emphasize the importance of in-person consultation (rather than sending a friend or relative).
- ❑ Upon arrival at the facility, the patient alerts the CO.
- ❑ The CO escorts patient to the NC who then explains decanting in detail.
- ❑ The patient selects the decanting modality of choice.
- ❑ NC decants patient to modality of choice and documents in the clinical chart and SyNCH.
- ❑ DC captures clinic visit on TIER.Net.

FACILITATORS

- Facility provided an extra computer to support SyNCH.
- A NC was assigned as a champion to lead and monitor decanting activities.
- A dedicated CO was assigned as a Clinic Navigator, responsible for all patients eligible for decanting.
- A quality improvement (QI) team consisting of the DC, CO, NC and with support from the Operational Manager met to implement and monitor change.

CHALLENGES & ADAPTATIONS

- VL results not captured in patient folders → Patient folders were audited for completeness.
- Clinical chart was incomplete → Charts were sent back to Clinicians for documentation of VL results.
- Backlog in capturing of VL results → Blood results were captured daily to avoid backlog.
- Some patients not reached telephonically during the day → Patients were called after hours.

Disclaimer: *This Spotlight was developed and implemented by TB HIV Care and DoH staff, with support from OPIQ South Africa. This resource can be freely used and distributed, with acknowledgement of TB HIV Care and DoH, so long as it does not result in commercial gain. The findings and conclusions in this Spotlight are those of the authors and do not necessarily represent the official position of the funding agencies: this project has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for the Disease Control and Prevention (CDC) under the terms of grant number: 6 NU2GGH002227.*

ABBREVIATIONS

- ✓ DMOC – differentiated models of care
- ✓ DC – data capturer
- ✓ NC – nurse clinician
- ✓ CO – case officer
- ✓ CHC – community health centre
- ✓ NDoH – national department of health
- ✓ QI – quality improvement
- ✓ VL – viral load

OTHER FACILITY ADAPTATIONS

- ✓ The differentiated model of care (DMOC) Policy implementation QI project was replicated in other DSD facilities.

RESOURCES

- ✓ TIER.Net
- ✓ SyNCH
- ✓ Decanting SOP
- ✓ Decanting appointment cards
- ✓ Stickers

LESSONS LEARNED

- ✓ A lot can be achieved through teamwork.
- ✓ Near real-time capturing of VL results facilitates decanting eligible patients.