COMMUNITY-BASED ART DELIVERY

SPOTLIGHT ON RETENTION

uThukela | Alfred Duma Sub-District | Sigweje Clinic | PHC
Average Monthly Headcount: 4100

IMPROVEMENT AREA & AIM

Due to COVID-19 fears, many patients were not picking up their HIV medications from the clinic, resulting in a long list of missed appointments. This had a negative effect on the 28-day TROA (total patients remaining on antiretroviral therapy). The Center for Disease Control and Prevention (CDC) target for appointments missed by 29–90 days ('late') is less than 1% of TROA.

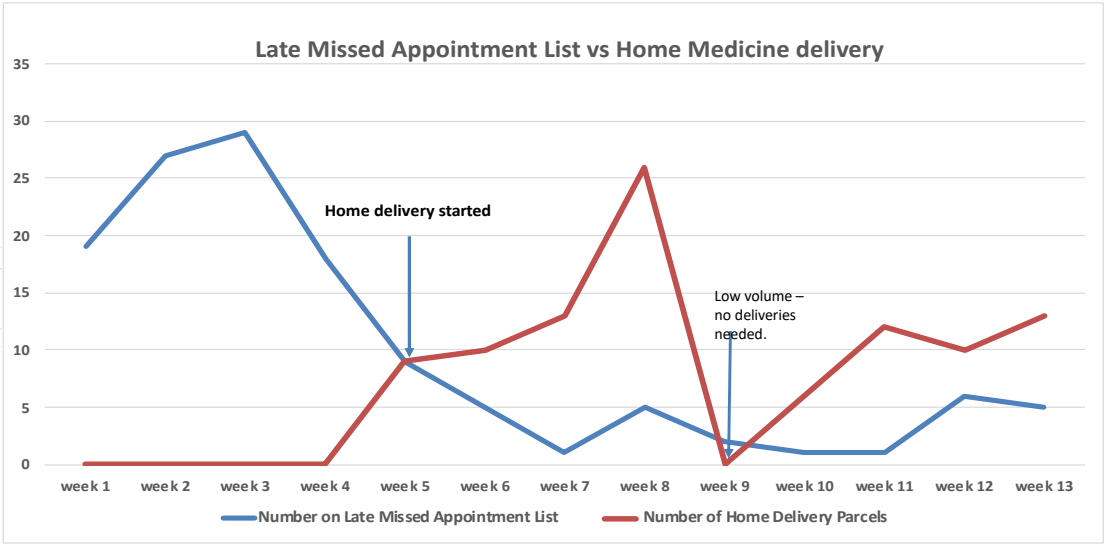
Our aim was to decrease the number of patients on the late appointments list from 1.2% of TROA in March 2020 to less than 1% by May 2020, using home medication delivery.

DESCRIPTION

Community-based Campaign Agents (CAs) were allocated a set of patients grouped by location from the late appointments list. Patients were then contacted telephonically to arrange a date and time for home delivery of their medication, and the CA delivered the drugs to the patient's home. The CA then reported back to the Nurse Clinician (NC) after each home delivery. The information was documented in the patient's clinical chart and sent to the Data Capturer for recording on TIER.Net.

OUTCOMES

After introducing home delivery of medicine, patient numbers on the late appointments list dropped to 0.2% by the end of May 2020. Patients appreciated receiving medicine parcels at home during the COVID-19 pandemic. The clinic staff hope to continue offering home delivery as part of standard practice for reaching patients on the late appointments list. The chart below shows how the number of patients on this list decreased as home delivery expanded.



Facility Operational Manager: Mr. PB Xulu

HST QI Lead: Mesuli Ntshalintshali

STEPS TO IMPLEMENT

- ❑ The Data Capturer (DC) retrieves the 29–90 days ('late'), missed appointments list from TIER.Net.
- ❑ Patients from this list are grouped by ward.
- ❑ Each patient group is allocated to a specific CA in the community.
- ❑ DC gives a copy of the list to the CA and another to the Professional Nurse (PN).
- ❑ PN pulls the files for all patients on the list.
- ❑ PN pre-packs the medication parcels the night before delivery.
- ❑ CAs are paired with an HIV testing service (HTS) counsellor. They travel together (using the HTS mobile unit) to deliver medication to the patients' homes.
- ❑ CAs note patients who receive medications and convey information back to PN.
- ❑ PN records the data in the patients' charts.
- ❑ Patient charts are passed to the DC.
- ❑ DC enters the data into TIER.Net.

FACILITATORS

- Stakeholder engagement in the initial phase of the project included facility clinical staff, DCs, CAs, and leadership.
- Regular review of facility data with the entire facility staff created a sense of ownership of the data.
- Explained to the staff why this change should be implemented, the effect it could have, and who would benefit.
- Integrated the Standard Operating Procedure (SOP) into the facility workflows.

CHALLENGES & ADAPTATIONS

- Some staff felt that the programme created a dependence that could not be sustained in the long-term → DoH SOP 24 explains the importance of using differentiated models of care (DMoC) to reach patients at locations convenient for them.
- Home delivery of medicine can be perceived as a large investment of staff time and resources → Having CAs deliver the parcels within their own communities ensured feasibility and efficiency.

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ABBREVIATIONS

ART – antiretroviral therapy

CA – campaign agent

DC – data capturer

HTS – HIV testing services

POPs – PEPFAR Operation Phuthuma Support (POPS)

PN – professional nurse

TROA – total retained on ART

RESOURCES

No additional staffing resources were needed because CAs were already part of the facility staff and were able to use existing transportation for HIV testing services.

OTHER FACILITY ADAPTATIONS

This change was implemented at all 17 local Siyenza (now POPs) facilities in the district. Approaches were generally similar, but some were more proactive (tracing patients who had not yet made the 'late' missed appointments list), while others were more reactive (waiting until the client was on the list to conduct follow-up).

RECOMMENDATIONS

- ✓ Consider using existing programmes and community-based volunteers.
- ✓ It is valuable for the CAs to travel with an HTS Counsellor and reinforce the importance of treatment adherence.
- ✓ The programme was particularly successful for patients older than 60 years.