

# DMOC ENROLMENT & VIRAL LOAD BLOOD DRAW SPOTLIGHT ON DECANTING

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Average Monthly Headcount: 3400



## IMPROVEMENT AREA & AIM

According to the National Adherence Guidelines of March 2020 at least 90% of eligible antiretroviral therapy (ART) patients must be decanted into differentiated models of care (DMOC). At Park Street Clinic a high number of eligible ART patients were not decanted due to failure to return for viral load (VL) results on time.

**The aim** of this project was to improve the number of eligible ART patients decanted from a baseline median of 50 per month (July to December 2020) to a post intervention median of 70 per month by June 2021.



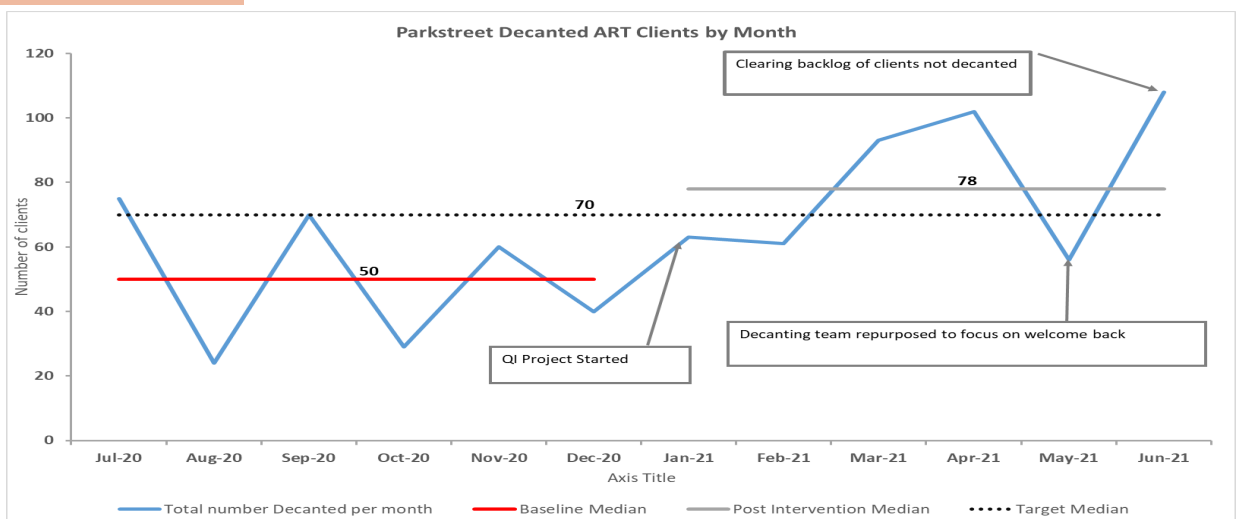
## DESCRIPTION

The Data Capturer (DC) generated an appointment list and flagged patients who were due for their VL blood draw. The Nurse Clinician (NC) saw patients for their blood draw and discussed DMOC. If the patient consented, the NC enrolled them in the programme (SyNCH) immediately and gave them a 6- or 12-month appointment date (depending on patients' duration on ART). When results came back, if the patient was virally suppressed (VS), they remained in the programme. If the patient was not VS, they would receive a call explaining the results, be deactivated from the programme, and a follow-up appointment would be scheduled for two months.



## OUTCOMES

After implementing this project, there was an improvement in the number of patients decanted into DMOC programs from a baseline median of 50 per month in the period July to December 2020 to 78 per month between January and June 2021, surpassing the target of 70 per month.



# STEPS TO IMPLEMENT

- ❑ DC generates appointment list.
- ❑ Filing Clerk (FC) retrieves files.
- ❑ FC flags patients on list due for VL blood draw.
- ❑ FC calls the patients to remind them of appointment and VL blood draw.
- ❑ NC sees all patients due for VL blood draw and offers them DMOC.
- ❑ NC explains the procedure to the patient and emphasizes that should VL be detectable, then the patient will be contacted telephonically and deactivated from DMOC.
- ❑ If patient consents to DMOC, they choose the preferred modality.
- ❑ NC draws blood for VL test, issues 2-months' ART supply and enrolls patient on DMOC using SyNCH.
- ❑ After 24 hours, NC accesses VL results via eLabs.
- ❑ If VL is not suppressed, the patient is informed about the results and is deactivated from DMOC and given a 2-month review date.

## FACILITATORS

- Support from the facility Operational Manager (OM).
- Commitment from the staff.
- One-stop model of service delivery combining blood draws and enrolment into DMOC.
- Used virtual communication with patients to remind them about their VL appointments and to give them updates on the results if they were not suppressed.

## CHALLENGES & ADAPTATIONS

- Sporadic power cuts affecting patient registration on SyNCH → Patients' information on SyNCH was updated when the power was restored.
- Some patients missing appointments despite receiving telephonic reminders → Physical tracing was done.

## ABBREVIATIONS

- ✓ ART – antiretroviral therapy
- ✓ DC – data capturer
- ✓ eLabs – electronic laboratory services
- ✓ FC – filing clerk
- ✓ NC – nurse clinician
- ✓ DMOC – differentiated models of care
- ✓ OM – operational manager
- ✓ VL – viral load

## RESOURCES

- ✓ Computer/laptop
- ✓ Printer
- ✓ Paper
- ✓ Phone for eLabs
- ✓ Phone for tracing
- ✓ Toner and cartridge

## STAFFING

- ✓ Filing Clerk
- ✓ Data Capturer
- ✓ Clinician
- ✓ Adherence and Retention Counsellor
- ✓ Tracer
- ✓ Operational Manager

## LESSONS LEARNED

- ✓ The majority of patients face difficulties negotiating time away from work for clinic visits with their employer.
- ✓ Decanting on the spot has proven to work and is attractive to patients.

## OTHER FACILITY SPREAD

- ✓ Potchefstroom Town Clinic
- ✓ Boiki Tlhapi CHC
- ✓ Grace Mokgomo CHC

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