

**Optimizing Performance by Improving Quality (OPIQ)
in HIV and HIV/TB Programs in
Republic of South Africa under PEPFAR-CDC**

OPIQ Quality Improvement Learning Session

29.03.2022

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Overview of the DMOC Quality Improvement Collaborative

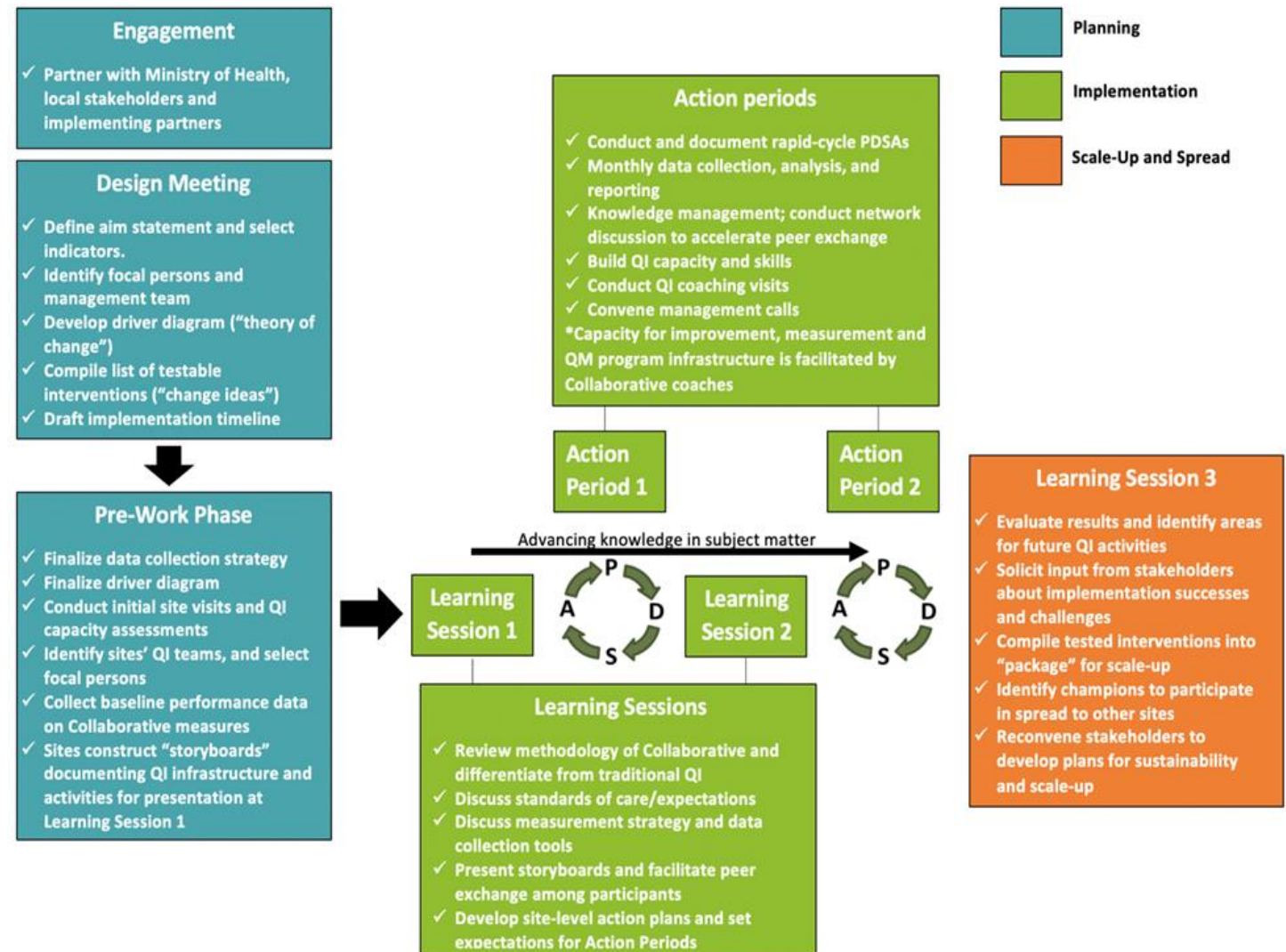
What is Quality Improvement Collaborative?

A QI methodology that:

*“brings together groups of practitioners from **different healthcare organisations, public health professionals and the community**, to work in a structured way to improve one aspect of the quality of their service. It involves a **series of meetings** to learn about best practices in the area chosen, about quality methods and change ideas, and to share their experiences of making changes in their own local settings.”* Ovretveit et al. (2002)

Overview of Quality Improvement Collaboratives

*'a multi-organisational structured approach with five essential features: (1) there is a specified topic; (2) clinical experts and experts in quality improvement provide ideas and support for improvement; (3) multi-professional teams from multiple sites participate; (4) there is a model for improvement (setting targets, collecting data and testing changes); and (5) the collaborative process involves a series of structured activities.'*⁶



QIC based on a Solid Quality Management Program



LEADERSHIP

- Champion
- Outline a vision
- Establish a “Bold” aim
- Ongoing support

EXTERNAL PARTNERSHIPS

- National
- Local
- Non traditional

TEAMWORK

- Information sharing
- Staff empowerment
- Teams reflect all levels of organization
- Recognize and reward efforts

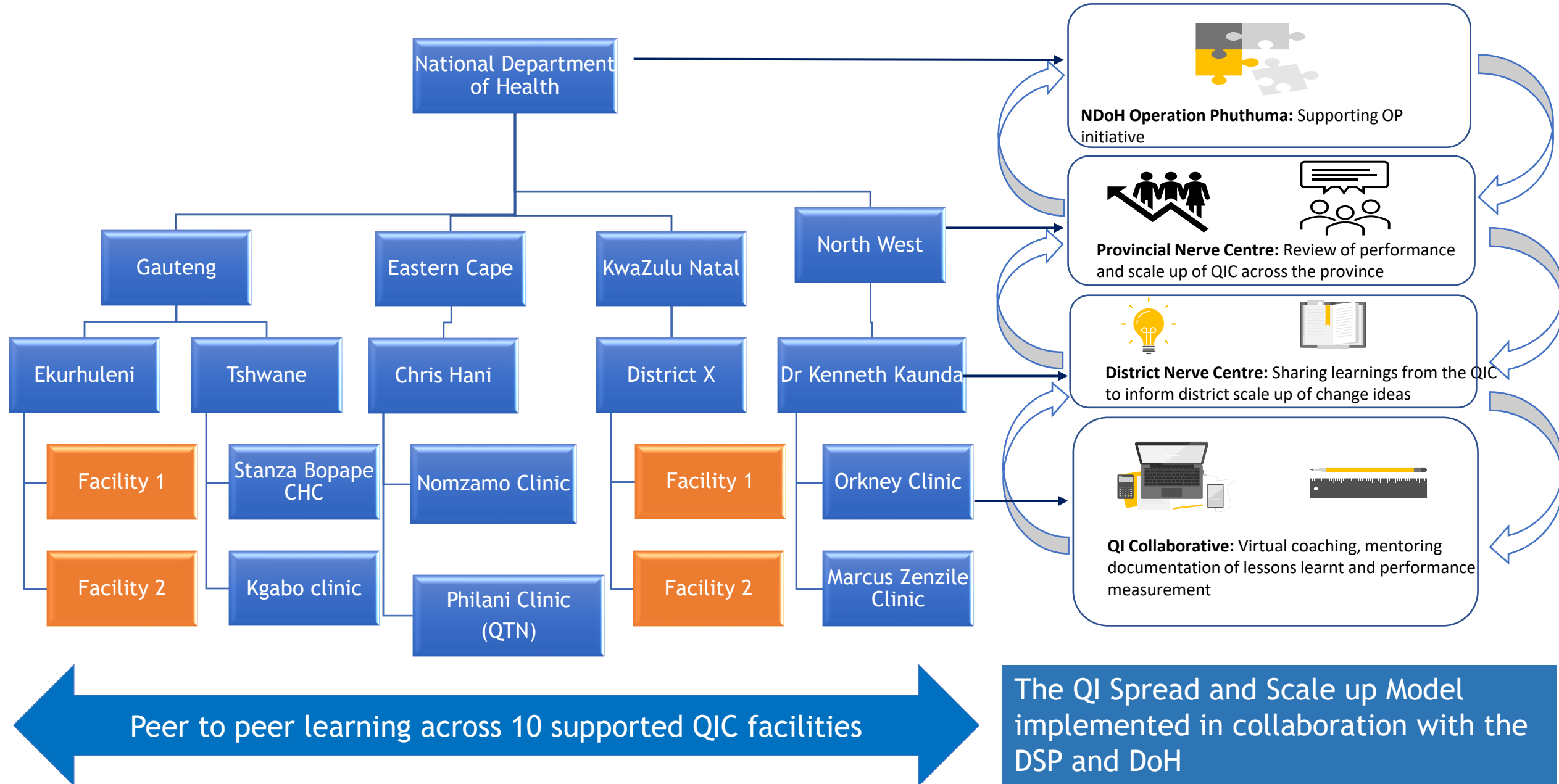
MEASUREMENT

- Measurement strategy
- Infrastructure for data collection
- Routine monitoring and feedback
- Inventory of best practices

SUSTAINABILITY

- Sharing of best practices
- Technology-enabled coordination
- Communities of practice

The Quality Improvement Spread Model



Driver Diagram from the Root-Cause Analysis

AIM

To improve number of ART patients active on CCMDD from December 2021 baseline to at least 90% of NDoH CCMDD annual target by March 2022

PRIMARY DRIVERS

Service delivery

Patient readiness

Medication availability

Data systems

SECONDARY DRIVERS

Prepared and proactive staff

Appropriate medical management

Laboratory monitoring systems

Patient engagement

Acceptance and awareness

Messaging and communication

Stigma

Consistent availability of medication

Patient access to medicines

Data systems

Filing systems

PROBLEMS IDENTIFIED

- Staff not always motivated
- Staff not trained on DMOC
- VL results not available

- Patients missing appointments
- Long TAT for results
- Script rejection by service provider

- Limited PUPs
- Some drugs not included in CCMDD list

- Connectivity issues
- Decanted patients not captured on Synch in real time
- Incomplete clinical stationery

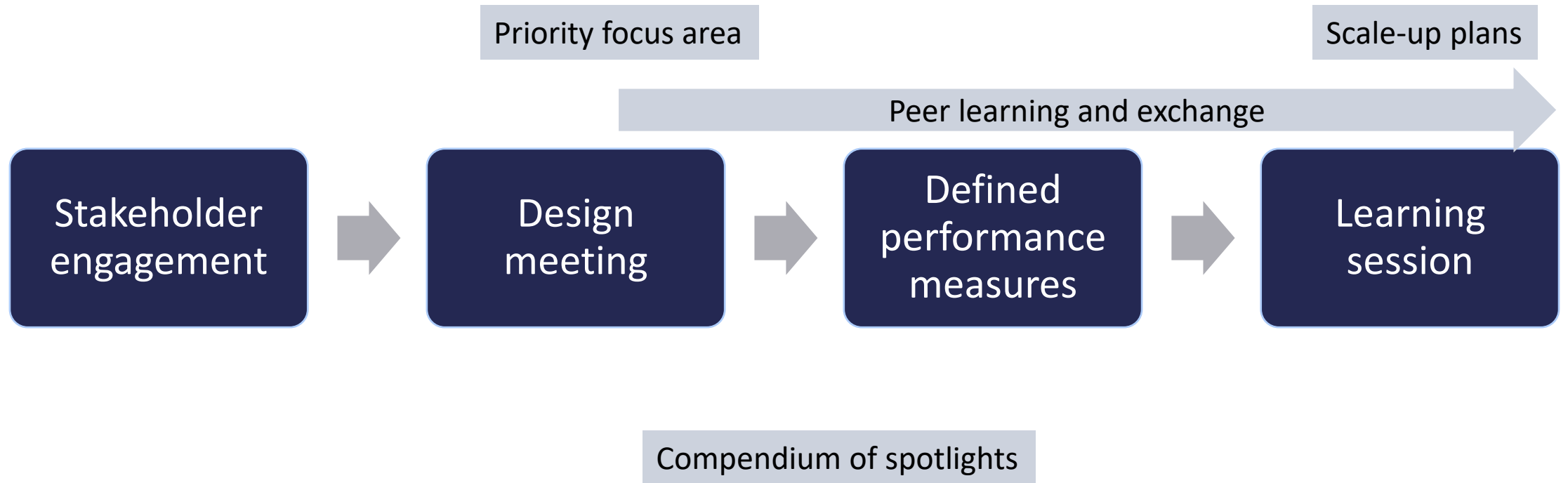
DMOC QIC indicators (Process & Outcome)

Indicator	Definition
Outcome indicator	% Achievement of NDoH CCMDD Target = # ART patients active on CCMDD/ CCMDD Annual NDoH Target (ART patients only)*100%
Weekly Process indicators	% ART clients with VL done= Number of VL done/Number of VL due
	% ART clients eligible for decanting= Number virally suppressed/Number VL done
	% ART clients decanted= Number Decanted/Number virally suppressed

Secondary Outcome Indicators

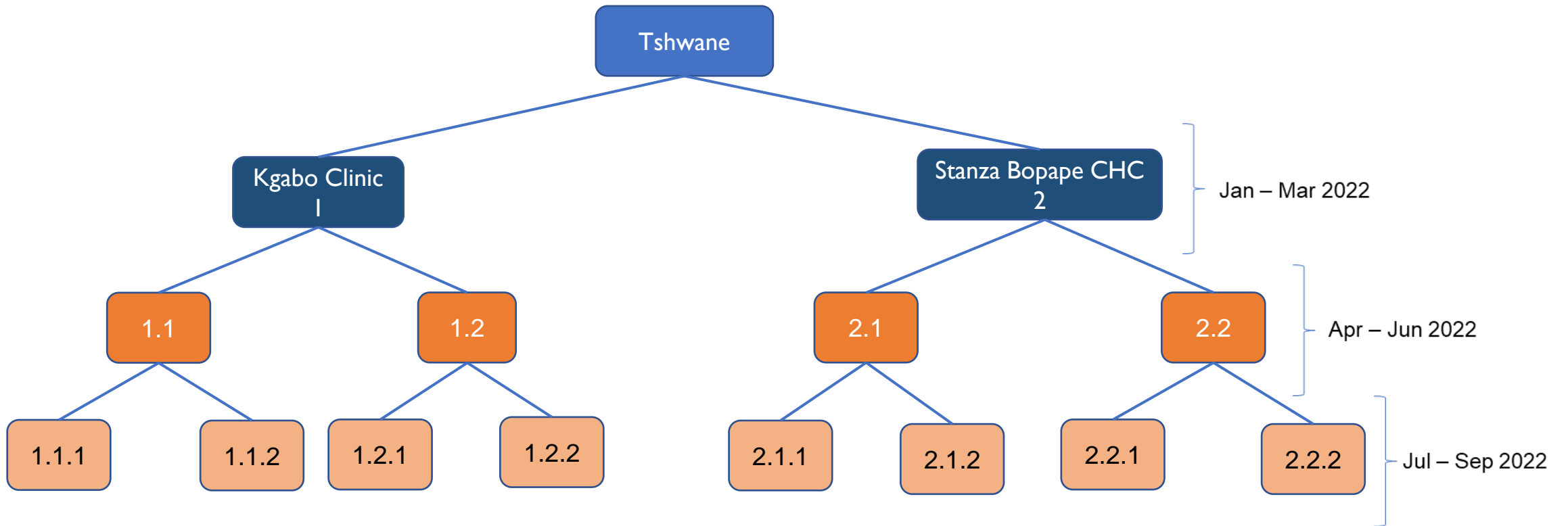
- VL Coverage
- TLD transition

Where are we now?



Proposed Scale-up Model

Example of Tshwane District

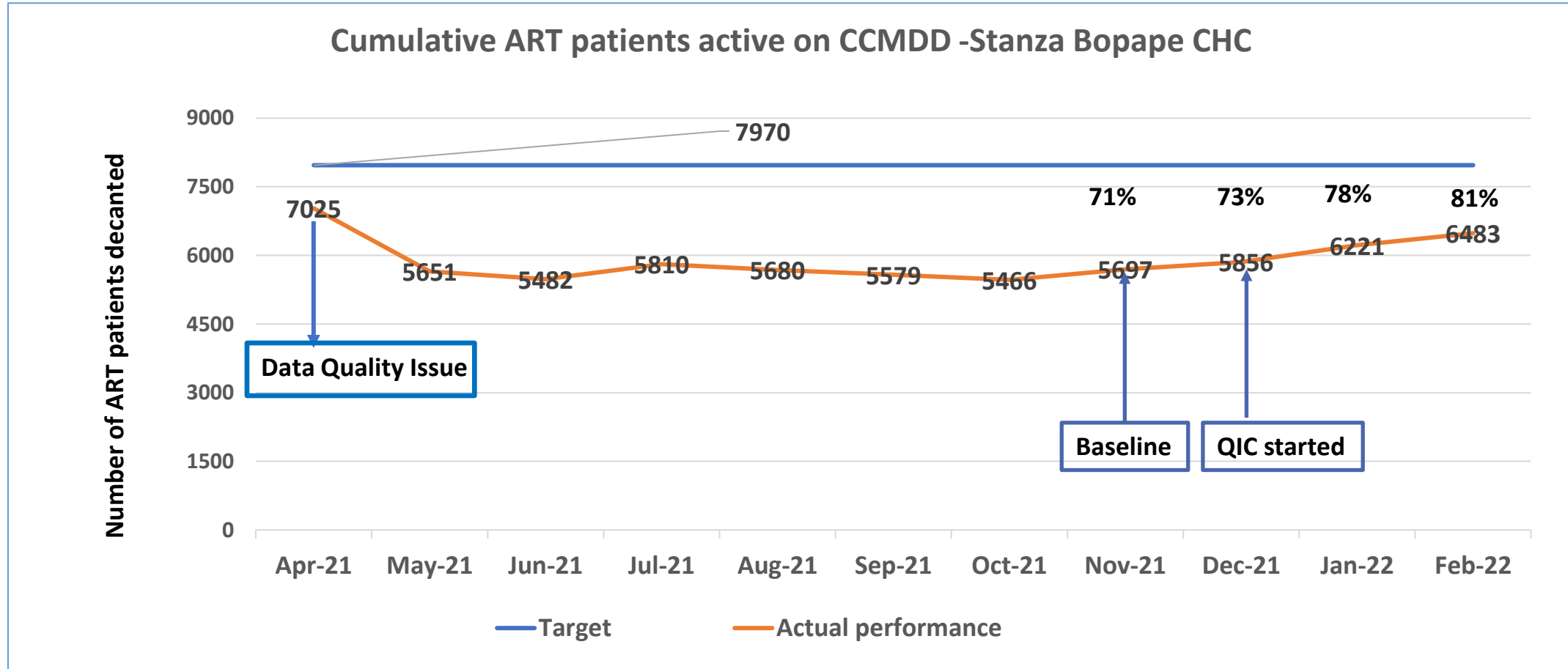


Peer to peer learning across 14 supported QIC facilities by end September 2022.

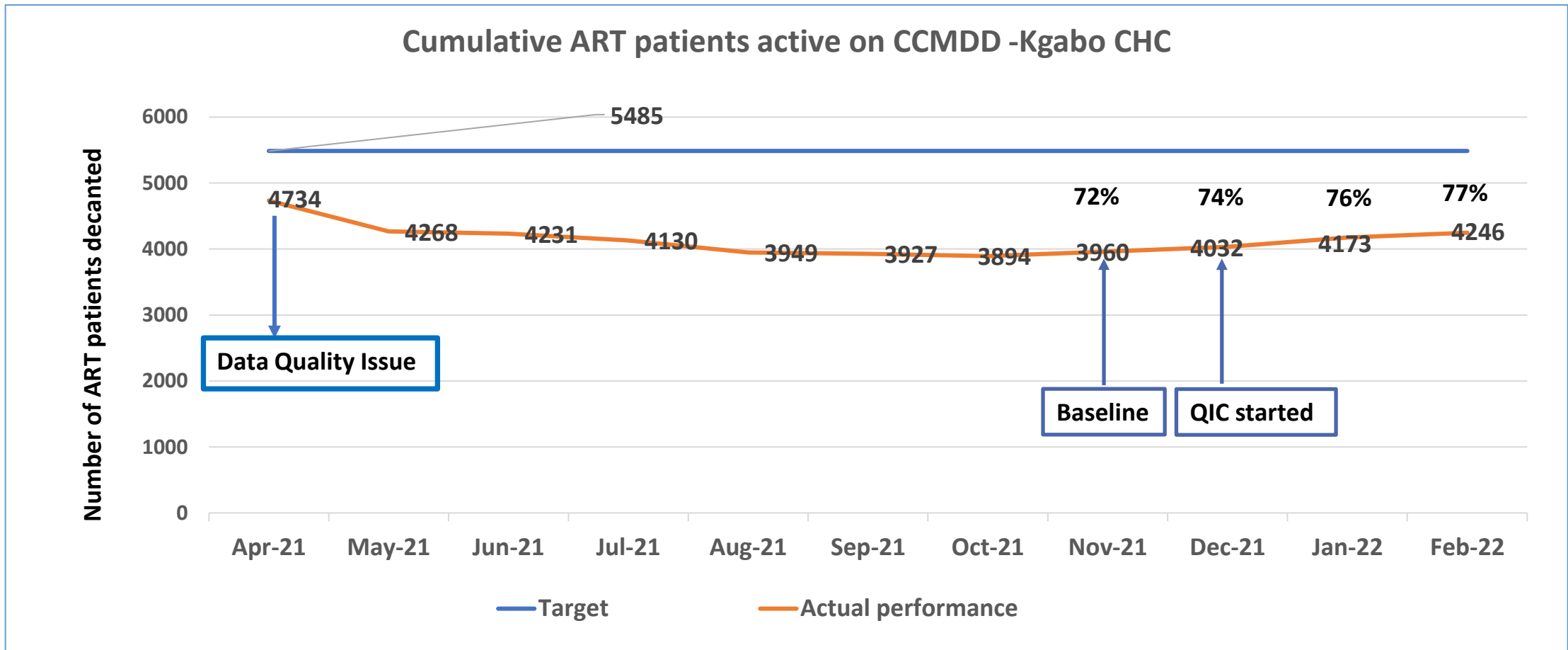
Site-Level Performance on DMOC

April 21 - February 22

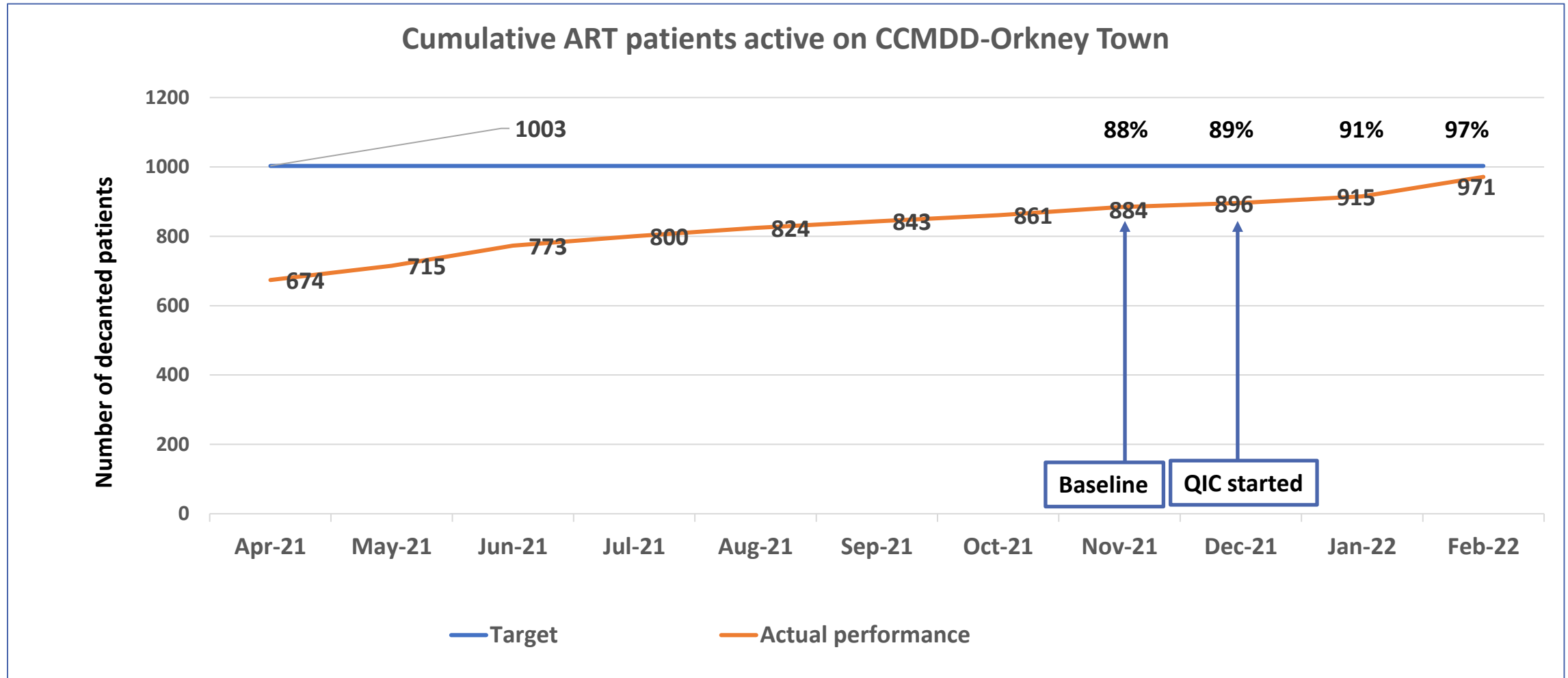
ART Patients active on CCMDD by Month



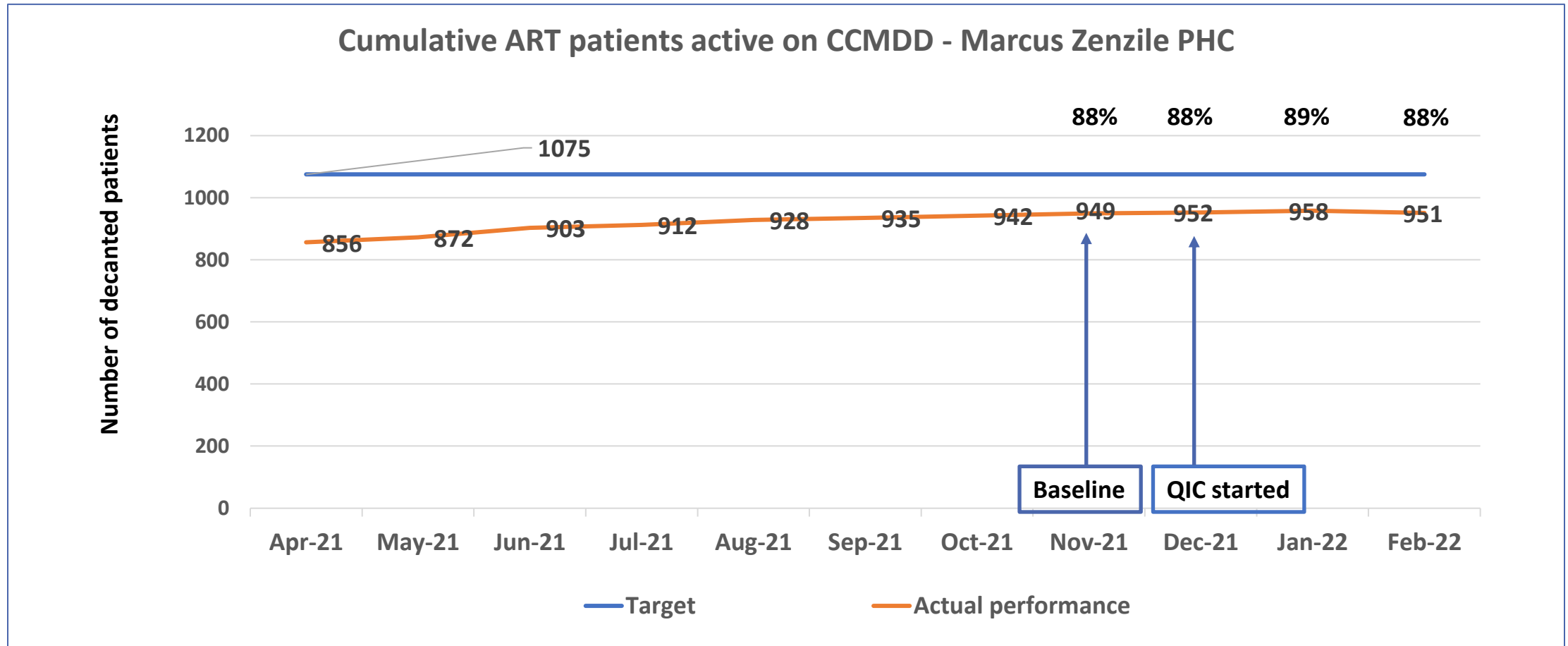
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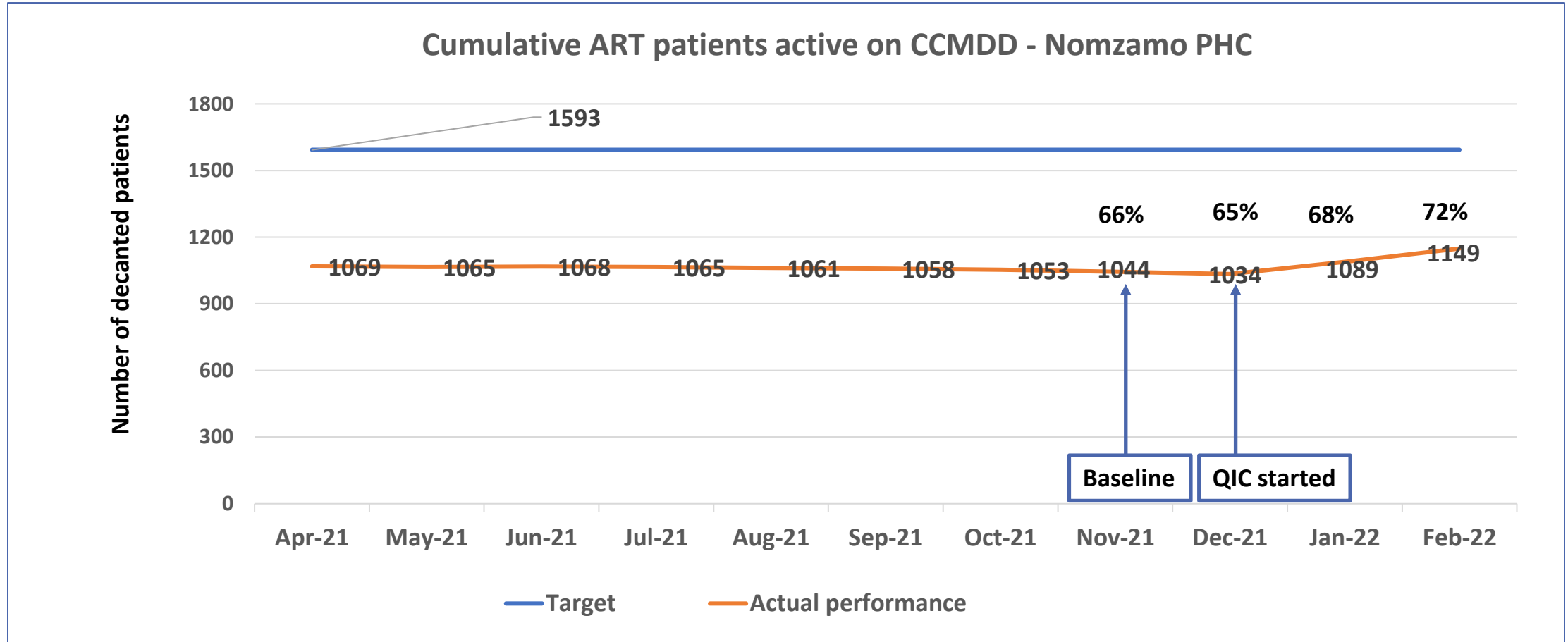
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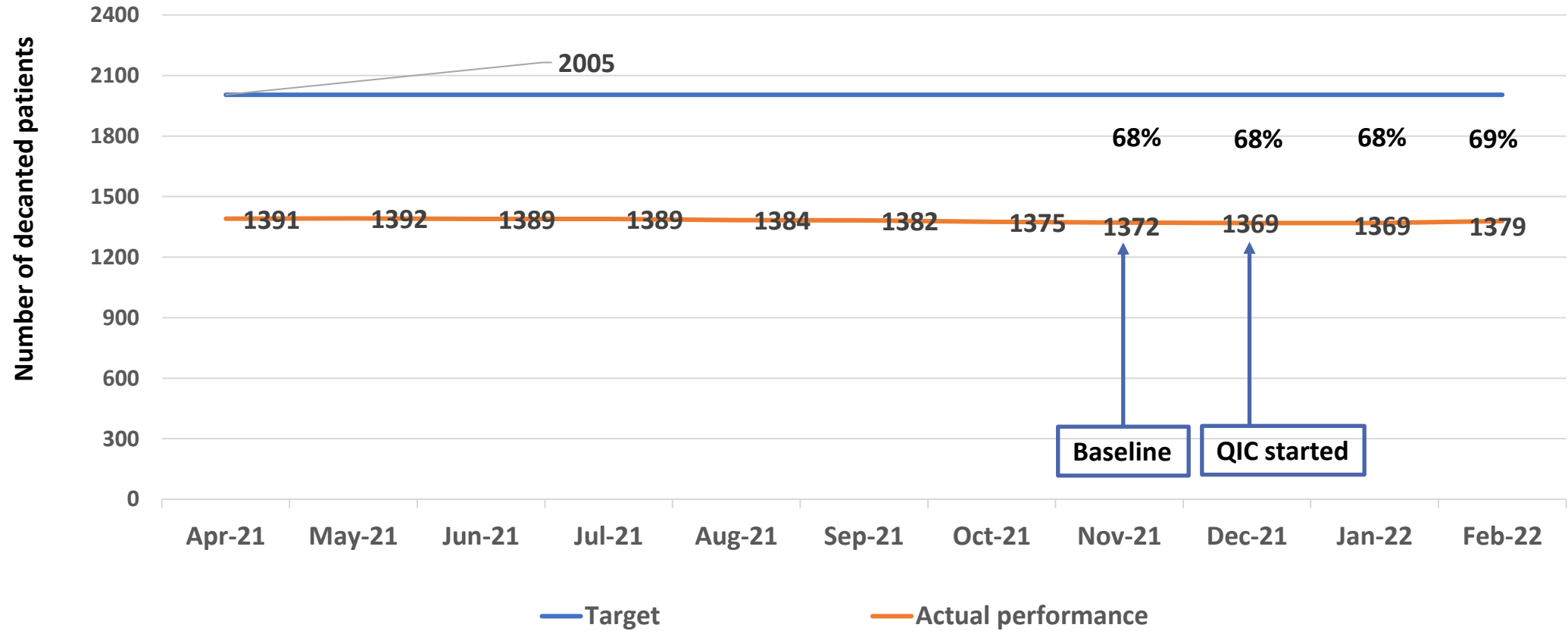


ART Patients active on CCMDD by Month



ART Patients active on CCMDD by Month

Cumulative ART patients active on CCMDD - Philani PHC



THANK YOU

