

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

DMOC QIC - Learning Session

Monitoring processes in DMOC QIC

29.03.2022

South Africa



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Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

UCSF Institute for
Global Health
Sciences

OPIQ
*Optimizing Performance by Improving
Quality in HIV and HIV/TB Programs*

Outline

- Background
 - Criteria for selecting the facilities
 - Facility name size (PHC headcount & TROA)
 - Site characteristics participating in the QIC (select one site for presentation)
- Why are process measures important in QICs
- Process measures for the QIC
 - Linkage to the QIC outcome measure
- Importance of frequent monitoring (weekly)
 - Challenges experienced with frequent monitoring
- Performance on process measures (select one)
- Lessons Learnt

Background

Orkney clinic is located at Matlosana sub district. The facility offers a 12 hours services which is from (Monday to Friday).

Orkney clinic TROA: 1483

Head count: 1563 (Weekly – Feb)

The clinics caters the following services:

- Primary healthcare services
- Mother, child, women health and nutrition
- Management of chronic diseases
- and HAST Programme.



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PROBLEM STATEMENT

- About 33% of patients who are eligible for decanting (suppressed and newly diagnosed) i.e., from 6 months with suppressed VL <50 copies/ml, were not decanted.

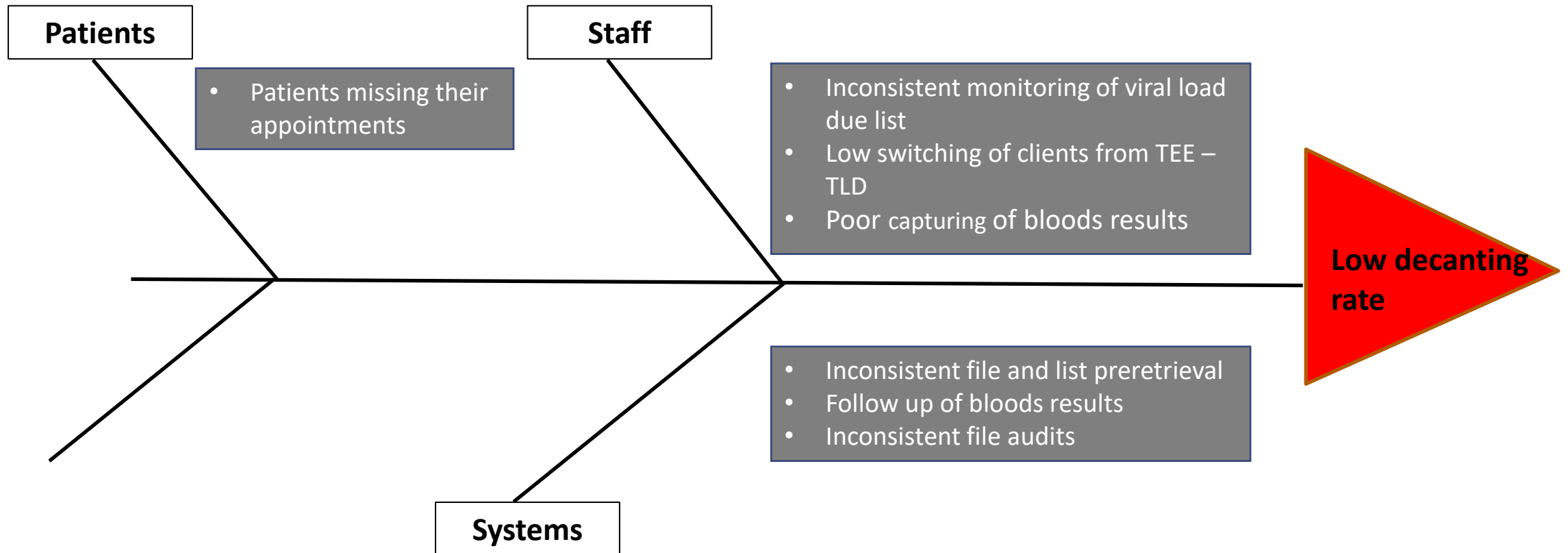


OUTCOME MEASURE

- **Aim statement:** To improve decanting of ART patients active on CCMDD from 884 in November 2021 to 90% of NDoH target (1003) by May 2022
- **Measures:**
 - Number of VL due (cohort date)
 - Number of VL not done on prior visit (missed cohort date)
 - Number of VL done and patient virally Suppressed but not enrolled into DMOC



Root Cause Analysis



Site characteristic participation

QI team members: ORKNEY CLINIC

Name	Role
Sr Mukhele	Team leader
C. Mohlomi	Data capture
M. Mmoaleng	CHW
M. Maichu	Cleaner
N. Maxambela	Clerk



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CHANGE IDEAS TESTED

The facility serves amongst other clients, artisanal miners (Zamazama) who go on extended period on mining hence these were developed for testing:

- Clerks print the list of clients due for their viral load a month prior to client's visit. Clerks then call all clients and a sooner date is negotiated with the client on when she can come for her viral load.
- If client is unable to come and take bloods, The case facilitator and a nurse will be allocated to go and take bloods at the client's home.
- Dedicated decanting nurse review the results and decide whether the client will be decanted

Why are process measures important in QICs

- They inform quality improvement teams about what type of interventions to employ, i.e., (allocating a decanting nurse for VL)
- They serve as key steps designed in improving DMOC
- They are vital for tracking VL and decanting implementation
- They measure the impact of change ideas towards the outcome. (e.g., giving artisanal miners a chance to choose for themselves when they come for healthcare service)

Linkage of process measures with QIC outcome

- **Number of VL Due (cohort date)** : Clients from 6 – 12 months
- **Number of VL done**: All patients with bloods taken for VL loads with results captured on TIER.Net
- **Number of clients decanted** : Number of clients virally suppressed with no comorbidities registered on DMOC

Importance of frequent monitoring (weekly)

- It helps determine exactly when a project is on track and when changes may be needed.
- Frequent monitoring and evaluation forms the basis for modification of interventions and assessing the quality of activities being conducted.
- It also helps us to be able to abandon the change idea on time if it is not leading to an improvement
- It help us to track the actual pool of clients easily

Demonstration of weekly monitoring of process measures

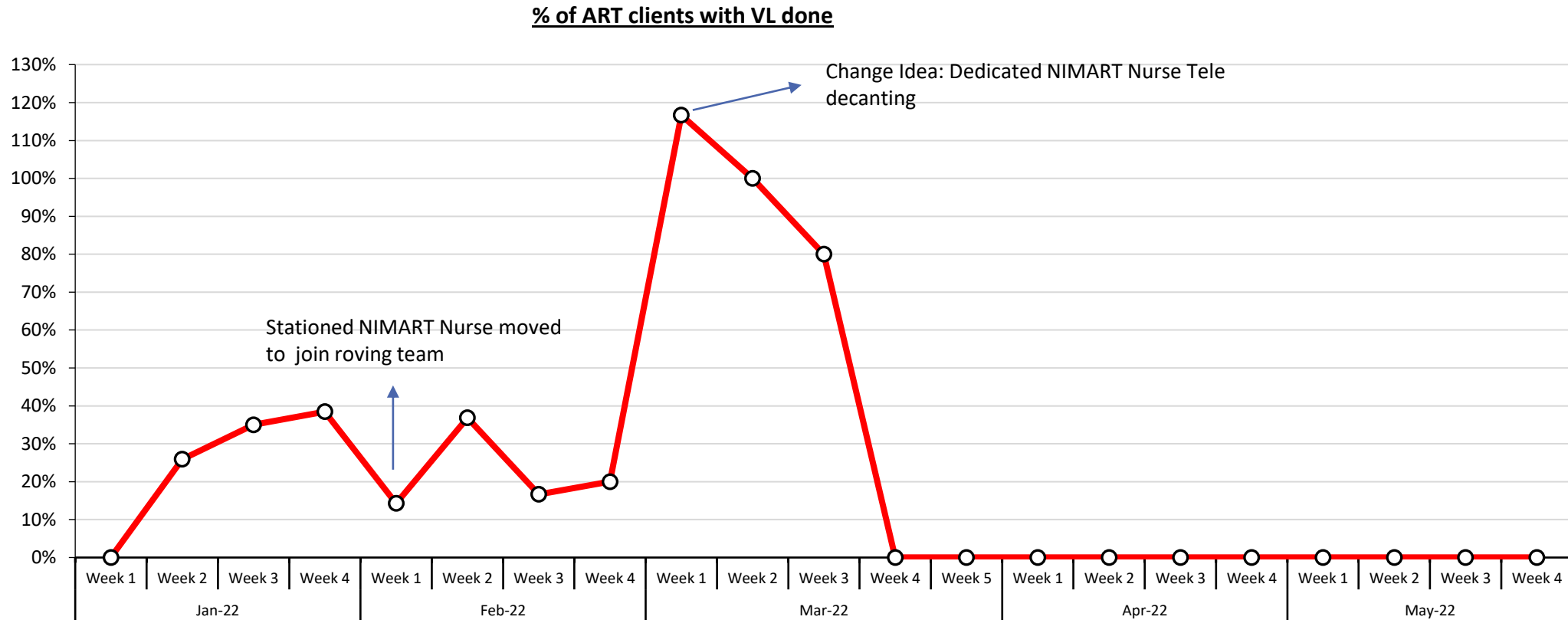
Month	WEEK	NUMBER OF CLIENTS WITH VL DUE	NUMBER OF CLIENTS WITH VL DONE	% OF ART CLIENTS WITH VL DONE	COMMENT
Mar-22	Week 1	6	7	117%	1 Client came earlier than her appointment
	Week 2	3	3	100%	
	Week 3	5	4	80%	The client did not honour appointment
	Week 4				
	Week 5				



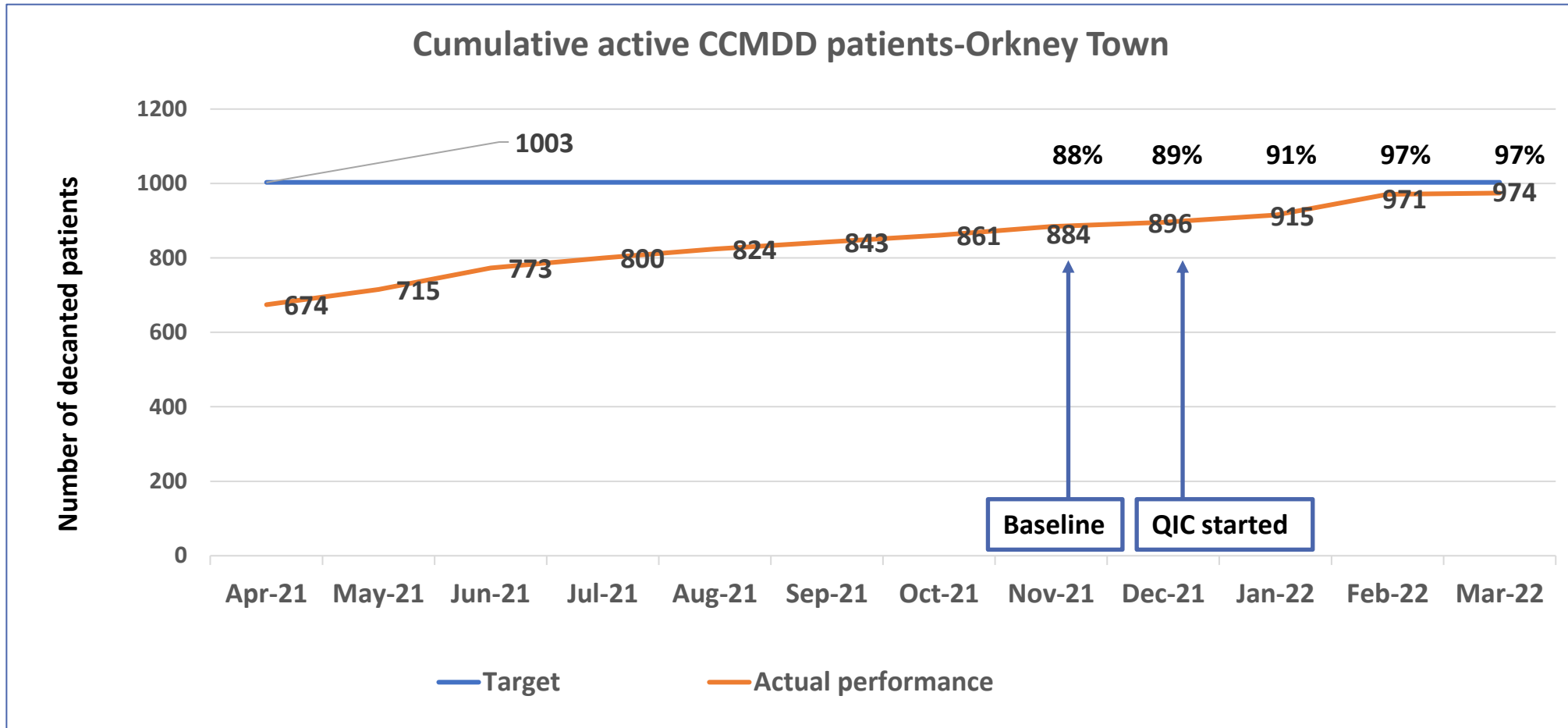
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ORKNEY CLINIC – PROCESS MEASURES



ART Patients active on CCMDD by Month



- March data is for the first 2 weeks of the month



What did we learn

- Process measures enabled the teams to make informed decision
- Ownership and sustainability: Ownership is imperative
- **DMOC**
- Care should meet the diversity of patient needs for the program to expand.

THANK YOU