

DMOC QIC - Learning Session

**Navigating one's way through the different
data systems used in DMOC**

Date: 29.03.2022

Outline

- Background
 - Criteria for selecting the facilities
 - Facility name size (PHC headcount & TROA)
 - Site characteristics participating in the QIC.
- Overview of the different systems utilized for DMOC
 - Data system used for extracting data for each QIC process measures and outcome measure.
- Problems associated with DMOC monitoring & reporting
- Addressing the monitoring & reporting challenges
 - Selecting the appropriate system
 - Data triangulation
- ART patients active on CCMDD trends vs NDOH CCMDD targets
- Lessons Learnt

Background and criteria for selecting facilities

- Nomzamo CHC and Philani clinic are the 2 of POPS facilities amongst the 4 in Chris Hani District that were selected for QIC.
- They are the 2 of the highest volume facilities in Chris Hani District.

Site characteristics participating in the QIC

- Nomzamo CHC is a semi urban facility in Queenstown.
- It is serving Ezibeleni township, Industries and farmers around Queenstown.
- Nomzamo CHC has a population of about 15816 an average monthly headcount of 2300 and TROA 90 days is 2013 (1968 are Adults and 45 are Children).
- It is operated by 1FM, 18 PN from DOH, 1FTL and 1PN from THC.
- 8 PN from DOH and 2 from THC that are trained in CCMDD and SyNCH.

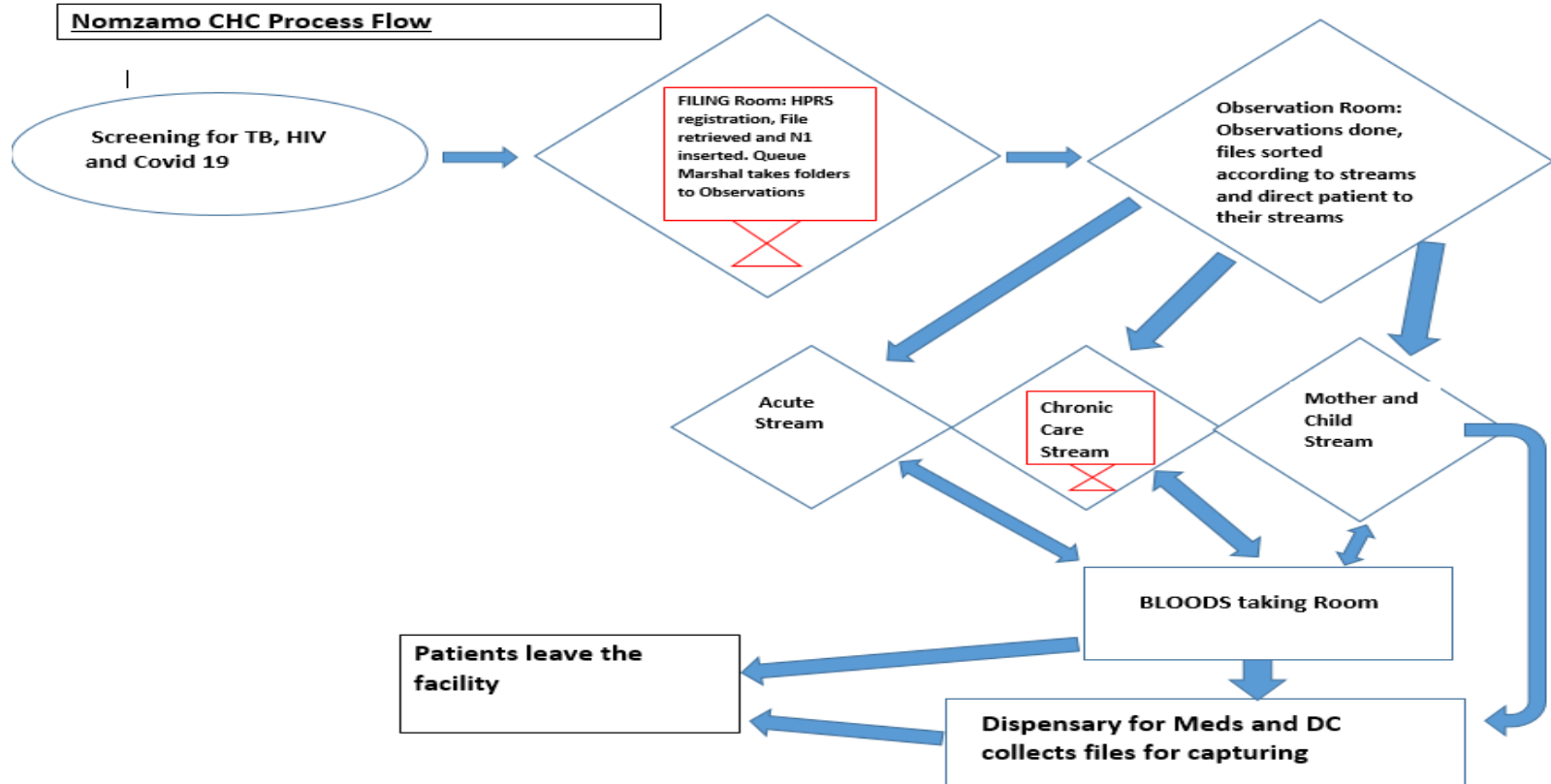
Problem statement

- At Nomzamo CHC patients had long wait times for their scheduled clinic appointments due to facility congestion.
- According to the National Adherence Guidelines of March 2020 at least 90% of eligible ART clients must be decanted into differentiated models of care (DMOC) and Nomzamo CHC does not meet the target.
- To reduce congestion, the facility aimed to enroll more patients in a differentiated model of care (DMOC) or decanting.
- Baseline Data: (Indicator Performance Result) Nomzamo CHC decanted 1089 by 31 December 2021 [468 in Facility PuP, 609 in Ex PuP, 12 in Clubs]

Aim statement

- At Nomzamo CHC we aim to improve number of patients decanted from 1089 in December 2021 to 1593 by 31 May 2022.

Site characteristics participating in the QIC



Overview of the different systems utilized for DMOC

Process and Outcome Measure	Data System
ART Clients with VL done and Suppression	TIER.Net, eLABS and NICD report.
ART Clients eligible for DMOC	TIER.Net, eLABS and NICD report.
ART Clients decanted	SyNCH, TIER.Net and Provincial CCMDD report
ART clients active on CCMDD	SyNCH, TIER.Net and Provincial CCMDD report
TLD transition	TIER.Net and NICD report
Cumulative # of clients on TLD	TIER.Net

Overview of the different systems utilized for DMOC

- VL done and suppression is generated from eLABS and NICD report and captured in TIER.Net system.
- DC generates VL due list for 6, 12 months and yearly VL from TIER.Net.

eLABS
#beyondLIS

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TLD Transition HIV VL RIA Report (>=10 years)

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Note:

- In some instances results can be updated on the laboratory information system and may therefore differ with the final report.
- CDW Patient Identifier: probabilistic linkage to match multiple tests to a single patient and is not 100% accurate
- This report is intended to identify patients according to National Guidelines:
- 1) Eligible for transitioning to TLD VL <50 copies or less VL results between 50-1000 copies three months apart)
- 2) Ongoing enhanced adherence counselling for low level viraemia (VL 50-1000 copies)
- 3) For VL >1000 copies, please refer to the CDW2021 HIV VL Results for Action report)

District: Chris Hani

From: 14/03/2022

To: 20/03/2022

Legend for column Sex: M = Male, F = Female, U = Unknown.

Disclaimer:

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Overview of the different systems utilized for DMOC cont..

DOB	ART START	LAST ART VISIT CO	LAST ART VISIT DA	NEXT APPOINTME	LAST VL COUNT	LAST VL DATE
08-Aug-81	08-Feb-21	1TFE	13-Oct-21	10-Nov-21		
05-Dec-99	17-Feb-21	1T3O	15-Sep-21	10-Nov-21	19	04-May-21
19-Sep-76	22-Feb-21	1TFE	15-Oct-21	12-Nov-21	464	13-Aug-21
28-Oct-95	19-Feb-21	1T3O	01-Dec-21	29-Dec-21	112383	30-Nov-21
06-Dec-86	06-Feb-21	1T3O	10-Dec-21	04-Feb-22	19	10-May-21
30-Jul-02	04-Feb-21	1TFE	10-Dec-21	04-Feb-22	19	22-Jun-21
01-Aug-86	01-Feb-21	1TFE	10-Jan-22	07-Feb-22	202	10-Jan-22
23-Jul-83	08-Feb-21	1T3O	14-Jan-22	10-Feb-22	62	26-Aug-21
11-Jan-93	02-Feb-21	1T3O	23-Aug-21	14-Feb-22	19	23-Aug-21
27-Nov-77	19-Feb-21	1T3O	20-Jan-22	17-Feb-22	19	06-Aug-21
31-Jul-91	08-Feb-21	1T3O	02-Feb-22	25-Feb-22	46445	11-Aug-21
03-Mar-86	26-Feb-21	1T3O	02-Feb-22	28-Feb-22	19	10-Dec-21
27-Sep-87	16-Feb-21	1T3O	04-Feb-22	04-Mar-22	49	20-Aug-21
16-Mar-53	22-Feb-21	1T3O	23-Sep-21	10-Mar-22	19	07-Sep-21
28-Jul-93	09-Feb-21	1T3O	15-Oct-21	01-Apr-22	19	20-Aug-21
05-Jun-92	22-Feb-21	1T3O	10-Dec-21	27-May-22	19	12-Aug-21
	MISSED APPOINTMENT					
	EXPECTED IN FEB					
	FUTURE DATES					

Overview of the different systems utilized for DMOC

- Patients decanted are captured in SyNCH and Tier.net then number of patients enrolled in DMOC is monitored and reported on weekly basis.
- On monthly basis the Provincial DMOC report is received and it is compared with the weekly reports and TIER.Net.

The screenshot shows the patient portal for the Department of Health, Republic of South Africa. The user is logged in as Amanda Ntshane, a Professional Nurse. The interface includes a navigation menu with 'Home', 'Prescriptions', and 'Patient Reports'. The main content area is divided into several sections:

- Your details:** Name (Amanda Ntshane), PERSAL No. (NT422), SANC No. (15887804), Qualifications (Professional Nurse), and Signature.
- COVID-19: Information:** View and download documents relating to COVID-19. A note states: "★ View procedure to follow during pick-up point closures due to civil unrest".
- Patient Search:** Search for Patient ID / Passport / Asylum Seeker Number.
- Uncollected Patient Medicine Parcels:** Shows parcels for Nomzamo CHC, including one uncollected after 48 hours and another after 14 days.
- System Changes:** A notification dated 10 March 2022 regarding saved patient profiles.
- Prescriptions:** A section for prescriptions rejected by the CCMD Service Provider.

The screenshot shows an Excel spreadsheet with the following columns: PUP Name, PuP Class, #New Pat Registered, #Repeat Rx, #Pat De-Activated, #Pat Reregistered, Tot Registered Pat, Tot Dormant Pat, Tot Closed Pat, #Current Active Pat, #Active ARV only, #Active ARV & Chron, #Active Chron only, and Active No Rx. The data is organized by PUP Name and PuP Class.

PUP Name	PuP Class	#New Pat Registered	#Repeat Rx	#Pat De-Activated	#Pat Reregistered	Tot Registered Pat	Tot Dormant Pat	Tot Closed Pat	#Current Active Pat	#Active ARV only	#Active ARV & Chron	#Active Chron only	Active No Rx
MEDIRITE QUEENSTOWN (NONESI MALL)	EXTERNAL PUP	1	6	1	0	69	4	5	60	49	7	4	0
CLICKS NONESI MALL, QUEENSTOWN	EXTERNAL PUP	1	11	0	0	122	8	7	107	81	18	8	0
NOMZAMO CHC	FAST LANE	19	155	4	7	1645	96	483	1066	777	156	133	0
NOMZAMO CHC ROMA	FAST LANE	0	0	0	0	4	1	3	0	0	0	0	0
NOMZAMO CHC HOME DELIVERY	EXTERNAL PUP	0	11	0	0	11	4	0	7	2	1	4	0
NOMZAMO CHC ESIBINDINI	ADHERENCE CLUB	0	0	0	0	29	6	2	21	0	0	21	0
NOMZAMO CHC RENT OFFICE	FAST LANE	0	0	0	0	6	0	0	6	3	0	3	0
NOMZAMO CHC PHUMELELA	FAST LANE	0	0	0	0	20	0	1	19	0	0	19	0
MEDIRITE QUEENSTOWN (NONESI MALL)	EXTERNAL PUP	4	9	0	1	387	8	26	353	255	89	9	0
PHILANI CLINIC (QUEENSTOWN, MLUNGISI)	FAST LANE	5	6	0	1	578	8	188	382	253	87	42	0
CLICKS NONESI MALL, QUEENSTOWN	EXTERNAL PUP	7	13	1	2	841	6	130	705	581	113	11	0
PHILANI CLINIC (QUEENSTOWN) BONGWENI A/C	ADHERENCE CLUB	0	0	0	0	1	0	0	1	1	0	0	0

Problems associated with DMOC monitoring & reporting

- Capturing of VL results in TIER.Net not consistent.
- VL results captured in TIER.Net not corresponding with eLABS report.
- Different numbers from TIER.Net and SyNCH on DMOC.
- SyNCH computers not functional.
- Increasing number of Dormant patients in SyNCH due non script renewal.
- New TIER.Net version locked to generate export.

Addressing the monitoring & reporting challenges

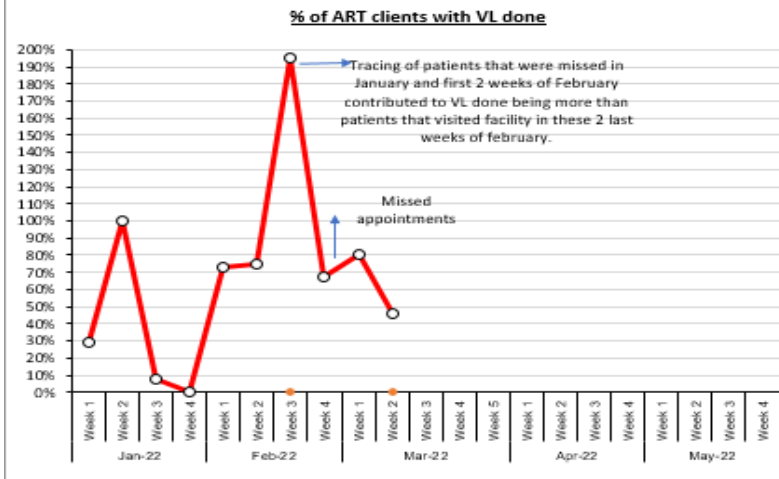
- Monitoring tool for capturing of VL results developed and is compared with the workload report from TIER.Net on weekly basis.
- Weekly verification of SyNCH and TIER.Net reports led by the FTL and FM.
- Tier.net training provided by the Province to Data Captures and Operational Managers.
- FTL generates reports on patients due for prescription renewals from SyNCH and prioritize the list by sending reminders.
- SyNCH computers that are not functional escalated to the DM and the challenge is being attended by the District HAST Manager.

Data Capture monitoring tool

Data Capture Monitoring tool	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
# Patients on appointment list						
# Files pre-retrieved						
# Pre-retrieved files remaining at end of day						
# Files sent back to clinicians						
# HTS in Registers (weekly)						
# HTS captured on TIER.Net						
# VLD on eLabs (N4)						
# VLD captured on TIER.Net						
# VL results on eLabs						
# VL results captured on TIER.Net						
# Patients on VL due list						
# Patients had VL done						

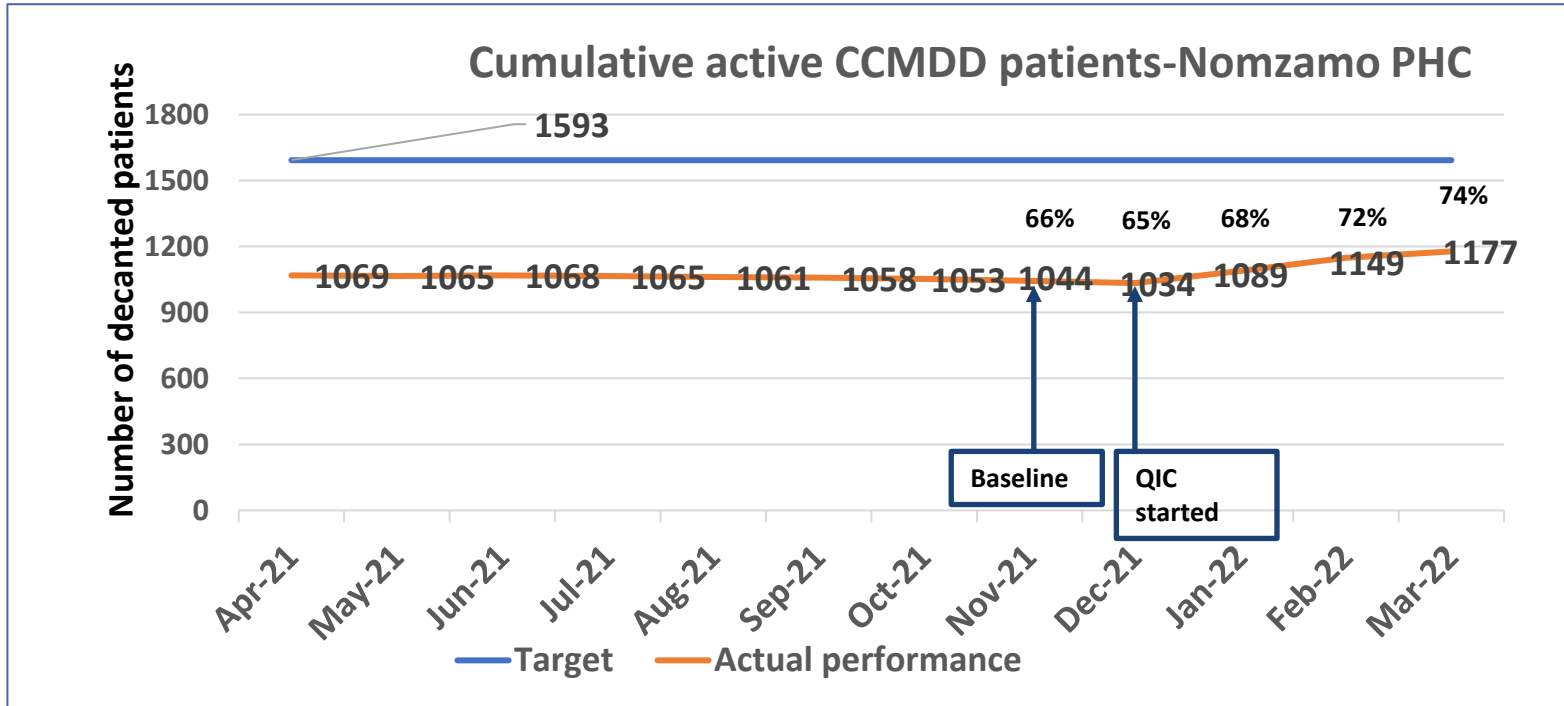
ART patients with VL done

Measure: % ART clients with VL done at Nomzamo CHC



Month	Week	Number of clients with VL due	Number of clients with VL done	% of ART clients with VL done
Jan-22	Week 1	34	10	29%
	Week 2	23	23	100%
	Week 3	27	2	7%
	Week 4	41	0	0%
Feb-22	Week 1	41	30	73%
	Week 2	48	36	75%
	Week 3	21	41	195%
	Week 4	28	19	68%
Mar-22	Week 1	31	25	81%
	Week 2	24	11	46%
	Week 3			
	Week 4			
	Week 5			
Apr-22	Week 1			
	Week 2			
	Week 3			
	Week 4			
May-22	Week 1			
	Week 2			
	Week 3			
	Week 4			

ART Patients active on CCMDD by Month vs NDOH targets



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

Lessons Learnt

- QIC improved data triangulation in facilities.
- Improved VL completion e.g. Nomzamo started the project at 29% in VLC and by the 1st week of March the facility was at 81%.
- Clinical file audit modified (Pre and Post audit of files).
- Manual navigation of TIER.Net to generate VL due list.

Thank you!

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