

Wits RHI
Health Systems Strengthening

**The successful role of a roving
Viral Load Champion in
improving Viral Load Done in
Sub-District F facilities, City of
Johannesburg, South Africa**

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Background

- Wits RHI is implementing a USAID-PEPFAR funded Health Systems Strengthening (HSS) project in Sub-District F inner City of Johannesburg (CoJ), Gauteng and Dr. Kenneth Kaunda District, North West, South Africa.
- HSS support includes Technical Assistance (TA) and Direct Service Delivery (DSD) to improve HIV and TB-related patient outcomes in both districts.
- Support is aimed at achieving 90-90-90 goals by 2020 in supported districts:
 - 90% of People Living with HIV (PLHIV) will know their HIV status;
 - 90% of PLHIV will receive sustained antiretroviral therapy;
 - 90% of PLHIV will have viral suppression.

Quality Improvement Focus

- In order to achieve the 3rd 90, there needs to be adequate uptake of Viral Load Done (VLD) to adequately monitor Viral Load Suppression (VLS).
- This Quality Improvement Project (QIP) focused on improving VLD recording and reporting to accurately assess VLS.



Quality Improvement Project Rationale

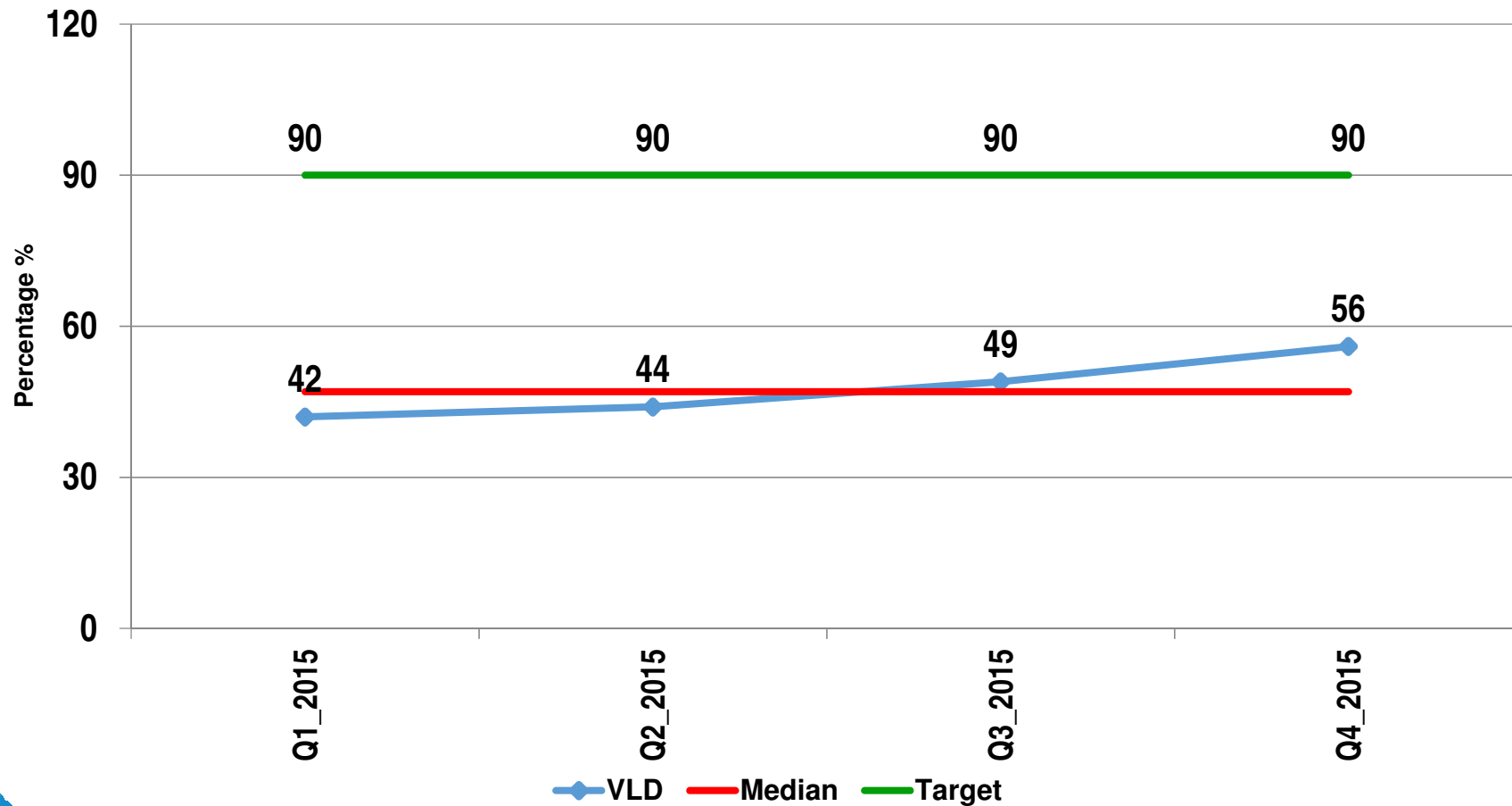
- Despite multiple interventions, VLD remained a challenge in Sub-District F, CoJ.
- A desktop data review of VLD 2015 data in Sub-District F revealed the following:
 - Between Q1-Q4 2015, VLD ranged between 42% and 56%.
 - During the same period, patients who had a VLD had a VLS rate $\geq 90\%$
 - The low recording and reporting of VLD made it difficult to accurately assess the impact of the 2nd 90: ART roll out, on VLS.
- Based on this, a QIP was undertaken to improve VLD in 6 high volume Primary Health Care (PHC) facilities in Sub-District F, CoJ.

Root Cause Analysis

- Six high volume PHC facilities with lowest VLD rates in Sub-District F were selected as pilot sites for intervention.
- VLD in some of these facilities was below 30% prior this intervention.
- A Root Cause Analysis (RCA) of the VLD process was undertaken to identify bottlenecks.
- RCA began from the initial step of identification of patients due for VL to results being captured on TIER.Net (DoH Health Management Information System).

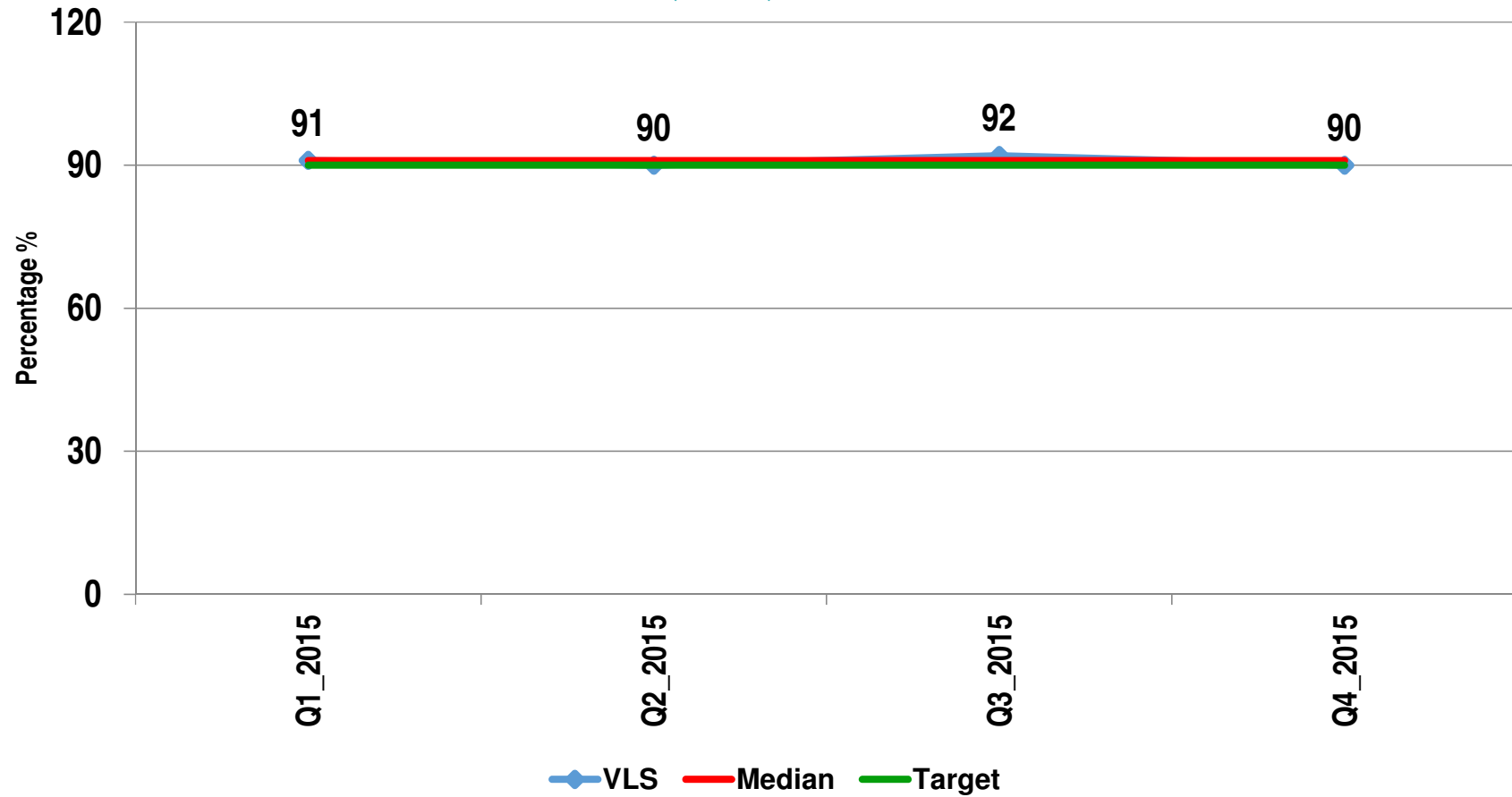
VLD Performance Graph

Viral Load Done at 12 months rate
Sub-District F, CoJ
Q1 – Q4 2015

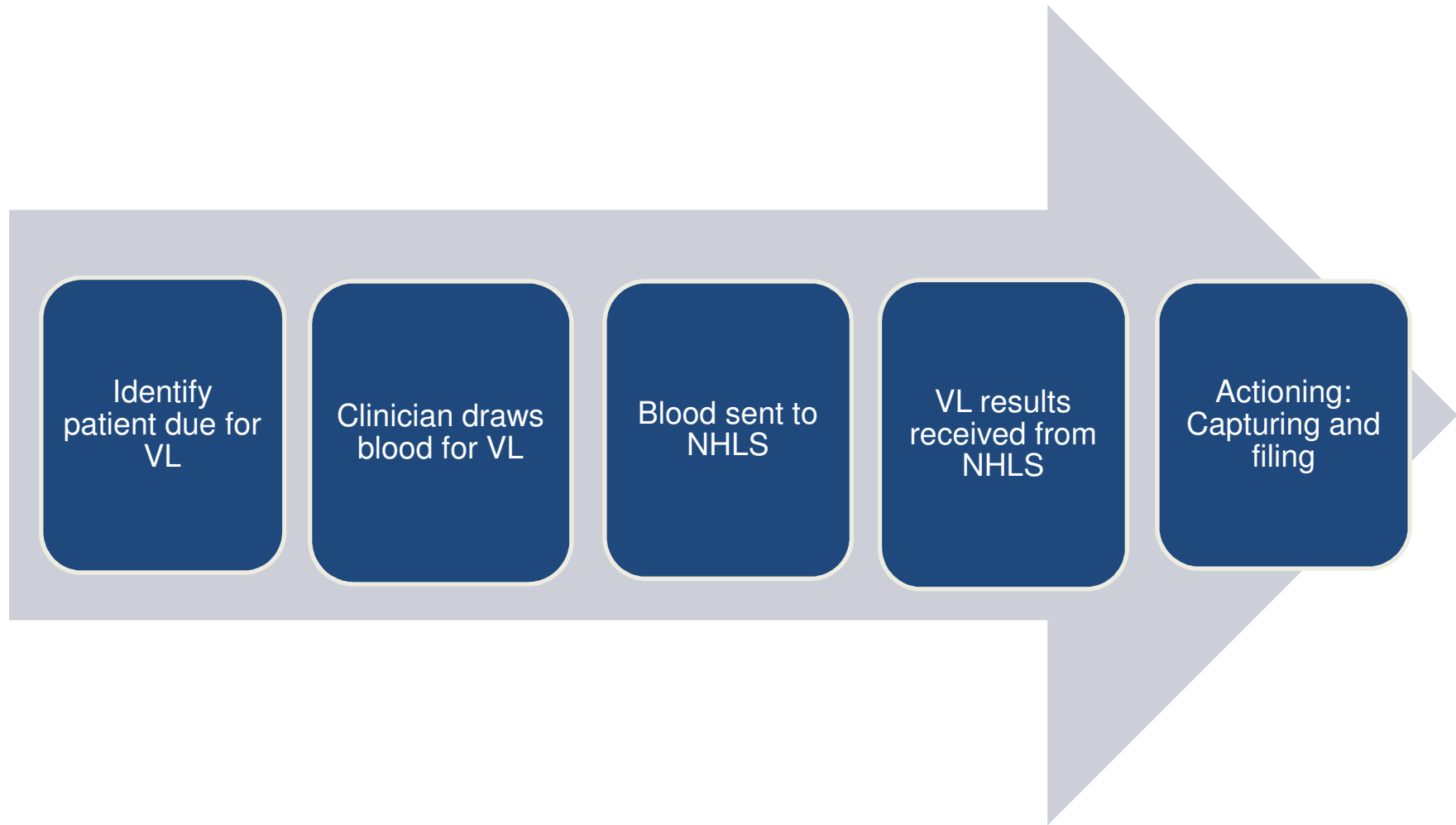


VLS Performance Graph

Viral Load Suppression at 12 months rate
Sub-District F, CoJ
Q1 – Q4 2015



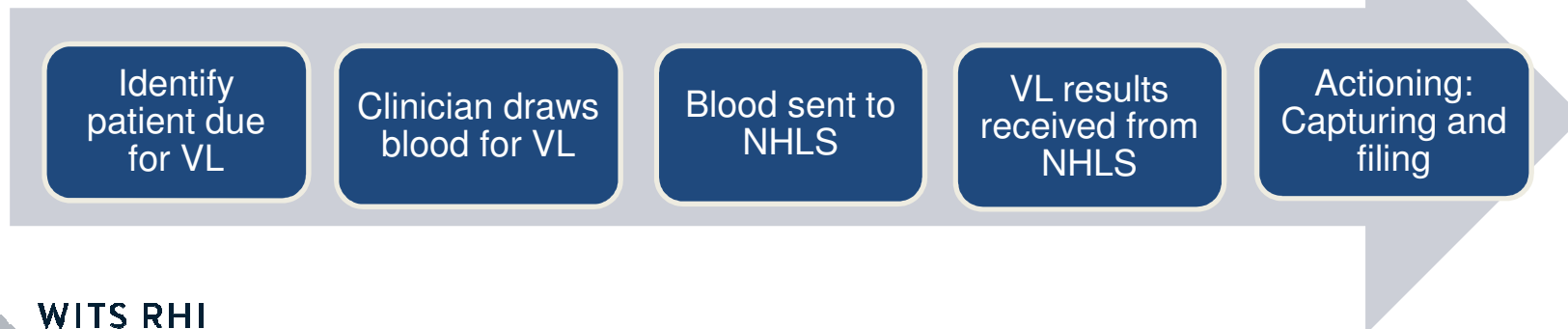
Viral Load Process Flow



RCA Findings

- VL bloods were in most cases done by Clinicians.
- VL results were:
 - Received from NHLS by facilities daily and placed in Arch lever files.
 - Not filed in patient folders.
 - Not reviewed and actioned by Clinicians.
 - Not recorded in clinical stationery.
 - Not captured on TIER.Net.

VL Results Process Flow/ Steps



Interventions

- A Viral Load Champion was appointed to improve capturing of VL results in 6 high volume PHCs in Sub-District F.
- Interventions took place between April and September 2016.
- The VL Champion:
 - A Data Capturer trained on TIER.Net.
 - Roved between 6 high volume PHC in Sub-District F, CoJ.

Interventions

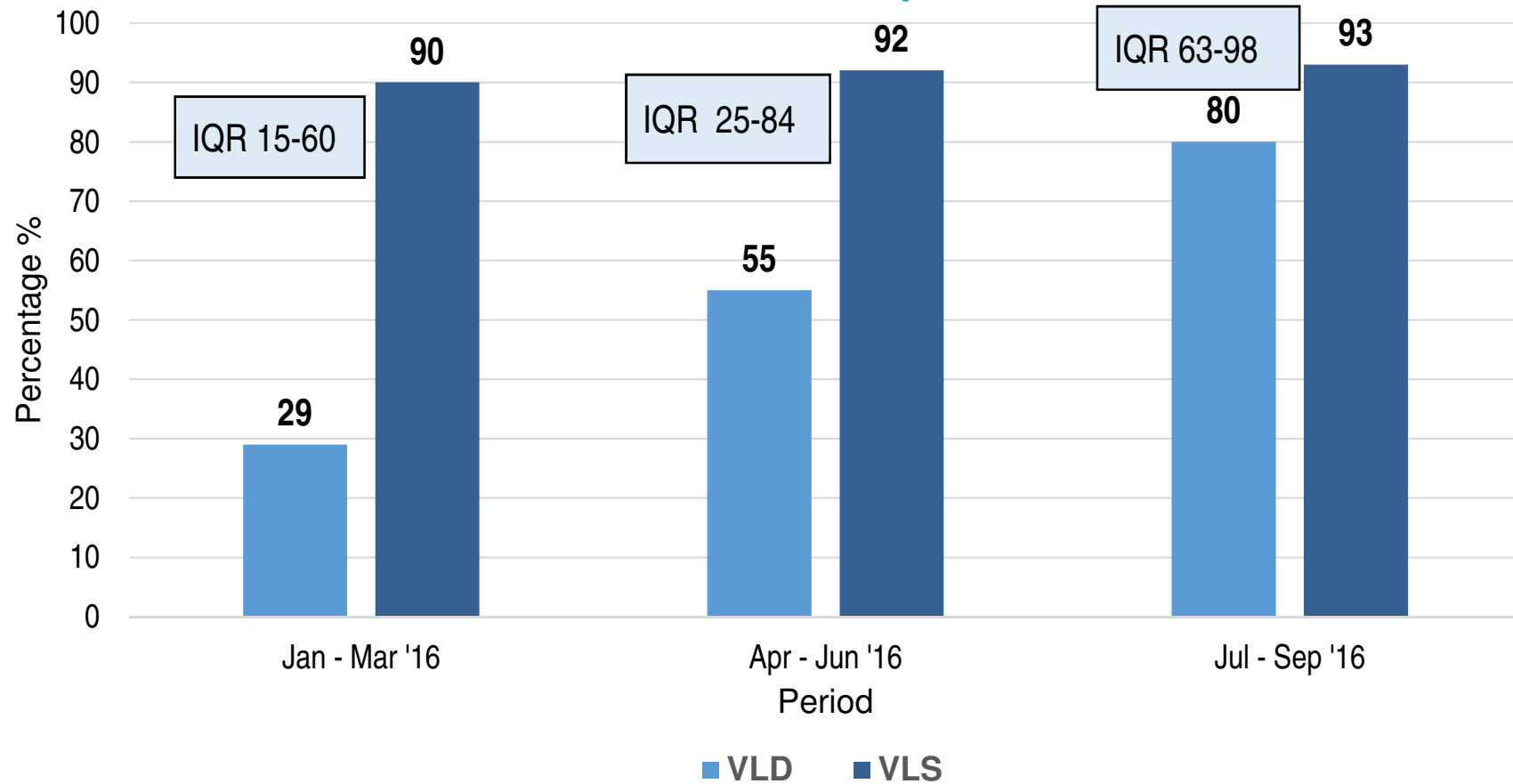
Interventions included the following:

- Capturing of VL results stored in Arch lever files on TIER.Net.
- Establishment of a VL result process flow to enable routine capturing of results.
- Assistance with filing of VL results into patient folders.
- Assistance with tracing of patients who have high VL results (>1000cpml) that needed to be acted upon.
- Identification of patients who are due for VL.



Results

Sub-District F 6 PHC facilities VLD/VLS Rates Jan - Sept 2016



Analysis of Results

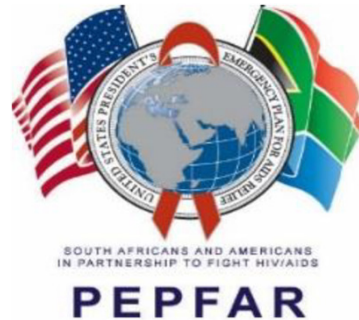
- Appointing a VL Champion improved VLD from 29% - 80% in 6 high volume Sub-District F PHC facilities.
- This was achieved by capturing of VL results on TIER.Net.
- Implementing a VL blood result process flow prevented gaps in the management and handling of VL blood results.
- This intervention enabled a more accurate assessment of VLS in these facilities: $\geq 90\%$.

Conclusion and Scalability

- This intervention shows that it is feasible to improve VLD reporting by appointing a dedicated VL Champion in facilities.
- Having a VL Champion responsible for the capturing and recording of VL results can significantly improve the rate VLD in a facility.
- Correct capturing of VL results allows for accurate analysis of VLS performance in a facility.
- Interventions are also required to remind Clinicians to pull VL at due times.
- This intervention is scalable as it requires mid level staff (Data Capturers).

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Thank You!!!