

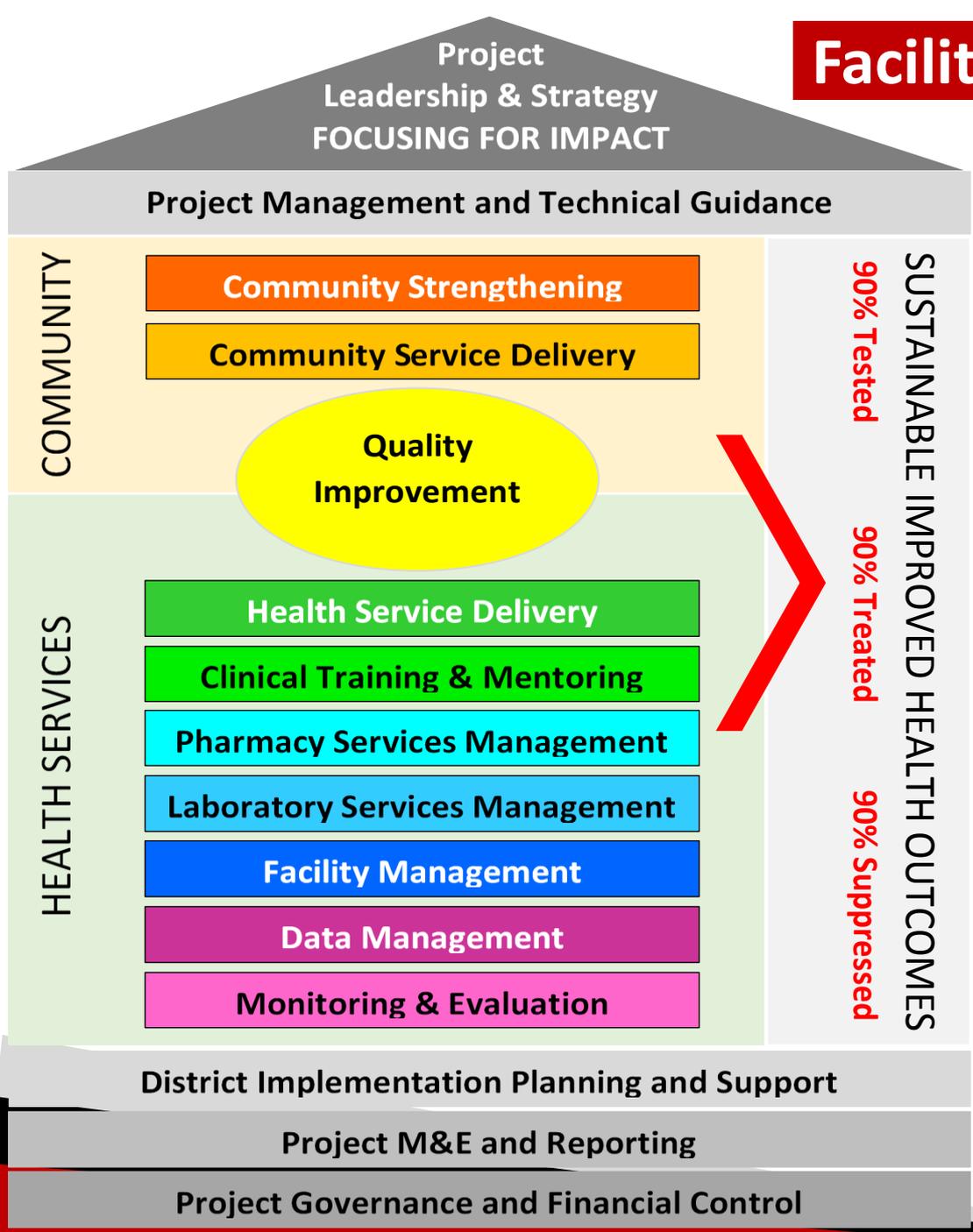
2nd Serial NDOH/PEPFAR Dissemination Workshop
“Best Practices & Innovations in HCT and Linkages”

**PEPFAR AND DISTRICT COLLABORATION TO STRENGTHEN
HCT AND LINKAGES**

Presenter: Milo Zama
THE AURUM INSTITUTE
30 November 2015



Facility Grant Scale Up Model



PROVIDER INITIATED COUNSELLING & TESTING (PICT)

- PICT not new approach.
- Implemented in ECU but never sustained.
- Numerous reasons provided to justify non-implementation:
 - Heavy workload for clinicians, time constraints, Staff shortages etc.
- Impact of PICT never measured.
- DIP – 3 feet approach afforded an opportunity to engage at facility level.



HCT CHANGE PACKAGES

1.	Giving counsellors and nurses weekly targets and monitoring them using run charts	All facilities
2.	Pairing a counsellor and consultation room to cover all services	KPCC
3.	PICT on a 2 a day, monitored by collection of consent forms against the test kits given out on daily basis (weekly)	Ethafeni, KPCC
4.	Rotation of counsellors to give health talks throughout the day (morning, mid-morning, lunch)	All facilities
5.	Using gazebos as HCT rooms for facilities with no space	
6.	Make use of empty rooms in facilities as counselling rooms	Endayeni Itireleng
7.	Bi- weekly or monthly campaigns outside the facility every month	Erin THCC Ethafeni Bedfordview TMC Spartan
8.	Send a counsellor with the mobile clinic every day.	Olifansfontein
9.	Distribute relevant IEC materials during health talks.	New idea
10.	Utilize group pre- counselling sessions.	New idea
12.	WBOT team leaders to be trained to do testing in homes	New idea
14.	All new patients identified at reception to be told to start with HCT first. Group counselling	KPCC

DIP PROCESS – 90:90:90

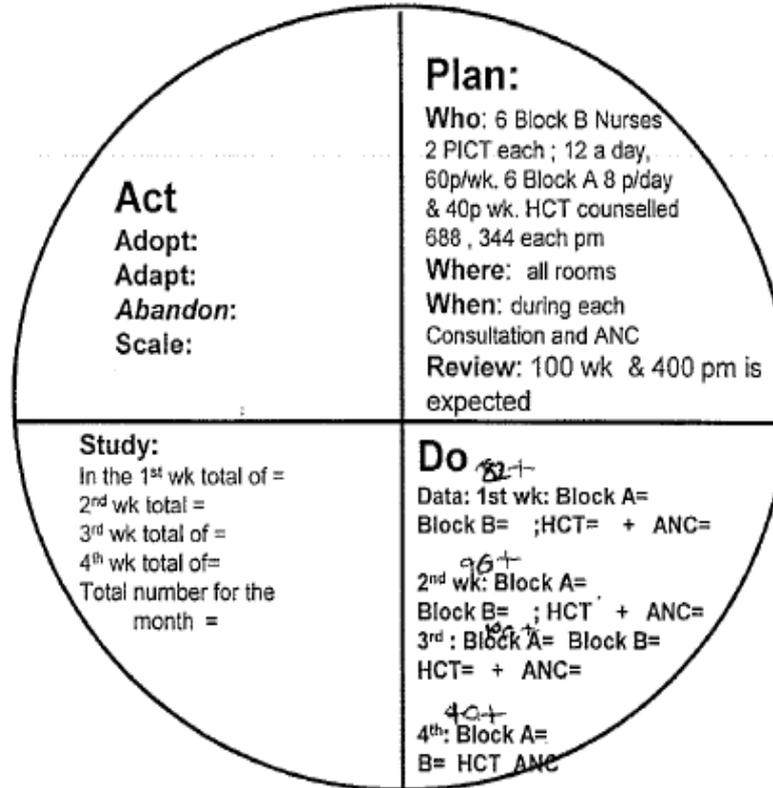
- Remedial plans 2015 -16.
- 3 Tracer indicators
 - HIV test client 15 years and older (incl. ANC)
- PICT not implemented in most facilities
- Identified 3 facilities based on willingness to innovate.
- Monthly targets not achieved (April - August 2015)
- Bottleneck analysis (3 x 4 matrix)
- Applied QI methodology - PDSA
- September 2015 started Implementation



PDSA Aim: to increase HCT uptake from 600 to 1078 by the end of Sep 2015

The Change Idea:

All Professional nurses test at least two pts for HIV daily, those who becomes positive bloods taken stats, one HCT counsellor work in HCT room, another in FP room, the last in the Gazebo to be provided by Rebone, and WBOT team leaders to do HCT as they visit houses on Mondays and Fridays



The Measures

Outcome:

Proportion of number recorded for PICT and HCT

Process:

Proportion of HCT+PICT+ANC done per month

The Prediction: 12 professional nurses will each do 2 PICT daily, HCT counsellors will share the Bulk, and All ANC 1st test and retest will also be included in the total number of HCT done per month, 90% of the PLWHIV will be tested for HIV

IMPROVEMENT INTERVENTIONS

- All clinicians in consulting rooms to provide PICT (2 minimum per day)
- Design a monthly PICT register (Recording performance)
- Link register to delegation of duties (Sustainability)
- Health promoters to provide talks.
- Collection of patient files daily (Monitoring)
- Meeting with non- performing clinicians.
- Display results in the boards.
- Process led by Facility manager (Data Capturer assisting)



		PICT AND PAPSMEARS						Oct Quality improvement plans								TOTALS										
R1 (Raes & Thelele)		R2 (Mashudu)		R3 (Maghosi)		R4(Aletta)		R5(Sakhile)		R6 (Dima)		R8 (Onica)		R9 (Themba)		R10 (Tsak & Tr)		R13 (Jacq&Sim)		R14 (Kgalalelo)		HCT	CX			
PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx	PICT	Cx					
1-Oct																							16			
2-Oct																							21			
																							(18)			
5-Oct	2	4	2	0	0	0	0	0	0	0	0	3	0	3	0	2	2	0	0	0	0			12		
6-Oct	1	8	0	0	0	0	0	2	0	0	0	4	0	4	0	3	2	0	0	3	0			15		
7-Oct	5	6	0	0	0	0	0	1	0	0	0	2	0	4	0	2	2	4	0	0	0			19		
8-Oct	2	5	0	0	3	0	0	0	0	2	0	0	0	5	0	3	1	4	0	3	0			22		
9-Oct	1+3	7	0	0	0	0	0	0	0	6	0	2	0	7	0	0	0	2	0	1	0			22		
																								(89)		
12-Oct	0	4	1	0	3	0	2	0	0	0	0	2	0	2	0	4	0	2	0	0	0			14		
13-Oct	1	4	1	0	0	0	2	0	0	0	3	0	5	0	2	0	4	2	0	0	0			20		
14-Oct	2	10	0	0	0	0	0	2	0	0	0	4	0	0	0	0	0	0	0	1	0			11		
15-Oct	2	5	1	0	0	0	0	2	0	0	0	2	0	3	0	3	0	3	1	0	0			17		
16-Oct	1	3			2	0	0	0	0	3	0	2	0	2		4	1	2	0	0	0			18		
																								(80)		
19-Oct	1+2	8	1	0	0	0	0	0	0	2	0	5	0	1	0	3	1	3	0	2	0			21		
20-Oct	2+1	3	2	0	0	0	3	0	0	2	0	9	0	2	0	2	2	4	0	4	0			29		
21-Oct	1+3	2										11	0	2		1	2		3					23		
22-Oct	1+2	5										7	0			8	1	1	0	3				22		
23-Oct	1	5								2	0	5	0	6	5	5	3		3					24		
																								(120)		
26-Oct		4	0	0	0	0	1	0	3	0	2	0	6	0	1	0	2	3	2	0	5	0			22	
27-Oct	1	3	1	0	0	0	0	0	0	0	0	0	0	3	0	3	2	2		2	0			11		
28-Oct	1	5			1		1									4	4	1						9		
29-Oct																									9	
30-Oct	4	3										2						3						11		
																								(6)		
TOTAL																									(120)	

HIV TEST CLIENT 15 YEARS AND OLDER (INCLUDING ANC)

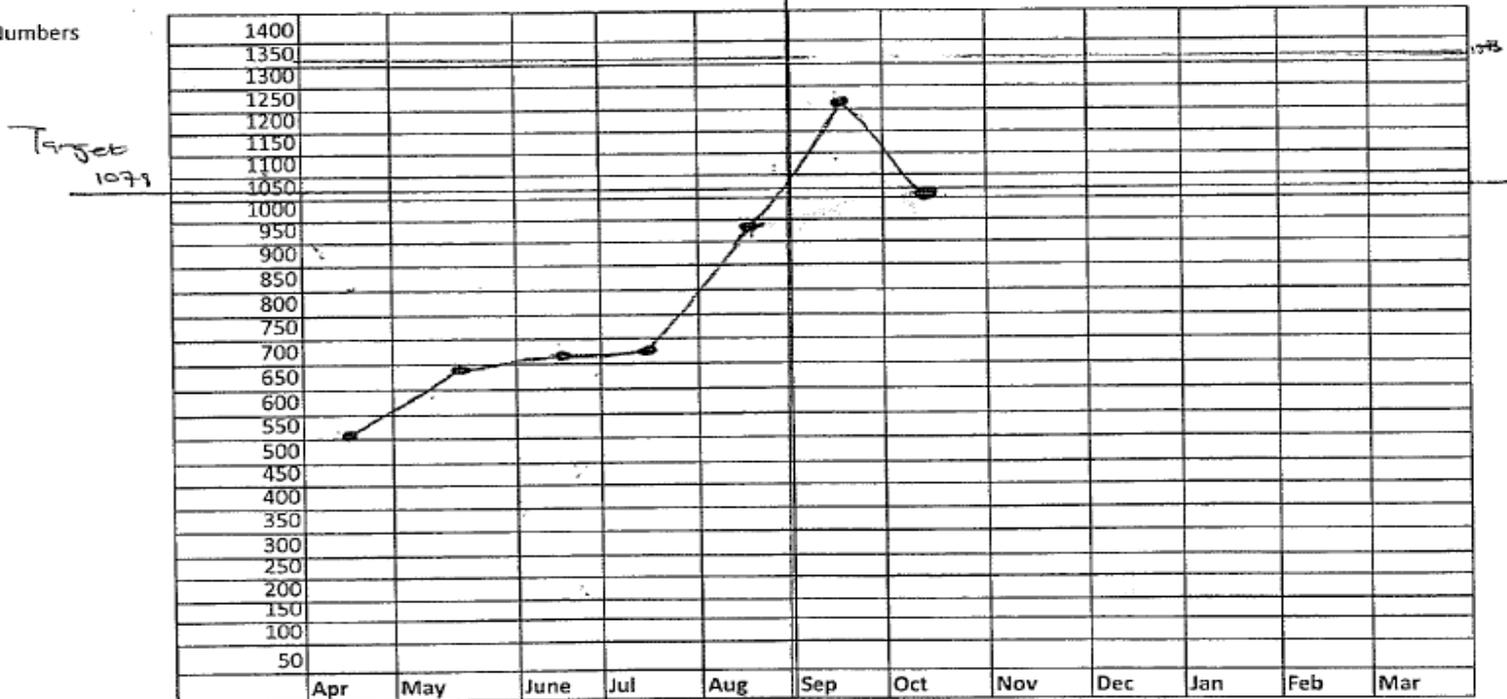
- Antenatal client HIV 1st test
- Antenatal client HIV re-test
- HIV client tested (excluding antenatal)
- **PICT**



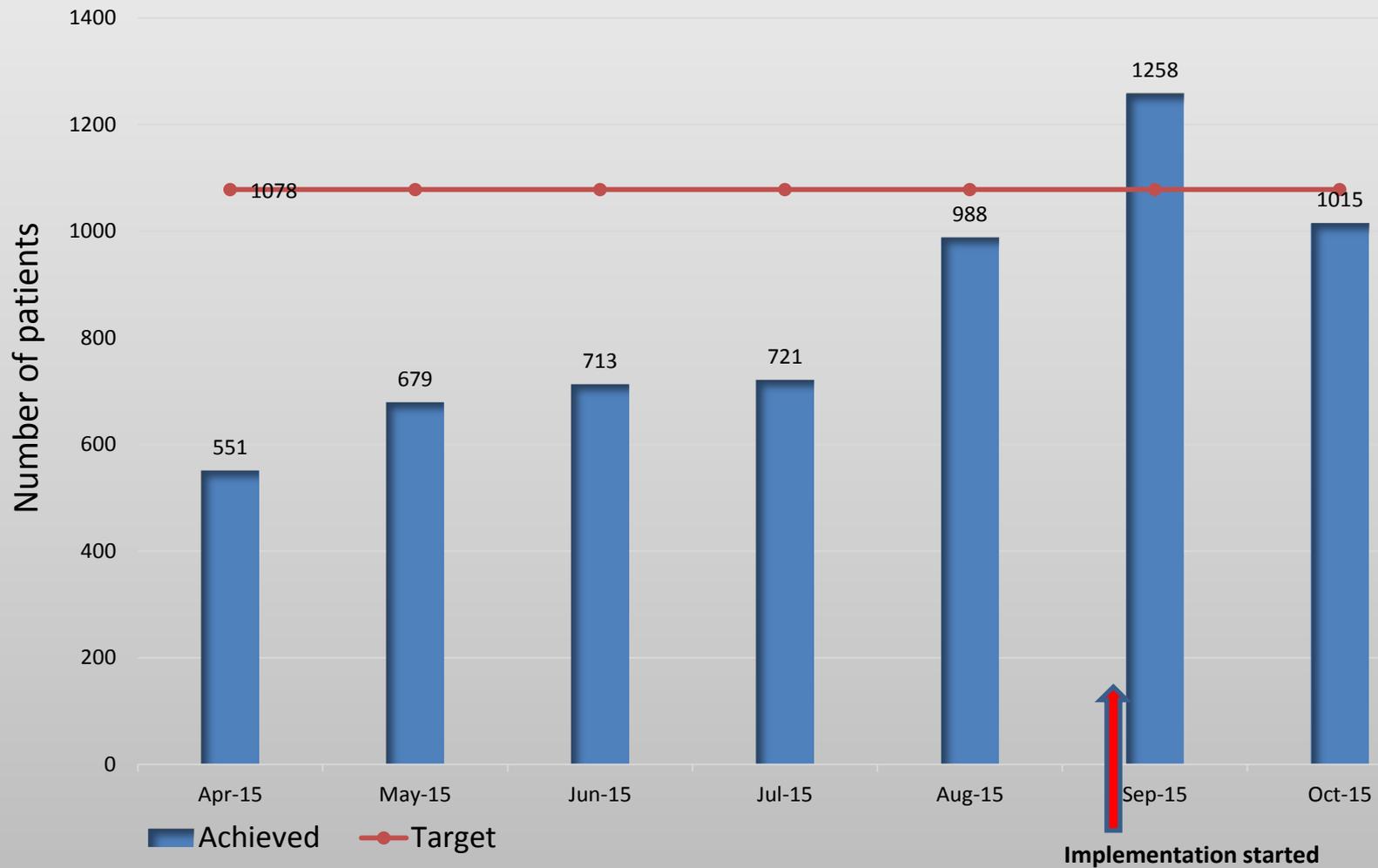
RESULTS: RUN CHART

Data element N= Numerator D=Demominator	HIV CLIENT TEST 15 years and Older												
	2015--2016												
		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
N= HIV tested >15yrs		551	679	713	721	988	1258	1015					
D= Total Pop >15yrs													
Rate= N/D x100													
Target= Dx 90/100	1078 (373)												
Robot Scoring													

Raw Numbers

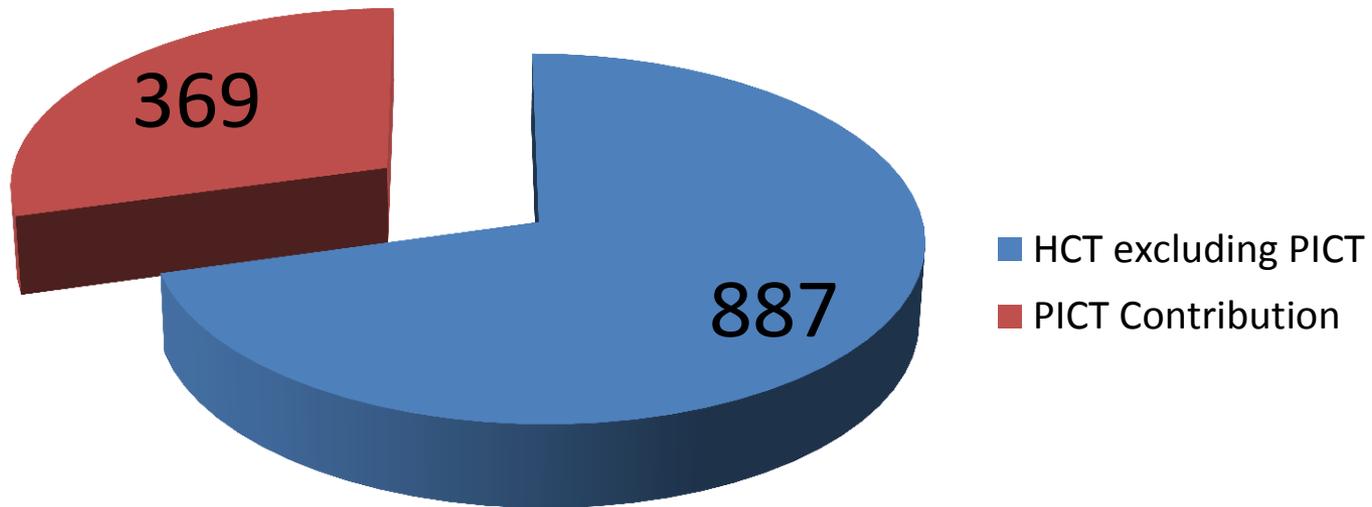


ETHAFENI CLINIC HIV client tested 15 years and above (including ANC)



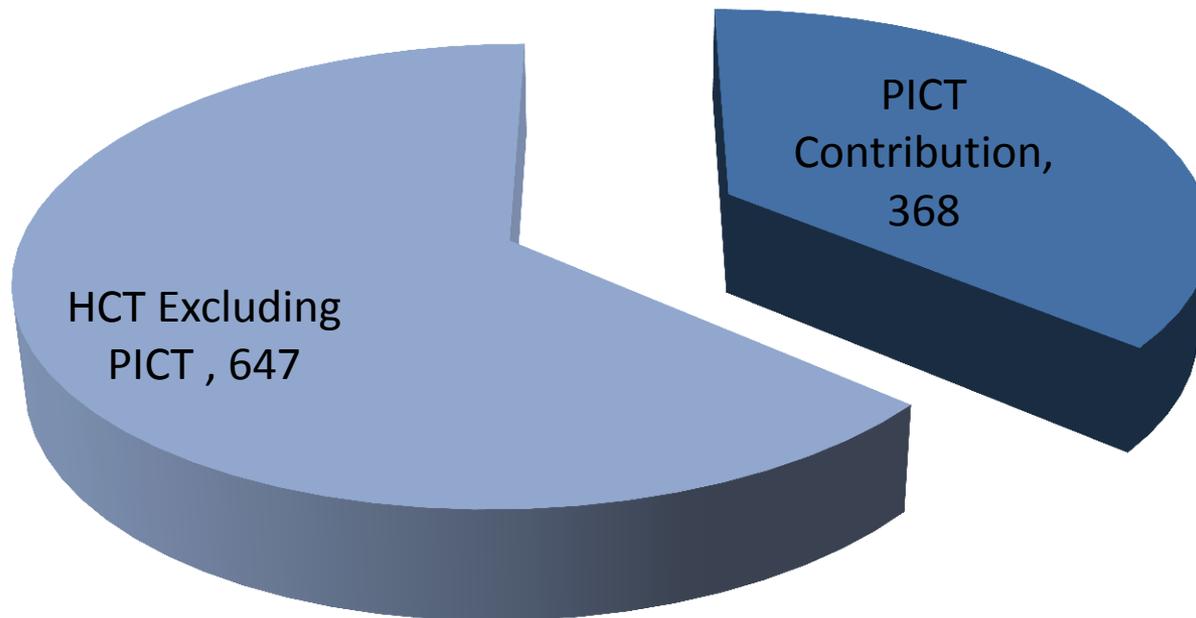
PICT September 2015

HCT TARGET 1078 (achieved 1258)



PICT October 2015

HCT TARGET 1078 (achieved 1015)



LINKAGES TO CARE

HCT MODULE: Learning phase



- PICT captured on Tier.net from patient file.
- Alternative number as Identifier .
- Negative (-ve) HCT
- Positive (+ve) on Pre – ART or ART

LESSONS LEARNED

- Daily monitoring of PICT crucial for sustainability
- PICT can make a remarkable contribution >20%
- HCT module requires:
 - Human resources
 - Computers
- Commitment of the leader determines success or failure of PITC
- Challenges can be resolved



CONCLUSION

- There are some initial improvement but we are not yet there, still learning...
- Adopt what works & scale up
- Monitor progress (March 2016)
- PICT to complement HCT
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Thank you!

