

Reducing late for pharmacy pick up among People Living with HIV: A case of Yuka Mission Hospital- Western province

December 2019 to June 2020

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Catholic Relief Services (EpiC 3-90)

Yuka Mission Hospital



Background

- Yuka Mission Hospital is one the first level hospitals in kalabo district. Most of the hospital dealings are with related parties; Southern Zambia Union Conference of the SDA Church, West Zambia Field of the SDA Church, Adventist Health International, Churches Health Association of Zambia, Catholic Relief Services and Ministry of Health Zambia.
- The Hospital serves about 12 509 of the kalabo district population, however, the hospital caters the entire sikongo population of 47 452 as they have no District Hospital.
- Yuka hospital serves as a referral center for two health facilities for kalabo district and thirteen health centers for sikongo district.



Justification Background

- Retaining people living with HIV across the continuum of care is essential for optimal health outcomes
- People who are on HIV treatment require uninterrupted therapy and continual monitoring for sustained viral suppression and reduce HIV-related morbidity and mortality, incidence of new HIV infections in children and adults, and development of antiretroviral drug resistance



Justification Background

- Patients who are not retained in care are generally sicker than those who are retained in care and may therefore experience poorer long-term outcomes (Jarrett O, Mwamburi M, 2009)
- In addition to having a refill of medication, clinical follow-up visits are crucial for monitoring drug toxicity, clinical HIV progression, manage concurrent diseases and to diagnose and treat new opportunistic infections
- Not all patients on antiretroviral therapy (ART) keep their appointment dates and report late for their pharmacy pick-ups while others are all together lost to follow up



Justification Background

- At Yuka Mission Hospital, a similar trend was observed. At the end of FY19 after reviewing the facility's annual performance data, it was noted that the late for pharmacy pick up was high at 40% and a QI project was initiated to address this challenge



Methods

The Yuka Mission Hospital QI team conducted a root cause analysis and identified the following root causes;

- Long distances to the health facility
- Clients picking drugs from other facilities
- Clients not adhering to appointment dates given to them
- Clients borrowing drugs from fellow clients
- Poor documentation both in the registers and smart care system

Methods

- With support and mentorship from CRS, the team then implemented the following change ideas to address this issue;
 - Conducted on-site mentorship to the staff members on correct documentation in both registers and smart care
 - Re-oriented the HCWs and CBVs on the use of Appointment registers and Community tracking registers
 - Identifying and putting all eligible clients on 6 Multi Months

Dispensation



Methods

- Sending reminders to the clients and their caregivers about the next appointment date before the actual day
- Calling and making physical follow ups within 24hours to bring back all those who have missed appointments
- Providing Health education on the importance of adhering to appointment date which are given to them
- Use of CHWs to collect drugs on behalf of clients who are unable to honor their appointments



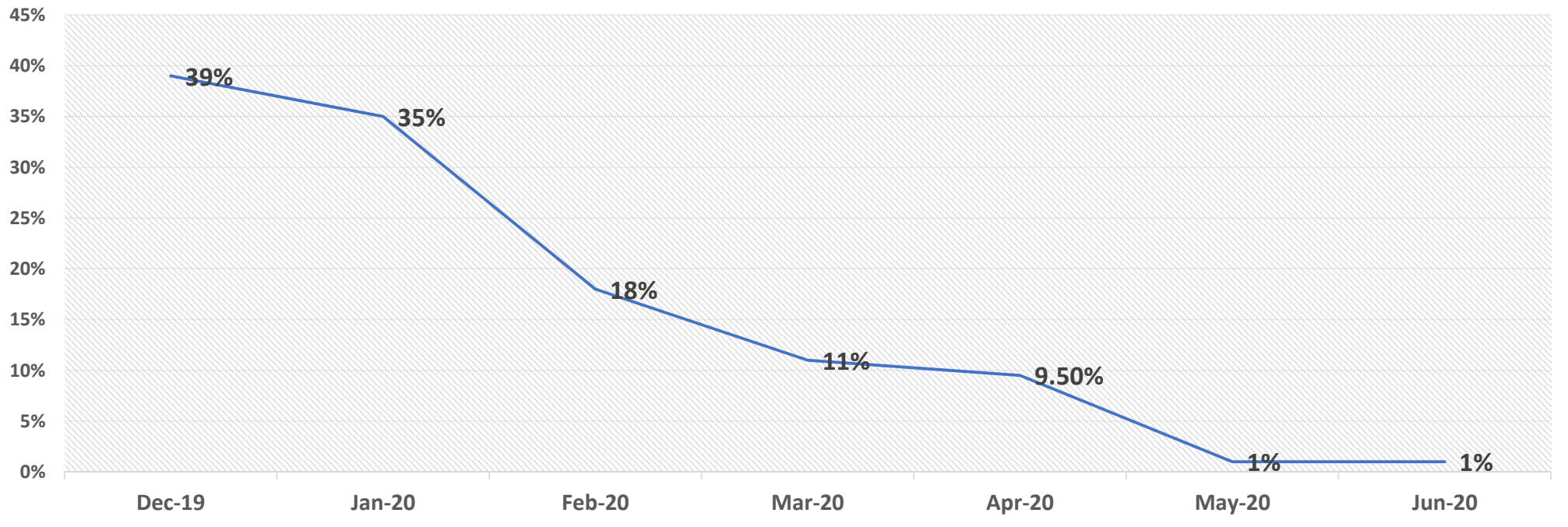
Results

- After implementation of these change ideas, the late for pharmacy pick up has reduced from 39% in December,2019 to 1% in June 2020 as shown in the graph below



Results

Clients Late for Pharmacy pick ups at Yuka Mission - Dec 2019 to June 2020



Conclusion

- High adherence to pharmacy appointments rates can be achieved if HIV clinics and providers reduce the number of missed appointments through a combination of interventions. Facilities need to carefully explore the reasons for missed appointments for them to develop targeted appropriate interventions to address this challenge. Thus, creativity in collaboration with the patients is required while treatment and care providers need to strengthen patient education and counseling on adherence



Recommendations

- To achieve long term retention for PLHIV, a combination of interventions both from the health care providers and from the clients are required
- There is need to put in place client tracking systems that prevents clients from missing appointments even before they are due and to actively follow up those who are late



Reference

- Jarrett O, Mwamburi M. Patient Outcomes in a Public Sector ART Program in Rural Kenya and Patient Characteristics of Those who Remain In-care vs Lost to Follow-up. Paper presented at Fifth IAS Conference on HIV Pathogenesis, Treatment and Prevention, Cape Town, IAS. 2009



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Thank you

