

KANYE ADVENTIST HOSPITAL (KAH) QUALITY IMPROVEMENT PROJECT POSTER TITLE: RETENTION OF LOST TO FOLLOW UP OF PEOPLE LIVING WITH HIV

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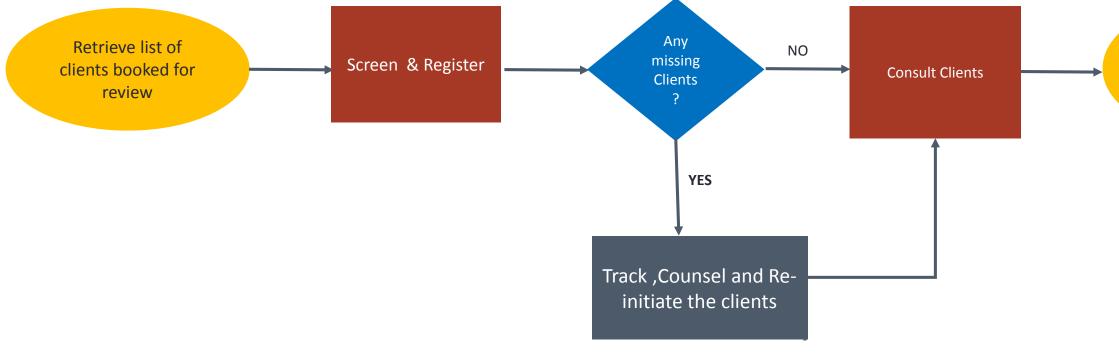
THE PROBLEM STATEMENT

Despite all the measures that are being implemented to achieve epidemic control in People living with HIV, we still have a concern of patients who miss their Anti-Retroviral Therapy for more than 30 days (Lost to follow up) at KAH. Currently our retention rate is 82% versus the target of 100%.

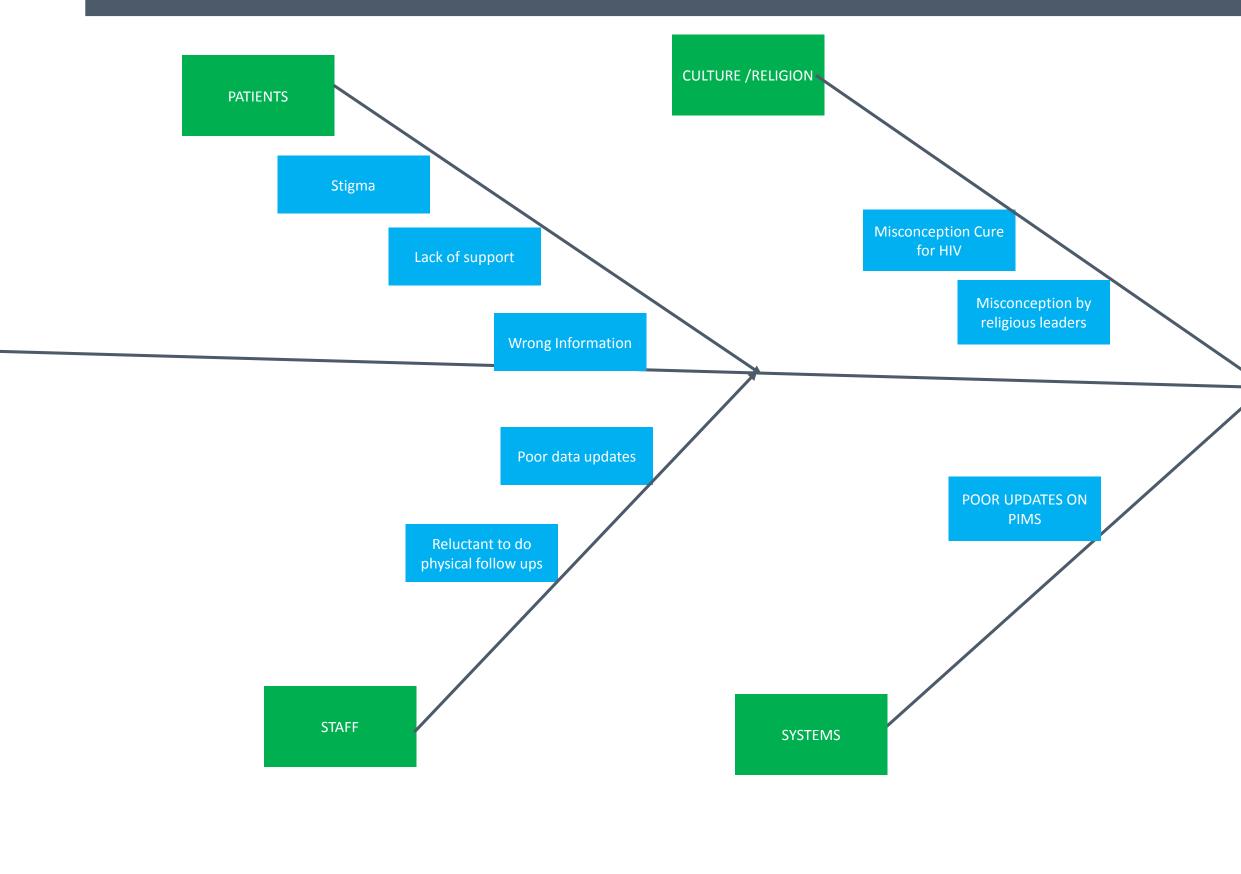
AIM (TARGET)

To increase retention of Lost to Follow up for people living with HIV who are on ART from 82% to 100% at KAH IDCC by March 2023.

FLOW CHART OR PROCESS MAP OF PRESENT STATE



FISHBONE DIAGRAM:



NB: Multi-voting was used to prioritize problem causes, from four(4) to three(3)

PLAN, DO, STUDY, ACT CYCLE (PDSA)

PLAN

• SWOT analysis was done.

Kanye Adventist Hospital IDCC.

one using Prioritisation Matrix.

A data collection tool was designed

Book for next

HIGH NUMBER OF

OST TO FOLLOW UP

IV+ CLIENTS AT KAH

IDCC

follow-up

ACT

- Weekly allocation of officers for tracking Patients lost to follow up.

Allocated officers are monitoring/tracking HIV+ lost to follow up on weekly basis and following them at home.

- Monthly reporting done to ensure monitoring of progress.

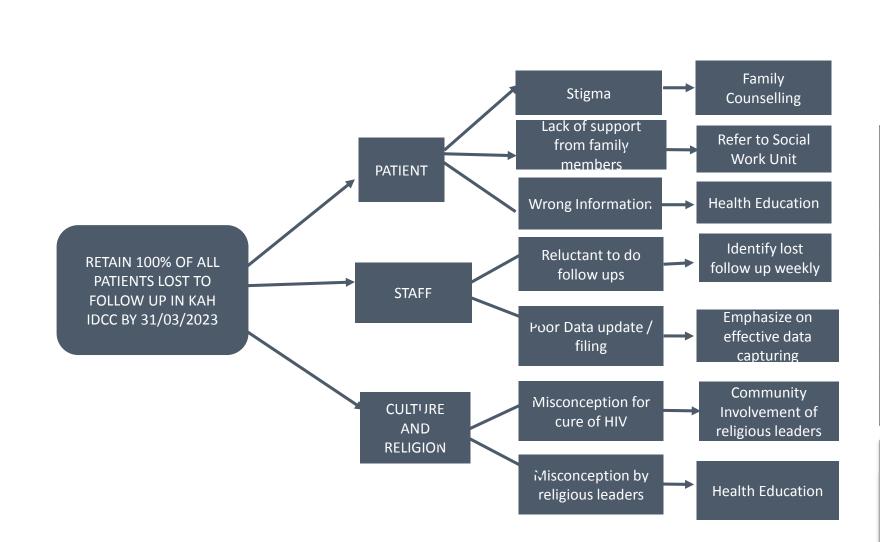
".....but to minister

STUDY

records.

In the year 2022 there was increase in retention o HIV+ clients who were lost to follow up and their compliance was satisfactory. - There was also a accurate and effective tracking of

CHANGE IDEA GENERATION:



5

(Easiest)

Problem identified: higher number of lost to follow up at

roblem prioritisation was done using Multi-voting method. Root Cause Analysis: this was done using Flow Chart, bone and Driver diagram. Change idea generation was one using Driver diagram and change idea prioritisation was

HYPOTHESIS: Weekly identification of HIV+ clients lost to llow up will reduce the number of defaulters at KAH IDCC.



- KAH IDCC officers identified clients who missed appointment
- Tracked clients through home visits and telephone calls
- Counselled and reinitiated tracked HIV+ clients
- on ARVs - The tracked HIV+ clients re-booked for next review

PRIORITIZATION MATR Note - Rank change ideas based on following criteria: elmnortance scale 1 F. 1 (LABST) F (Ma

Importance Scale 1 – 5: 1 (LeaSt) – 5 (Most) important Ease of Implementation Scale 1 – 5: 1 (Hardest) – 5 (Easiest) to implement							
SER	CHANGE IDEA	IMPORTANCE (1 – 5)	EASE OF IMPLEMENTATION (1 – 5)	COMMENT			
А	Family counselling	5	4	20			
В	Refer to Social Worker	3	2	6			
С	Identify lost to follow weekly	5	5	25			
D	Emphasise on effective data capturing	4	3	12			
E	Health education	4	5	20			

Community involvement of religious leaders IMPORTANCE (Least Most Important) 1 Hardest) SECOND 2 PRIOTITY 3 4 TOP

PRIOTITY

RESULTS

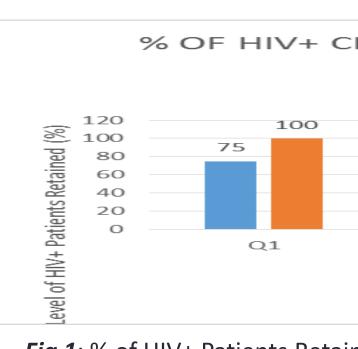
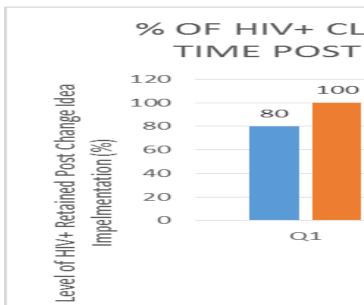


Fig 1: % of HIV+ Patients Retained at KAH IDCC in the year 2021-22 • The figure above shows that the target of 100% for HIV+ retained over the past year (2021-22) was never attained at any given quarter.



change idea.

SUMMARY

1. Lessons Learned.

- Improved data capturing by IDCC staff

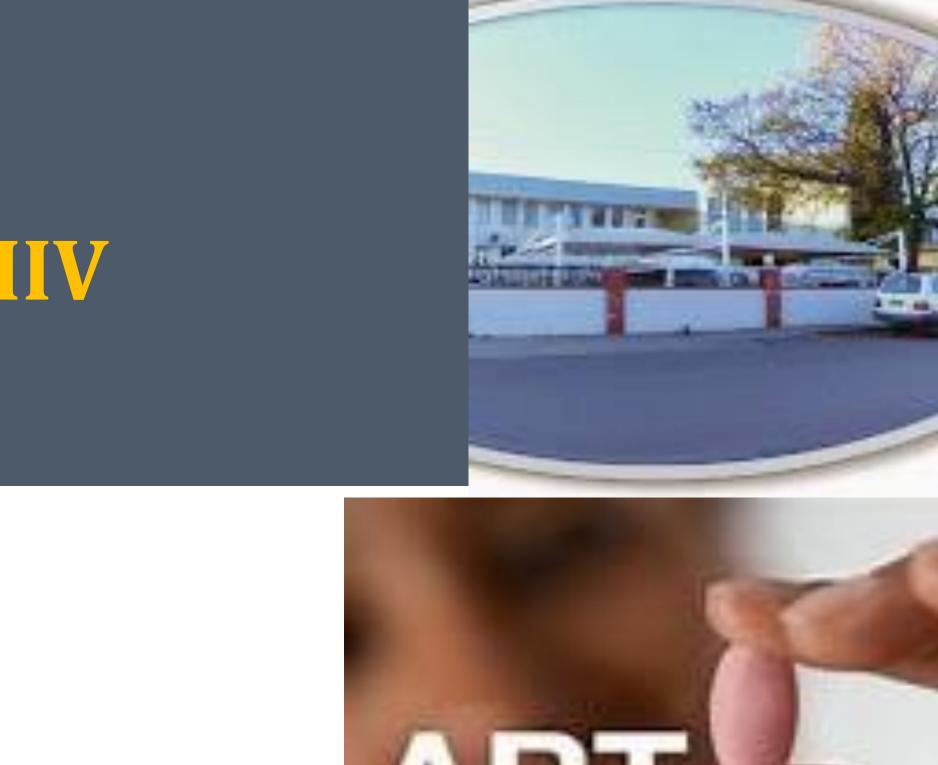
2. Impact on Quality of service.

- epidemic control.
- 3. Challenges

1. Way forward.

- To continue involving families for client support

- 2. Commitment.
- order to achieve epidemic control. **ACRONYMS:**
- **AIDS** Acquired Immune Deficiency Syndrome
- **ART** Anti-retroviral therapy
- HIV Human Immune Virus
- **IDCC** Infectious Disease Control Centre
- **KAH** Kanye Adventist Hospital
- **NGOs** Non-Governmental Organizations
- **PIMS** Patient Integrated Management System



% OF HIV+ CLIENTS RETAINED OER TIME IN THE PAST YEAR



LIENTS RETAINED AT KAH IDCC OVER										
CHANGE IDEA IMPLEMENTATION										
	96 100		1	100		100				
Q2		Q3		Q4						
Reporting Period (Quarters)										
Actual Target										

Fig 2: % of HIV+ Patients Retained at KAH IDCC after implementation of the Change Idea • The figure above shows improvement retention of HIV+ clients seen at KAD IDCC post implementation of the

• Proper involvement and support in the case of defaulters, which resulted in cost reduction

• Retention of lost to follow up clients in the hospital has brought significant change towards achieving

• Some of the lost to follow HIV+ clients were not easily traceable

FUTURE STEPS/ WHAT'S NEXT?

To strengthen client counselling on the importance of adherence to ART

To train Data Clerks for effective data capturing at KAH IDCC

To strengthen partnerships with NGOs/Stakeholders responsible for implementing HIV/AIDS programs

• We would like to continue with the same project in order to monitor patients who default treatment in

• **SWOT** – Strength, Weaknesses ,Opportunities, Threats