

Impact of Continuous Quality improvement on retention (Continuity of treatment).

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Objectives

The main objective was to address retention gaps through continuous quality improvement approaches.

Background

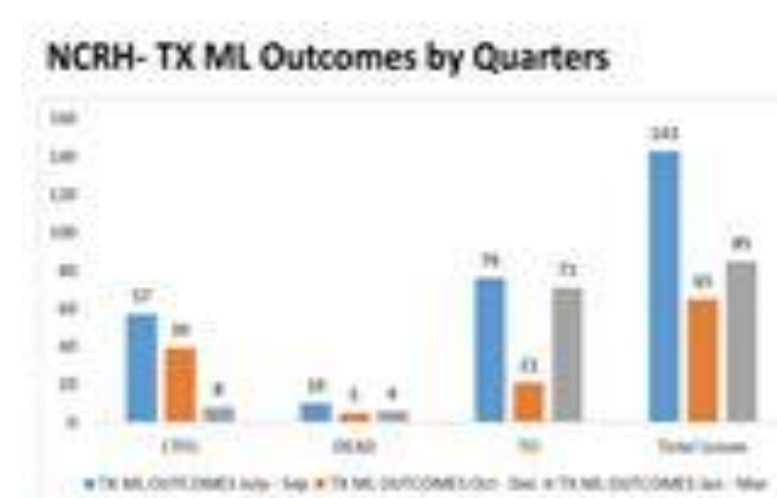
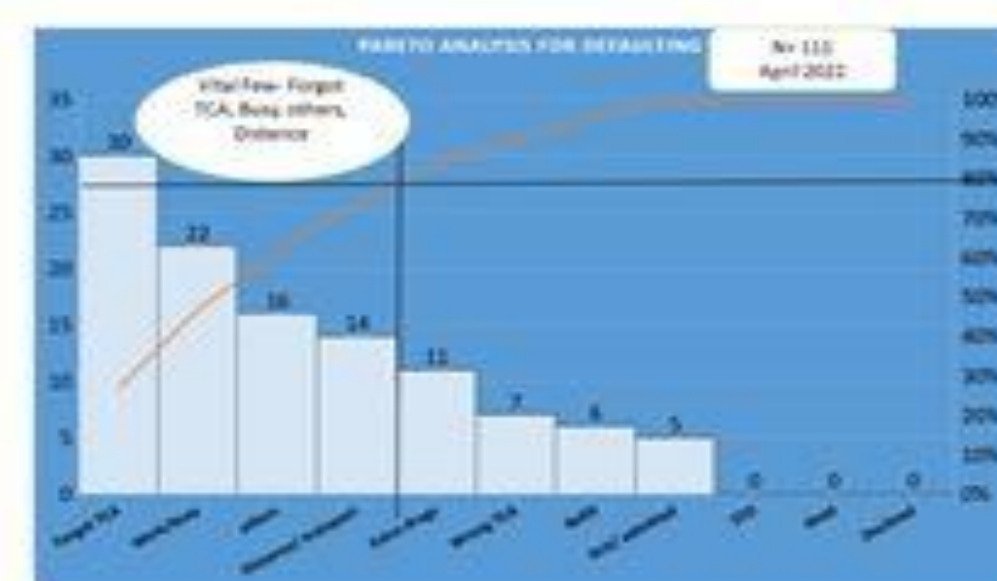
Patient retention, defined as continuous engagement of patients in care, is one of the crucial indicators for monitoring and evaluating the performance of antiretroviral treatment (ART) programs. It has been identified that suboptimal patient retention in care is one of the challenges of ART programs in many settings. ART programs have, therefore, been striving hard to identify and implement.

interventions that improve their suboptimal levels of retention. The objective of this study was to develop a framework for improving patient retention in care based on interventions implemented in health facilities that have achieved higher levels of retention in care.

Methodology

USAID Tujenge Jamii (UTJ) in collaboration with Ministry of Health (MOH) conducted a baseline CQI in August 2021 before initiation of the UTJ program to address appointment keeping and DSD uptake among Adults, Adolescents (10-19yrs) and Pediatric ROC . The intervention entailed Proactive Retention Strategies e.g Phone Calls and SMS reminders 3days prior to Clinic Days, Defaulter Tracing within 24 hrs based on the A logarithm & Case Management., Community ART Distribution,RTC Packages for the IITs with fidelity, and Routine Data Review for a period of 6 months from (October 2021 to March 2022). Pareto Analysis was used to the identify the “vital few” from the “useful many” common causes of treatment interruption to inform interventions.

Results



Reasons for TO



There was an improvement from 95% to 98% appointment keeping among adults with a DSD uptake of 85% from a baseline of 27% uptake. There was a significant improvement in appointment keeping for the adolescents 10-19yrs from 92% to 100% and from 94% to 100% for the pediatric 0-9yrs. The significant improvement was attributed to the scaling up of Operation triple zero for the adolescents and caregiver’s module training for the HCW and AYP champion for the facility. Situation analysis was done through a pareto chart tease out the factors that contribute to an overall effect for 111 clients who had interrupted treatment. Of the 111 clients, the following were the “vital few” reasons for treatment interruption 30 client forgot TCA, 22 has busy work schedules,16 had other reasons while 14 sited transport and distance as a reason for treatment interruption .Despite attrition there was a significant improvement of patient active on ART from a baseline of 3074 to 3100 as at end of April which was a 95% achievement against the project targets.

Conclusions and Recommendations

Through Continuous Quality Improvement (CQI), client characterization facilitates the remodeling of clinical service delivery. EMR module well used contributes to appointment keeping, cost-effective reminders to appointments PSSG among new enrolments – addresses attrition and a targeted treatment literacy Client interviews and satisfaction surveys are a priority to improved customer care in chronic health care Chart abstraction using RDQA all and current green card provides an in-depth look into the quality of care.