Quality improvement: generating innovative, structured plans and accountability through structured learning sessions

To describe the application of the PDSA model within an interactive Quality Improvement (QI) learning session to generate creative, yet structured problem solving and process improvement approaches in Pediatric HIV care

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Background:

While Prevention of Mother to Child Transmission (PMTCT) programmes are successful, evidence suggests that a number of HIV+ children remain undiagnosed and therefore not on ART, specifically from early days of PMTCT where regimens were less effective and infant HIV testing less rigorously implemented. Paediatric and Adolescent Scale-up Project (PASP) aims to improve diagnosis, initiation, retention in care and viral suppression of HIV+ children in the City of Johannesburg (CoJ), where there are an estimated 17000 HIV+ children <15 year. Of these 17000, 11000 are on ART, and estimated 4300 still need to be diagnosed and initiated on ART. Of the 11000 on ART, 9900 be retained and virally suppressed to meet 90-90-90 targets. However, currently in CoJ, 53% of children have had a VL done, of those the VL suppression rate is 62%. To address these gaps in pediatric HIV treatment cascade, focused interventions are necessary, discussed here

Methods:

A quality improvement learning session was held, attended by 70 participants from 5 PASP partner organisations in the City of Johannesburg (CoJ) district. Baseline (PASP start) performance indicators were reviewed and 7 underperforming indicators were selected for further review. Root Cause Analysis Tools were used (Process mapping and Fishbones) to identify key contributing issues to the underperformance. Participants were allocated into 7 groups, each dealing with a specific indicator. Each group was tasked with formulating the following, for their indicator: - A problem statement - The aim statement - Three change ideas, that will be tested to address the problem/s identified. - Key activities with both process and outcome measures, which should be monitored throughout the testing period. - Plans for implementing adopted change ideas. All the above was then presented to the rest of the participants, to address questions and receive inputs

Results:

Quality Improvement Plans on 7 Indicators: 1. % of HIV+ children identified- Appointment based testing through facility screening and home testing option. 2. % of children newly diagnosed HIV+ and starting on ART- Ensure Paediatric care competency by training counsellor champions in Kidz-Alive model. 3. % of children screened for TB- Ensure reporting and recording of TB screening by availing TB screening tools and regular updates on facility's performance. 4. No. of facilities completing Pediatric stationery- In-service training through quarterly pediatric stationery in-service training. 5. % of children in care 12mo after starting ART- Disclosure and Adherence support by involving stakeholders in community dialogues. 6. % of children virally suppressed on ART at 12mo- Regular interaction with clients by enrolling them in support clubs. 7. No. of children traced within 7 days- Contact details verification by calling client during a visit.

Results contd:

Quality Improvement Plans on 7 Indicators

Group	Indicator	Change Idea	Activity
1	% of HIV+ children identified	Appointment-based testing	Screen at facilities, home testing offered
2	% of children newly diagnosed HIV+ and starting on ART	Ensure Paediatric care competency	Train counsellor champion in Kidz Alive model.
3	% of children screened for TB	Ensure reporting and recording of TB screening	Avail TB screening tools Regular updates on facility's performance
4	Number of facilities completing Pediatric stationery.	In-service training	Quarterly pediatric stationery in-service training
5	% of children in care 12 months after starting ART.	Disclosure and Adherence support	Involve stakeholders in community dialogues
6	% of children virally suppressed on ART at 12 months	Regular interaction with clients	Enrol eligible clients in support clubs
7	Number of children traced within 7 days	Contact details verification	Client's contact number to be verified during visit (call).

Conclusion:

These interventions are currently being tested through Deming's PDSA model by the PASP Partners in their respective regions in City of Johannesburg (CoJ) district. This approach defines how Quality Improvement Plans (QIPs) can be developed in a highly interactive multi-disciplinary session to improve outcomes in the 90-90-90 in Paediatric HIV Care. Additionally, involving facility staff in developing improvement plans increases buy-in and ownership of the plans. The PASP Partners (WRHI, ANOVA, Right to Care, HIVSA and CARe) participants plan to test their change ideas for a period of six months after which, there will be a follow-up QI collaboration. At this meeting, with the same stakeholders, experiences in testing different change ideas, adopting and implementing successful ideas, measured by improved indicators are shared. Through this process, it is hoped that improvement methodologies will be spread through partners across the district.

References: Horwood, C. et al 2010, UNAIDS, 2014 Estimates from the SPECTRUM model developed with assistance from USAID, UNICEF, UNAIDS and the World Health Organization, Lloyd Provost, Co-Author: The Improvement Guide, Quality Improvement through Planned Experimentation.

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