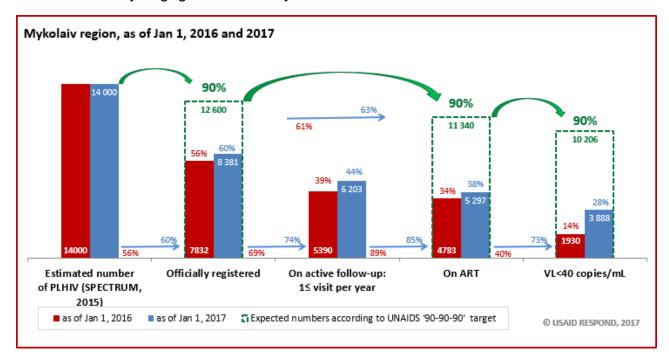
Change: Transfer patients on ART from AIDS Centers to local ART sites

Gap: Linkage gap

Problem Statement & Improvement Objectives

In Mykolayiv region, as of January 1, 2016, the gap between the number of PLHIV registered with the AIDS service and the number of PLHIV actively followed-up was over 2,400 people, or 31%. The objective of the regional QI team is to increase the proportion of PLHIV actively engaged into care by March 2017.



System issues and changes tested

The regional QI team in Mykolayiv identified lack of patient reminders as one of the main reasons PLHIV forget about their appointments and get lost to follow up. To address this issue, the QI team decided to test the effect of a patient tracking system with a focus on patients who are registered but miss their appointments (the retention in care gap), with special attention to those patients who live in rural areas far away from ART sites.

Implementing the patient tracking/reminder system required the following actions:

- Having PHC staff in rural areas agree to engage in searching for LTFU patients;
- Compiling monthly lists of LTFU patients at ART sites and sharing those lists with PHC sites;
- Home visiting of LTFU patients by PHC staff to remind them about scheduled or missed appointments at ART sites.

The key factors of success were an effective cooperation between PHC and ART facility managers, clear standard operating procedures, and regular joint meetings between ART and PHC service providers.

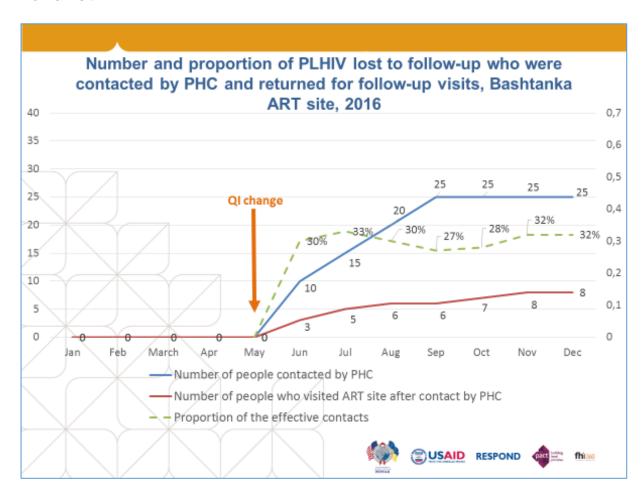
Scale of the improvement effort

Seven of 11 ART sites in Mykolayiv region piloted the change: Bashtanka local QI team started in June 2016, and other six local QI teams joined in August, 2016.

Improvement measures, results and interpretation

QI teams tracked two improvement indicators and plotted the results on the run charts:

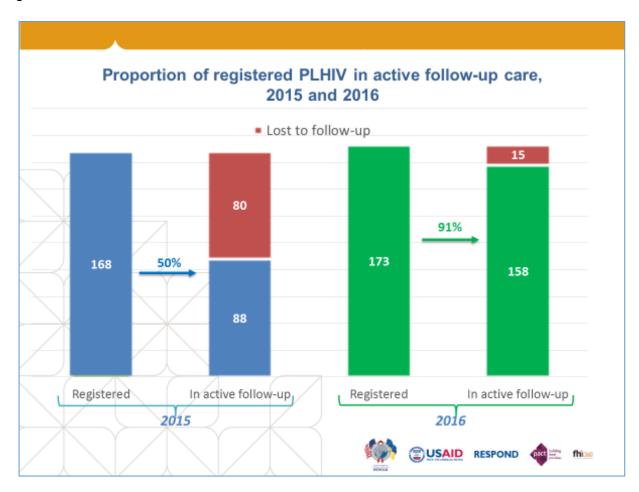
- Number of PLHIV who received home visits by PHC staff to remind of ART site appointments, and
- Number of patients who came to their appointments at the ART site after receiving a home visit.



The graphs demonstrate the effects of the patients tracking system over a 7-month period on the registration and follow-up visits at the Bashtanka ART site. Implementation of this

change contributed to increasing the number of PLHIV retained in care with an overall success rate of 30%.

As a result, the Bashtanka ART site increased the retention in care (follow-up rate) among registered PLHIV from 52% in 2015 to 91% in 2016.

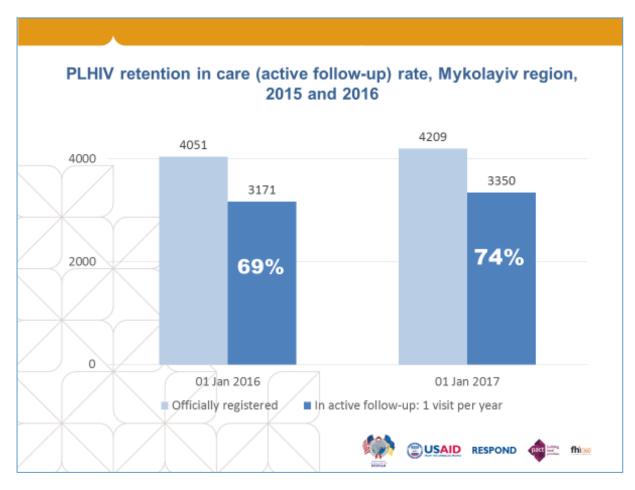


The other six sites managed to improve their retention in care (active follow-up) rate from the average of 73.4% in 2015 to 83.4% in 2016.

in the number of people linked to HIV/AIDS services together with reminding phone calls/text messages as a part of ongoing change from the previous quarter. As demonstrated on the graph above, the number of PLHIV registered with AIDS services in the region in 2016 is greater than the 2015 figures based on the implementation of the patient tracking system in seven facilities. The number of people registered in 2016 by far exceeded the number of new people tested positive, because a significant proportion of those already registered and lost to follow-up returned to care.

Learning & Next Steps

The described changes implemented in Mykolayiv region have contributed to closing the gap between the number of PLHIV registered and the number of PLHIV retained in care from 31% in 2015 to 26% at the end of 2016.



The patient tracking system will be institutionalized at the seven QI sites and expanded to the remaining four. Moreover, the QI team in Mykolayiv region will implement dispensing ARVs by PHC providers, in addition to the PLHIV tracking and reminder system.