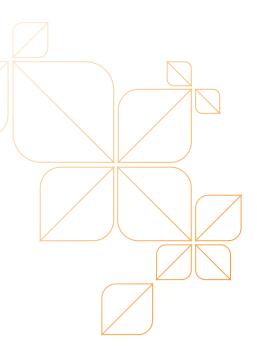


SUCCESSFUL QI CHANGE, KHERSON REGION





Change:

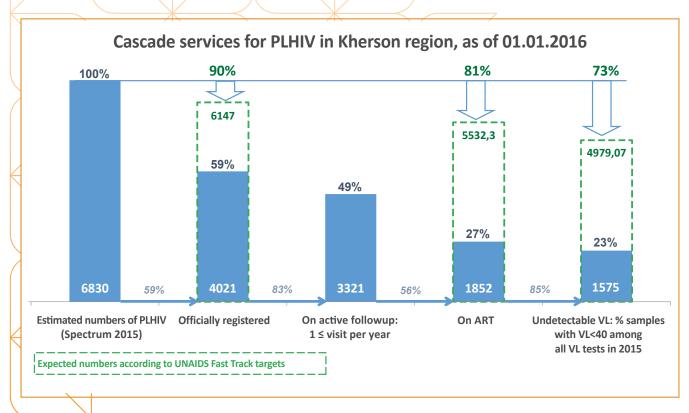
Provide the required lab tests (ELISA, CD4 and blood chemistry) over one patient's visit to the Trust Office/ART site

Gap:

Linkage to Care

Problem Statement & Improvement Objectives

According to the official estimates, there were 6,800 people living with HIV in Kherson region as of January 1, 2015, of whom only 4,000 (59%) have been registered with AIDS services. With support from RESPOND, 11 local QI teams comprised of the staff of ART sites, specialist physicians and PHC providers started a quality improvement effort to link at least 65% of the estimated number of PLHIV to AIDS services by April 2017.





System issues and changes tested

time when positive HIV screening result is received.

The regional QI team identified the following reasons for poor registration rates among patients screened positive for HIV: (1) Registration with the AIDS services (AIDS Center or ART sites) requires several types on lab analyses: a confirmatory ELISA test, CD4 test, and blood chemistry; (2) These tests are done at different points in time, one after another, requiring multiple patient visits. Patients are oftentimes lost in process of laboratory work-up before they are registered and eligible for ART.

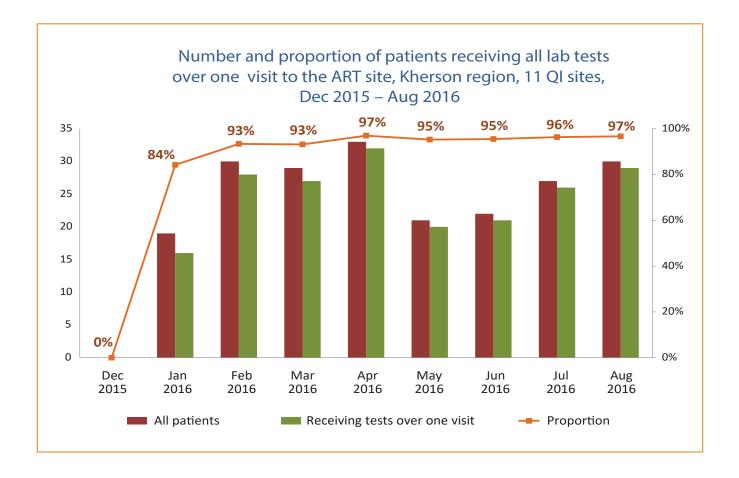
To address this issue, the QI teams changed their local protocols to provide the required lab tests within one visit to the Trust Office/ART site at the

Scale of the improvement effort

Ten local QI teams started to implement this change beginning in January 2016, with the eleventh one joining in April 2016.

Improvement measures, results and interpretation

The implementation of the change was tracked monthly. The run chart below demonstrates that an average of 94% of patients received all tests in one visit over 8 months of 2016.



Learning & Next Steps

The implemented change allowed an increase in the enrollment rate of PLHIV with AIDS services. The quarterly numbers of people registered in 2016 have been above the 2015 median (see graph below). This can be partially explained by the number of new PLHIV identified increasing through other changes. However, the narrowing gap between the number of people testing positive and the number of PLHIV registered can only be explained by improved registration practices.

Based on these results, the regional AIDS center implemented the change in two new sites which were established in the region in 2016.

