

## SUCCESSFUL QI CHANGE, MYKOLAYIV REGION



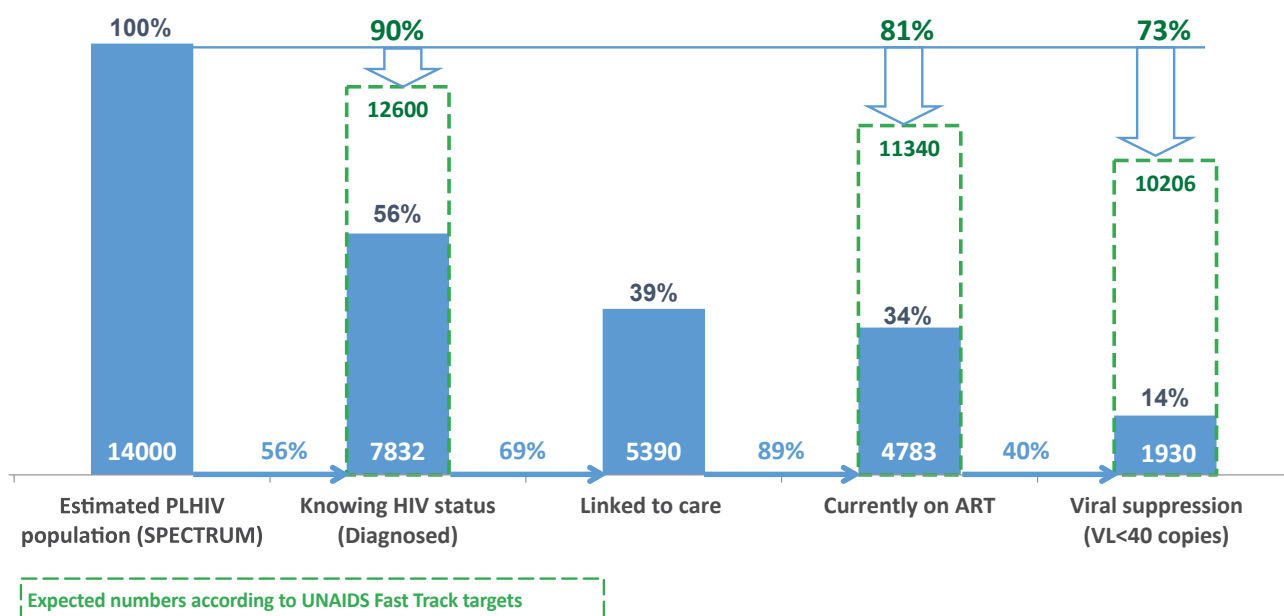
**Change:** Provide reminder text messages, phone calls or letters to patients  
**Gap:** Linkage to Care

### Problem Statement & Improvement Objectives

Official estimates state that 14,000 people live with HIV in the Mykolaiv region as of January 1, 2016. Of them, 7,800 (56%) have been registered at the Regional AIDS center, and only 5,400 (39%) regularly visit the AIDS

center and ART sites for check-ups. With support from RESPOND, nine local QI teams comprised of ART site staff, specialist physicians, PHC providers and NGOs started a QI effort to achieve 73% of PLHIV linked to care (defined as registered with the AIDS service and attending regular appointments) by March 2017.

Cascade services for PLHIV in Mykolaiv region, as of 01.01.2016



## Systems issues and changes tested

One of the main reasons for the linkage to care gap identified by local QI teams in Mykolayiv was patients forgetting about their appointments. This happens due to lack of follow-up by ART site, and competing priorities in patients' lives. To address this challenge, a set of communication activities was developed and tested by local QI teams at ART sites, which included text messages, phone calls or letters to patients. These communication activities were aimed at patients who had been tested positive but did not get registered, and those who are registered but do not attend at least annual follow-up visits.

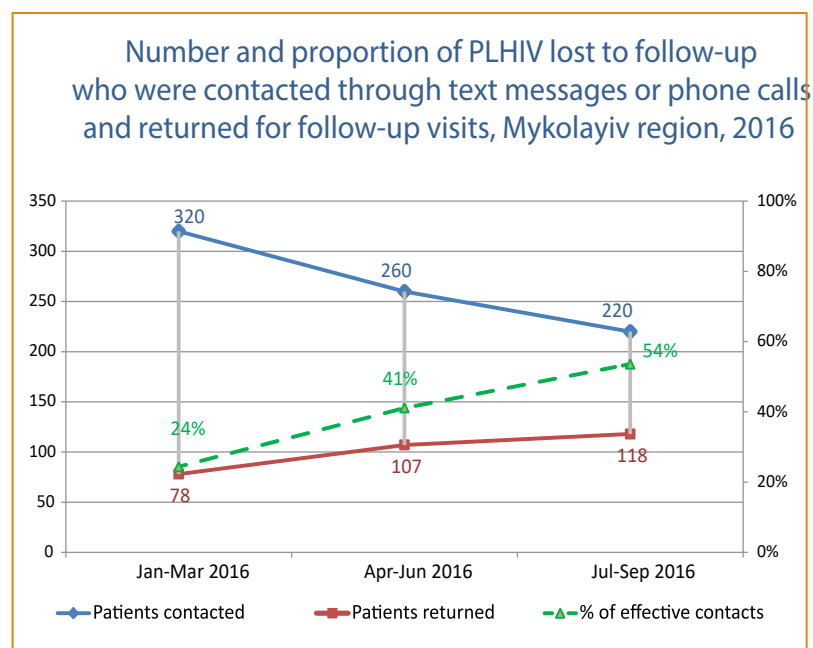
To implement this change, local QI teams first compiled names and phone numbers of patients lost to follow-up (never registered or missed appointments). Then QI teams developed the text for short messages and call scripts to prevent inadvertent dissemination of confidential information if someone unintended read the message or picked up the phone. Then either medical staff or NGO social workers, where available, communicated these messages as reminders to patients. The last activity to implement the change is updating the list of patients lost to follow-up on an on-going basis.

## Scale of the improvement effort

All nine ART sites of Mykolaiv region were involved in the implementation of the changes. Each site adapted the change to their resources: six sites sent short text messages, and three sites called patients on mobile phones and one site in addition to calls sent letters.

## Improvement measures, results and interpretation

The linkage to care gap was tracked quarterly through run-charts on the number of text messages sent or phone calls made, and the number of patients who came to follow-up appointments after these reminders. The graph below demonstrates the effectiveness of text messages and phone call over time.



## Learning & Next Steps

The changes implemented in Mykolayiv region contributed to closing the gaps in the number of people linked to HIV/AIDS services, either by having them registered, or bringing back for at least annual follow-up visits. As demonstrated on the graph below, the number of PLHIV registered with AIDS services in the region in 2016 has been above the 2015 mean since implementation of the change. The number of people registered in 2016 by far exceeded the number of people tested positive, because a significant proportion of those registered was returned to follow-up.

To institutionalize the mobile reminder services, the informed consent form was updated to allow follow-up messages and phone calls for all newly identified PLHIV. The cost of mobile services remains a challenge for institutionalization, as currently these costs are reimbursed to individual providers by RESPOND.

## Number of patients screened HIV positive and registered with AIDS services, Mykolayiv Region, 2015-2016, by quarter

Testing yield and registration with AIDS services,  
2015-2017

*Mikolayiv region, 9 QI sites*

