Data-driven Strategies to Improve EID and Linkage to Care

AIDSFree Webinar—Improving Early Infant Diagnosis
18th January 2018

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The Wits Reproductive Health and HIV Institute and the Paediatric Adolescent Scale-Up plan (PASP)
Outline

1. Interventions applied to trace and link children into care using laboratory-based results reports
2. Facility-based interventions to support return and action of results
1. EID linkage to care
Utilising National Health Laboratory Services HIV-PCR Results-for-Action Reports
HIV-PCR “Results for Action” Reports

- Weekly report from the National Health Laboratory Services, password secured
- Summarises patient level HIV-PCR results for the previous week
- Available at multiple levels:
  - National -> Provincial -> District-> Sub-district -> Facility
- An opportunity to support the return and action of results at facility level, and monitor results at multiple levels

HIV-PCR Result-for-Action led by NHLS and Prof G Sherman
Opportunities

• HIV-PCR positive and indeterminate results, and missed diagnostic opportunities easily flagged for tracing and clinical action (ART initiation, repeat testing)
• Health facility level comparisons between results lists and TIER.Net allows identification of HIV+ children not yet initiated on ART – these can then be traced

*Implemented linkage mechanisms across TIER.Net and laboratory reports, and facility-based tracing for children lost to follow-up*
Organised linkage, tracing, and monitoring systems

1. RfA list received on Monday (Clinical project managers)

2. (+) patients searched in TIER.Net

3. List of those not yet initiated generated -> Tracing teams

4. x3 telephonic tracing attempts within one week

5. Outcomes recorded: tracing tool
   
   5a. Patient found - booked for ART initiation
   
   5b. Patient not found - lists handed over to WBOT

   Verify initiation on TIER.net

6. Feedback from WBOT received
   
   6a. Patient found - booked for ART initiation
   
   6b. Patient not found - no further tracing

Outcomes of telephonic tracing recorded as:

Not Found:
- Voicemail
- No response
- Number doesn't exist
- Wrong number
- RIP
- Referred to WBOT OR no address

Found:
- Booked
- Not booked, e.g. self-transfer

RfA: PCR results-for-action reports
TIER.Net: electronic ART register in use in South Africa
WBOT: ward-based outreach teams
Closing the gaps...

• Patient contact information usually not captured on laboratory forms, and inaccurate/outdated on clinic files, with a highly mobile population
  • Unique identifiers to be introduced from 1 Jan 2018
  • Improved capturing and checking of contact information at time of test

• Centralised coordination at the systems level
  • Within the Paediatric and Adolescent Scale-up Plan (PASP) an individual employed and seconded to DoH for this purpose

• Cross-facility linkage from delivery units – results not shared across facilities for PHC follow-up
  • Intervention described below
2. EID linkage to care: utilising hospital-based champions
Hospital-based strategies

- Challenges identified with high levels of missed diagnostic opportunities (MDOs) at hospital level, and poor linkage of results across facilities

- Intervention: “EID nurses”
  - Baseline assessment to identify health systems gaps – done in the form of key informant interviews and document reviews
  - Training and mentoring of hospital staff: EMTCT guidelines, DBS collection
  - PCR register developed and implemented
  - Contact details verified on the spot for caregivers
  - Follow-up of results and linkage to care for MDOs, positive and indeterminate results
Hospital linkage to care in Johannesburg

Hospital HIV-PCR Linkage support Johannesburg (NHLS, Project data)

- Jul-Sep 16: 33.33%
- Oct-Dec 16: 72.37%
- Jan-Mar 17: 70.31%
- Apr-Jun 17: 77.63%

Paediatric and Adolescent Scale-up Plan presentation on Hospital Strategy, Best practices and Innovations meeting – November 2017
EID Nurse Implementation in the North West Province

NHLS PCR Lab Rejection Report due to clinical errors (Jan-Dec 2017)

(NHLS, Programme data)

<table>
<thead>
<tr>
<th>Period</th>
<th>Potchefstroom hospital</th>
<th>Klerksdorp-Tshepong Complex</th>
<th>Nic Bodenstein Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-March</td>
<td>15</td>
<td>43</td>
<td>4</td>
</tr>
<tr>
<td>Apr-June</td>
<td>10</td>
<td>26</td>
<td>7</td>
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<tr>
<td>July-Sept</td>
<td>9</td>
<td>31</td>
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<tr>
<td>Oct-Dec</td>
<td>6</td>
<td>38</td>
<td>1</td>
</tr>
</tbody>
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Staff rotation – retraining
NB

Slide courtesy of Mr. J. Letsoalo, Wits RHI
Hospital linkage in the North West

Linkage to care across all hospitals in the North West Province
(NHLS, Programme data)

Jan-March: 67 Total PCR positive, 67 Total linked to ART
Apr-June: 67 Total PCR positive, 67 Total linked to ART
July-Sept: 100 Total linked to ART
Oct-Dec: 40 Total linked to ART

Tracing ongoing for December

0 % 10 % 20 % 30 % 40 % 50 % 60 % 70 % 80 % 90 % 100 %

Total PCR positive
Total linked to ART
Linkage rate

Slide courtesy of Mr. J. Letsoalo, Wits RHI
Next steps

• Support for roll-out and implementation of unique identifiers across Gauteng

• Expansion of hospital-based EID nurse intervention, with daily reports to fast-track interventions

• Identification of EID champions in other facilities – has already been initiated in CHCs in Johannesburg

• Ongoing stakeholder engagement and quality improvement processes to build in sustainable change

• Documenting successes and scaling across supported regions
Acknowledgements

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Thank you