Quality Improvement Collaborative methodology (QIC)

ICAP Mozambique COP 18 Planning
• Viral Load (VL) monitoring initiated in Mozambique in June 2015
• However, there are challenges faced along the VL cascade, with low VL monitoring coverage, as well as low rates of VL suppression
• National 12 month retention rate for pregnant women is 64%
• National mother – child transmission rate is ~8%
• EID coverage at 2mos is 69%

El-Sadr et al. JIAS, 2017
Solution: QI Collaborative Approach

Select Improvement Aim
- Convene expert meeting
- Identify best practices
- Develop aim statement, Indicators, data SOPs
- Select/prepare sites

The QI Collaborative Approach to Enhance VL Continuum

Learning Session 1
- ACT
- PLAN
- STUDY
- DO
Action Period 1

Learning Session 2
- ACT
- PLAN
- STUDY
- DO
Action Period 2

Learning Session 3
- ACT
- PLAN
- STUDY
- DO
Action Period 3

Scale up and spread
- “Harvest” of successful interventions, tools, resources
Learning Session 4

Adapted from IHI Breakthrough Series
Results
ICAP-supported Zambia QIC focused on EID

- Implemented in 15 priority HF
- **Aim:** *Improve the % of all HIV-infected infants initiating ART within 2 weeks of being identified via EID testing from 23% to 90% between Mar 2017 - Feb 2018*
- Preliminary results

**EID coverage < 2m**
- 54% (Jan 17) – 80% (Oct 17)

**ART initiation within 2 weeks**
- 23% (Jan 17) to 83% (Oct 17)
Results
ICAP-supported Kenya QIC focused on VL

- Implemented in 30 high-volume priority HF in Siaya county (high HIV burden county)
- **Aim 1:** Increase the proportion of clients with unsuppressed viral load who have completed the 3 enhanced adherence counselling sessions (EAC) within 4 months from 18% to 90% from April 2017 to March 2018
- **Aim 2:** Increase the proportion of clients with a repeated high viral load switched to second line treatment from 36% to 90% within 4 months, from March 2017 to March 2018
- Preliminary data
  
<table>
<thead>
<tr>
<th>% of clients with 3 EAC within 4 months of results</th>
<th>% of clients switched to 2nd line</th>
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<tbody>
<tr>
<td>18% (Mar 17) to 84% (Oct 17)</td>
<td>36% (Mar 17) to 73% (Oct 17)</td>
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COP 18 Proposal

• To implement QIC methodology supported by ICAP in both Nampula and Zambezia provinces

• QIC involving both provinces, including high volume and priority HF, focusing on VL continuum

• The implementation of QIC will allow HF teams to assess key challenges, focus on an aim, identify innovative interventions and share experience to promote the needed change
Implementation Plan

• Engage staff at health facilities (HF)
• HF agree on the same aim statement, indicators, and data collection processes
• Multidisciplinary teams established at each HF and supported to identify contextually appropriate interventions
• HF convene quarterly to compare progress, share challenges, successes and diffuse innovations
• Outputs include:
  – standardized training materials and toolkits
  – monitoring and evaluation (M&E) tools and approaches
  – a “change package” of harvested successful interventions
  – enhanced local capacity for QI methods
  – local champions of the QIC approach
Expected Impact

• Direct effects:
  Enhanced viral load continuum
  Increase in VL coverage
  Increase in VL suppression

• Indirect effects:
  Enhanced health care worker capacity
  Streamlined VL continuum steps with no gaps
  Enhanced patient literacy