

Launching of Continuous Quality Improvement for HIV/AIDS Care in KHK RH

June 09, 2010

National Center for HIV/AIDS,
Dermatology and STD



CQI for CoC

What is CQI?

- **C = Continuous**
- **Q= Quality**
- **I= Improvement**

Continuous Quality Improvement

What is CoC?

- **C = Continuum**
- **o= of**
- **C= Care**

Continuum of Care

Background

- Before 2003; a few percentage of PLHA received ART mostly from NGOs, there was no National Guideline for ART yet;
- This becomes a concern. In 2003, MoH establish CoC to response to the need for care and treatment for people infected with HIV/AIDS;
- Five years later meaning in 2008; it is estimated that about 90% AIDS patients already received ART;

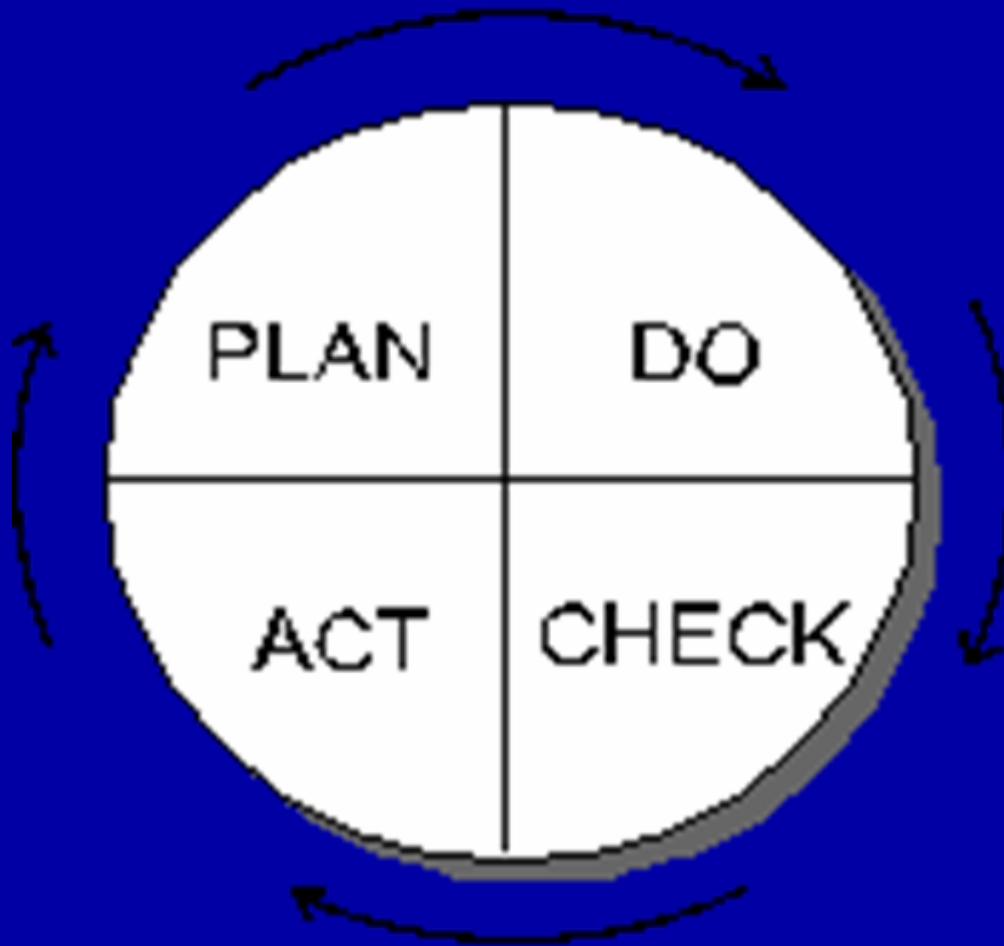
Background (cont.)

- This becomes another concern about the quality services provided to patients;
- In 2008, NCHADS in collaboration with UNAIDS, WHO, USCDC, and other concerned organizations to develop Standard Operation Procedure for CQI for Continuum of Care for HIV/AIDS in Cambodia in the hope that CQI would play important role in improving the quality services of HIV/AIDS care

Concept of CQI

- Deming and his colleague, Shewhart, promoted the **PDCA** cycle – mean that Plan, Do, Check and Act.

The PDCA Cycle



Overall objective

- To improve the quality of care and treatment services provided to PLHA in Cambodia

Specific objectives

- To create a culture of continuous quality improvement among CoC team
- To improve communication between health care providers , data management team, community support teams and other related organizations in the CoC
- Capacity building for CoC team to manage CQI

Indicators of CQI for CoC

- **Mortality indicators: consists of 3 key indicators;**
- **Quality of service indicators: consists of 5 key indicators;**
- **Case-finding and prevention indicators: consists of 4 indicators**

Mortality indicators

- Percentage of patients under ART who died;
- Percentage of patients under ART who were lost to follow-up;
- Percentage of patients under OI who died or were lost to follow-up

Quality of service indicators

- Percentage of patients on ART who kept all appointments in the last quarter (post-ART);
- Percentage of patients with CD4<350 (CD4<250 before April 2010) or WHO stage4 who start ART within 60 days (pre-ART);
- Percentage of patients with CD4 counts less than 200 receiving prophylaxis with CXT and CD4 less than 100 receiving fluconazole respectively

Quality of service indicators

- TB screening: Percentage of patients newly registered at the OI/ART site who were screened for TB (pre-ART);
- Percentage of patients on ART who are still on first line regimens after 12 or 24 months (post-ART)

Case-finding and prevention indicators

- Percentage of new OI patients with an initial CD4 >350 (CD4 <250 before April 2010);
- Percentage of new TB patients who receive HIV testing and counseling (TB)

Case-finding and prevention indicators (cont.)

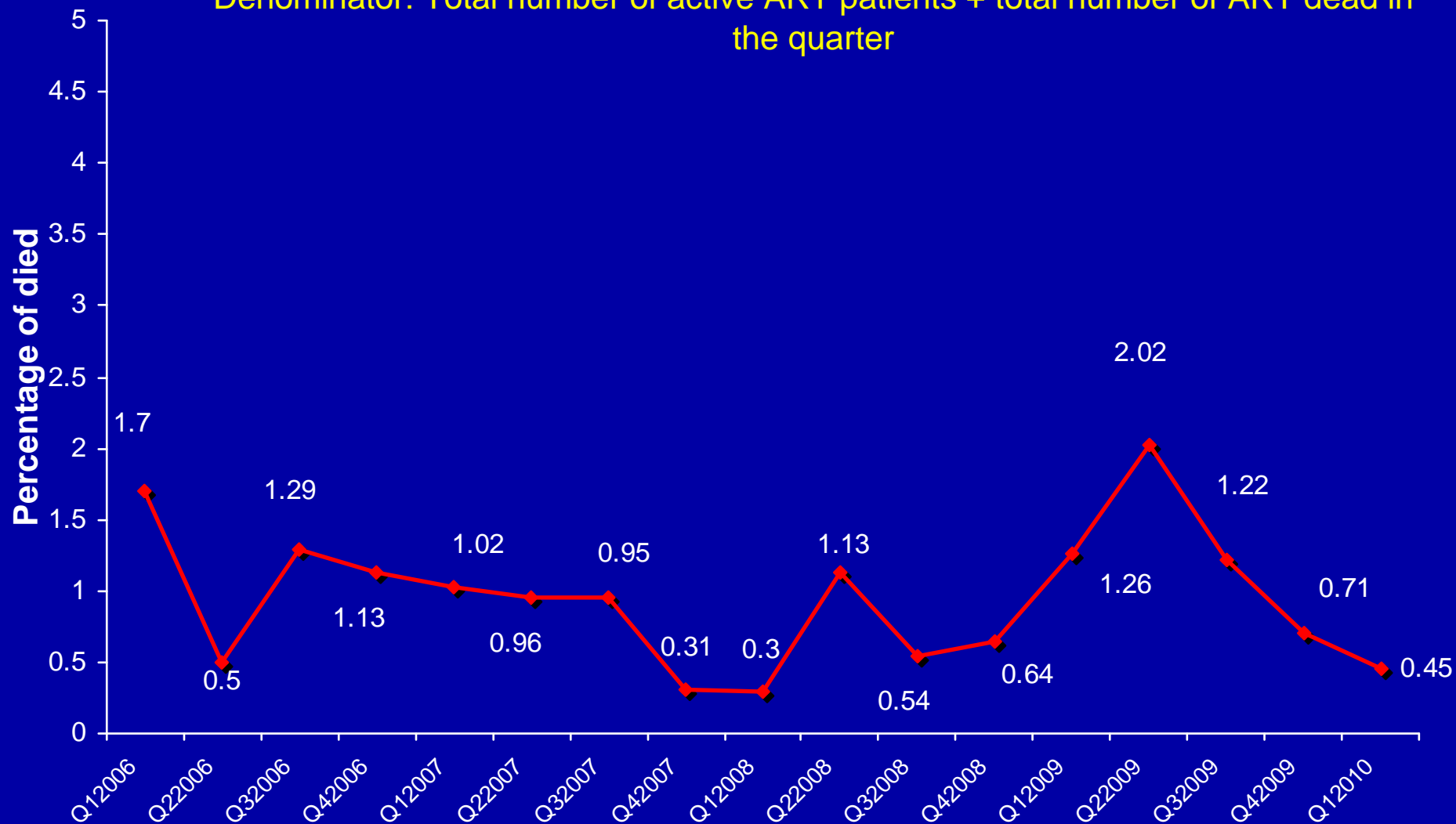
- Percentage of ANC1 patients who received HIV testing and counseling;
- Percentage of known HIV+ pregnant women who received prophylaxis (PMTCT).

THANK YOU

Key CQI indicators

Percentage of adult patients under ART who died by quarter in KHK RH

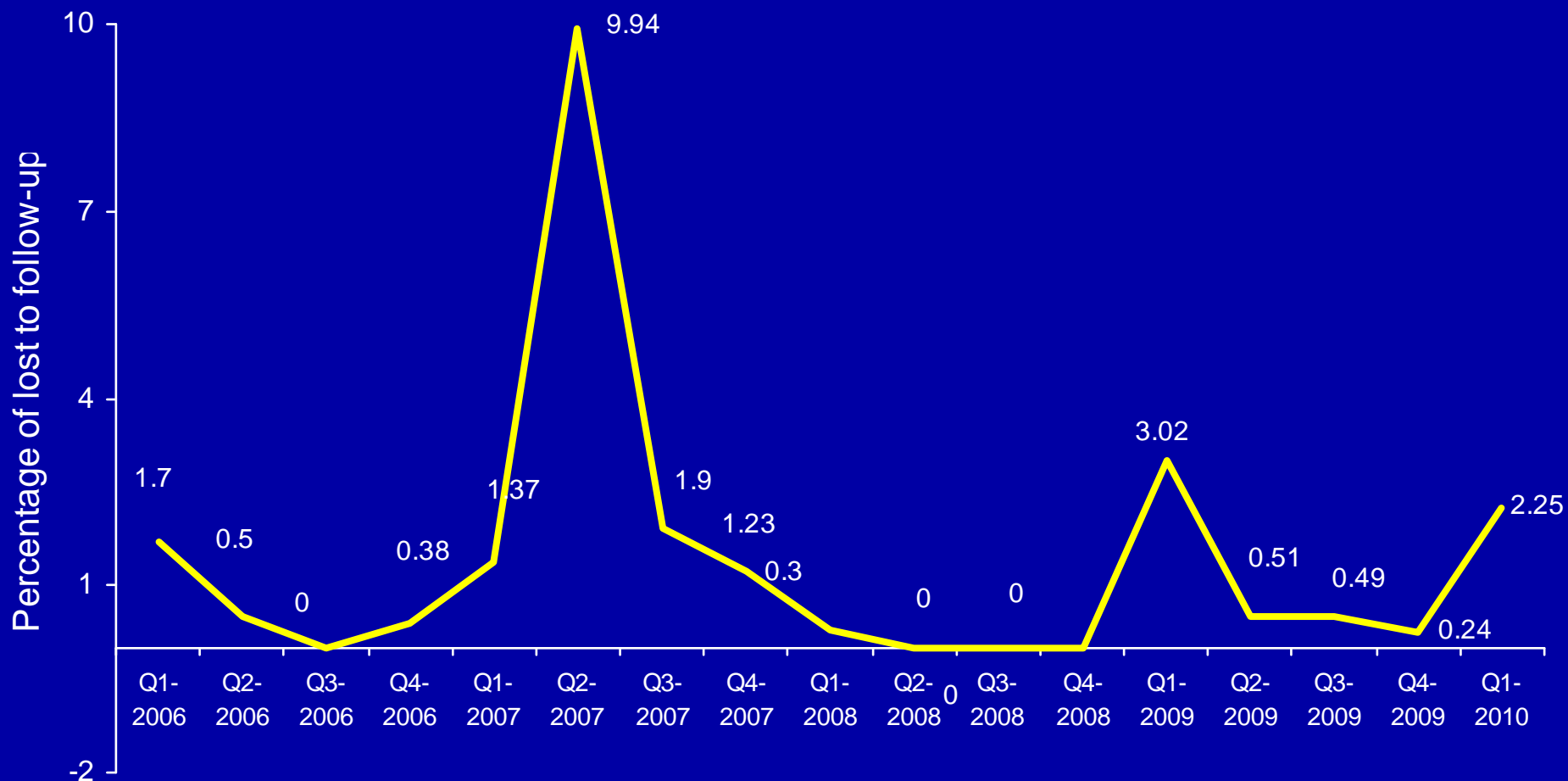
Numerator: Total number of patients known to have died during the quarter.
Denominator: Total number of active ART patients + total number of ART dead in the quarter



Percentage of adult patients under ART who were lost to follow-up by quarter in KHK RH

Numerator: Total number of patients who were lost to follow up during the quarter. “Lost to follow up” is defined in the National ART Guidelines as lost for at least 3 months and not classified as dead, transferred out, or stopped ART.

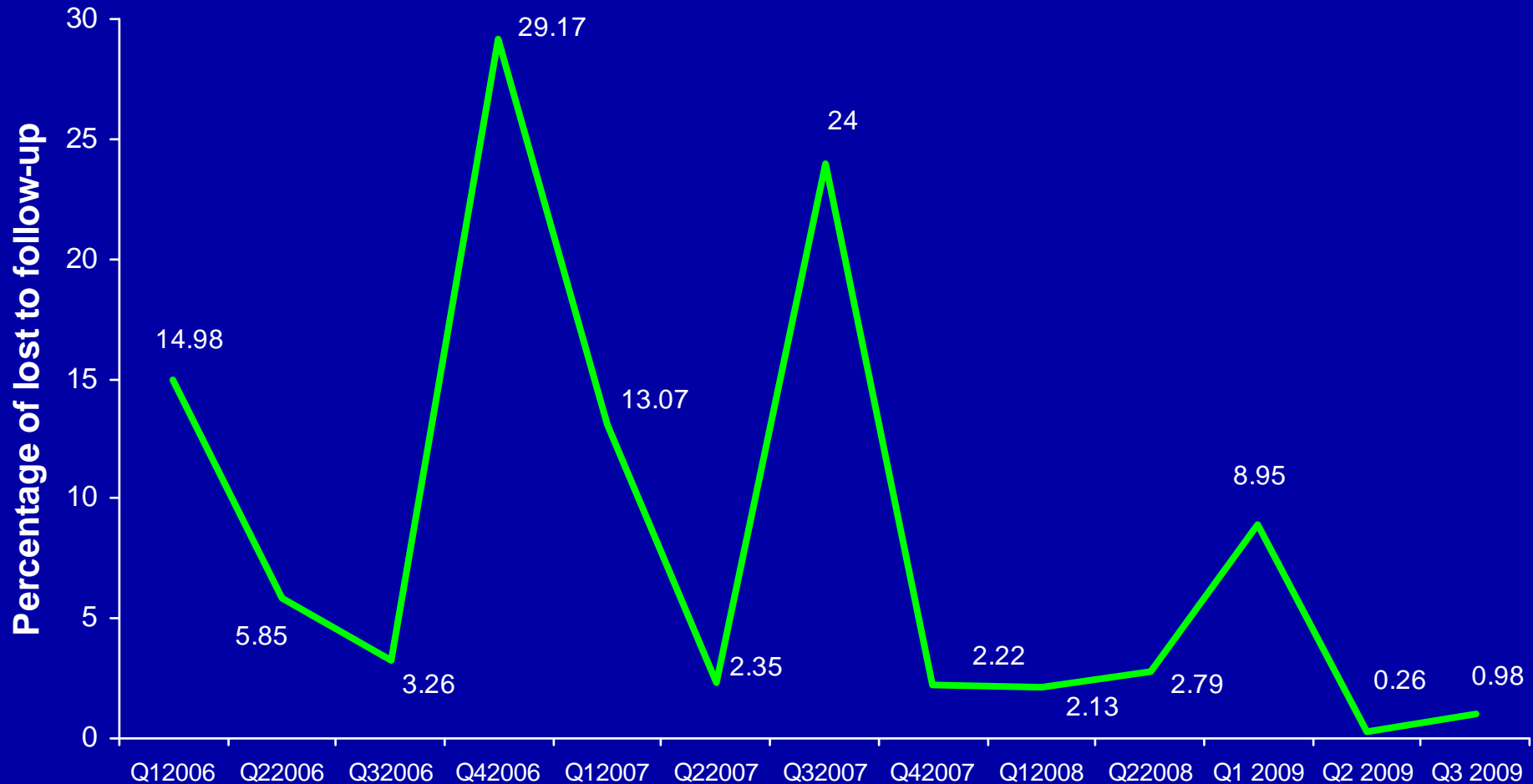
Denominator: Total number of active patients on ART at the end of the quarter + total number of patients who lost to follow up



Percentage of adult patients under OI who were lost to follow-up by quarter in KHK RH

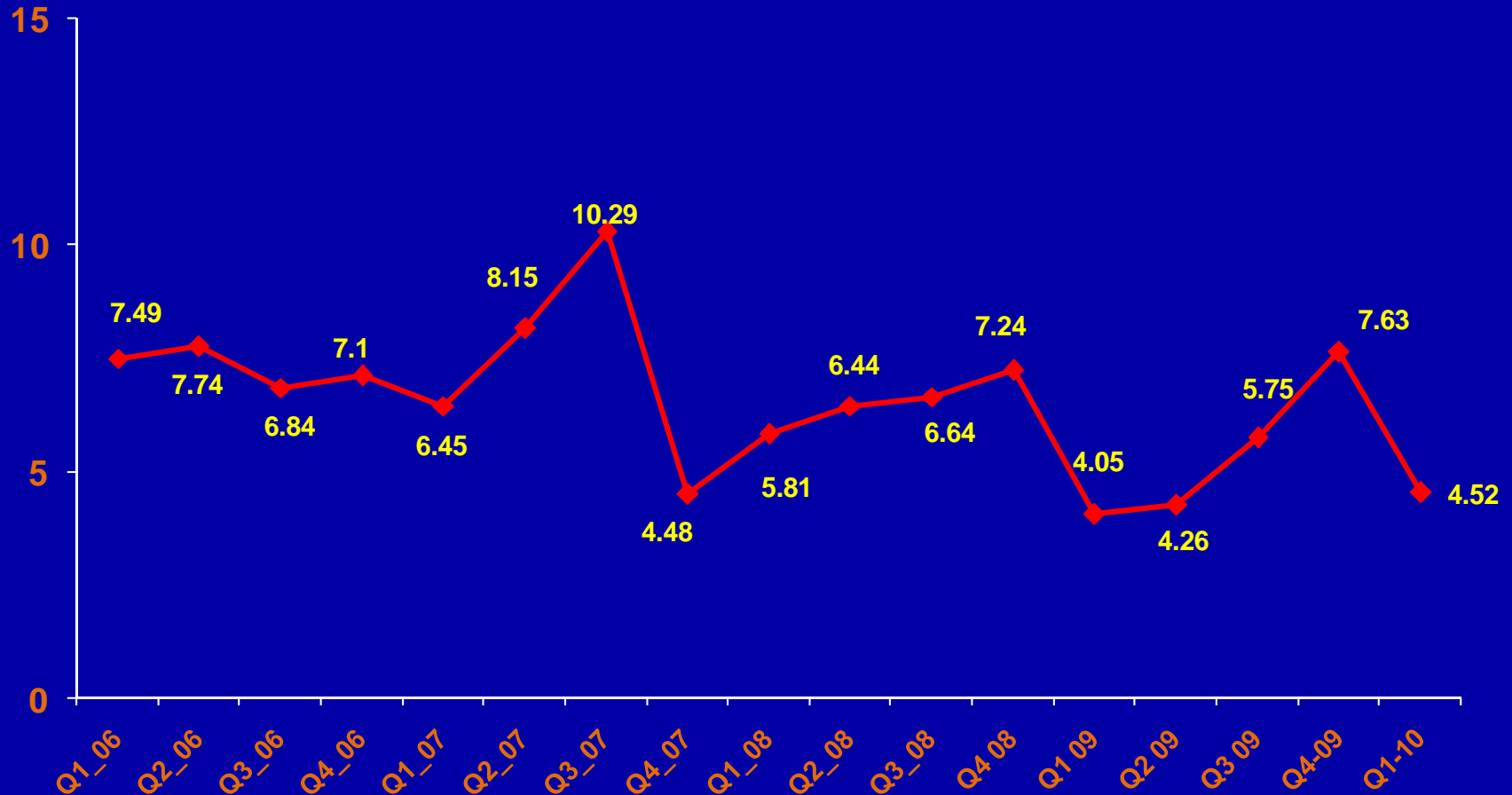
Numerator: Total number of OI patients who were lost (whether or not they are known to have died) during the quarter.

Denominator: Total number of active patients on OI at the end of the selected quarter + total number of OI patients who were lost during the quarter



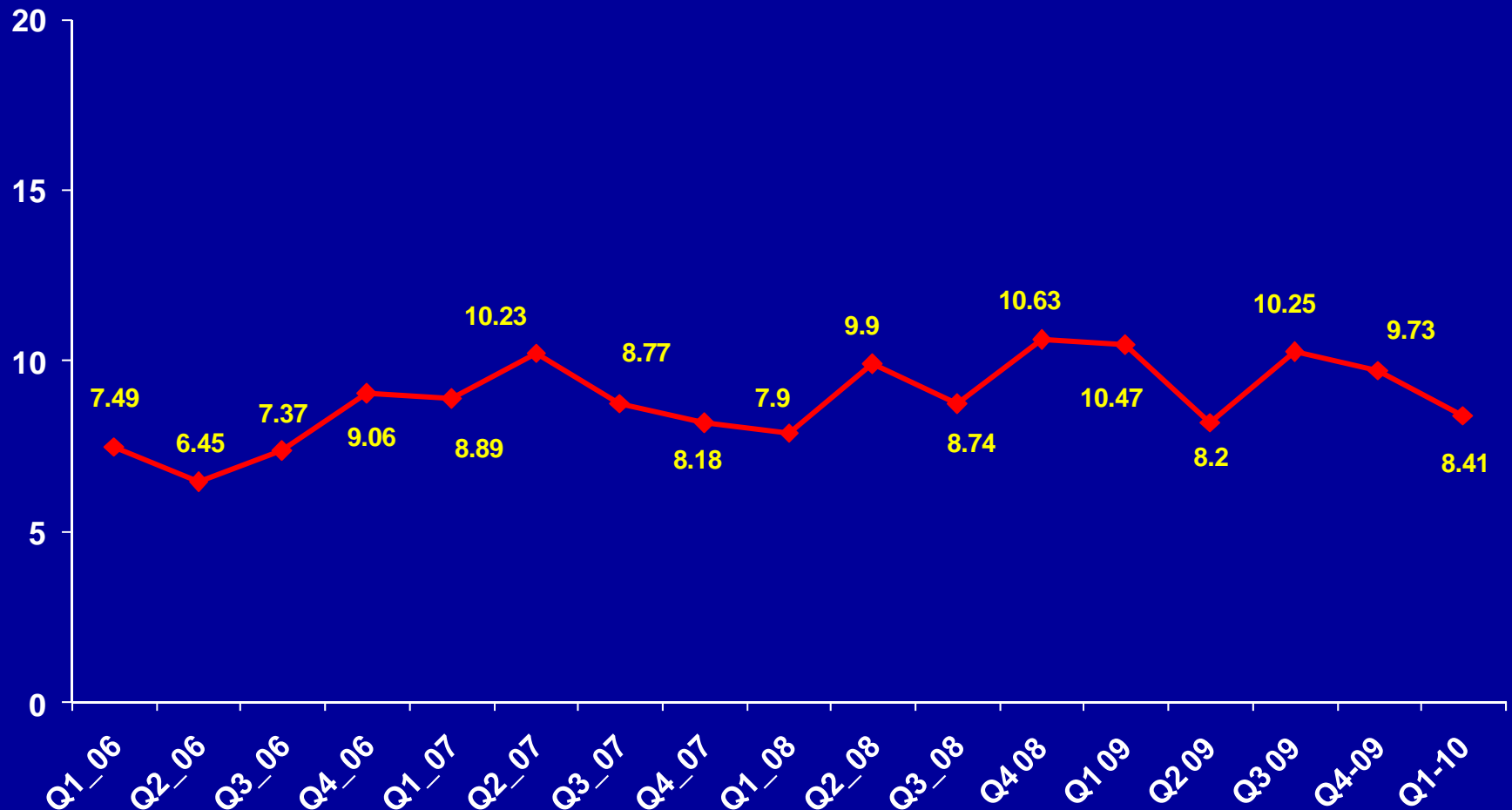
Percentage of late visit beyond buffer by quarter in KHK RH

- Numerator = Number of Late Visits Beyond Buffer in the Quarter
- Denominator = Number of Total Visits in the Quarter



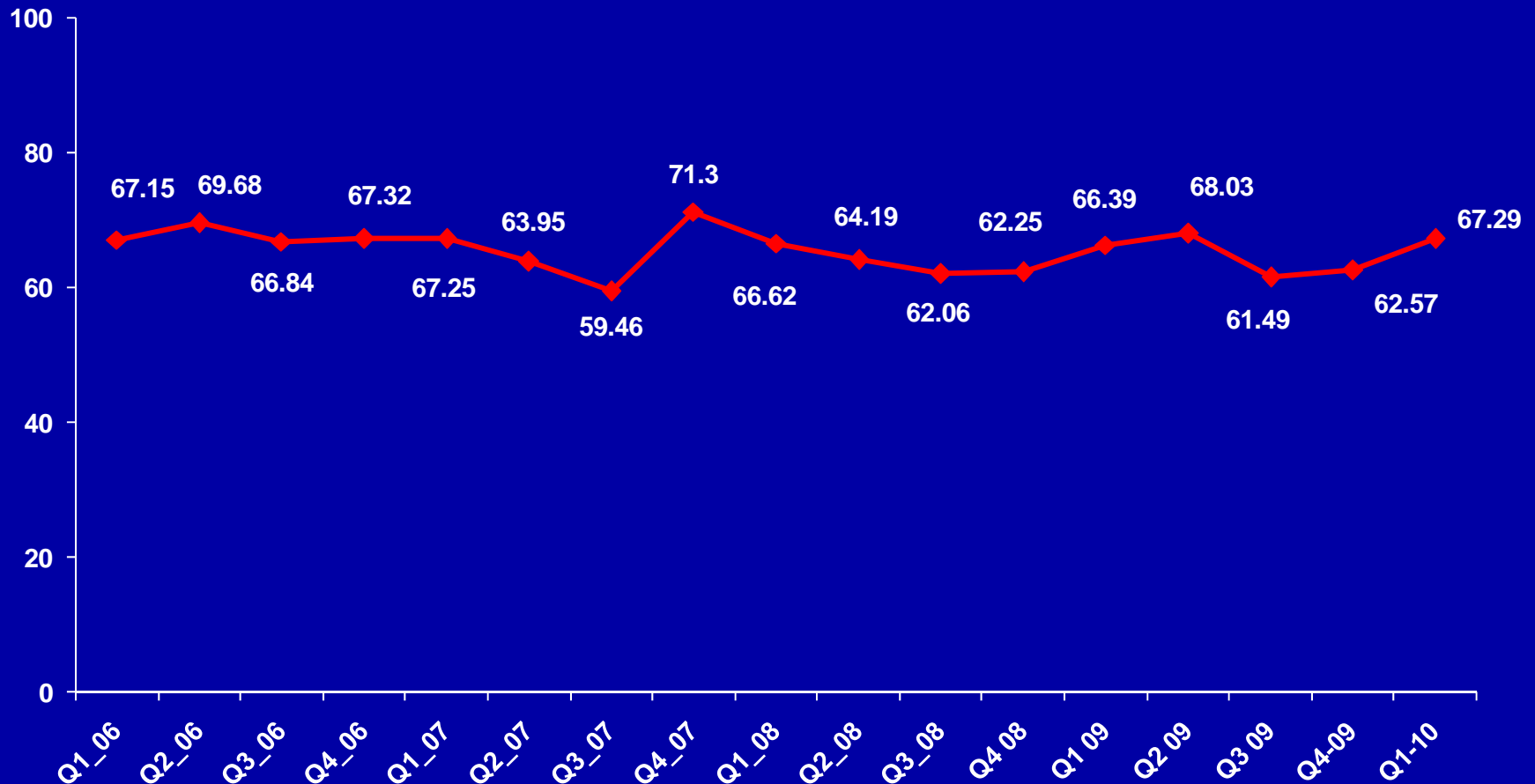
Percentage of late visit within buffer by quarter in KHK RH

- Numerator = Number of Late Visits in Buffer in the Quarter
- Denominator = Number of Total Visits in the Quarter



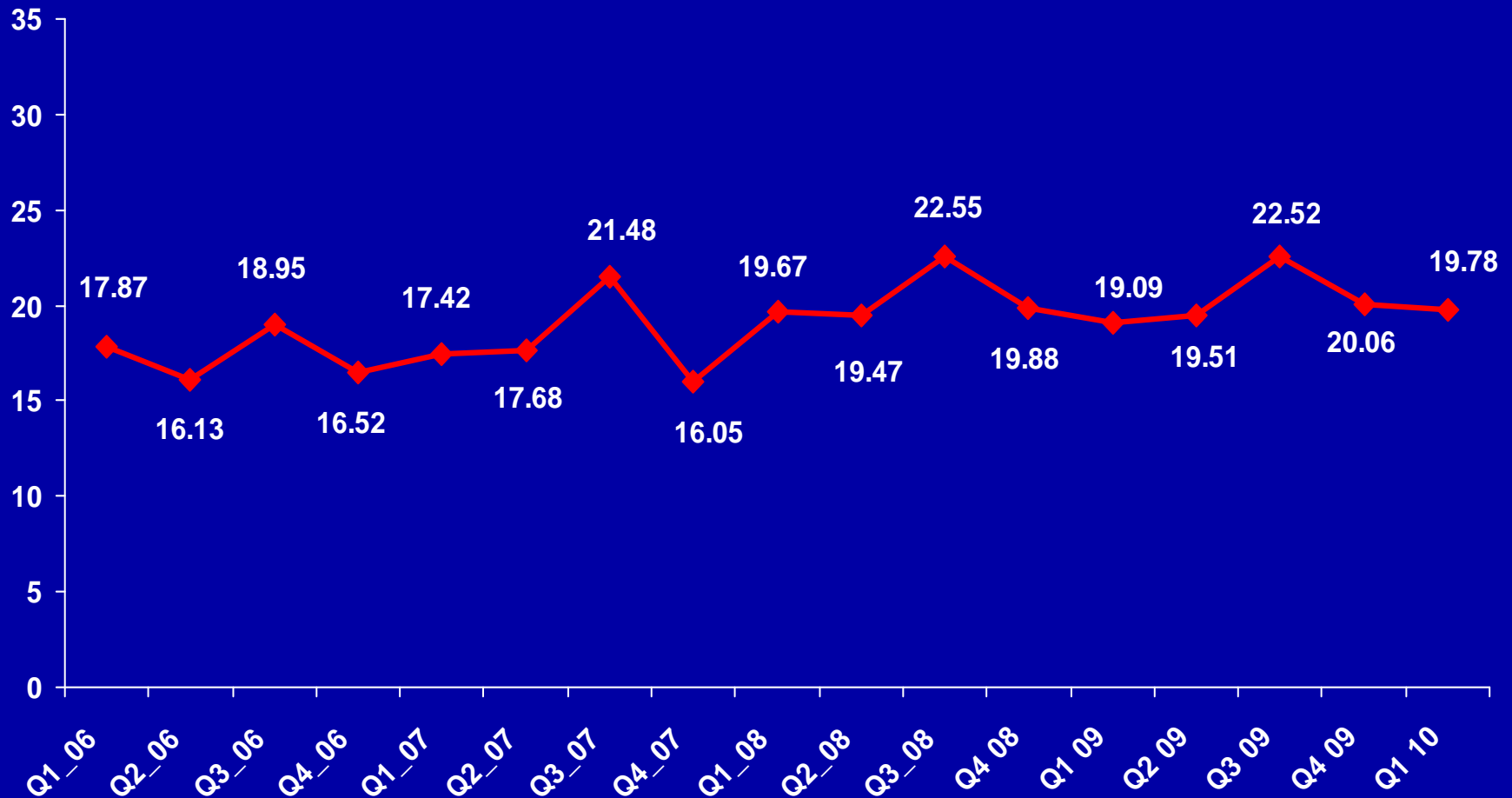
Percentage of visit exactly on schedule by quarter in KHK RH

- Numerator = Number of Visits Exactly in the Quarter
- Denominator = Number of Total Visits in the Quarter

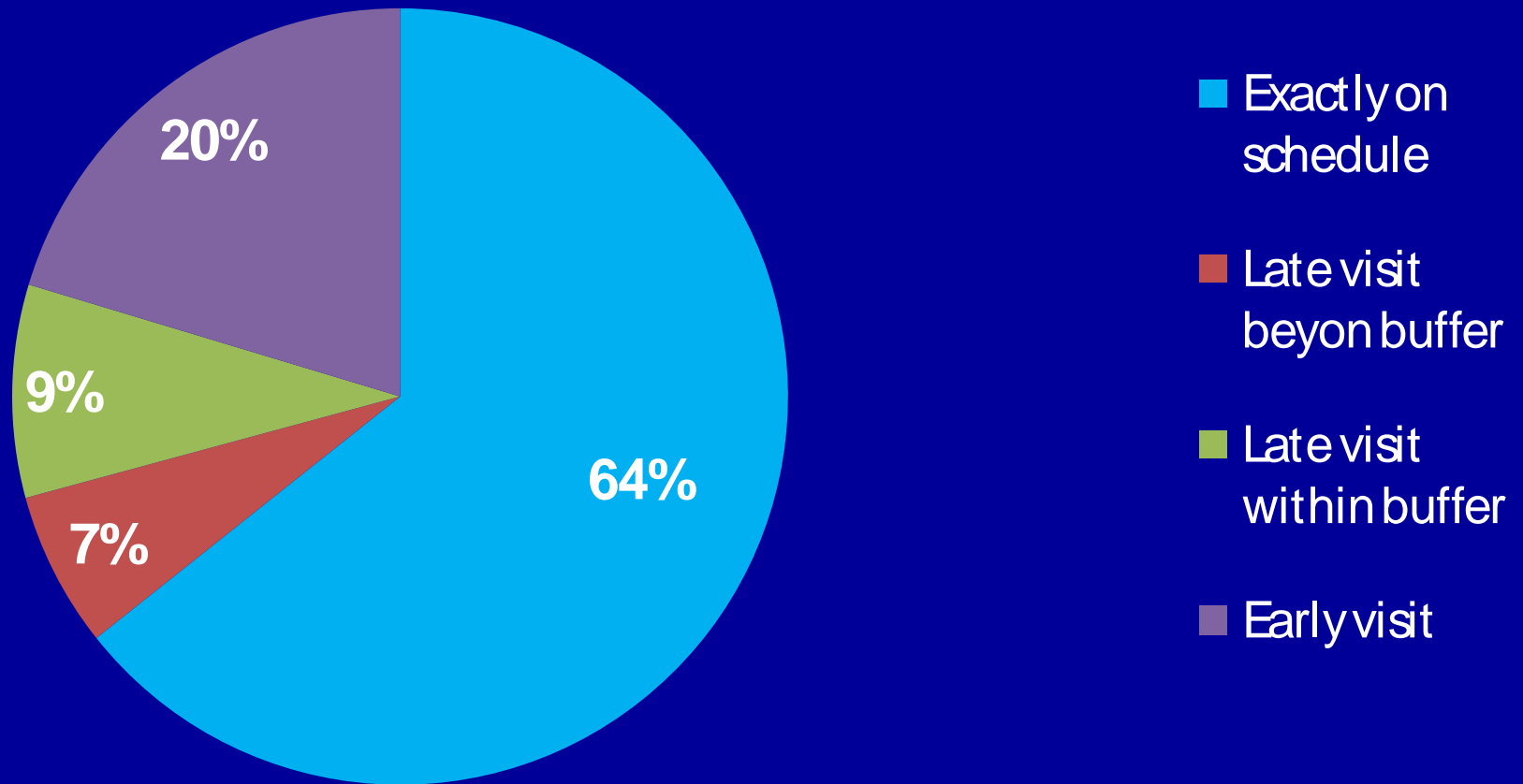


Percentage of early visit by quarter in Koh Kong

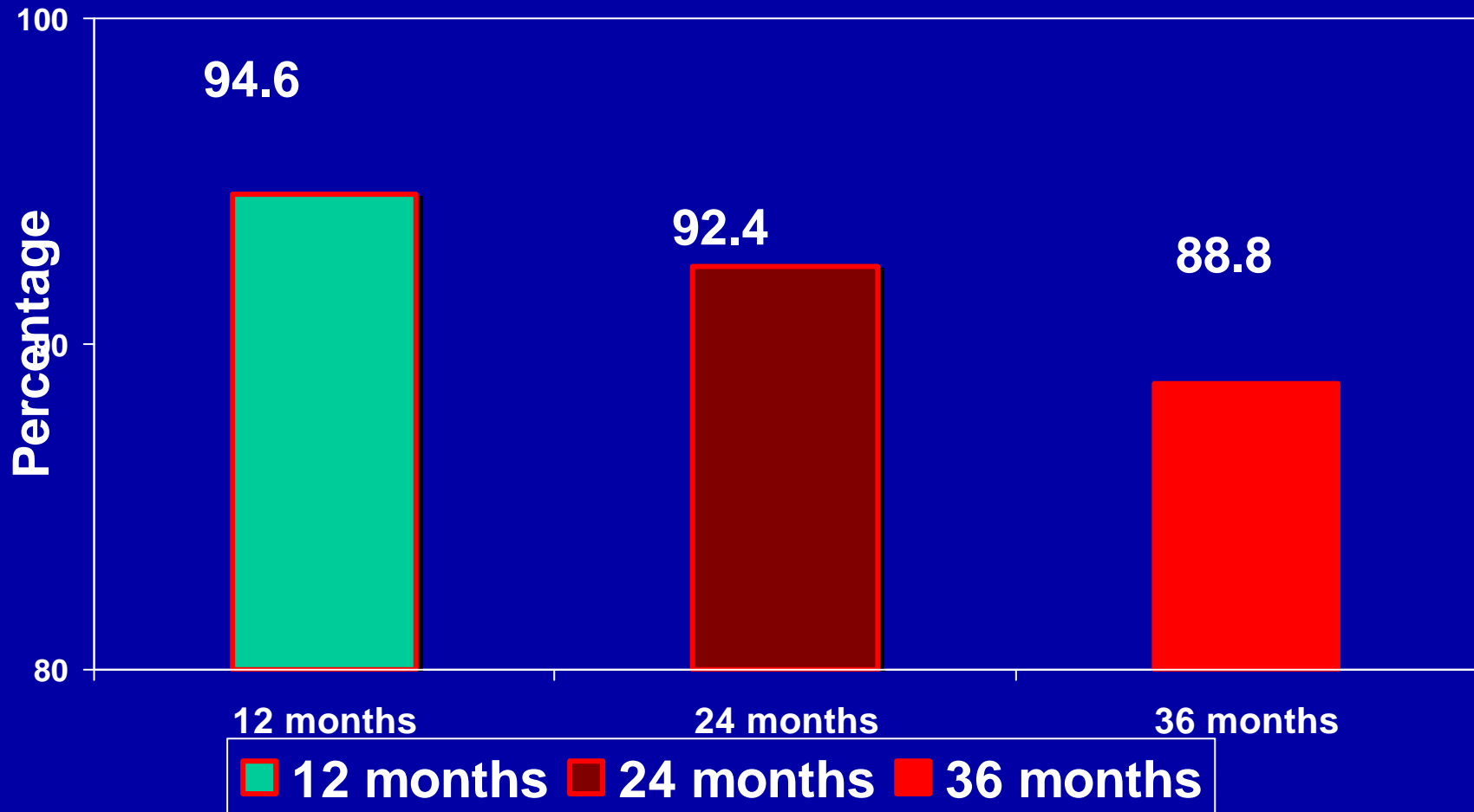
- Numerator = Number of Early Visits in the Quarter
- Denominator = Number of Total Visits in the Quarter



Percentage of visit status for ART in KHK RH



Percentage of patients on ART who are still on first line regimens after 12 or 24 months or 36 months



Percentage of patients whose CD4<250 or WHO stage 4 who start ART within 60 days after eligible in KHK RH

Numerator: Number of patients with a CD4 count of <250 or WHO stage 4 within the first month of the reporting quarter or the two months previous who start ART by 60 days

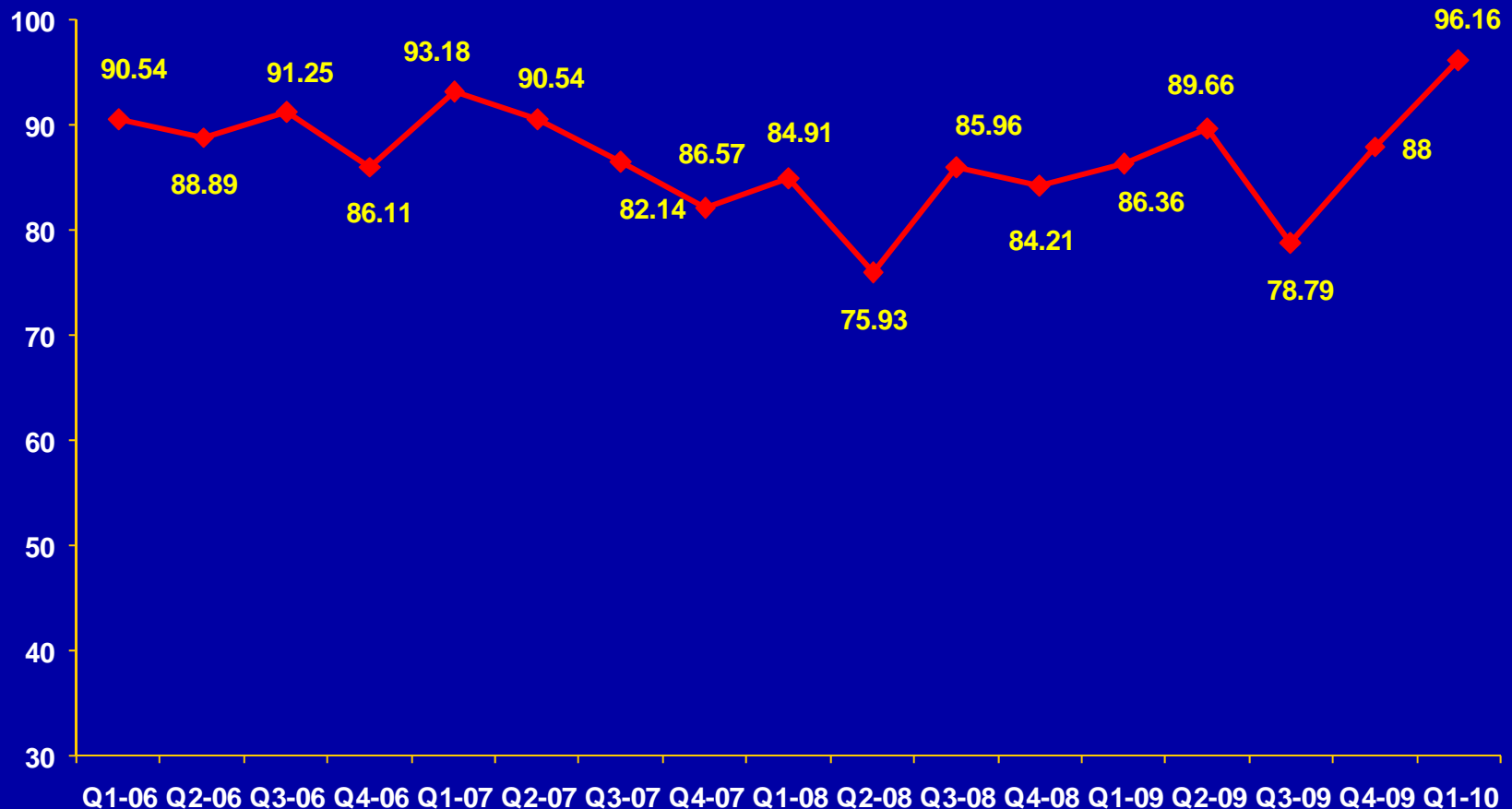
Denominator: Total number of patients with a CD4 count of <250 or WHO stage 4 within the first month of the reporting quarter or the two months previous.



Percentage of Patients whose CD4<200 and received Cotrimoxazole by quarter in KHK RH

Numerator: Number of OI/ART patients with most recent CD4 levels of <200 and who receive a new or ongoing prescription for cotrimoxazole at the appointment following the date of the CD4 test (within the quarter)

Denominator: All OI/ART patients with CD4 cell counts < 200 (within quarter)



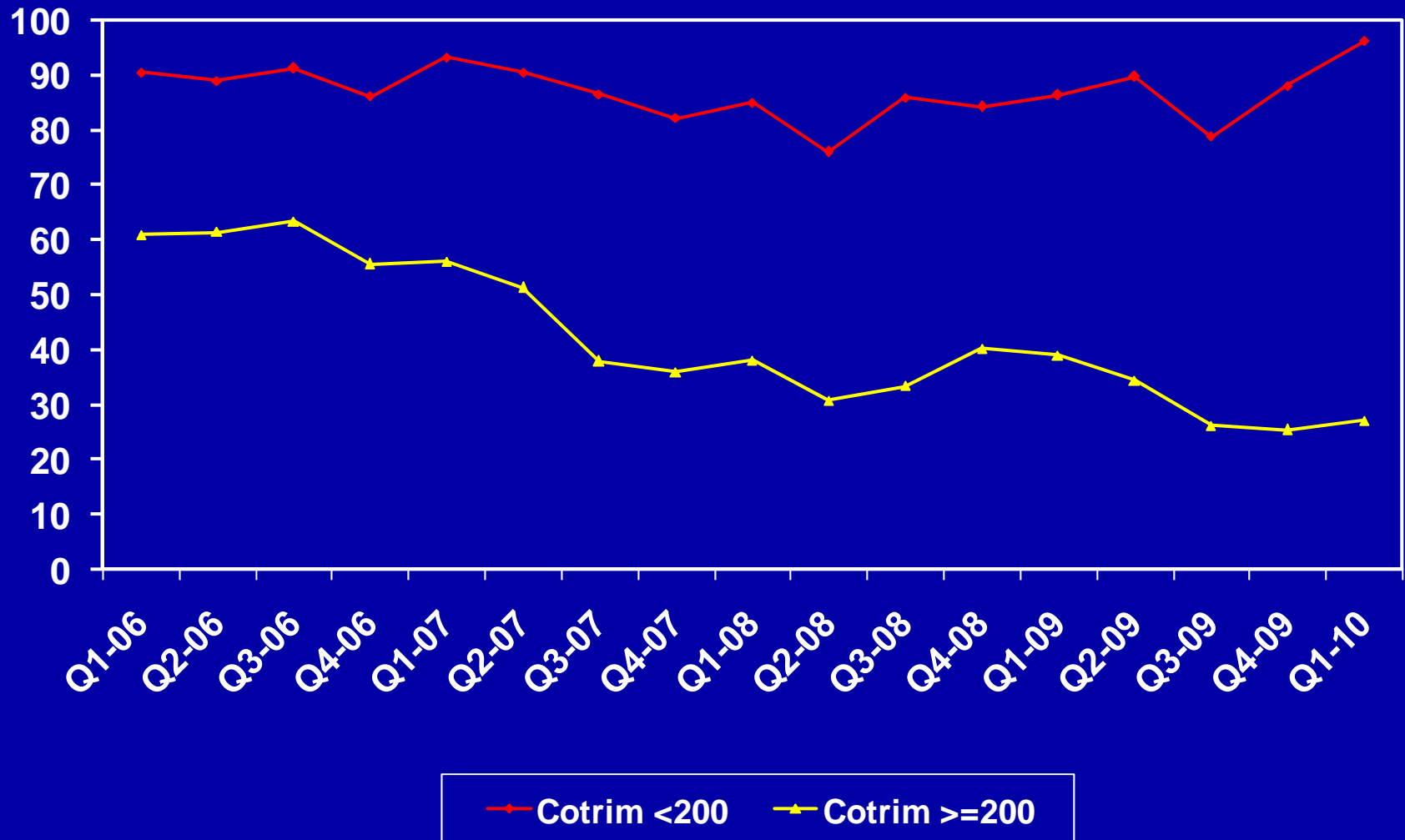
Percentage of Patients whose CD4 \geq 200 and received Cotrimoxazole by quarter KHK RH

Numerator: Number of OI/ART patients with most recent CD4 levels of \geq 200 and who receive a new or ongoing prescription for cotrimoxazole at the appointment following the date of the CD4 test (within the quarter)

Denominator: All OI/ART patients with CD4 cell counts \geq 200 (within quarter)



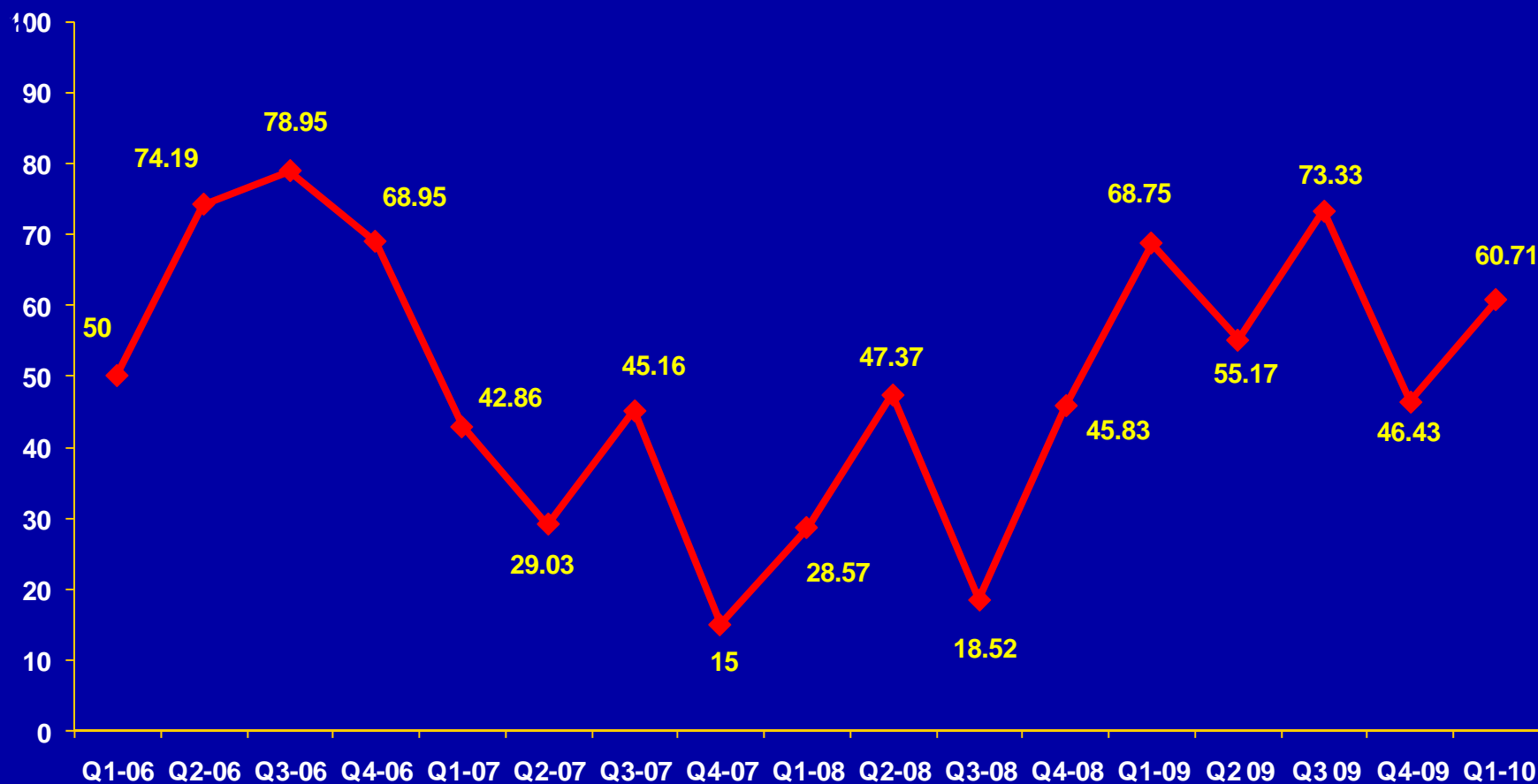
Percentage of Patients whose $CD4 \geq 200$ and $CD4 < 200$ received Cotrimoxazole by quarter in KHK RH



Percentage of Patients whose CD4<100 and received Fluconazole by quarter in KHK RH

Numerator: Number of OI/ART patients with most recent CD4 levels of <100 and who receive a new or ongoing prescription for fluconazole at the appointment following the date of the CD4 test. (within the quarter)

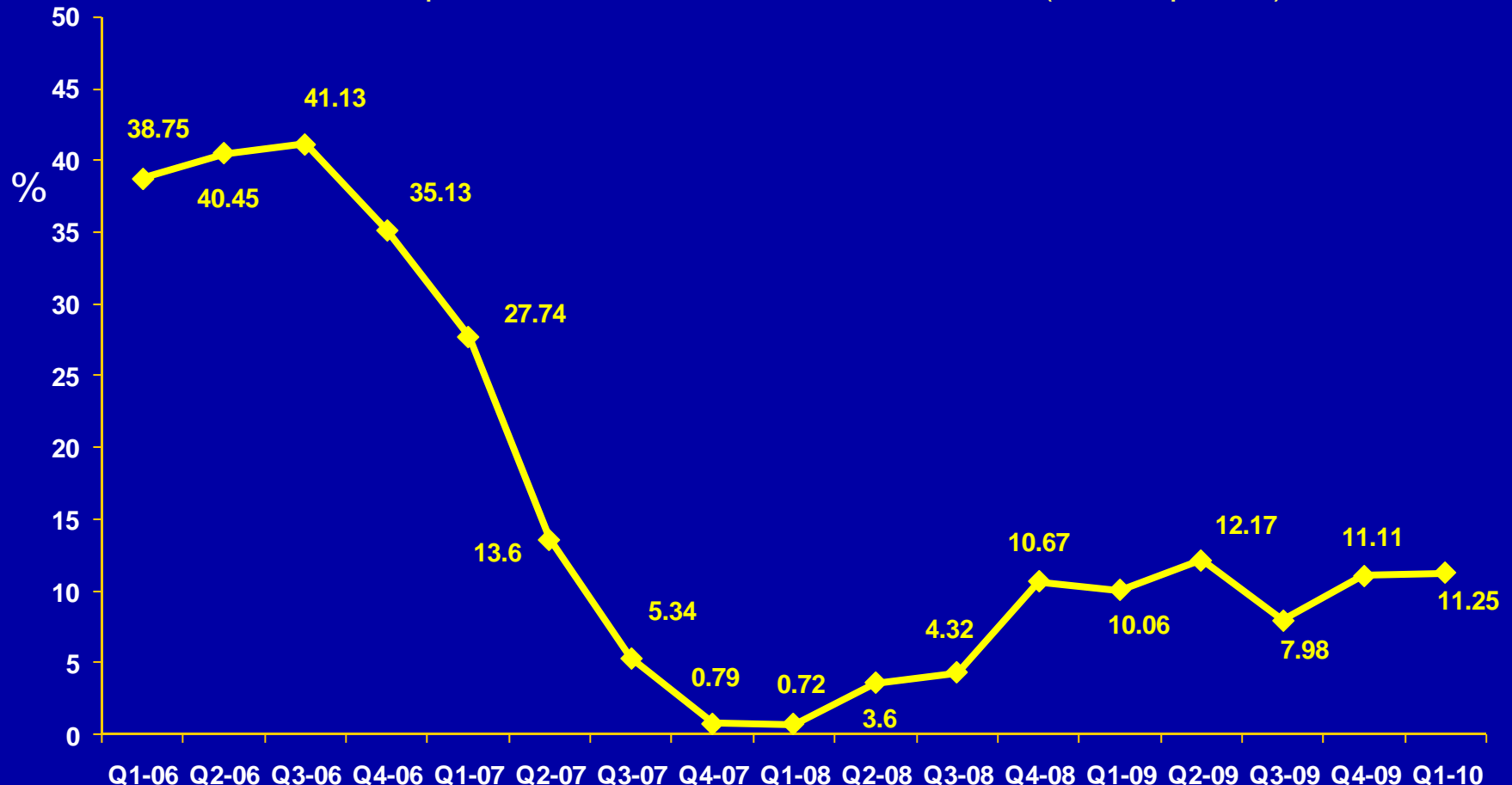
Denominator: All OI/ART patients with CD4 cell counts < 100 (within quarter)



Percentage of Patients whose CD4 \geq 100 and received Fluconazole by quarter in KHK RH

Numerator: Number of OI/ART patients with most recent CD4 levels of \geq 100 and who receive a new or ongoing prescription for Fluconazole at the appointment following the date of the CD4 test (within the quarter)

Denominator: All OI/ART patients with CD4 cell counts \geq 100 (within quarter)



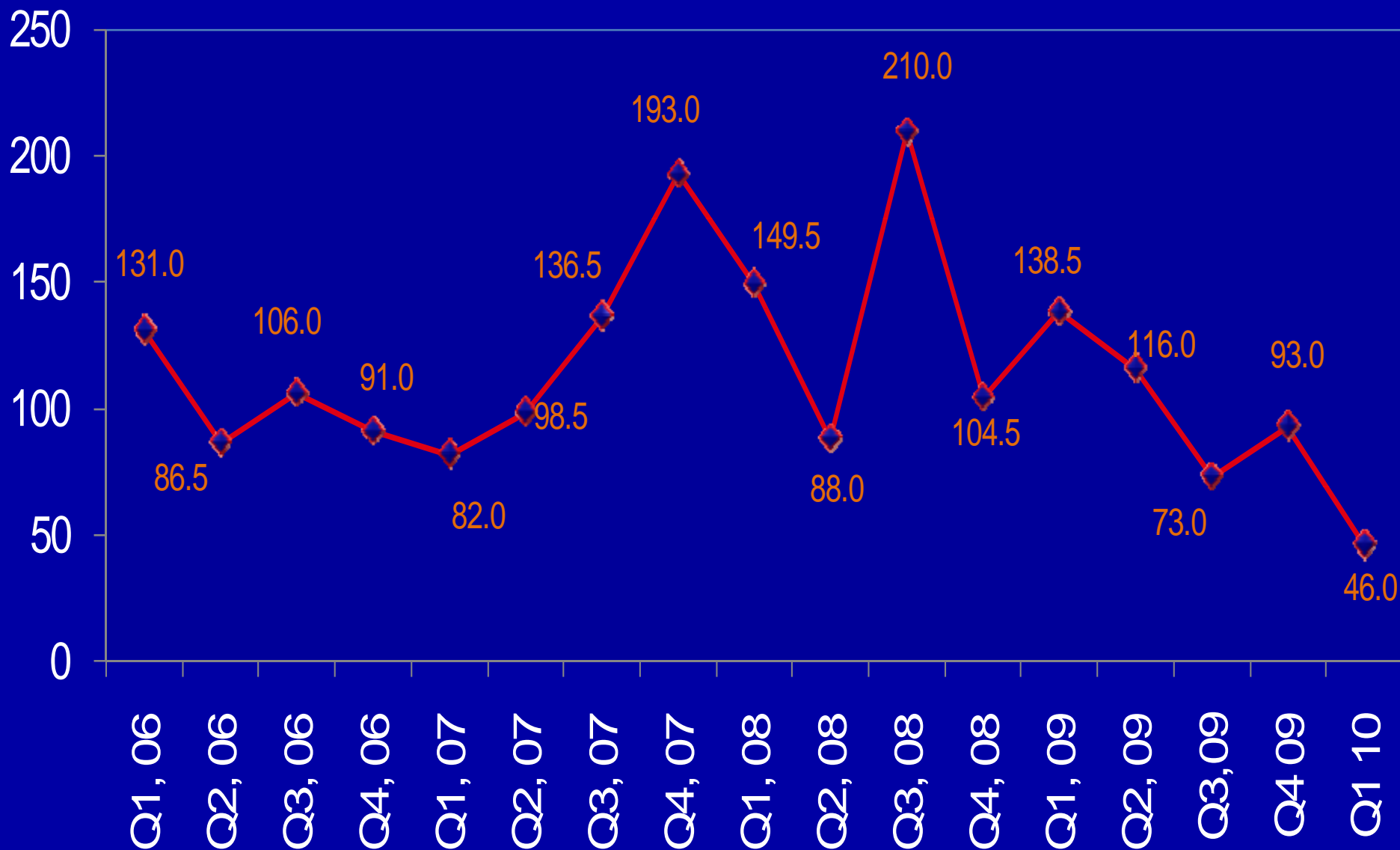
Percentage of Patients whose $CD4 \geq 100$ and $CD4 < 100$ received Fluconazole by quarter in KHK RH



Mean of CD4 at initial visit by quarter



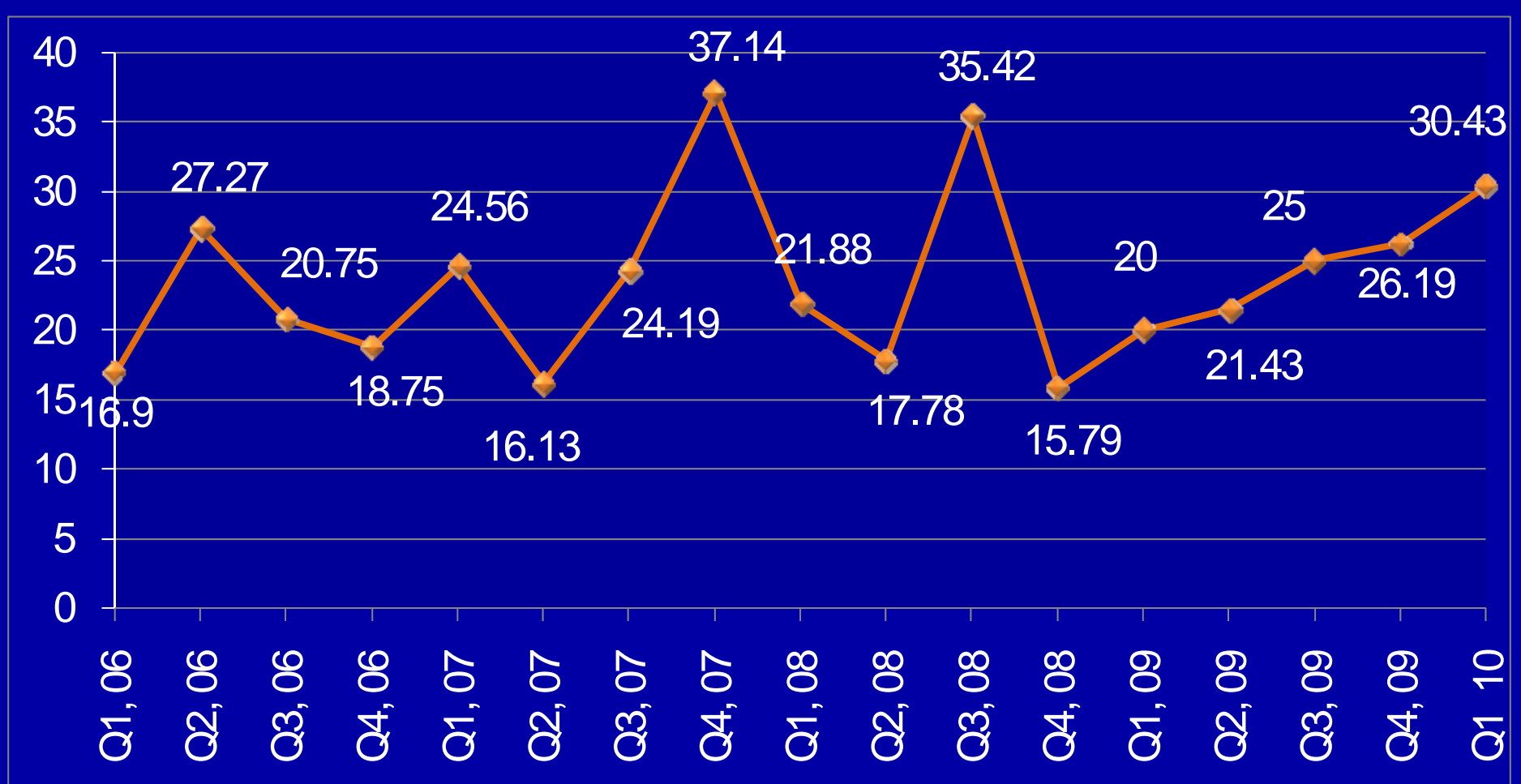
Median of CD4 at initial visit by quarter



Percentage of patients who has CD4>350 at initial visit by quarter

Numerator: Total number of initial visit patients with CD4> 350 by quarter

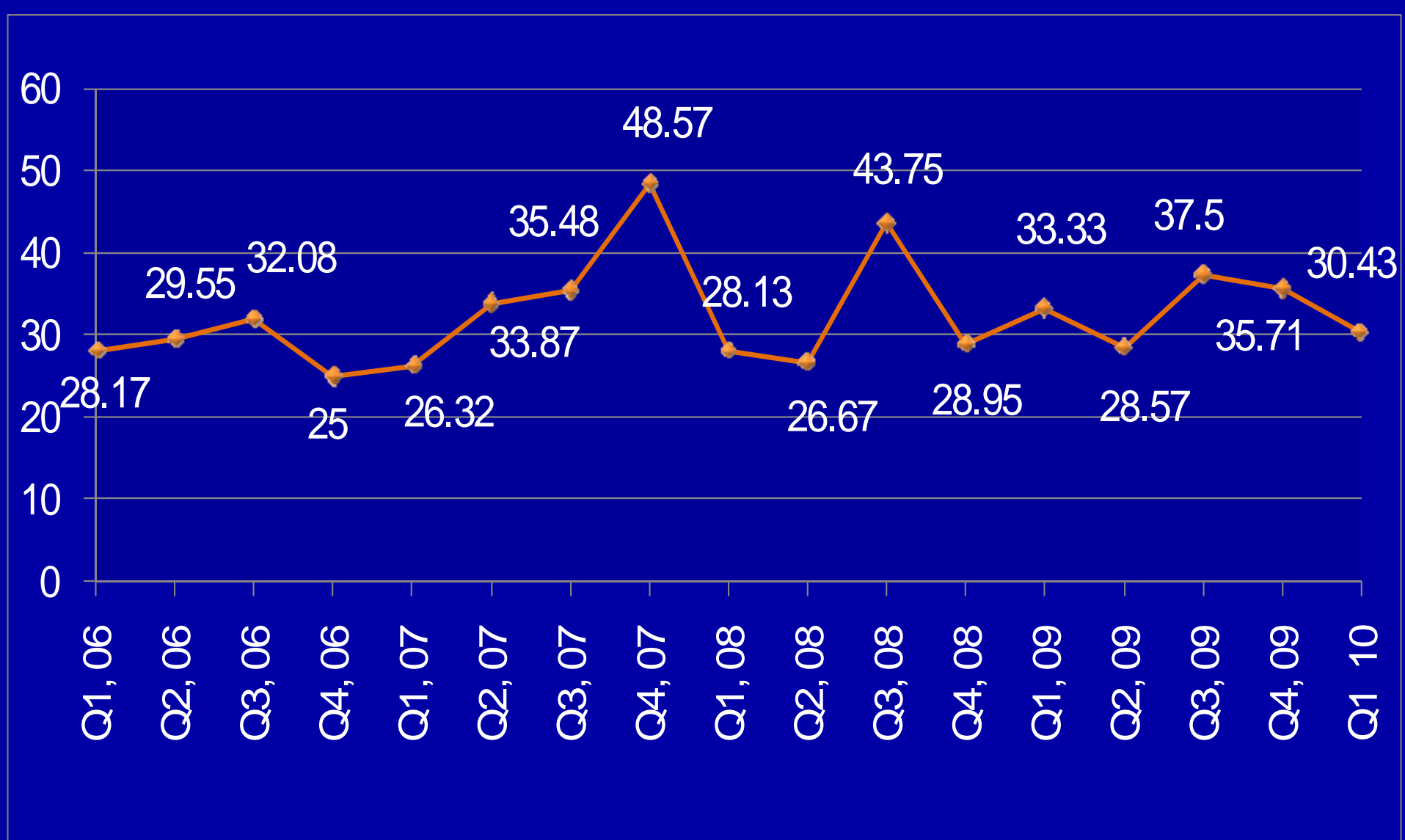
Denominator: Total number of initial visit patients by quarter



Percentage of patients who has CD4>250 at initial visit by quarter

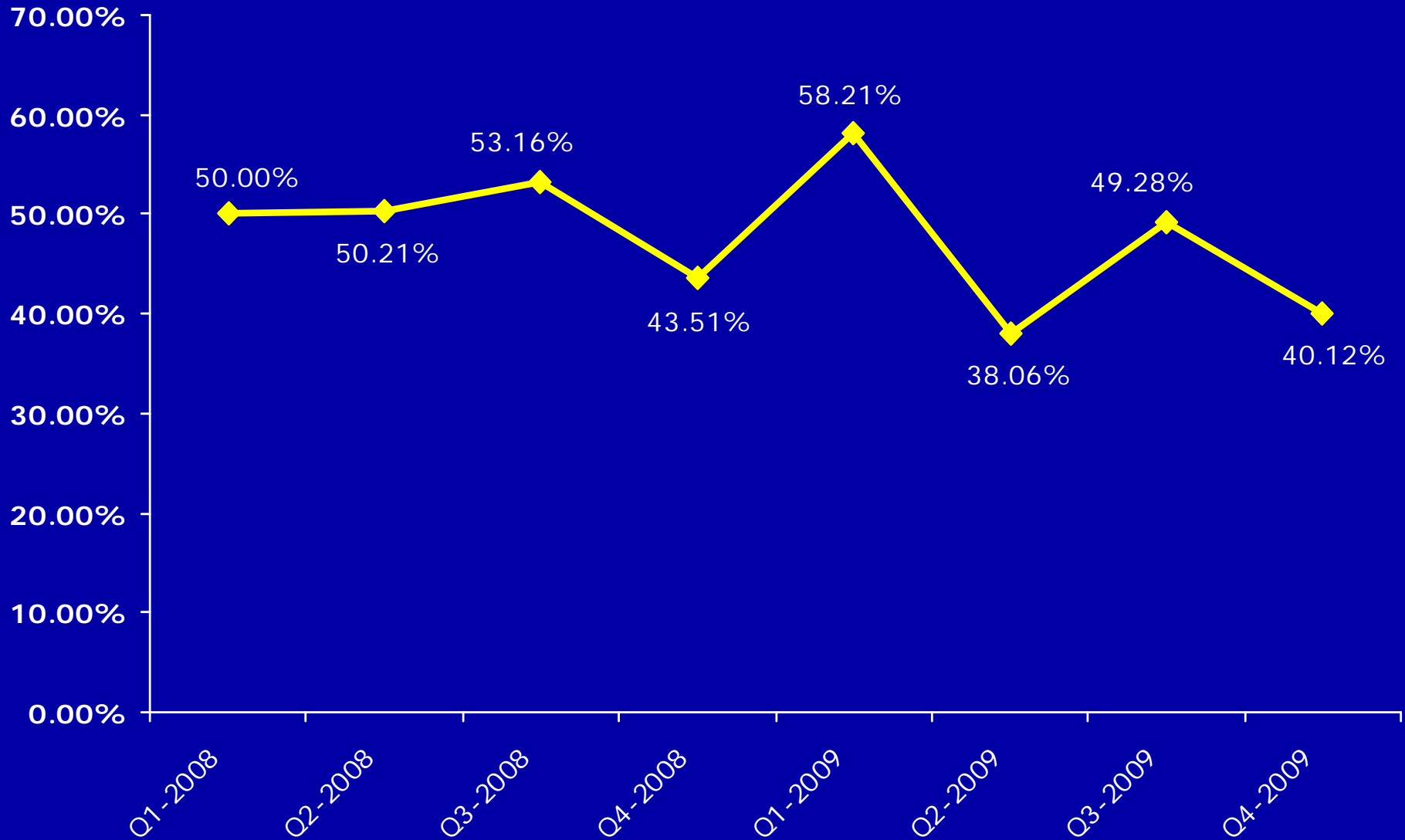
Numerator: Total number of initial visit patients with CD4> 250 by quarter

Denominator: Total number of initial visit patients by quarter



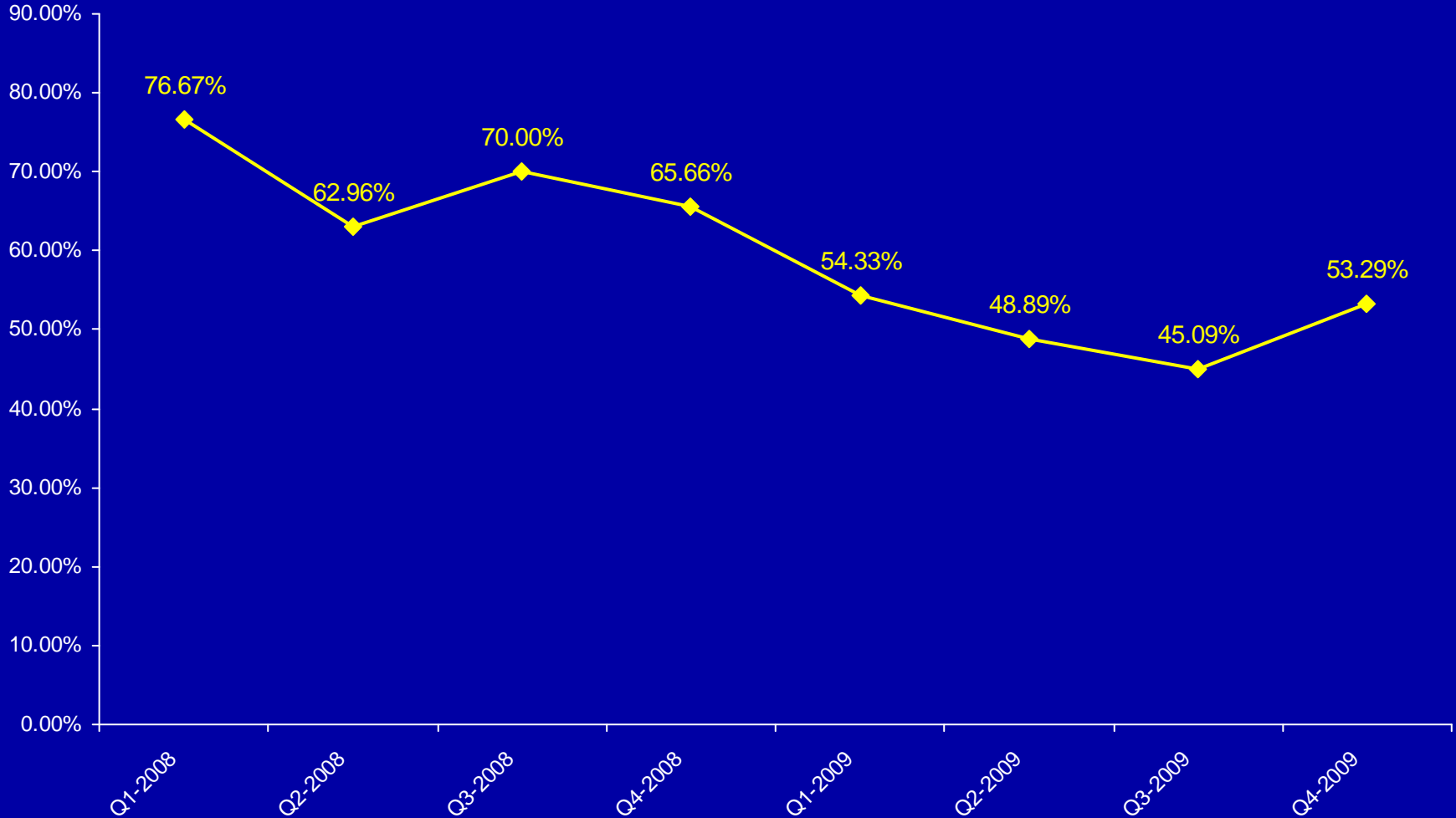
Percentage of HIV Testing among ANC 1 at OD Smach Mean Chay by Quarter

(Nominator = number of ANC1 post tested counseled; Denominator = total number of ANC first visit)

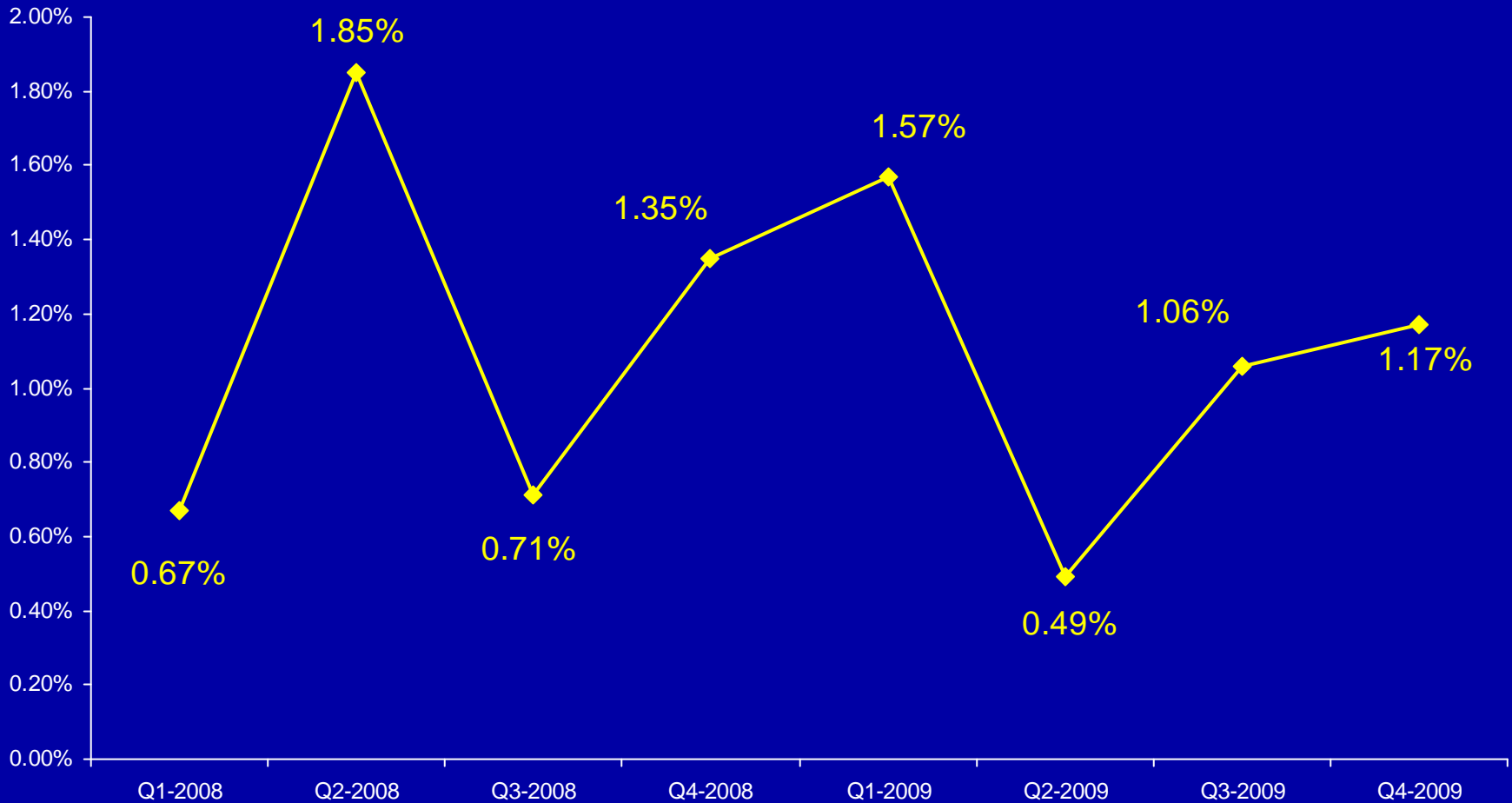


Percentage of delivered women with known HIV status at OD Smach Mean Chay by Quarter

(Numerator = Total Number of delivered Women with known HIV status ;
Denominator = Total Number of delivered Women)

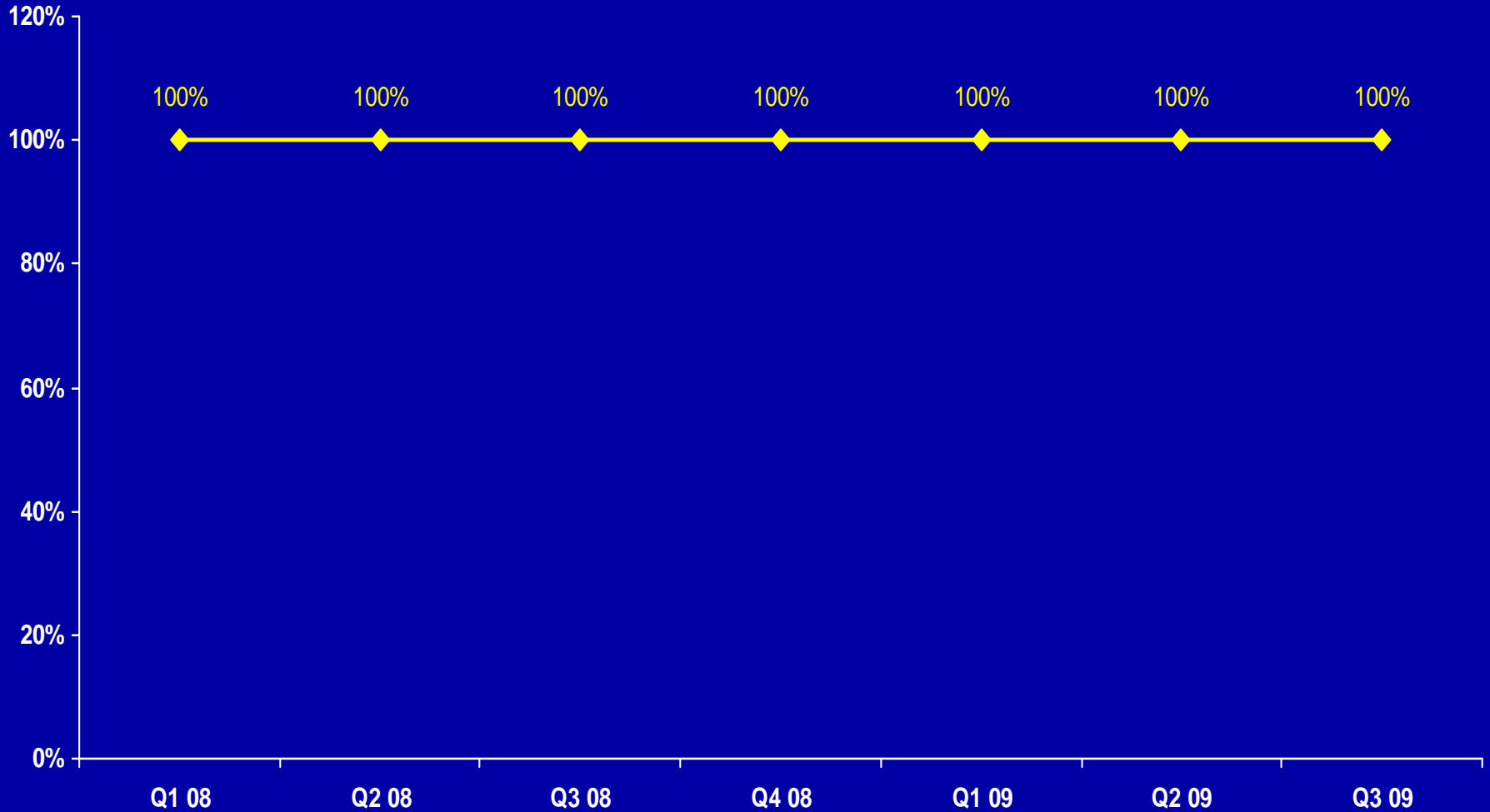


Percentage of delivered women with known HIV status + at OD Smach Mean Chay by Quarter



Percentage of HIV + Women who received any prophylaxis or HAART during Labor at OD Smach Mean Chay by Quarter

(Numerator = Total Number of delivered Women who received any prophylaxis or HAART during Labor)
Denominator = Total Number of HIV + Women who Delivered with known HIV status (+)



**Percentage of patients newly
registered at OI/ART who were
screened for TB**

Information is not available

Percentage of new TB Patients in OD Smach Mean Chey who were screened for HIV by quarter

Numerator: Total number of new TB patient screened for HIV status at VCCT by quarter
Denominator: Total number of new TB patient registered at TB ward by quarter

