

The PMTCT Change Package: High-Impact Interventions to Improve PMTCT Performance

Prepared for: National Department of Health PMTCT Accelerated Plan
By: Institute for Healthcare Improvement, South Africa



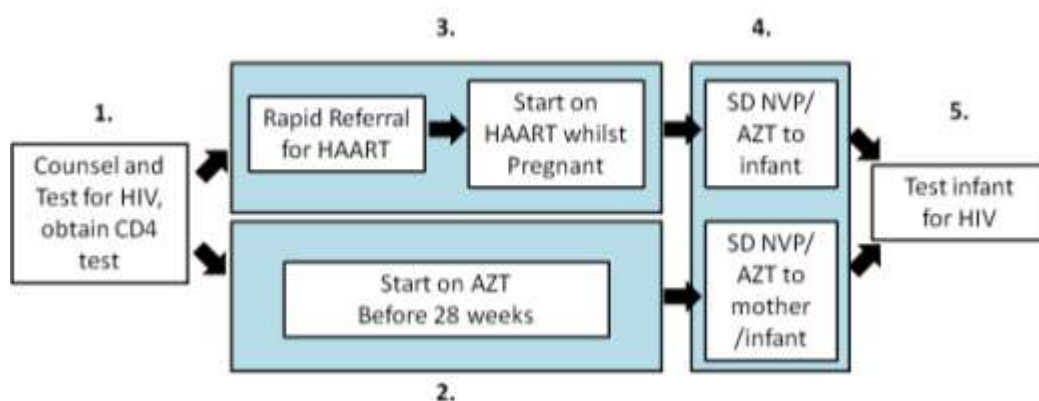
DEPARTMENT OF HEALTH
Republic of South Africa



Introduction

This “Change Package” was developed from experiences in the field of a number of organizations working to support the National & Provincial Department of Health PMTCT programme. This document reflects deliberations from a workshop that included representatives from NDOH and various NGO partners (20,000+, Broadreach, EGPAF, MRC, CDC, ICAP, ECHO, RHRU, Mother to Mothers, IHI, Regional Training Center (E Cape), UNICEF, URC) and DFID at the SA AIDS conference in March 2009. The purpose of the workshop was to share best practices in PMTCT care from around the country and develop a set of interventions that could be rapidly deployed to assist underperforming health facilities.

Five Key Steps for Effective PMTCT Care



This Change Package consists of 13 high-impact “change ideas” that map directly to the five key steps for PMTCT. For each step in the process, workshop participants identified their highest-impact change ideas. The steering committee then identified the most value-added change ideas for further investigation, with the top-ranked interventions presented here.

This document is intended to be a practical aid to front-line health care workers who are working to achieve high levels of performance in different parts of the PMTCT care pathway. It is not expected that every facility will implement every change idea that is listed below. Rather, each health facility can evaluate its own programme and decide which improvement ideas could be most helpful in closing performance gaps for that particular facility. Furthermore, different *types* of facilities will find certain change ideas more valuable than others – for example, a PHC may use one idea while a labour ward may use another. Some change ideas require coordination of care between health facilities. Each of the 13 high-impact change ideas will be accompanied by a checklist to assist in implementation. The national core team for the Accelerated Plan and its implementing partners will provide assistance to facilities that are intent on testing and implementing these changes.

Step 1: Early ANC booking (<20 weeks), counseling, HIV testing, and CD4 testing

Problem	Change Idea	Checklist ID and Title
Not all mothers are counseled and tested for HIV testing at first antenatal booking	Mandatory counseling, voluntary testing of all first ANC bookings by: <ul style="list-style-type: none"> - Palpation only after counseling - Group or cohort counseling - Provider-initiated counseling and testing (nurses counsel if lay counselor busy or not there) 	<i>Checklist 1A: Reliable Antenatal Testing for HIV</i>
Not all HIV positive mothers have CD4 test drawn	Draw blood for CD4 test with routine ANC bloods on first ANC booking Note: Can either draw extra tube for CD4 or add on to FBC depending on PHC or hospitals	<i>Checklist 1B: Bundle the CD4 Test with Antenatal Clinic (ANC) Blood Tests at First ANC Booking Visit</i>

Step 2: Treatment for patients w/ CD4 > 200

Problem	Change Idea	Checklist ID and Title
Mothers have CD4 test drawn, but do not return for results	Audit CD4 register at the end of each month and contact all patients who did not get results and refer to appropriate location (crosslink with Step 3)	<i>Checklist 2A: Reliable Patient Follow-up for HIV-Positive Mothers</i>
Mothers are often delayed AZT while waiting for CD4 count result	Start AZT immediately if HIV positive and > 28 weeks pregnant at time of first ANC booking (do not wait for CD4 count result)	<i>Checklist 2B: Start AZT Immediately If Mother Is HIV Positive and > 28 Weeks' Gestation</i>

Step 3: CD4 < 200: rapid referral and HAART initiation

Problem	Change Idea	Checklist ID and Title
HAART clinics are overburdened so clients are delayed in starting HAART while pregnant	Perform as many HAART “preparation” steps at PHC level as possible then coordinate fast track ARV initiation at ARV site	<i>Checklist 3A: Fast-Track HAART Preparation at PHC Level</i>
Clients are referred for HAART but do not pitch up at ARV clinic	Use one or more of the following to improve reliability of patient referral from ANC to ARV site: <ul style="list-style-type: none"> - Walk patient to ARV clinic - Phone ahead - Give appointment card - Send SMS reminder 	<i>Checklist 3B: Reliable Referral for HAART</i>
Clients are referred for HAART but no information is sent with the patient, which leads to delays and duplication	Use checklist with completed tasks and pertinent lab results to improve quality of patient referral from ANC to ARV site	<i>Checklist 3C: Effective ARV Referral Using Pre-HAART Checklist</i>
Clients are delayed for HAART because a treatment supporter has not been identified	Start HAART without treatment supporter (“buddy”) if you feel confident in the patient’s ability to adhere	<i>Checklist 3D: Start HAART in Qualifying Pregnant Women Without an Identified Treatment Supporter (“Buddy”)</i>

Step 4: Labour ward: three-hourly AZT during labor, sdNVP to mother and baby, and start AZT to infant

Problem	Change Idea	Checklist ID and Title
The delivery of PMTCT medicines is unreliable during labour	Use a labour ward checklist to identify PMTCT patients and track interventions in labour ward	<i>Checklist 4A: Use a Labour Ward Checklist to Ensure All Recommended PMTCT Interventions Are Followed</i>
It is not always clear which mothers are part of the PMTCT programme	Mother's ANC card clearly marked with HIV status – for example, CD4 bar code sticker on inside of card	<i>Checklist 4B: Accurately Identify Mothers in the PMTCT Programme</i>
Some mothers did not get tested during ANC period but can still receive ARV for PMTCT	Mandatory counseling and voluntary testing to all “unknowns” at the time of presentation. If HIV positive, give salvage therapy of sdNVP and AZT to mother and baby or baby alone (<48h) if already delivered	<i>Checklist 4C: Reliable Labour Ward Testing for PMTCT</i>

Step 5: HIV exposed babies get PCR at six weeks

Problem	Change Idea	Checklist ID and Title
The post-natal care clinic does not always know which babies were HIV exposed	Communicate mother's PMTCT information to baby clinic by stapling ANC card to Road-to-Health Card (RTHC) for all mothers. Can also: <ul style="list-style-type: none"> - Discretely mark RTHC - Staple labour ward PMTCT checklist (Step 4A) to RTHC 	<i>Checklist 5A: Reliable Transfer of PMTCT Information to PHC to Ensure All HIV-Exposed Babies Receive Appropriate Follow Up</i>
PCR testing is not always reliable	Combine PCR test, EPI, and mother's CD4 count, and make EPI the last step of six-week visit	<i>Checklist 5B: Effective Post-Natal Care</i>

Changes that crosscut all processes: Data collection

Change Idea	Comments
Line charts on key indicators posted on the walls of every clinic visited by Quality Mentor	Requires more work for QMs initially. Must transfer ability to make run charts to PHC supervisors and clinic staff. Laminated blank run charts with indicators and last six months already entered.
Quality Mentors collect key set of indicators when they do site visits based on basic template	QI partner uses simple spreadsheet that can capture most of the data elements
Increase frequency of data tallying from monthly to at least weekly (if not more frequently) to catch errors sooner	Requires reorganizing time, less time at the end of the month, more time each week
Two people do the monthly data compilation to ensure validity of data and reduce errors	
Quality Mentors show DHIS-derived and clinic-level data to the facilities to compare then and highlight discrepancies	Requires Quality Mentors to carry facility reports from database to clinics
District Task Team reviews all facility-level data at monthly meeting	Must use DHIS data for this exercise
Register in labour ward of all mothers who are in the PMTCT programme	
Cohort register of all babies on PMTCT programme	Used for tracking babies, especially if they miss six-week follow-up visit