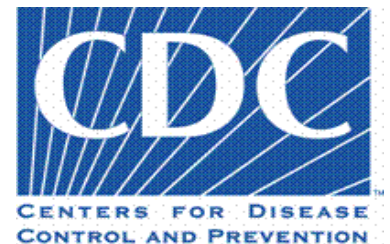


# Follow up of Continuous Quality Improvement Project for Continuum of Care in Neak Loeung RH, Prey Veng Province

**03 August, 2011**

**National Center for HIV/AIDS,  
Dermatology and STDs**



# 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

- Until 2003, less than 10% of PLHA received ART from a few health facilities where mostly got ARV support from NGOs; there was no National Guideline for ART yet; this become a concern;
- In 2003, MoH established CoC to response to the need for care and treatment for people infected with HIV/AIDS;

## Background (cont.)

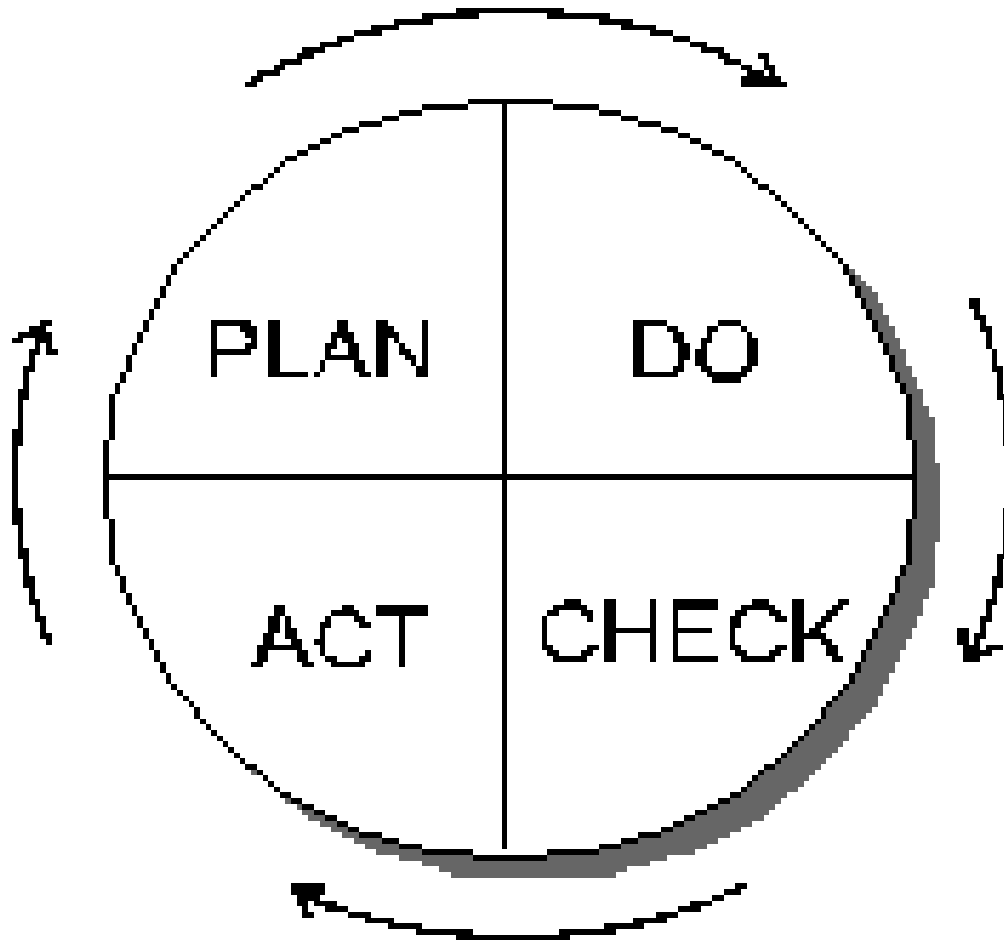
- By September 2007; it was estimated approximately 80% of AIDS patients already received ART; this becomes another concern about the quality services provided to patients;
- In 2008, NCHADS in collaboration with UNAIDS, WHO, USCDC, and other concerned organizations to develop Standard Operation Procedure for CQI of CoC in Cambodia

# Concept of CQI

- Deming and his colleague, Shewhart, promoted the **PDCA** cycle – mean that

Plan, Do, Check and Act.

# *The PDCA Cycle*



# Objectives

## **General objective:**

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

## **Specific objectives:**

- To make use of data
- To improve communication between health care providers , data management teams, community support teams and other related organizations working for CoC
- To build capacity for CoC teams to manage their own CQI
- To create a culture to implementing CQI among CoC teams



# Indicators

- **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.)

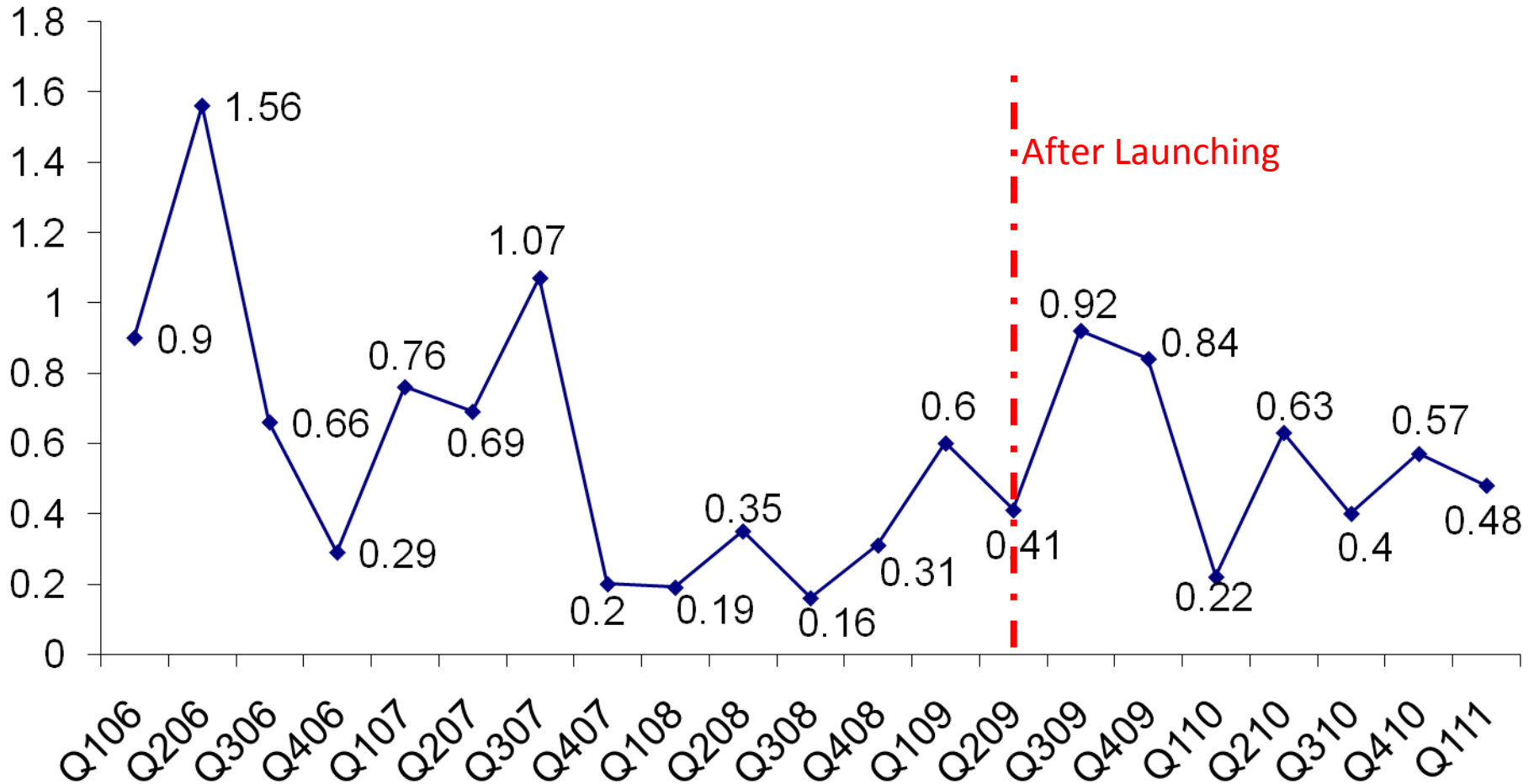
- Percentage of ANC1 patients who received HIV testing and counseling;
- Percentage of known HIV+ pregnant women who received prophylaxis (PMTCT).

# FINDINGS

# Percentage of adult patients under ART who died in NEAK LOEUNG 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

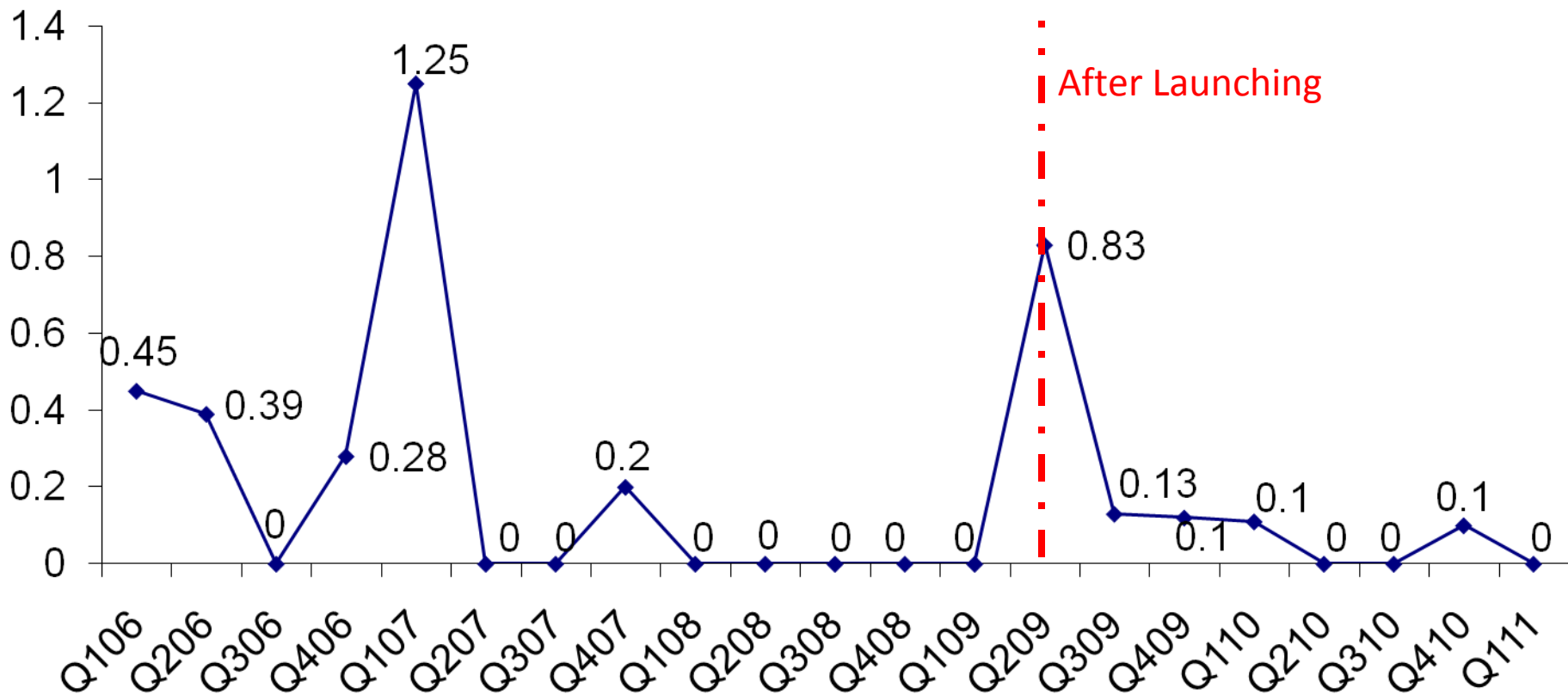




# Percentage of adult patients under ART who were lost to follow-up in NEAK LOEUNG RH

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.

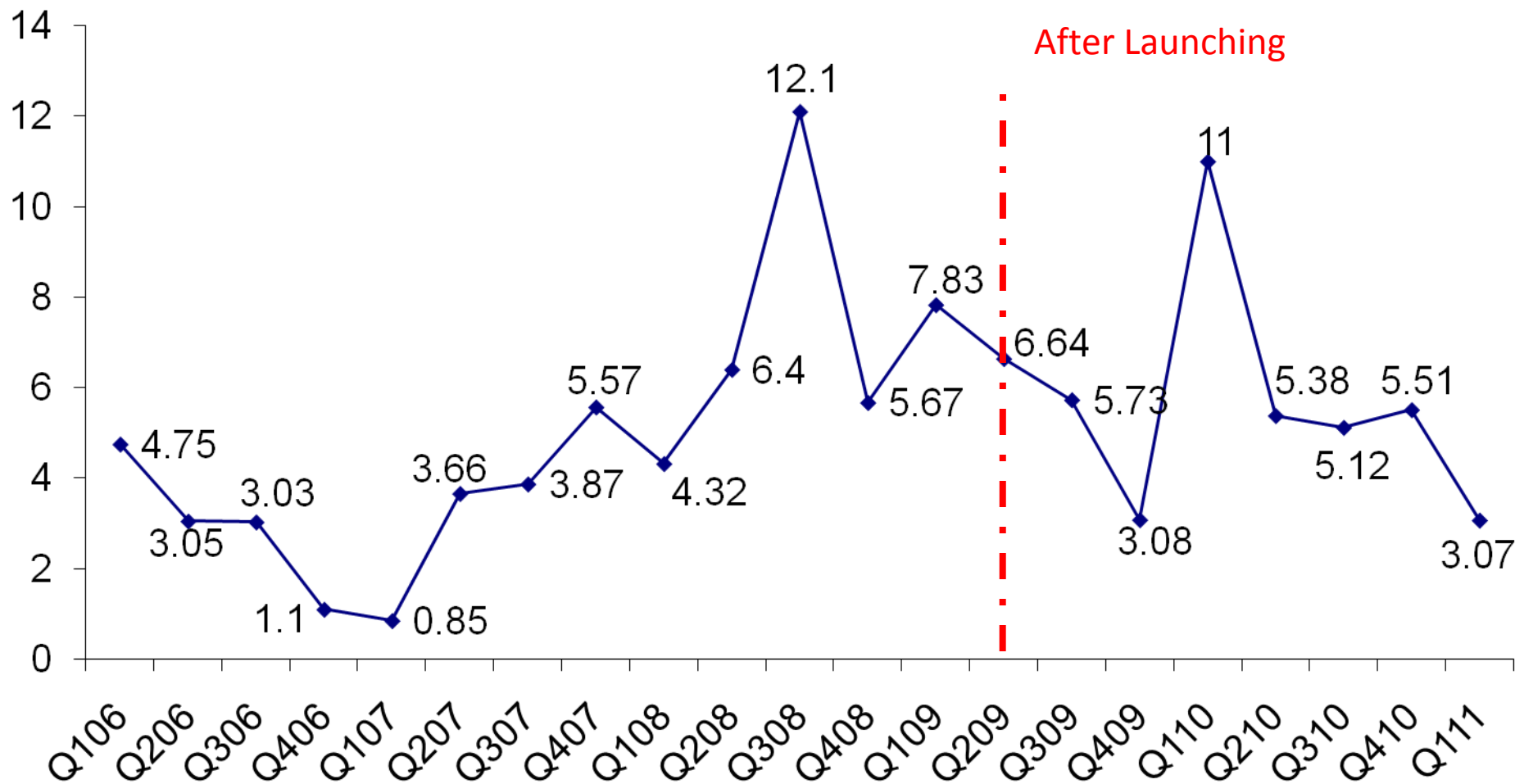
Denominator: Total number of active patients on ART at the end of the quarter + total number of patients who lost to follow up



# Percentage of adult patients under OI were lost to follow-up in NEAK LOEUNG RH

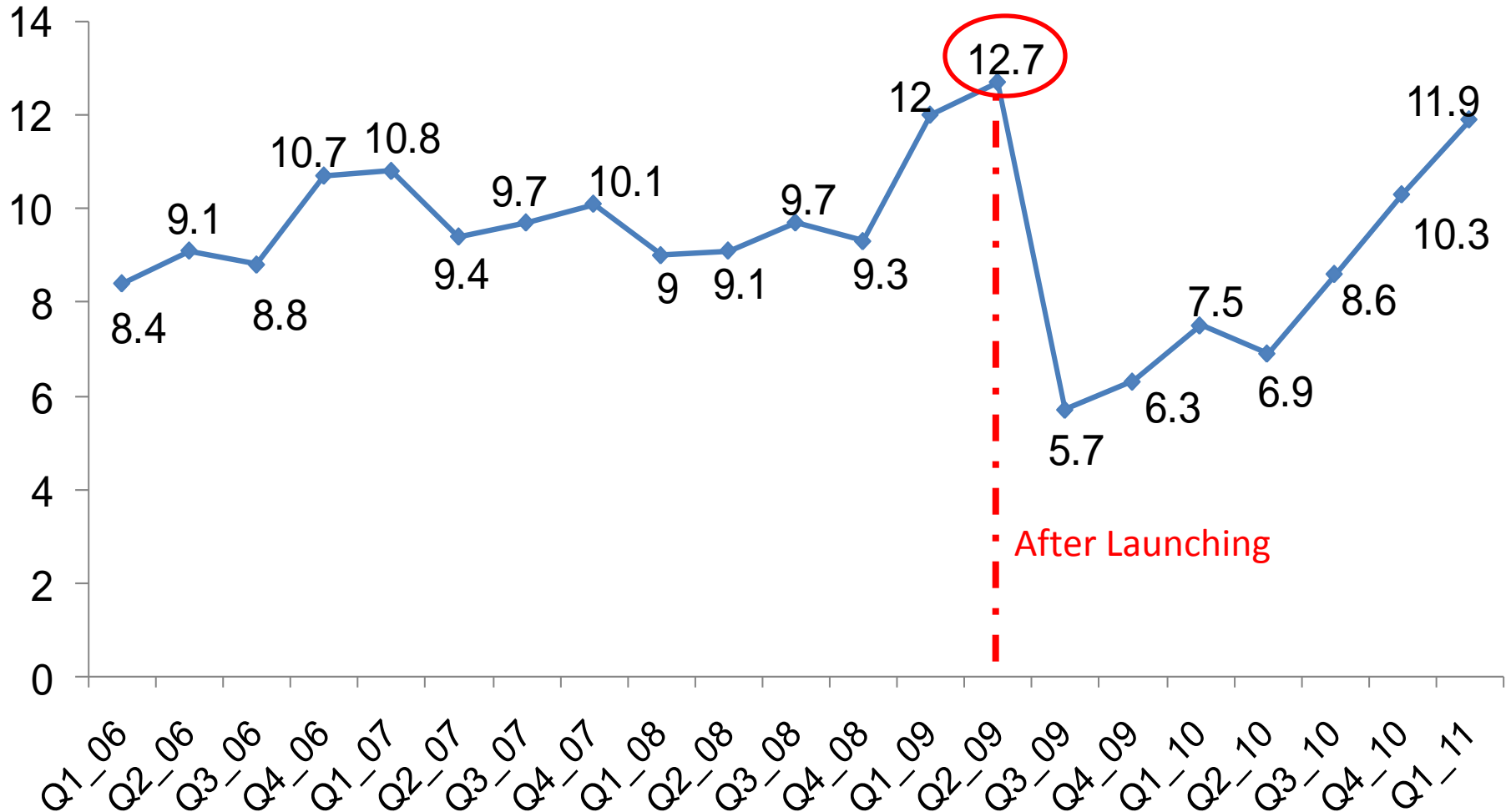
Numerator: Total number of OI patients who were lost (whether or not they are known to have died) during the quarter.

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



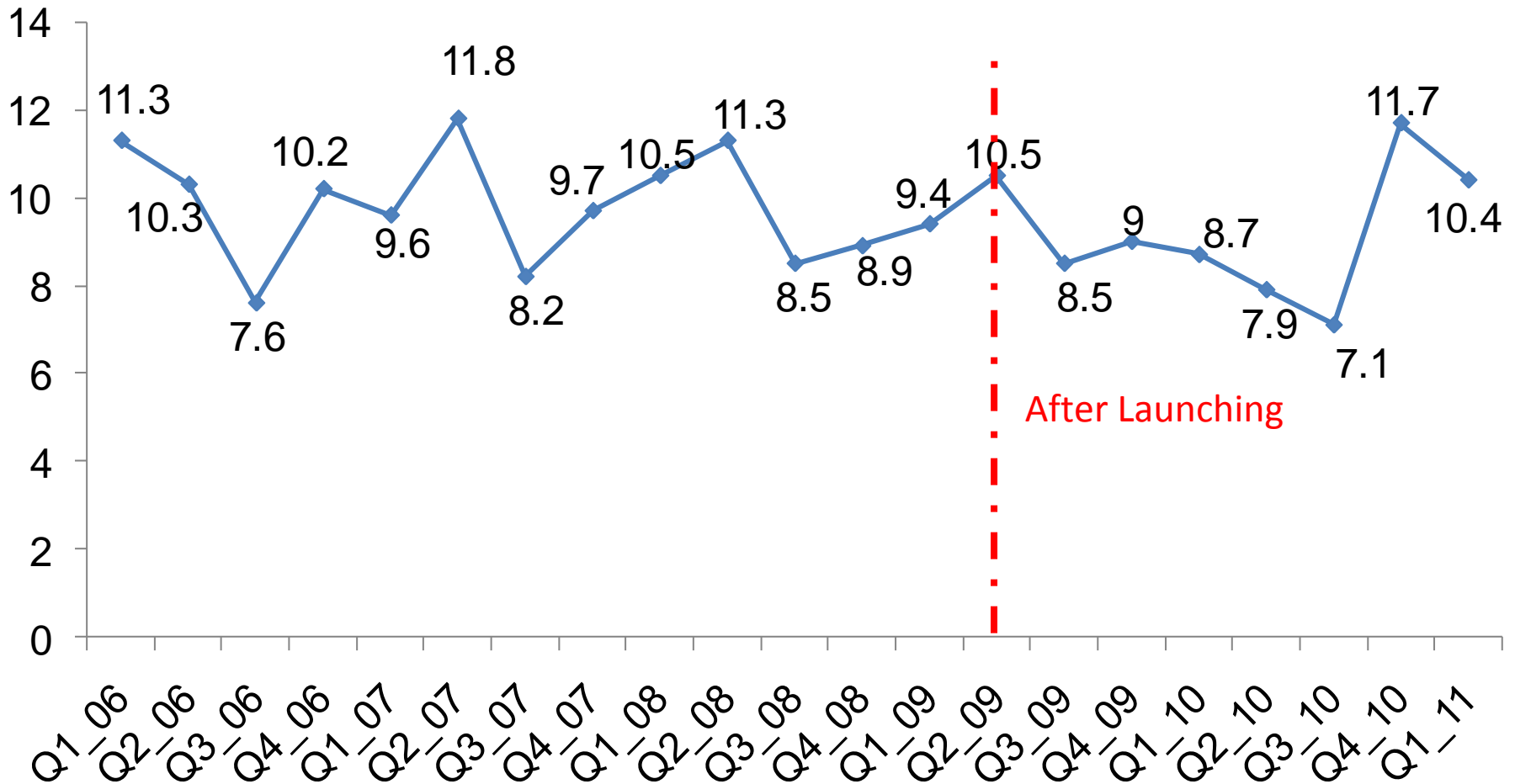
# Percentage of late visit beyond buffer by quarter in Neak Loeng

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



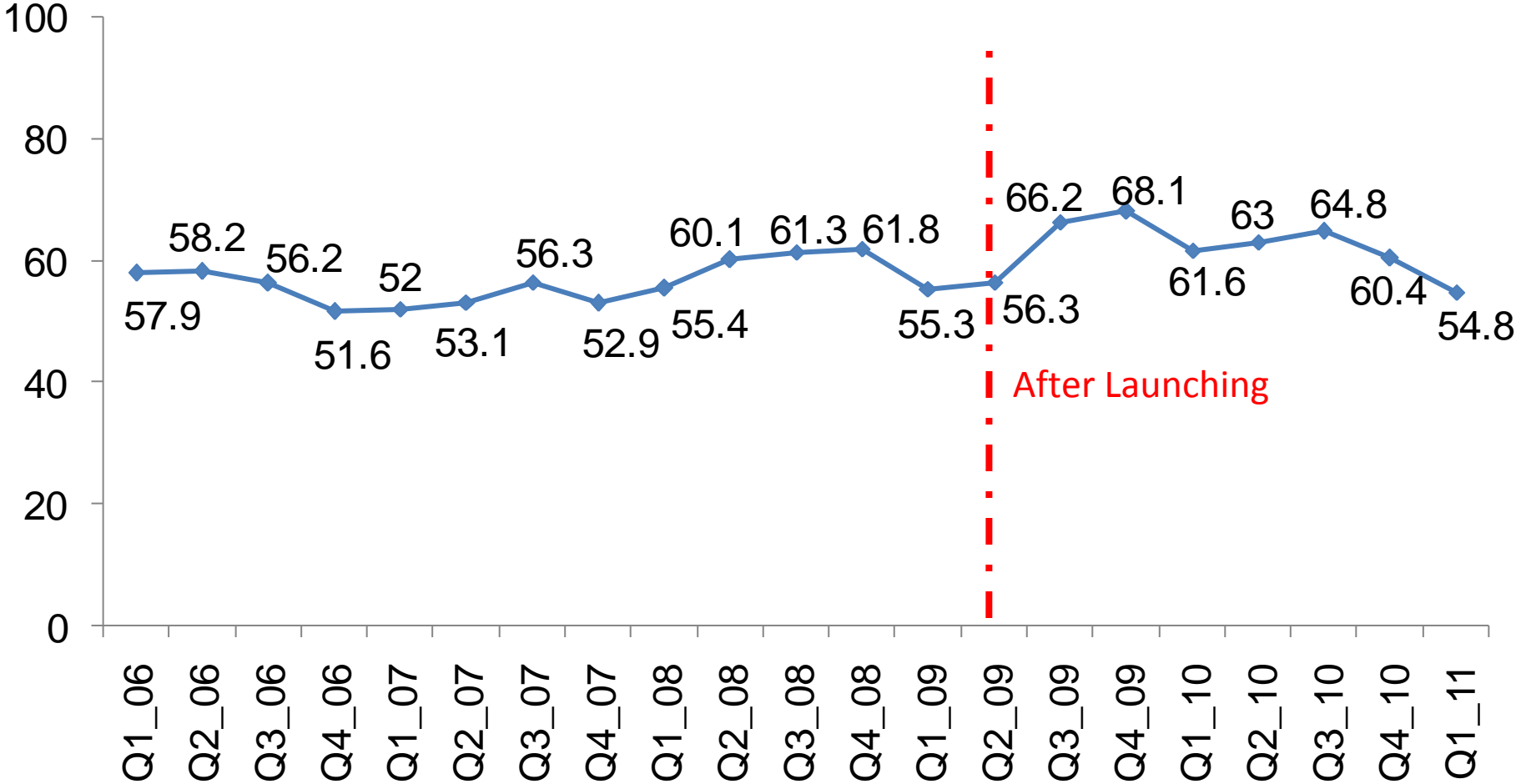
# Percentage of late visit in buffer by quarter in Neak Loeng

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



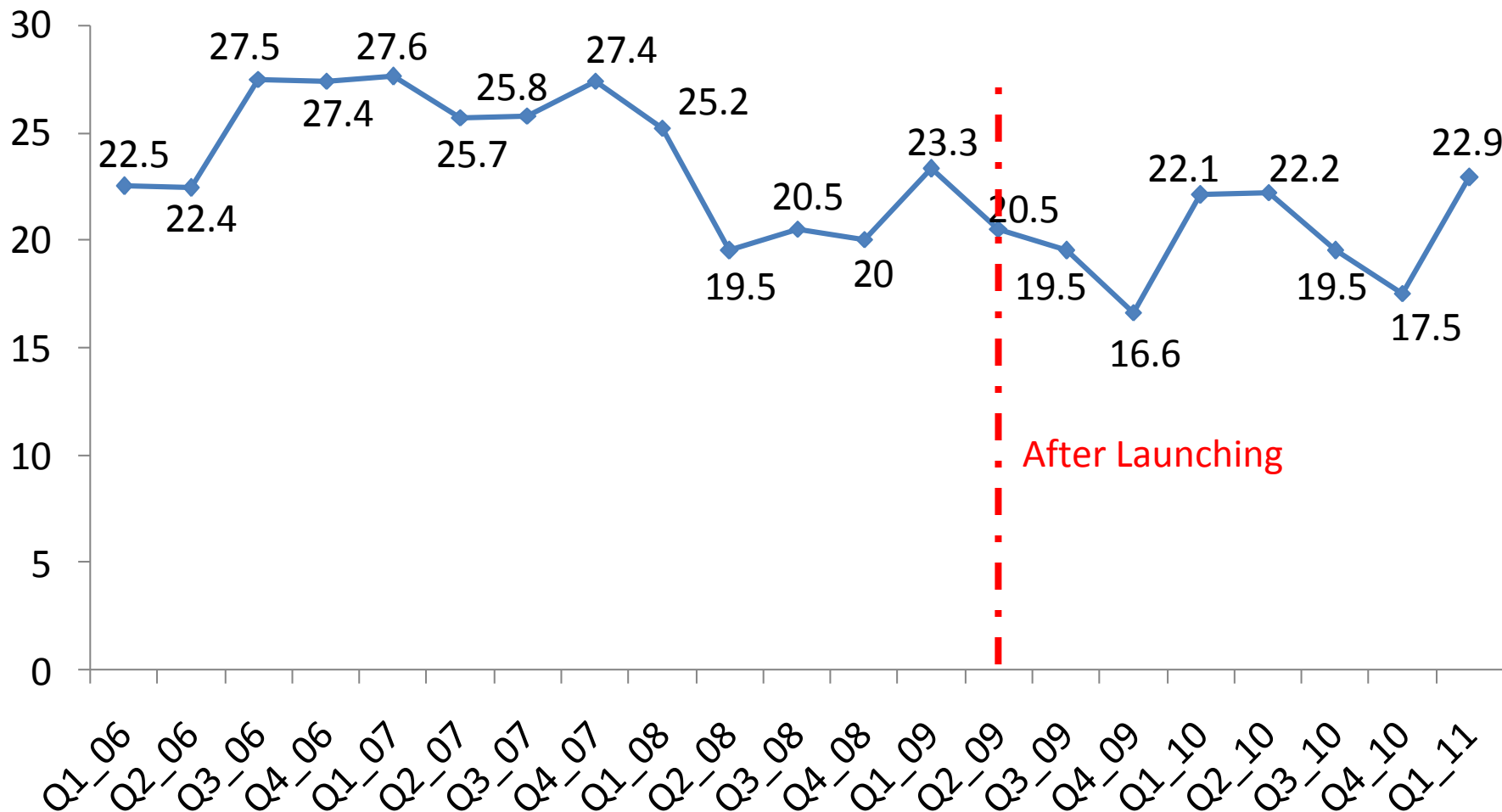
# Percentage of visit exactly on schedule by quarter in Neak Loeng

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



# Percentage of early visit by quarter in Neak Loeung

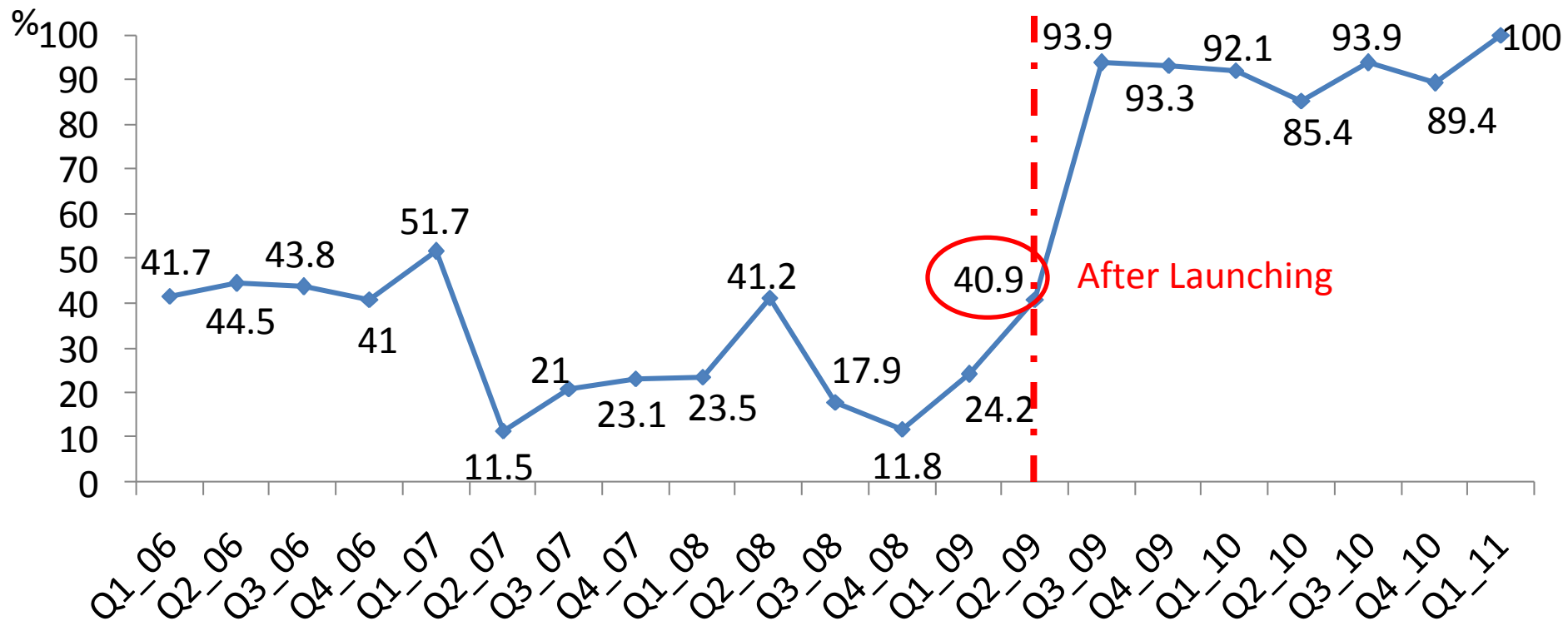
- Numerator = Number of Early Visits in the Quarter
- Denominator = Number of Total Visits in the Quarter



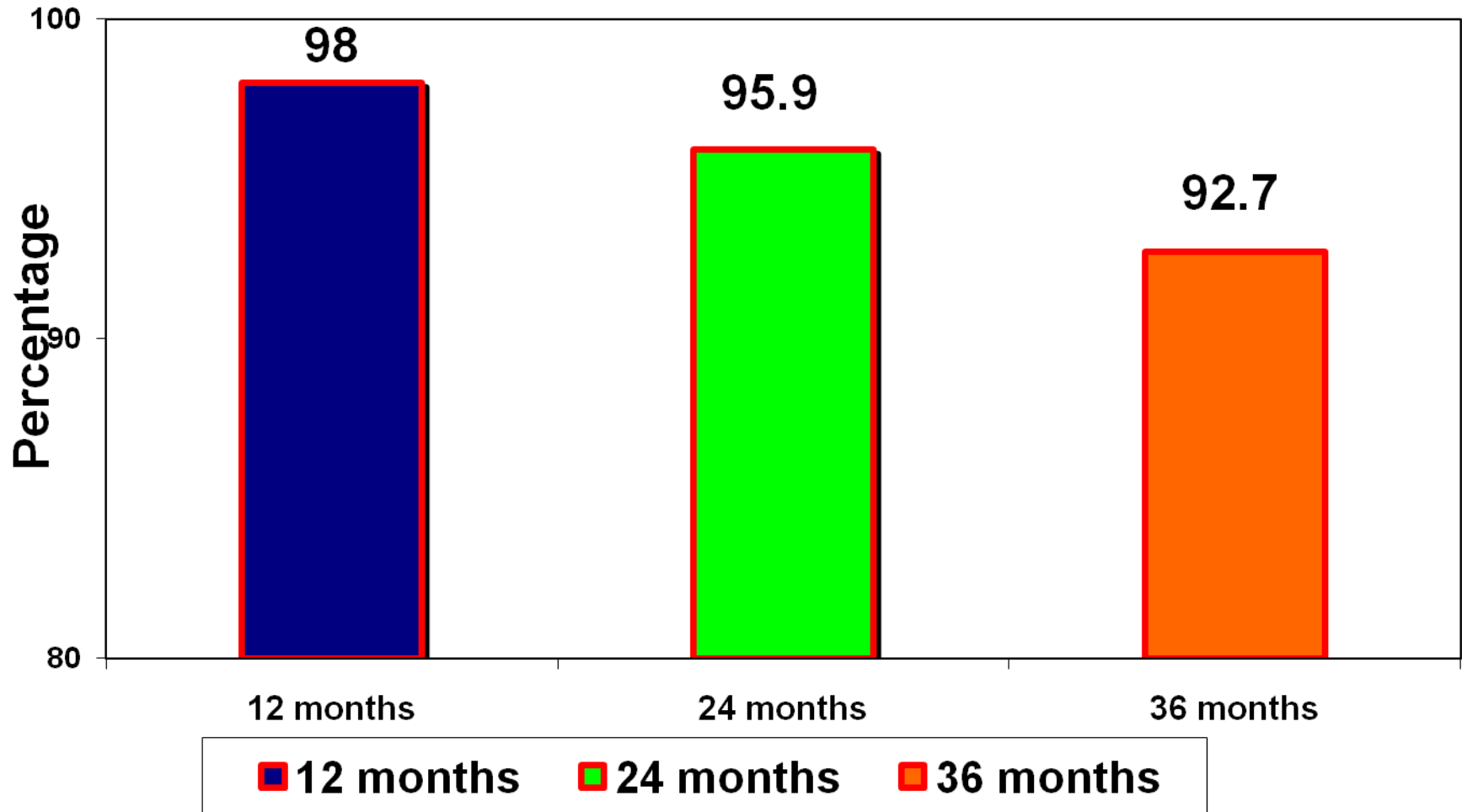
# Percentage of patients whose CD4<=350 (CD4<=250 before April 2010) or having WHO stage 4 start receiving ART <60 days by quarter in Neak Leoung

Numerator: Number OI 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 OI 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 on ART who are still on first line regimens after 12, 24, 36 months

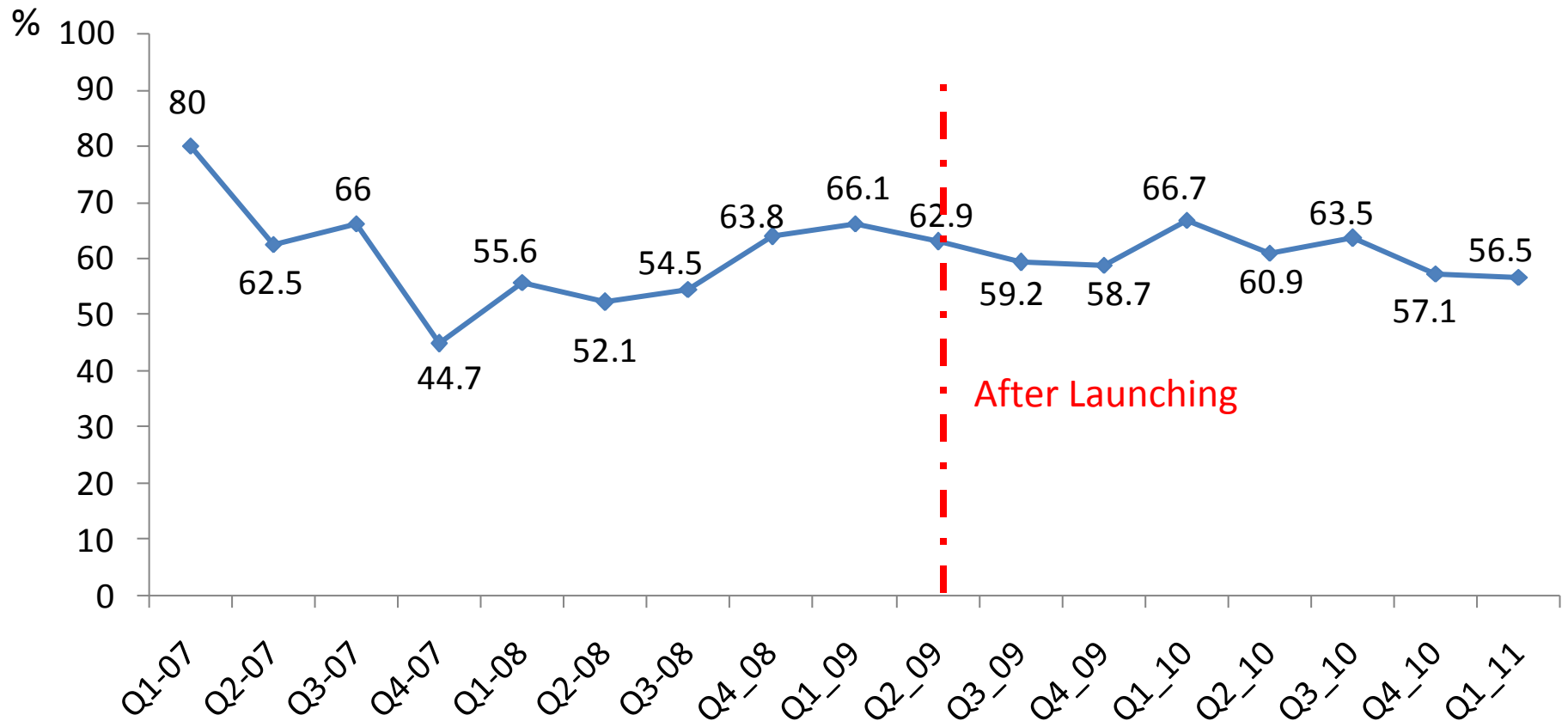




# Percentage of Patients whose CD4<200 and received Cotrimoxazole by quarter in Neak Loeung

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)

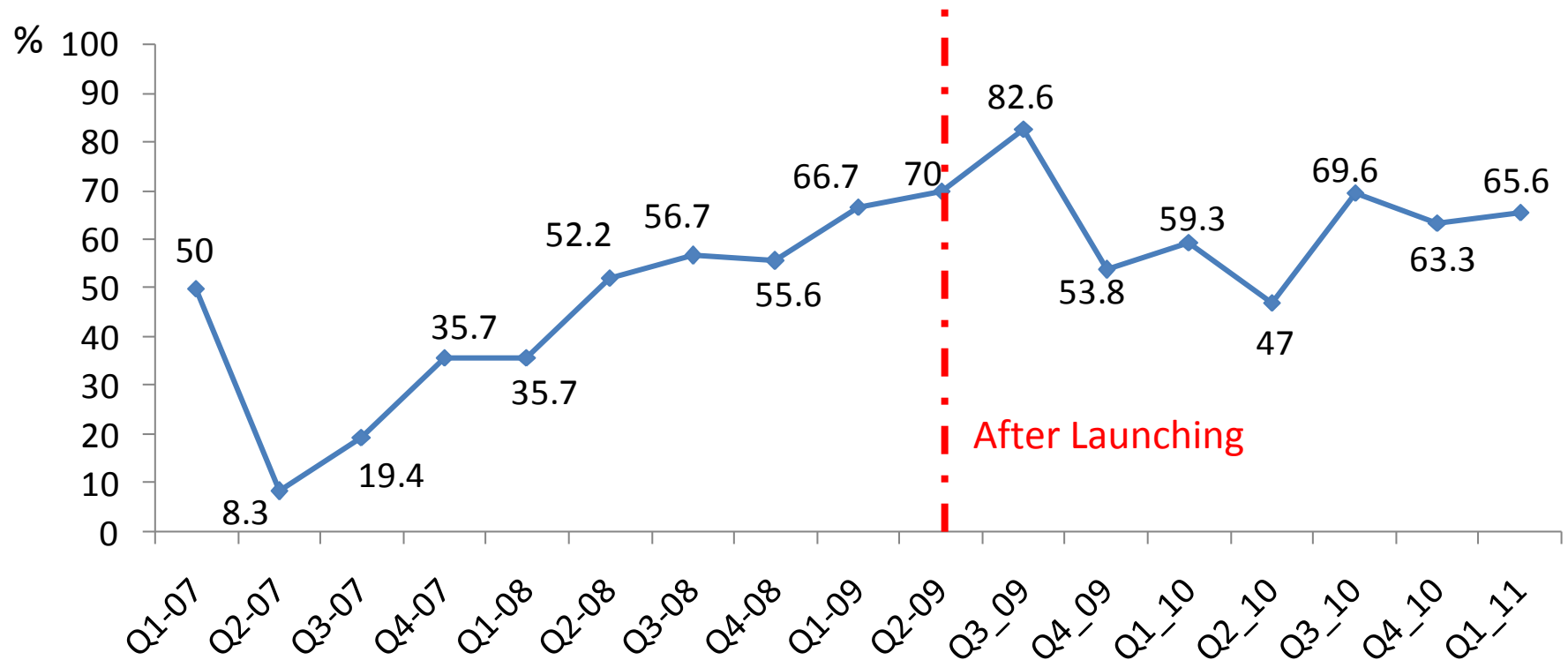
Denominator: All OI/ART patients with CD4 cell counts < 200 (within quarter)



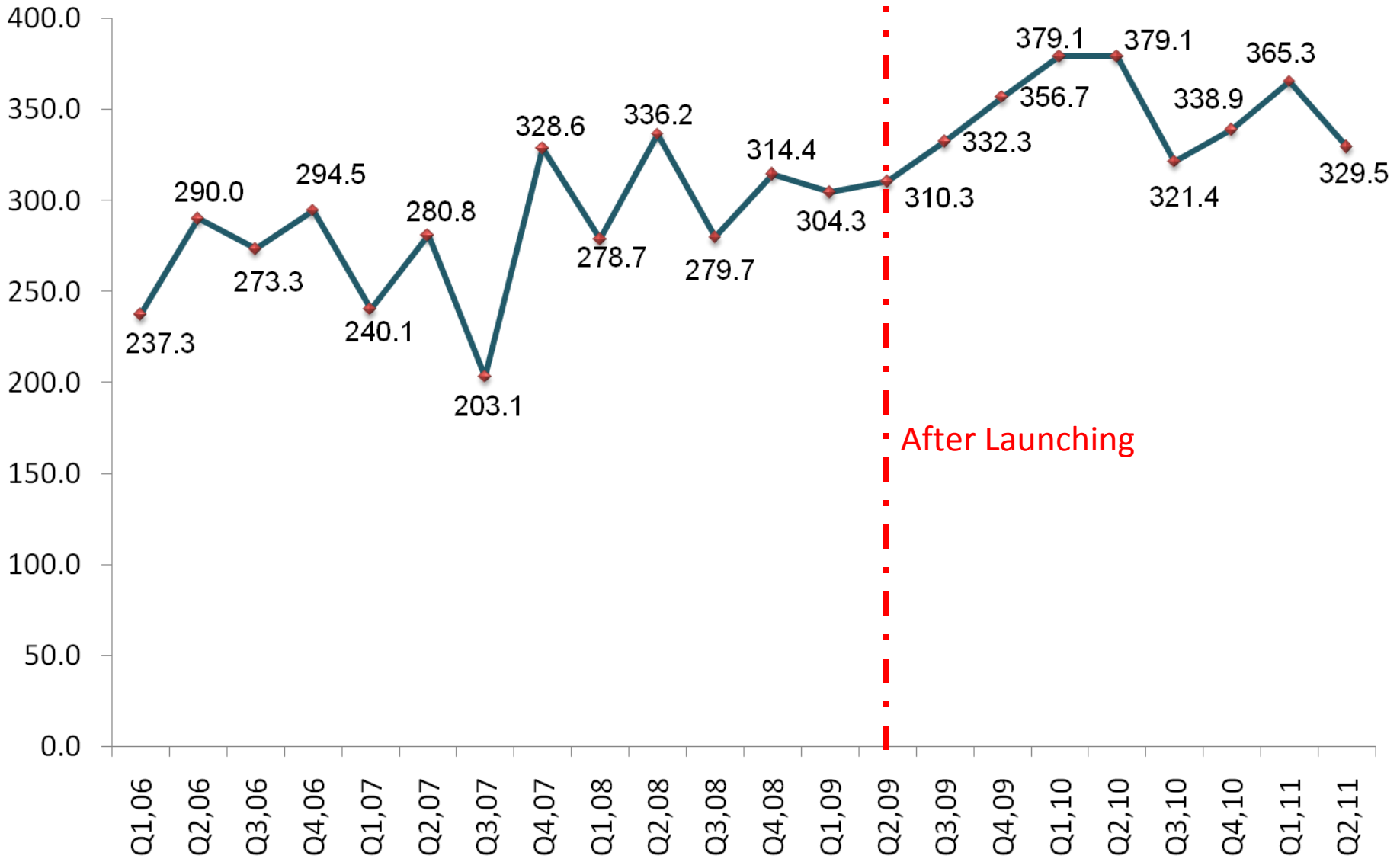
# Percentage of Patients whose CD4<100 and received Fluconazole by quarter in Neak Loeung

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)



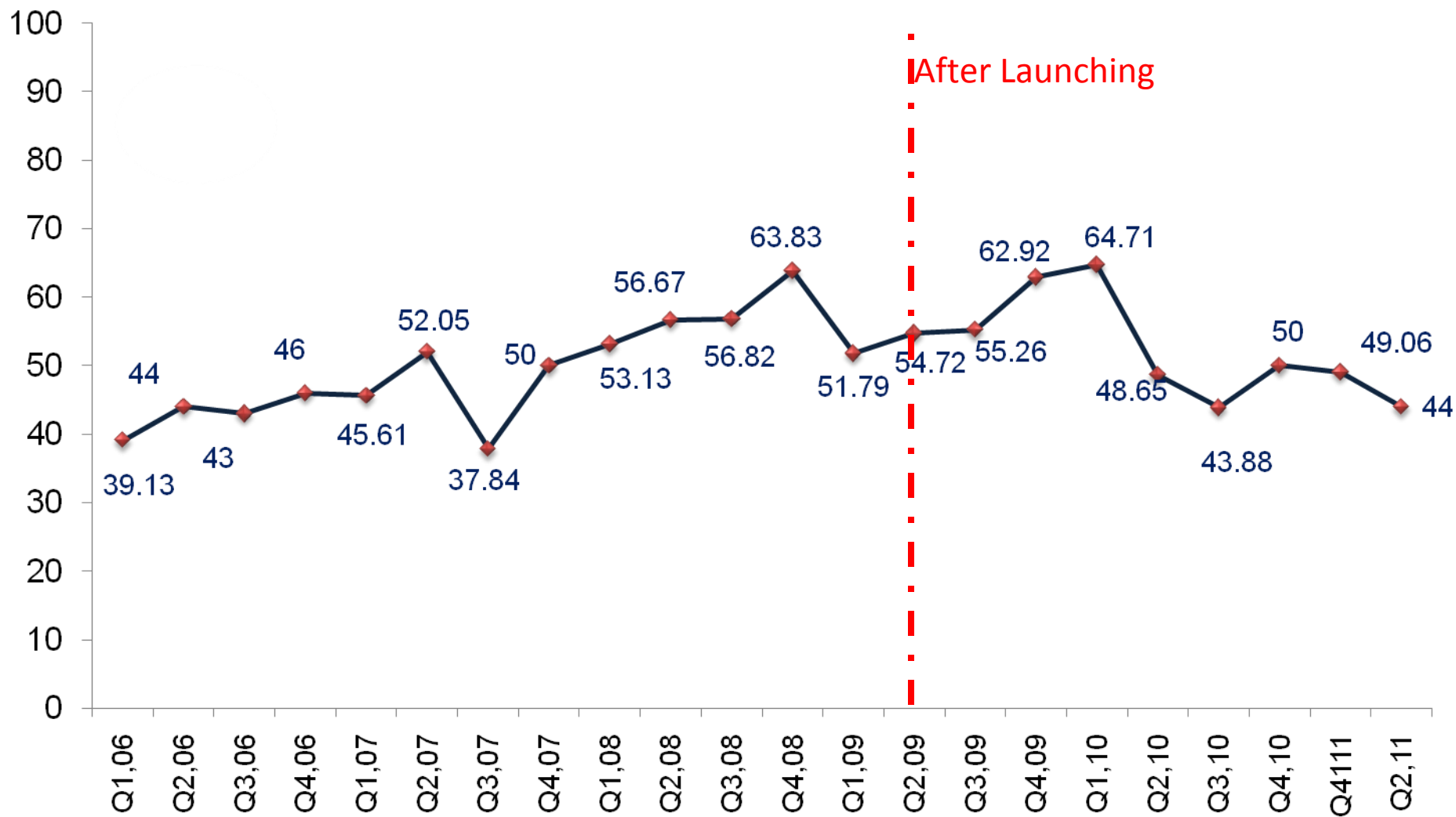
# Mean of CD4 at initial visit by quarter, in Neak Loeng RH, PVG



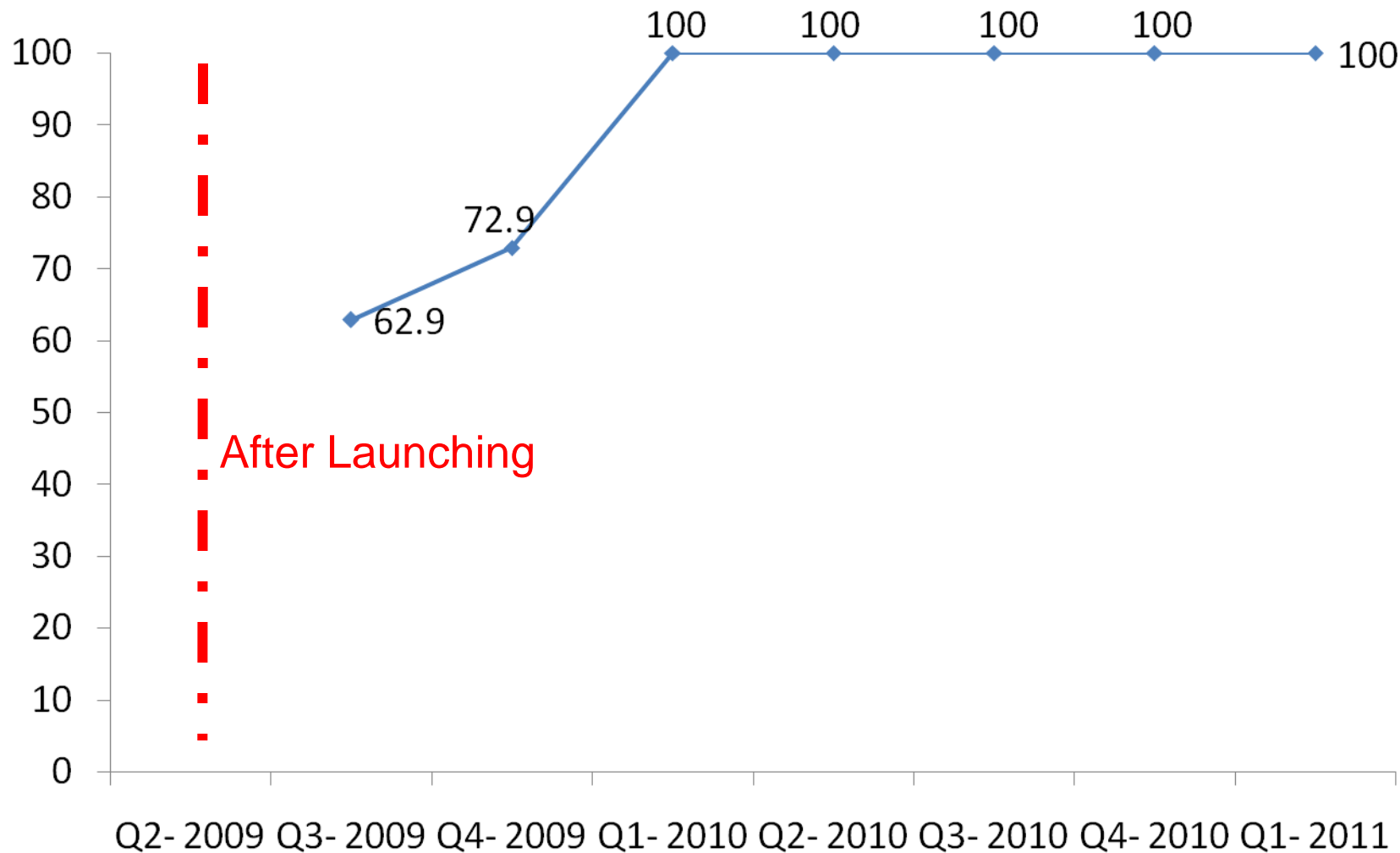
# Percentage of patients who has CD4>350 (CD4>250 before April 2010) at initial visit by quarter in Neak Loeng RH, PVG

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

**Denominator:** Total number of initial visit patients by quarter



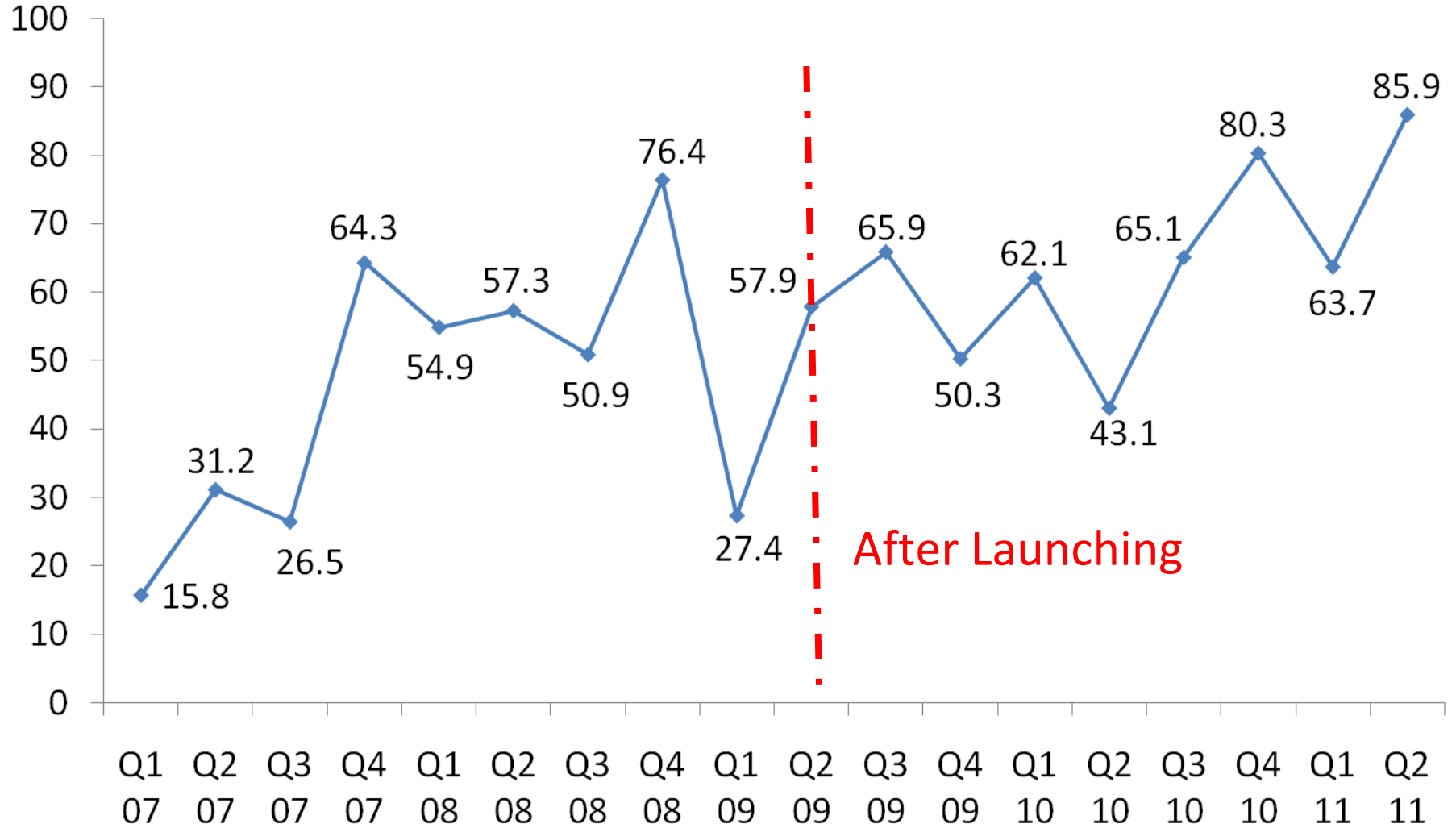
# Percentage of patients newly registered at OI/ART who were screened for TB



# Percentage of new TB Patients in Neak Loeng OD who were screened for HIV by quarter

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

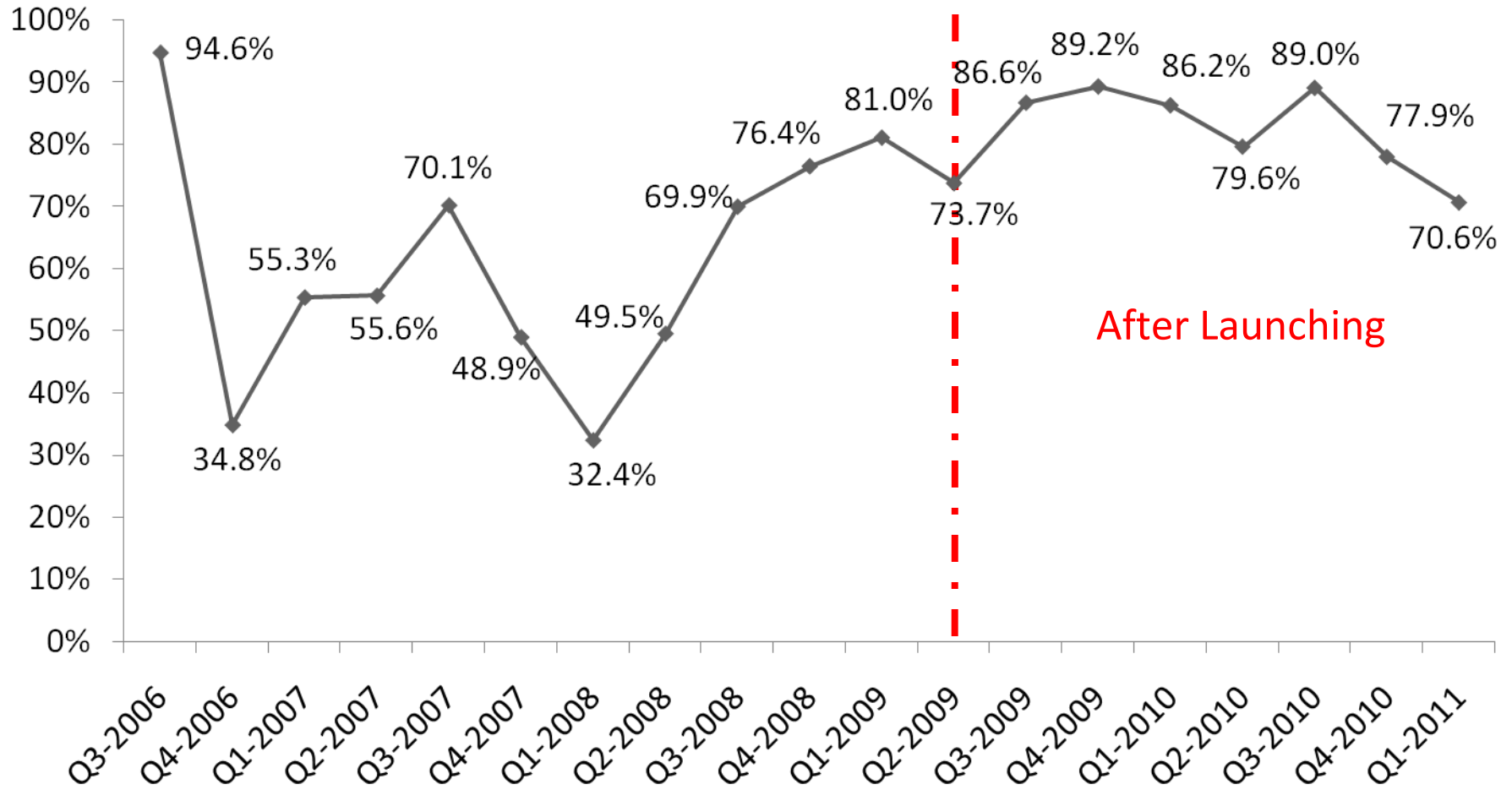
Denominator: Total number of new positive TB status from TB word



# Percentage of HIV Testing among ANC 1 at Neak Loeng OD by Quarter

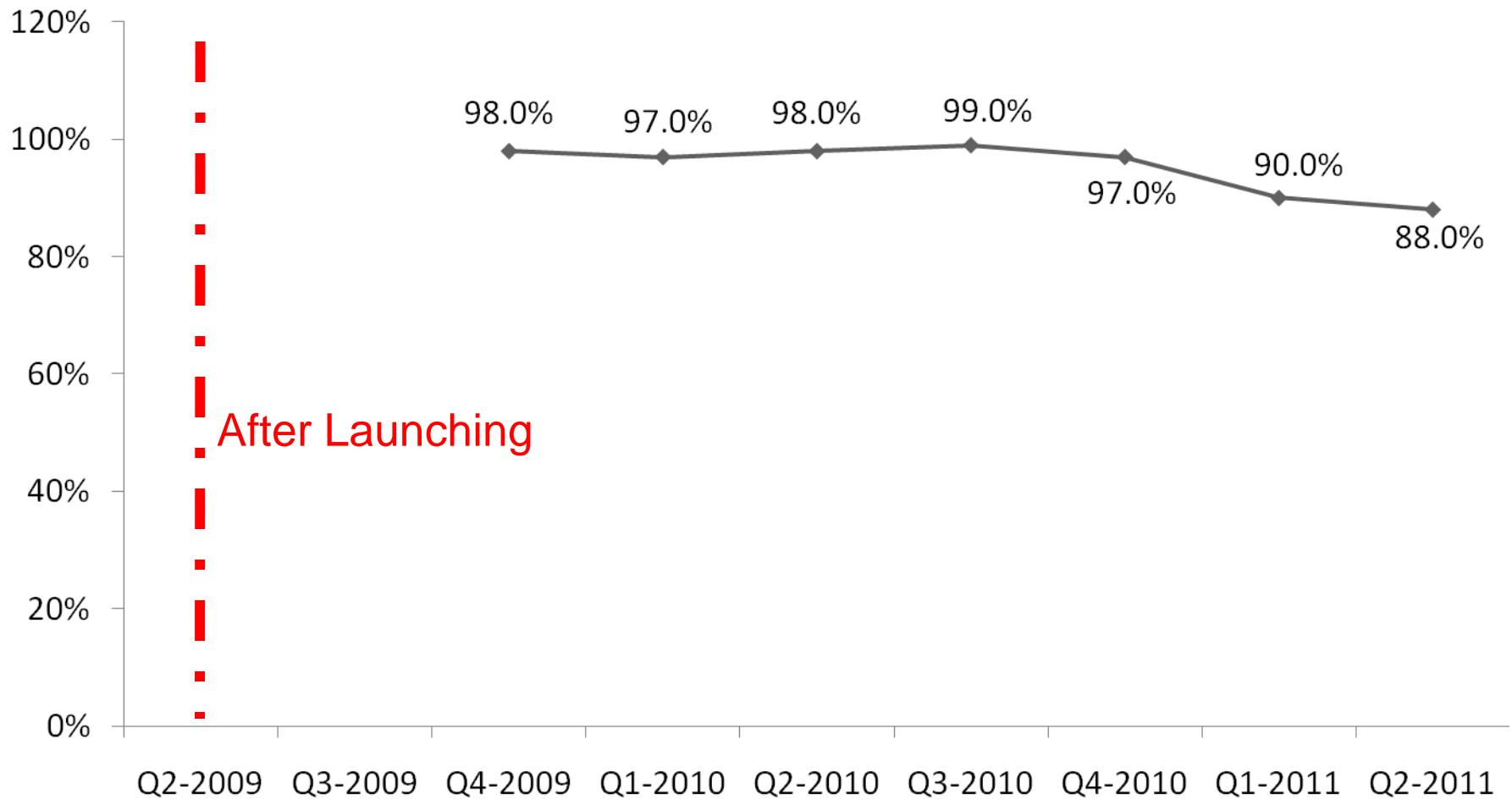
Numerator = number of ANC1 post tested counseled

Denominator = total number of ANC first visit



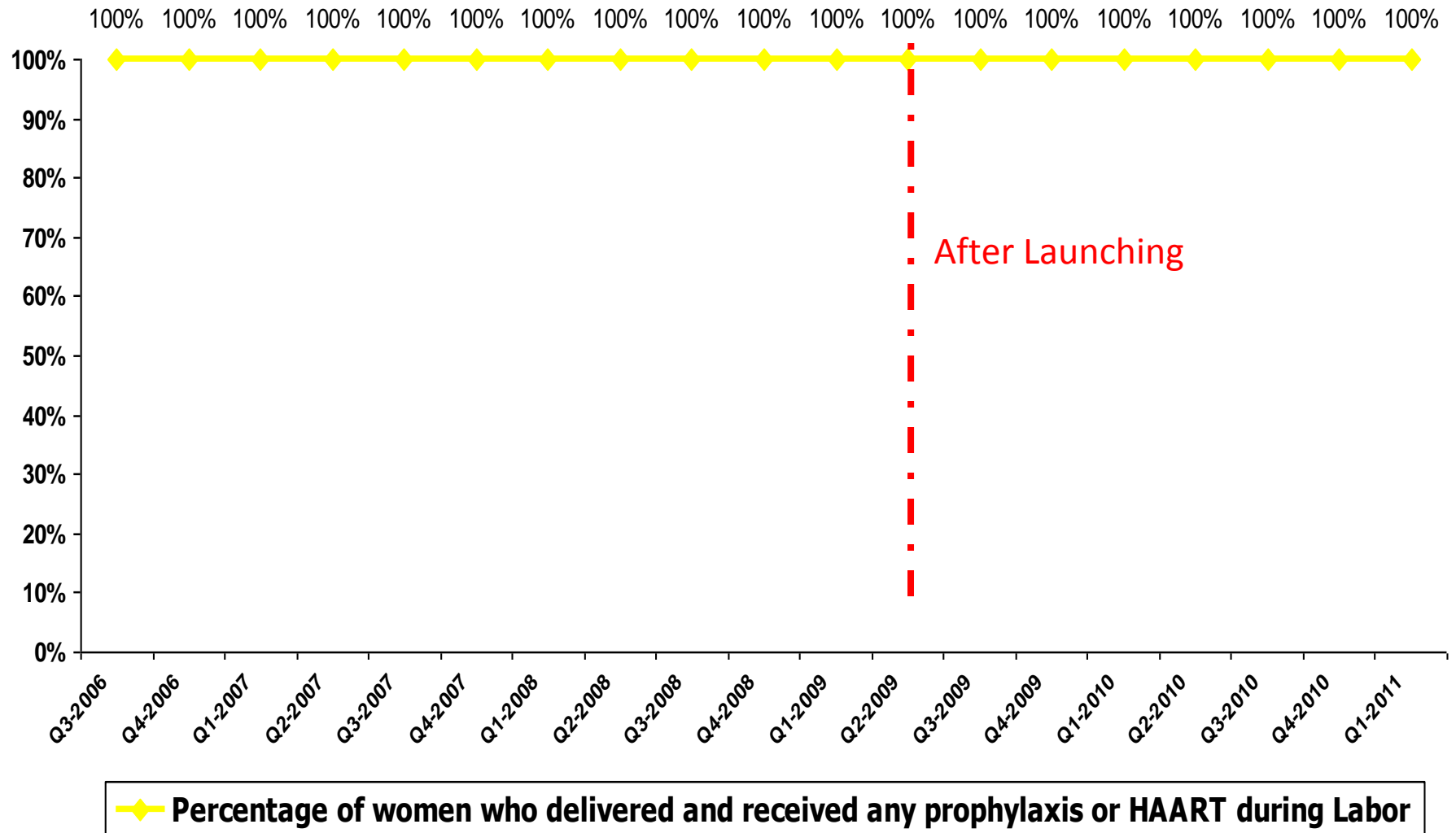
# Percentage of delivered women with known HIV status at Neak Loeng by Quarter

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





# Percentage of HIV + pregnant women who received prophylaxis or HAART at Neak Loeung OD by Quarter



Thank you for your attention