

# Continuum Of Care in Preah Sihanouk Province

The image features two large, golden lion statues on a dark red, ornate pedestal. The lion on the left is standing and roaring with its mouth wide open, showing its teeth and tongue. The lion on the right is sitting and looking towards the right. The background shows a clear blue sky, some green trees, and a multi-story building with windows.

Preah Sihanouk, 26 August, 2010

Presented by Mrs. TY VIBOLLA

Chief HIV/AIDS Program

# បាតិកា

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១.ស្ថានភាពទូទៅ

២. ប្រវត្តិ

៣. ការងារដែលសំរេចបានកន្លងមក

៤. ផលវិបាក និង សំណូមពរ

## ១. ស្ថានភាពទូទៅ

No	Name of City	Name of District	# of Com./ Sang.	# of Villages	Group	Total Population
1	Sihanouk City		5	19	387	70 399
2		Kompong Seila	4	14	203	15820
3		Prey Nup	14	65	740	86 480
4		Stoeung Hao	3	11	96	15 302
<b>Total</b>	1	3	26	109	1426	188 001

# Health Services

No	Description	Number
1	Operational District	01
2	Referral Hospital	01
3	Health Center	12
4	Health Post	02
5	OI/ART Ward	01
6	VCCT	04 -1 RHAC
7	PMTCT-Link Response	01

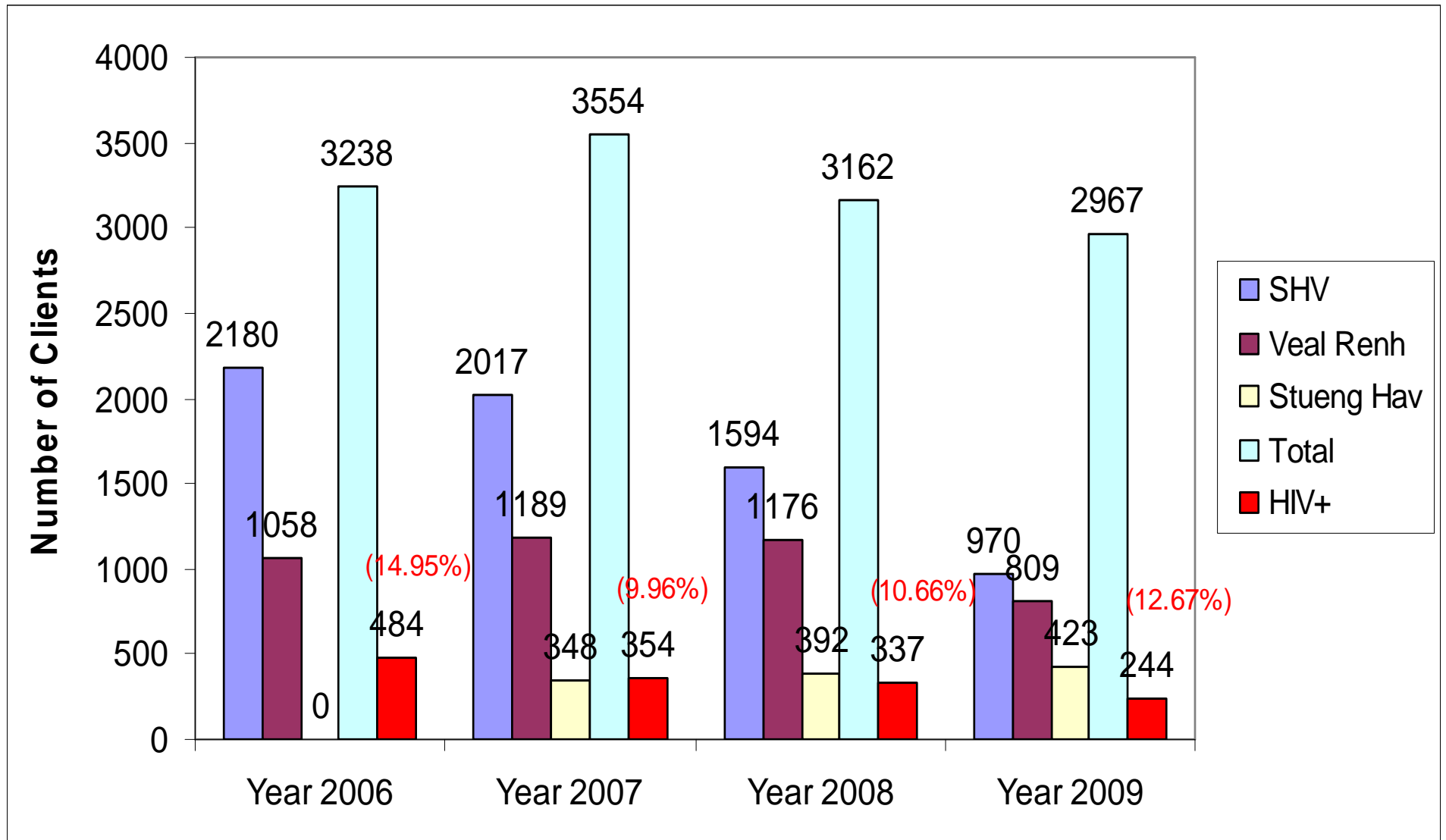
## ២. ប្រវត្តិ

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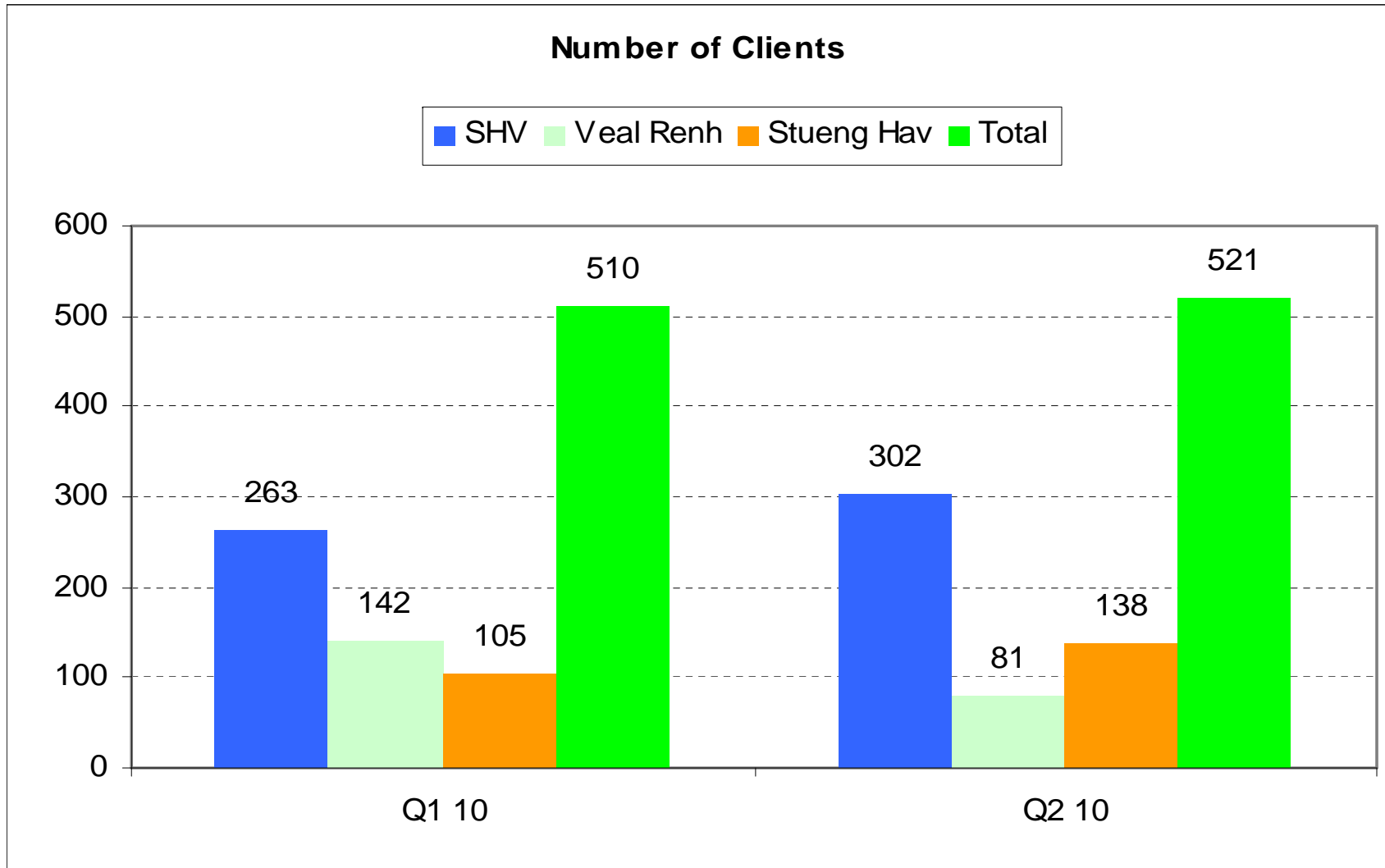
- VCCT started in Dec 2000
- OI/ART adult started 2004
- OI/ART pediatric in Jun 2007
- HBC started in 2004
- PMTCT Started Jul 2006

# VCCT Service

# VCCT 2006-2009



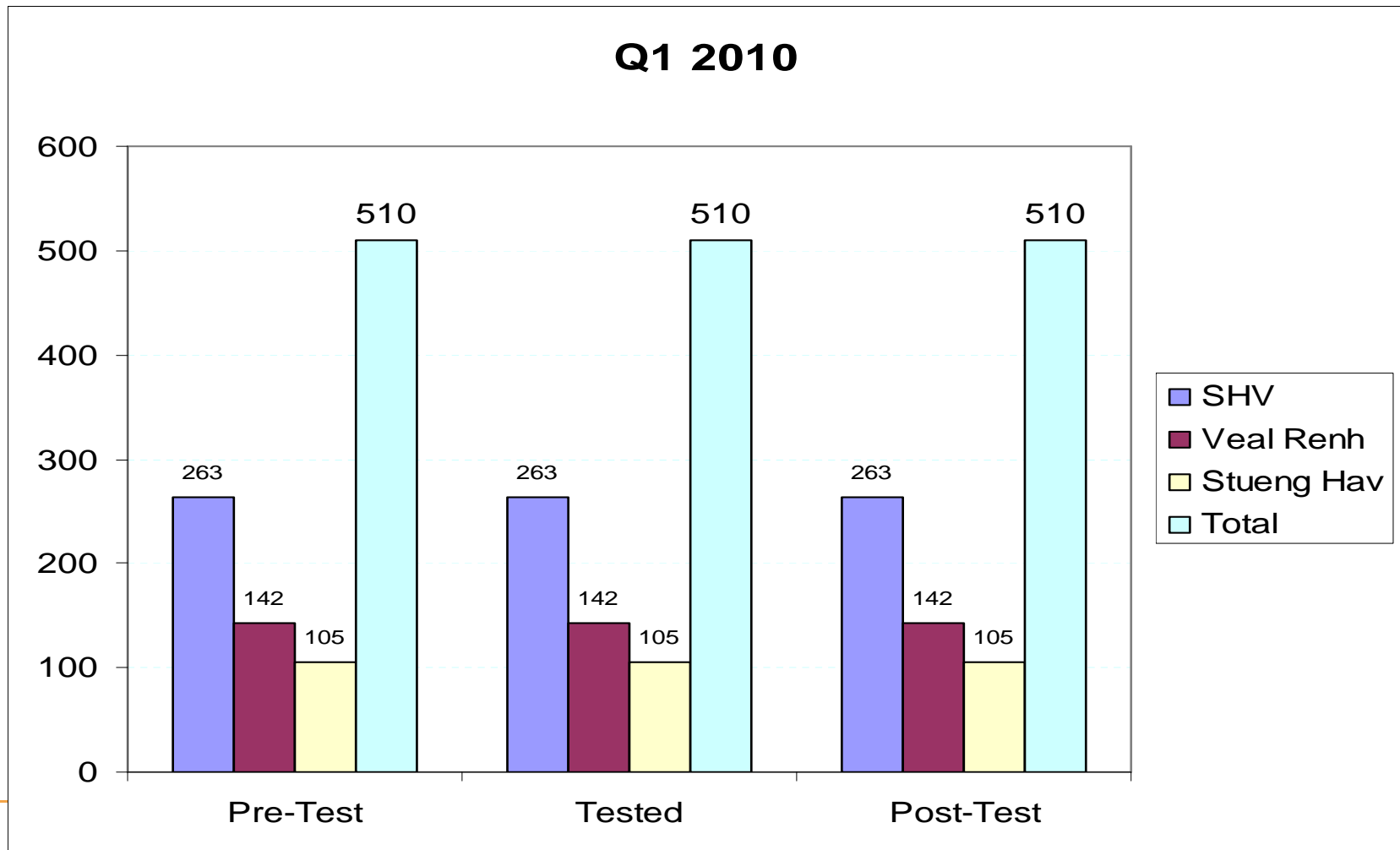
## របាយការណ៍ប្រចាំត្រីមាសទី១-២ ឆ្នាំ ២០១០





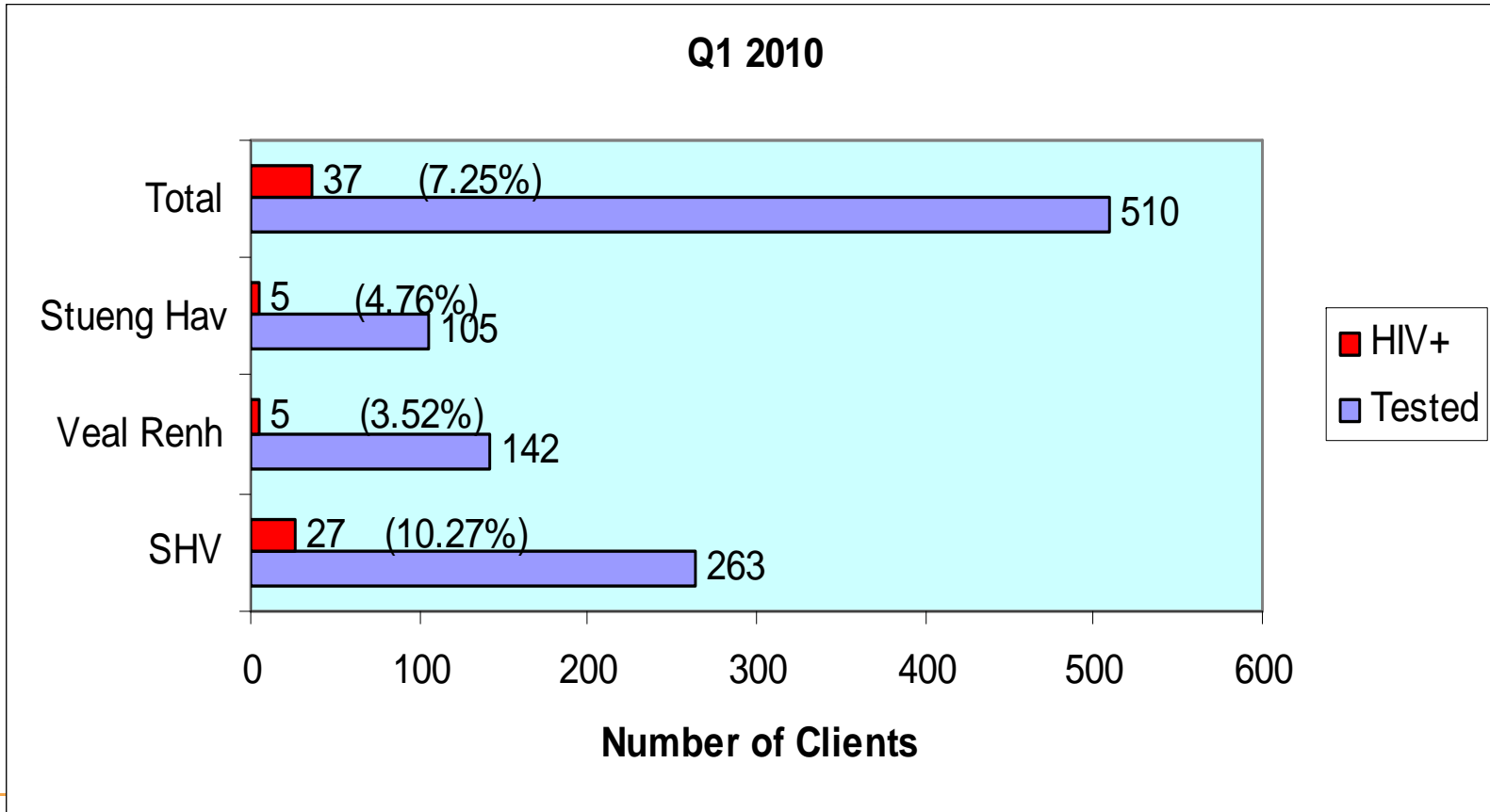
# របាយការណ៍ប្រចាំត្រីមាសទី១ឆ្នាំ២០១០

ក្រាហ្វិកអតិថិជន មុនពេលធ្វើតេស្ត បានធ្វើតេស្ត និង ក្រោយពេលធ្វើតេស្ត



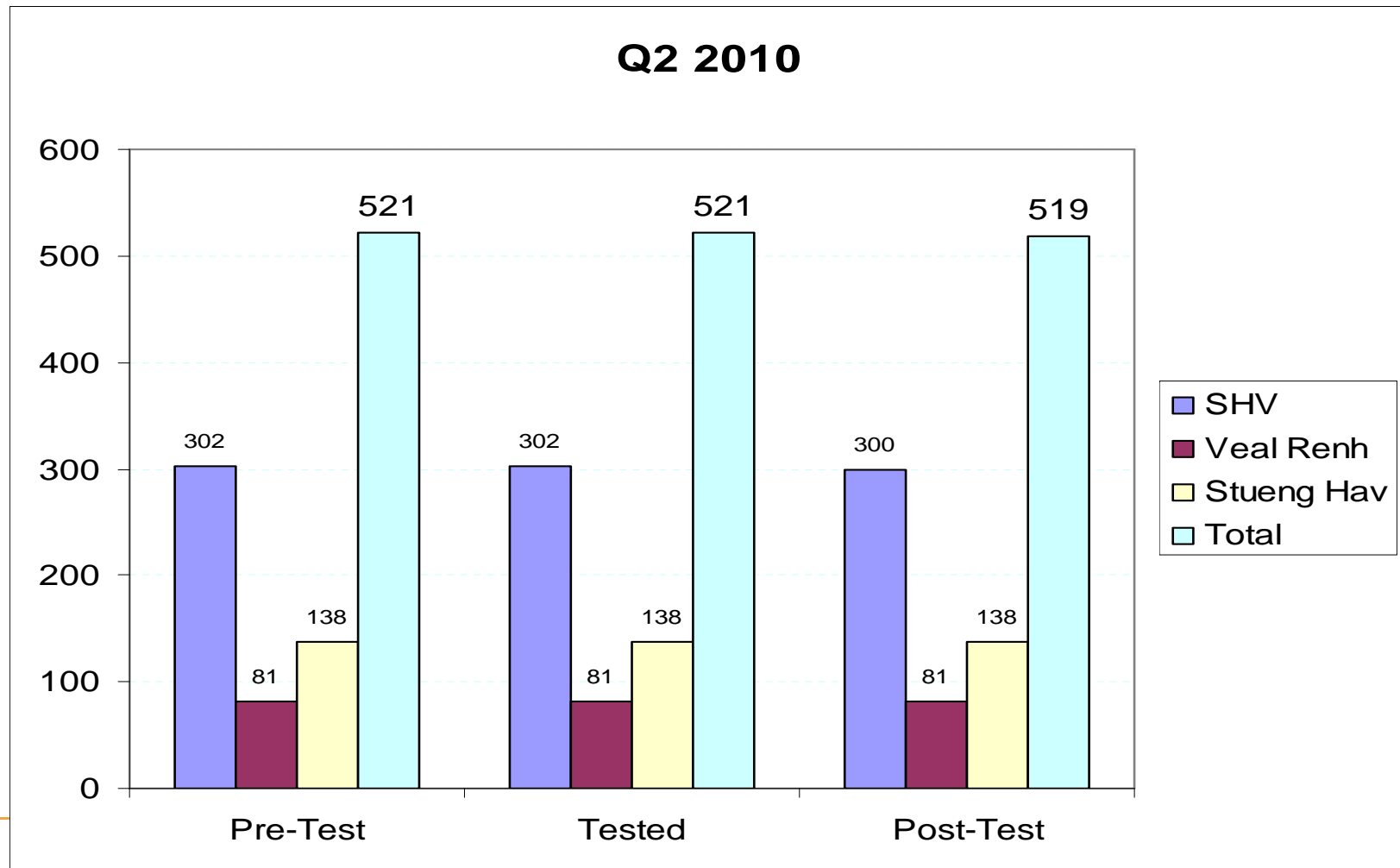
## របាយការណ៍ប្រចាំត្រីមាសទី១ឆ្នាំ២០១០

ក្រាហ្វិកអតិថិជនបានធ្វើតេស្ត និង អ្នកជំងឺដែលផ្ទុកមេរោគអេដស៍ដែលបានរកឃើញ



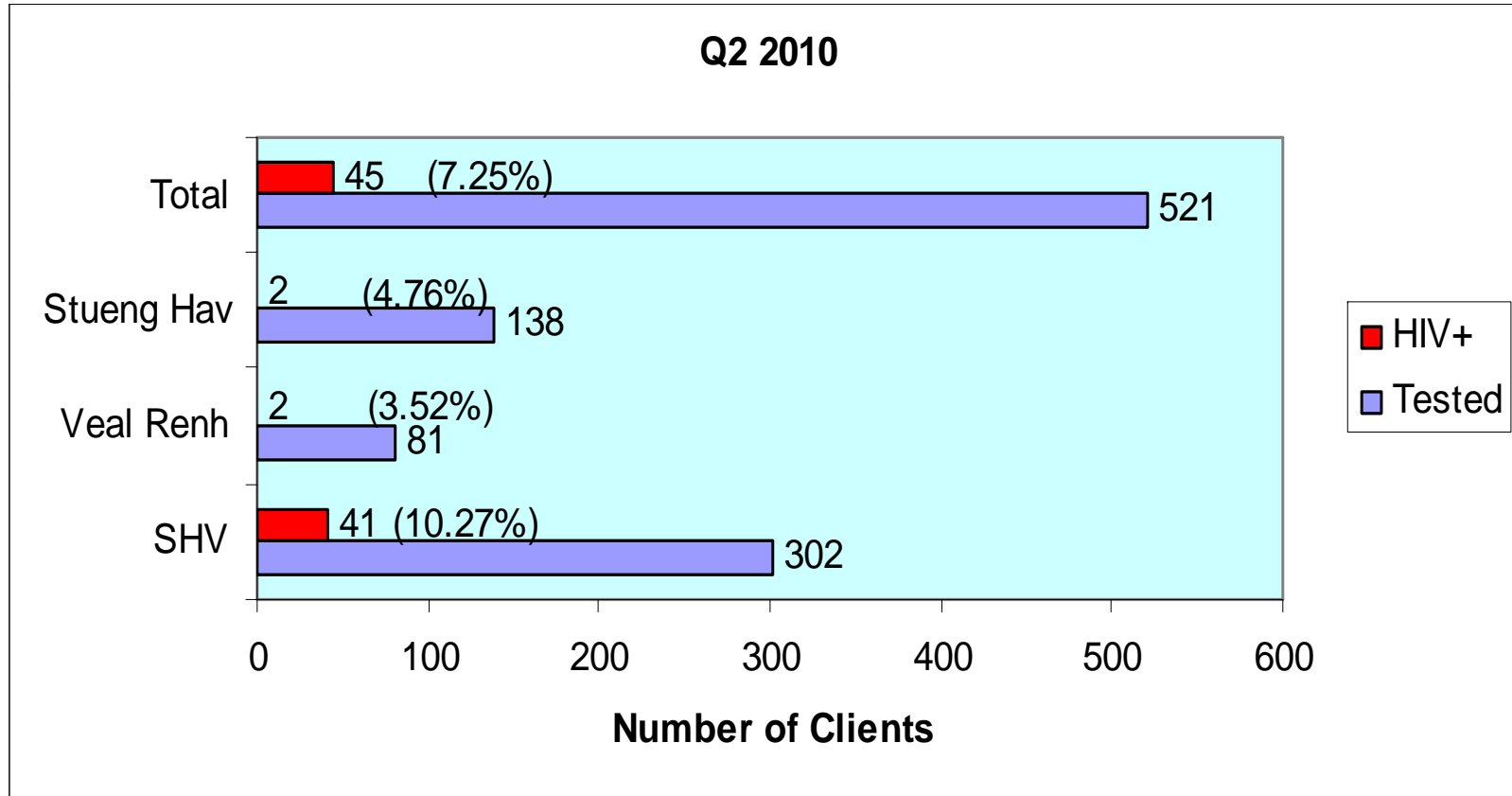
# របាយការណ៍ប្រចាំត្រីមាសទី២ឆ្នាំ២០១០

ក្រាហ្វិកអតិថិជន មុនពេលធ្វើតេស្ត បានធ្វើតេស្ត និង ក្រោយពេលធ្វើតេស្ត



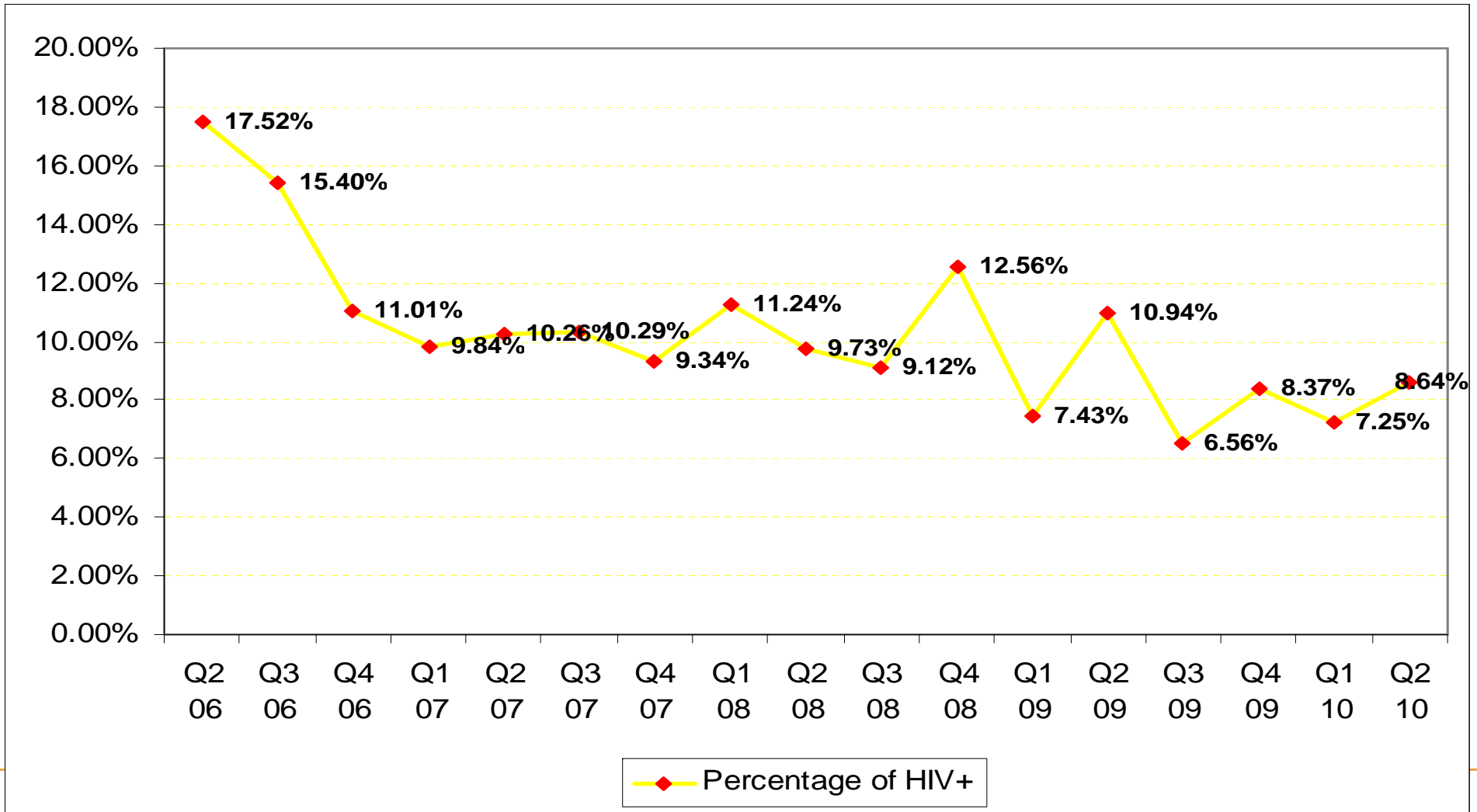
## របាយការណ៍ប្រចាំត្រីមាសទី២ ឆ្នាំ២០១០

ក្រាហ្វិកអតិថិជនបានធ្វើតេស្ត និង អ្នកជំងឺដែលផ្ទុកមេរោគអេដស៍ដែលបានរកឃើញ



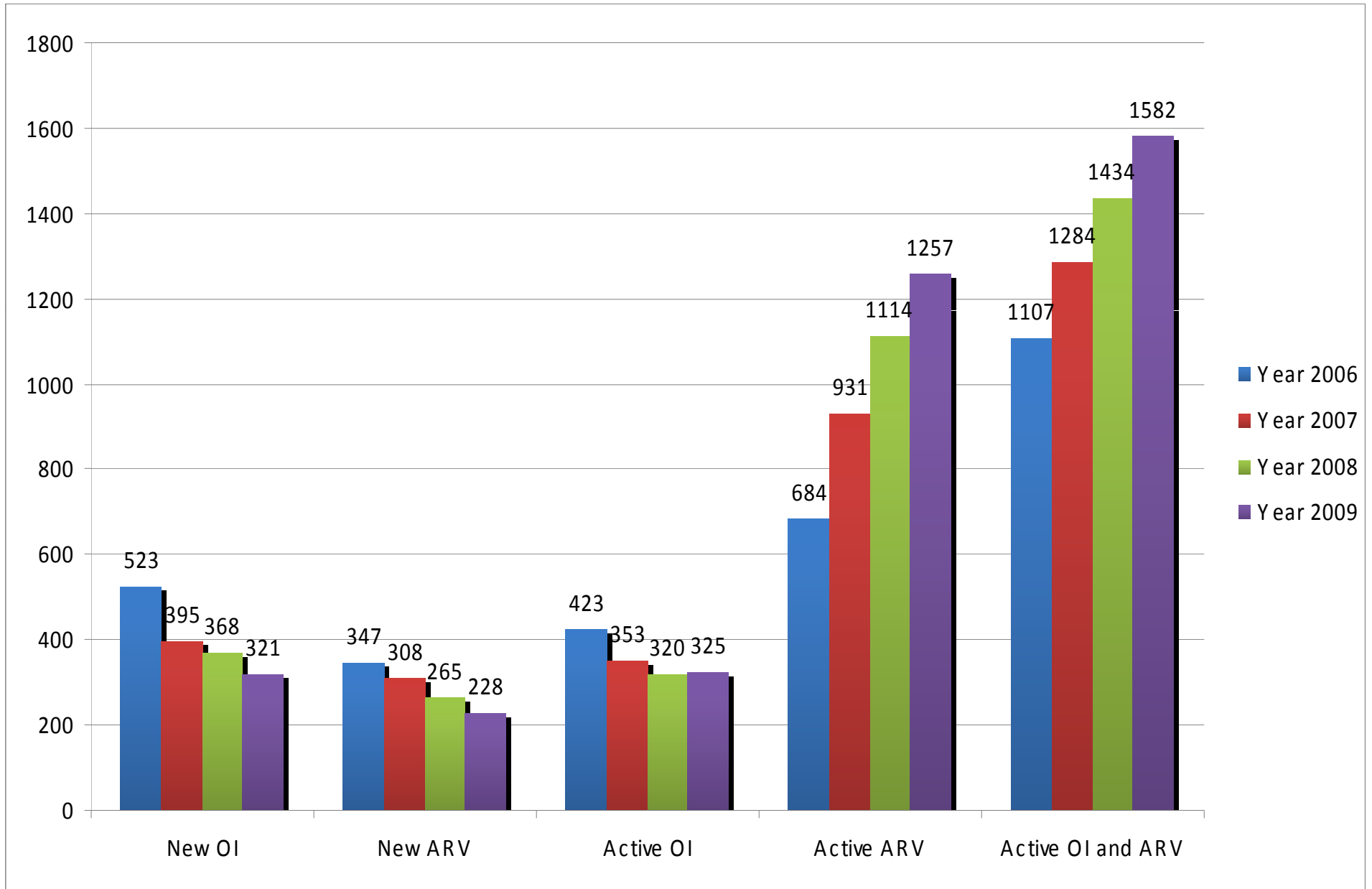
ក្រាហ្វិកបង្ហាញពីភាគរយនៃអតិថិជនរកឃើញ HIV+ ពីត្រីមាសទី២

ឆ្នាំ២០០៦ ដល់ ត្រីមាសទី២ ឆ្នាំ២០១០

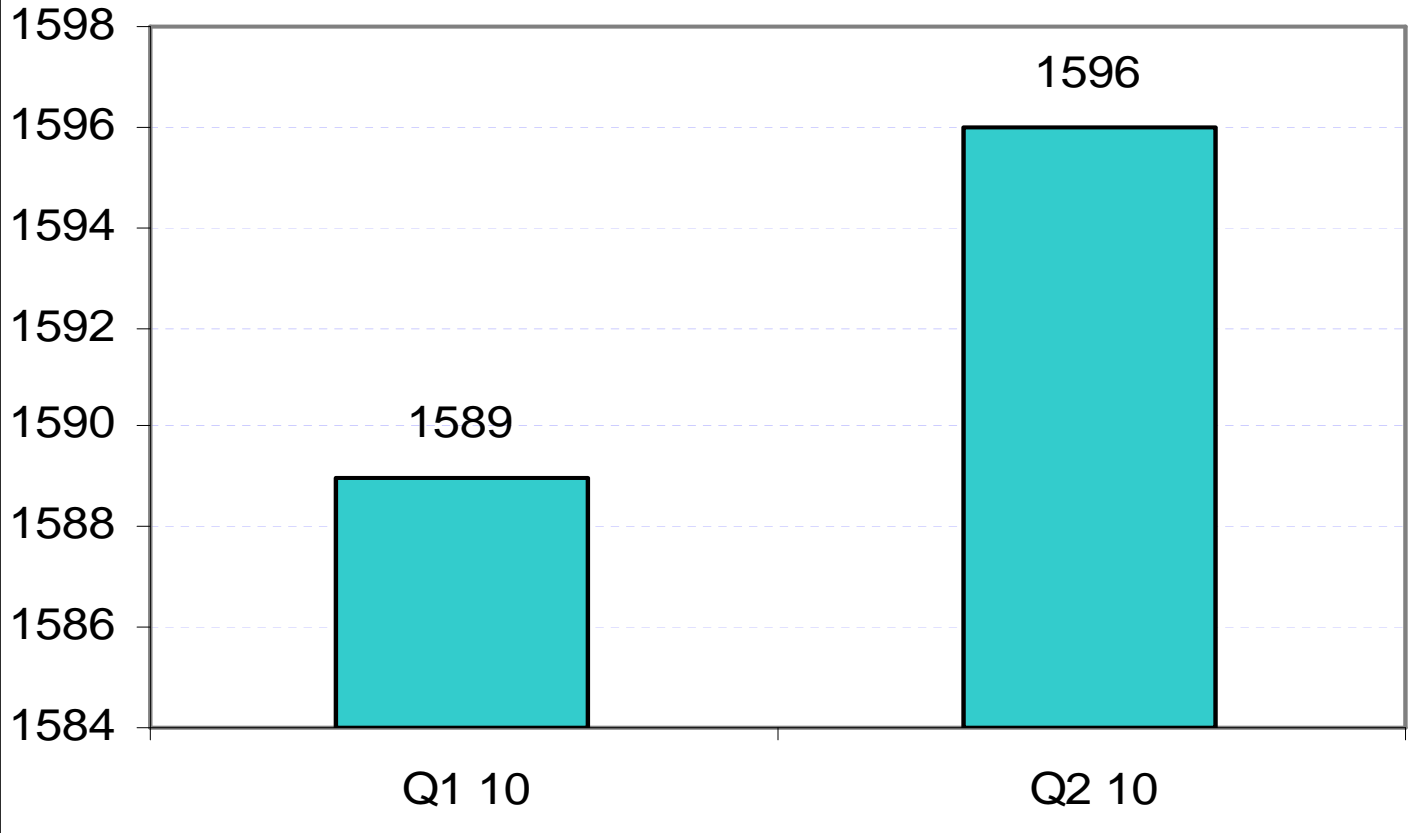


# OI & ART Service

# ក្រាហ្វិកអ្នកដំឡើង ទាំងអស់ ២០០៦-២០០៩

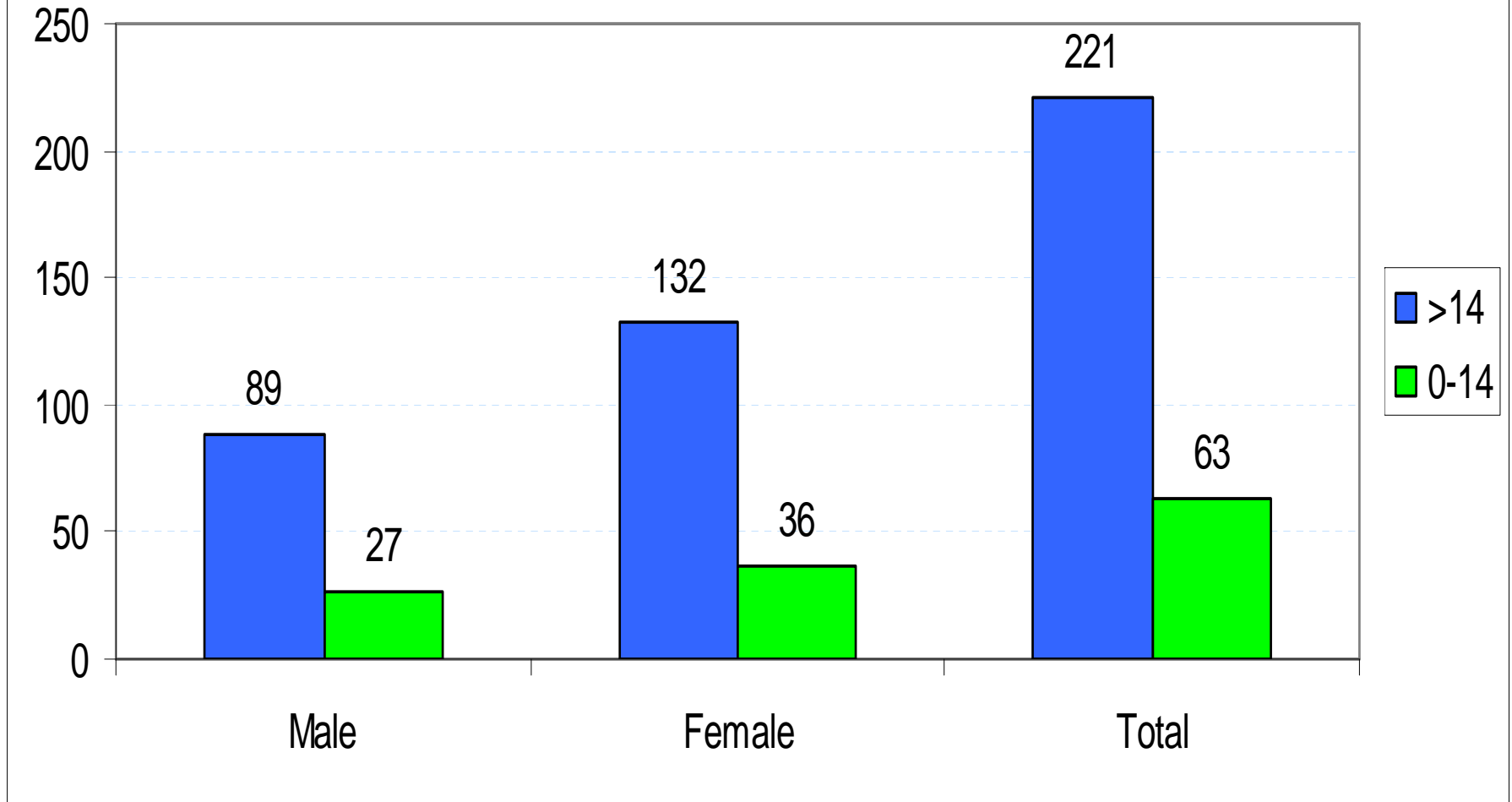


### Number of Active Patients

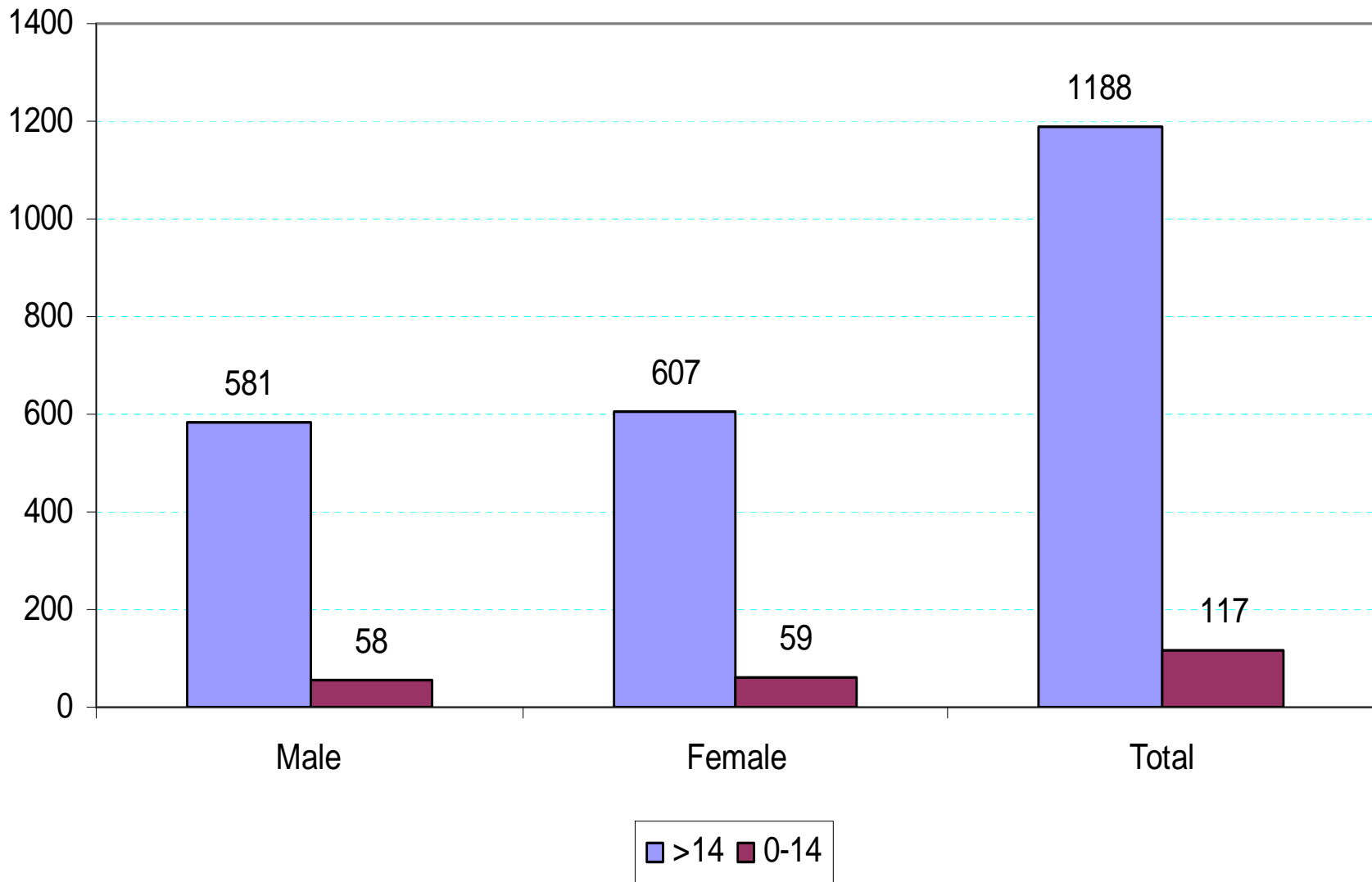




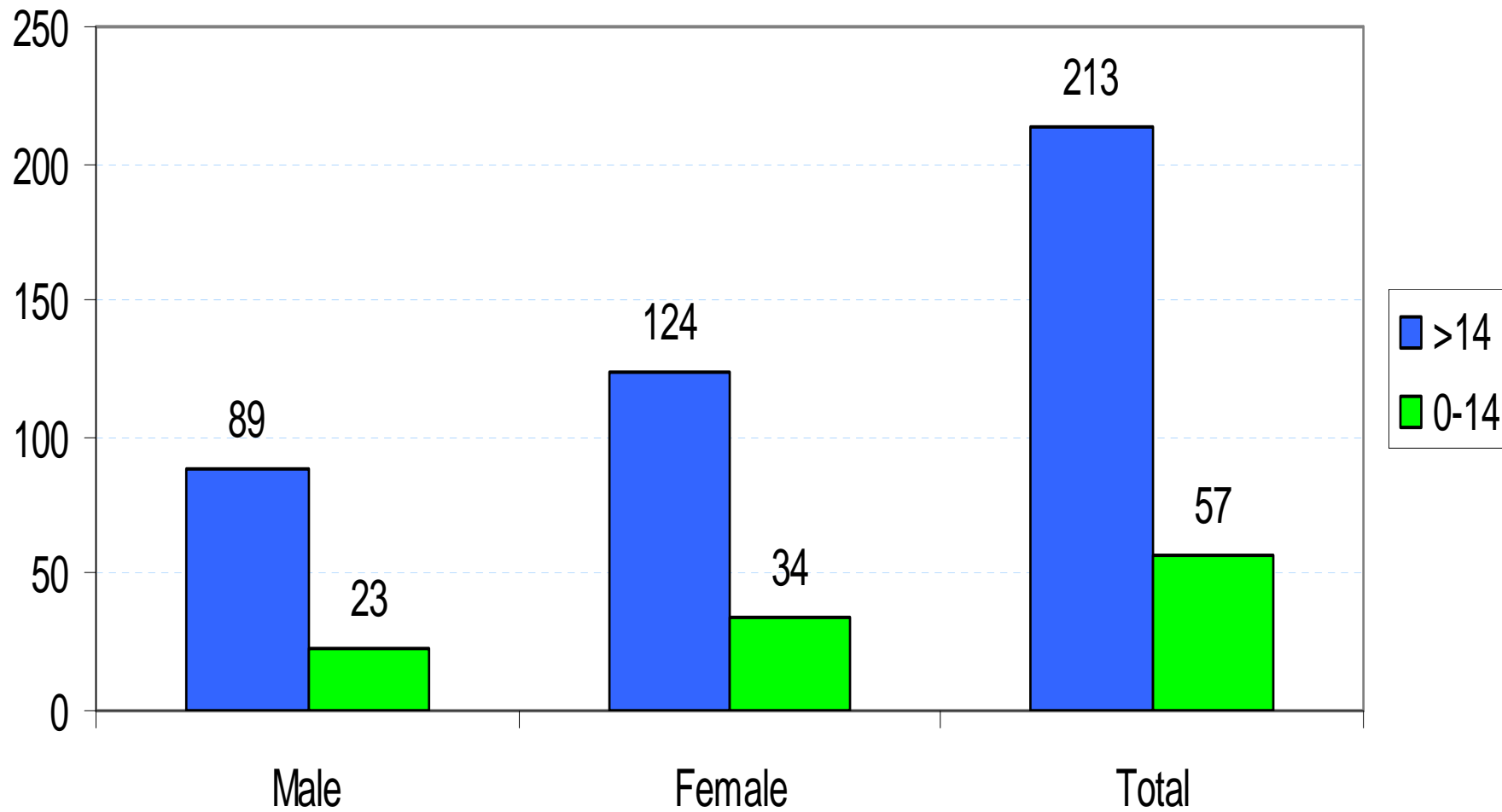
### Active Patients on OI Q1 2010



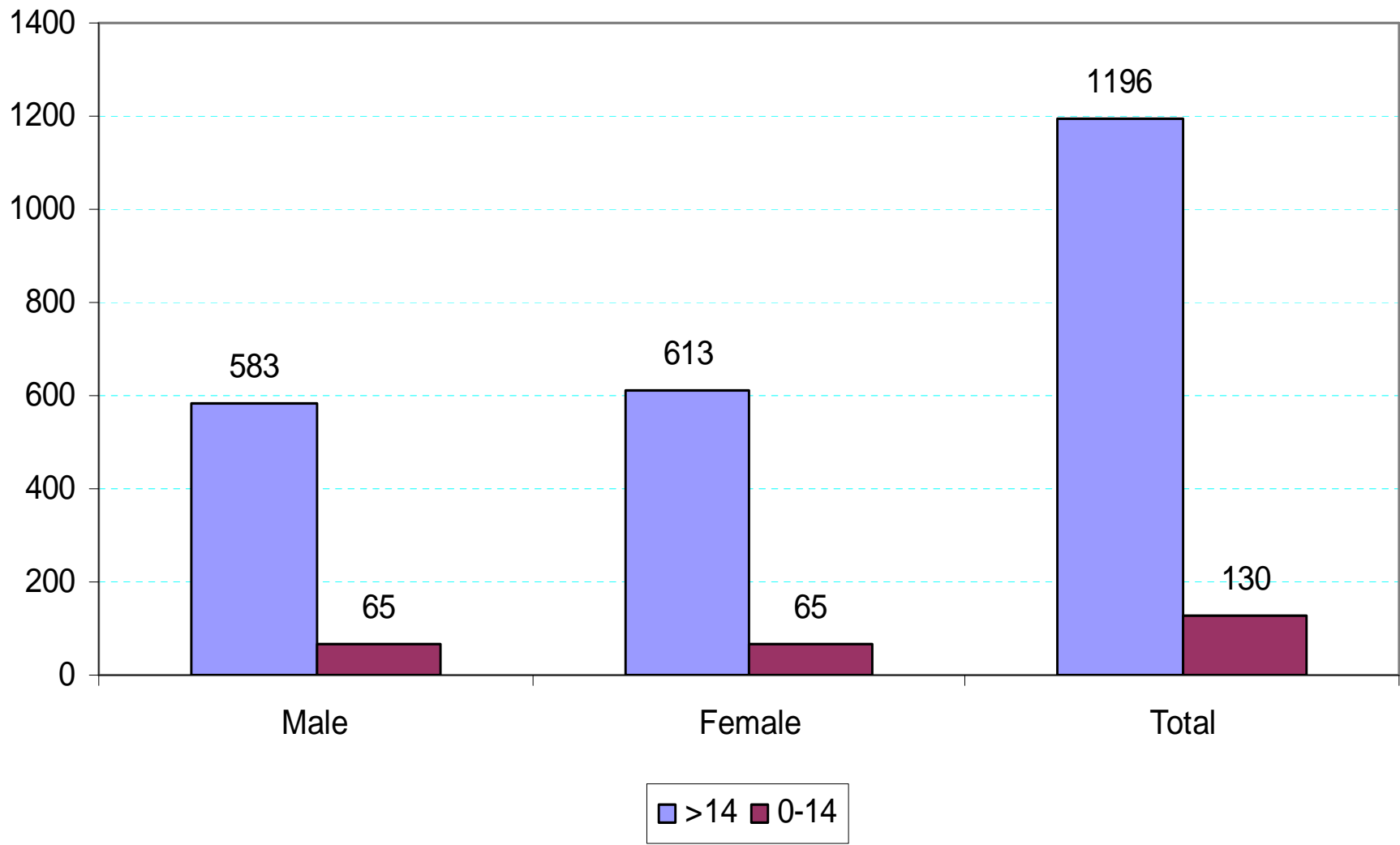
## Number of Active Patients on ART in Q1 2010



## Active Patients on OI Q2 2010



## Number of Active Patients on ART Q2 2010



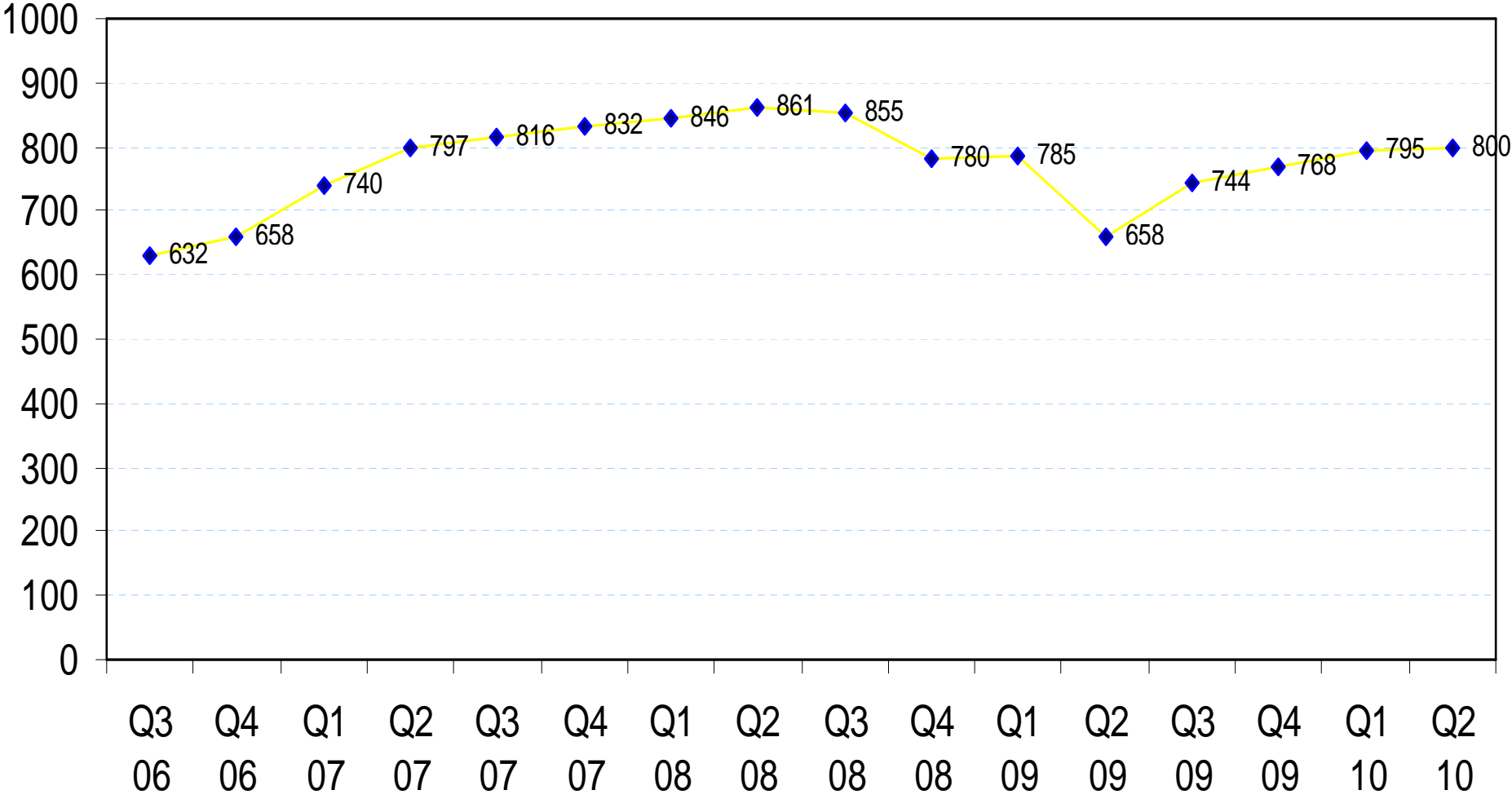
# Home Base Care

**-RHAC**

**-CPN+**

**-KHANA**

◆ PLHA



**-RHAC**

- ចំនួនសរុបនៃក្រុម មាន ០៩
- ចំនួនសរុបនៃ មណ្ឌលសុខភាពដែលគ្របដណ្តប់ មាន ១២
- ចំនួនសរុបនៃ PLHIV ដែលគាំទ្រដោយក្រុម HBC មាន ៥៨៥
- ចំនួនកុមារងាយរងគ្រោះមាន ៤១៥ នាក់ និង កុមារផ្ទុកមាន ៦៨ នាក់

**-CPN+**

- ចំនួនសរុបនៃក្រុម មាន ០២
- ចំនួនសរុបនៃ ការគ្របដណ្តប់ មាន ០២ សង្កាត់
- ចំនួនសរុបនៃ PLHIV ដែលគាំទ្រដោយក្រុម HBC មាន ២១៧
- ចំនួនកុមារងាយរងគ្រោះមាន ១៥៨នាក់ និង កុមារផ្ទុកមាន ១៩ នាក់

**-KHANA**

- ប្រជុំក្រុមការងារថែទាំតាមផ្ទះជារៀងរាល់ត្រីមាស
- ចុះអភិបាលនៅគ្រប់មណ្ឌលសុខភាព

# សកម្មភាពកម្មវិធីថែទាំអ្នកជំងឺអេដស៍តាមផ្ទះ

## សកម្មភាពការងារ:

- ការប្រជុំក្រុមជួយខ្លួនឯង រួមទាំងការបង្ការជំងឺមានសំរាប់អ្នកផ្ទុកមេរោគអេដស៍
- ចុះសួរសុខទុក្ខ PLHIV តាមផ្ទះ
- ស្រាវជ្រាវរកអ្នកជំងឺថ្មី
- រៀបចំប្រជុំក្រុមជួយខ្លួនឯងក្នុងសហគមន៍
- ឧបត្ថម្ភផ្លែធ្វើដំណើរសំរាប់អ្នកជំងឺដែលមកទទួល OI/ARV/CD4 និងពិនិត្យ PCR test សំរាប់កុមារដែលកើតពីម្តាយផ្ទុកមេរោគអេដស៍
- ធ្វើការចែកសៀវភៅដល់អ្នកជំងឺជារៀងរាល់ខែ
- ផ្តល់ប្រាក់កម្ចីដល់អ្នកជំងឺជាលក្ខណៈខ្នាតតូច ដល់ PLHIV&OVC (ពីមុន ៣០\$/family - Now 75\$/family)
- ចូលរួមគ្រប់ការប្រជុំជាមួយអាជ្ញាធរដែនដី និងស្ថាប័ន ពាក់ព័ន្ធ



**ផលវិបាក ៖**

**- ថវិកាសំរាប់ការបញ្ជូនអ្នកជំងឺនៅមានកំរិត**

## **ផលវិបាក :**

- ថវិកាសំរាប់ការបញ្ជូនអ្នកជំងឺនៅមានកំរិត

## **សំណូមពរ:**

១.សុំថវិកាលើកទឹកចិត្តដល់ក្រុមការងារបន្ថែម

២.បង្កើនចំនួនដងនៃការបញ្ជូនអ្នកជំងឺ



# Concept of Continuous Quality Improvement (CQI) for CoC

National Center for HIV/AIDS,  
Dermatology and STD

Research Unit, Data Management Unit, AIDS Care Unit



# What is CQI?

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

**Continuous Quality Improvement**

# What is CoC?

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

**Continuum of Care**

# Continuum of Care (CoC)

- Implement in 2003;
- Until now the coverage of CoC extends to almost nation-wide; the estimation is about 90% AIDS patients already received ART;
- What is the quality services provided to patients?
- HIV CQI would play important role in improving the quality services of HIV care

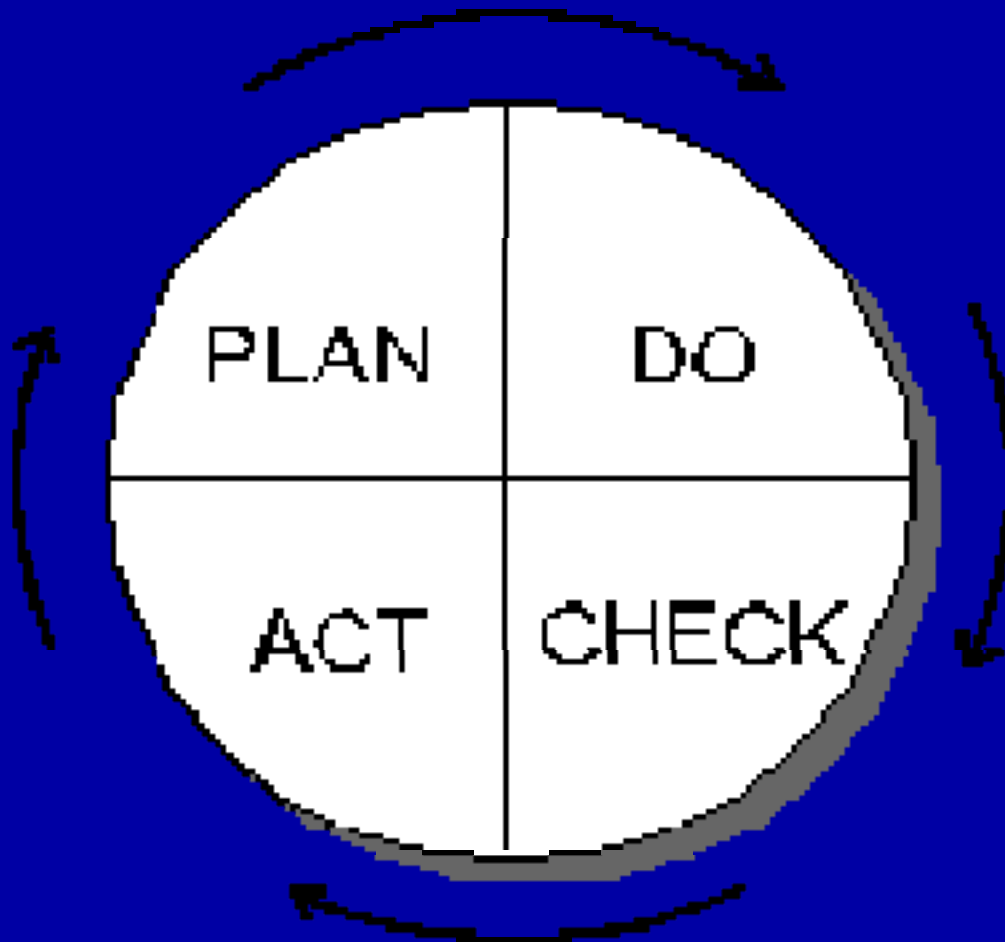
- In 2006 NCHADS data management unit has designed a standard electronic database that allows for individual patient data entry at OI/ART sites.
- In January 2008, 15 OI/ART sites are equipped with the electronic database and record individual patient information.
- This quarterly report provides information on the number of OI and ART patients lost to follow, transferred out and died.
- the quality of service is not checked regularly and data are not used by ART site team (clinician, data management, nurses, ART site .)



# Concept and Objective

- 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

# The 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<250 or WHO stage4 who start ART within 60 days (pre-ART)
- Percentage of patients with CD4 counts less than 200 and 100 receiving prophylaxis with CXT and fluconazole respectively
- 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 count of  $>250$  (pre-OI)
- Percentage of new TB patients who receive HIV testing and counseling (TB)
- Percentage of ANC1 patients who receive HIV testing and counseling (PMTCT)
- Percentage of known HIV+ pregnant women who receive prophylaxis and follow-up (pre-OI)

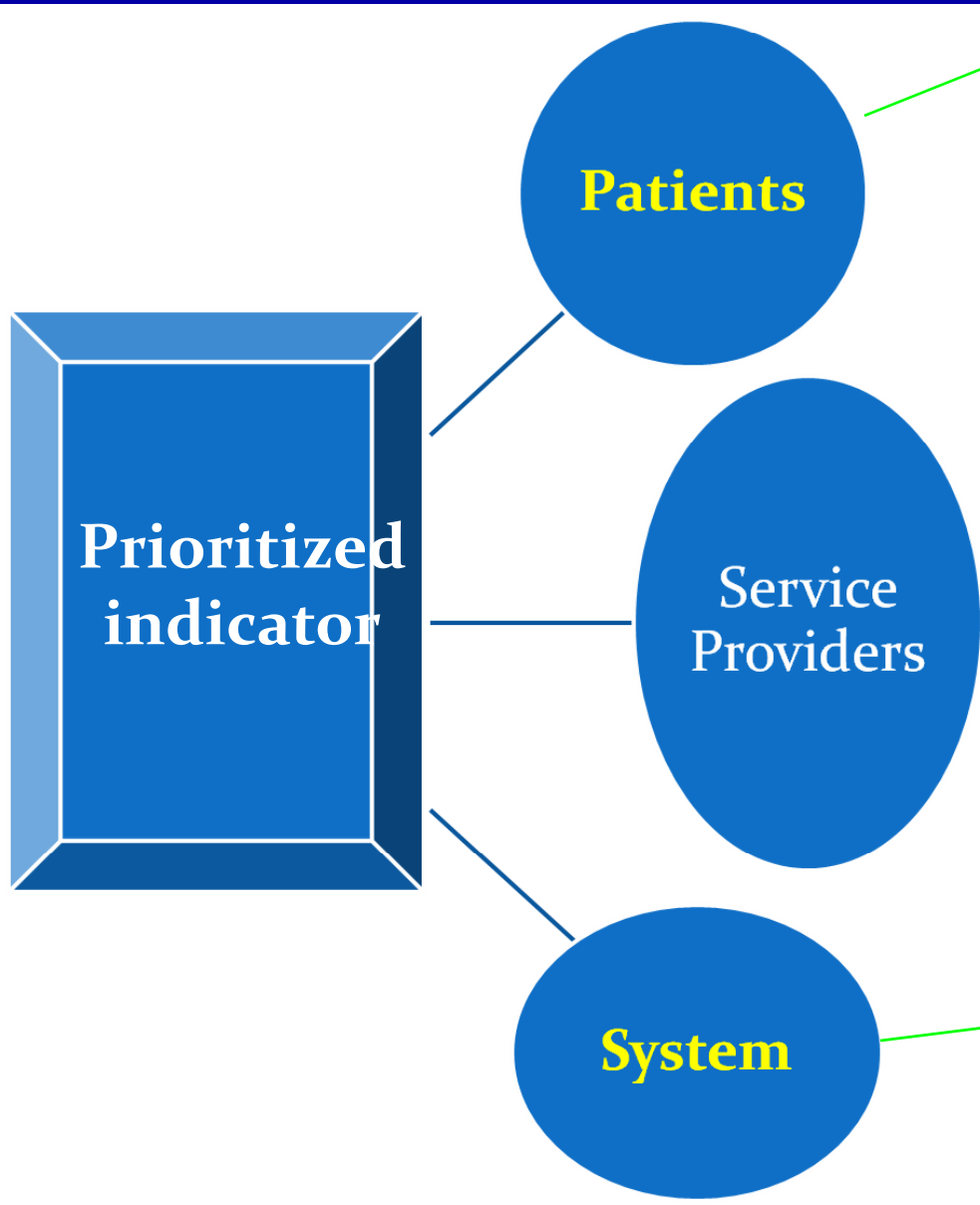
**Problem Prioritization, Root  
Causes Analysis and  
Corrective action**

# Prioritization criteria

- **Importance**
- **Urgency**
- **Feasibility**



# Root Causes Analyses



- What are the cause?
- .....
- .....

- Causes?
- .....
- .....

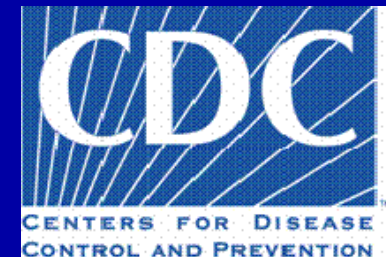
- What are the causes?
- .....
- .....

THANK YOU

# Launching of Continuous Quality Improvement for HIV/AIDS Care in Provincial RH, Sihanouk Province

August 26, 2010

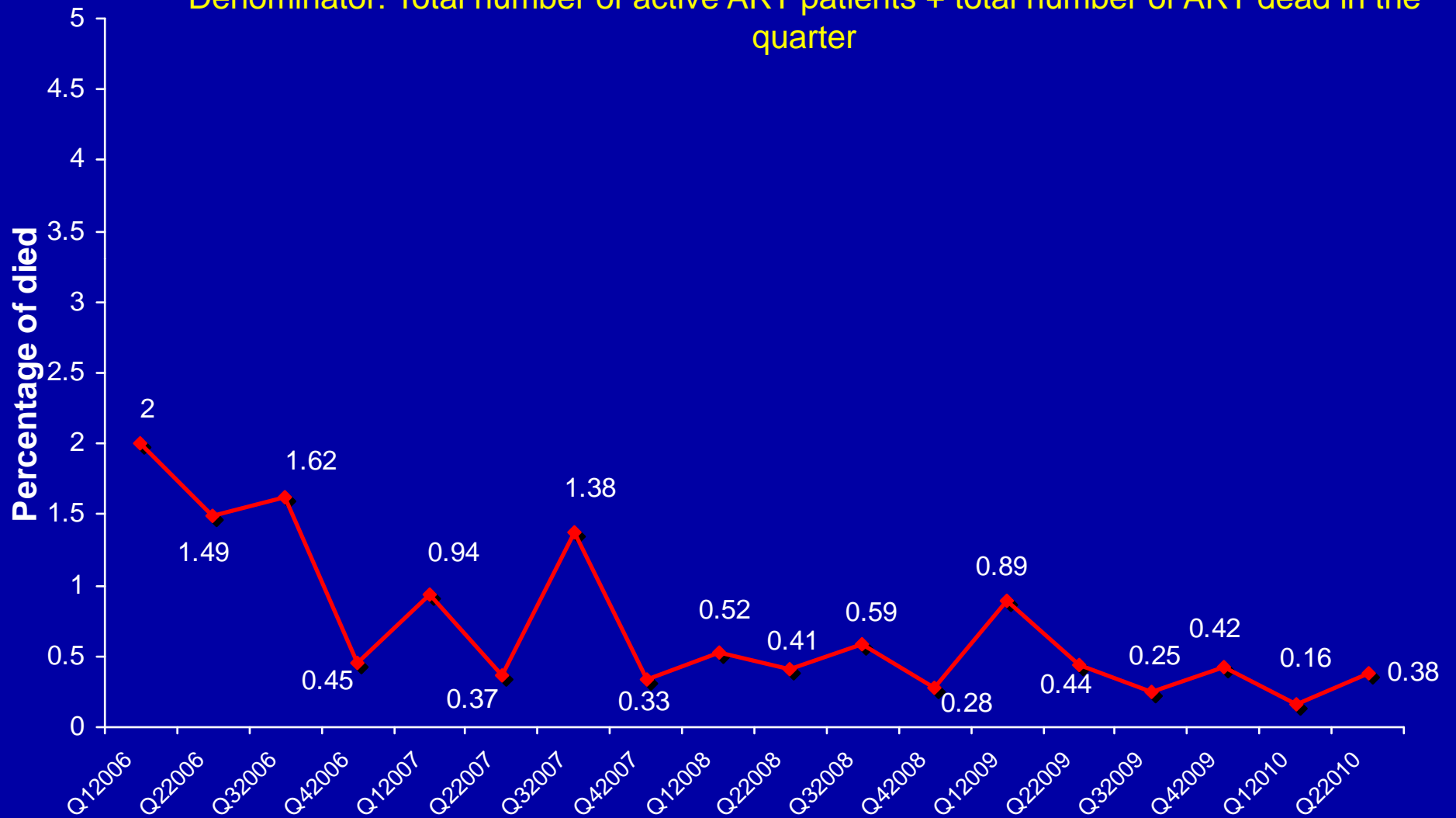
National Center for HIV/AIDS,  
Dermatology and STDs



# FINDINGS

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

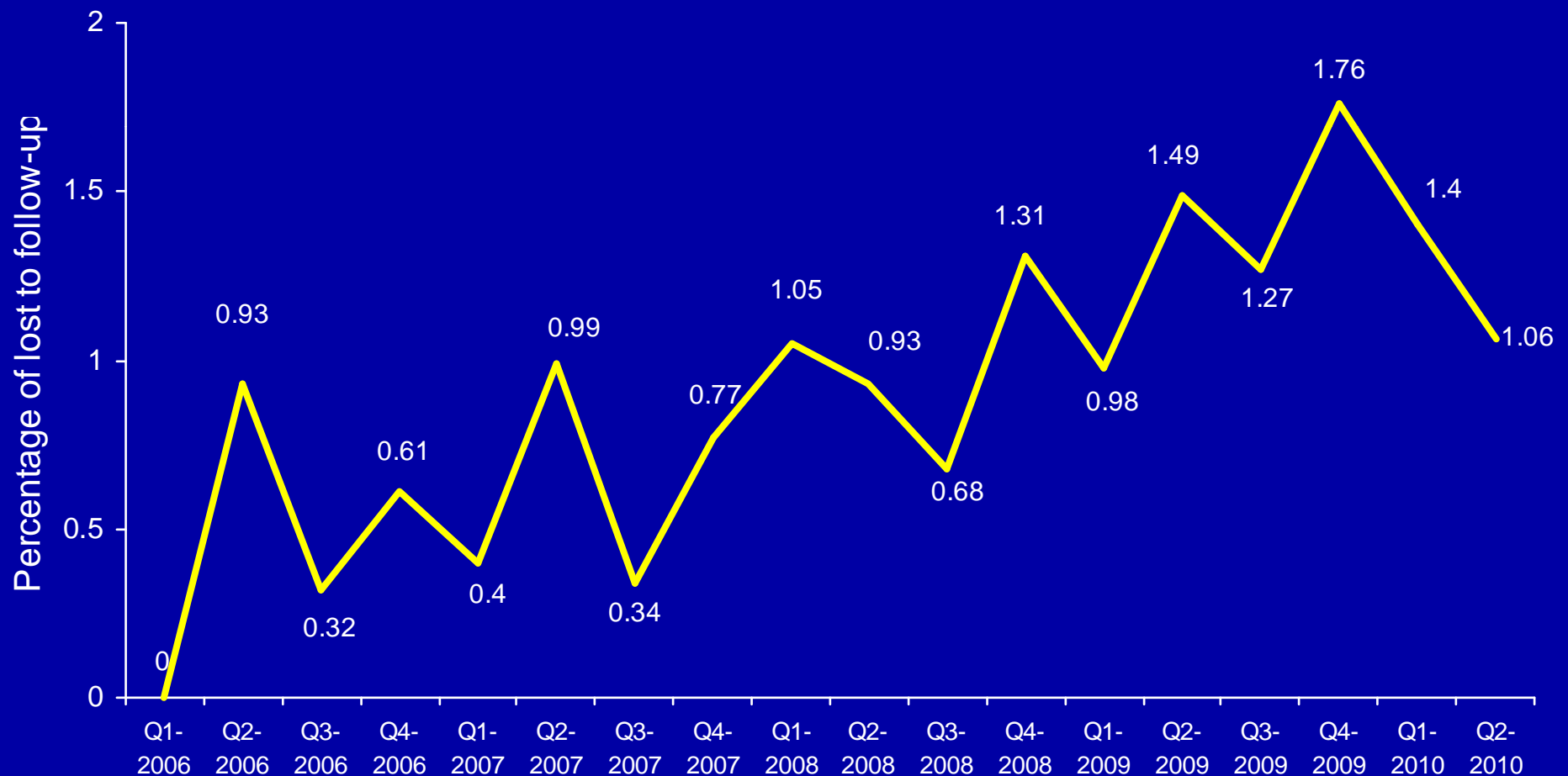
Numerator: Total number of patients known to have died during the quarter.  
Denominator: Total number of active ART patients + total number of ART dead in the quarter



## Percentage of adult patients under ART who were lost to follow-up by quarter in Provincial 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.

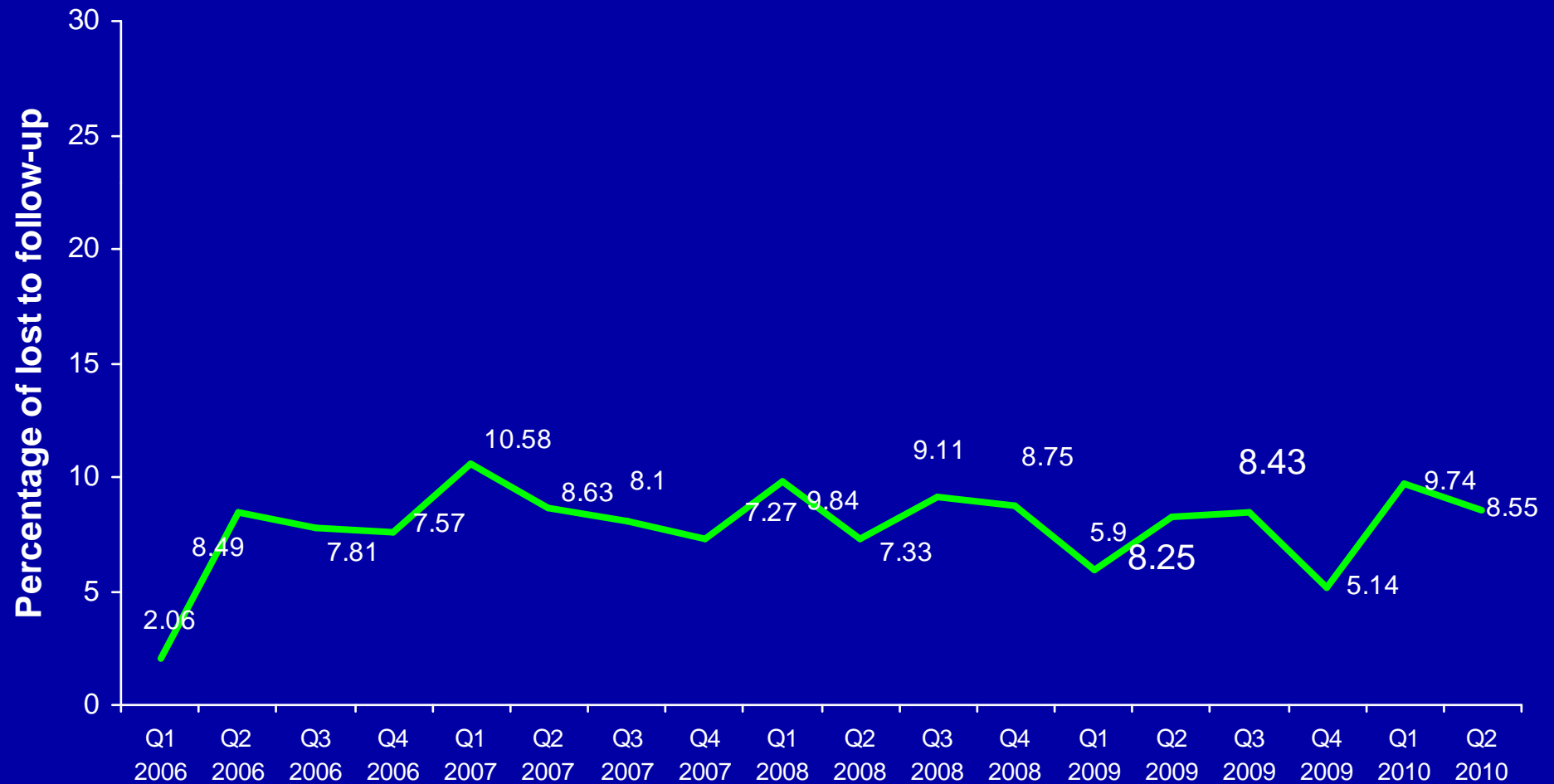
Denominator: Total number of active patients on ART at the end of the quarter + total number of patients who lost to follow up



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

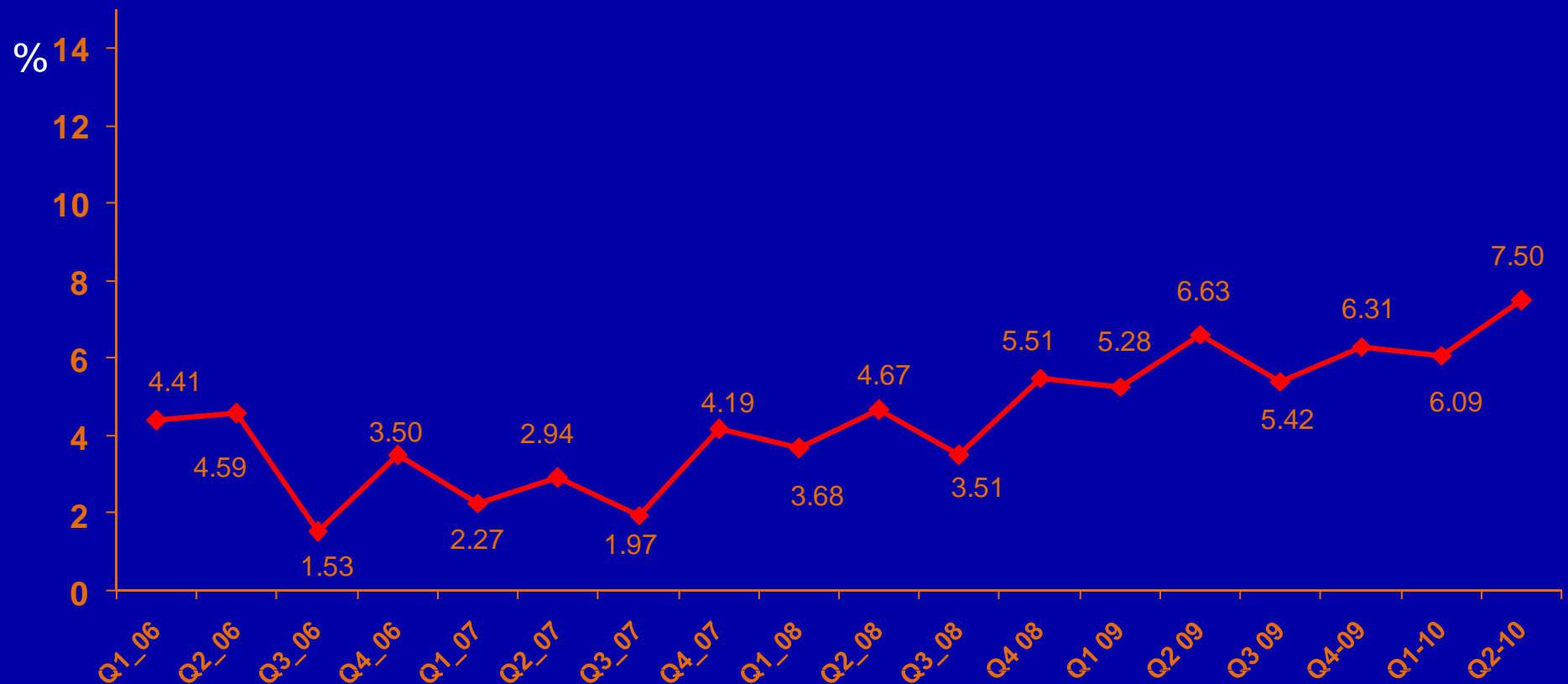
Numerator: Total number of OI patients who were lost (whether or not they are known to have died) during the quarter.

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 Provincial RH

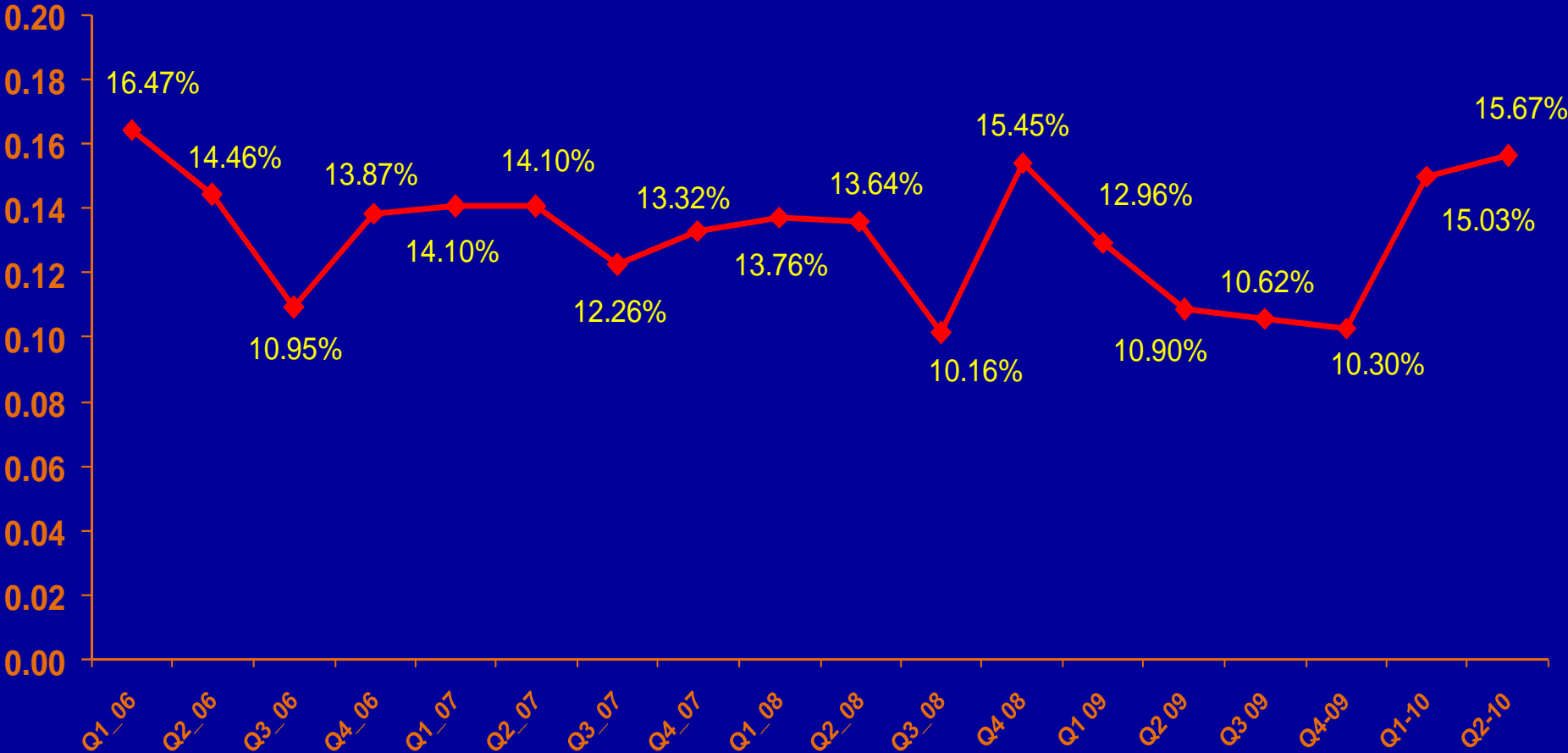
- Numerator = Number of Late Visits Beyond Buffer in the Quarter
- Denominator = Number of Total Visits in the Quarter





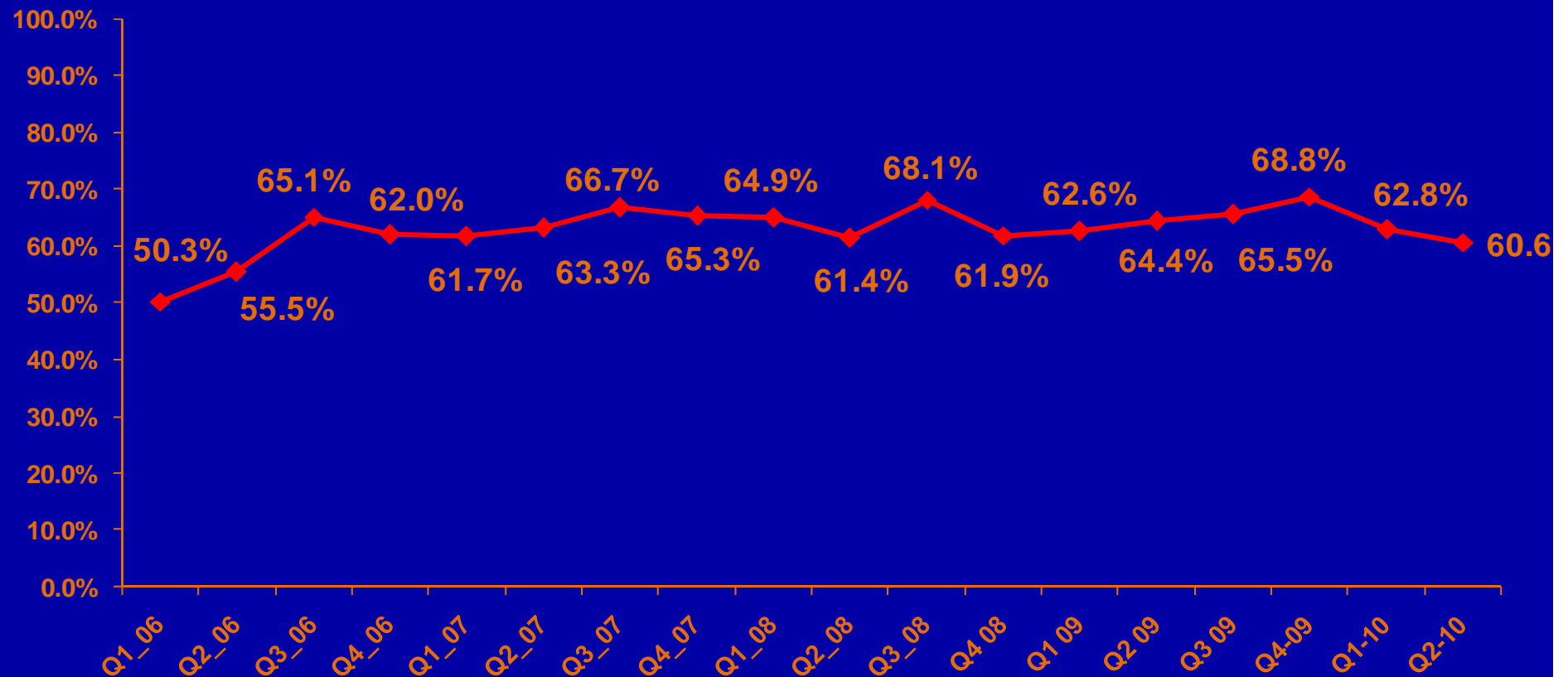
# Percentage of late visit within buffer by quarter in Provincial RH

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



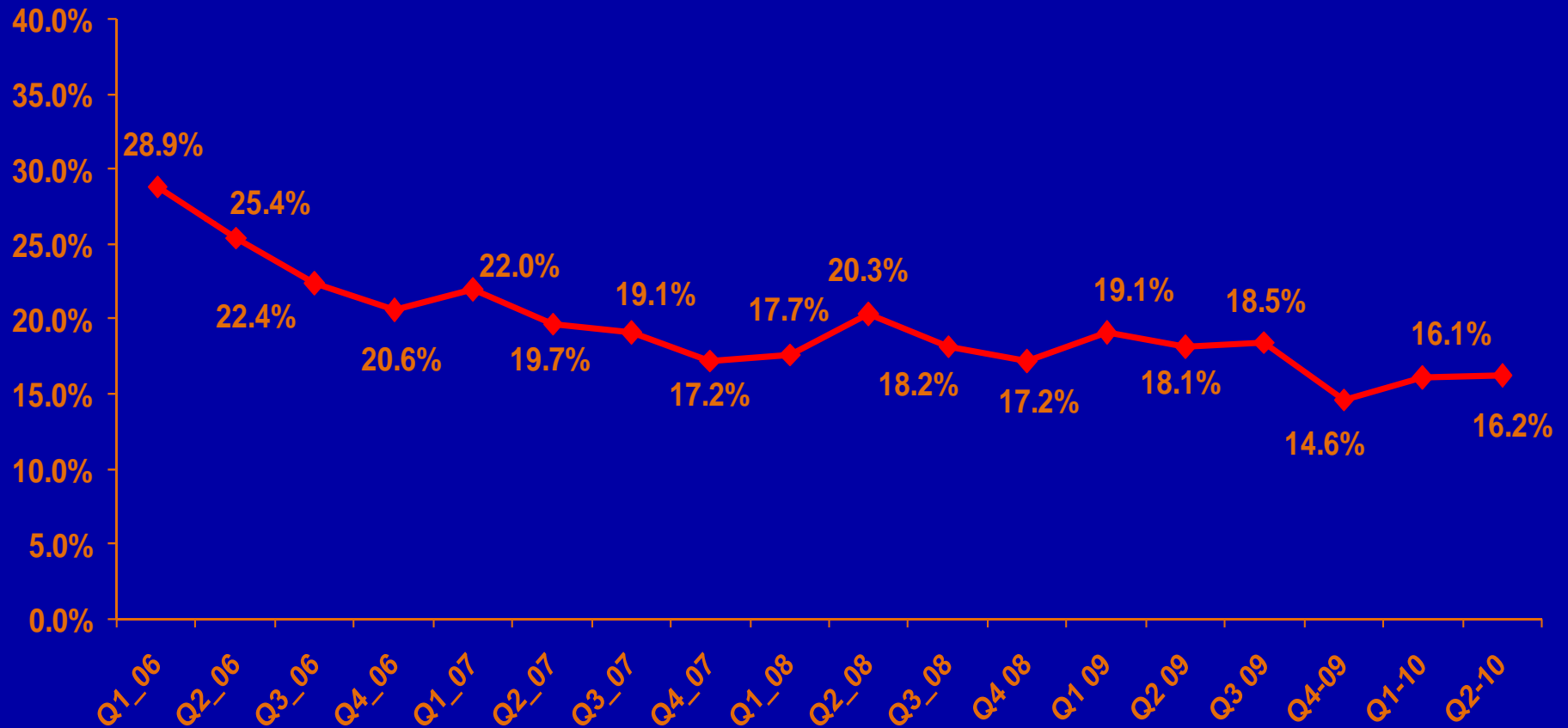
# Percentage of visit exactly on schedule by quarter in Provincial RH

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

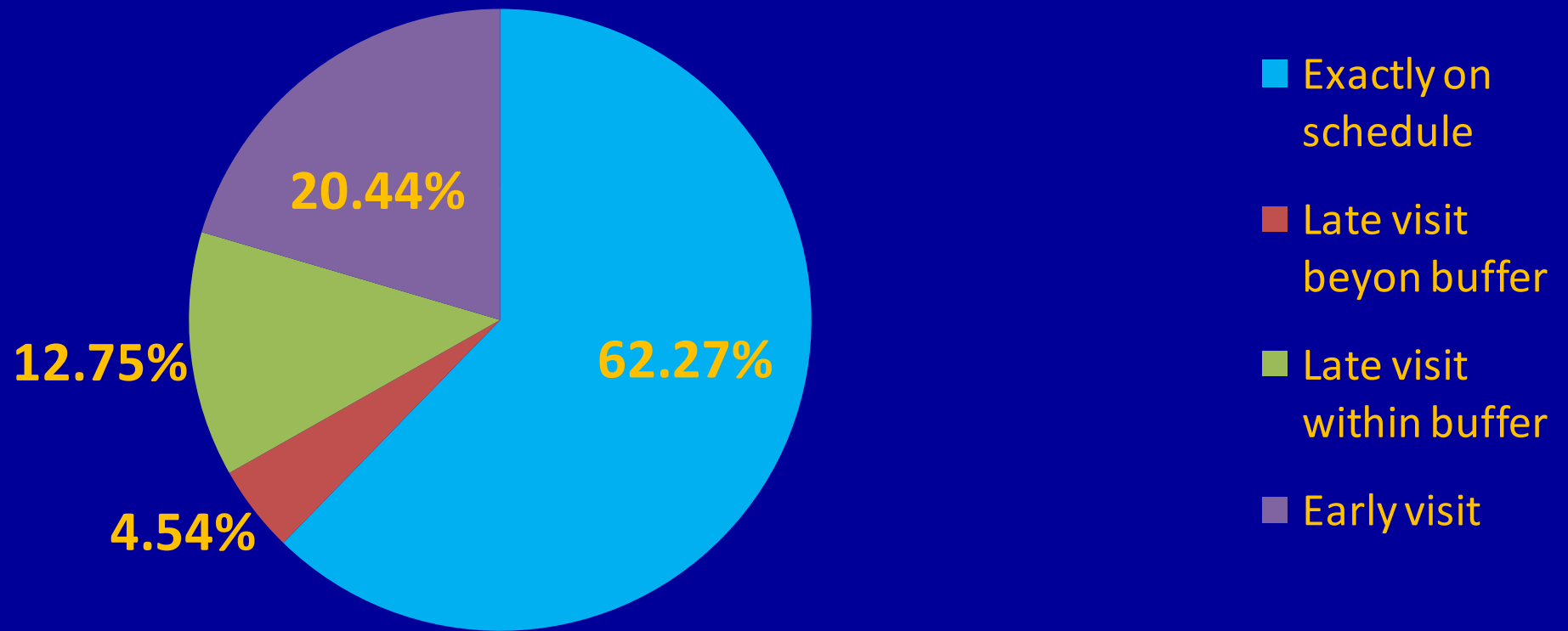


# Percentage of early visit by quarter in Provincial RH

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



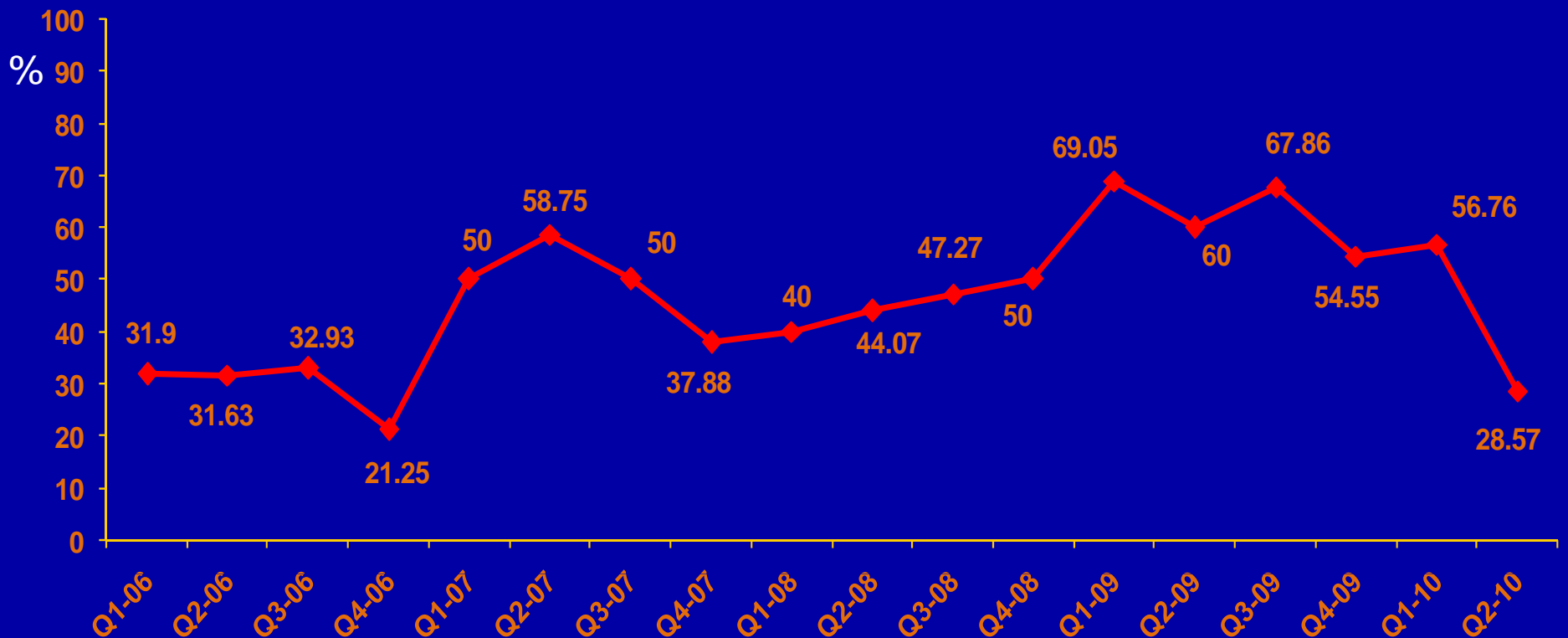
# Percentage of visit status for ART in Provincial RH



# Percentage of patients whose CD4<350 (CD4<250 before April 2010) or WHO stage 4 who start ART within 60 days after eligible in Provincial RH

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

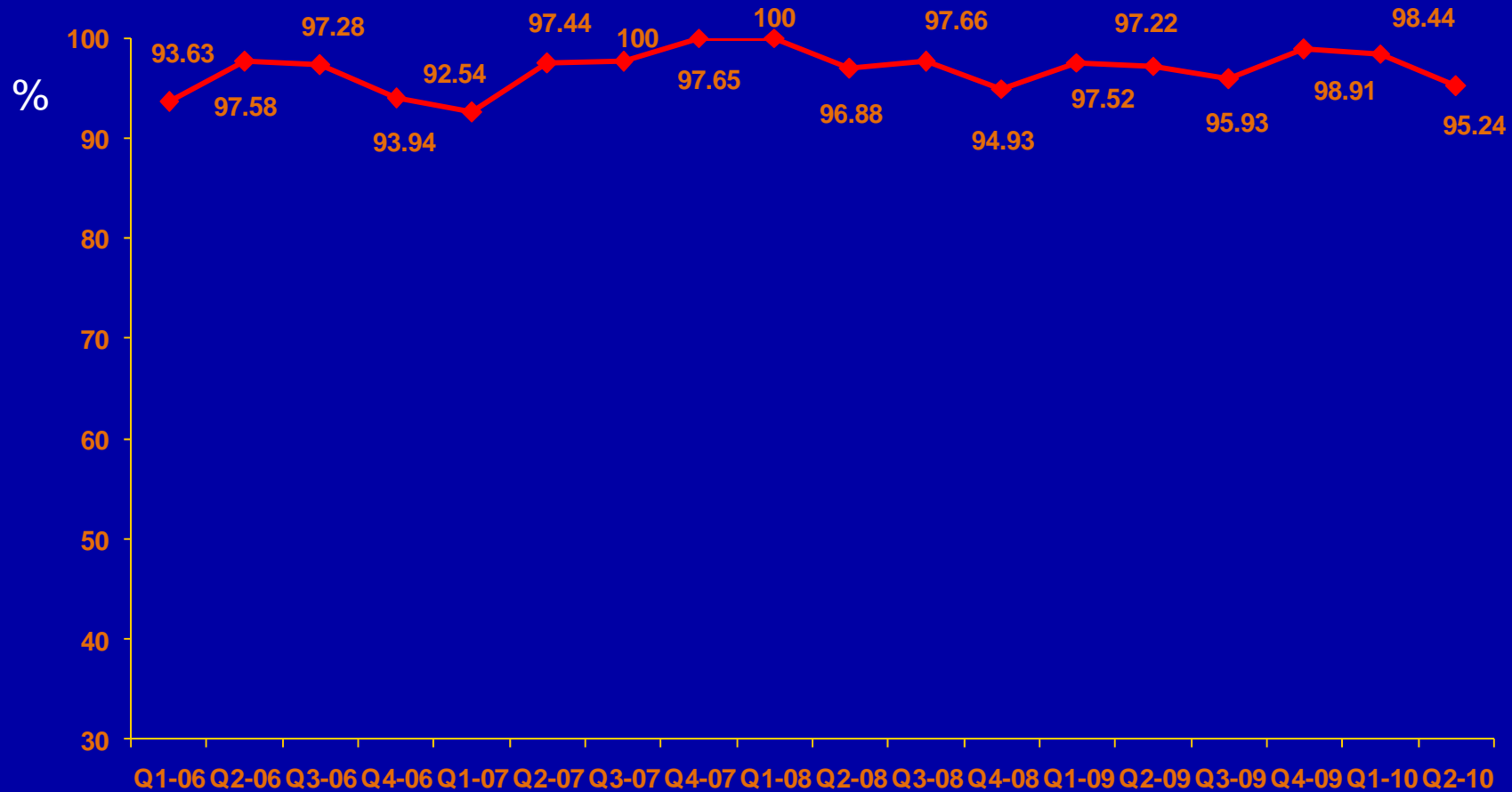
Denominator: Total number of OI patients with a CD4 count of <250 or WHO stage 4 within the first month of the reporting quarter or the two months previous.



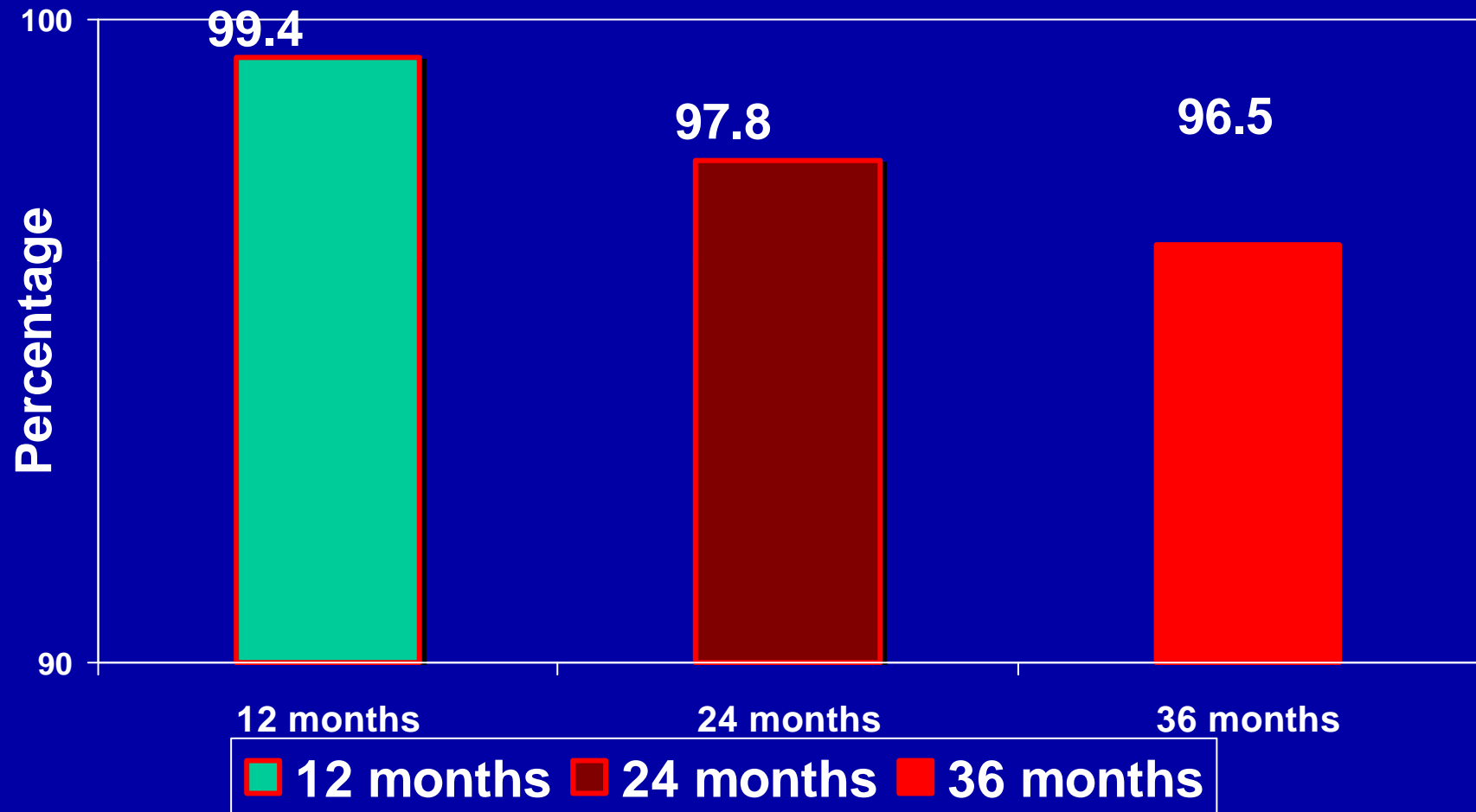
# Percentage of Patients whose CD4<200 and received Cotrimoxazole by quarter in Provincial RH

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)



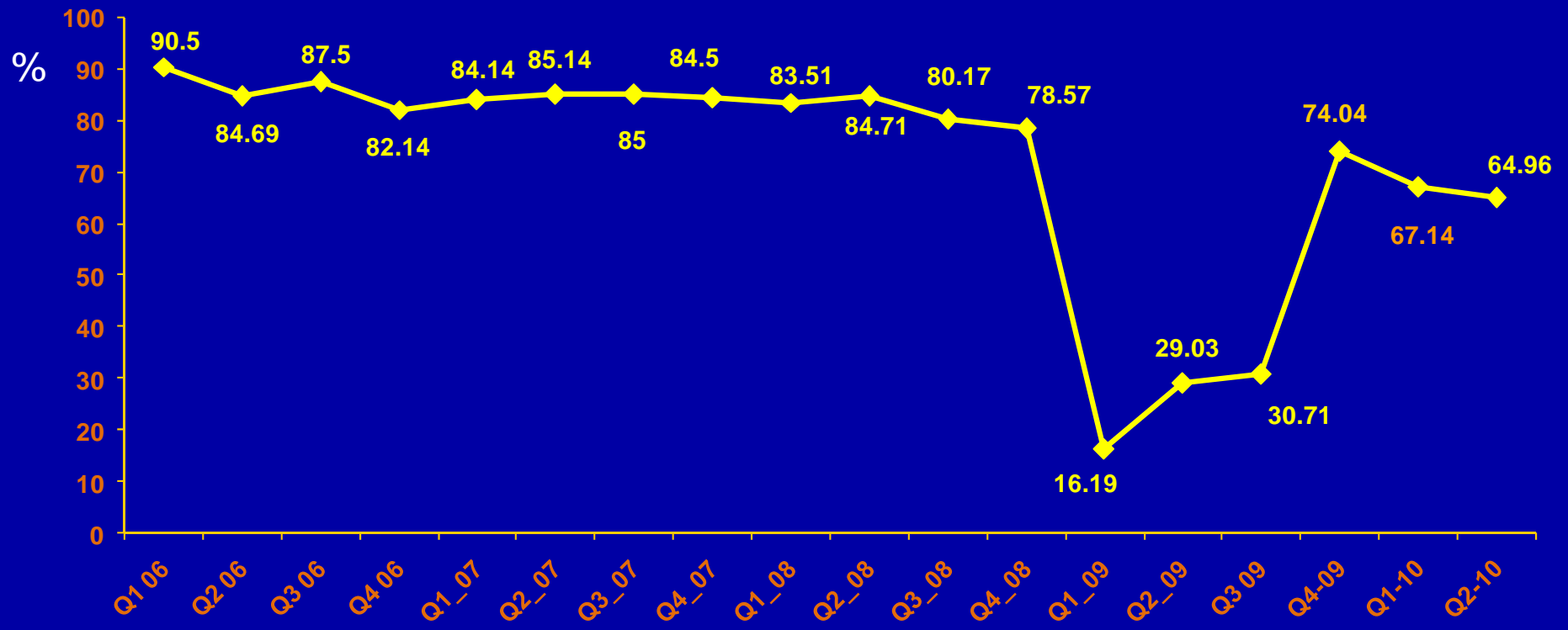
# Percentage of patients on ART who are still on first line regimens after 12 or 24 months or 36 months



# Percentage of Patients whose CD4 $\geq$ 200 and received Cotrimoxazole by quarter Provincial RH

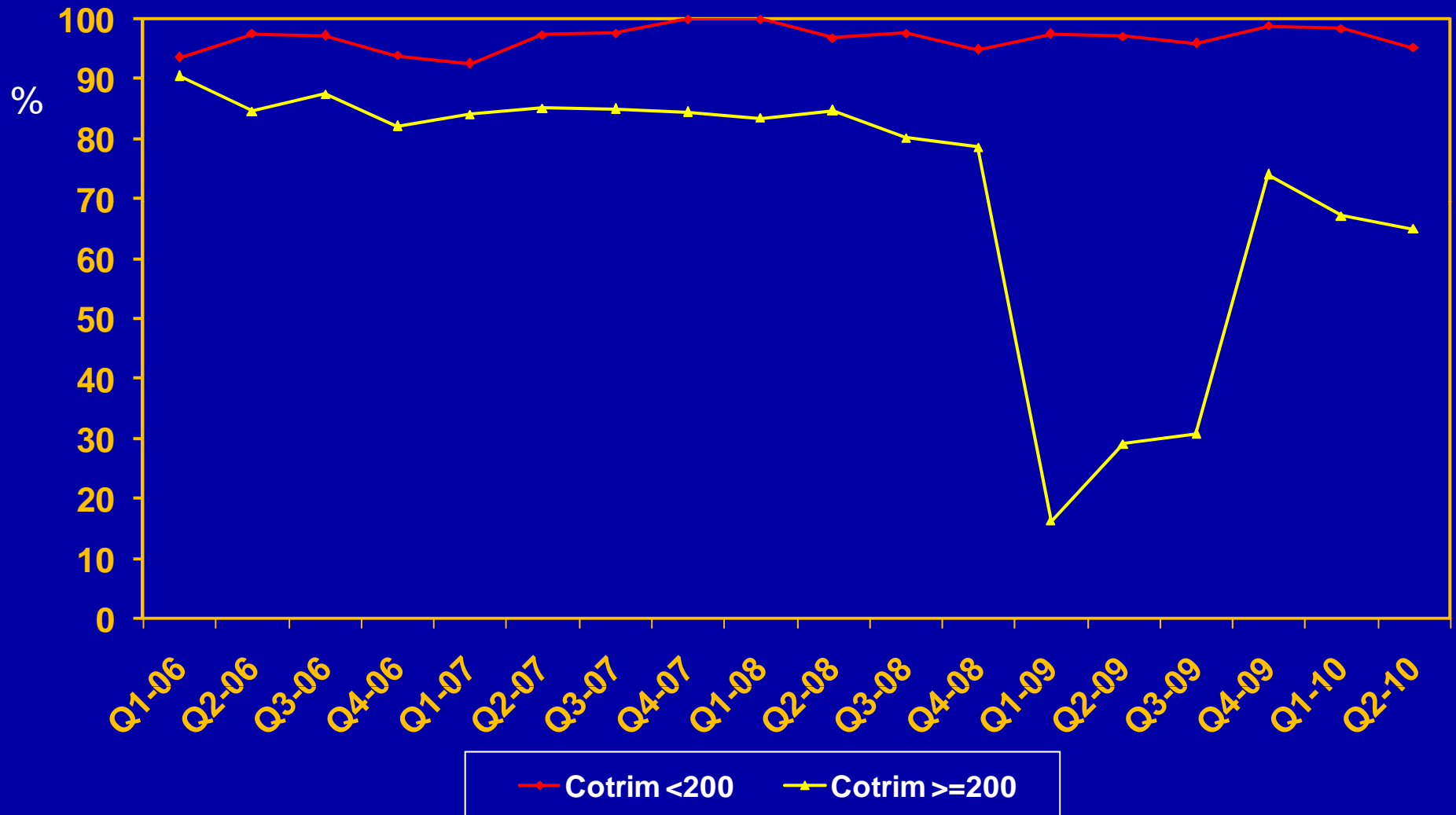
Numerator: Number of OI/ART patients with most recent CD4 levels of  $\geq$ 200 and who receive a new or ongoing prescription for cotrimoxazole at the appointment following the date of the CD4 test (within the quarter)

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





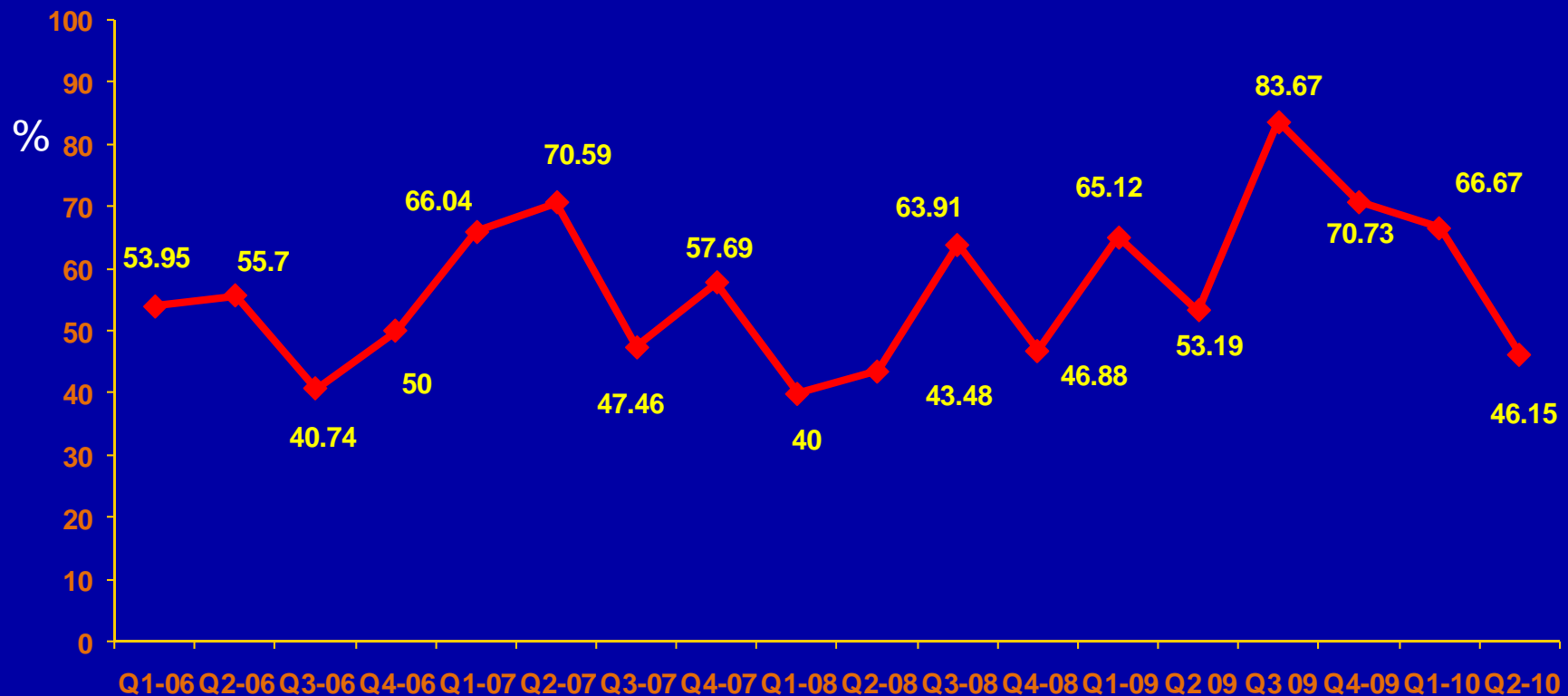
# Percentage of Patients whose CD4 $\geq$ 200 and CD4 $<$ 200 received Cotrimoxazole by quarter in Provincial RH



# Percentage of Patients whose CD4<100 and received Fluconazole by quarter in Provincial 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)

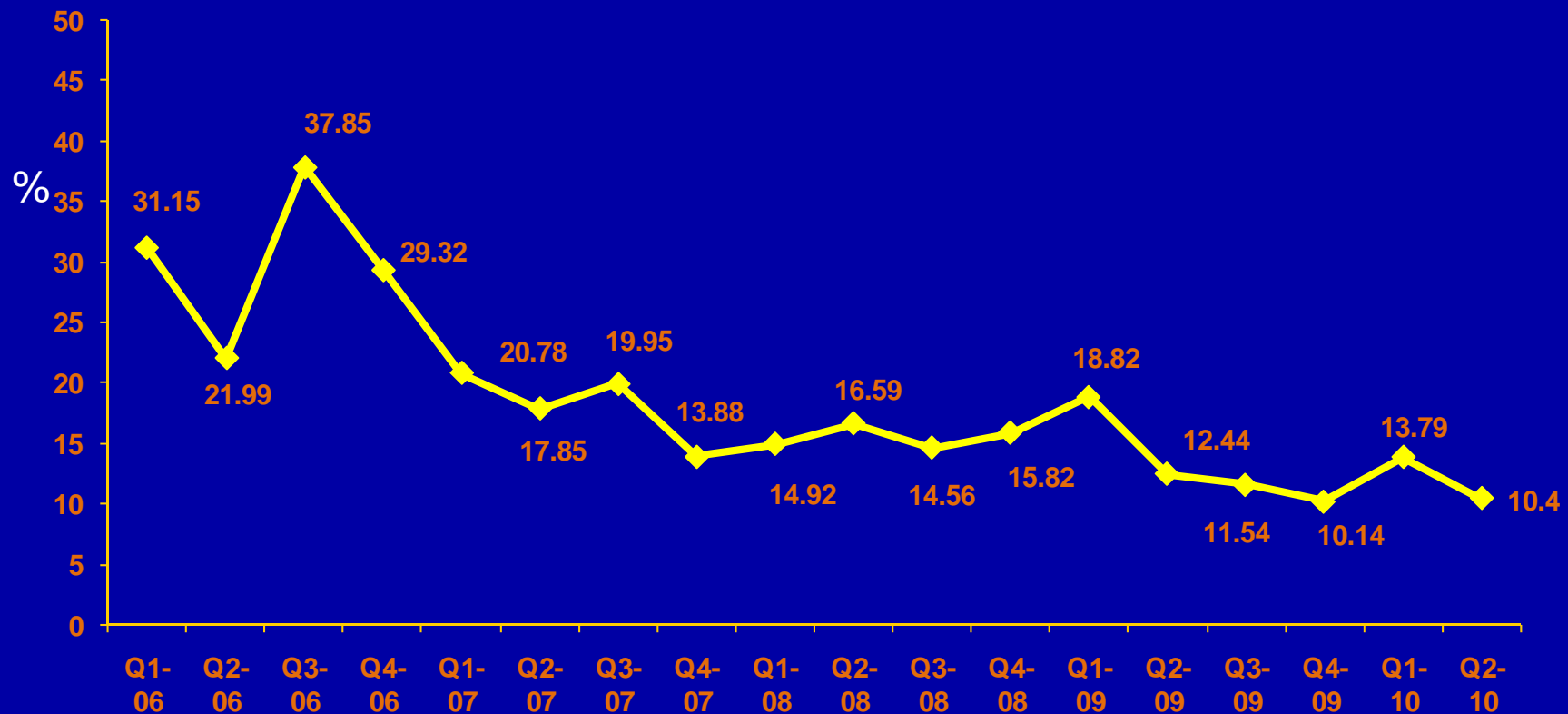
Denominator: All OI/ART patients with CD4 cell counts < 100 (within quarter)



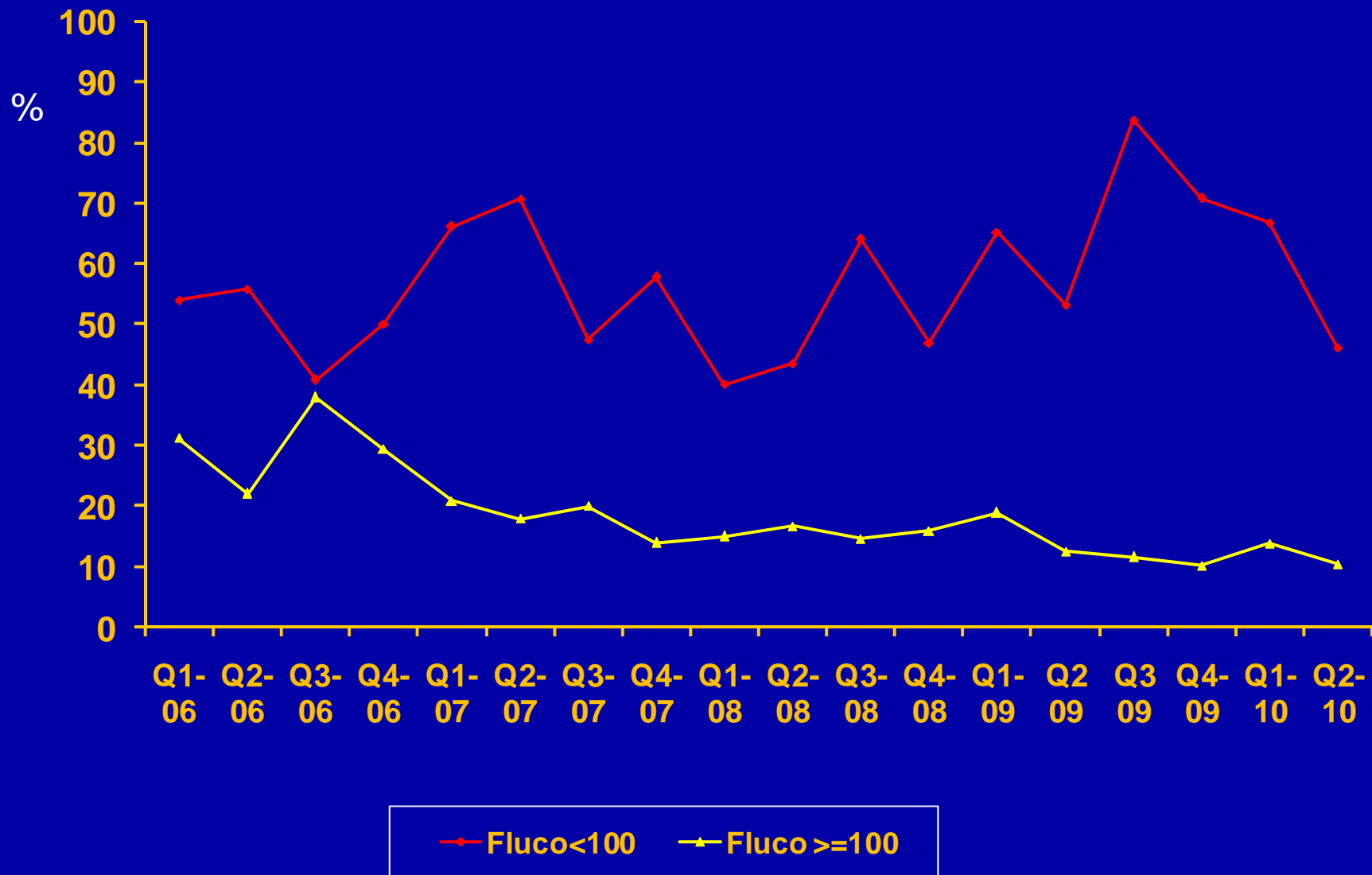
# Percentage of Patients whose CD4 $\geq$ 100 and received Fluconazole by quarter in Provincial RH

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)

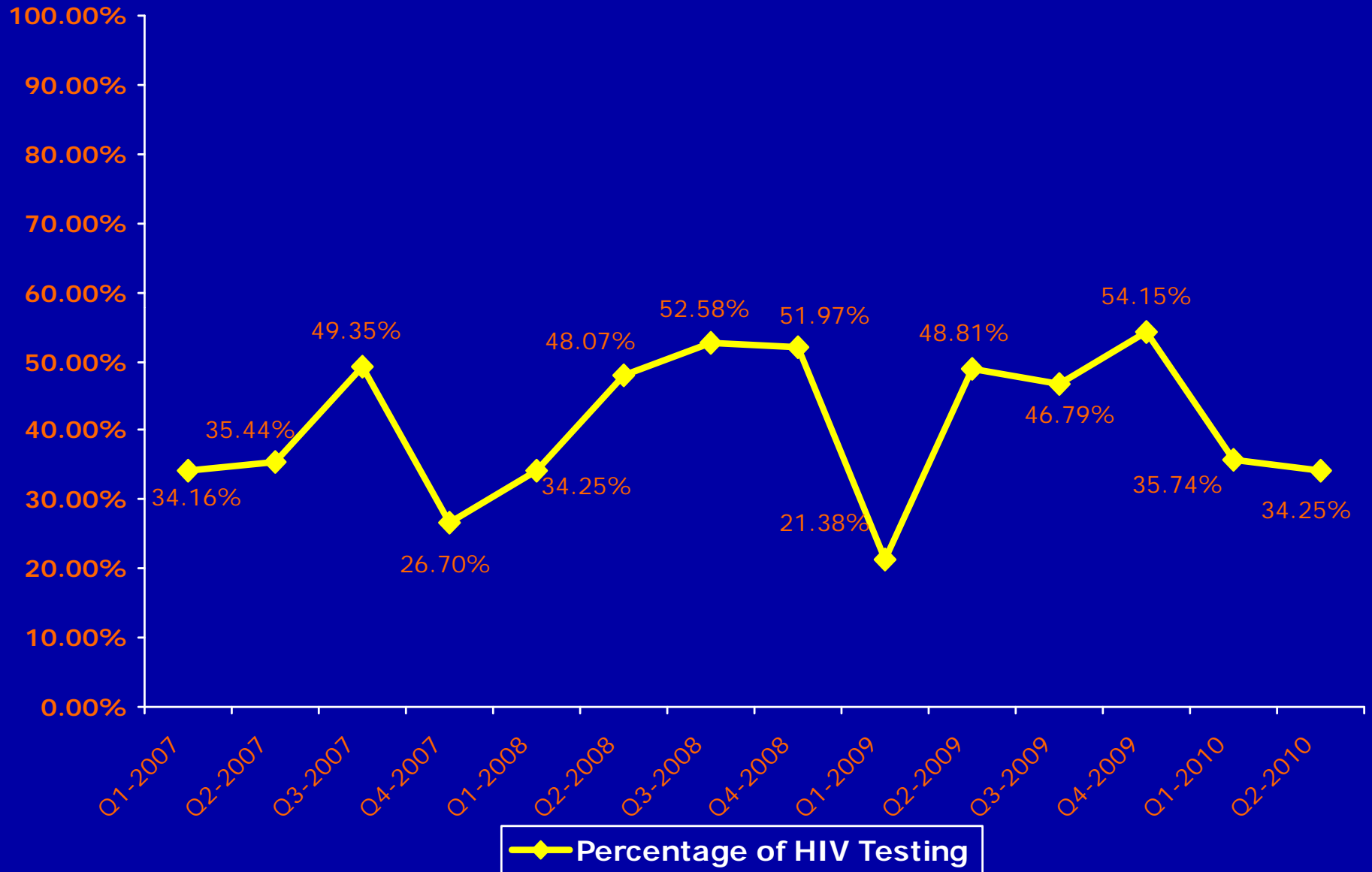
Denominator: All OI/ART patients with CD4 cell counts  $\geq$  100 (within quarter)



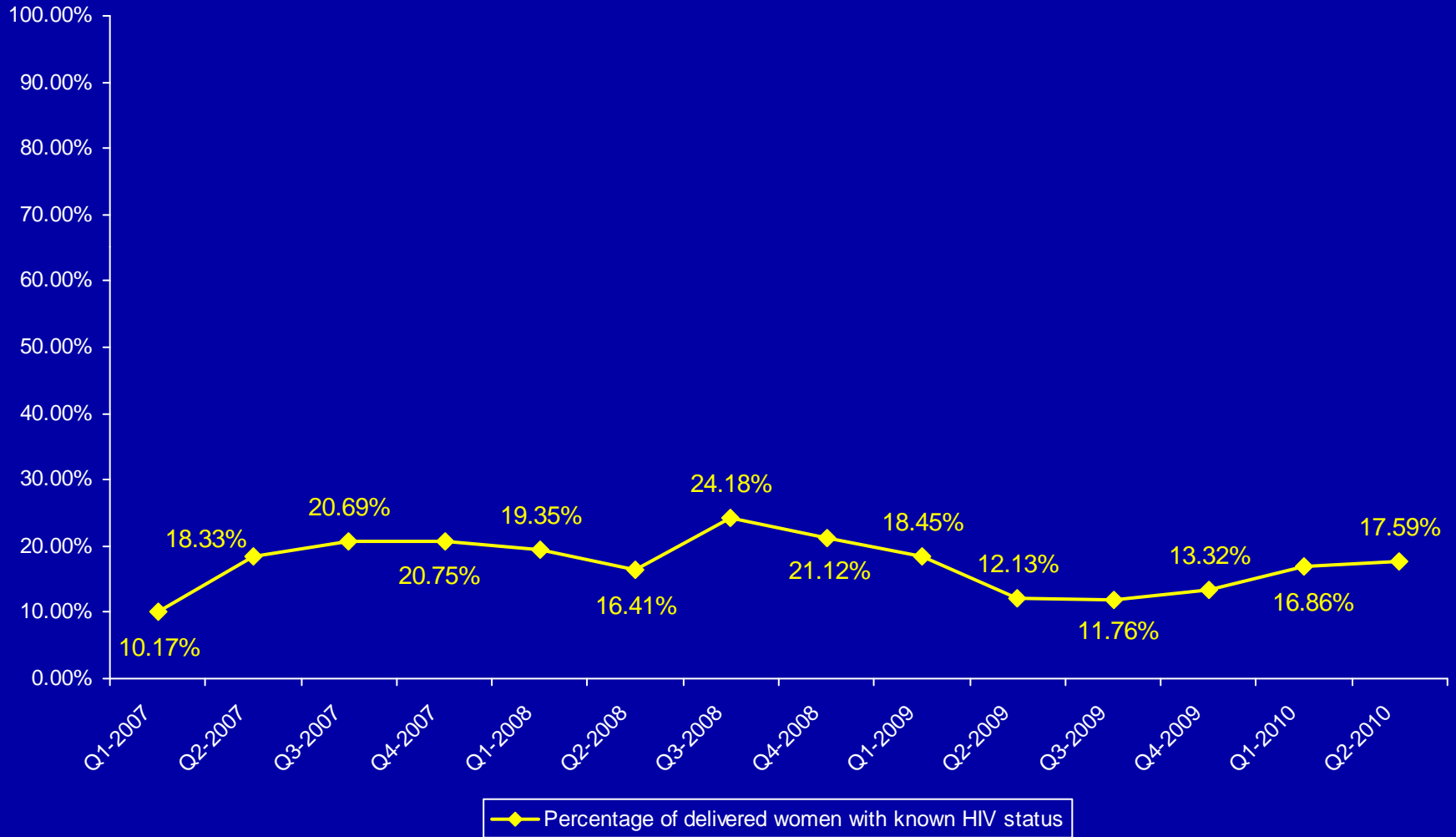
# Percentage of Patients whose CD4 $\geq$ 100 and CD4 $<$ 100 received Fluconazole by quarter in Provincial RH



**Percentage of HIV Testing among ANC 1 at **Provincial RH** by Quarter**  
(Nominator = number of ANC1 post tested counseled; Denominator = total number of ANC first visit)

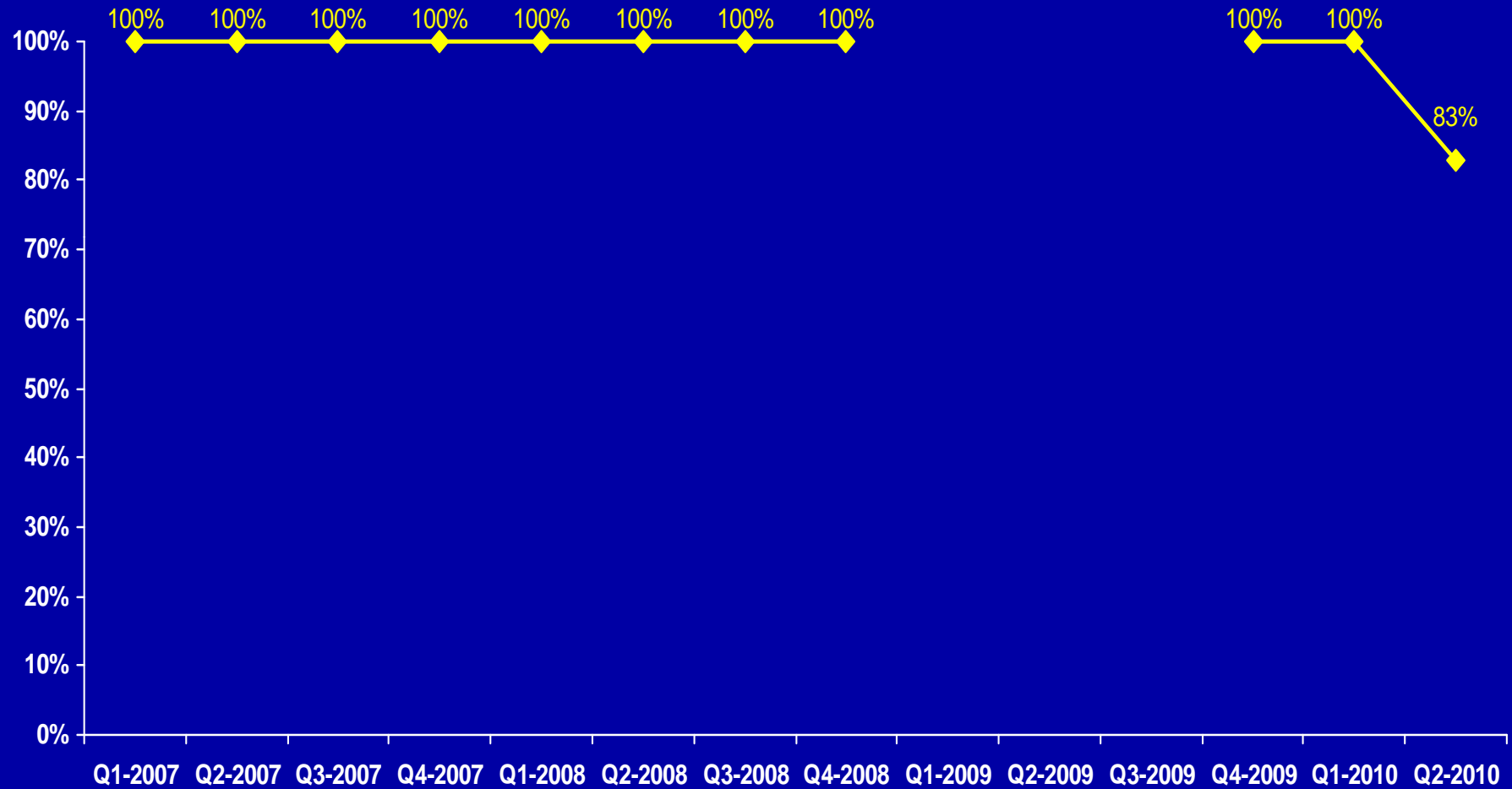


**Percentage of delivered women with known HIV status at Provincial RH by Quarter**  
**(Numerator = Total Number of delivered Women with known HIV status ;**  
**Denominator = Total Number of delivered Women)**



## Percentage of HIV + Women who received any prophylaxis or HAART during Labor at Provincial RH by Quarter

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



◆ Percentage of women who delivered and received any prophylaxis or HAART during Labor

# Mean of CD4 at initial visit by quarter





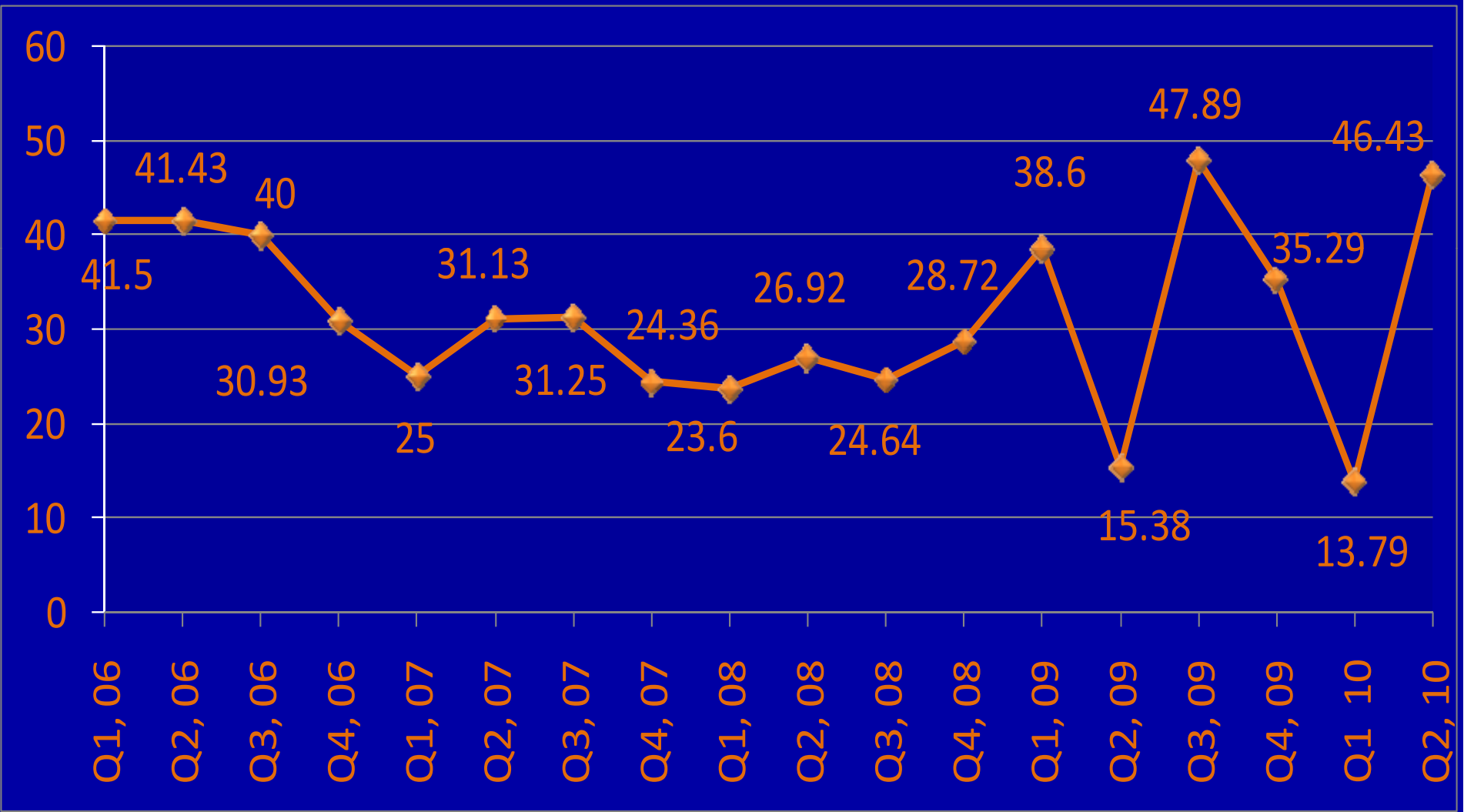
# Median of CD4 at initial visit by quarter



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

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

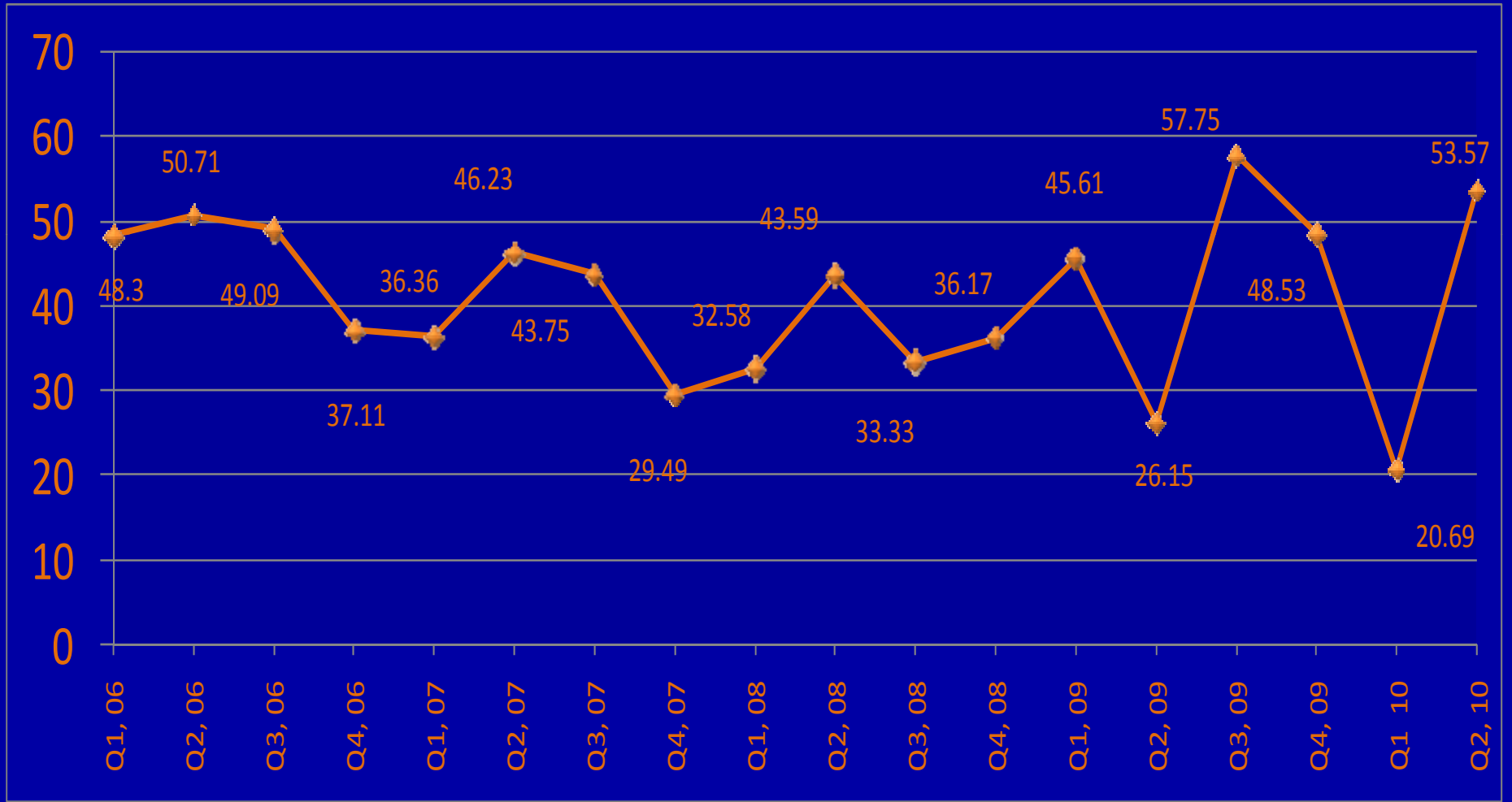
Denominator: Total number of initial visit patients by quarter



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

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

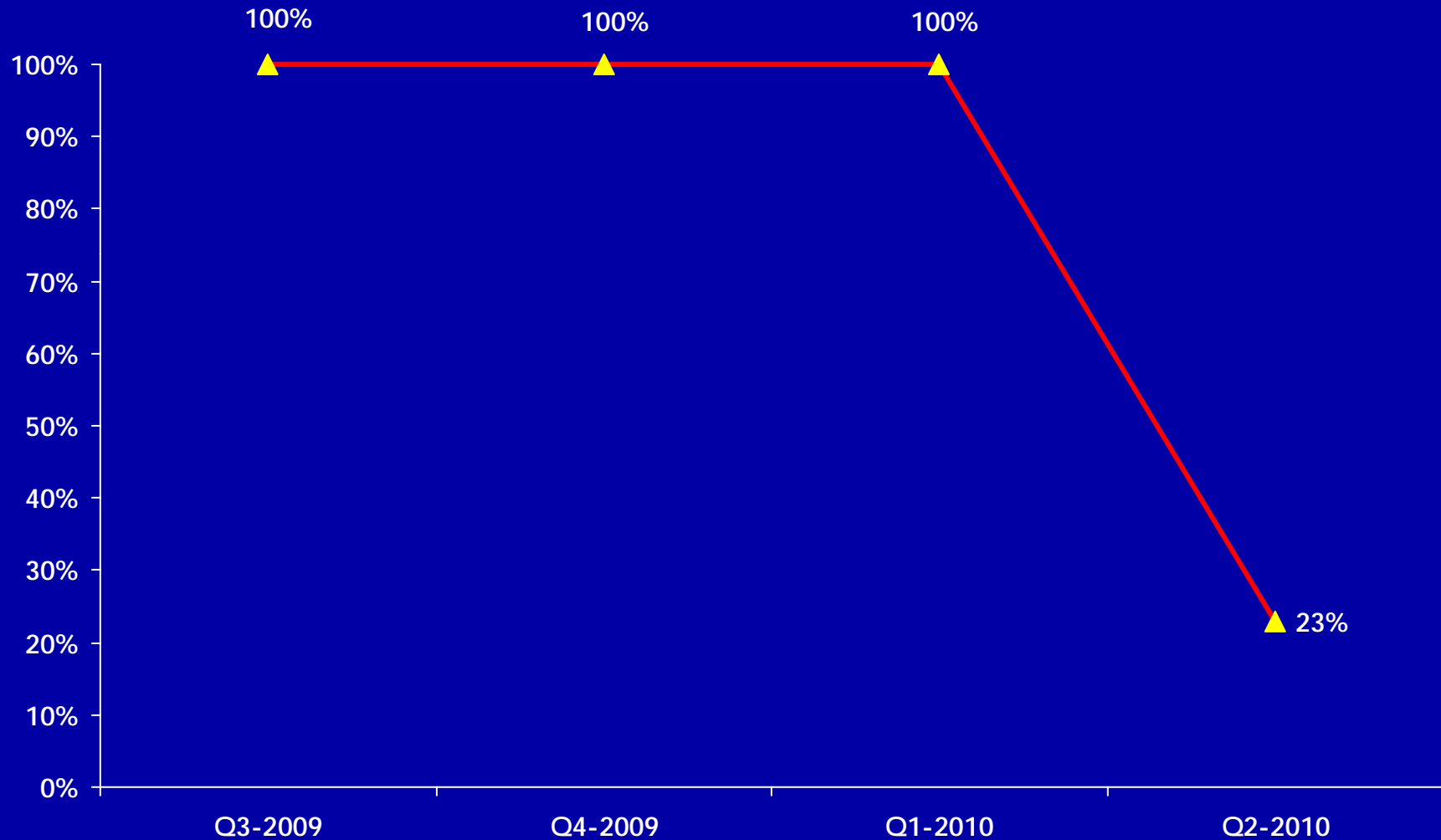
Denominator: Total number of initial visit patients by quarter



## Percentage of new OI Patients in Provincial RH who were screened for TB by quarter

Numerator: Total number of new OI patient screened for TB status by quarter

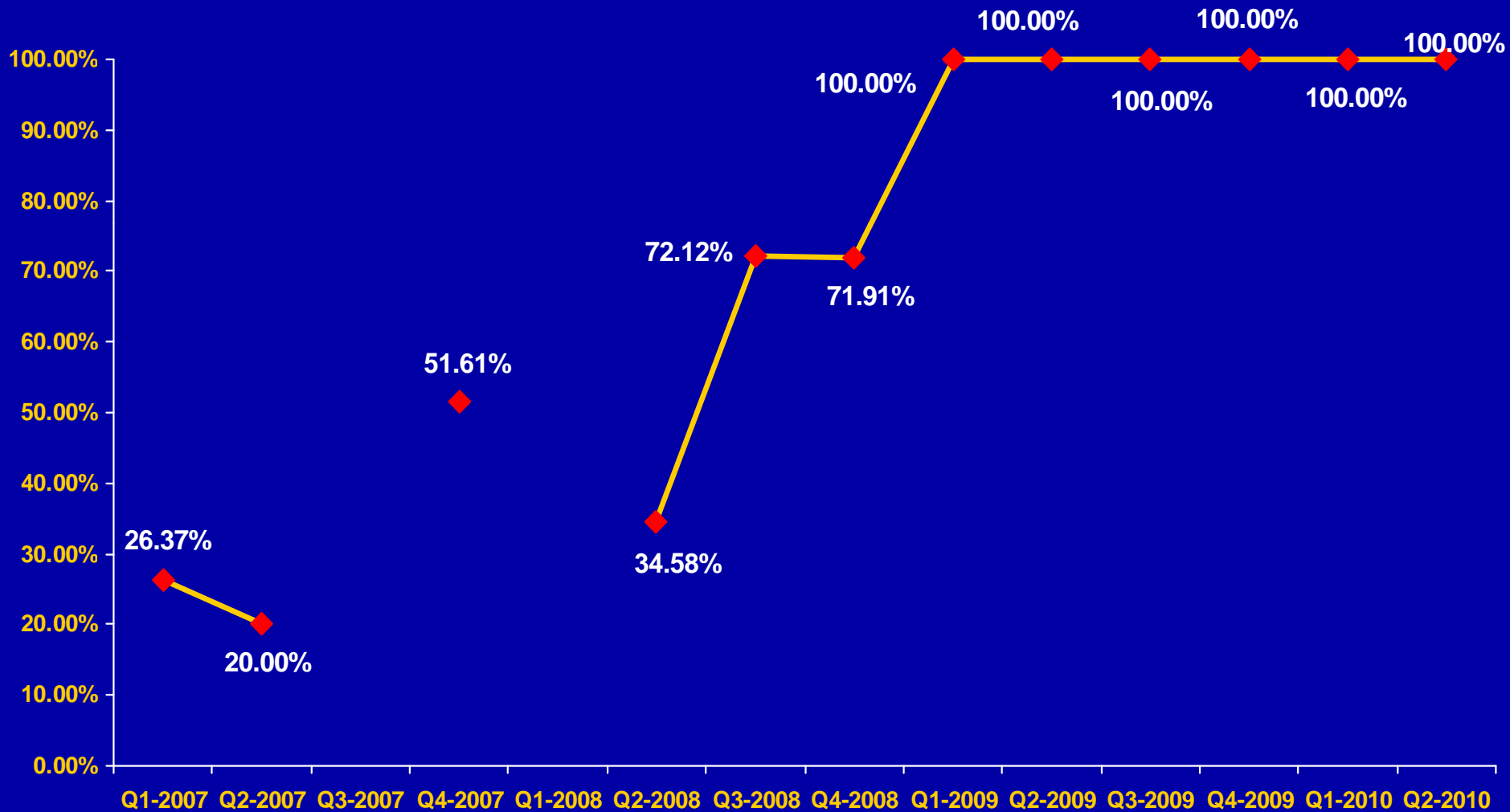
Denominator: Total number of new patient registered at OI/ART site by quarter



## Percentage of new TB Patients in Provincial RH 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



វិភាគបញ្ហា ចំណាត់ថ្នាក់បញ្ហា ដំណោះស្រាយ

និង កែតម្រូវសកម្មភាពដៃគោរ

កម្មវិធីពង្រឹងគុណភាពបន្ត លើសេវាថែទាំបន្ត

មន្ទីរពេទ្យបង្អែកទេត្តព្រះសីហនុ

២៦ សីហា ឆ្នាំ ២០១០

បង្ហាញដោយ លោកវេជ្ជ.សោម ផារ៉ា

ប្រធានមន្ទីរសង្ឃឹមនៃមន្ទីរពេទ្យបង្អែកទេត្ត

# មាតិកា

- កំណត់បញ្ហាជាអាទិភាព
- វិភាគបញ្ហា
- ដោះស្រាយបញ្ហា
- កែតម្រូវផែនការកម្មភាព

# កំណត់បញ្ជាក់ជាអាទិ៍ភាព

- សំខាន់
- បន្ទាន់
- អាចធ្វើទៅបាន



## ការស្រាវជ្រាវ indicators (3/12)

- ភាគរយនៃអ្នកជំងឺមកពិនិត្យយឺត ហើយអស់ថ្នាំបំប្លែង (លើស៤ថ្ងៃ)
  - សំខាន់ៈ១៤/១៨
  - បន្ទាន់ៈ១៤/១៨ និង អាចធ្វើបានៈ៩/១៨
- ភាគរយនៃអ្នកនៃអ្នកជំងឺដែលមាន CD4 តូចជាង២៥០ ឬ WHO stage 4 ដែលចាប់ផ្តើមប្រើថ្នាំ ប្រឆាំងមេរោគអេដស៍ (ក្នុងរយៈ ៦០ថ្ងៃ)
  - សំខាន់ៈ១៣/១៨
  - បន្ទាន់ៈ១៣/១៨ និង អាចធ្វើបានៈ៩/១៨
- ភាគរយនៃអ្នកនៃអ្នកជំងឺ OI ថ្មីមក Screene TB
  - សំខាន់ៈ១៥/១៨
  - បន្ទាន់ៈ១៣/១៨ និង អាចធ្វើបានៈ១៣/១៨

វិទ្យាសាស្ត្រ

ភាគរយនៃអ្នកជំងឺមក  
ទទួលថ្នាំយឺតដោយ  
ហួសថ្នាំបំប្រុងចំនួន៤ថ្ងៃ

អ្នកជំងឺ

- ផ្ទះនៅឆ្ងាយ អ្នកជំងឺក្រីក្រ អ្នកជំងឺមិនចេះអក្សរ បាត់សៀវភៅណាត់
- មានបញ្ហាគ្រួសារត្រូវដោះស្រាយ ផ្លាស់លំនៅដីទីតាំងធ្វើការ ផ្លាស់ប្តូរទីលំនៅ
- អ្នកជំងឺមិនចូលក្រុមHBC ចំណាកស្រុក (ទៅរកស៊ីនៅថៃ) ខ្វះថវិកាធ្វើដំណើរ ឈឺធ្ងន់ពេក
- អ្នកជំងឺបាត់ថ្នាំខ្លាចពេទ្យស្តីអោយ អ្នកជំងឺមានការភ័យខ្លាចនៅពេលហួសពេលណាត់

ប្រព័ន្ធ

- ទំនាក់ទំនងរវាងក្រុមគ្រូពេទ្យ counselor ,IT , pharmacist ,PAO MMM និង HBC នៅមានកំរិត
- ខ្វះមធ្យោបាយសំរាប់ទំនាក់ទំនងជាមួយនឹងអ្នកជំងឺ
- ខ្វះខាតប្រព័ន្ធទំនាក់ទំនង ដាច់ (ខ្វះ) ឱសថ ខ្វះសៀវភៅណាត់
- ខ្វះខាតសំភារៈការិយាល័យ និង សំភារៈពេទ្យ ខ្វះខាត
- កន្លែងផ្តល់សេវាមិនសូវសមរម្យ(ក្តៅពេក)

អ្នកផ្តល់សេវា

- អ្នកផ្តល់ប្រឹក្សាពន្យល់អ្នកជំងឺនៅមានការខ្វះខាត /នៅមានកំរិត
- ប្រាក់ឧបត្ថម្ភលើទឹកចិត្តមានតិចតួច
- HBC បង្កើនការគ្របដណ្តប់ និងបង្កើនថវិកាធ្វើដំណើរ

ភាគរយនៃអ្នកជំងឺ  
ដែលសមស្របនឹងទទួល  
ARV ក្នុងរយៈពេល  
៦០ថ្ងៃ

អ្នកជំងឺ

- អ្នកជំងឺនៅឆ្ងាយ ខ្វះថវិកាធ្វើដំណើរ អ្នកជំងឺមិនចង់ទទួលថ្នាំ នៅពេលមានសុខភាពល្អ
- អ្នកជំងឺខ្វះការយល់ដឹងពីជំងឺអេដស៍ អ្នកជំងឺមានការភ្លេចច្រើន
- អ្នកជំងឺមិនទាន់ត្រៀមខ្លួនរួចរាល់សំរាប់ទទួលថ្នាំ
- អ្នកជំងឺអត់ចេះអក្សរ មានបញ្ហាផ្លូវចិត្ត អ្នកជំងឺមិនគោរពការណាត់
- មានជំងឺឱកាសនិយមច្រើន ( របេង...) ផ្ទះឆ្ងាយ គ្មានថវិការគ្រប់គ្រាន់សំរាប់ធ្វើដំណើរ

ប្រព័ន្ធ

- ខ្វះប្រព័ន្ធទំនាក់ទំនង ជាមួយនឹងអ្នកជំងឺ
- ទំនាក់ទំនងរវាង គ្រូពេទ្យ អ្នកផ្តល់ប្រឹក្សា និង MMM នៅមានកំរិត
- រង់ចាំយូរទើមមើល បាន CD4
- ប្រព័ន្ធបញ្ជូនមើល CD4 នៅមានកំរិត

អ្នកផ្តល់សេវា

- ប្រាក់ឧបត្ថមលើកទឹកចិត្តនៅមានកំរិត
- អ្នកជំងឺច្រើនពេក គ្រូពេទ្យតិច
- HBC និង អ្នកផ្តល់ប្រឹក្សានៅមានកំរិត
- ខ្វះអ្នកផ្តល់ប្រឹក្សា

ភាគរយនៃអ្នកជំងឺ  
ឱកាសនិយមថ្មី បញ្ជូនទៅ  
ធ្វើ TB Screening

អ្នកជំងឺ

ប្រព័ន្ធ

- កង្វះខាតការគ្រប់គ្រងទិន្នន័យ
- ខ្វះទំនាក់ទំនងរវាងក្រុម OI/ART ជាមួយកម្មវិធីរបេង

អ្នកផ្តល់សេវា

- ក្រុមគ្រូពេទ្យ Screen តែករណីជំងឺសង្ស័យ
- ករណីមានអ្នកជំងឺរបេង ក្រុមគ្រូពេទ្យត្រូវបំពេញទម្រង់អោយបានគ្រប់គ្រាន់

သော့: နှစ်သိန်းပေကျော်

បញ្ហះភាគរយនៃអ្នកជំងឺមកទទួលថ្នាំយឺត  
ដោយហួសថ្នាំបំរុងចំនួន៤ថ្ងៃ  
ពី៧.៥% មក ៤.៥% (ក្នុងរយៈពេល១២ខែ)

អ្នកជំងឺ

- HBC ចេញថ្លៃធ្វើដំណើរបន្ថែមទៀត
- អ្នកផ្តល់ប្រឹក្សា MMM បង្កើនការអប់រំដល់អ្នកជំងឺ
- HBC ធ្វើសកម្មភាពបន្ថែម

ប្រព័ន្ធ

- ប្រជុំប្រចាំខែរវាង ក្រុមគ្រូពេទ្យ MMM , IT , PAO និង HBC
- ផ្តល់ថ្លៃសេវាទូរស័ព្ទលើតុ និង Internet
- ទិញសៀវភៅណាត់សំរាប់ណាត់ជួបអ្នកជំងឺ
- ផ្តល់សំភារៈសំរាប់ដំណើរការ OI/ART
- ផ្តល់ថ្នាំអោយបានទៀងទាត់
- បង់ថ្លៃភ្លើងសំរាប់សេវាម៉ាស៊ីនត្រជាក់

អ្នកផ្តល់សេវា

- សុំបន្ថែមប្រាក់ឧបត្ថមលើទឹកចិត្ត
- ផ្តល់ថវិកាបន្ថែមសំរាប់ពង្រីកHBC
- បន្ថែមអ្នកផ្តល់ប្រឹក្សាចំនួន ១នាក់
- បើកវគ្គបំប៉នបន្ថែមដល់មន្ត្រីផ្តល់ប្រឹក្សា/គ្រូពេទ្យ

ភាគរយនៃអ្នកជំងឺដែលសមស្រប  
នឹងទទួលបាន ARV ក្នុងរយៈពេល ៦០ ថ្ងៃ  
ឡើងពី ២៨.៥% ទៅ ៧០%  
(ក្នុងរយៈពេល ១២ ខែ)

អ្នកជំងឺ

- HBC បង្កើនមធ្យោបាយធ្វើដំណើរប្រឹក្សា
- HBC និងអ្នកផ្តល់ប្រឹក្សា បង្កើនការអប់រំ
- បន្ថែមថវិកាលើ HBC ដើម្បីយកអ្នកជំងឺមកពេទ្យ

ប្រព័ន្ធ

- ប្រជុំប្រចាំខែរវាងក្រុមគ្រូពេទ្យ អ្នកផ្តល់ប្រឹក្សា និង MMM , HBC
- ផ្តល់ថ្លៃសេវាទូទៅប្រចាំខែបន្ថែម
- បង្កើនចំនួនដងនៃការបញ្ជូនសំណាកឈាម CD4 ទៅភ្នំពេញ ៤ដង/ខែ
- ប្រជុំរវាងក្រុមគ្រូពេទ្យ អ្នកផ្តល់ប្រឹក្សា HBC, IT និង MMM ១ខែម្តង

អ្នកផ្តល់សេវា

- បន្ថែមប្រាក់ឧបត្ថម្ភដល់មន្ត្រីដែលបំរើការនៅក្តីសង្ឃឹម
- បន្ថែមអ្នកផ្តល់ប្រឹក្សាចំនួន ១ នាក់
- បន្ថែមវគ្គបណ្តុះបណ្តាលដល់គ្រូពេទ្យ/អ្នកផ្តល់ប្រឹក្សា
- បង្កើនចំនួន HBC និងសហ៊ុយធ្វើដំណើរ



អ្នកជំងឺ



ភាគរយនៃអ្នកជំងឺឱកាសនិយមថ្មីដែលបាន  
ចុះឈ្មោះ បញ្ជូនទៅ Screenជំងឺរបេង  
ទាំងអស់ឡើងពី ២៣% ទៅ ៩៥%  
(ក្នុងរយៈពេល១២ខែ)

ប្រព័ន្ធ

- ប្រជុំប្រចាំខែរវាងក្រុមគ្រូពេទ្យ , TB, IT, PMCT, RH Director and ....
- រៀបចំប្រព័ន្ធទិន្នន័យឡើងវិញ

អ្នកផ្តល់សេវា

- គ្រូពេទ្យបញ្ជូនឱកាសនិយមថ្មីដែលបានចុះឈ្មោះទាំងអស់ ទៅធ្វើ TB Screening

កែលម្អវិធីសាស្ត្រកម្មវិធី

## Action plan for CQI in Center Kdey Sangkhoeum/ Privincial Referral Hospital in Sihanouk Province

Objective	Main activities	Detail activities	Project Month												Expected/input	\$
			1	2	3	4	5	6	7	8	9	10	11	12		
<b>1. Decrease the percentage of late visit beyond drug buffer from 7.5% to 4.5% at the end of August 2011</b>																
1. Patient education and support																
		MMM and HBC team explain the importance of appointment' s adherence to the patient	x	x	x	x	x	x	x	x	x	x	x	x		
		HBC team provide transportation support to patient when necessary needed	x	x	x	x	x	x	x	x	x	x	x	x	35p*5\$*12M	\$2,100.00
		Counselor stress the importance of appointment' s adherence to the patient	x	x	x	x	x	x	x	x	x	x	x	x		
2. Improve staffing condition																
		more incentive for 4 Doctors and 2 pharmacists	x	x	x	x	x	x	x	x	x	x	x	x	6p*150\$*12M	\$10,800.00
		more incentive for 7 staffs	x	x	x	x	x	x	x	x	x	x	x	x	7p*100\$*12M	\$8,400.00
		Incentive for one couselector	x	x	x	x	x	x	x	x	x	x	x	x	160\$*1p*12m	\$1,920.00
3. Request for more equipment/materials																
		Request book for patient appointment													10p*5\$	\$50.00
		Office Supply	x	x	x	x	x	x	x	x	x	x	x	x	100\$*12m	\$1,200.00
		Monthly fee for telephone	x	x	x	x	x	x	x	x	x	x	x	x	60\$*12M	\$720.00
		Electricity supply	x	x	x	x	x	x	x	x	x	x	x	x	250\$*12m	\$3,000.00
4. Improve communication																
		Monthly meeting between IT, PAO, lab, VCCT,MMM,PMTCT, RH Director, TB, and OI/ARV team (and make phone call to HBC)	x	x	x	x	x	x	x	x	x	x	x	x	30p*5\$*12M	\$1,800.00
5. Training																
		Refresh training for counselor and Doctor														
															<b>Sub- total</b>	<b>\$29,990.00</b>

	<b>Main</b>		<b>Project Month</b>	
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Objective	activities	Detail activities			3	4	5	6	7	8	9	10	11	12	Resources	Source
<b>2. Increase the percentage of patient with CD4 less than 250 or WHO stage 4 who start ART within 60 days from 28.57% to 70% at the end of August 2011</b>																
1. Patient education and support																
		MMM and HBC team explain the importance of appointment' s adherence to the patient	x	x	x	x	x	x	x	x	x	x	x	x		
		HBC team provide transportation support to patient when necessary needed	x	x	x	x	x	x	x	x	x	x	x	x	10p*5\$*12M*2T	\$1,200.00
		Counselor stress the importance of appointment' s adherence to the patient	x	x	x	x	x	x	x	x	x	x	x	x		
2. Improve staffing condition																
		more incentive for 4 Doctors and 2 pharmacists	x	x	x	x	x	x	x	x	x	x	x	x		
		more incentive for 7 staffs	x	x	x	x	x	x	x	x	x	x	x	x		
		Incentive for one counselor	x	x	x	x	x	x	x	x	x	x	x	x		
3. Improve communication																
		Monthly meeting between IT, PAO, lab, VCCT,MMM,PMTCT, RH Director, TB, and OI/ARV team (and make phone call to HBC)	x	x	x	x	x	x	x	x	x	x	x	x		
		Increase frequency of transportation of blood samples from Sihanouk ville to Phnom Penh	x	x	x	x	x	x	x	x	x	x	x	x	30\$*4T*12M	\$1,440.00
5. Training																
		Refresh training for counselor and Doctor														

**Sub total \$2,640.00**

Objective	Main activities	Detail activities	Project Month												Resources	Source
					3	4	5	6	7	8	9	10	11	12		
<b>3. Increase the percentage of new OI Patients in Provincial RH who were screened TB from 23% % to 95 % at the end of August 2011</b>																
1. Improve communication																
		Monthly meeting between IT, PAO, lab, VCCT,MMM,PMTCT, RH Director, TB, and OI/ARV team (and make phone call to HBC)	x	x	x	x	x	x	x	x	x	x	x	x		

**Sub total \$0.00**

**GRAND TOTAL \$32,630.00**