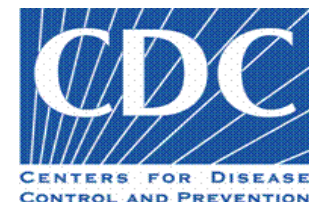


**Follow up of Continuous Quality
Improvement Project for Continuum
of Care in Serei Sorphorn
Referral Hospital,
Banteay Meanchey Province
13 September, 2011
National Center for HIV/AIDS,
Dermatology and STIs**



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;

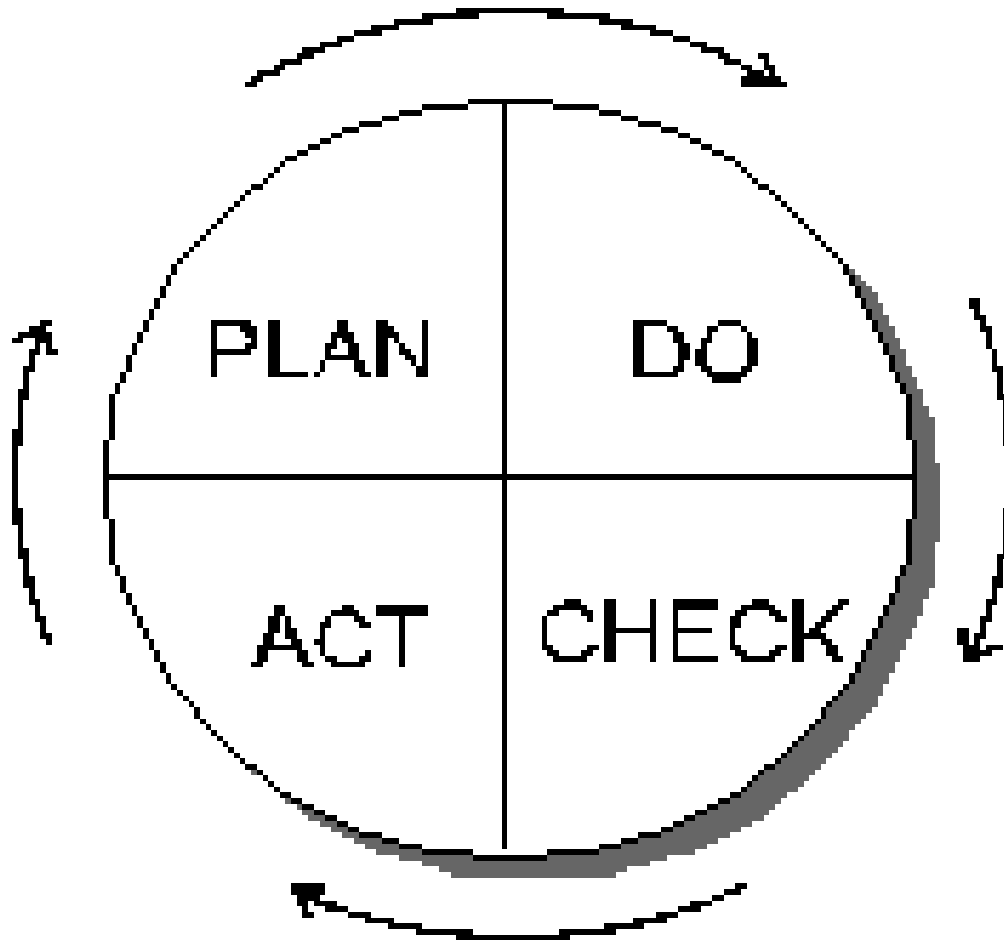
Background (cont.)

- 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.)

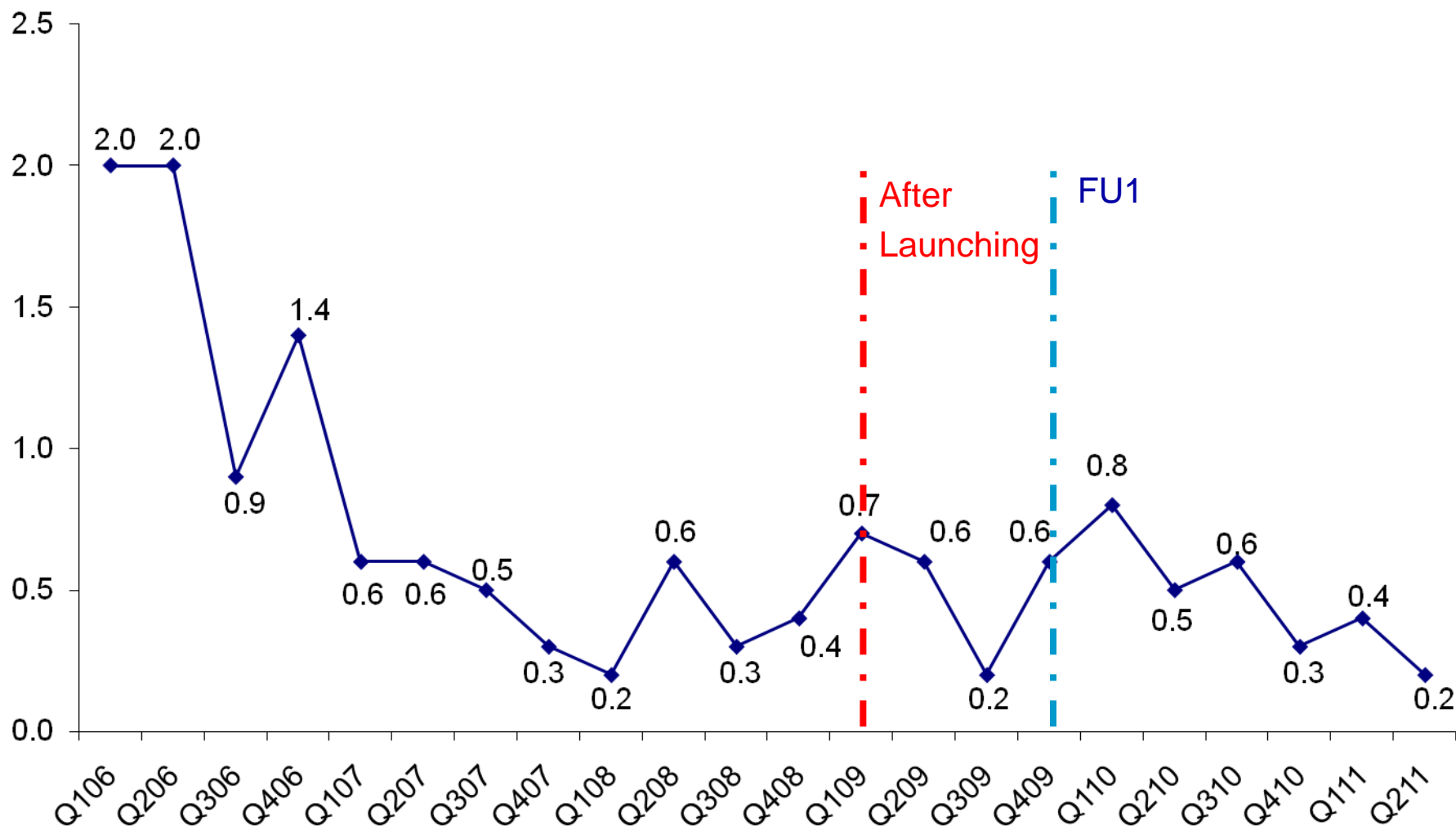
- Percentage of ANC1 patients who received HIV testing and counseling;
- Percentage of known HIV+ pregnant women who received prophylaxis (PMTCT).

FINDINGS

Percentage of adult patients under ART who were died at SSP-RH, BMC

Numerator: Total number of patients known to have died during the quarter.

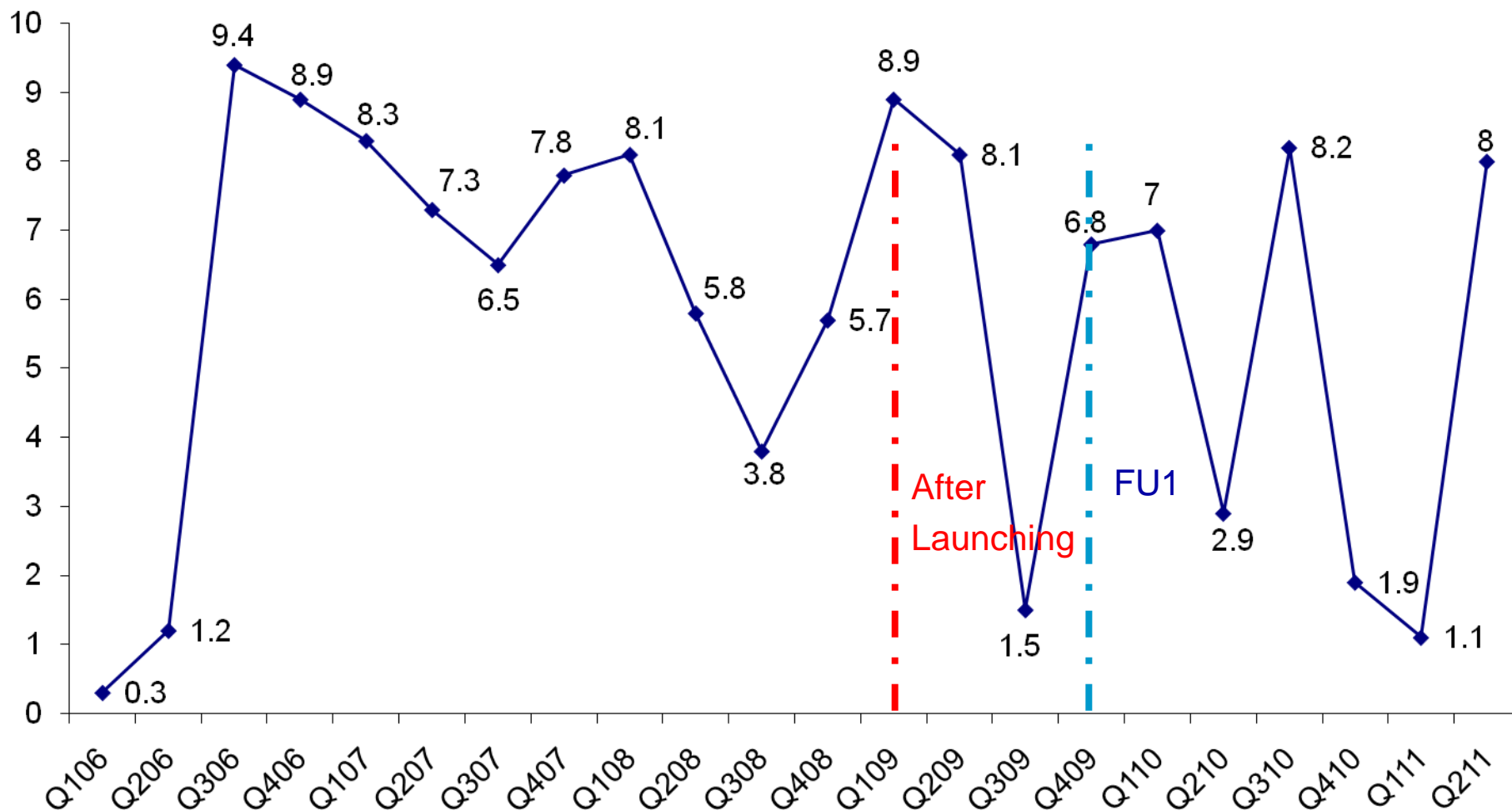
Denominator: Total number of active ART patients + total number of ART dead in the quarter



Percentage of adult patients under OI were lost to follow-up at SSP-RH , BMC

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

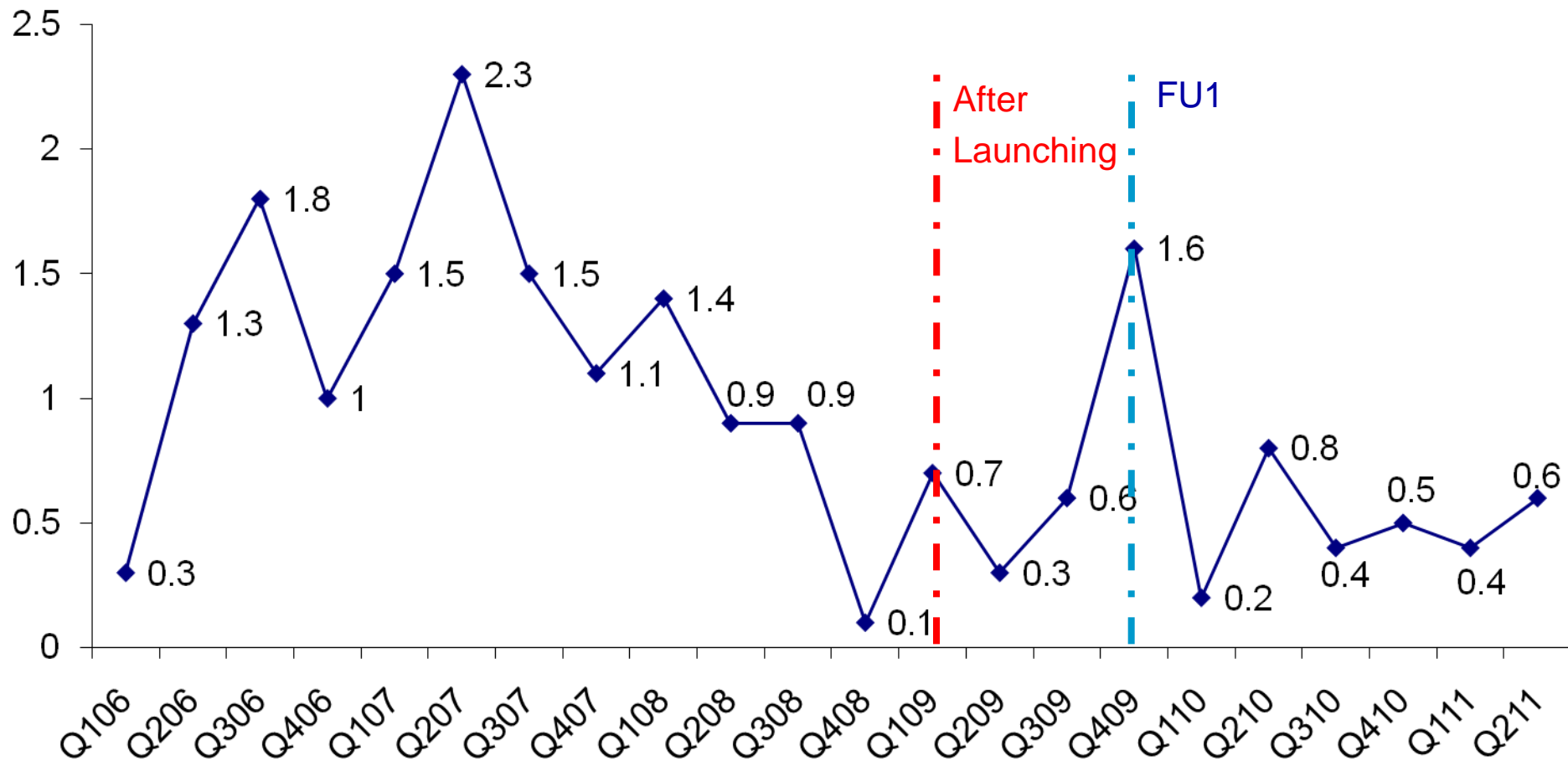
Denominator: Total number of active patients on OI at the end of the selected quarter + total number Of OI patients who were lost during the quarter



Percentage of adult patients under ART who were lost to follow-up at SSP-RH, BMC

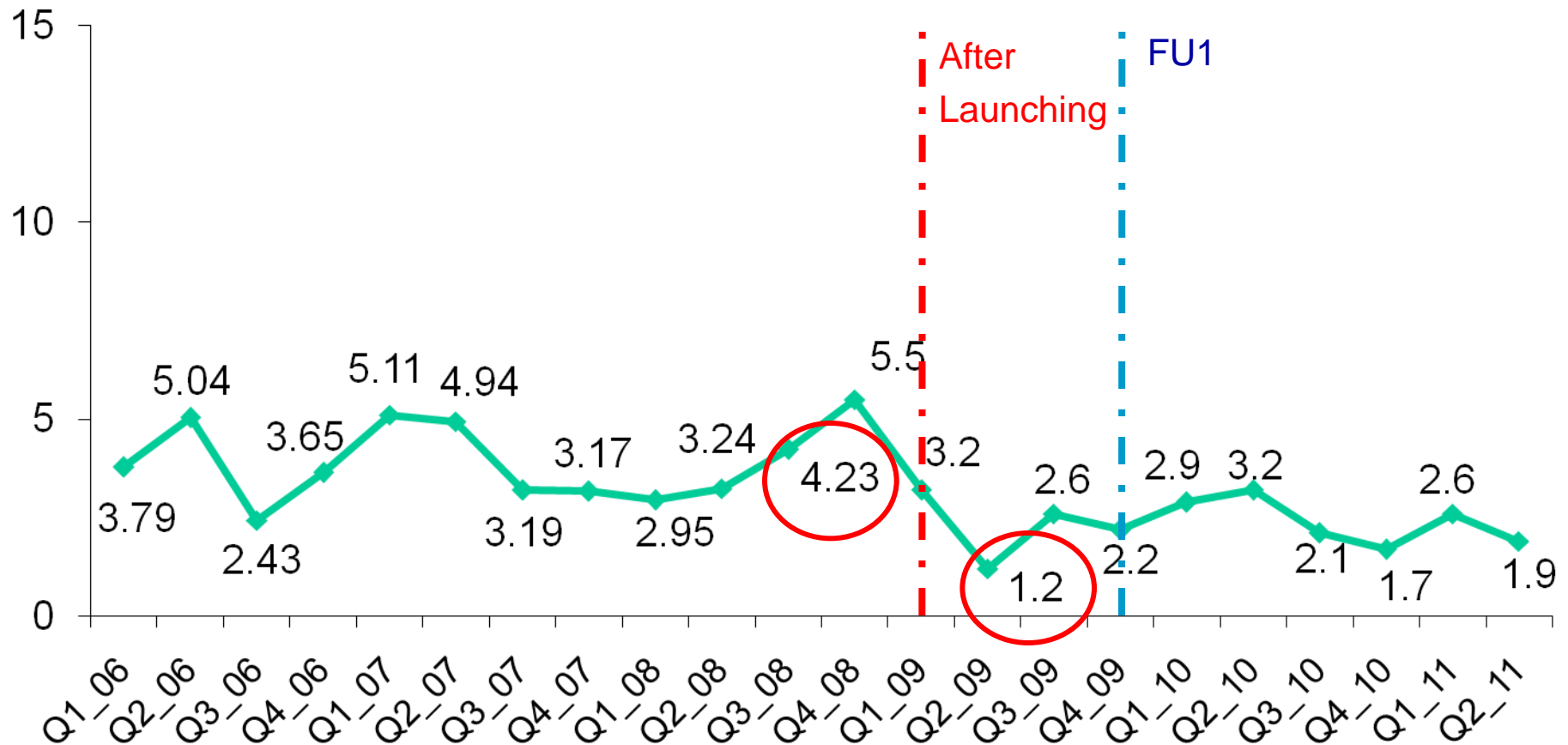
Numerator: Total number of patients who were lost to follow up during the quarter. “Lost to follow up” is defined in the National ART Guidelines as lost for at least 3 months and not classified as dead, transferred out, or stopped ART.

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



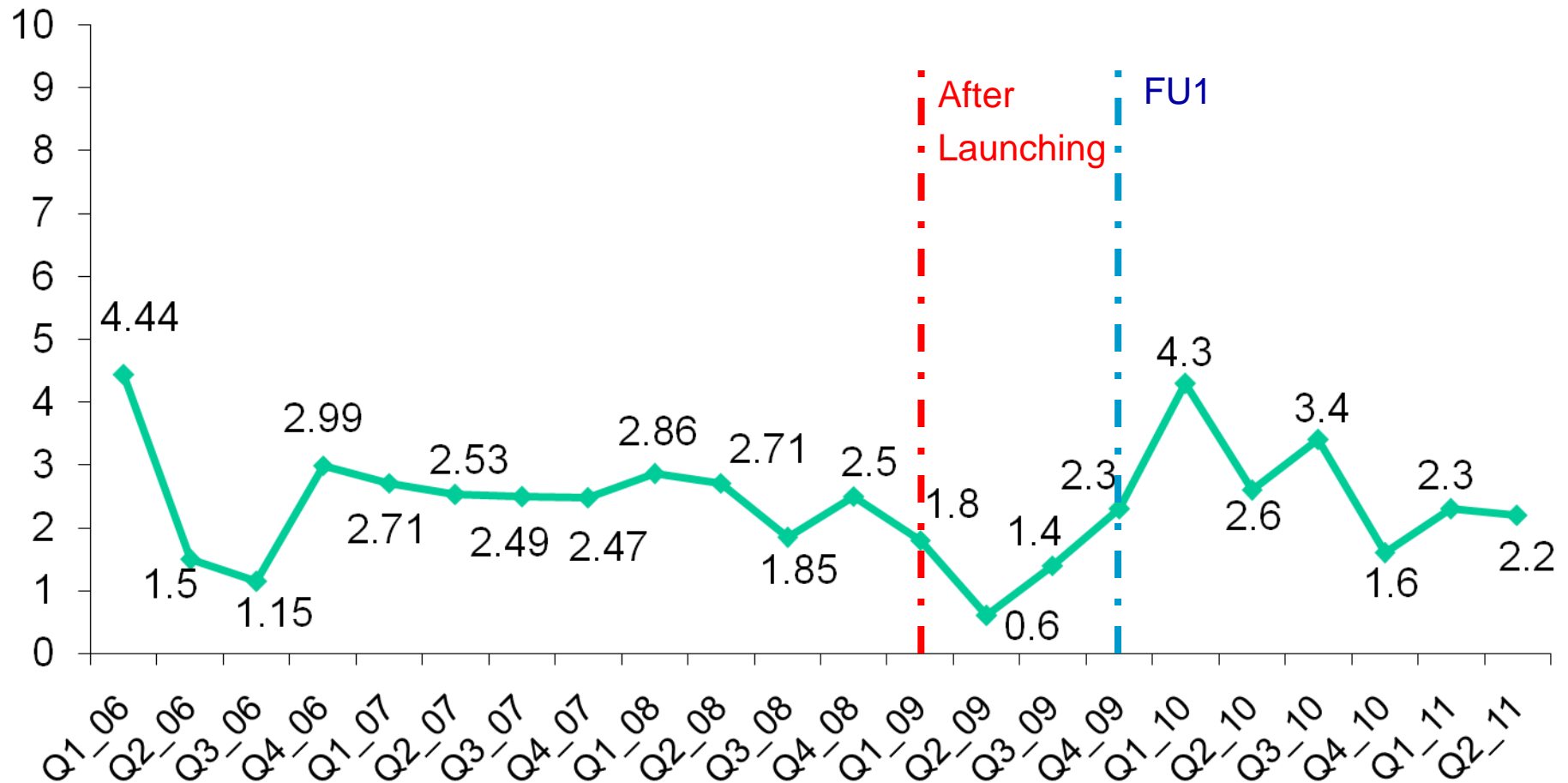
Percentage of late visit beyond buffer by quarter at SSP-RH, BMC

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



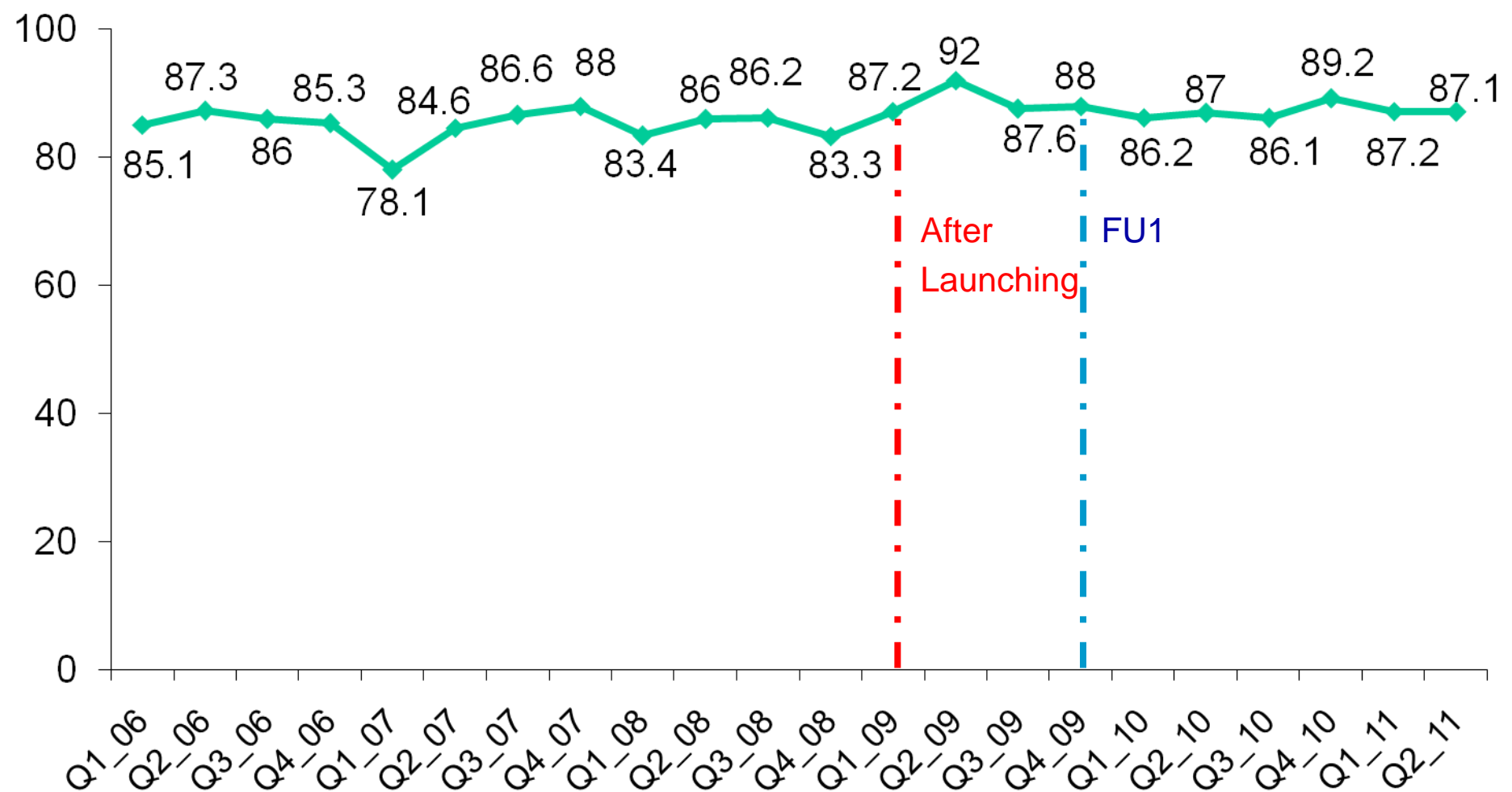
Percentage of late visit within buffer by quarter at SSP-RH, BMC

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



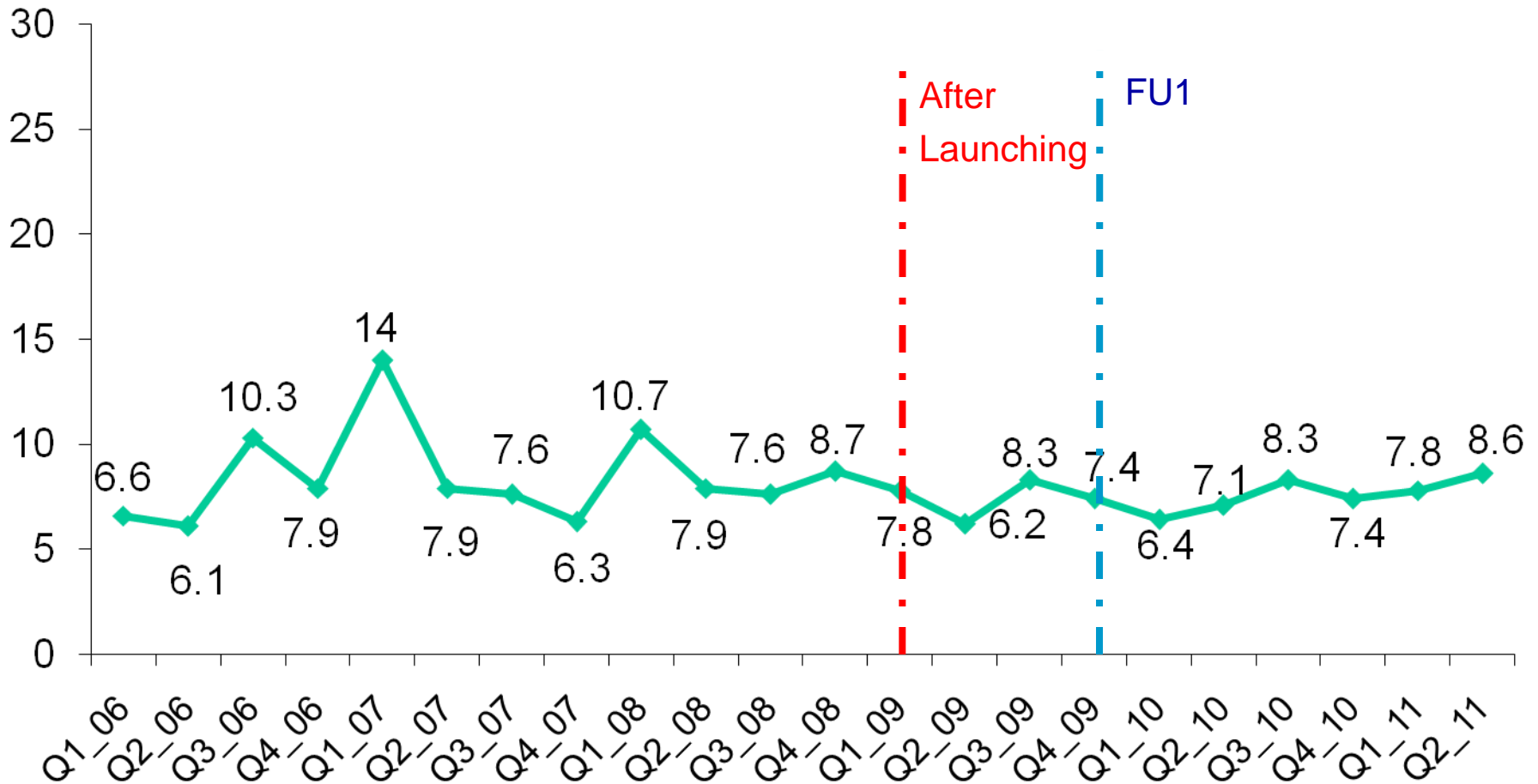
Percentage of visit exactly on schedule by quarter at SSP-RH, BMC

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

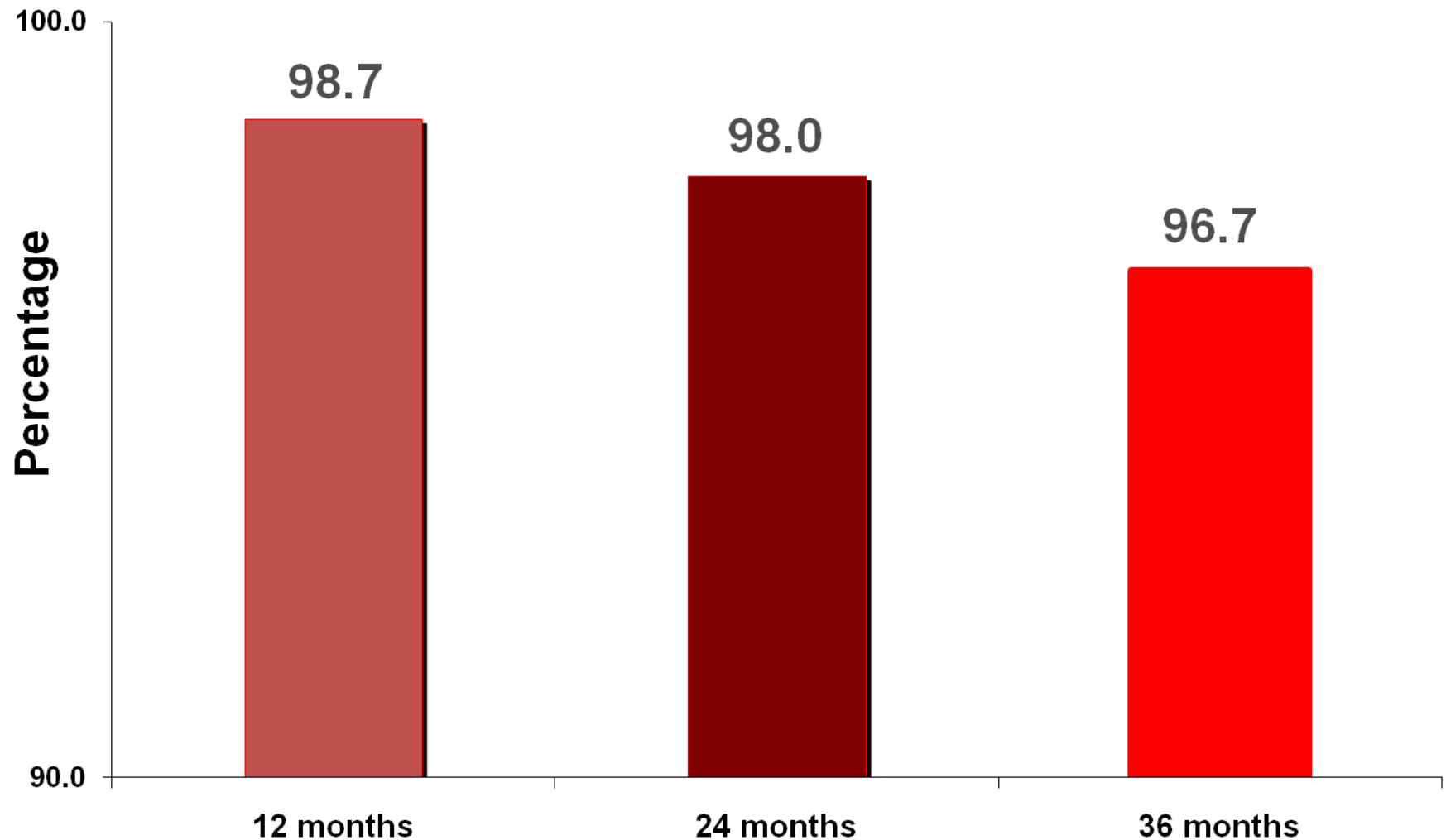


Percentage of early visit by quarter at SSP-RH BMC

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



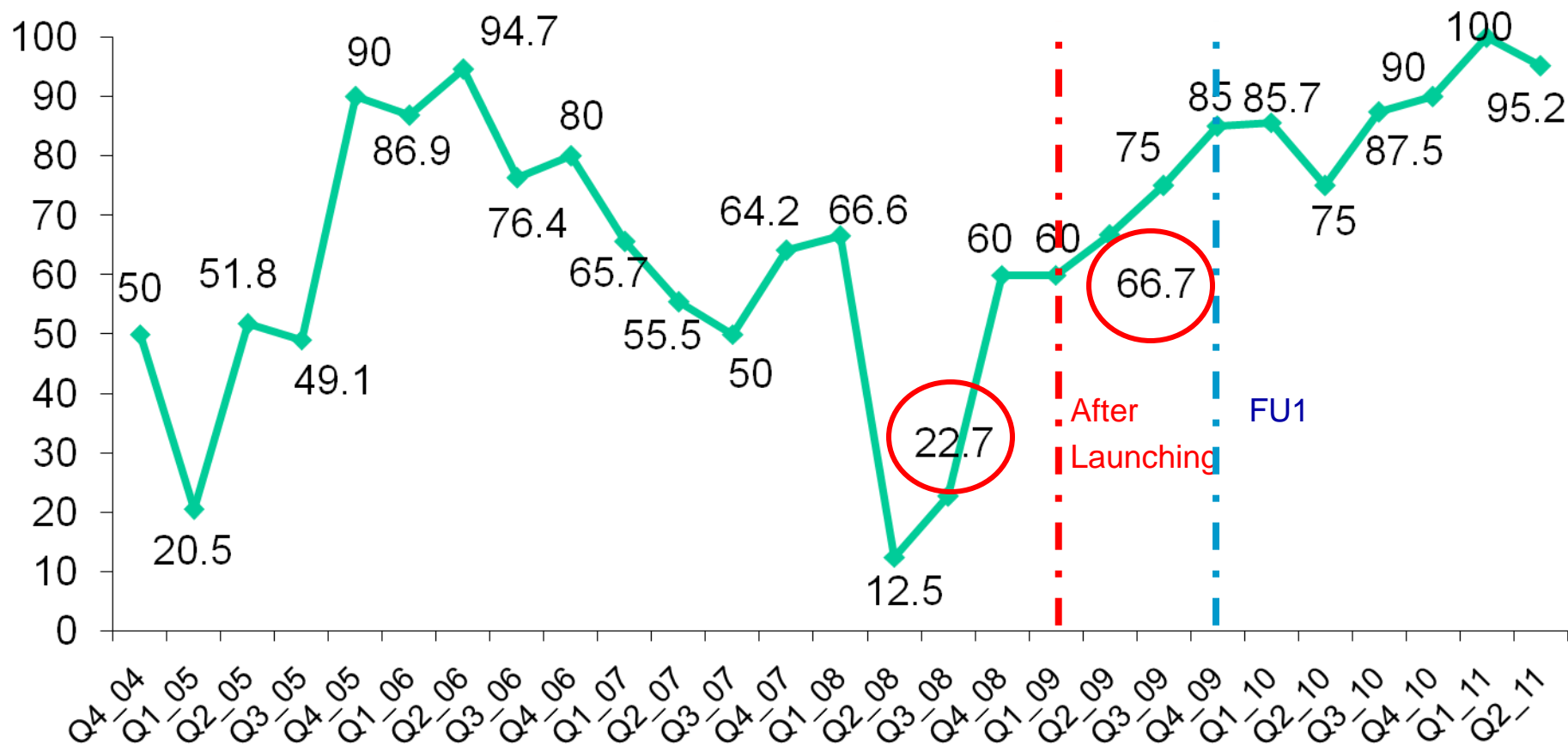
Percentage of patients on ART who are still on first line regimens after 12 or 24 months or 36 months



Percentage of patients whose CD4≤350 (CD4≤250 before April 2010) or having WHO stage 4 start receiving ART within 60 days by quarter at SSP-RH

Numerator: Number OI patients with a CD4 count of <350 or WHO stage 4 within the first month of the reporting quarter or the two months previous who start ART by 60 days

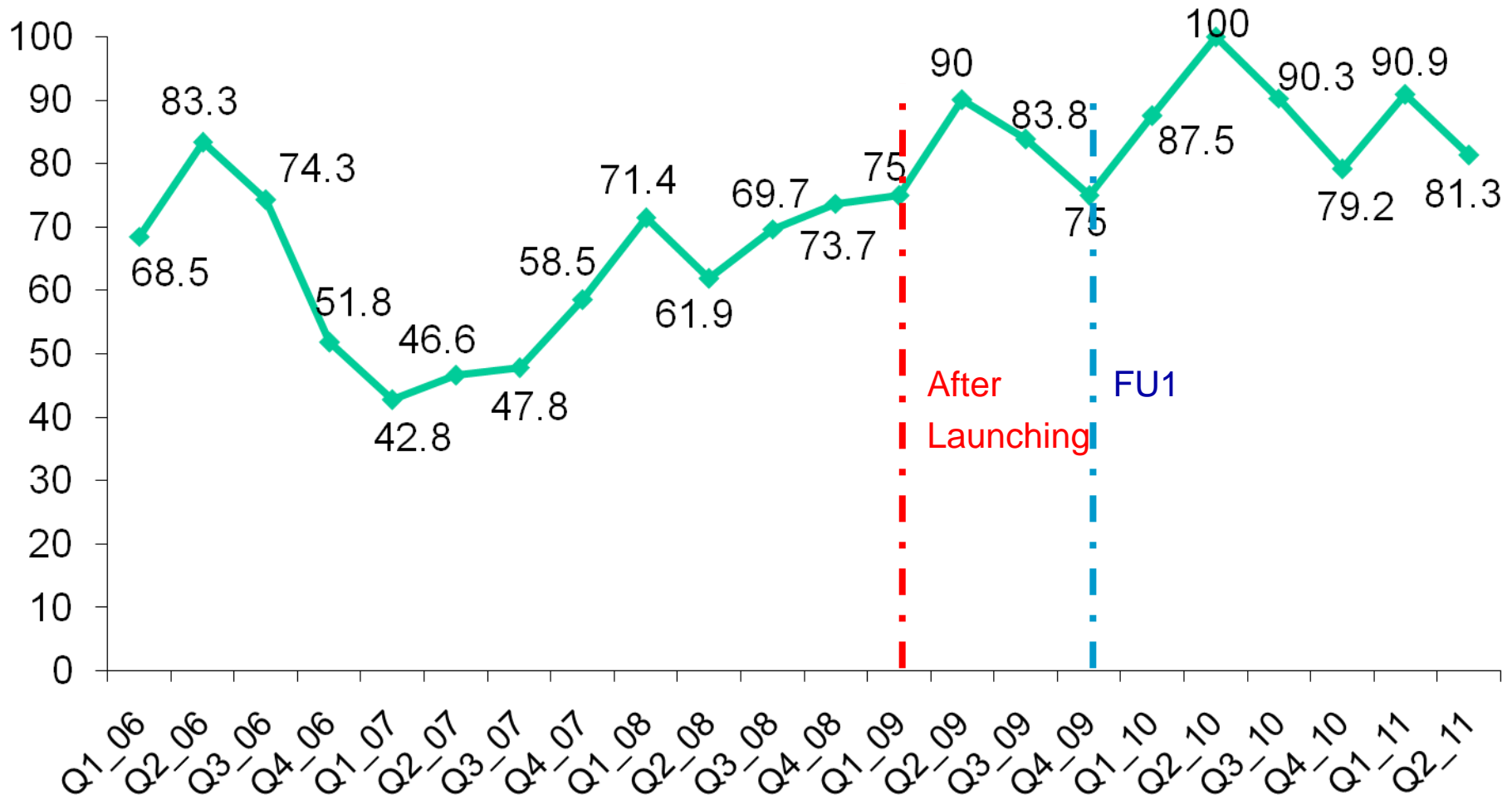
Denominator: Total number of OI patients with a CD4 count of <350 or WHO stage 4 within the first month of the reporting quarter or the two months previous.



Percentage of Patients whose CD4<200 and received Cotrimoxazole by quarter at SSP-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)

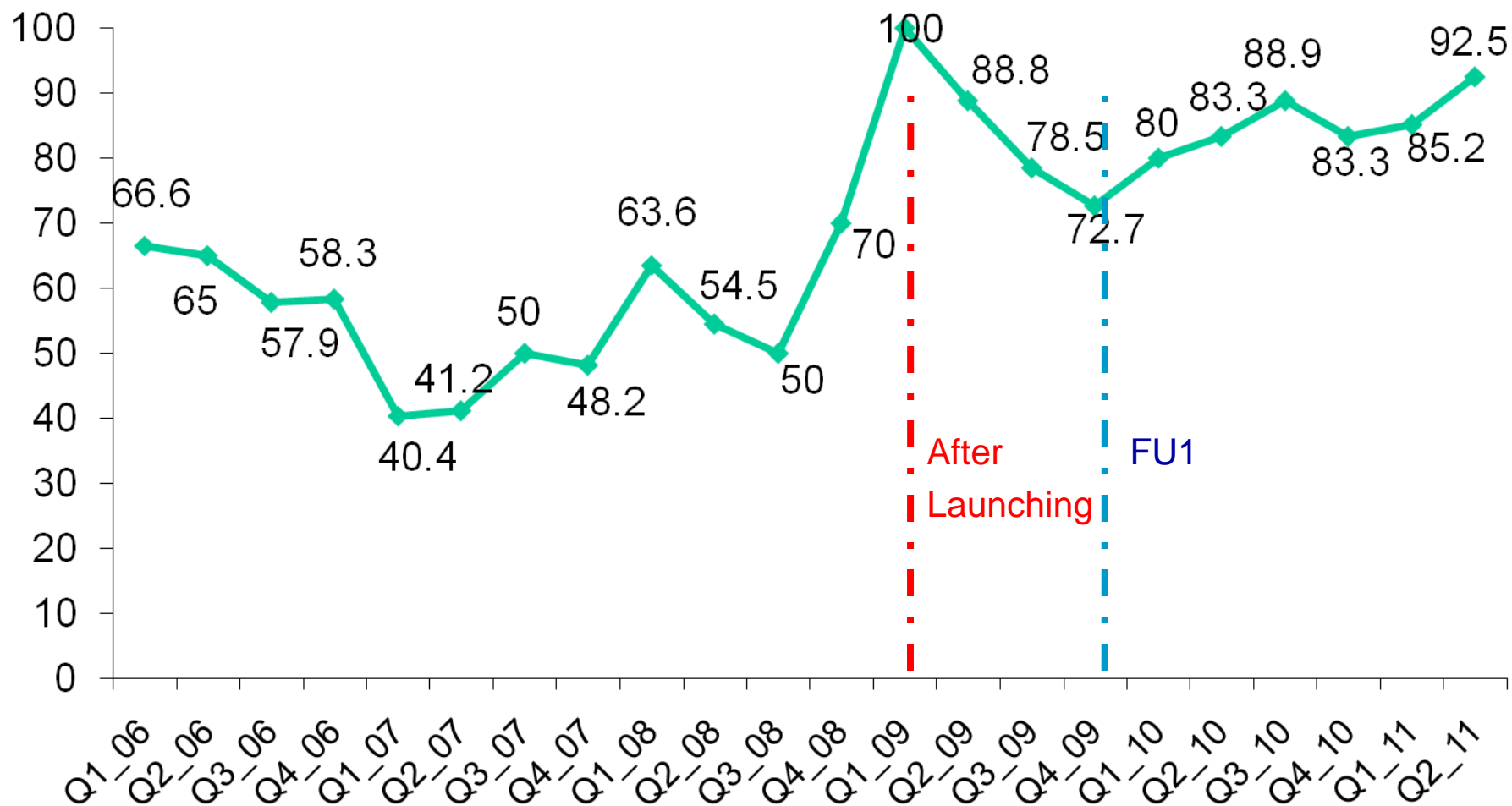
Denominator: All OI/ART patients with CD4 cell counts < 200 (within quarter)



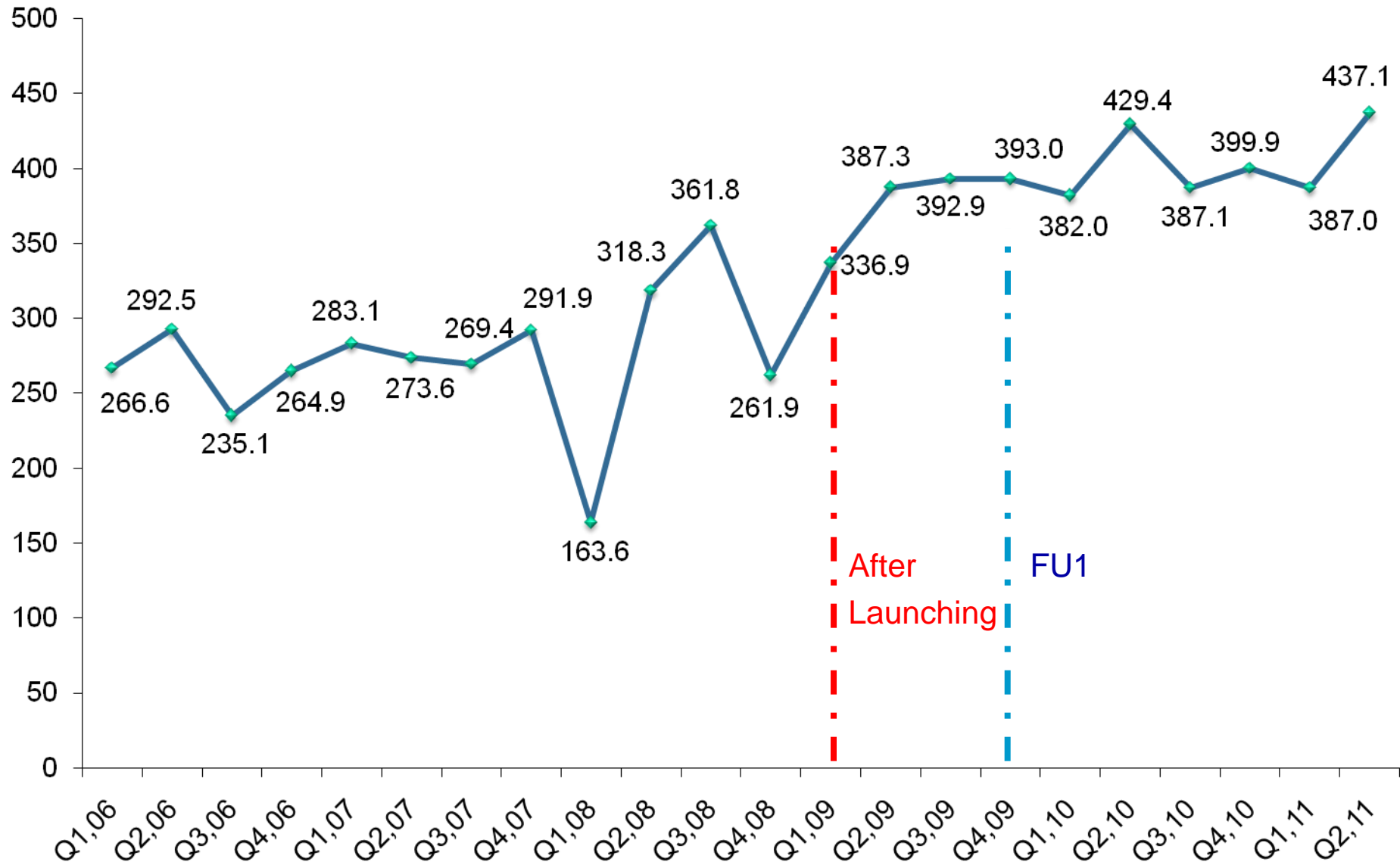
Percentage of Patients whose CD4<100 and received Fluconazole by quarter at SSP-RH

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)



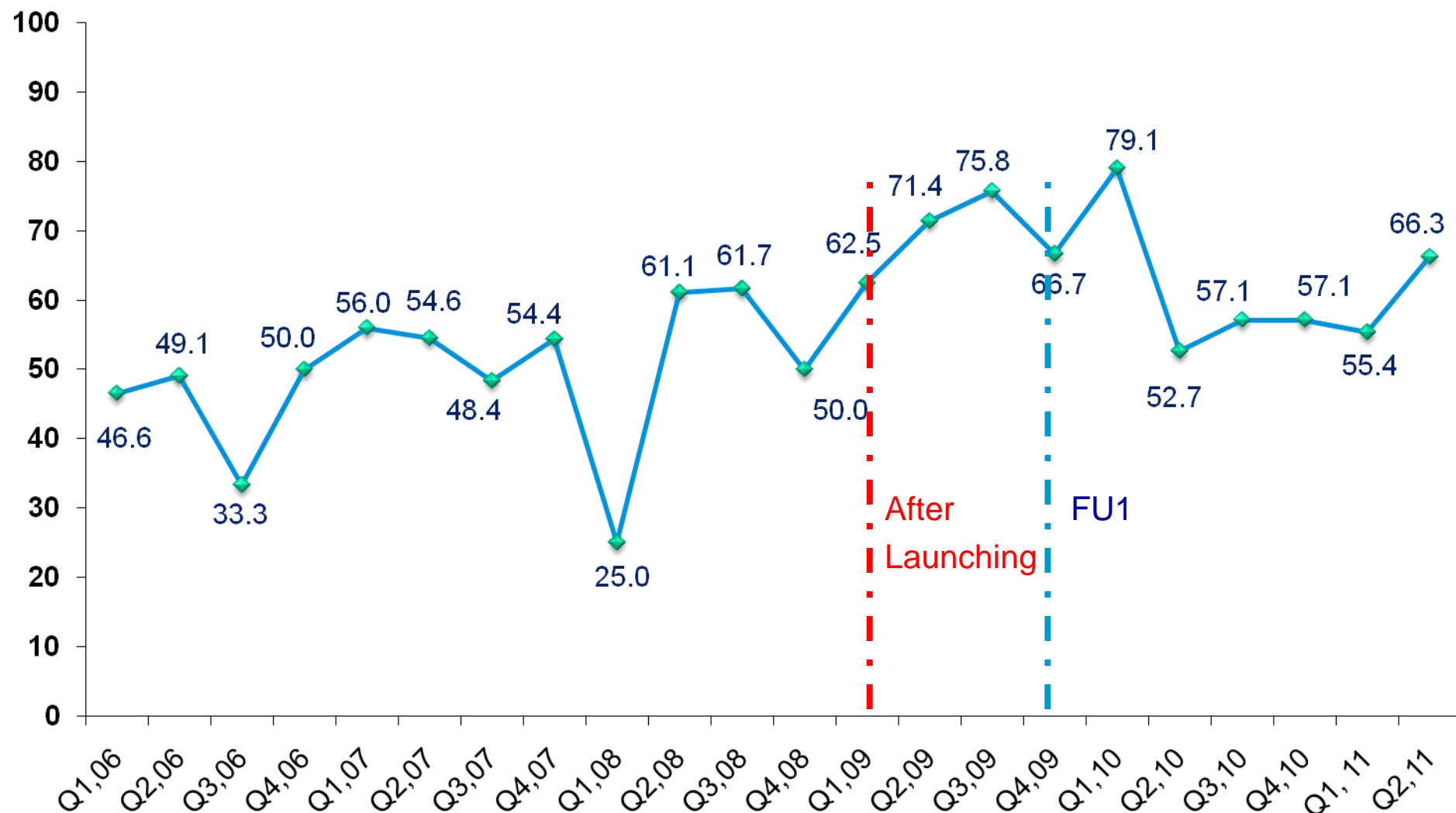
Mean of CD4 at initial visit by quarter, at SSP-RH, BMC



Percentage of patients who has CD4>350 (CD4>250 before April 2010) at initial visit by quarter at SSP-RH, BMC

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

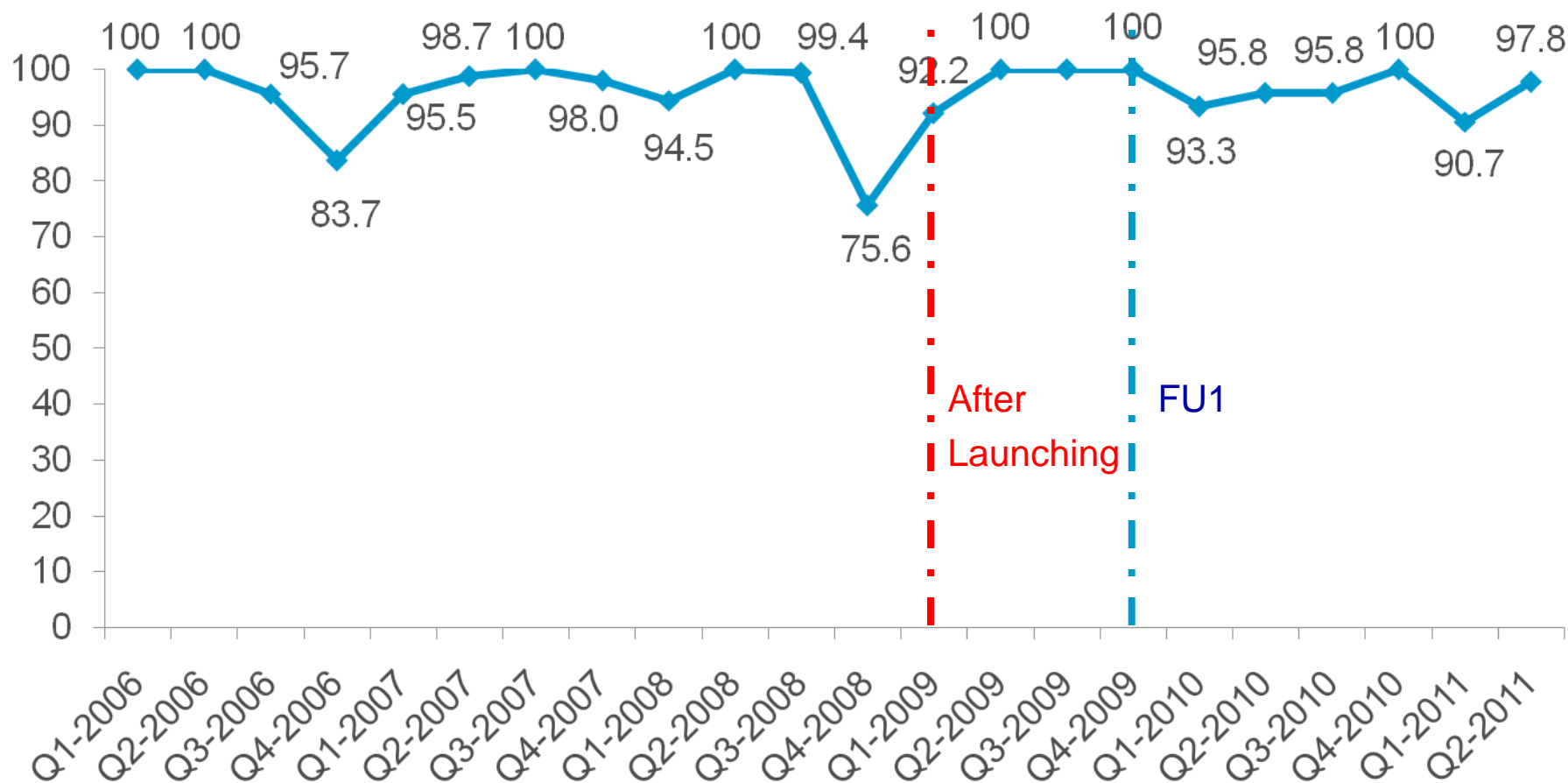
Denominator: Total number of initial visit patients by quarter



Percentage of HIV Testing among ANC 1 at SSP-RH by Quarter

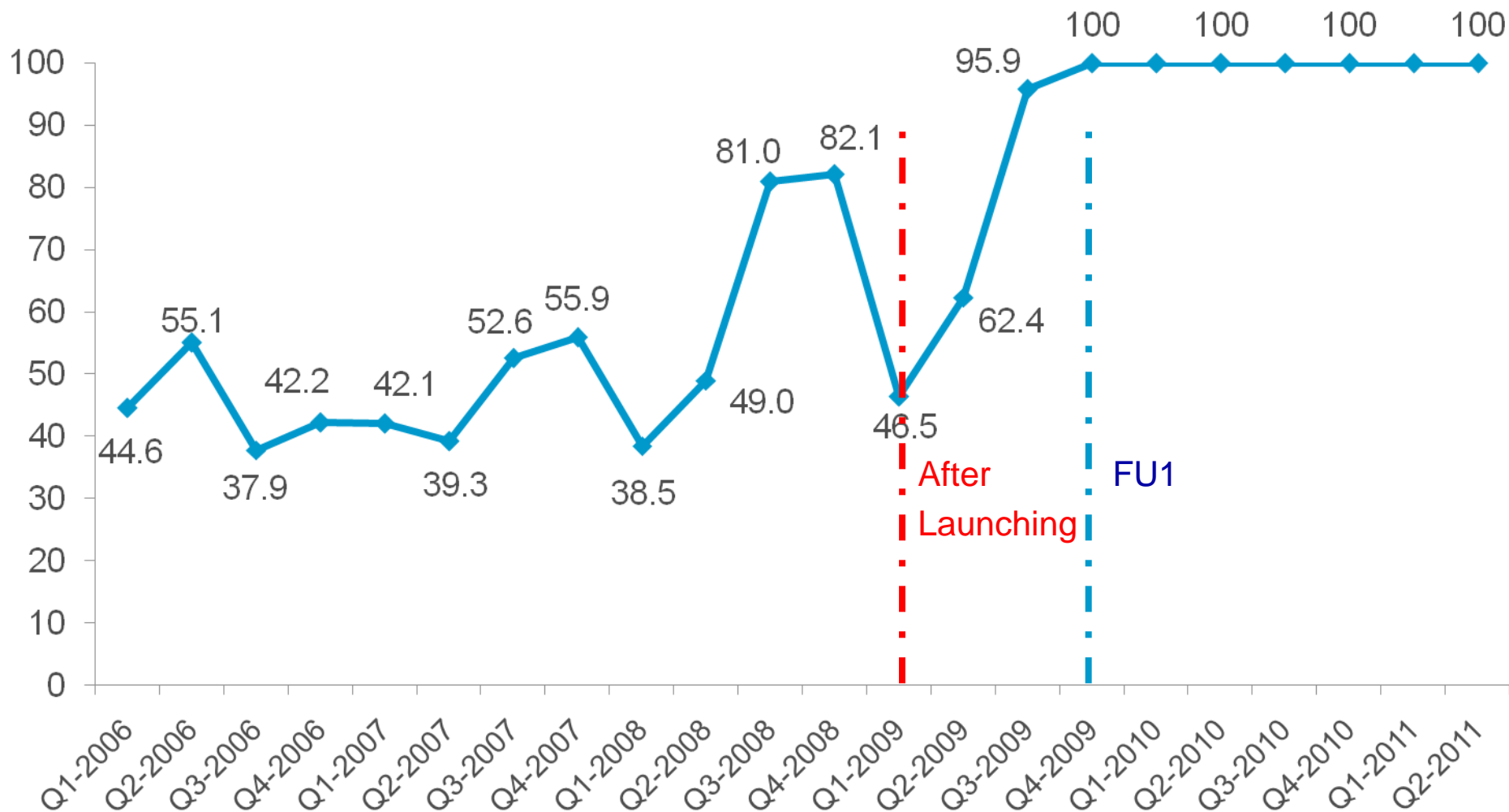
(Nominator = number of ANC1 who received HIV testing with post test counseling in the quarter)

Denominator = total number of ANC1 in the quarter)



Percentage of delivered women with known HIV status at SSP-RH by Quarter

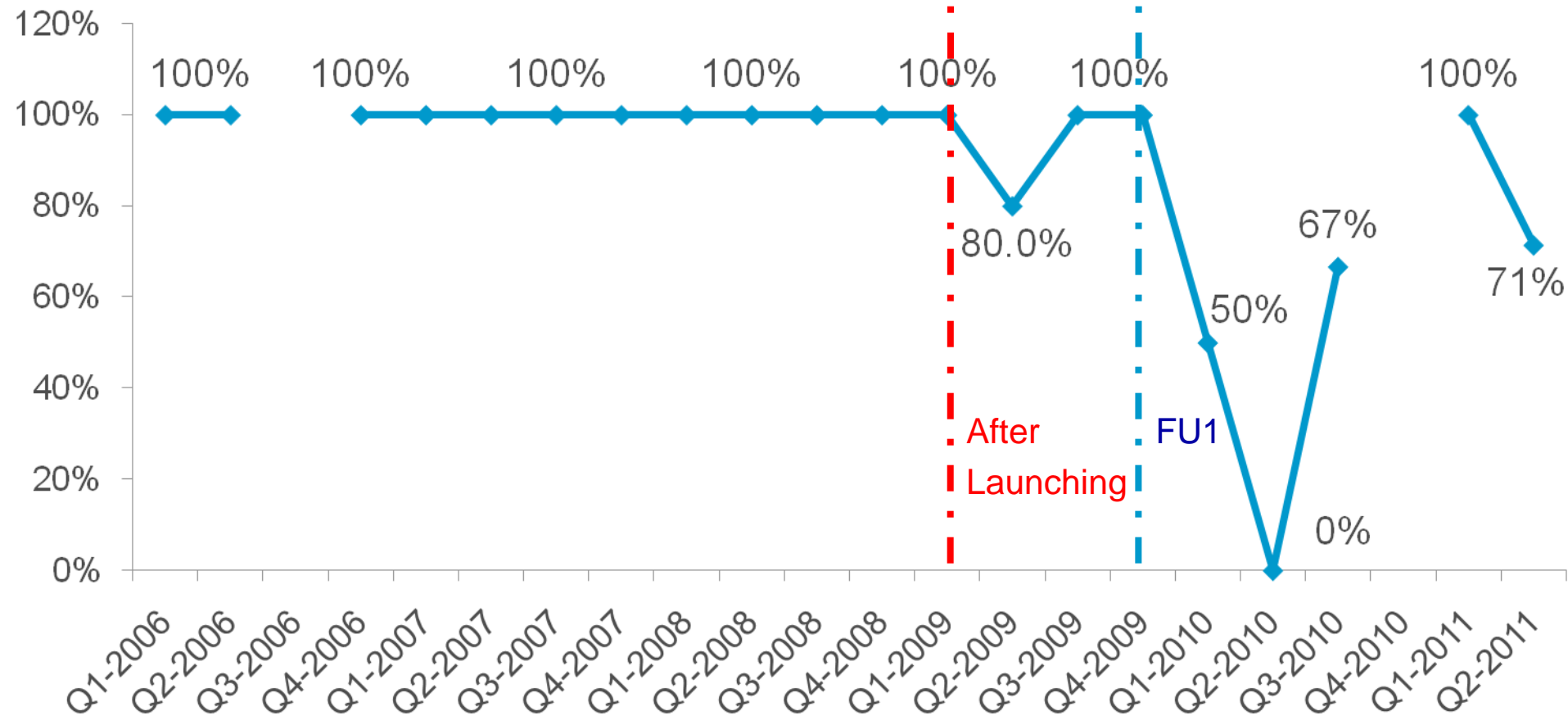
(Nominator = Total Number of delivered Women with known HIV status in the quarter;
Denominator = Total Number of delivered Women in the quarter)



Percentage of HIV + delivered women who received any prophylaxis or HAART by Quarter at SSP-RH

Numerator: Total number of HIV + delivered women who received any prophylaxis or HAART by quarter

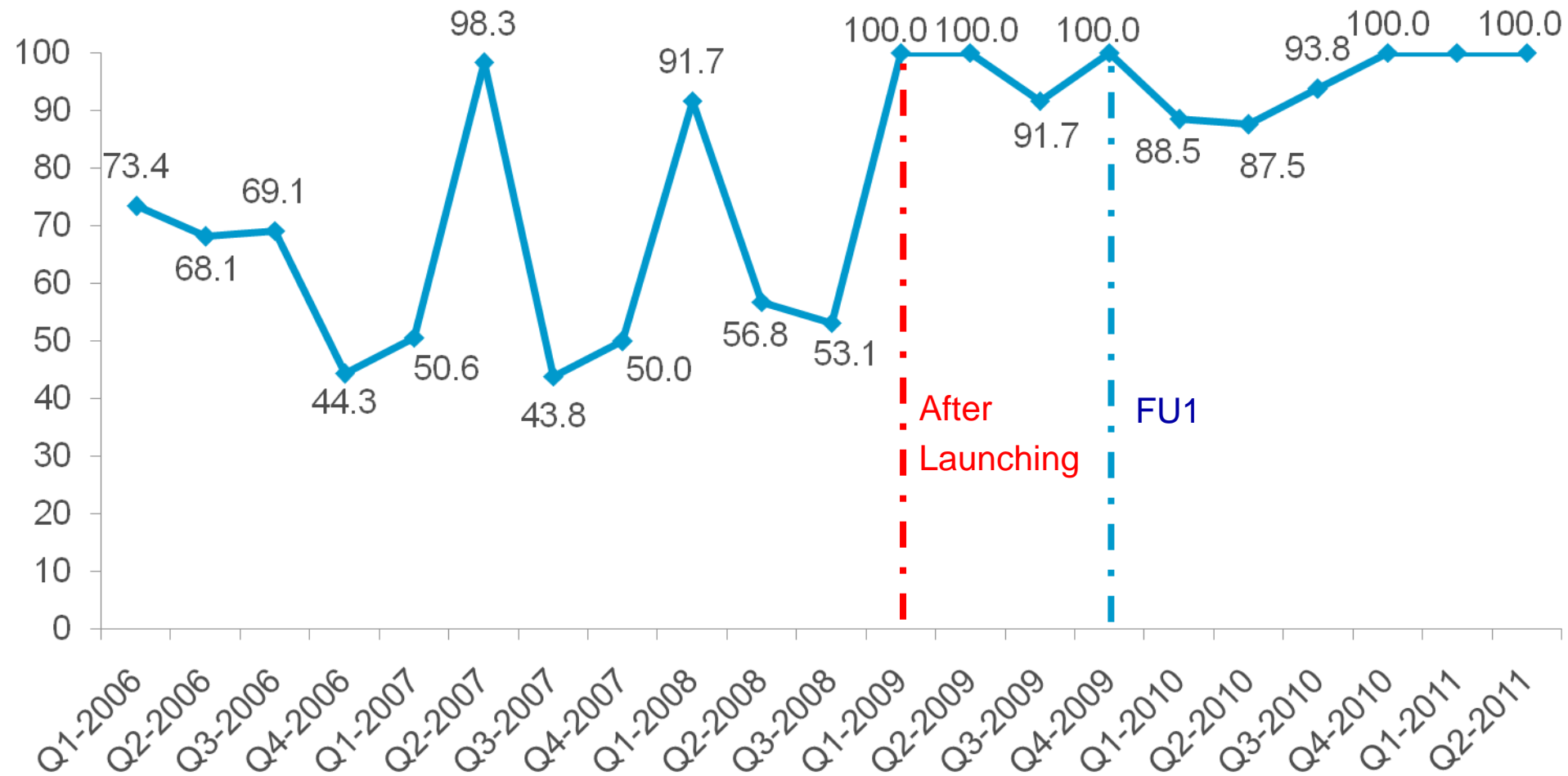
Denominator: Total number of HIV + delivered women by quarter



Percentage of patients newly registered at OI/ART who were screened for TB at SSP-RH

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 SSP-RH who were screened for HIV 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

