

Using Multi-Disciplinary Quality Improvement Teams to Strengthen the Continuum of Care for HIV Services at Hospital Level in Uganda

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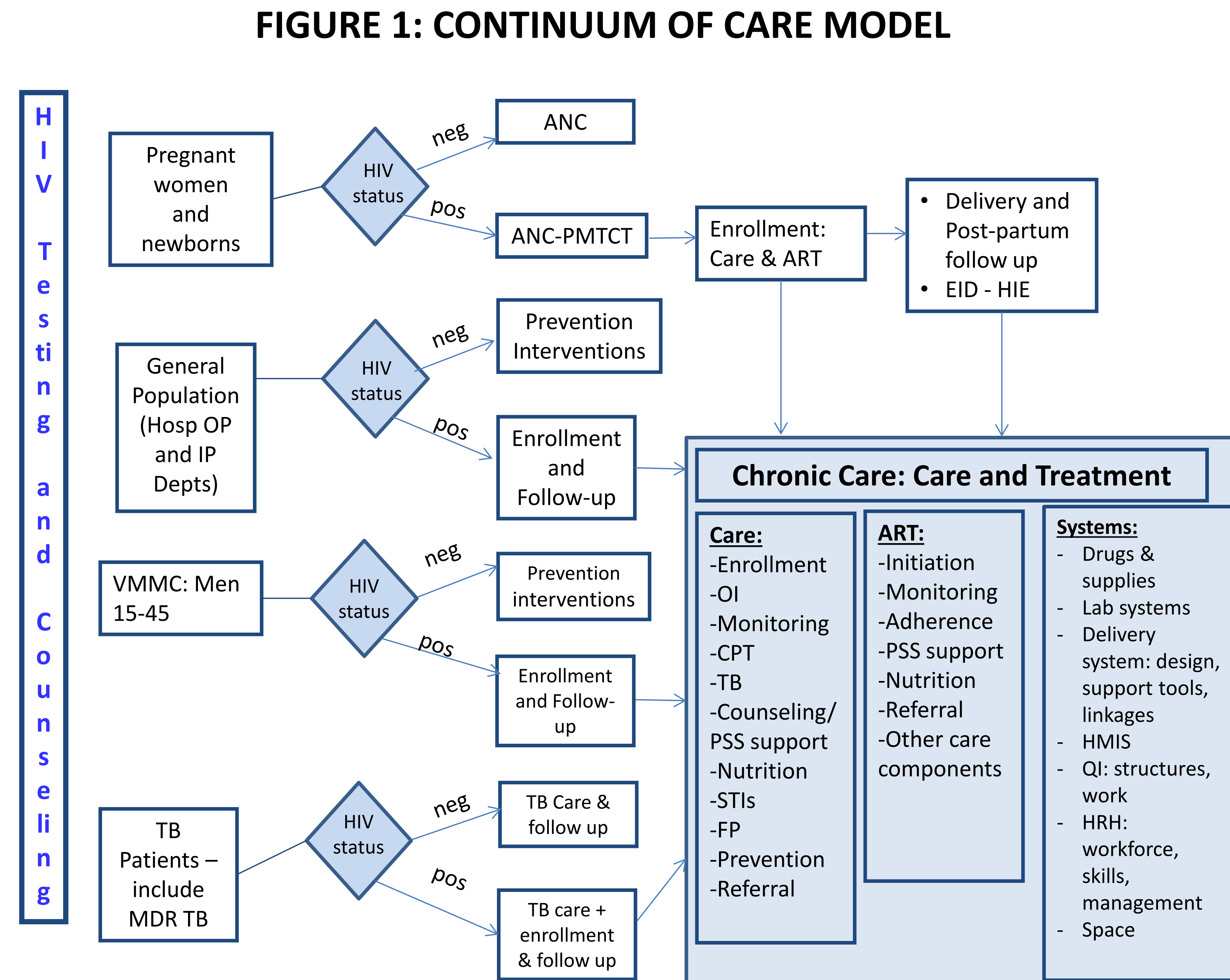
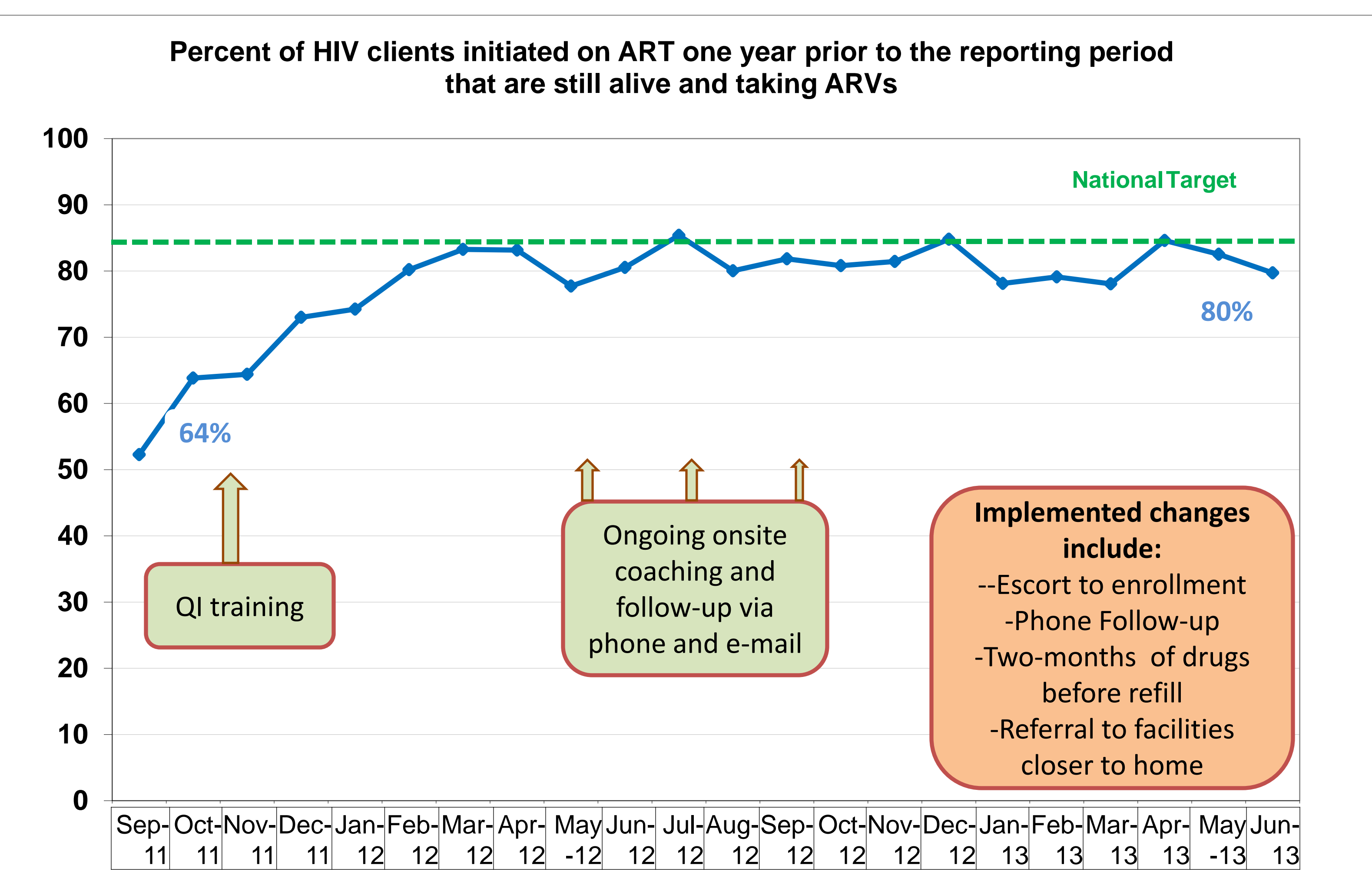
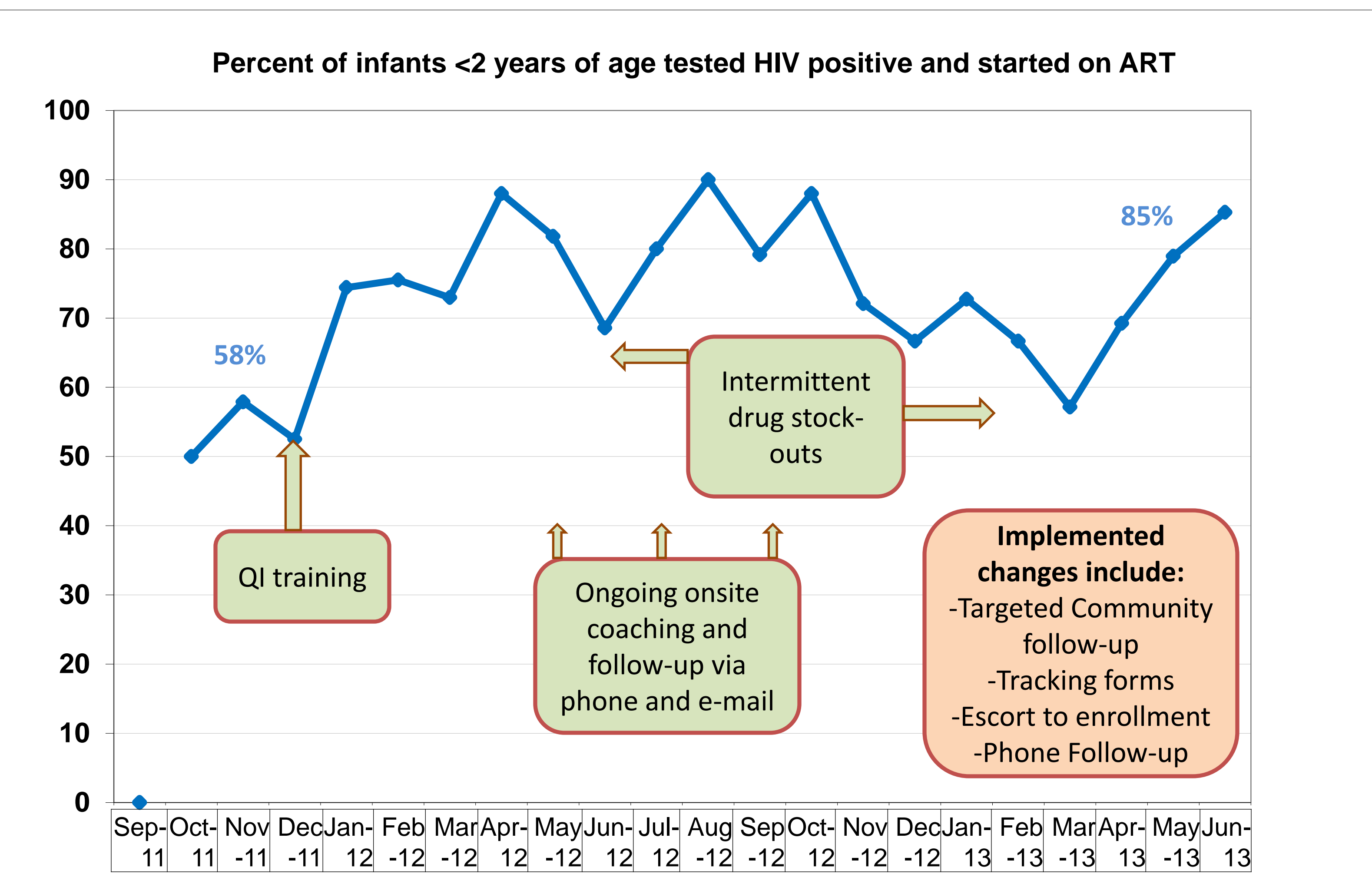
INTRODUCTION

Uganda still carries one of the highest HIV burdens among African countries despite implementation of proven intervention: Adult prevalence of HIV is 7.3% and a total of 1.3 million people are living with HIV. The Uganda Ministry of Health (MOH) implements a national health care Quality Improvement (QI) program, guided by the National Quality Improvement Framework and Strategic Plan. The USAID-funded Strengthening Uganda’s Systems for Treating AIDS Nationally (SUSTAIN) project supports 22 hospitals in the country in providing HIV prevention, testing and counseling, care and treatment and TB services, serving approximately 51,000 HIV positive patients annually. Quality HIV service delivery remains a major challenge. By equipping service providers with the technical skills to deliver services according to national standards and utilization of Quality Improvement approaches, SUSTAIN builds capacity of service providers to deliver quality services across the continuum of care for people living with HIV and AIDS.

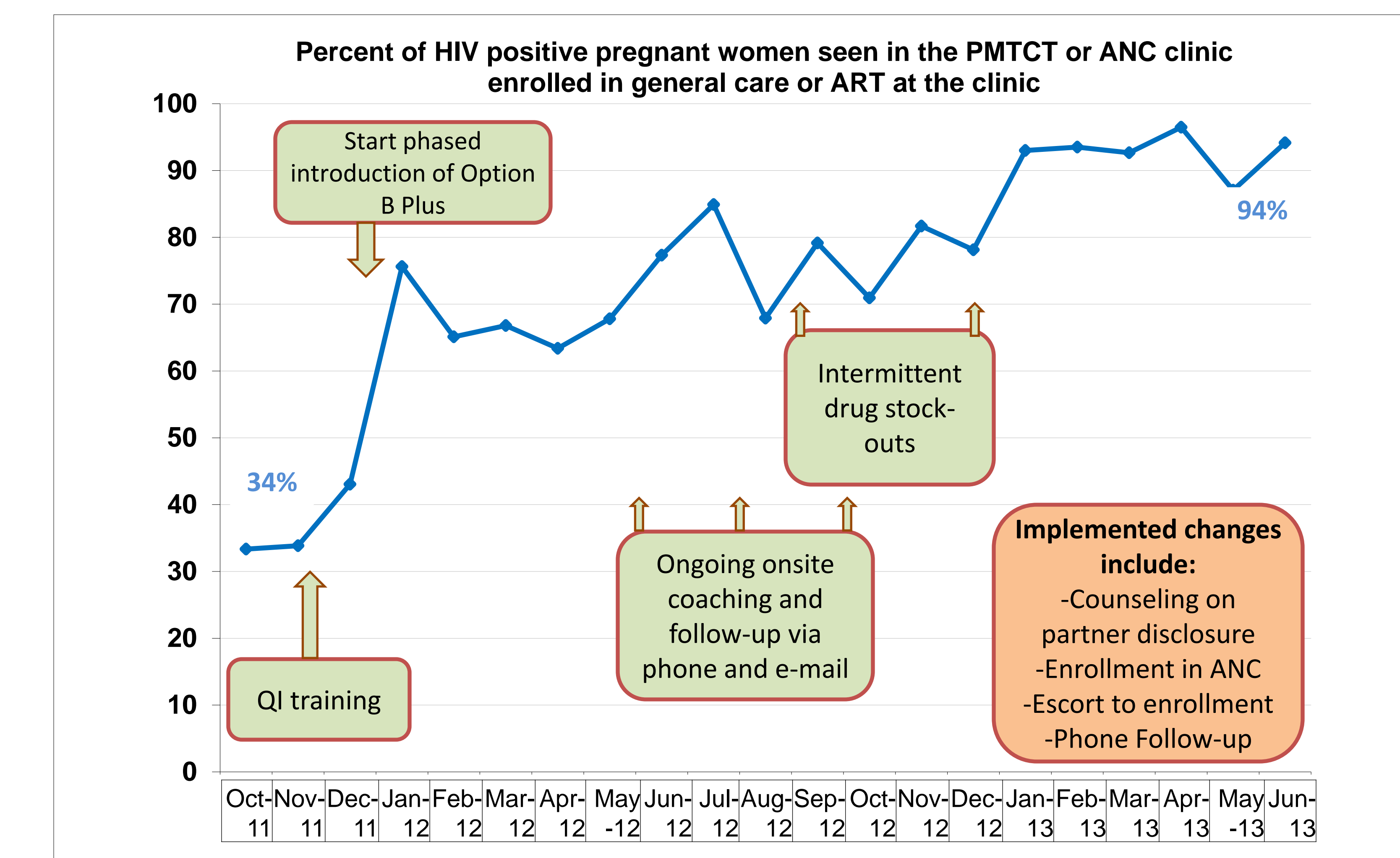
METHODS

In November 2011, SUSTAIN began supporting 18 hospitals in applying QI methods to improve and measure performance of selected service delivery process and outcome indicators. With SUSTAIN support and on-site training and coaching, individual hospital QI committees monitored improvement activities, while multi-disciplinary improvement teams focused on improving processes along the continuum of care for HIV/AIDS/TB patients, routinely reporting their findings to hospital management. Coaching teams consist of MOH mentors, SUSTAIN technical staff and hospital representatives. Coaching is provided quarterly through a one-week long comprehensive site visit coupled with follow up via phone and email.

RESULTS



- SAMPLE OF TRACKED INDICATORS**
- ✓ Proportion of HIV-exposed infants testing HIV positive and started on anti-retroviral therapy (ART)
 - ✓ Proportion of patients started on TB treatment completing the treatment
 - ✓ Proportion of pregnant women testing HIV positive in ANC and enrolled into HIV care
 - ✓ Rate of retention of HIV infected clients on ART
 - ✓ Proportion of clients diagnosed as HIV positive within hospital settings that are linked to and enrolled into HIV care.



Acknowledgements

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CONCLUSION

- Significant improvements in service delivery outcomes can be achieved through simple routine facility-based interventions identified and implemented using QI approaches
- Provider involvement in performance measurement enhances ownership and motivation for implementation of improvement changes
- Integrating clinical mentorship and QI coaching facilitates rapid improvement.

