



# Categorization of client for DC

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NATIONAL AIDS & STI CONTROL PROGRAMME



## PLAN

### Identification of opportunities and plan for improvement

#### 1. Background information (Facility Background-HIV burden and workload)

- Kamiti Health Centre is situated at Ruaraka Sub-county with catchment population of 13,218
- The Health Centre offers the following services; MCH, OPD, lab services, ANC & PMTCT, VCT, CCC, Tb, X-ray, dental, Pharmacy, Family Planning.
- Average monthly workload is 2200 patients
- Number of clients currently on care and treatment as at October 2018 is 540 (community clients), and CCC services are offered twice weekly
- Facility implementing fast track model of DC

There are eight healthcare workers attached to CCC/PMTCT, 2 Nurses, 2 HTS counselors, 1 CHV, 2 lab tech and 1 Data clerk.

#### 2. Description of the problem

##### a) Problem statement

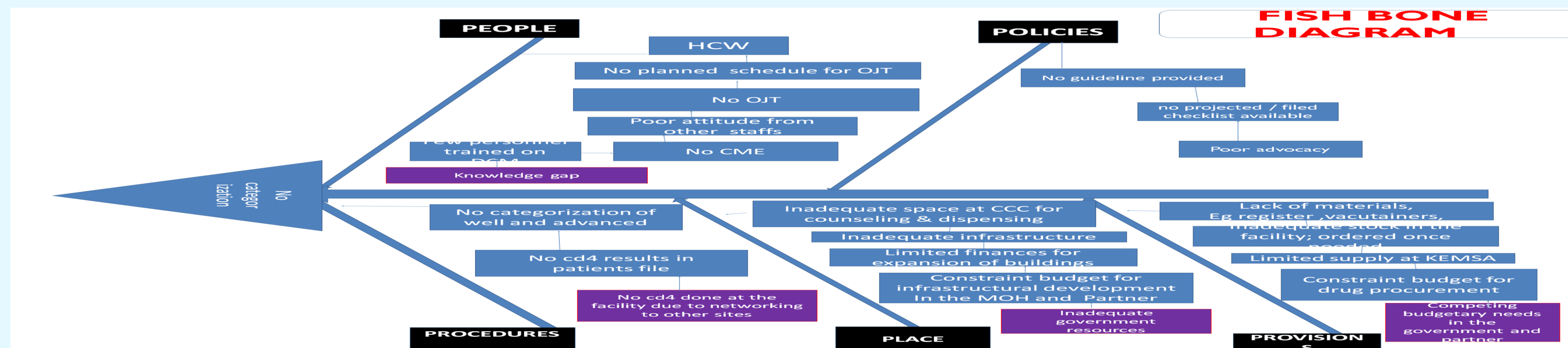
Kamiti H/C has a total of 540 active clients and the clinic schedules are twice weekly with one nurse reviewing all the client. Differentiated care provides an opportunity to offer better and quality services since the nurse will have lesser clients per day to review. With low number of categorized patients and unstructured categorization process as at Feb 2018, there is need to hasten the process for better outcome.

##### a) Aim statement

To improve categorization process by developing a structured process that will enable us improve from 0% as at Feb 2018 to 75% by Nov 2018 at Kamiti H/C.

#### 3. Root cause analysis

##### a) Fish bone diagram

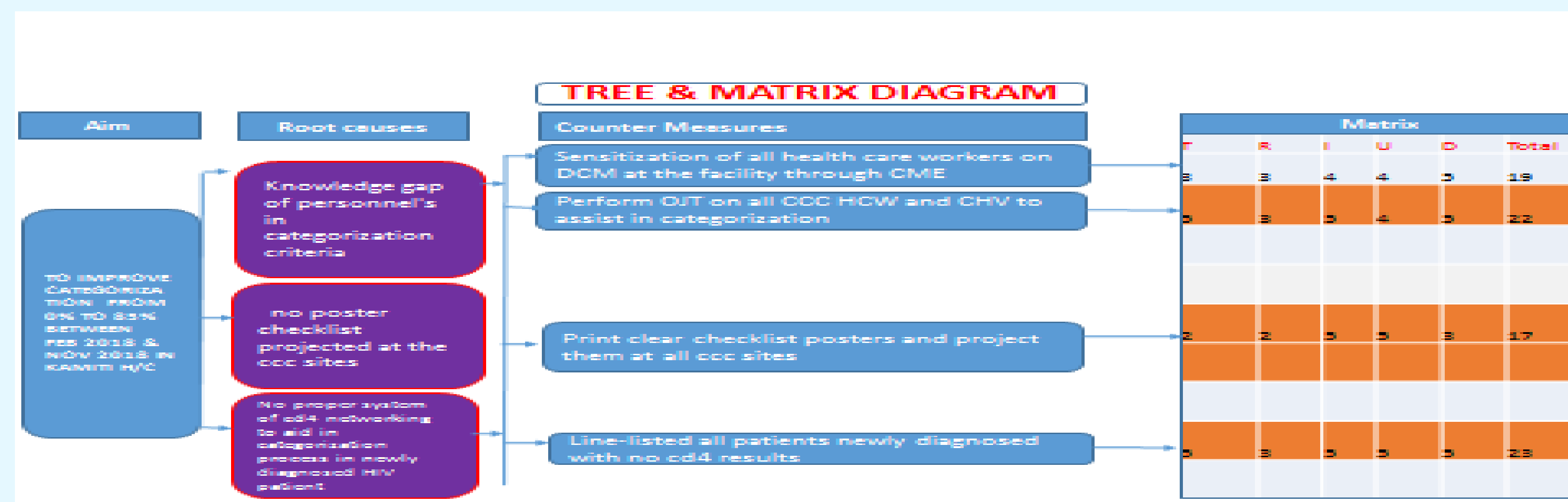


#### 4. Identify Potential Solutions

##### a) Change package

- To register DC topic in the facility CME schedule
- Organize CME for HCW to be facilitated by those who trained for DC in the facility.
- Conduct OJT on CHV to assist in categorization
- Print of checklist posters for display at ccc
- Networking of CD4 samples

#### 5. Theory of improvement

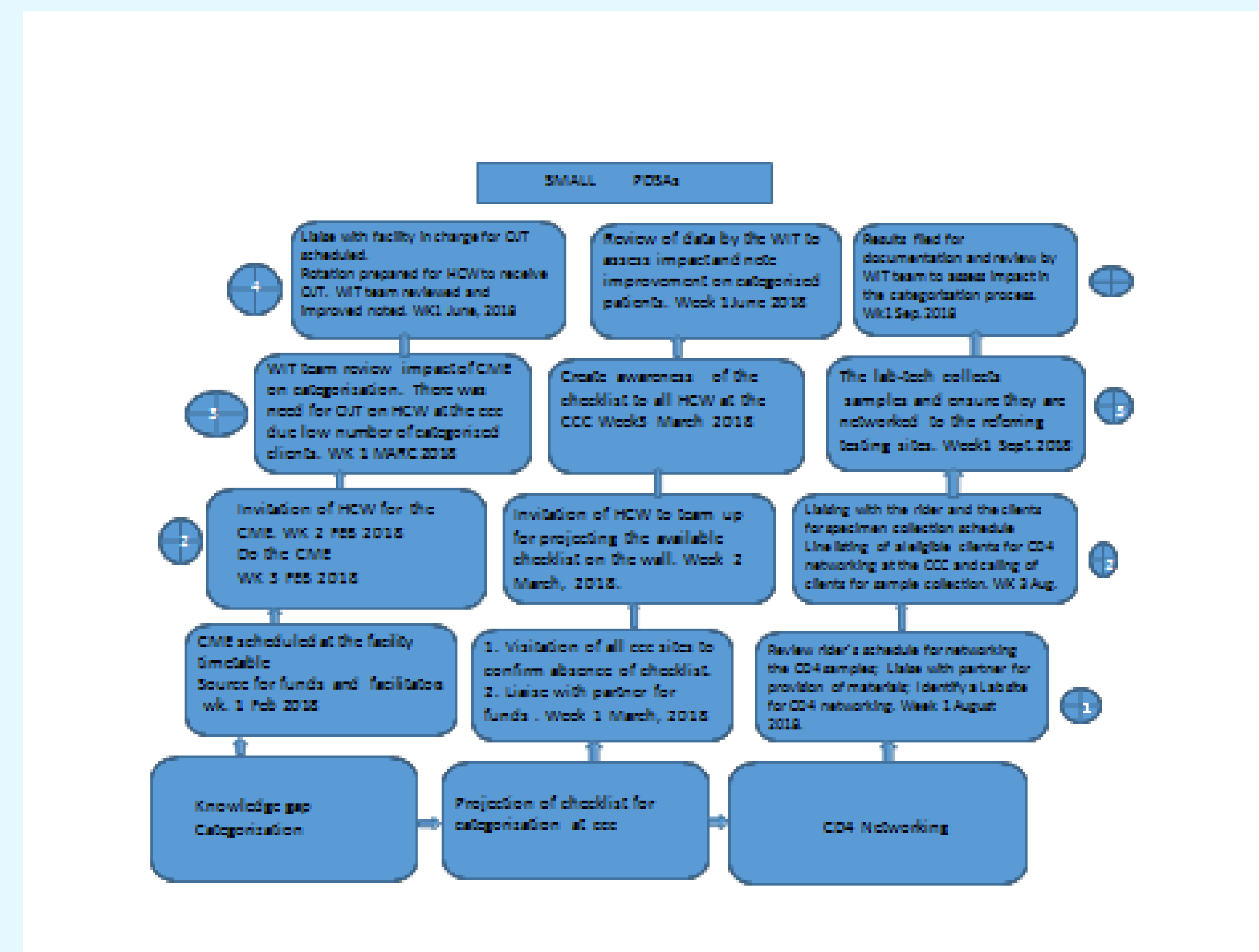


## Do

### test the theory for improvement

#### 6. Test the Theory (Include small tests of change)

##### a) (Indicate the sequence of testing the changes)



##### b) Process indicators and Run charts for small tests of

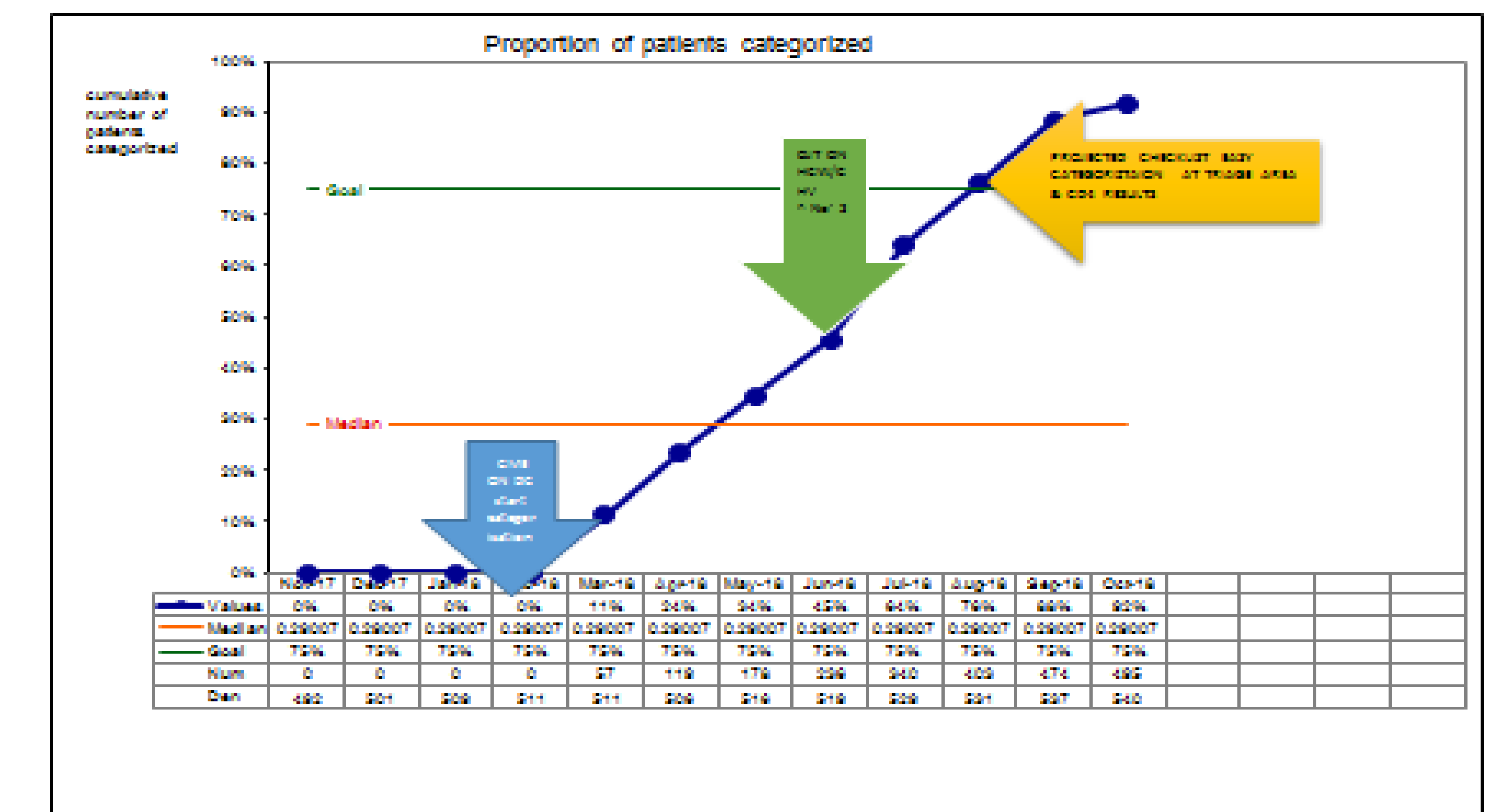


## STUDY

### Use data to study results of the test

#### 7. Use data to study results of the test

##### a) Run charts – Specific for a tested change



## ACT

### standardize the improvement and establish future plans

#### 8. Indicate whether change(s) were abandoned/adopted

- The project results were studied by use of run charts and it was established that our project had a positive outcome in the process.
- Its evident through small test of change that knowledge for HCWs is key in implementation of differentiated care.
- The projects were embraced and will be a continuous process in the clinic.

#### 9. Recommendation

- There should be continuous capacity building of staffs to reduce knowledge gap.
- Provision of all needed materials i.e. registers/ check list is key to ensure good documentation
- CD4 testing is key and should be done to all clients during enrollment to help in categorization

#### 9. Acknowledgement

- NASCOP National coaches
- County and sub county coaches.
- Kamiti H/C WIT team.
- QIT members.
- Supporting Partner-Health Strat.

