Using NHLS Results for Action Reports:
A data driven strategy to improve linkage to care

24 October 2017
• Started receiving NHLS Results for Action (RfA) reports in June 2015
• Reports detail:
  • Non-negative HIV PCRs: Positive, Indeterminate, Missed Diagnostic Opportunities
  • Negative HIV PCRs
  • Previous HIV-PCRs
  • District, sub-district, facility

TRACE, RE-TEST
Understanding the report limitations

- Names of babies changed
- No contact details were recorded
- Babies often tested in hospital at birth and then followed up elsewhere
- Road to Health Booklets often had the pages with PCR barcodes missing
- Duplication
- PCRs performed on adults
Johannesburg Health District – PCR RfA Activities

NHLS reports received on a Monday morning

Results for Action sorted by Partner according to facility

Shared with PASP and HSS teams

Follow up made with facilities

Patients traced telephonically, using WBOTs and by liaising with different facilities

Feedback of outcomes to Partner

Data compared, consolidated and reported to District

Partner led – District DoH did not have capacity to follow up each PCR positive baby

Partner teams then contacted/visited facilities with positive PCRs and followed up infants

4 day turn around time

Sorting the report included de-duplicating, removing infants confirmed to be on ART, changing district report to facility-based

Partner teams then supplied WBOTS with lists of babies to be traced- contact details from babies’ files.

Standardised template designed
NHLS Results for Action linkages

Johannesburg PCR Results for Action Report
July 2016 - Sept 2017

- **Actual HIV-PCR Positive**
- **Linked/initiated**
- **Still tracing**
- **Cannot be found**
- **Died**
- **Linkage rate**

Linkage rate:
- July 2016: 58%
- Oct-Dec 2016: 74%
- Jan-Mar 2017: 80%
- Apr-Jun 2017: 63%
- Jul-Sept 2017: 60%
Challenges encountered

- **Time consuming**
  - Process needed to be simplified and streamlined

- **Partner run**
  - Data improvement advisor employed to transition this to Department of Health

- **Hospitals**
  - PASP Hospitals’ forum
  - Hospital specific interventions

- **Tracing Teams**
  - PASP / Ward Based Outreach Teams collaboration meetings
Scaling up: Viral Load RfA

- Many more results compared with PCR RfA
- Interventions not as simple

Checklist in the file

Follow up of every patient

Implement SOP
Viral loads Results for Action <19 years

Johannesburg – Priority facilities
Jun - Aug 2017

Number with high VL
Number with VL>1000
Number with VL 50-1000
Action taken
Still tracing
LTFU/No record at facility
% with action taken
Key lessons learnt

• Having a reliable data source to guide provision of care for children is only the first step
• Practically, tracing can be challenging
  • Incorrect/inadequate contact details
  • Reliance on tracing teams
• Needs to become part of routine tracing lists produced weekly by facilities and given to supporting WBOTs
Key lessons learnt

• Very important to close the gap and report findings
• Inter-facility communication is vital to ensure ALL babies are linked to care
• Support with managing all results may be needed
  • Indeterminate PCRs
  • Repeated high viral loads despite adherence counselling
• Still more can be done
  • Negative PCRs
  • Suppressed VL
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