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BACKGROUND

WHO definition of Quality of Care: “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred”

HIV service delivery in correctional facilities is an important part of the AIDS response in concentrated or mixed epidemics with under prioritized populations. Correctional services are often overlooked in performance monitoring, supervision and oversight. Part of the problems is generic as the criteria for performance measurement is often lacking.

Solthis’ Empower project in Sierra Leone devised and used a template to follow up the performance of critical process indicators in HIV service delivery to inmates at the main correctional facility in Sierra Leone to promote rights based services for inmates, while supporting health workers in adhering to processes that facilitate this right.

METHODS

- The Study measured the impact of the Solthis’ EMPOWER project interventions through evaluation of HIV Quality of Care (QoC) score
- Setting:** HIV clinic in the male correctional centre in Freetown, Sierra Leone, with inmate capacity of 1,904 inmates
- Tool and Methods:** HIV QoC score developed by SOLTHIS under EMPOWER project. HIV Quality of Care score was assessed at the beginning of the EMPOWER project - in May 2016; then after 6 months - in November 2016; and then after another 11 months in October 2017.
- Scope of the EMPOWER Project:** Three year project with the overall objective of empowerment of users for good-quality HIV care that is patient-oriented in three districts in Sierra Leone.
- Project Interventions:** participatory needs assessments involving management staff, health workers and inmates, trainings (classroom and on-site) and clinical mentoring
- Expected result of the project:** HIV Quality of Care score higher than 60% at the close of the third year

WHAT IS HIV QUALITY OF CARE SCORE?

- Comprises of 15 indicators to evaluate and monitor the quality of ART service delivery
- Consists of the indicators, how the indicator is to be measured and source of verification
- It was developed by Solthis in 2012 and adapted according to the National Guidelines and scope of the EMPOWER project in 2016
- Tracks health care workers’ and patients’ performance following implementation of the project interventions

Indicator	Question as definition of indicator	SOP for scoring	May 2016	November 2016	October 2017
1 Prescription of non recommended ARV regimens	Are ART regimens prescribed that are not recommended in the national guidelines such as dual therapy or non recommended combination of drugs?	Not prescribed =1; Prescribed=0 (if 0, what is the non recommended prescription and what proportion)	1	1	1
2 Appropriate start of TDF based regimen in line with national guidelines	Is TDF based regimen prescribed to new patients as first line?	Check the ART register for last 5 new patients in the reporting month, if 100% were prescribed TDF, give a score of 1. If less than 100% give 0	0	1	1
3 Appropriate start of NVP based regimen	For patients given NVP based regimen, is NVP started at half dose? (i.e. half dose in the first 2 weeks using the correct combination of drugs)	Use the ART register to identify the last 5 patients out on NVP based regimen, then check the dispensing register for those patients put on NVP-based regimen to know if they started on half dose: if all 5 started at half dose=1, if less than 5=0	0	0	1
4 Proper Hb monitoring before ART	Is Hb systematically done and results put in patients charts?	Check charts of the last 5 patients put on ART; if all 5 with Hb results=1, 3-4 with Hb results=0.5, less than 3 with Hb results=0	0	0.5	0
5 Proper CD4 monitoring before ART	Was CD4 done before starting ART and are the result in patient charts?	Check charts of the last 5 patients put on ART; if all 5 with CD4 results=1, 3-4 with CD4 results=0.5, less than 3 with CD4 results=0	0	1	0
6 Appropriate use of CD4 and WHO staging for ART initiation	Was CD4 or clinical staging used in the charts as justification for starting ART? CD4<500 is an indication for ART initiation whatever WHO stage; ART not indicated if CD4>500 and stage 1 or 2; Stage 3 or 4 is an indication for starting ART even if CD4>500	Check the charts of the last 5 patients put on ART for the indication for ART initiation based on CD4 or WHO stage, if reported in all 5=1; if reported in 3-4=0.5; if reported in less than 3=0	0	1	0
7 Correct WHO staging	Is WHO staging systematically done and documented in the patient chart?	Check WHO staging in the charts of the 5 last patients put on ART and assess the consistency between symptoms reported and WHO staging recorded if consistent in 4-5=1, if consistent in 3-4=0.5, if only consistent in less than 2=0	0	0	1
8 Correct CD4 monitoring of patients on ART	Is CD4 requested every 6 months and result put in patient file?	Check charts of 5 patients under ART for >1 year (to be identified through ART register); CD4 done at least twice in the last year for 4-5=1, 2-3=0.5, less than 2=0	0	0	0
9 Proper use of ART register	Is the ART register used correctly? Are patients copied from last year register except died (+/- transferred out); ART codes given for all patients, new patients of the year clearly identified; LTFU and defaulters properly identified; consistency with dispensing register	All recommendations properly applied=1; few mistakes=0.5; many mistakes=0	0	0	0.5
10 Correct ART report	Is the ART report submitted promptly? Are the information in the report consistent with ART register?	Check ART register and last report; all properly done=1; few mistakes=0.5; many mistakes=0	0	0.5	0.5
11 Systematic opening of patient charts for all HIV patients diagnosed or referred to the clinic	Are charts opened for all HIV diagnosed patient?	Check the last 5 patients diagnosed with HIV through HCT and PMMCT registers in the past month. If all have charts=1; if 4-5 have charts=0.5, if less than 3 have charts=0	0	0.5	1
12 Correct use of patient charts for follow-up	Are follow up forms filled at each visit for all patients?	Check 5 charts of patients started on ART for > 6 months (Identify through ART register and visit cross checked through dispensing register) if a follow-up form has been used in the patient chart for 4-5 patients=1; if used for 2-3 patients=0.5; if used for less than 2 patients=0	0	0.5	0.5
13 Correct patient adherence assessment	Was adherence assessment done for patients during their visits? Self report and assessment of refill dates is recommended at each visit with results documented in patient chart at each visit	Check 5 random charts of patients on ART, if adherence assessment recorded for 4-5 patients=1; if done for 2-3 patients=0.5; if done for less than 2 patients=0	0	0	1
14 Correct TB screening (first steps)	Is TB clinical screening (CS) done systematically based on 4 symptoms with results reported in the patient chart?	Check the charts of 5 random patients started on ART if detailed results of clinical screening and sputum are both documented; 5=1, 4=0.5, <4=0; if not in the chart but in a specific register, same scoring but divide by 2 the score.	0	1	0.5
15 ART retention	What is the 6 month retention rate?	> 70% at 6 months=1; 50% - 69%=0.5; <50%=0	0	0.5	1

RESULTS

- HIV Quality of Care score was assessed three times:
 - In May 2016 it was **7% (1 point)**
 - In November 2016 it improved to **50% (7.5 points)**
 - By the end of the second year of the EMPOWER project it reached **60% (9 points)**

CHALLENGES TO THE QUALITY OF CARE

- Lack of resources in correctional facilities translates to problematic access to services like Hb, CD4 and viral load monitoring
- Poor access to specialised medical care
- Privacy, stigma and confidentiality remain valid concerns affecting quality of service delivery at correctional centres

CONCLUSION

- HIV service delivery at correctional facilities need an approach that combines results based monitoring with process supervision.
- Performance monitoring should include indicators that are context specific, easily measurable and verifiable.
- Key areas of intervention to focus on include:
 - Sample transport system
 - Referral system for inmates requiring specialised care
 - Assuring acceptable level of privacy and confidentiality
 - Stigma reduction
 - Harm reduction interventions
- A HIV QoC score could be a valuable instrument in settings with similar contexts to highlight and fill gaps related to access and quality.

