MINISTRY OF HEALTH

UGANDANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

USAID
FROM THE AMERICAN PEOPLE

USAID
ASSIST PROJECT
Applying Science to Strengthen and Improve Systems

CASE STUDY

Safe male circumcision: Improving client follow-up at Gulu Regional Referral Hospital, Uganda

Gulu Regional Referral Hospital provides safe male circumcision (SMC) services as a part of its comprehensive strategy for HIV prevention. Post-operative clients are offered care on return to the facility. However, clinicians were not aware of standard follow-up guidelines for post-operative care and informed clients to return only for complications or adverse events. As a result, clients did not have information on post-operative follow-up. This case study illustrates the need for facility-based improvement in standardized documentation of client forms and registers to increase and improve post-operative client follow-up.

Introduction

Gulu Regional Referral Hospital (GRRH) serves as a centre for referral of health care services for five districts in Northern Uganda. It offers both specialized and general health care services, including provision of SMC as a comprehensive strategy for HIV prevention. The facility is one of the 30 selected health facilities participating in an SMC collaborative improvement activity support by USAID ASSIST. GRRH is supported by the USAID Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) Project. The site has been offering SMC for HIV prevention for the last three years, initially with the support of the Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT) Project but since March 2013, with support from SUSTAIN.

Problem Analysis

Post-operative client follow-up is the care offered to clients up on return to the health facility after circumcision. It entails clinical review of the client to assess the healing of the wound, treatment of any identified complications, reinforcement of post-operative instructions and HIV preventive strategies, provision of condoms, and provision of HIV counselling and testing for those not yet tested. Post-operative follow-up has proved to be a huge challenge in the implementation of SMC in GRRH and across Uganda. Initially, post-operative follow-up care was not being conducted at the facility, and for the very few clients who returned after the procedure, no clear care was offered to them.

Baseline assessment conducted in March 2013 by ASSIST, SUSTAIN, and the Gulu District Health Office showed client follow-up post-operatively to be at 0% at both 48 hours and after 7 days.The assessment established that the team at GRRH was conducting SMC with no clear information on post-operative follow-up; the clinicians were not aware of the standard follow-up guidelines and were informing clients to return for follow-up only if they had complications/adverse events.

As a result, clients did not receive clear information on post-operative follow-up. Documentation was very poor, with the facility lacking standard SMC data tools; improvised tools were not correctly or consistently filled out to capture whether any clients returned for follow-up. The SMC clinic was

JUNE 2014

This case study was produced by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Anna Lawino of URC with input from John Byabagambi and Angella Kigonya of URC, Sidhartha Deka of Johns Hopkins University Center for Communication Programs, Rhobbinah Ssempebwa of USAID Kampala, Emmanuel Njeuhmeli of USAID Washington, and Roselyn Oyella of Gulu Regional Referral Hospital. We would like to acknowledge the contribution of Jacqueline Calnan and Mercy Mayebo of USAID Uganda for providing technical guidance through the conception and implementation of this work.We would like to acknowledge the contribution by SUSTAIN, Benson Tumwesigye of the Ministry of Health Uganda and the quality improvement team of Gulu Regional Referral Hospital. The case study was prepared by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, made possible by the generous support of the American people through USAID. The USAID ASSIST Project's support for improving the quality of safe male circumcision services in Uganda is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

opened only during the time of surgical procedure and hence any clients who later returned for follow-up were left unattended or had to go to the general out-patient department for review, where data on SMC follow-up was not captured. Clients who were circumcised at the outreach sites were not followed up since after the outreach, the health facility staff returned to their main facility.

Improvement Approach

In April 2013, with the support of the ASSIST coach, the staff of the SMC clinic at GRRH formed a quality improvement (QI) team comprised of focal members in the SMC team of GRRH. The team collected and analysed data for client follow-up post-operatively, identified gaps in follow-up, and proposed changes to address the gaps.

GRRH QI Team Members

1. Oyella Roselyn
2. Bulega David
3. Adong Lilly
4. Kusaasira Hope
5. Draru Margret
6. Lanyero Joan

The data tools used to establish the root cause included the improvised SMC register, client forms, and a flow chart of patient flow in the clinic (Figure 1). The team determined that the root cause of the problem was:

i) The improvised tools did not capture all data on follow-up visits;
ii) Incorrect information was being given to clients on follow-up (the staff were informing the clients to return for follow-up *only* if they had complications or adverse events)
iii) Poor documentation of client follow-up.

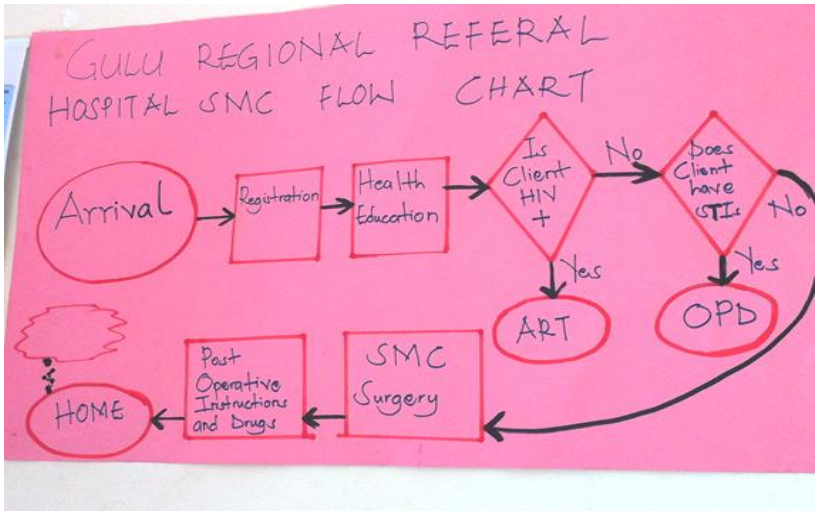


Figure 1: The SMC client flow chart developed by the team helped map out the SMC activities for the clinic and clients.

The team identified changes they could make with support from SUSTAIN and ASSIST that could address the above problems: i) acquisition of standardized MOH data tools for SMC to capture all data required on follow-up, ii) orientation of staff on the correct use of the data tools, iii) consistent provision of correct information on follow-up to clients, including the importance of returning for post-operative follow-up, iv) giving the national package of care to clients who return for follow-up; v) giving appointment dates to clients for follow-up, vi) assigning one person to update the client records, and vii) having staffs at the lower health units conduct follow-up at the sites of outreach activities.

Results

Assessment of the site's performance in December 2013 revealed marked improvement in client follow-up. Initially, only 2% of the circumcised clients returned for post-operative follow-up at 48 hours and 0% returned for 7 days follow-up in April 2013. By December 2013, 99% of circumcised clients were returning for 48-hour follow-up, and 82% of clients were returning for follow-up at 7 days (see Figure 2).

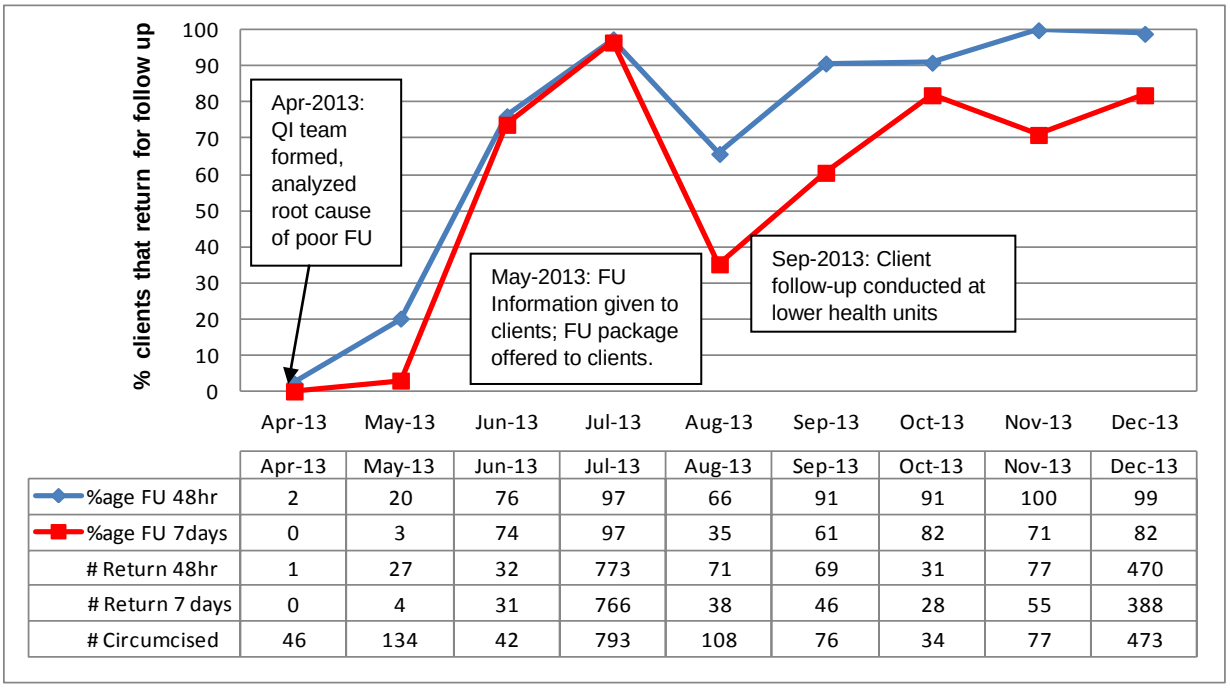
Client follow-up has generally improved with the client forms and registers being correctly and consistently used.

What Changes Did the GRRH Team Test to Achieve the Results?

Improving post-operative client follow-up at 48 hours and 7 days

- **Capacity building**: The team at GRRH had sessions of medical education which involved monthly mentorship by an external coach from ASSIST and internal orientation of all the other staffs by the QI team to ensure that all staffs had knowledge of the standard post-operative guidelines of follow-up at 48 hours, 7 days, and 6 weeks. Initially, staff were not aware of these

guidelines and were not giving clients correct information on client follow-up (clients were being told to come back only if they had complications or problems).



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
%age FU 48hr	2	20	76	97	66	91	91	100	99
%age FU 7days	0	3	74	97	35	61	82	71	82
# Return 48hr	1	27	32	773	71	69	31	77	470
# Return 7 days	0	4	31	766	38	46	28	55	388
# Circumcised	46	134	42	793	108	76	34	77	473

Figure 2: Percentage of clients that return for follow-up after 48 hours and 7 days post-circumcision at Gulu Regional Referral Hospital, April 2013-December 2013

Provision of the national package of follow-up care to clients who came for follow-up: The package of care offered to clients on follow-up visits was agreed on by the team with the guidance of the ASSIST coach. The standard package included: removal of the bandage dressing, assessment of the wound, health education counselling on wound care and HIV prevention strategies, distribution of condoms, and HIV testing for clients who have not yet had a test before. This follow-up package is the national standard package to be offered to all clients who return for follow-up. These services are provided by the staff in the SMC clinic.

- **Consistent information on follow-up:** Information on client follow-up was passed on to clients at all stages of care (that is, during the group education for SMC, individual counseling, and post-operative health education) to ensure that the clients get the right information and that they do not forget.

Improving data on client follow-up post-operatively

- **Standard MOH SMC data tools were requisitioned for and provided by the implementing partner SUSTAIN:** The QI team then held a session to brief all clinic staff on the correct use of the tools.
- **The national client cards having client identification numbers were issued to all clients after circumcision, clearly indicating the appointment dates for follow-up**: The identification numbers on the client forms are the same numbers that the staff at the clinic manually put on the client cards. Staff were instructed to note the appointment dates for the client to return for follow-up on the client card. This client card is issued to the client to take home; it helps to remind the client on the dates to return for follow-up. The cards are also used for tracing the client forms at the facility when the clients return for follow-up. The identification number on this card helps to quicken the tracing process of the client form, which is used to note the clinical assessment of the client. The client forms were used to capture the client's clinical assessment on the day of follow-up; this information was also used for updating the SMC register.
- **One individual was assigned the responsibility of updating the register using the client forms:** This task is rotational for each SMC clinic day to ensure that all staffs have competence in updating the register.

- **<u>To make the retrieval process of the client forms easy, the team obtained box files for keeping the client forms:</u>** These were serialized with the client identification numbers and the dates of circumcision (see Figure 3). A client coming for follow-up carried along the client card with the identification number which is used for retrieval of the client forms.

The above changes have greatly improved the organization of work at the SMC clinic and facilitated the clinic's ability to monitor client treatment outcomes, detect potential problems to prevent adverse events before they occur, and enable prompt and proper management for those complications that did occur.

Figure 3: SMC client forms filed according to identification number and date of circumcision for easy retrieval during post-operative visits

Lessons Learned from the GRRH Team's Experience

- Formation of QI teams is vital in creating any improvement at a health facility. It offers the basis for identification of the gaps in a system and making the recommended changes. This team routinely reviewed SMC data tools at the facility to ensure quality in the work.
- Capacity building of staff on the standard guidelines for post-operative follow-up at 48 hours, 7 days, and 6 weeks ensured that the health facility's staffs have the right competencies to offer quality care.
- Provision of consistent and correct information on follow-up to clients and standardizing the package of care offered to clients on follow-up visits improved client return for post-operative follow-up since it offered the clients a reason to come back.
- Use of standardized MOH SMC data tools and regular review of records improves the quality of client records and hence, quality of care.
- Enlisting staff at lower level health facilities to also conduct client follow-up after outreach activities proved to be feasible and helped increase follow-up coverage.

Next Steps for GRRH

The health facility aims to address the challenge of post-operative follow-up at the outreach/camp sites which are often conducted far away from the health facility. The tested change of having staffs of the lower health units conduct follow-up after the outreach activities makes it difficult to document data on follow-up at these sites, since the client forms and registers are returned to the health facility after the outreach. A proposed change to address this challenge is to allocate a register at the health facility close to the site of the outreach for registration of the clients who come for post-operative care at this facility. GRRH staff will routinely come and pick up the register to update the main SMC register at the hospital.