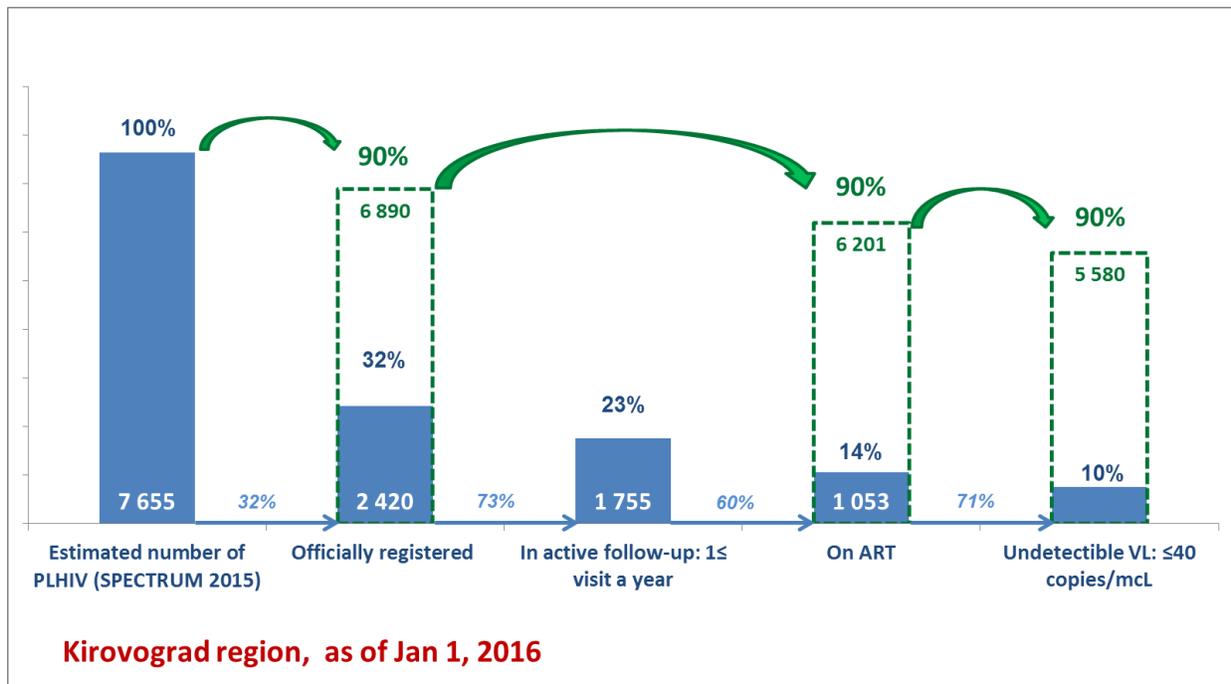


Successful QI Change, Kirovograd region, March 2017

Change: **HIV risk assessment by specialty physicians and/or PHC providers**
Gap: **Testing and referral/linkage gap**

Problem Statement & Improvement Objectives

In Kirovograd region, as of January 1, 2016, the gap between the estimated number of PLHIV and the number of PLHIV registered with AIDS service was over 5,200 people, or 68%. The objective of the regional QI team is to reach the target of 90% of PLHIV being registered by September, 2017.



Systems issues and changes tested

The main drivers of the detection gap identified by the Kirovograd regional QI team region were: (1) Shortage of sites providing HTS: as of October 1, 2016, there were only two ART sites); (2) Lack of HIV risk assessment by specialty physicians (TB, STI, narcology, OB/GYN) in clinics, which led to an “opt-in” system of HIV testing, and left opportunities to reach clients who may not be reached through traditional testing means; and (3) No referral system for HTS in districts from outpatient clinics to ART sites.

To address these challenges, local QI teams in the Kirovograd region implemented the following changes: (1) Three new ART sites opened in Oleksandriya city, Mala Vyska and Novoukrainka rayons; (2) Infection disease specialists working at each of these sites trained on HTS by RESPOND; (3) Specialty physicians trained on HIV behavior risk screening and clinical indications for HTS; (4) Job aids for HIV risk screening provided to specialty physicians; and (5) Local protocols and patient pathways

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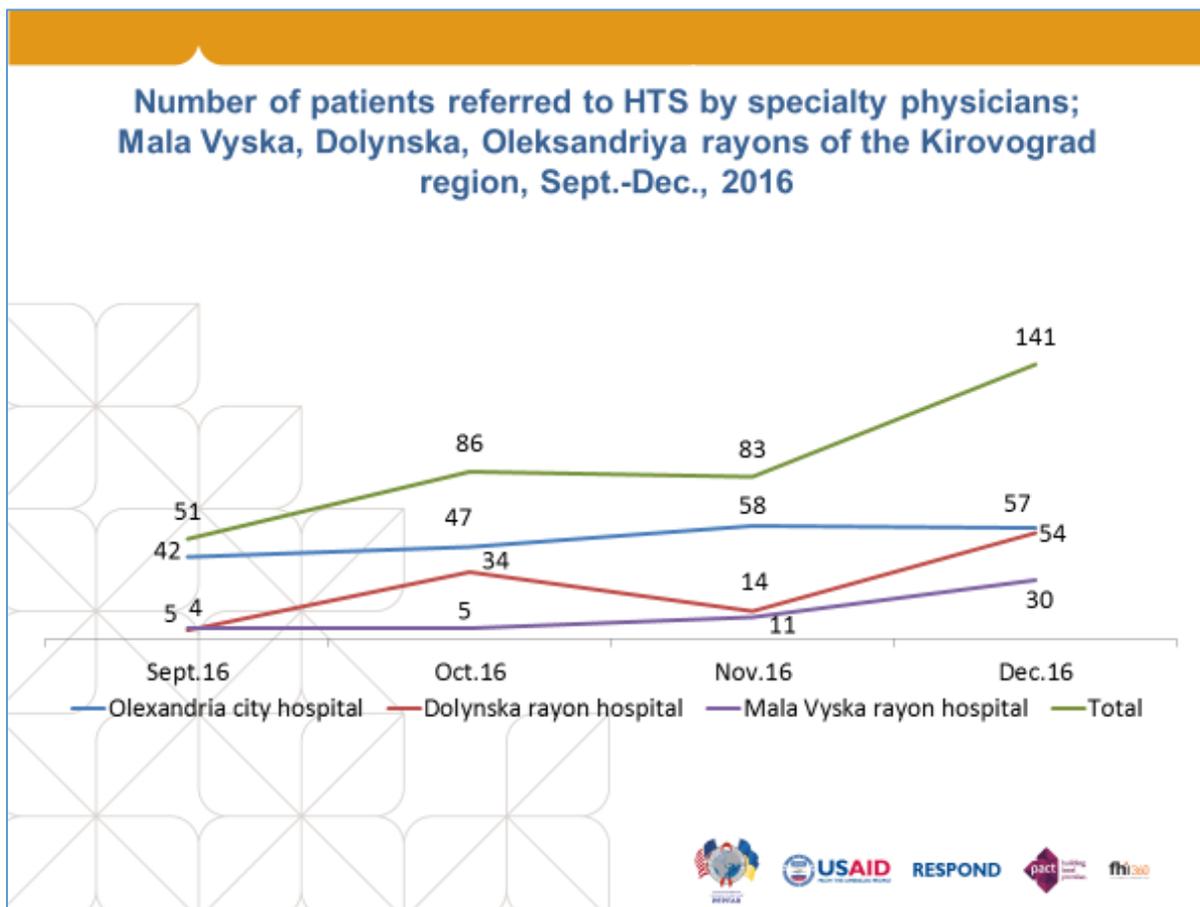
developed to reflect the role of specialty physicians in identifying and referring patients to HTS.

Scale of the improvement effort

All five QI teams from the Kirovograd regional AIDS Center, Dolynska, Mala Vyska, Novoukrainka district clinics, and Oleksandriya city clinic were involved in implementing these changes, including TB, STI, narcology, OB/GYN specialists, and PHC physicians.

Improvement measures, results and interpretation

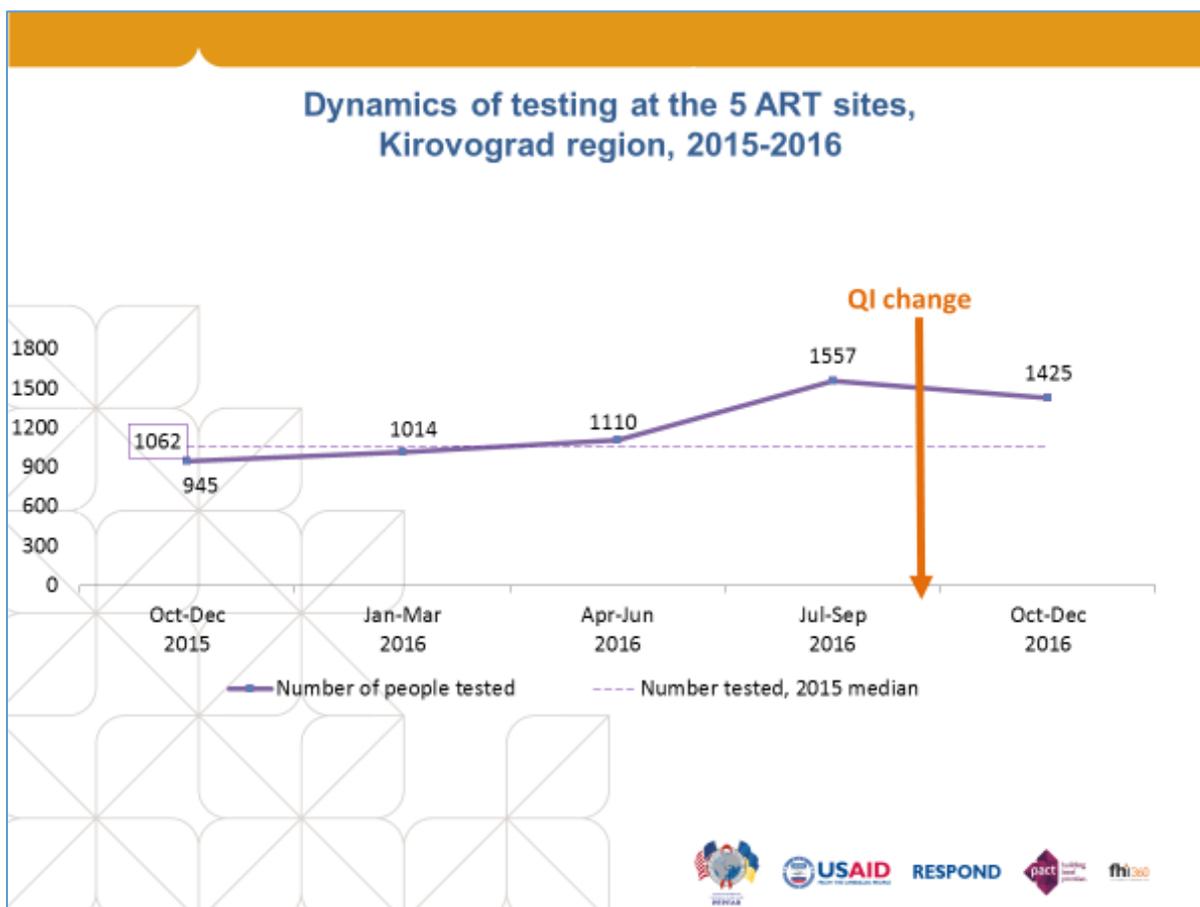
QI changes brought about an increase of referrals to ART sites for HTS by specialty physicians, as demonstrated on the run-chart below from the Mala Vyska, Dolynka, and Oleksandriya QI sites. Patients were referred to ART sites for HTS by specialty physicians based on clinical indications for HTS and the results of risk behavior screening.



On the regional level, more active and effective referrals by specialty physicians was expected to increase the number of people tested in October-December, 2016. This increase, however, started earlier and was brought about as a result of massive

Successful QI Change, Kirovograd region, March 2017

screening of the population in the area affected by the anti-terrorist operation (ATO) in Eastern Ukraine.



Learning & Next Steps

The QI change increased the number of people referred to HTS by TB, STI, narcology, and OB/GYN specialists. As a next step, specialty physicians will be supplied with rapid tests and to provide HTS without patient referral to ART sites. To implement this change, all specialty physicians will be trained on HTS.