1621 Bi-Directional Clinical Skills-Sharing between U.S. and Ugandan Providers within Kayunga District

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Background

Bi-directional lessons learned in recent clinical skills sharing, in two in-person visits and through a virtual platform since May 2019, between U.S and the Kayunga District of Uganda health care providers, demonstrates that sharing commonalities of successes and challenges present opportunities for change in rates of retention and viral suppression.

Objectives

- To evaluate the psychosocial barriers for retention in care and viral suppression in the Kayunga District of Uganda
- To describe the technical assistance content provided during the clinical skills sharing project
- To describe bi-directional lessons learned to improve the psychosocial experiences of persons living with HIV

Materials and Methods

Participants: Multidisciplinary team approach of physicians, advanced practice nurses, and social workers, provided technical assistance to Ugandan health care providers at five clinic sites in Kayunga

- Kalungmira HC VI
- Busaana HC III
- Bbaale HC VI
- Galiraya III
- Kayunga District Hospital

Process: The multidisciplinary HRSA consultants were paired with the equivalent clinical provider from Kayunga clinical sites. Providers reviewed the same documents, including clinic charts and forms on visits in May and November to evaluate changes made based on provided technical assistance (TA). Providers focused on the following areas; assessment of HIV population needs, TA to improve/support clinician confidence in ART transition and optimization; staff roles and responsibility clarification; clinic flow and documentation; inclusion of ancillary staff documentation; community outreach enhancements; and strategies to combat stigma.

Support

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Results

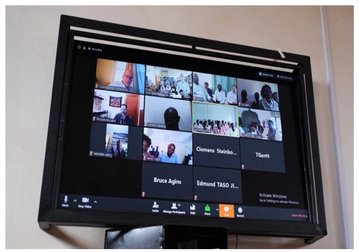
High Level findings

- Best Practices:
  - Trend towards clinician implementation of guidelines regarding optimization of ART and IPT rollout
  - Leveraging of Facility Linkage Facilitators (FLFs)/Mentor mothers and peer counselors near where they live and are immersed in the community
  - Two sites have now established psychiatric clinics and have increased screenings and referrals for mental health
- Challenges:
  - Inconsistency in relationships between clinical sites and community-based organizations
  - Systematic documentation of IACs and appointments varied
  - Viral Load (VL) and resistance testing turnaround time varied
  - Inconsistent psychosocial screening/referral
  - Neural Tube Defect concerns limited TLD ART transition

Integrated HRSA clinic work flow planning session in May with MOH guidelines and CQI team input to produce client flow chart, now posted in central hallway

Technical Assistance

- Retention:
  - Educated around clinic flow, with the inclusion of FLFs
  - Encouraged expansion of MH screening to all clients regardless of VL and gender
  - Encouraged integration of FLFs documentation for lost clients into medical chart for clinician awareness
  - Establish documentation checklist that is role-specific, to ensure consistent documentation in chart and registry books and encouraged complete and consistent documentation across all disciplines
  - Provided TA on how to connect to WhatsApp and Zoom: signed up staff on site
- Viral Suppression:
  - Encouraged completion of IAC and follow-up forms in charts per QI protocol for IAC completion (FLF or clinician)
  - Supported clinic need for integrase inhibitor in first-line agents for peds patient and additional options for adults
  - Educated clinicians on TLD and optimization (per guidelines) and ART resistance
  - Need for improved turnaround for resistance testing and repeat VL for pediatric patients every 6 months
- Virtual Support: WhatsApp/Zoom
  - Kayunga District staff-initiated topics/education supported by HRSA consultants
  - Encouraged Ugandan clinical leader technical support for local staff to participate (WiFi/smartphones)
  - Continue to build systems for interdisciplinary peer-to-peer learning and SPREAD within and between Ugandan districts
  - Bimonthly Zoom sessions have resulted in improved communications and skills sharing between Ugandan clinical sites throughout Uganda
  - The use of WhatsApp to support communication between support groups, as utilized in Uganda, was instituted in Los Angeles-based clinical support groups
  - “Viral load champion” designation was used to enhance the work of the clinic quality improvement lead in one Los Angeles Clinic



Zoom session: Sharing of lessons learned and Experiences to improve HIV Care

Conclusions

- Bi-directional lessons learned in recent clinical skills sharing, both in person and through a virtual platform, between U.S and the Kayunga District of Uganda health care providers, demonstrates that sharing commonalities of successes and challenges present opportunities for change.