Improving Pediatric/Adolescent Viral Load Suppression Rate at the Ekiti State University Teaching Hospital, Nigeria: Continuous Quality Improvement

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Disclosure

- There are no conflicts to disclose

Issues

- Viral suppression is an essential indicator in monitoring the health outcomes of people living with HIV.
- After the CQI team reviewed the pediatric/adolescent viral load suppression rate at EKSUTH, it showed a poor rate of 82-85% over the last quarter (November to February, 2024), with increased interruption in treatment, unsuppression, and death.

The root causes were categorized into

Patients	Caregiver(s)	Household	Institution/process
• Low health literacy • Scheduling difficulties • Transportation problems	• Low caregiver health literacy • Religious/socioeconomic beliefs • Low socioeconomic status	• Disclosure problems • Frequent changing of caregiver(s).	• Inefficient tracking system • Human resources gap

Description

- Quantitative analysis using patients' data from the electronic medical records (EMR).
- Qualitative analysis with a focus group discussion and interviews of the healthcare workers, pediatric/adolescent clients, and caregivers.

- Data analyzed using MS-Excel.
- The Plan-Do-Study-Act (PDSA) was used to apply cross-cutting interventions and was monitored weekly.
- The aim was to improve the rate from 84% to 90% from March to September 2024.

Innovations applied were

Client-focused adherence counseling/clinical review by the facility pediatrician on every clinic visit

Parents' participation in the caregiver's forum, organized quarterly for capacity building.

Training of adherence healthcare workers by the state clinical mentor, and monitored weekly.

The use of a 30-day adherence calendar by the adherence counselor to send reminders.

A case conferencing model where other aspects of care of patients/caregivers, such as housing, occupation, are reviewed.

Lessons Learned

- The case conferencing model was most effective as it addressed the social determinants of health.
- 90% of patients who passed through this model had their viral load suppressed by the end of 6 months.
- Collaboration between the OVC teams, social workers, clinical team, and mental health specialists promotes service integration in the management of pediatric HIV.

Next Steps

- Ensure all patients/caregivers are administered the case conferencing model within the first 3 months of ART initiation.
- Develop a manuscript of the findings
- Yearly CQI exercise

Take-home Points

- A multidisciplinary approach through service integration enhances viral load suppression.
- A case conferencing model that addresses the social determinants of health improves pediatric/adolescent viral load suppression.

THANK YOU