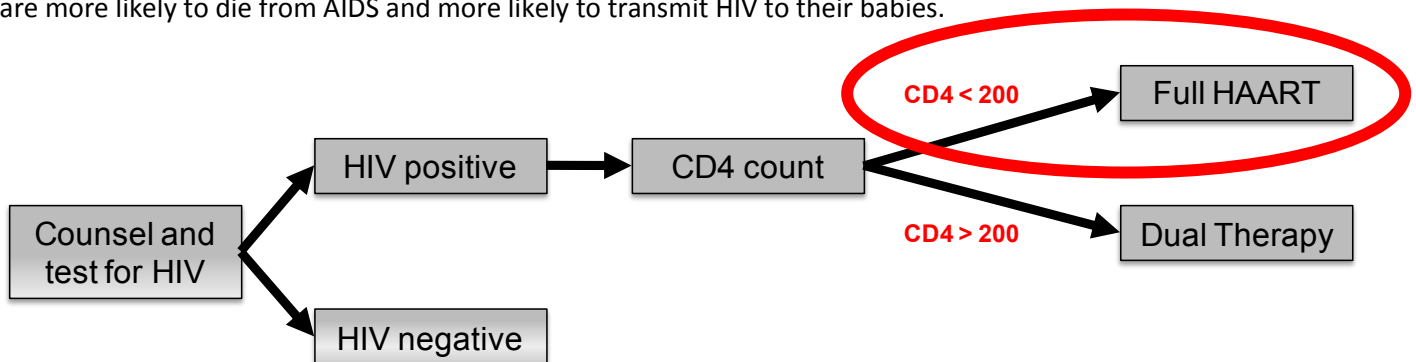


## Checklist 3B: Reliable Referral for HAART

**Problem:** Pregnant women with CD4 counts less than 200 are more likely to transmit HIV to their babies. If they are started on HAART triple therapy in a timely fashion (i.e., at less than 36 weeks' gestation), they are much less likely to die from AIDS and less likely to transmit HIV. Women are typically identified as having low CD4 counts at the primary health care level (e.g., in the antenatal clinic), but they must often start HAART at a different care location. Referral to start on HAART is often missed, delayed, or forgotten, which means women are more likely to die from AIDS and more likely to transmit HIV to their babies.



**Aim:** All mothers who qualify (low CD4 count or WHO clinical stage 3 or 4) should start HAART as soon as possible and receive a minimum of 4 weeks of HAART prior to delivery (goal > 95%).

**Change Idea:** Create a local solution for making sure mothers attend the nearest HAART initiation site. Specific change ideas are below.

### Change Idea Checklist:

- ☐ PHC sister identifies all pregnant women who qualify for HAART triple therapy based on World Health Organization (WHO) clinical stage, or whose CD4 count is < 200.
- ☐ The PHC antenatal clinic (ANC) team decides on the best method to ensure clients visit the nearest initiation site to receive HAART treatment, including (but not limited to):
  - Physically transport client to HAART site.
  - Phone the HAART site ahead of time to inform them of client's visit.
  - Give the client an appointment card.
  - Phone or visit the client before the scheduled visit to the HAART initiation to remind her.
  - Send the client an SMS reminder.
  - Other solutions identified by the local PHC.
- ☐ Measure whether this change is successful:
  - Number of women with CD4 count < 200 \_\_\_\_\_
  - Number of women referred for HAART \_\_\_\_\_
  - Number of women who started HAART before 36 weeks' gestation \_\_\_\_\_

## **How to Introduce This Change Idea to Your Clinic and Sustain Your Success:**

*Checklist of tasks to complete before testing this change idea:*

- ☐ Discuss this idea (hold a meeting) to get buy-in from the ANC and PMTCT staff, including matrons and/or nurses and counselors.
- ☐ Choose a specific day and a location to test this idea.
  - Date \_\_\_\_\_
  - Location \_\_\_\_\_
- ☐ Identify staff who are interested in introducing this change to participate in the pilot.
  - Staff member(s) \_\_\_\_\_

*Checklist of tasks to complete after the pilot testing day:*

- ☐ The facility manager, antenatal sister, and counselor should meet at the end of the test day to review the results, assess how the test went, and adapt the change as necessary.
- ☐ The goal is that > 95% of all mothers who qualify (low CD4 count or WHO clinical stage 3 or 4) should start HAART as soon as possible and receive a minimum of 4 weeks of HAART prior to delivery.
- ☐ Was your test to implement this change successful? Why or why not? What adjustments can you make to achieve success? If you need to make adjustments, make a new plan for another day and test the new plan at the very next opportunity. Meet after the test day is complete to review results, assess how the test went, and adapt the change as necessary. Continue this process until the system is working smoothly.
- ☐ Once the change has been reliably tested and is achieving the desired outcomes, it can be made part of the routine care of patients. Implement this protocol for all patients referred for HAART.
- ☐ Share your results with other clinics.