



HAVE YOU BEEN TAKING
ARVS FOR MORE
THAN 1 YEAR?

IS YOUR HIV VIRAL LOAD
UNDETECTABLE?

ARE YOU TIRED OF
WAITING IN LONG QUEUES
EVERY MONTH?



ART Clubs

***Managing
large numbers
of stable patients on ART***

**Videoconference
26 February 2013**

Welcome and Purpose



2012 Impumelelo Platinum Award



Linking into resource material throughout the day



ART ADHERENCE
CLUB REPORT AND TOOLKIT



2.

2.1 Club basics

- 2.1.1 Club organogram
- 2.1.2 Who is eligible to enter an ART club?
- 2.1.3 Club sessions planning

2.2 Club planning and set-up in your facility

- 2.2.1 Ensure buy-in of all facility staff
- 2.2.2 Club meeting space
- 2.2.3 Scheduling of club dates
- 2.2.4 Recruitment
- 2.2.5 How to run clubs
 - 2.2.5.1 Preparation

2.2.5.2 Running the club

- 2.2.5.3 After club session
- 2.2.5.4 Club attendance
- 2.2.5.5 Clinical oversight
- 2.2.5.6 Monitoring of club and patient outcomes
- 2.2.5.7 Club outcome indicators

2.3 Optional extras

- 2.3.1 Utilisation of central dispensing service
- 2.3.2 Clubs catering for specific needs
- 2.3.3 The future: Community ART clubs

HOW TO IMPLEMENT ART CLUBS IN YOUR FACILITY: A PRACTICAL GUIDE





ANNEXURES

- 1) Club movie
- 2) CROI poster
- 3) HIV clinician society abstract
- 4) Club SOP
- 5) Annual visit alignment
- 6) Annual visit alignment with CDU
- 7) Example of Club monthly planner
- 8) Club marketing – clinic posters
- 9) Club marketing - patient pamphlets
- 10) Club allocation sheet
- 11) Clinical visit SOP
- 12) Club register template
- 13) Club tally sheet template
- 14) Club monthly stat sheet template with completed example



Introduce yourself to your neighbour

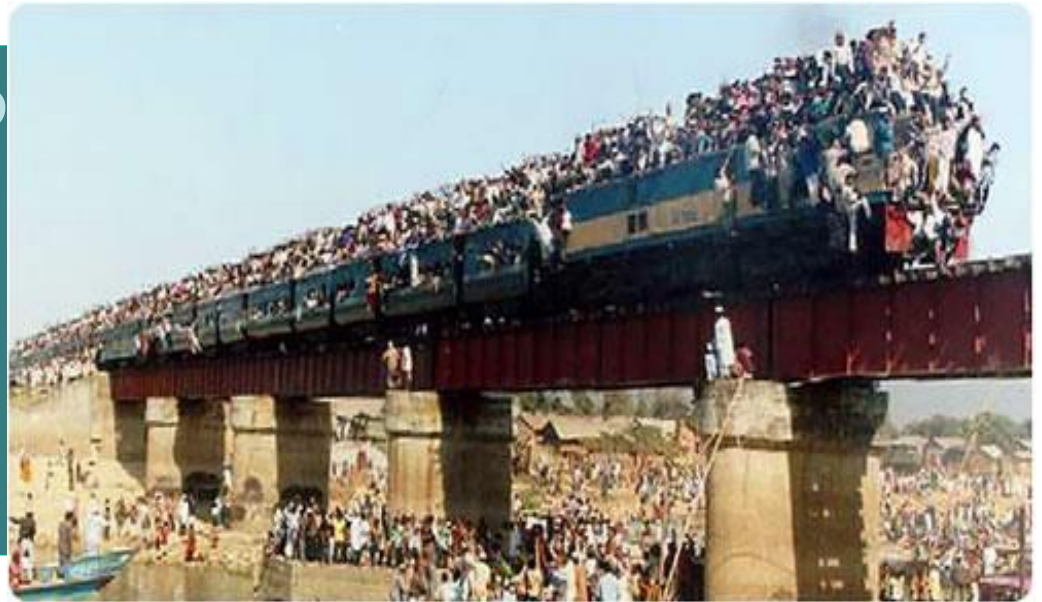
What would you like to gain out of today?



Introduction to clubs

Why ART clubs ?

Health system perspective



- Number of ART patients growing.....
- Limited staff to manage...
- Need capacity to initiate new & manage unstable and at risk of failing

Why ART clubs?

Patient perspective



- Difficult to continue ART while carrying on with the activities of life
- Fatigue with ART collection system

What are ART clubs in a nutshell?



- Quick service option for groups of 30 stable ART patients
- Facilitated by lay staff member
- Limited support needed from clinician

How do ART clubs work?



Every 2 months

- ✓ Quick assessment
- ✓ 2-3 month
- ✓ Optimized group support

Counsellor/peer educator run

Once a year

- ✓ Blood CD4 and
- ✓ Consultation with

Nurse supported

Pilot outcomes



- 97% (club) vs 85% (clinic) RIC of patients who qualified for clubs over 40 months
- 67% less virological rebound

Where to next? Community ART clubs

- Patient homes
- Community venues



The benefits

Patient

- Easier access
- Group dynamic and peer support
- Empowers through self management
- Community network for tracing
- Ensures access to clinical care
- Improves retention in care and virological outcomes



Health system

- Reduces patient load optimizes clinician
- Optimizes capacity to initiate and manage unstable

JOIN THE CLUB

PLAY SHORT MOVIE (6MIN)

■ PLAY LONG MOVIE (15MIN)

ADDITIONAL CONTENT

- CLUB REPORT AND TOOLKIT
- CLOSER TO HOME REPORT
- ANNEXURES







Adoption of club model

Public Private Partnership for club roll out



- Each partner's contribution



The traditional way

PROBLEM



Plan

IMPLEMENT



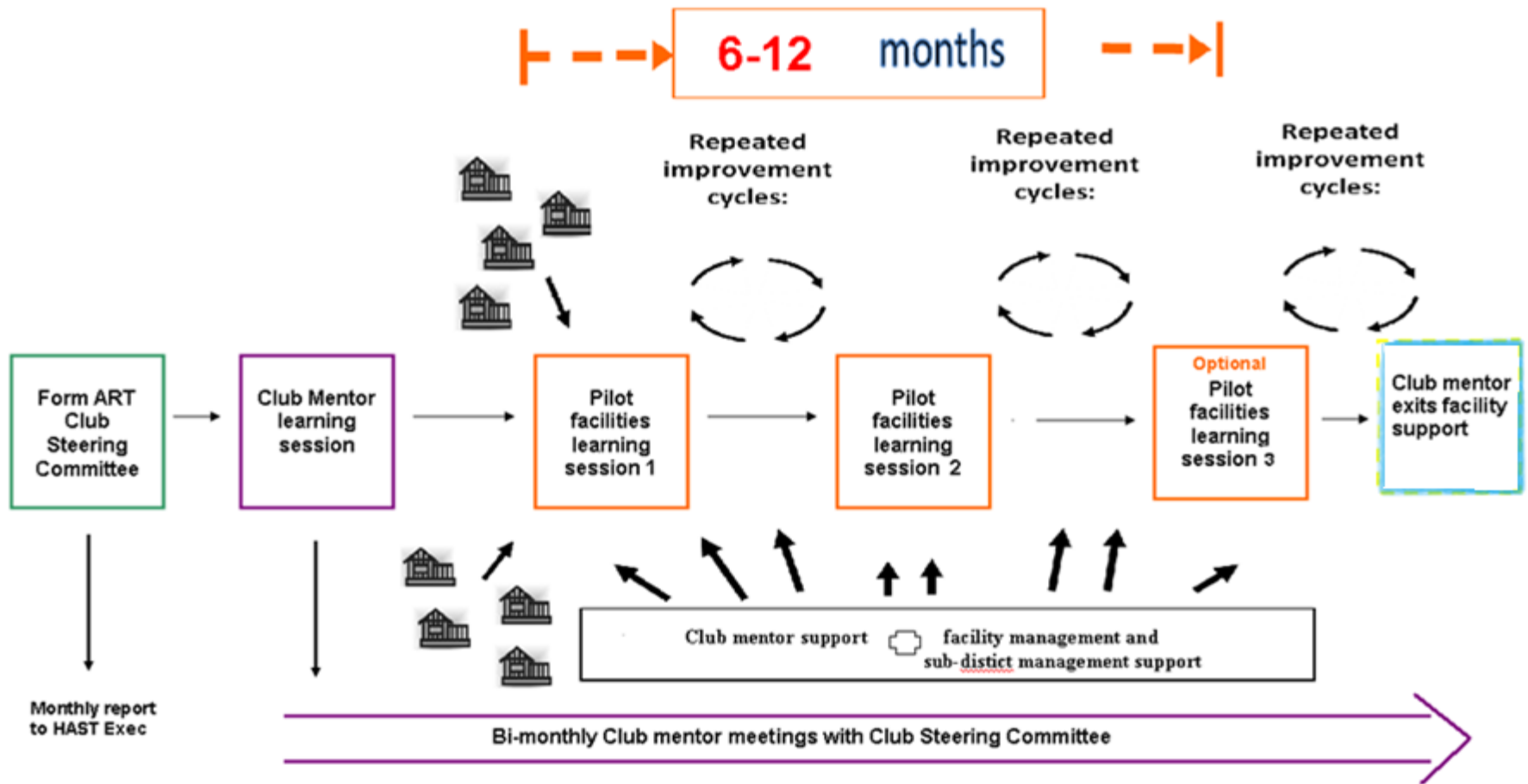
Evidence base
published knowledge, experts, etc

FAILS

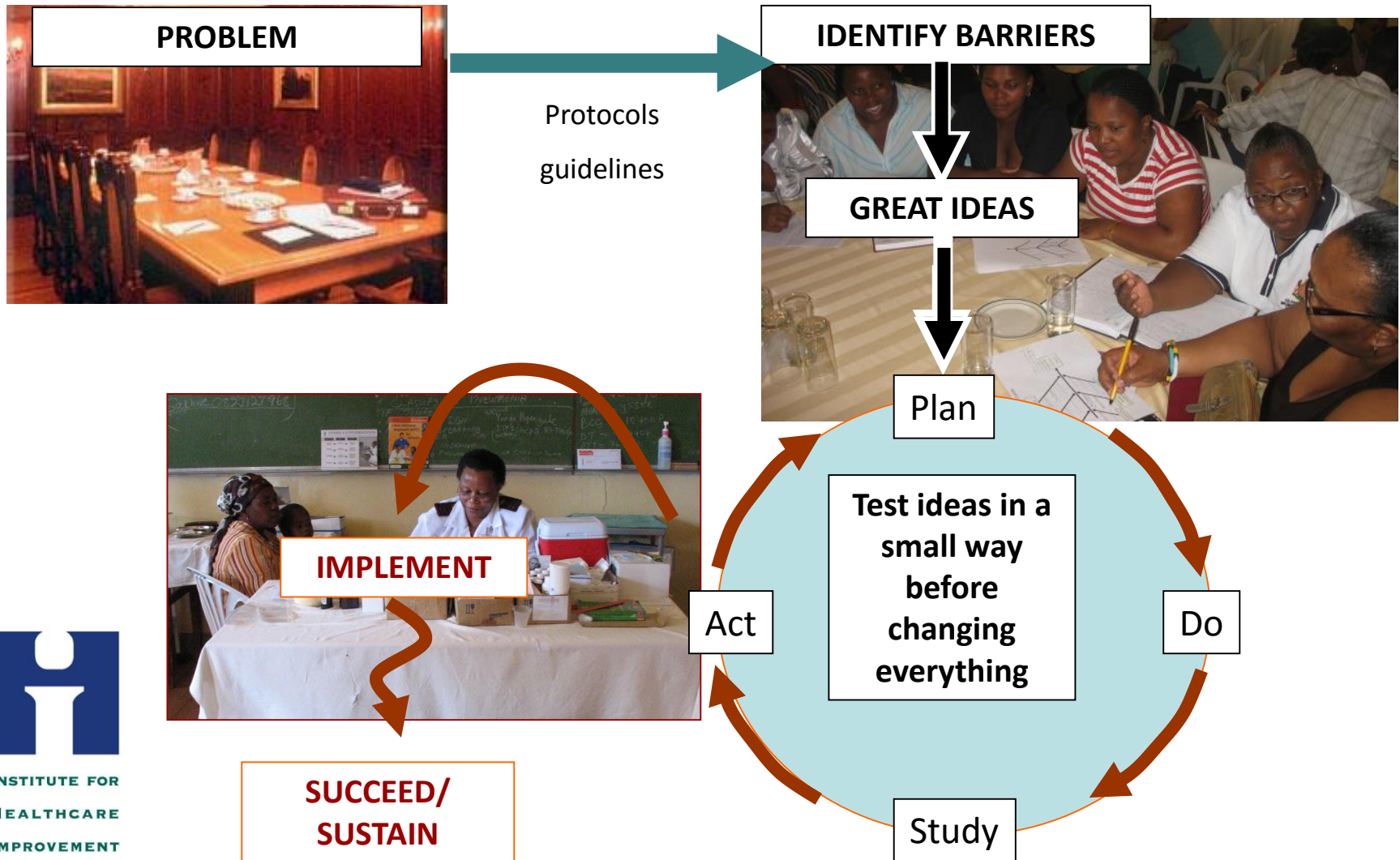


INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

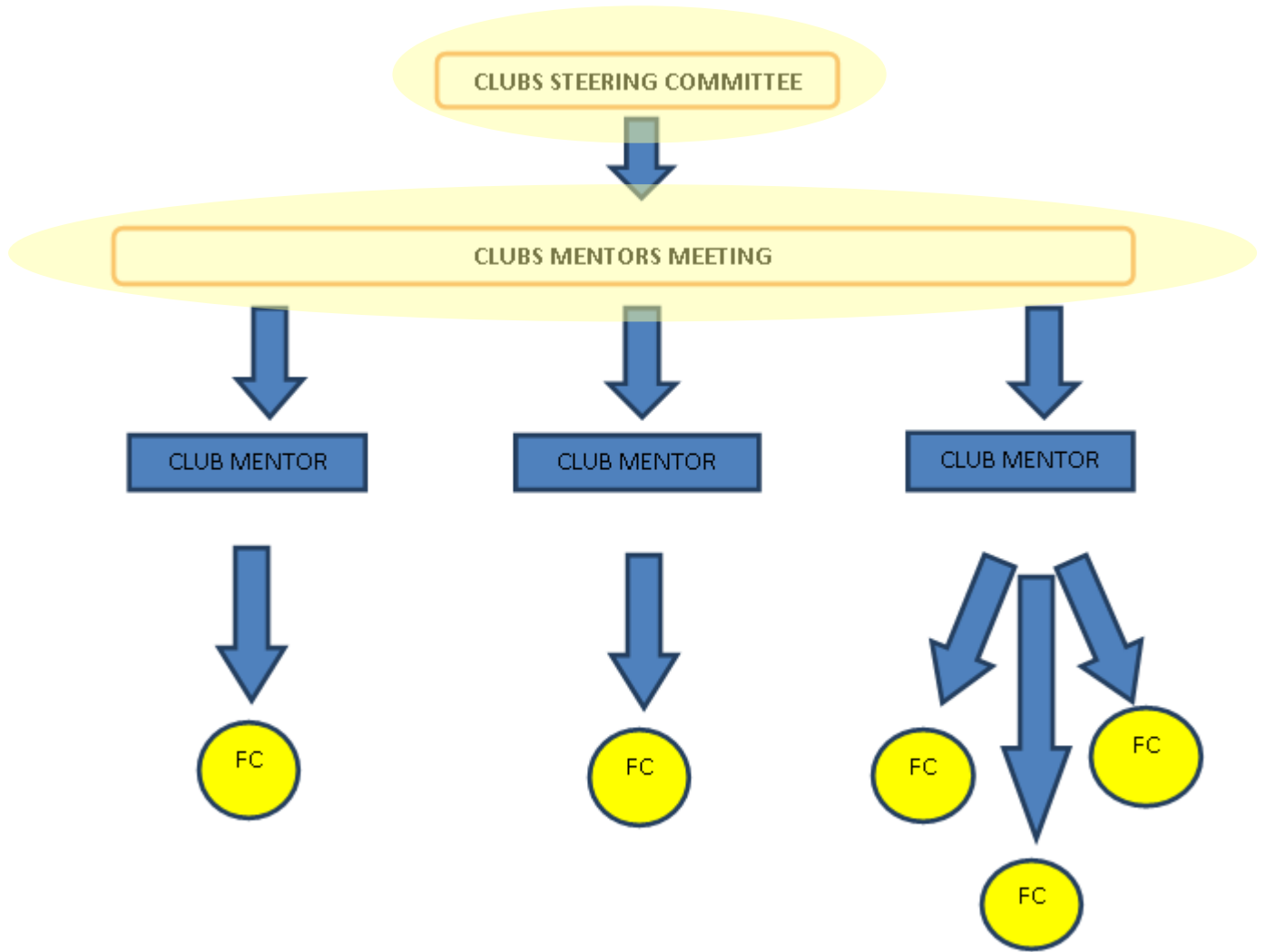
Spreading the best practice



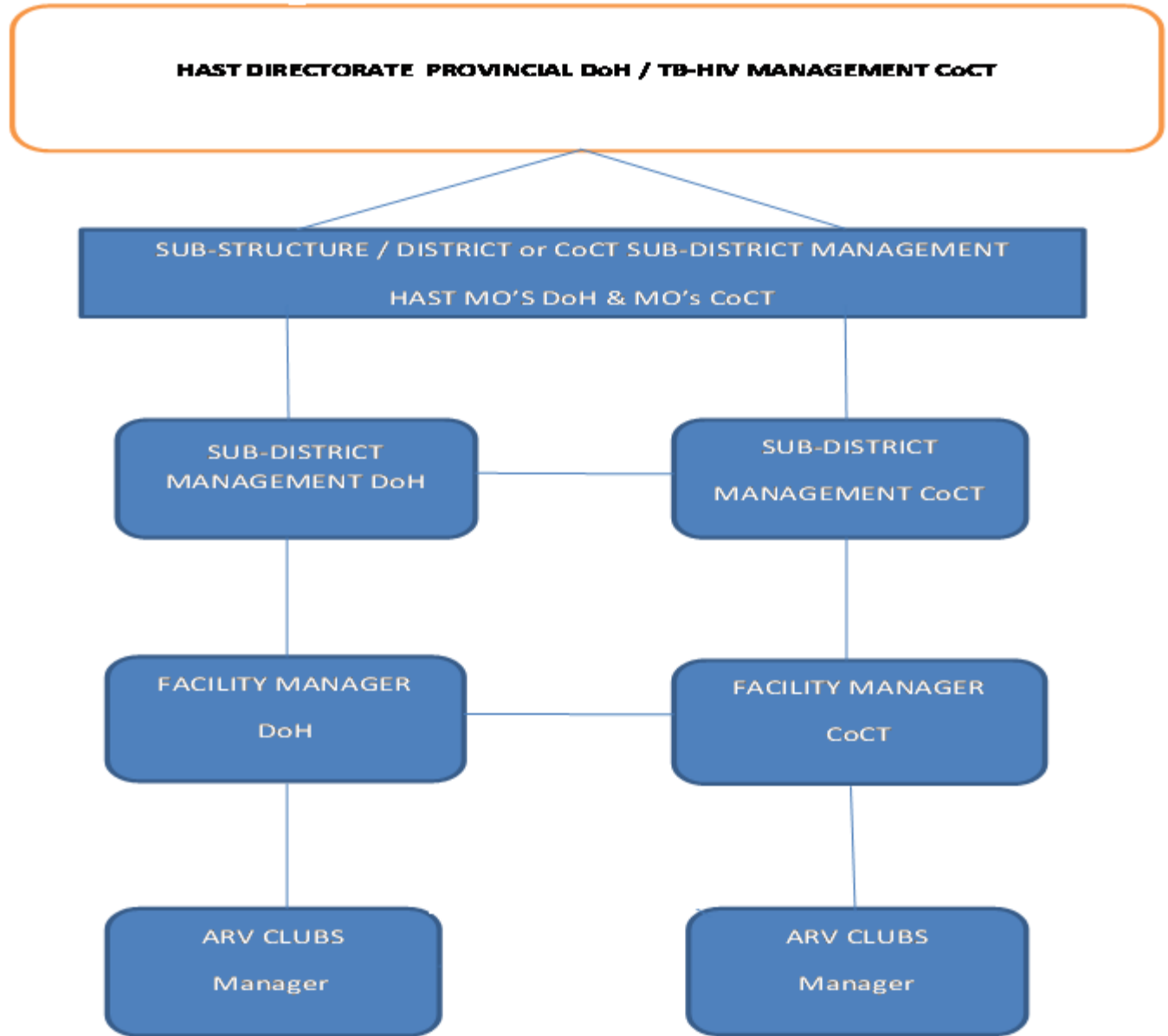
Working together to overcome barriers to implementation at the frontline of care



Role of Steering Committee and Club Mentors



Fitting Clubs in the to the existing ART programme



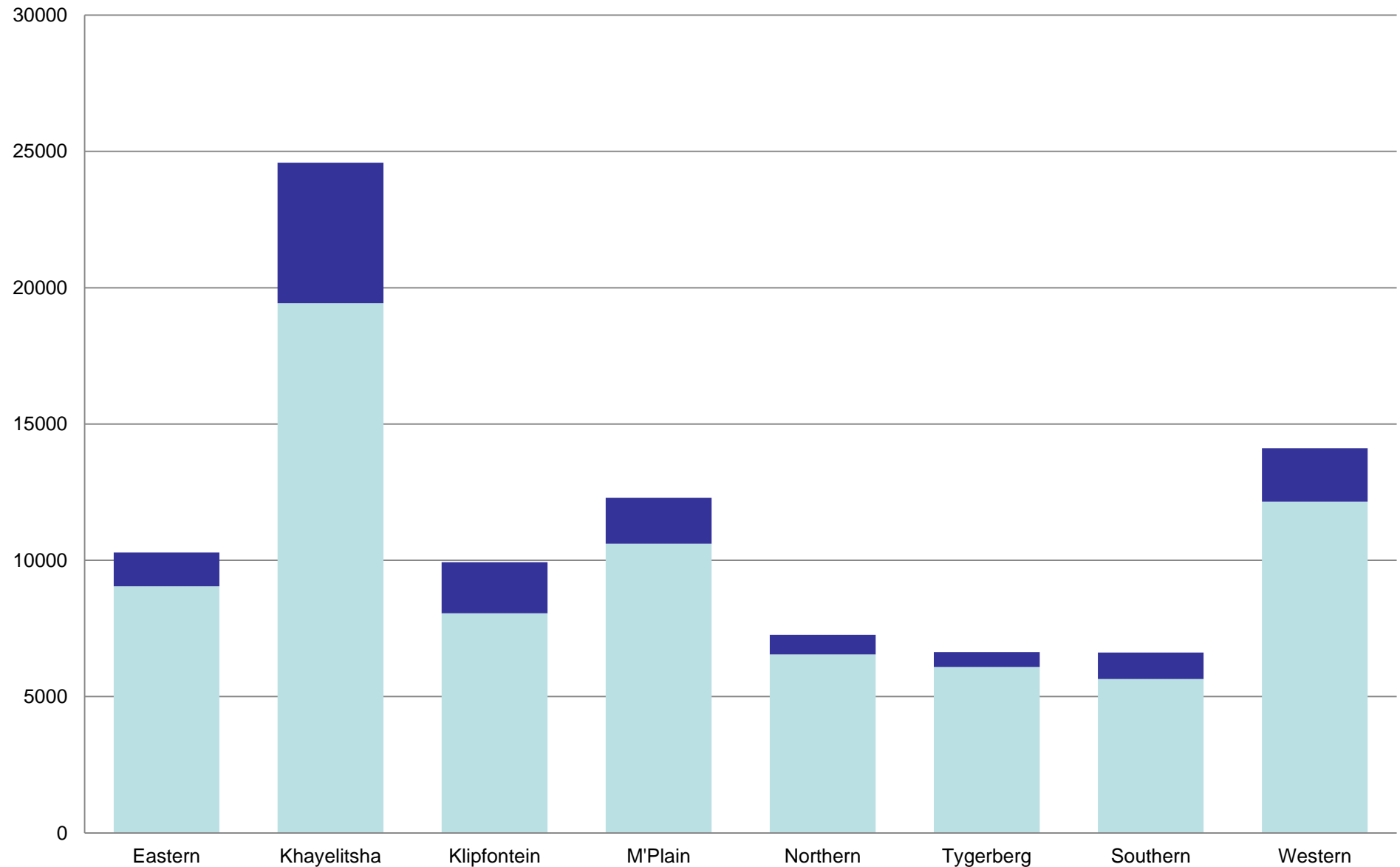


Outcomes of scale up of ART club roll out in the Cape Metro

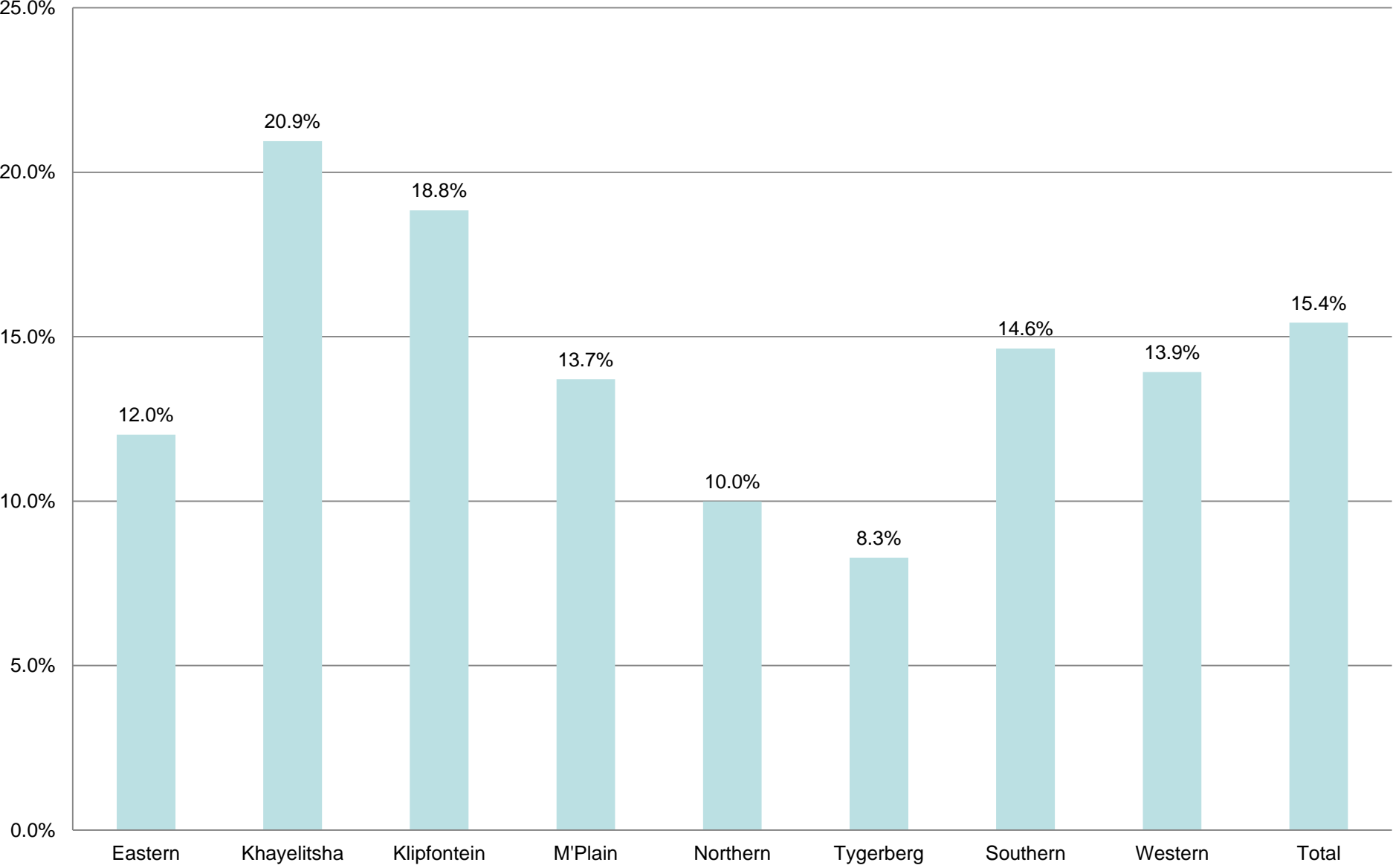
A snapshot in time (Dec 2012) ...

..... a sub-district perspective

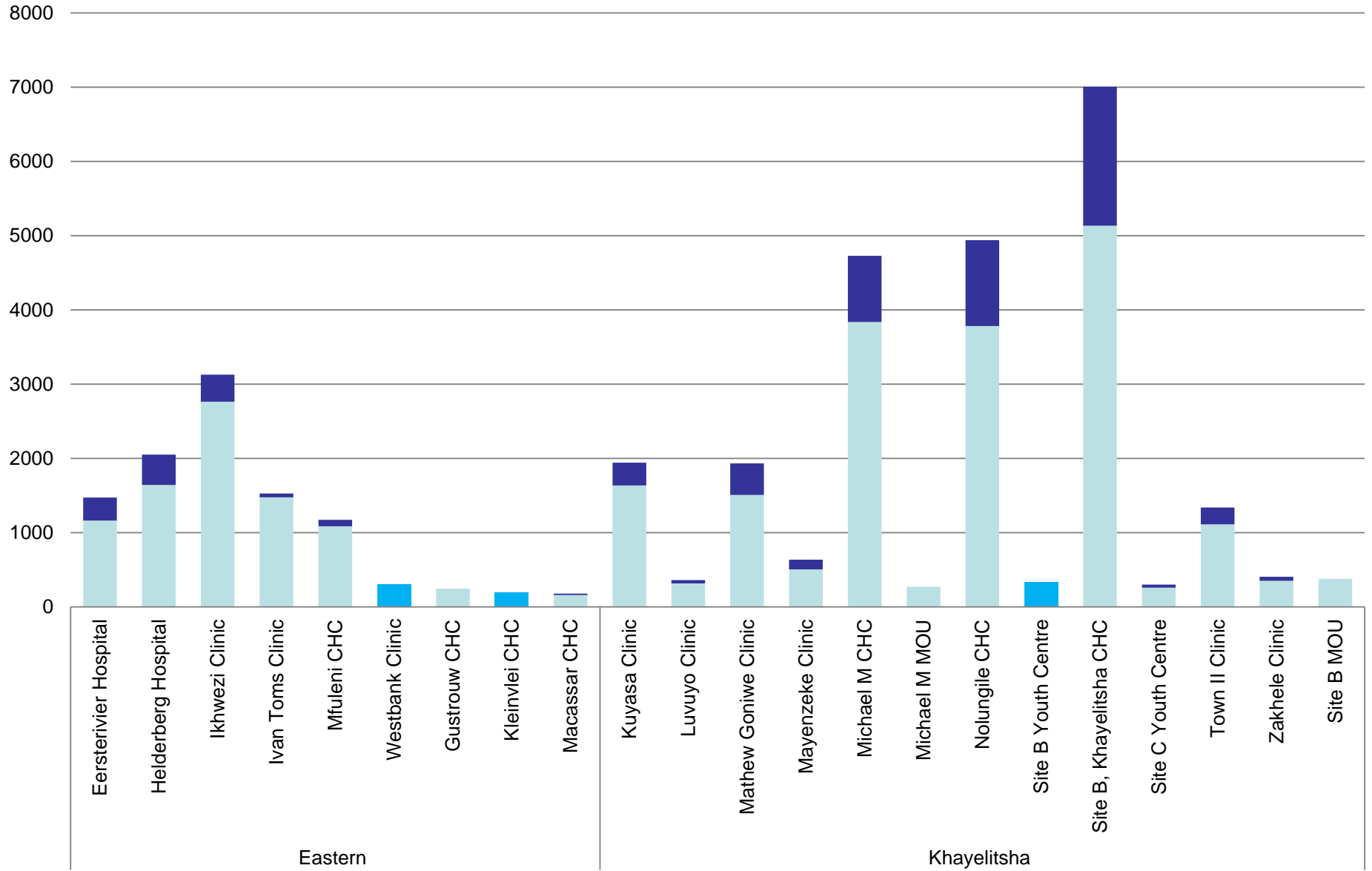
ARV adult RIC patients: clinic / club care Dec 2012



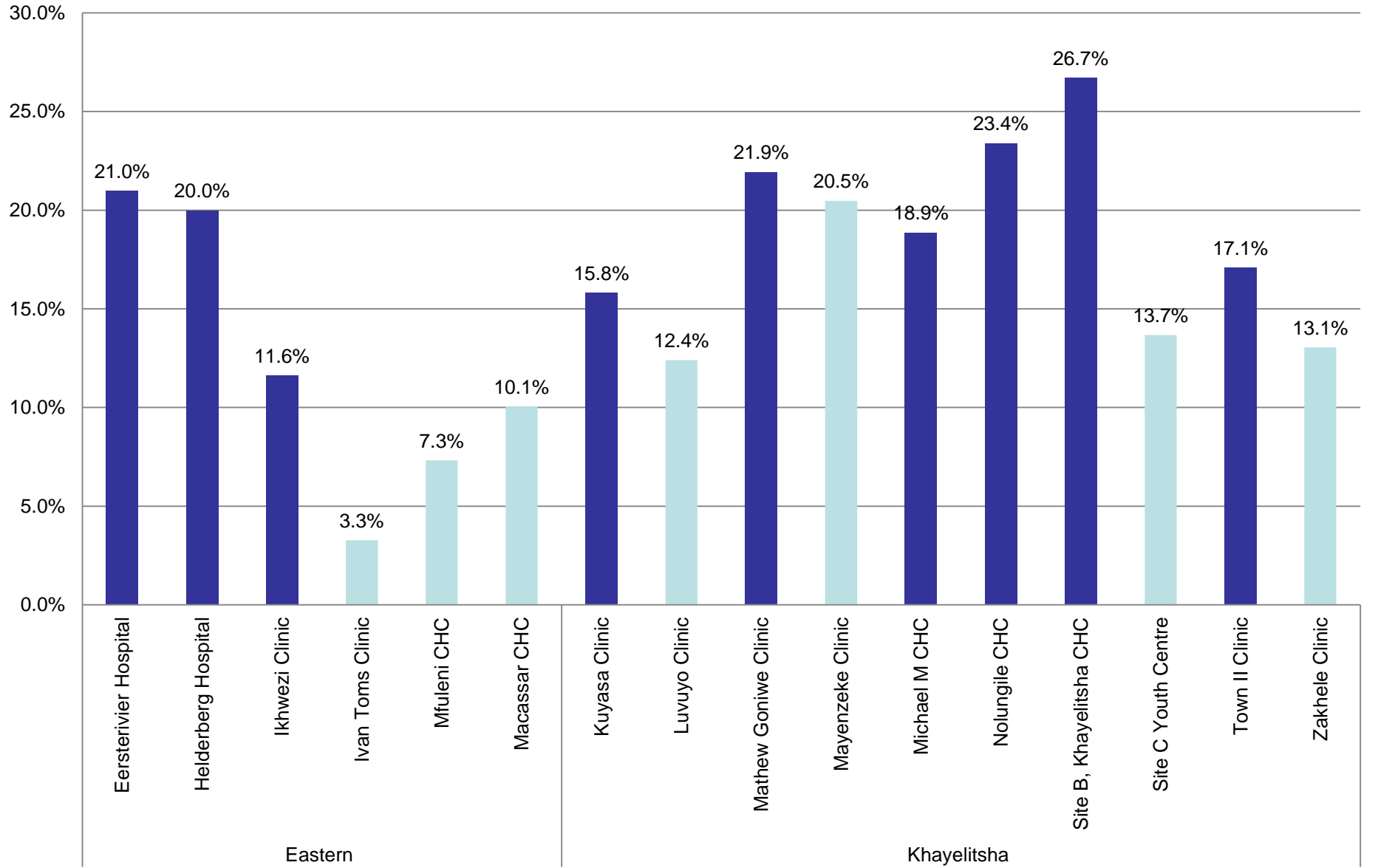
Percentage of adult patients who are in clubs - December 2012



ARV adult RIC patients: clinic / club care Dec 2012



Percentage of adult patients who are in clubs - December 2012



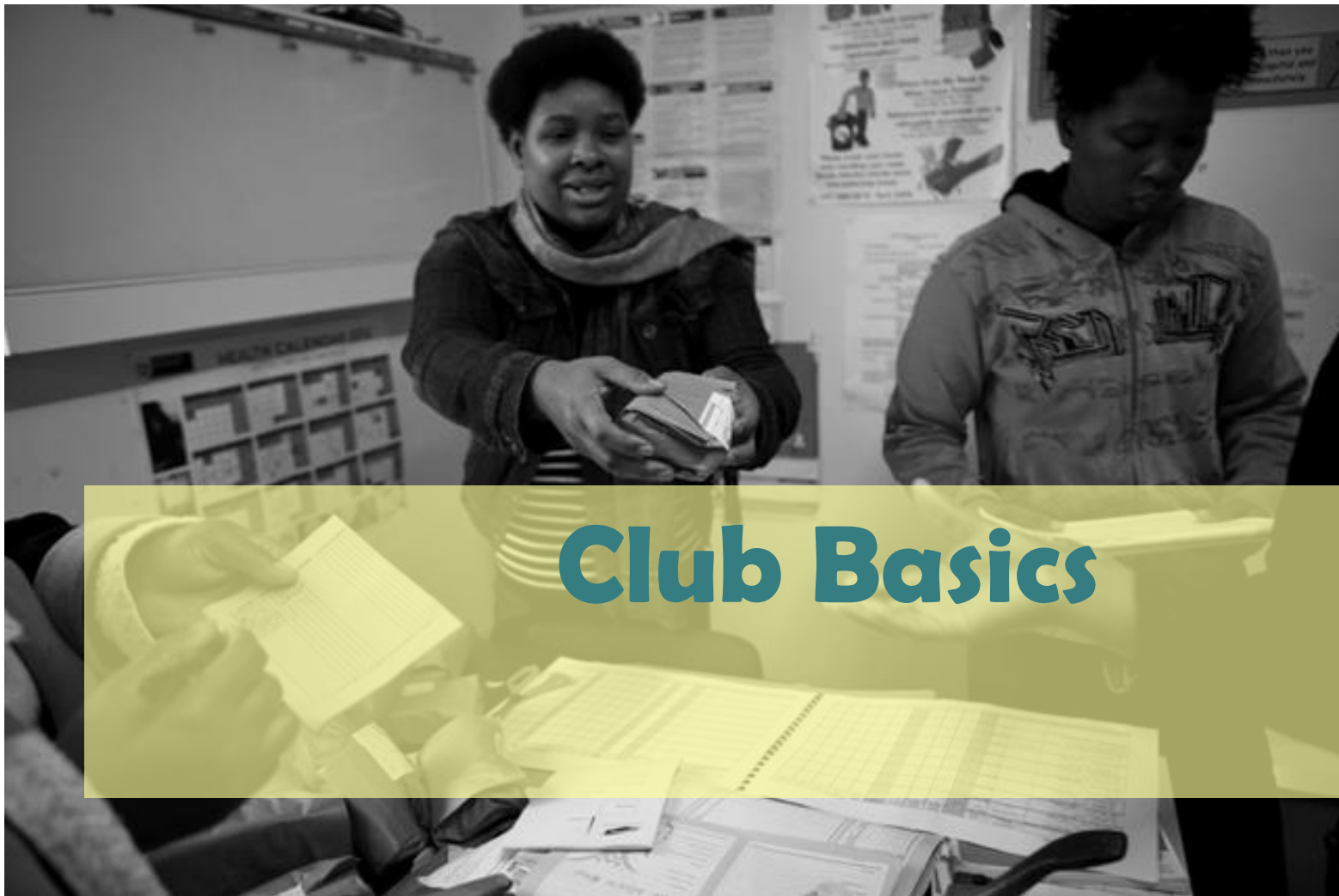
A look over time

**At patient flow in a clinic with
clubs**

		COCT - Luvuyo							
		Clubs							
Total	Growth	New Clubs	Total # of clubs	Club New Patients	Total # of patients enrolled	Club RIC	% of club patients RIC	Net patient flow	%RIC patients in clubs
	RIC - previous RIC	2011 totals brought forward:					RIC / enrolled	(growth)-(club new)	Club RIC / Clinic RIC
167									
179	12								
202	23								
221	19								
240	19	1	1	24	24	24	100.0%	-5	10.0%
254	14	0	1	0	24	24	100.0%	14	9.4%
264	10	0	1	0	24	23	95.8%	10	8.7%
279	15	0	1	0	24	22	91.7%	15	7.9%
299	20	1	2	26	50	48	96.0%	-6	16.1%
320	21	0	2	0	50	45	90.0%	21	14.1%
346	26	0	2	0	50	45	90.0%	26	13.0%
361	15	0	2	0	50	45	90.0%	15	12.5%
365	4	0	2	0	50	45	90.0%	4	12.3%
	198	2		50				94	
	17	0		6				10	

		MDHS - Mitchells Plain CHC							
		Clubs							
Total	Growth	New Clubs	Total # of clubs	Club New Patients	Total # of patients enrolled	Club RIC	% of club patients RIC	Net patient flow	%RIC patients in clubs
	RIC - previous RIC	2011 totals brought forward:					RIC / enrolled	(growth)-(club new)	Club RIC / Clinic RIC
2940			0		0	0			
2919	-21								
2925	6								
2926	1	1	1	19	19	19	100.0%	-18	0.6%
2915	-11	0	1	8	27	25	92.6%	-19	0.9%
2900	-15	12	13	259	286	284	99.3%	-274	9.8%
2907	7	6	19	81	367	365	99.5%	-74	12.6%
2937	30	4	23	121	488	474	97.1%	-91	16.1%
2973	36	0	23	4	492	472	95.9%	32	15.9%
3011	38	0	23	2	494	449	90.9%	36	14.9%
3026	15	0	23	4	498	431	86.5%	11	14.2%
3035	9	0	23	3	501	427	85.2%	6	14.1%
3002	-33	0	23	2	503	430	85.5%	-35	14.3%
	62	23		503				-426	
	5	2		50				-43	

		COCT - Masiphumelele							
		Clubs							
Total	Growth	New Clubs	Total # of clubs	Club New Patients	Total # of patients enrolled	Club RIC	% of club patients RIC	Net patient flow	%RIC patients in clubs
	RIC - previous RIC	2011 totals brought forward:					RIC / enrolled	(growth)-(club new)	Club RIC / Clinic RIC
1021			0		0	0			
1030	9								
1050	20								
1073	23								
1091	18	1	1	23	23	23	100.0%	-5	2.1%
1094	3	1	2	18	41	41	100.0%	-15	3.7%
1095	1	1	3	33	74	73	98.6%	-32	6.7%
1094	-1	1	4	28	102	99	97.1%	-29	9.0%
1105	11	1	5	19	121	116	95.9%	-8	10.5%
1116	11	1	6	30	151	144	95.4%	-19	12.9%
1126	10	1	7	31	182	170	93.4%	-21	15.1%
1146	20	1	8	25	207	188	90.8%	-5	16.4%
1155	9	0	8	0	207	186	89.9%	9	16.1%
	134	8		207				-125	
	11	1		23				-14	



Club Basics

Facility Club organogram: Roles and responsibilities



FACILITY MANAGER



CLUBS MANAGER (NURSE)



CLUBS FACILITATOR



CLUB PROFESSIONAL NURSE



PHARMACIST + DATA CAPTURER

Clubs Manager

Doctor/Senior Nurse responsible overall for the activities required to run successful ART clubs in the facility



- ensuring facility clubs team in place
- ensuring SOP being carried out – recruitment, club preparation, club sessions, clinical governance, club follow up, club patients returning to mainstream care
- scheduling annual TCB dates for club visits
- ensuring 6 monthly CDU scripting of club
- overview of clubs outcomes – new clubs, new enrolments, RIC
- clinical oversight of clubs – review of VLs/CD4s/symptom checks
- responsible for completing monthly Clubs stat sheet for submission to facility manager
- keeps facility manager updated on clubs progress in the facility

Club Facilitator

Counsellor/Peer educator responsible for preparing for and running the club sessions



- preparing for the club session including
 - collect club file with scripts
 - deliver to pharmacy for dispensing prepacks/CDu pre-packs
 - before scripting date – scripting book available
 - before blood taking day – complete blood forms
 - before clinical day – draw folders, ensure results in file
- running club on club visit date:
 - registers members
 - conducts support/education group
 - conducts symptom screening
 - refers patients to Club nurse – sick/blood/clinical visit
 - distributes ARV supply
 - completing club registers
- after club management:
 - returning uncollected ART pre-packs to pharmacy
 - Draws files of patients not attending
 - following up patients who missed session



Club PN =

Responsible for clinical support on the day of the club visit



Pharmacist =

Responsible for pre-packing ART for clubs/managing CDU script submission + receipt of pre-packs.

Works with Clubs Manager to ensure 6 monthly CDU scripting done



Data Capturer =

Responsible for capturing patient visits to adherence club from club register after 5 day grace period

Who qualifies for club?

- Adult patient (>40kg)
- On the same ART regimen for at least 12 months (regimen 1 or 2).
- 2 most recent consecutive viral loads = LDL
- No medical condition requiring regular clinical consultations.



Annual club session schedule

Visit no.	Type of club visit	Activities	Script
Month -1		Recruitment + clinical scripting for 3 months	1 month supplied by pharmacy
Month 0	Enrolment visit	Scripting for 6 months	1 x 2m pre-packed
Month 2	Partial visit		1 x 2m pre-packed
Month 4	Blood visit	Bloods taken	2 x 2m pre-packed
Month 6	Full visit	Clinical consultation + Re-scripting for 6 months	3 x 2m pre-packed
Month 8	Routine visit		1 x 2m pre-packed
Month 10	Routine visit		2 x 2m pre-packed
Month 12	Re-scripting visit	Re-scripting for 6 months	3 x 2m pre-packed

Consider implementing model with 3 month supply rather than 2 month supply



Q & A

**Questions so far?
Shared experiences?**



Club Planning in a facility

Where does the Clubs Mentor fit in?



- Provides technical support to Clubs Manager when facility starts clubs
- Until Clubs Manager can operate independently
- Reduce technical support in phased approach

Obtain buy-in from all facility staff



- Facility manager: reporting responsibility
- Clinicians: retain responsibility to see club patients outside of club visit dates
- Pharmacy staff: retain responsibility for supplying ART to club patients
- Data capturer: retain responsibility for ART data for club patients

Club m space be cre

OPTIONS V FACILITY

- Support group
- Outside courtyard structure on clinic
- General waiting main clinic opens closes
- Reduce size of



FACILITY IONS:

- Red public
- the clinic incl:
- ublic library
- oy clinic

Tools for club scheduling

September 2012

TUES
Club
2011/
2011/
2012/
(S) 2
2012/
(B) 2
(C/S)
2012/
2013/

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Club 17	4 Club 1 (B) Club E4	5 Club C2	6 Club 14 Club E45	7 Club 5 Club 38	8
9	10 Club 6 Club 40	11 Club 25 Club E40	12 Club 7 (C/S) Club P4	13 Club 8 Club E50	14 Club 2 Club 39 (S)	15
16	17 Club 3 Club 23	18 Club 13 Club E41	19 Club P1 Club C4	20 Club 9 Club E52	21 Club 35	22
23	24 Heritage Day	25 Club 26 (B) Club E53	26 Club P5 Club C5	27 Club 22 (C/S) Club E54	28 Club 4 Club 43	29
30						

3
3
/28

B = blood visit
C = clinical visit
S = scripting visit

Club recruitment



- Patient empowerment
- Clinician's role
- Club allocation system

Pre-packing, dispensing and distributing ART in clubs

ART supply from facility



- 2/3 month supply
- 6 month script
- Clinic pharmacy pre-packing/dispensing
- Club facilitator distributes dispensed ART pre-packs

Use of central dispensing service



- PGWC piloting central dispensing unit for pre-packing/dispensing for clubs



Running a club

Club SOP: Annexure 4 on DVD

Guidelines for ARV Adherence clubs

5. Tasks in Organisation and Running of Clubs.

a. Preparation for Club (Day before the Club):

- i. Collect the Club file from where it is safely stored
- ii. Deliver Club file to pharmacy for dispensing medication/pre-dispensing of medication received from CDU. (See 11)
- iii. Before 'blood taking' day:
 - complete lab forms for CD4, VL (and any other safety bloods that needs to be taken.). Patient stickers should be in the Club file. Lab forms should have Club number entered into 'Ward' field
 - collect stock of necessary blood tubes, needles, syringes, webcols etc
- iv. Before 'clinical visit' day:
 - draw folders, ensure that results filed in Club members' files (or call NHLS if necessary)
 - enter the results into the register for that Club.

Preparation first day of club

- All club patients' 1 x 2m scripts are taken from the patient file into club file
- Club file to pharmacy for pre-packing
- Blank club register is available
- 30 blank scripts available for 6m scripting
- Patient files pulled ready for scripting

Preparation for routine, blood, clinical and scripting club visits

■ Routine visit:

- 1-3 days before club: CF takes club file to pharmacy in time for pre-packing.
- Morning of club: CF collects pre-packed ART from pharmacy
- Club register ready for the club session

■ Blood visit:

- CF completed appropriate blood forms
- Club nurse briefed need to be available to take bloods

■ Clinical/Scripting visit:

- Patient files drawn with blood result
- blood results completed in club register
- Blank scripts available
- Club nurse briefed need to be available to see all 30 club patients

Club session



Club day: Clinical support



- **Blood visit – all club patients aligned**
 - Club nurse takes bloods for all club patients
- **Scripting visit:**
 - Patient files drawn
 - 6m scripts completed by club nurse (checked by NIMART authorised)
- **Clinical/Scripting visit:**
 - Patient files drawn
 - Club nurse sees all club patients for annual clinical visit (clinical SOP – annexure 11) and rescripting for 6m

Buddies



- Patient can send buddy if cant come
- Except on first club visit, blood visit or clinical visit
- Buddy can't attend 2 club sessions in a row
- If your buddy comes, counted as if patient came

Grace Period & Defaulting



- Determine appropriate grace period: 5 days
- Who manages late patients: CM/CF
- Provided within grace period, completed in club register as attending
- After grace period: CF contacts those who are late
- CF marks as defaulter in club register
- Defaulting club patient sees CM who returns patient to clinic care

Clinical exclusions from clubs



- Club patient no longer eligible for the club where club nurse/other clinician determines:
 - viral load is above 400
 - other safety blood results significantly abnormal
 - developed TB
 - changed ART regimen for clinical reasons
 - other clinical reasons requiring regular clinical follow up

Clinical exclusions from clubs



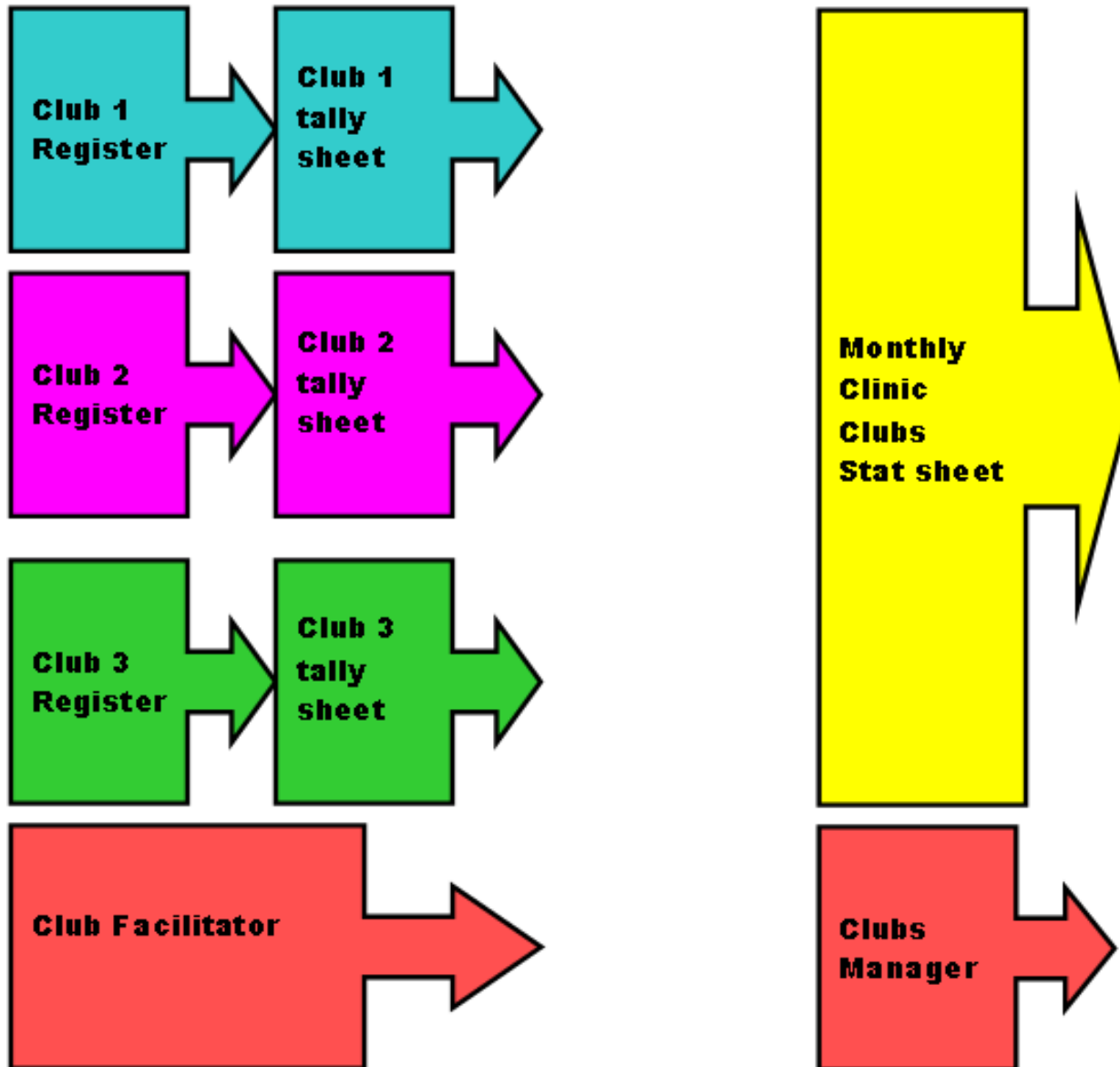
- Club nurse informs patient of clinical reason for return to clinic care
- Club nurse indicates on patient file & card
- Club nurse informs CF who marks in club register and removes script from club file
- **Clinicians are able to use clinical discretion for re-enrolment in club care**



**Q & A/shared experiences
setting up clubs
running clubs**



Monitoring and Evaluation



Club register

The register reflects limited patient indicators for each club session, namely:

1. Patient weight
2. Where patient is asymptomatic – reflect ‘N – no symptoms’
3. Where patient is symptomatic – reflect ‘RTC – refer to clinician’

Club:..... Club manager:.....

Sticker	Phone Number Private (PVT) or Shared (S)	Drug Regimen		Standard Session (Month 0)	Standard Session (Month 2)
Club date				10/02/2010	11/04/2010
Place Patient sticker here, Or write Folder number First Name, Last Name Gender, Date of Birth	Write patient's cell phone number	ART drugs	Weight (W)	Weight or outcome	Weight or outcome
	Write "PVT" or "S"	Date of ART Start	Symptoms (S)	N or RTC	N or RTC
200005436 <i>Bizikaia Tolominta</i> <i>Female, 02/05/1977</i>	078145628	D4T, 3TC, EFV	W	75	67
	<i>PVT</i>	24/10/2005	S	<i>N</i>	<i>RTC</i>

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	<i>PVT</i>	24/10/2005	S	<i>N</i>	<i>RTC</i>

Club register

- Where the patient sends a buddy, 'buddy is completed in the weight field'

Club:..... Club manager:.....

Sticker	Phone Number Private (PVT) or Shared (S)	Drug Regimen		Standard Session (Month 0)	Standard Session (Month 2)	Bloods taken (Month 4)	Results CD4 VL
Club date				10/02/2010	11/04/2010	13/06/2010	
Place Patient sticker here, Or write Folder number First Name, Last Name Gender, Date of Birth	Write patient's cell phone number	ART drugs	Weight (W)	Weight or outcome	Weight or outcome	Weight or outcome	Lab results CD4 count
	Write "PVT" or "S"	Date of ART Start	Symptoms (S)	N or RTC	N or RTC	N or RTC	Viral Load
6866669034 <i>Murika Fuiziko</i> <i>Female, 11/11/1962</i>	0825659076	<i>TDF, 3TC, EFV</i>	W	81	<i>BUDDY</i>	66	550
	S	13/09/2008	S	N	N	<i>LDL</i>

Club register

- Club deregistration categories BTC, TFO, TFOC or RIP
- This will only be reflected next session when the patient is not in your club

Club : Matthew Gonive Club manager: Sister Faltein

Month 0-14

Sticker	Phone Number Private (PVT) or Shared (S)	Drug Regimen		Standard Session (Month 0)	Standard Session (Month 2)	Bloods taken (Month 4)	Results CD4 VL	Clinical Consult (Month 6)	Standard Session (Month 8)	Standard Session (Month 10)	Standard Session (Month 12)	Standard Session (Month 14)
Club date				10/02/2010	11/04/2010	13/06/2010		12/08/2010	14/10/2010	15/11/2010	15/02/2011	12/04/2011
Place Patient sticker here, Or write Folder number First Name, Last Name Gender, Date of Birth	Write patient's cell phone number Write "PVT" or "S"	ART drugs Date of ART start	Weight (V) Symptoms (S)	Weight or outcome N or RTC	Weight or outcome N or RTC	Weight or outcome N or RTC	Lab Results CD4 count Viral Load	Weight or outcome N or RTC	Weight or outcome N or RTC	Weight or outcome N or RTC	Weight or outcome N or RTC	Weight or outcome N or RTC
56789099 Bulima Tataloko Female, 05/06/1982	0823334625	AZT, 3TC, EFV	V	63	65	66	550	65	64	TFOC		
	PVT	15/12/2007	S	N	N	N	LDL	N	N	06		
100005436 Bizikala Tolominta Female, 01/05/1977	078145628	D4T, 3TC, EFV	V	75	67	70	600	71	68	BTC		
	PVT	24/10/2005	S	N	RTC	N	50	N	RTC			

Clubs Manager – what to check in register

- ✓ they are completed correctly and completely
- ✓ patients with symptoms referred to club nurse
- ✓ VL/CD4 taken and completed in register
- ✓ annual clinical consult taken place and high VLs actioned by club nurse
- ✓ defaulters sent back to mainstream care
- ✓ register captured by data capturer

Club tally sheet

		Club Number		
		month 0	month 2	month 4
	Date of Club Session			
	BUDDY			
	Referred to Clinician			
	CD4 < 200			
	VL detectable (>400)			
New club members	NEW			
	TFIC			
	BTC			
Club Leavers	DEFAULTERS			
	TFOC			
	TFO			
	RIP			
	RIC			
	CLUB FACILITATOR			
	DATE			

Clubs Manager – what to check in tally sheet

- ✓ completed by end of the month
- ✓ correctly completed
 - no recording of an event that occurred in previous month
 - RIC from previous month (+) new (-) club leavers
- ✓ check overall state of club
 - Is there a high number of defaulters/ back to clinic?
 - Does the club require further recruitment to fill?

Monthly stats

HEALTH FACILITY: ConstantiaClinic

Reporting Period	Month	Year								
	March	2012								
	Number of clubs	10		Back to Clinic	1					
	Number of new clubs	2		Transfer Out	0					
	New Patients	39		Defaulter	4					
	Patients Remaining in Care	166		RIP	0					
Club Number	Date Started	Last Meeting	Defaulters	BTC	RIP	TFO	NEW	RIC	next meeting	previous RIC
1	2/08/2011	15/03/2012	2	0	0	0	0	16	10/05/2012	18
2	18/01/2011	14/02/2012						15	10/04/2012	
3	17/03/2011	16/02/2012						17	12/04/2012	
4	6/07/2011	29/03/2012	0	1	0	0	0	14	24/05/2012	15
5	8/03/2011	7/02/2012						15	2/04/2012	
6	6/04/2011	12/03/2012	0	0	0	0	0	16	7/05/2012	15
7	28/03/2011	5/03/2012	0	0	0	0	0	19	30/04/2012	20
8	3/02/2011	8/03/2012	2	0	0	0	1	17	4/05/2012	18
9	20/03/2012	20/03/2012	0	0	0	0	18	18	15/05/2012	
10	28/03/2012	28/03/2012	0	0	0	0	20	20	23/05/2012	
			4	1	0	0	39	166		

Clubs Manager to ensure:

- ✓ RIC = RIC previous month (+) new (-) club leavers
- ✓ complete all clubs in the report irrespective of whether the club met in the current month or the previous month to ensure total RIC is correct
- ✓ where the club met in the previous month, only record RIC - no other indicators as these were recorded in the previous month

Club M&E capacity in eKapa/tier.net

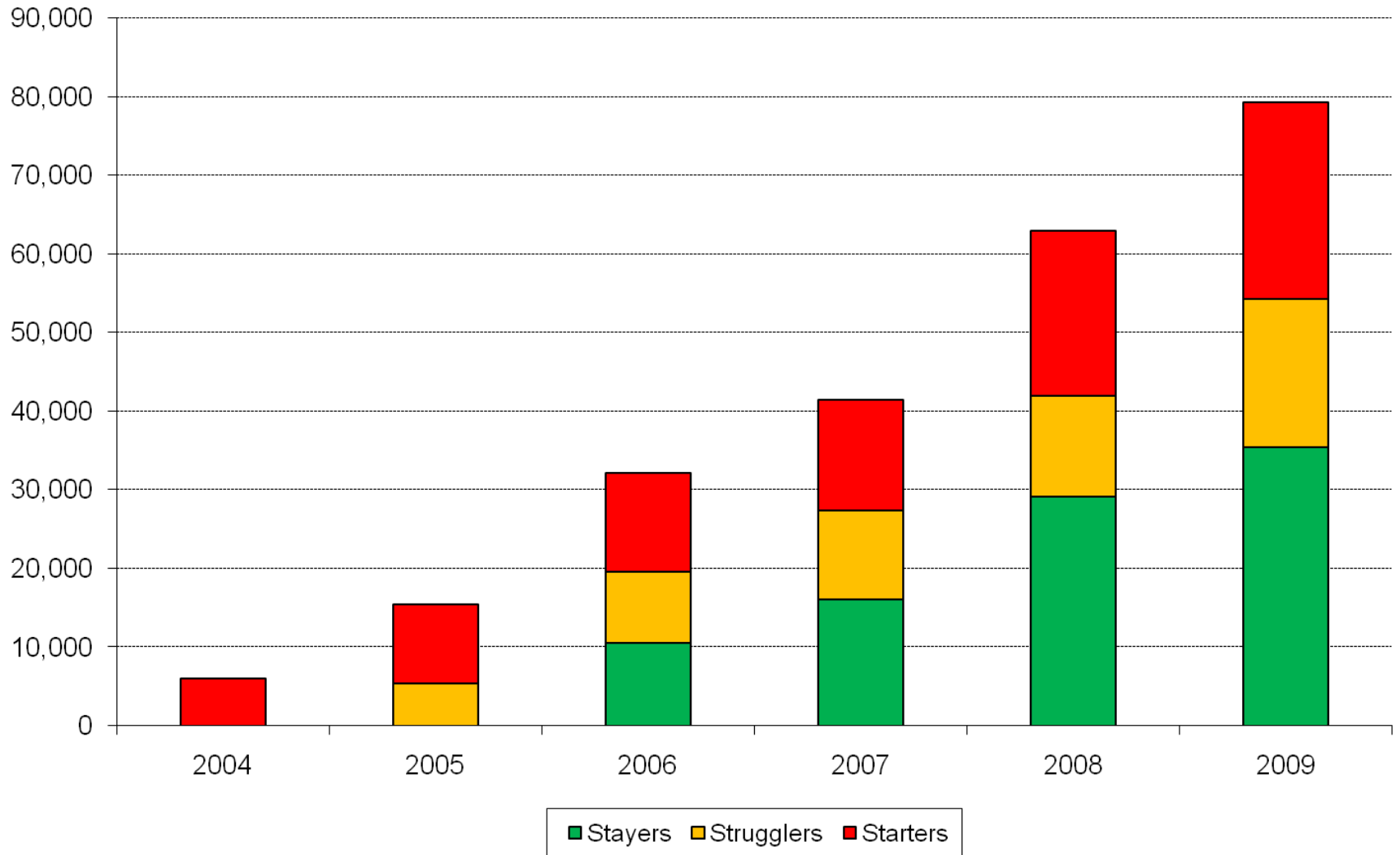


- Tier.net and eKapa now include capacity for capturing club enrolment and retention

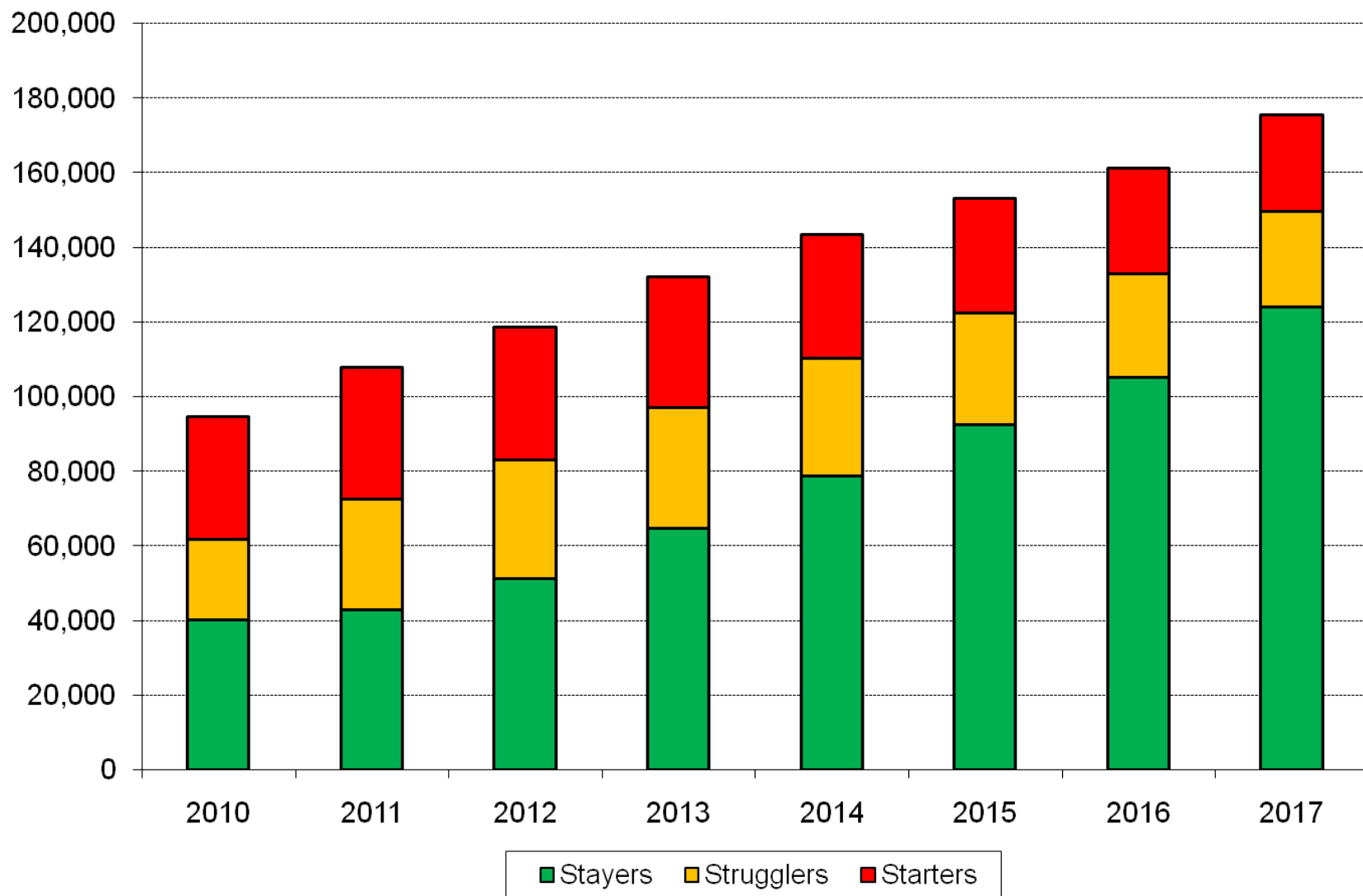
31 October

Reflections of a Mentor

The Beginning of the ART Journey – getting people onto treatment



The Ongoing ART Journey – keeping people on treatment



CONGESTION!!!





Closing and thanks



- Resources available on DVD and www.msf.org.za/publication/art-club-toolkit
- Short evaluation
- Request to be included on list serve

Acknowledgements

- Clubs Steering Committee (PGWC/CoCT/MSF/IHI)
- HAST Directorate Admin support team
- Prof Rhoda Kadalie/Impulelelo
- Mega Digital
- Admin and technical support staff at each site and each provincial HAST
- Discovery

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