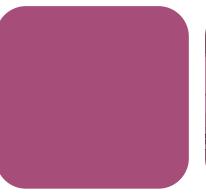


# WELCOME SERVICE















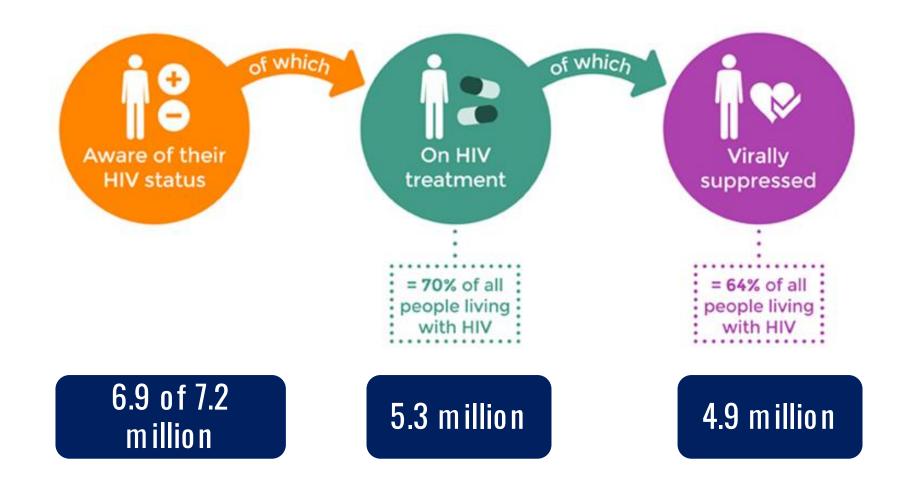


# WHAT IS THE WELCOME SERVICE?

A differentiated service delivery model to support patients who have difficulty with engaging with ART treatment and services, aiming to support long term retention and VL suppression



#### SOUTH AFRICA - PROGRESS TOWARDS 90 90 90 TARGET (ALL AGES)





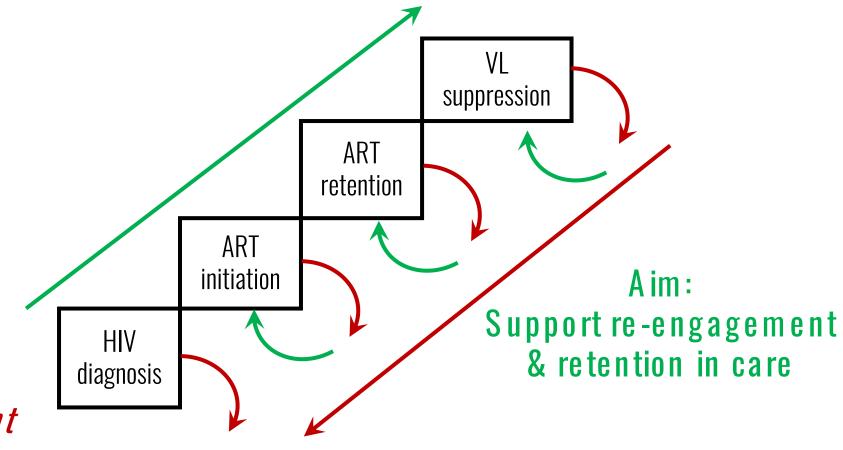
# WHO 95-95-95 TARGET







# WHERE IS THE PROBLEM?

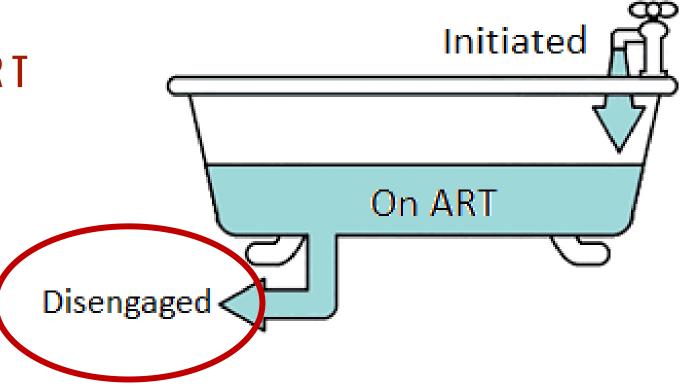






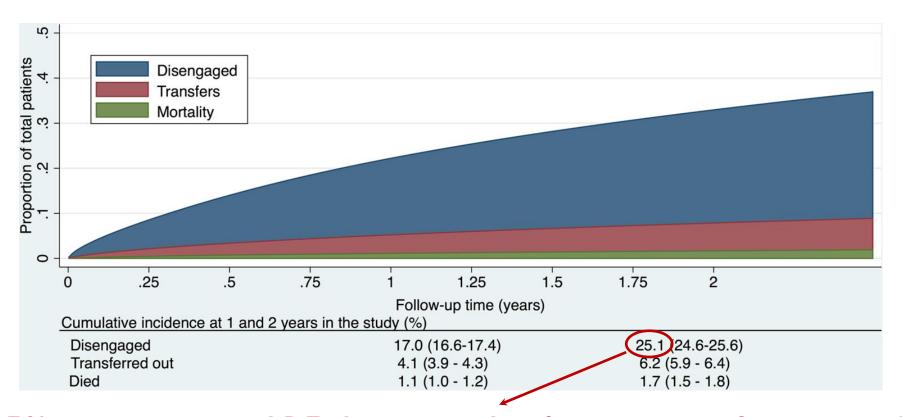
# WHO ARE WE MISSING?

- Never initiated on ART
- Interruption in treatment
- Adherence issues
- Resistance





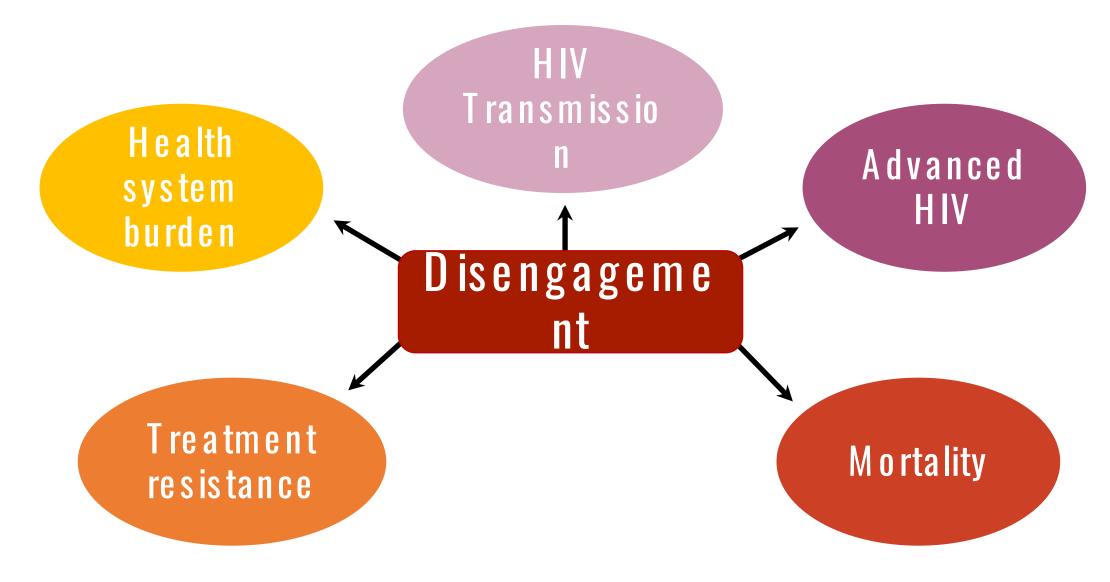
### DISENGAGEMENT IN KHAYELITSHA



25% of patients on ART disengaged at least once in 2 years, and 60% disengaged at least once in 10 years



Kaplan *et al*, 2017.





# WHO IS THE WELCOME SERVICE FOR?



- Interrupted ART
- Missed appointments
- Lost to follow up

Disengage

High viral load

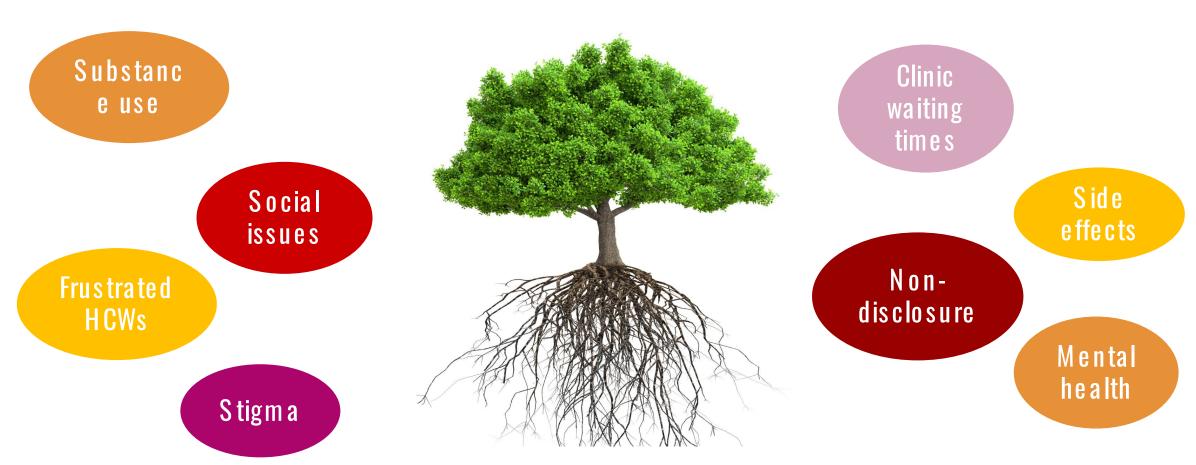
#### "ROTF"

- VL >50
- Adherence issues
- Treatment resistance

LUIIR TEIIII KETEIITIUII & VL



# WHAT CAUSES PATIENTS TO DISENGAGE?





# THE "TIPPING POINT"





## WHAT ARE WE TRYING TO ACHIEVE?

Support effective engagement and long-term retention in care

Get patients the treatment and support they need

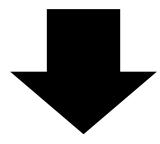
Prevent them from falling out of care in future



Address patient needs



Address staff needs



Improved outcomes for patients & staff



## WELCOME SERVICE COMPONENTS

Triage & Flow

Patient support

Optimize clinical management

Staff support



# Triage & Flow

Restructure clinic services



Reduce delays & streamline services



Flag & prioritize sick patients through effective triage



Improve M&E through electronic recording

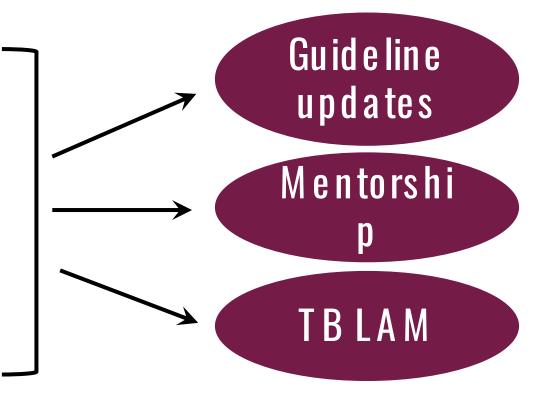


## OPTIMIZE CLINICAL MANAGEMENT OF HIV

Early & safe ART reinitiation

High VL management

Screening & prevention of Ol's





## **PSYCHOSOCIAL SUPPORT**

#### **CONTENT**

- Return to care counselling (NEW)
- Treatment interruption (NEW)
- Advanced HIV (refresher/update)
- ROTF (refresher/update)

#### COUN S EL L IN G T OOL S

- Addressing barriers to engagement
- Prompts using stationery



### PSYCHOSOCIAL SUPPORT - COUNSELLING

#### Content of training & mentorship

- ART interruption
  - 1st visit "WELCOME TO CARE" counselling
  - 2<sup>nd</sup> visit "TREATMENT INTERRUPTION" counselling
- ROTF
  - Refresher of existing content adopted by the WCDOH
  - Support with group counselling skills

#### Tools used

- Continue to use WC and DOH stationery
- Additional tool for "Treatment Interruption"



Patient Deta	ils:			Counselli	ng Sum	nmary	Statio	nery				Wes Gov	tern Cape ernment
First name Surname DOB ID Number	1			Sex:	M / F						ss at each vis to update PH	it, if there is a cl CIS/Clinicom.	nange, please
нст	Enter date	when patient	tested positive:	/	·			1					
	Counselling (	Document th	ne date in each l	box for each o	ounselling	j sessioi	n conduc	ted. Pro	vide d	letailed info	rmation on p	age 3 & 4)	
Type of Session	\$1	S2	\$3	\$4	S5		S6	S7		S8	S9	Infant Feeding	EAC
ART													
ТВ													
DRTB													
ROTF													
Other													
Patient Disclosure (circle responses)													
Has patient disclosed? Y N To		To whom			Does patient have partner? Has patient disclosed to partner?			Y N Y N		C	Current partner status? POS NEG UNK		
Partner Update:													
Community Care Worker Information (circle responses)													
Patient consents to I	home visit? Y	N Pre	eferred days:	Mon	Tues W	/ed Thu	ırs Frida	ay.	Locat	ion of home	visit		



Initials:  Type of Counselling: (Creis One)  ARV / ROTF  TB / DR TB  EAC  Infant Feeding  Other  Date: Downsolling: (Gircle One)  ARV / ROTF  TB / DR TB  EAC  Infant Feeding  Other  Other			
Type of Counselling: (Circle One)  ARV / ROTF TB / DR TB EAC  Infant Feeding Other  Date: DOMANTON Notes  Follow-up/Next Steps  Notes  Follow-up/Next Steps  ARV / ROTF TB / DR TB EAC  Infant Feeding Other  Other	Date: DD/MM//////		Follow-up/Next Steps
Circle One)  ARV / ROTF  TB / DR TB  EAC  Infant Feeding  Other  Notes  Follow-up/Next Steps  Notes  Follow-up/Next Steps  Infant / DR TB  ARV / ROTF  TB / DR TB  EAC  Infant Feeding  Other	Initials:		
EAC Infant Feeding Other  Date: DOMM/YOUNG Notes Follow-up/Next Steps Initials: Type of Counselling: (Grole One)  ARV / ROTF TB / DR TB EAC Infant Feeding Other	Type of Counselling: (Circle One)		
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Initials:  Type of Counselling: (Cirole One)  ARV / ROTF  TB / DR TB  EAC Infant Feeding  Other	Other		
Type of Counselling: (Circle One)  ARV / ROTF  TB / DR TB  EAC  Infant Feeding  Other	Date: DD/MM//YYYY	Notes	Follow-up/Next Steps
(Circle One)  ARV / ROTF  TB / DR TB  EAC  Infant Feeding  Other	Initials:		
TB / DR TB  EAC Infant Feeding  Other	Type of Counselling: (Circle One)		
EAC Infant Feeding Other	ARV / ROTF		
Infant Feeding Other	TB / DRTB		
Other	EAC		
	Infant Feeding		
Date: DD//MM/YYYY Notes Follow-up/Next Steps	Other		
	Date: DD/MM/YYYY	Notes	Follow-up/Next Steps



WELCOME	SERVICE COUNSELING STATIONERY	Patient:	sticker (OR n	ame and fol	der number)			
reatment Inter	ruption Tool							
ate:	-		Name of person complet	ing tool:				
opic	Discussion of problems: if present mark with	√, if abse	nt, mark with X			Plan		
ide effects	Patient has side effects to their medication that impact adherence							
ogistics	Patient is: employed / unemployed / student (circle)							
	☐ Getting time off work/ school to attend clinic appointments is a challenge							
	☐ Lack of transport is a challenge to attending appointments. Reason:							
	☐ Travel (in and out of Khayelitsha, or over holidays) impacts engagement with services							
ocial factors &								
Stigma	Patient has disclosed to (circle): no one / friend / family member / partner  Patient has disclosed to (circle): no one / friend / family member / partner							
	Patient has disclosed to (circle): no one / mend / family member / partner      Patient has other priorities that make attending appointments challenging							
	Specify:							
	Patient has experienced peer pressure that has impacted negatively on their adherence							
	Patient has experienced peer pressure that has impacted negatively on their adherence     Patient has experienced discrimination or stigma because of their HIV status that has impacted							
	<ul> <li>Patient has experienced discrimination or stigma because of their HIV status that has impacted negatively on adherence</li> </ul>							
	negatively on adherence  Patient has experienced discrimination or stigma because they have previously disengaged or been non-							
	adherent							
reatment	☐ Patient is tired of taking treatment every	day						
ourden and	☐ Patient takes medication other than ARV:		r chronic illness)					
atigue								
ubstance use*	Answering YES to 2 or more is considered clini	, ,						
	Have you ever felt you should <u>Cut down on yo</u>	ur drinkin	g?	YES / NO				
	Have people Annoyed you by criticizing your d	rinking?		YES / NO		1		
	Have you ever felt Guilty or bad about your dr	inking?		YES / NO		1		
	Have you ever had a drink first thing in the mo	erning to s	teady your nerves or get rid	YES	/ NO	1		
	of a hangover? (Eye opener)							
	*Referred? If yes, DATE:			YES	/ NO	1		
Mental Health*	If patient answers YES to 5 or more, or they in-	cian for						
	further investigation.							
	Difficulty concentrating, remembering	Y/N	Irritability, restlessness?	lity, restlessness?				
	details, and making decisions?		Y/N					
	Fatigue and decreased energy?	Y/N	Overeating or appetite loss	ting or appetite loss?		1		
	Feelings of guilt, worthlessness and/or		Loss of interest in activities	or hobbies		1		
	helplessness?	Y/N	once pleasurable, including	leasurable, including sex?				
	Feelings of hopelessness or pessimism?	Y/N		nts of suicide, suicide attempts? Y,				
	Insomnia, early-morning wakefulness, or		Referred?	ed?		1		
	excessive sleeping?	Y/N	If yes, DATE:					
Other	☐ Specify:					1		
Consider furthe	er screening and appropriate referral (eg. Men	tal health	nurse, substance use suppor	t)				
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## HEALTH CARE WORKER ENGAGEMENT

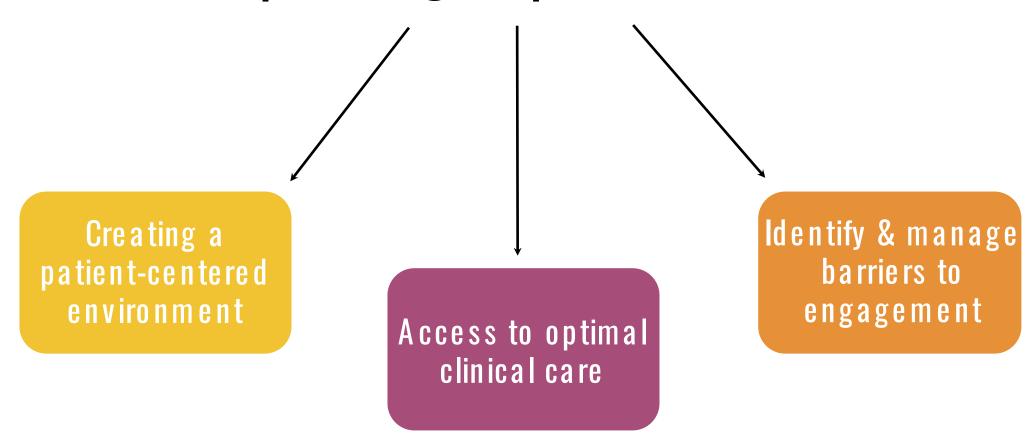
Identifying & addressing negative attitudes & behaviours portrayed by HCWs towards patients

Promoting the "Welcoming Approach"



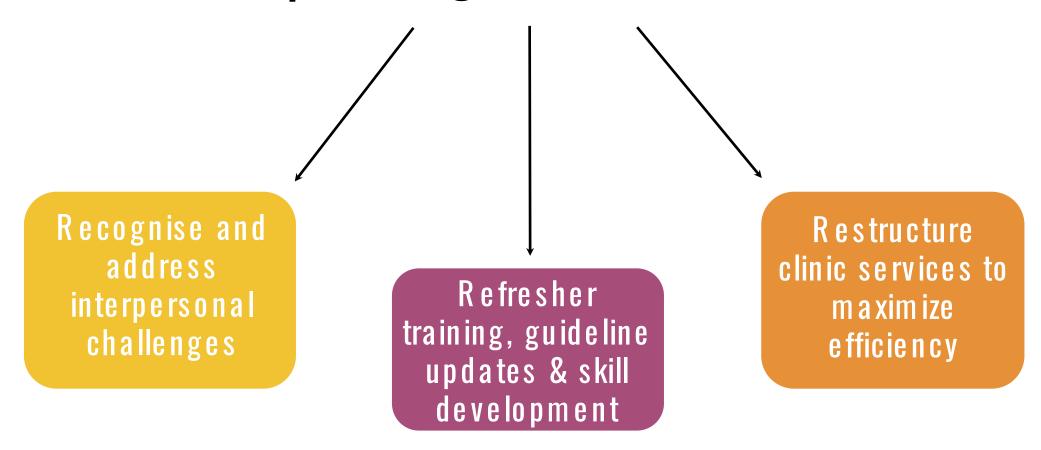


# Responding to patient needs





# Responding to staff needs





# THANK YOU

Contact:

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