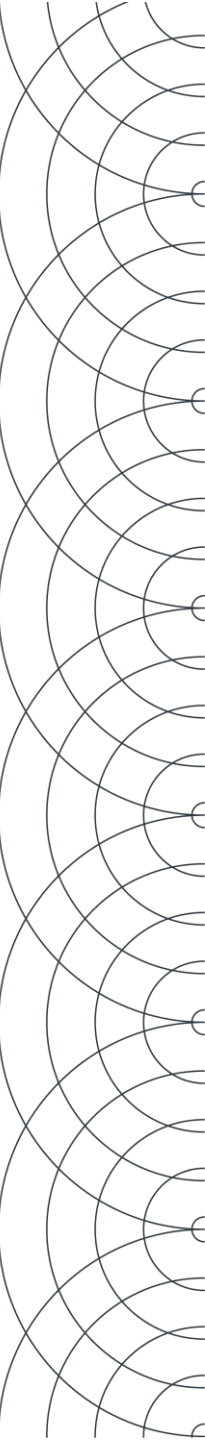




# **FHI 360 Client Experience Training**



# *Insert facilitator guide*



# Overview of Client Experience (CE) Approach

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- An FHI 360 integral component of the total quality leadership and accountability (TQLA) strategy for differentiated person-centered health services for improving quality of care
- Client experience is delivered throughout the continuum of care to reduce interruption in treatment and improve health outcomes.
- Suitable for program managers, above-site level technical staff (e.g., subnational mentors), health facility staff (e.g., clinician, counselors, case managers)
- Topics covered in the modules of this training (see list at right)
- **Module 1:** Introduction to TQLA strategy and client experience approach
- **Module 2:** Conceptual approaches to continuity of care and treatment
- **Module 3:** Client perspective of quality of care and treatment services
- **Module 4:** Applying client relationship principles for quality of care and treatment
- **Module 5:** Applying hospitality principles for quality of care and treatment
- **Module 6:** Applying ethics and code of conduct for quality of care and treatment
- **Module 7:** Applying psychosocial skills for quality of care and treatment
- **Module 8:** Understanding client appointment and tracking systems (electronic and paper-based medical records)
- **Module 9:** Monitoring and reporting for continuity of care and treatment
- **Conclusion and training evaluation**

# Learning Objectives of Client Experience Training

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1. Understand TQLA strategy and client experience approach: meaning, principles, application, and measurement.
2. Understand the application of principles of client experience for quality of care and treatment.
3. Understand and demonstrate ability to conduct and interpret client experience surveys.
4. Learn to develop interventions and test and take them to scale for achieving lean impact and societal benefits.
5. Understand and demonstrate proficiency in Client Appointment and Tracking Systems (electronic and paper based).
6. Understand and demonstrate proficiency in the interruption in treatment analysis, use of predictive analytics, and reporting using electronic and paper-based system.
7. Understand use of monitoring and reporting system and demonstrate knowledge of the interruption in treatment indicators.
8. Utilize client experience data for TQLA decision-making.
9. Know how to document and disseminate knowledge management products.



# **FHI 360 Client Experience Training**

Module 1: Introduction to TQLA Strategy and Client Experience Approach

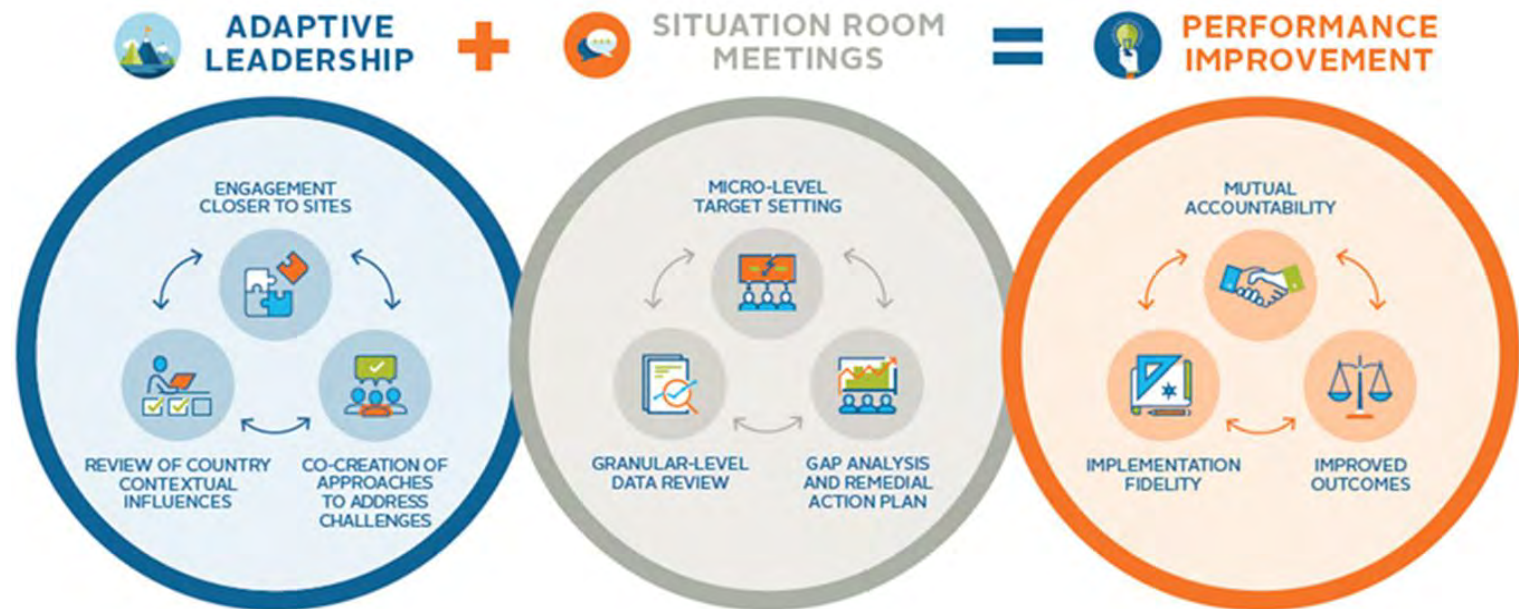


# Overarching Approach: TQLA

- Geert Hofstede's dimensions of culture
- Abraham Maslow's hierarchy of needs
- Kurt Lewin's theory of motivation
- Kurt Lewin's force field analysis
- Pareto analysis
- Equity principle
- ABC analysis
- **Balanced score card**
- Total Quality Management
- Total Quality Leadership
- Ivan Pavlov's theory of learning

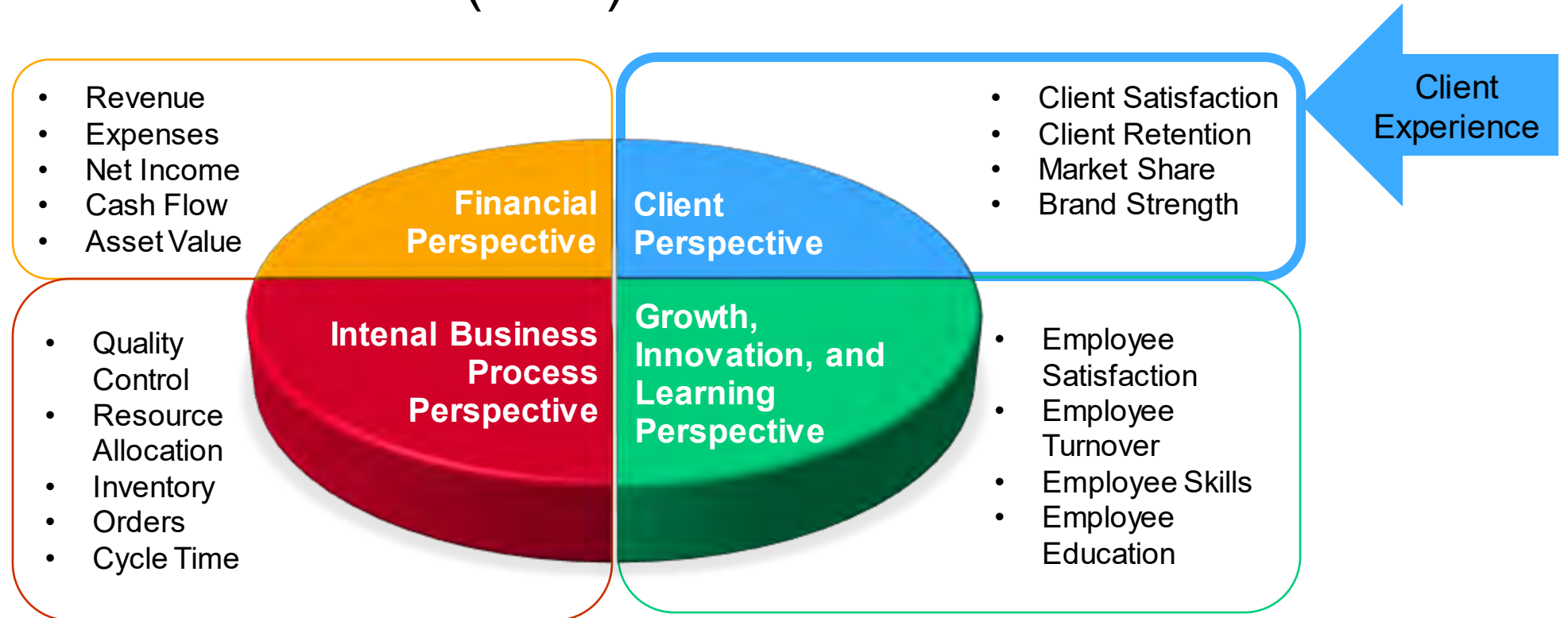
## TOTAL QUALITY LEADERSHIP AND ACCOUNTABILITY®

*FHI 360's customized approach to delivering impact*



# Client Experience Aims to Achieve a Balanced Score Card

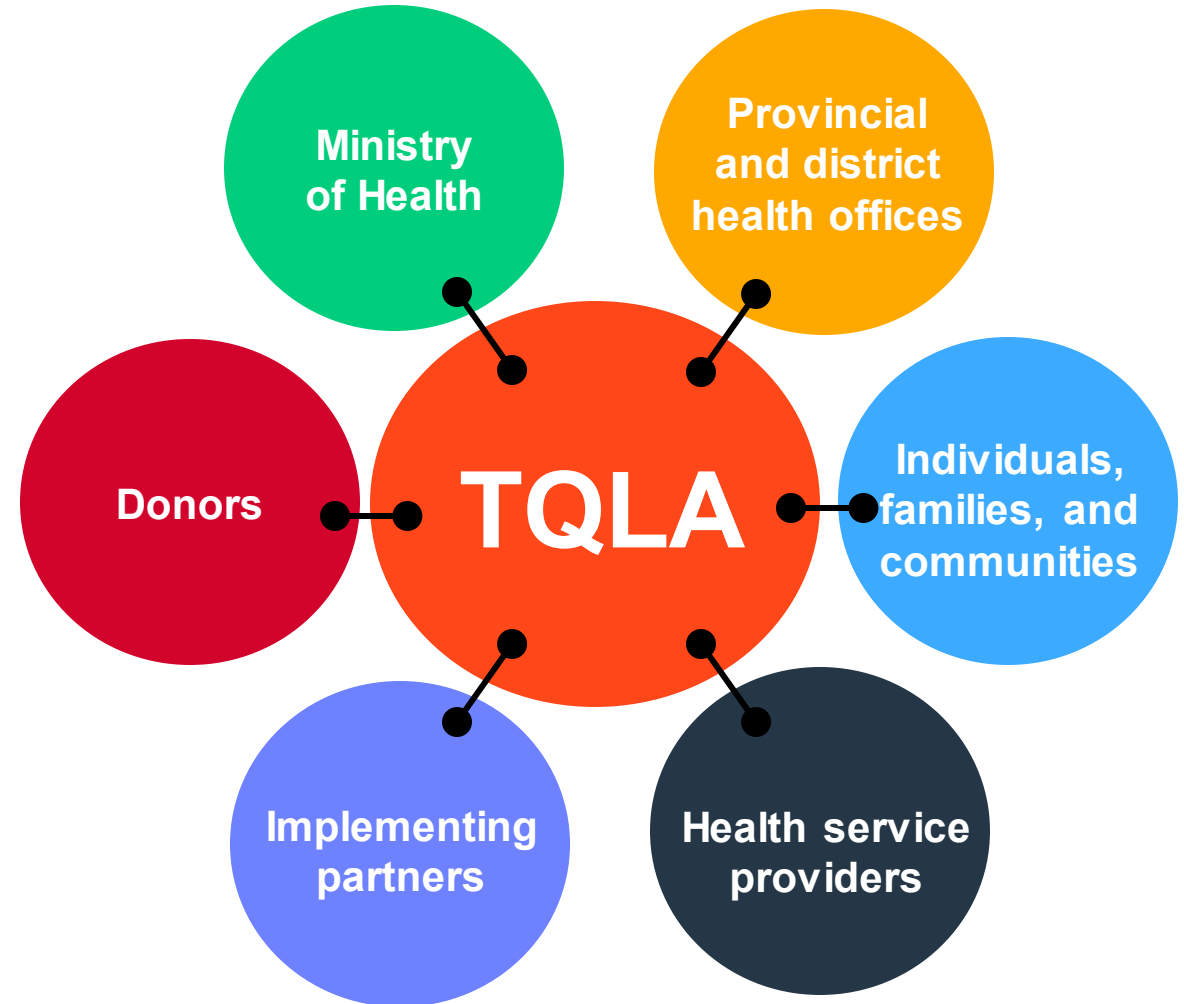
- A Balanced Score Card (BSC) for Technical Performance



Source: <https://bi-insider.com/business-intelligence/balanced-scorecard-defined/>

# TQLA and Client Experience

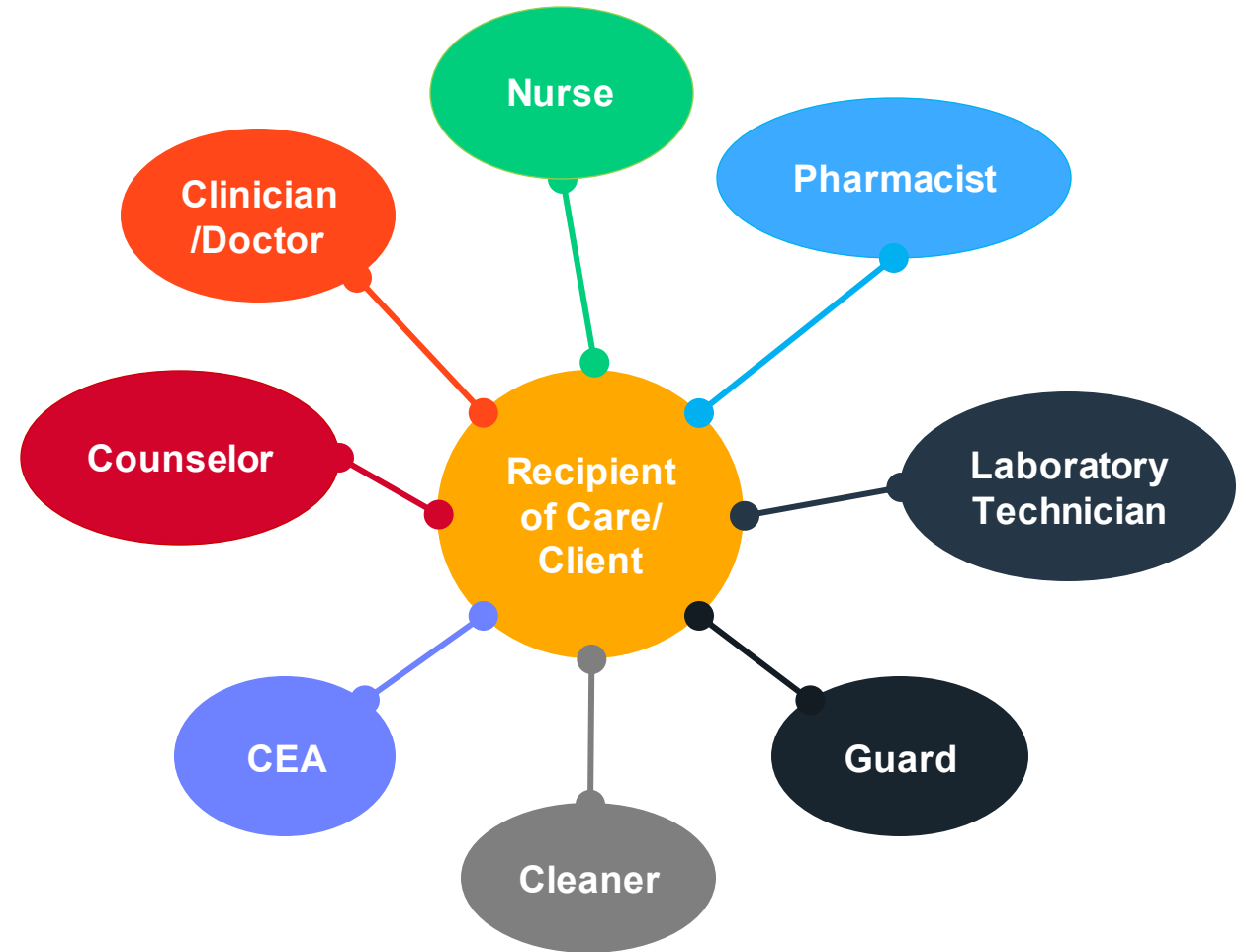
- TQLA adopts a broad view of who the client is
- Broad range of clients who have varying needs
- TQLA is designed to respond to these needs
- CE builds strong healthy relationships and confidence
  - Improved trust and continuity of care and treatment





# Person-Centered Approach

- Puts the client first
- Is an open and sustained engagement with client
- Aims to respectfully and compassionately achieve the best experience and health outcomes
- Targets the person and their family
- Involves everyone



# What Is the Client Experience Approach?

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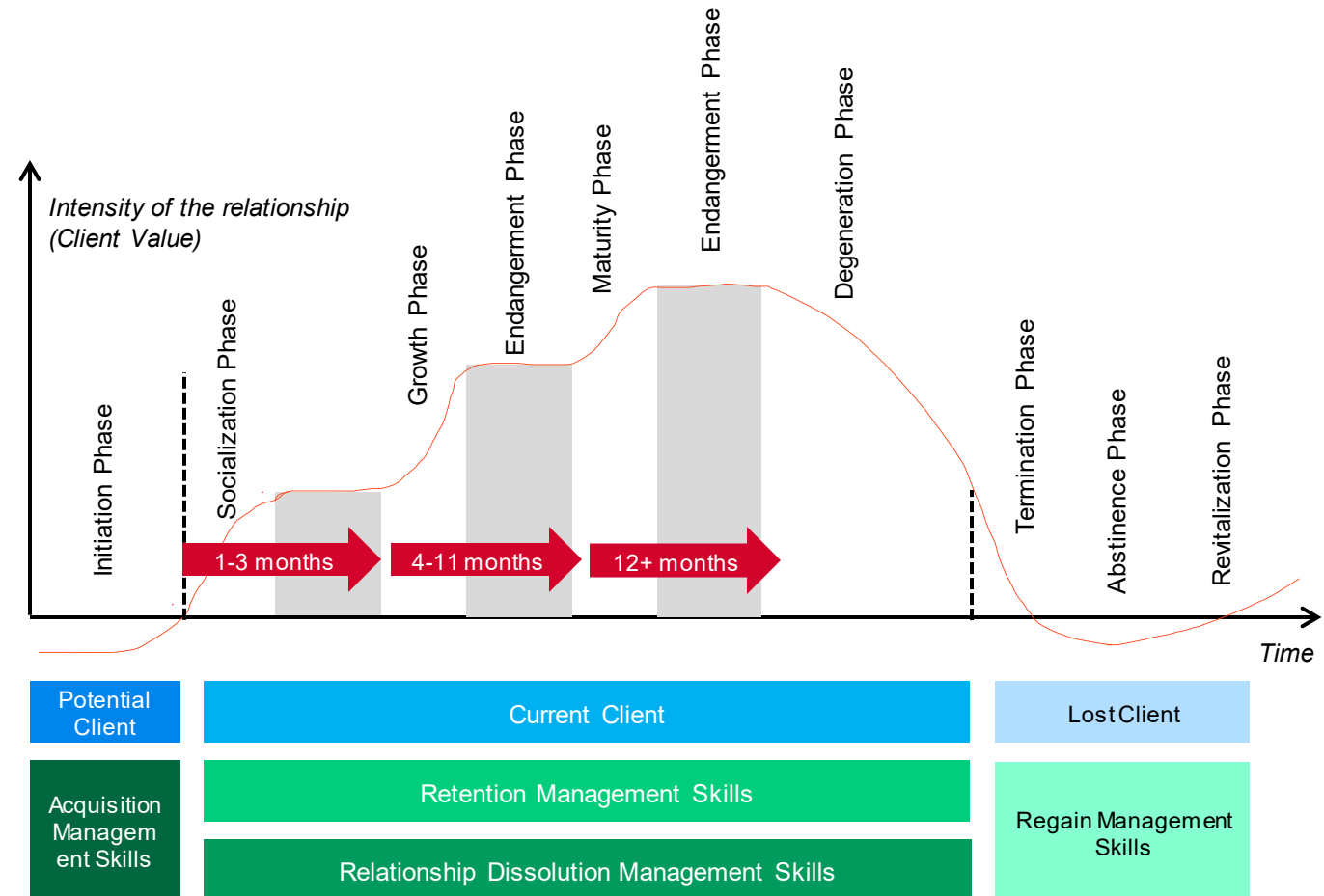
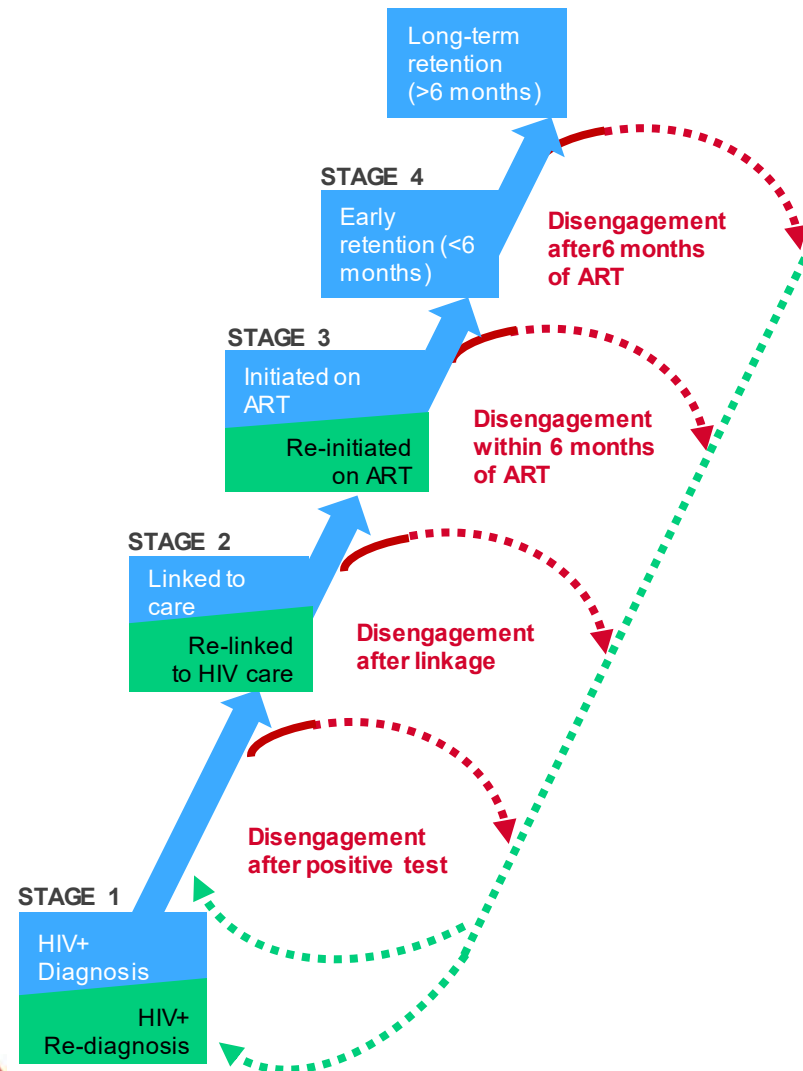
- An FHI 360 integral component of TQLA strategy for differentiated person-centered health services to improve quality of care
- Uses different principles to ensure
  - Timely access to services
  - Convenient service hours and flexible appointments
  - Easy access to health information
  - Good communication (rapport)
- Delivers satisfaction to the client throughout the continuum of care

# Why Use the Person-Centered Approach?

---

- Acknowledges the importance of individuals who are the core of the business of health care services
- Recognizes that individuals served are not only clients but people with the right to own their decisions
- Provides differentiated services adapted to individual's context, with their preferences respected
- Upholds diversity, equity, inclusion, and accessibility (DEIA)

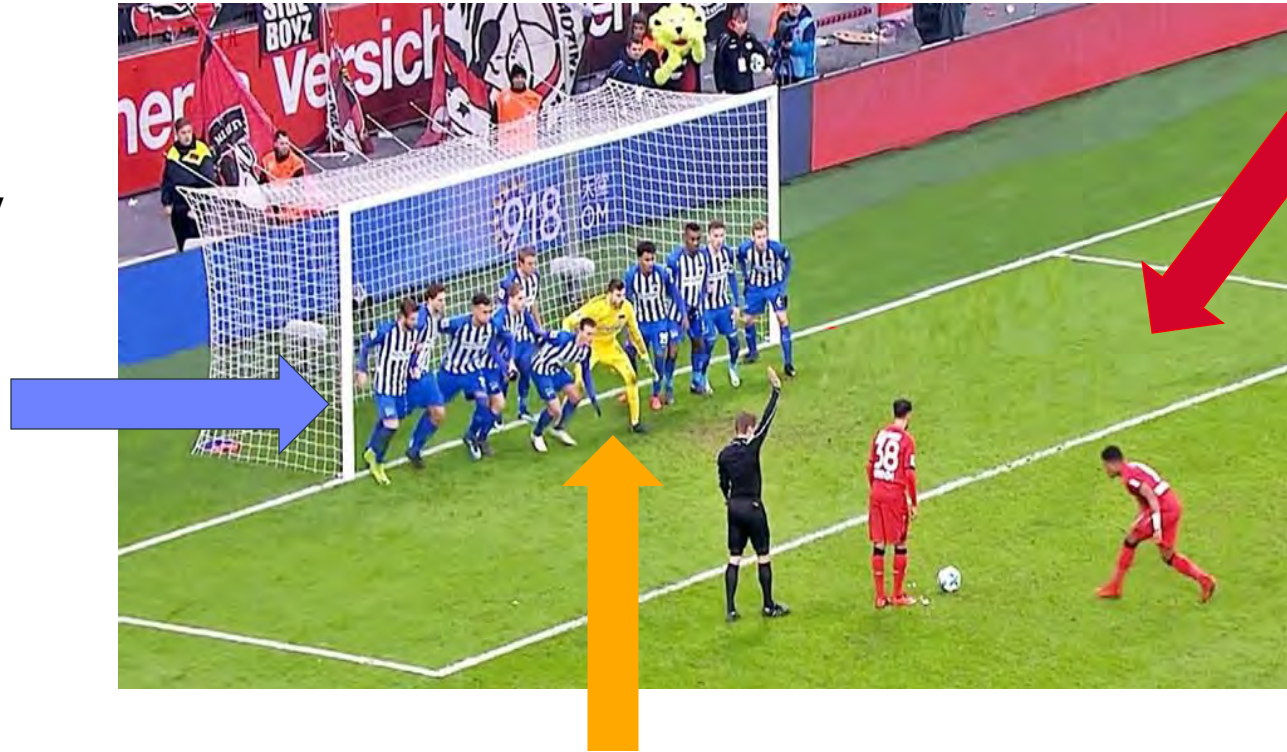
# Client Relationship Cycle



# Threats to Client Experience and Responsibility

## CE Team

- Facility security
- Cleaners
- Receptionist/registry staff
- Data associates
- Counselors
- Pharmacists
- Laboratory staff
- Nutritionists
- Nurses
- Technical officers
- Doctors



## CE Coordinator:

- Client Experience Associate

## Threats to CE

- Poor documentation
- Missed appointments
- Bad attitude
- Distance
- Congestion
- Waiting time
- Stock-outs

## Adverse Outcomes

- Stopping antiretroviral drugs (ARVs)
- Trans-outs
- Deaths
- Lost to follow-up
- Advanced HIV disease

# What Are Enablers for Success?

1. Respectful CE
  - Confidentiality, discrimination, privacy, stigma-free
2. Responsive CE
  - Diversity, equity, inclusion, and access (DEIA), differentiated service delivery (DSD), fast-tracking, weekend clinics
3. Responsible CE
  - Appointments, laboratory services, linkage and bi-directional referral services, human resources for health (HRH)



\*Soft skills are essential

- Microsoft: Excel, Outlook, Teams
- Electronic medical records (EMRs)
- E-Appointment systems (QuickRes)

# The Goal of Client Experience

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## The Means

Active referrals  
and linkages



Preventing losses



Early identification,  
tracking, and  
re-engagement in care



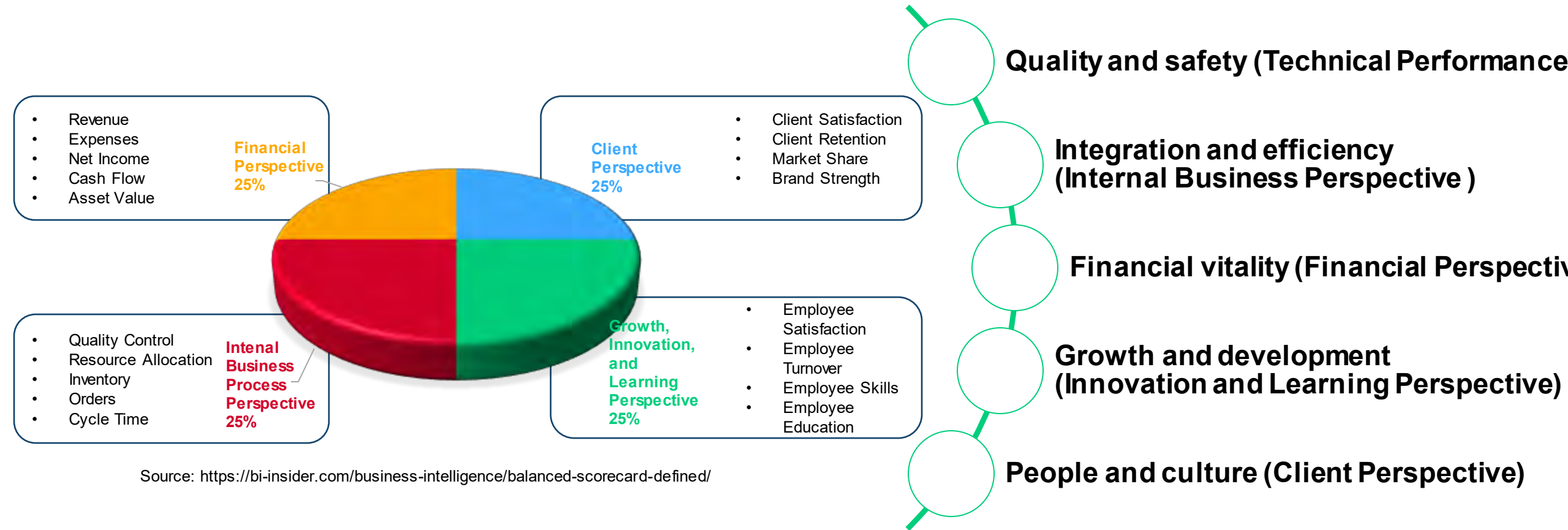
## The End



Continuity in care  
and treatment



# Balanced Score Card for Technical Performance



Source: <https://bi-insider.com/business-intelligence/balanced-scorecard-defined/>



# Technical Performance

## QUALITY AND SAFETY

**1. Deliver quality services:**  
- QA/QI, SIMS, regulatory bodies, surveys

**2. Assure safety:**  
- IPV/GBV, referral services, waste management

**3. Ensure consistency:**  
- Supply chain, clinic hours

**4. Be coordinated:**  
- Client flow, appointments

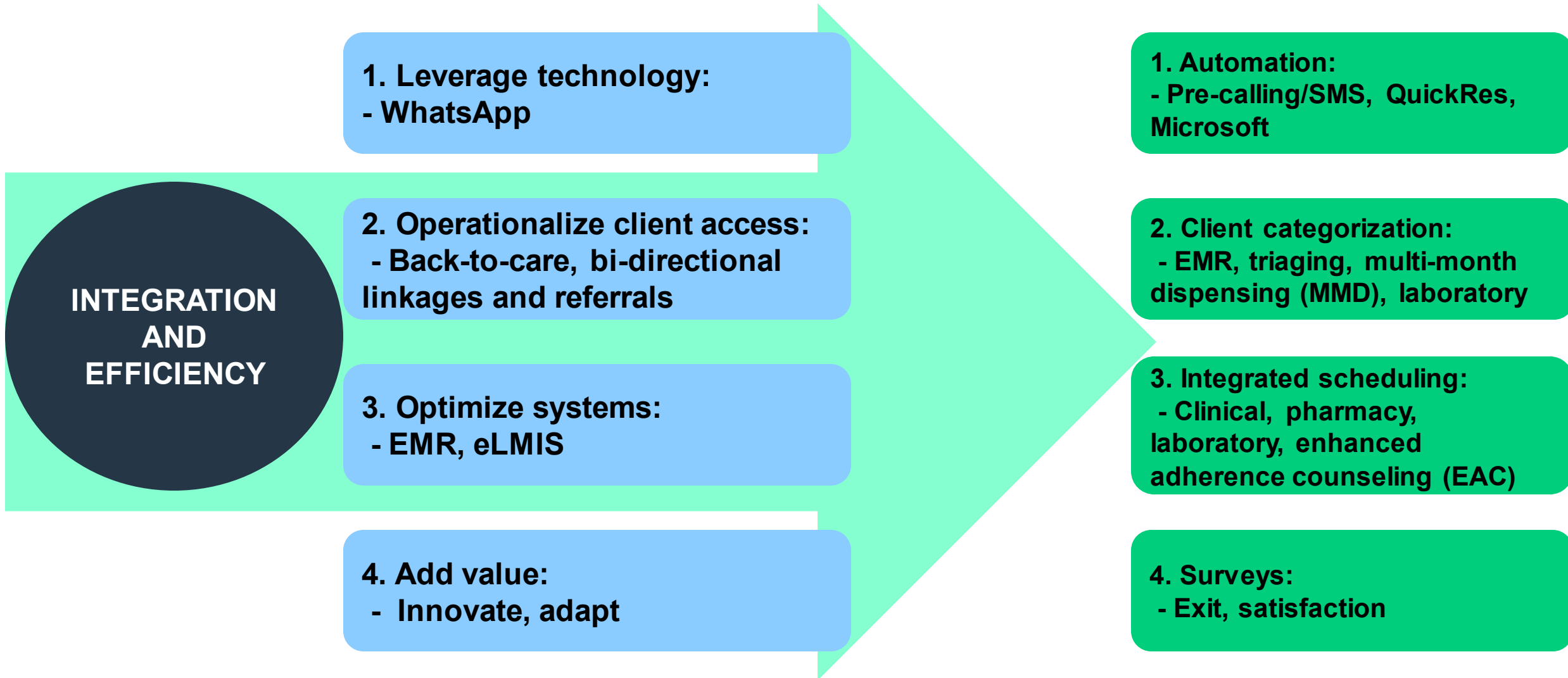
**1. Good clinical skills:**  
- QA/QI, SIMS, GSM

**2. Good attending skills:**  
- Welcome, empathy,

**3. Good PR skills:**  
- Check-up calls, reassurance

**4. Good secretarial skills:**  
- IT skills, self-organization

# Internal Business Perspective



# Financial Perspective

## FINANCIAL VITALITY

### 1. Revenue:

- TX\_New, trans-in, re-engagements

### 2. Losses:

- Lost to follow-up (LTFU), trans-out, stopped ART

### 3. Net:

- TX\_New\_Net

### 4. Cost per client:

- Yield, continuity of care and treatment, suppression

### 1. Effectiveness:

- Index testing, screening, linkage

### 2. System gaps:

- Documentation, dissatisfaction

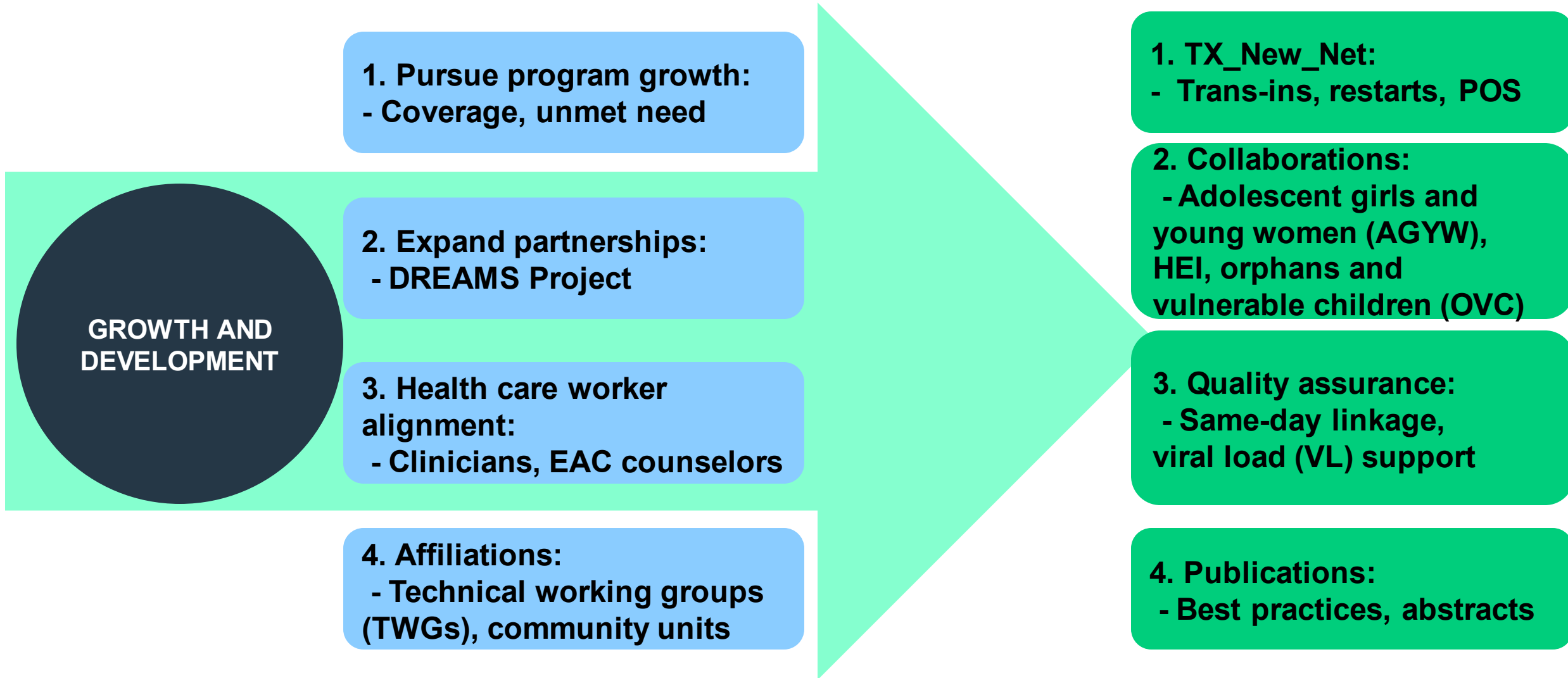
### 3. Efficiency:

- Program growth and integration

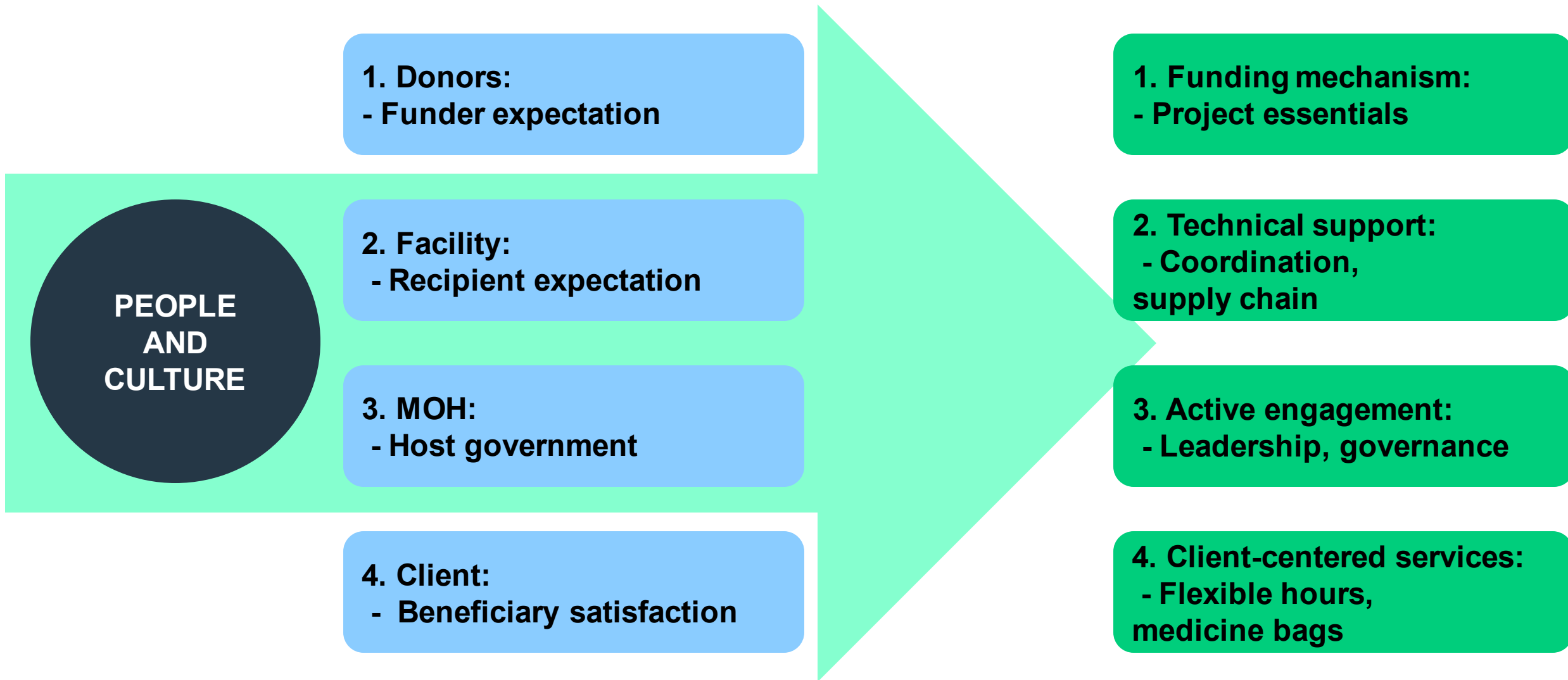
### 4. Impact:

- Targets met, cost saving, epidemic control

# Growth, Innovation, and Learning Perspective



# Client Perspective



# Conclusion

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- Client experience ensures a balance in the approach to meeting organizational goals.
- Client experience considers quality in the perspective of the clients, not merely meeting a set standard.
- Client experience aims to improve the attitude of all staff members to ensure client satisfaction at every touch point.



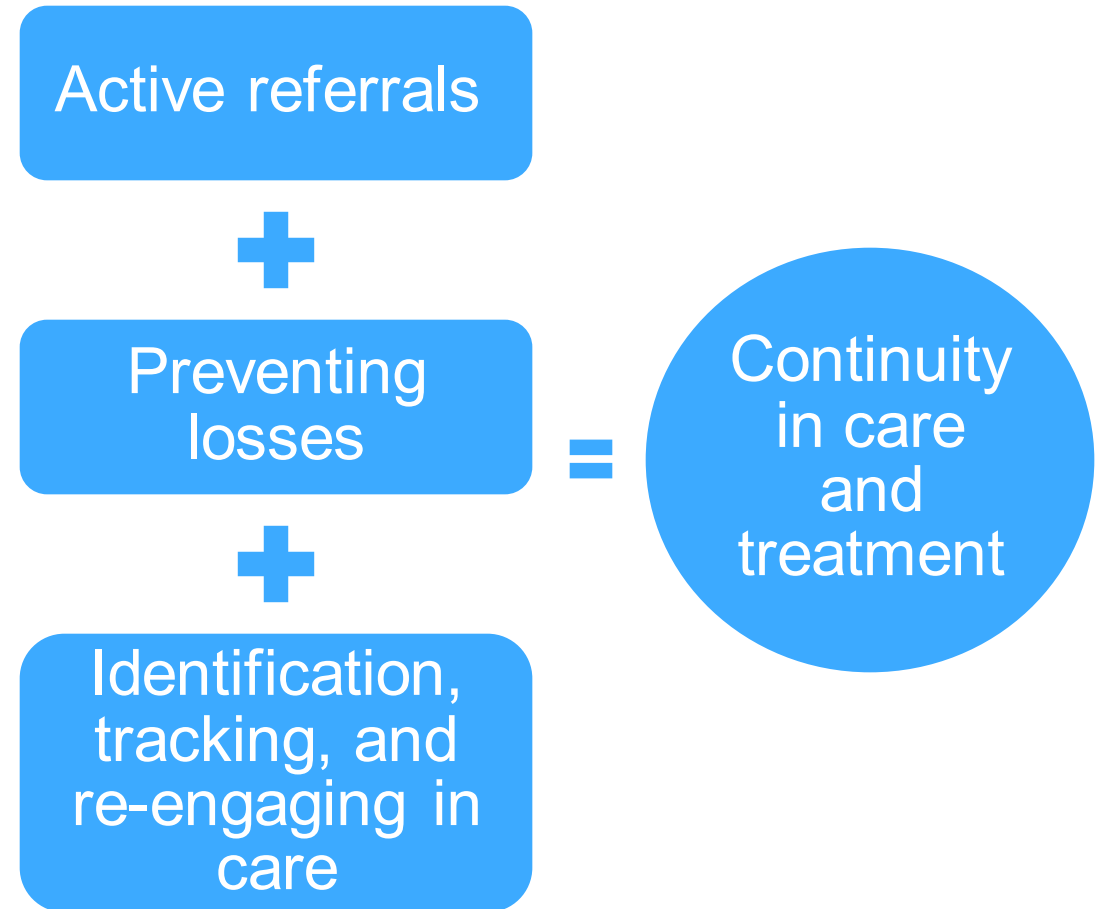
# **FHI 360 Client Experience Training**

Module 2: Conceptual Approaches to Continuity of Care and Treatment

# Conceptual Approaches

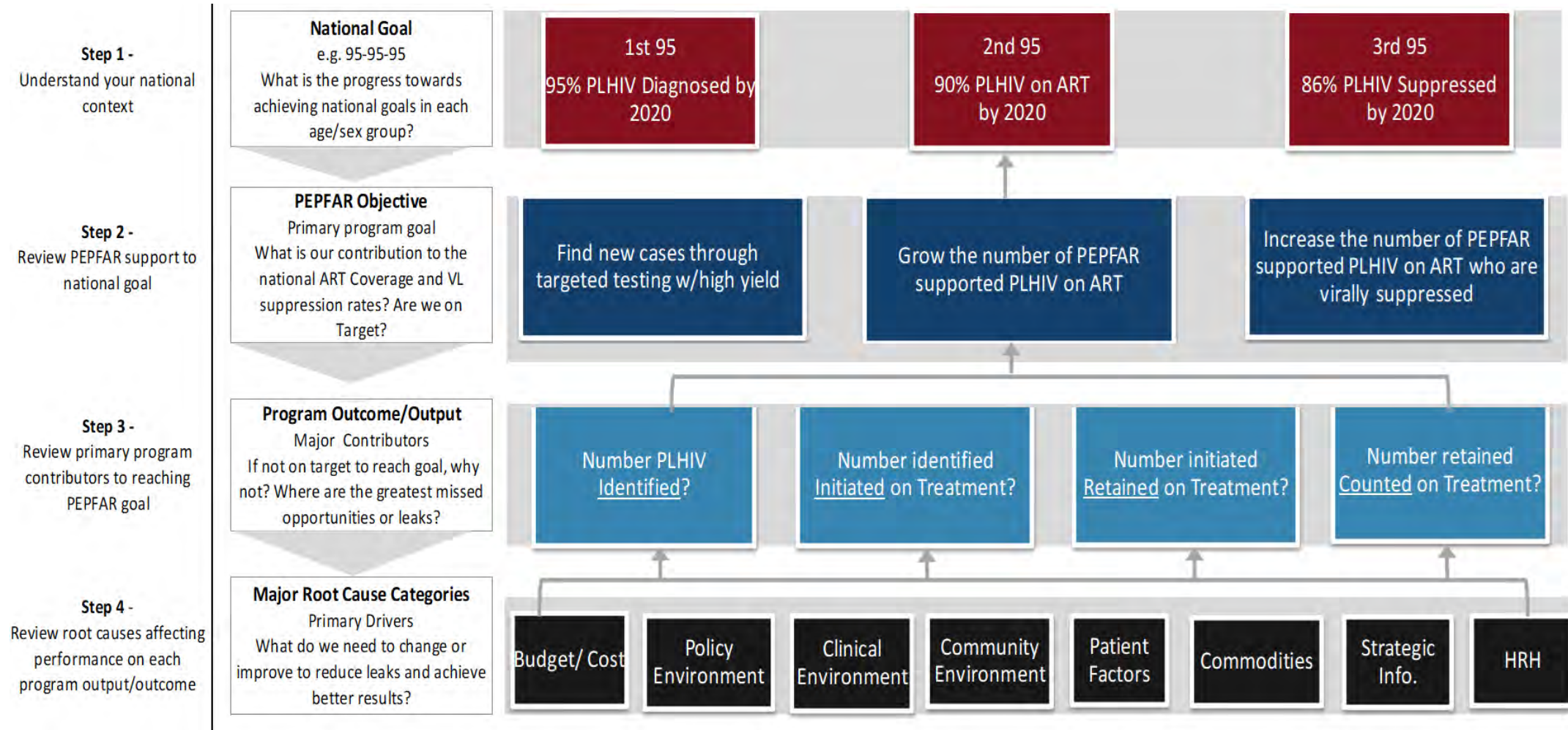
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- Making active referrals and linkages
- Preventing losses/actively engaging clients in care
- Identifying defaulters early, tracking them and returning to care



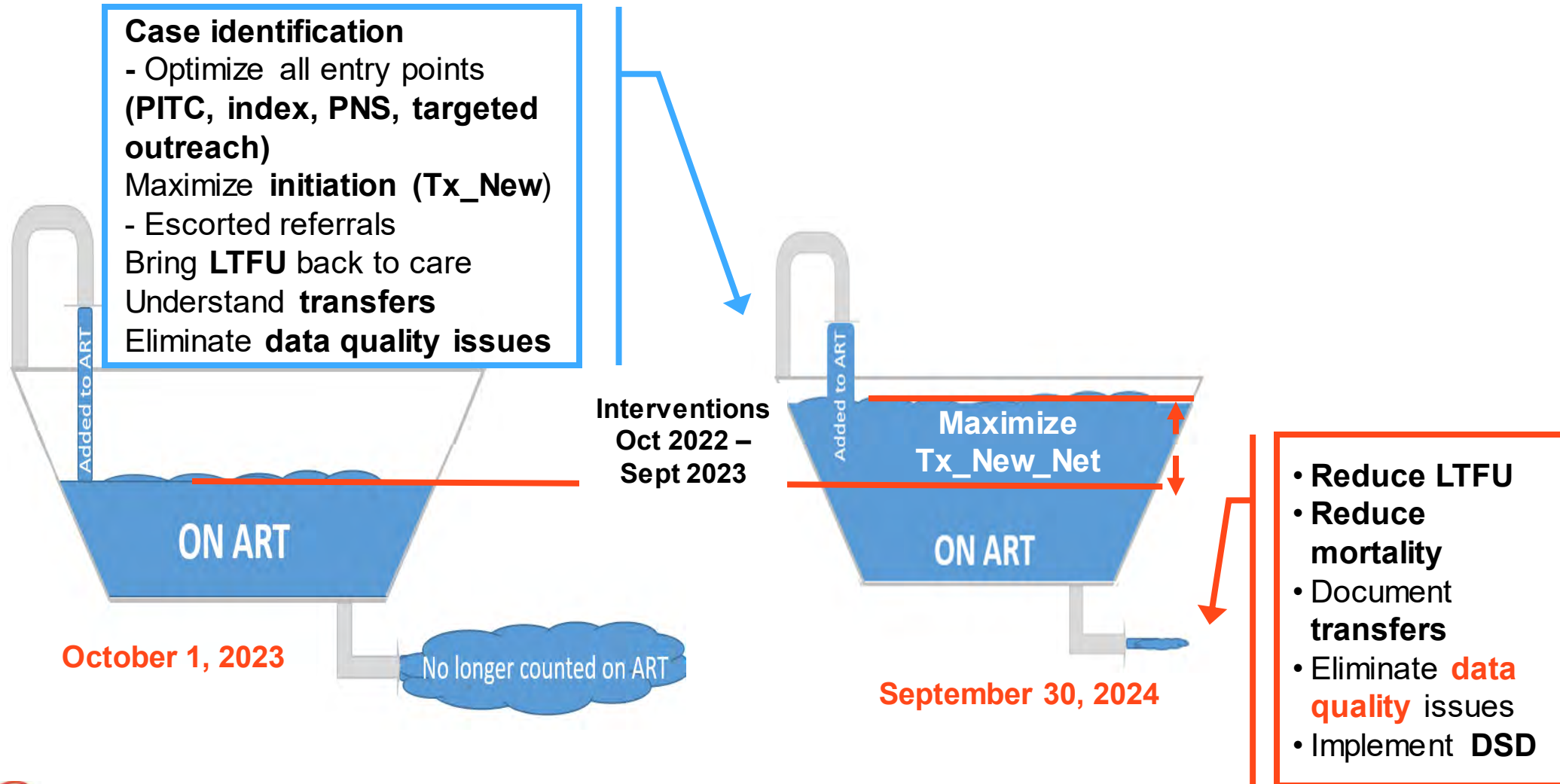


# Analytical Aspect of Treatment – 2nd 95%

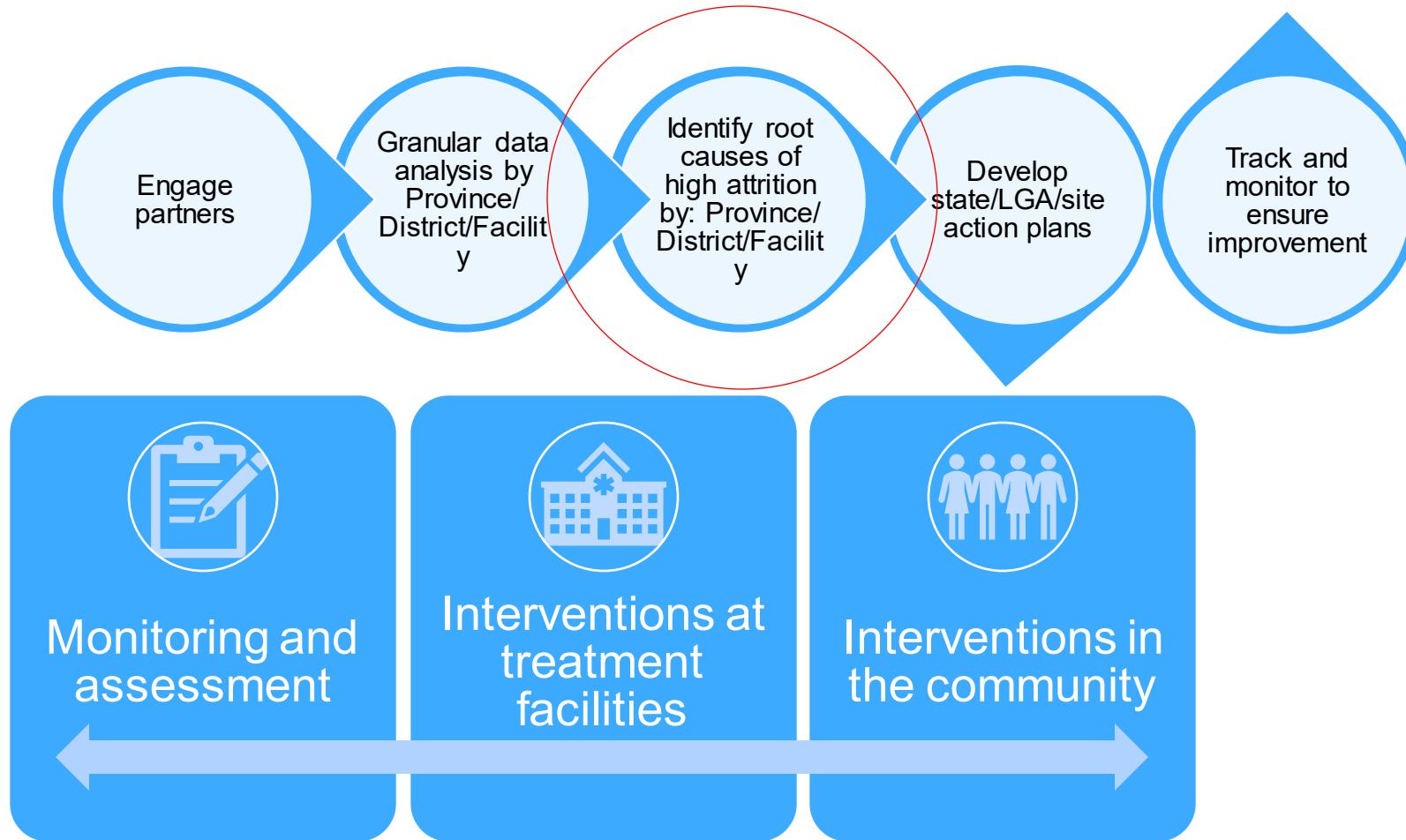


\*Source: PEPFAR/ICPI Treatment Cluster

# Analysis of Program Growth

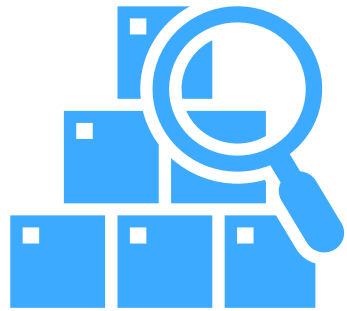


# Approaches

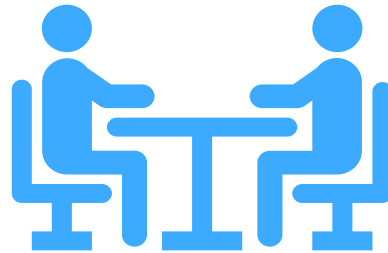


# Example 1: Root Cause Analysis

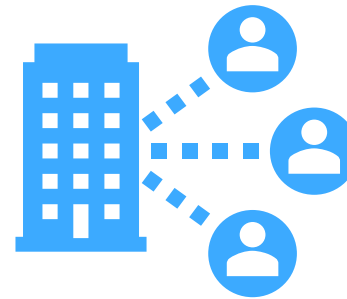
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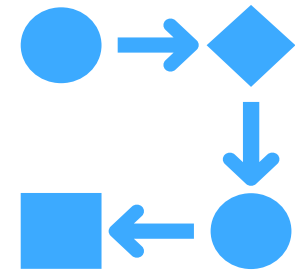
Deep  
causes



Client's  
interview



Experience-  
based co-design



Plan, do,  
study, act

# Example 1: Cause Correction

	Identified issue	Action
Program	Re-initiation after gap in treatment	No action required, but need to understand how this may affect your Net New results. May also have implications for planning.
		<i>Note: As we get to higher levels, the re-initiation of patients previously LTFU will become increasingly important for the growth of treatment programs. There will be fewer treatment naïve clients to identify and put on treatment. Clients re-initiated after a gap in treatment are not treatment naïve and so do not meet the definition for Tx_New, which means we could have large number of clients added treatment who are not counted under Tx_New.</i>
	Non-retention among new initiating clients	Attempt to bring non-retained clients back to care with based retention interventions. Perform further root cause analysis to identify facility, client, and community-level cause contributing to gaps. Once root cause of challenge are appropriately identified, employ methodological approach to develop and test ideas.
	Non-retention among existing clients	
	Deaths	
	Clients stopped treatment (self determined of medical recommendation)	
	Transfers (If tied to quality or service delivery problem)	
SI/ Data	Date quality: Corrections between reporting periods	No action required but need to understand how this may affect your Net New results.
	Data quality: Data entry errors	Notify your SI advisor and correct data error in DATIM
	Data quality: Systems or capacity issues	Review and revise data collection systems, training schedules as needed to improve data quality
	Sites not reporting - Missing date	Follow up with partner to ensure reporting compliance, mitigate challenges
Administrative	Sites newly reporting	May be a result of incomplete reporting of data. If an unplanned event, then no action required, but need to understand how this may affect your Net New results.
	Sites not reporting- planned event (site transitioned or closed)	
	Transfers (general, client relocation)	No action required, but need to understand how this may affect your Net New results.

# Example 2: Cause Correction

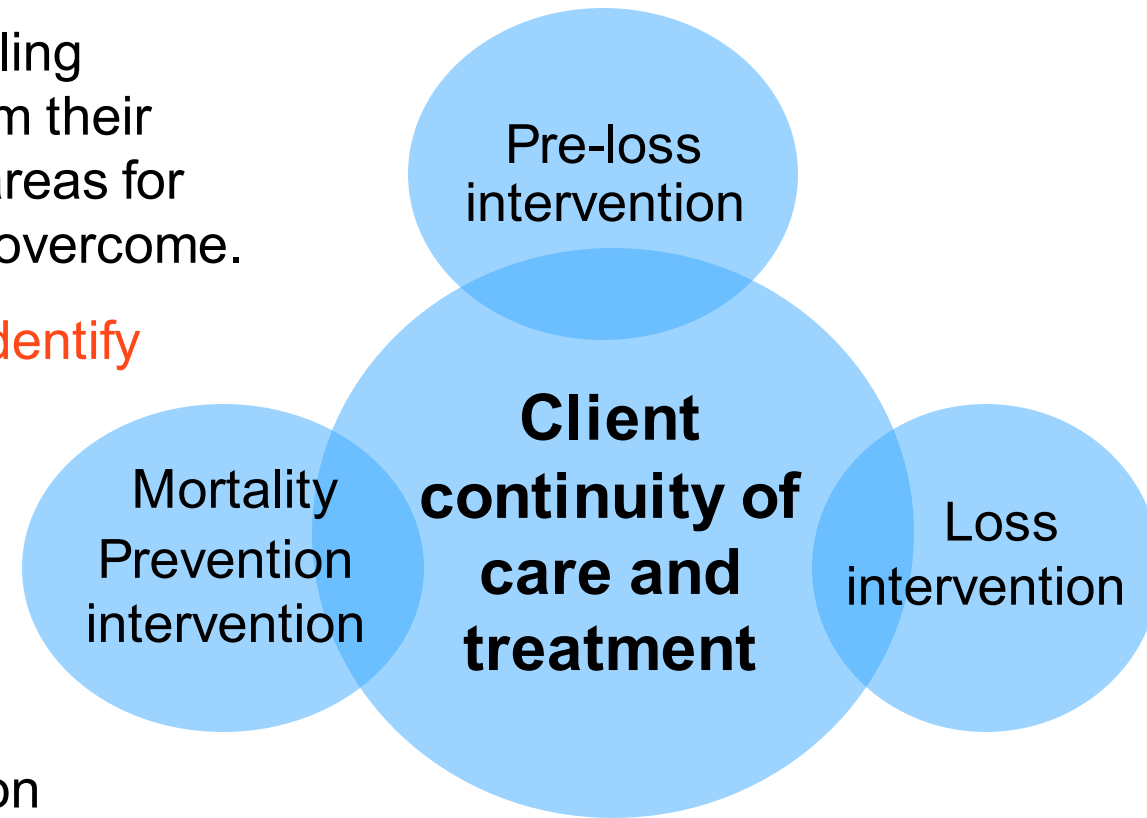
SYMPTOM	POTENTIAL ROOT CAUSES	POTENTIAL INTERVENTIONS
<b>Steadily increasing attrition in a specific health facility</b>		
<b>Facility-focused</b>	Increased wait times and/or low service quality due to increasing total number of ART clients	<ul style="list-style-type: none"> <li>Analyze and help revise service flow and workload</li> <li>Expedite multmonth dispensing</li> <li>Increase number of clients managed at community</li> </ul>
	Stigma and discrimination from health facility staff	<ul style="list-style-type: none"> <li>Stigma and discrimination reduction: target health staff, e.g., new staff</li> </ul>
<b>Person-focused</b>	Moved or working elsewhere	<ul style="list-style-type: none"> <li>Counsel and refer clients to appropriate facilities</li> <li>Expedite MMD</li> </ul>
	Lacked transportation means, were too ill to visit a clinic, or too busy	<ul style="list-style-type: none"> <li>Expedite MMD (adults and children) expand DSD</li> <li>Increase number of clients managed in the community</li> <li>Offer decentralized drug distribution (DDD)</li> </ul>
	Refused treatment	<ul style="list-style-type: none"> <li>Investigate and address <i>why clients are</i> refusing</li> <li>Intensive counseling at health facilities and community</li> </ul>
	Multiple members of the family struggling to access care	<ul style="list-style-type: none"> <li>Offer DSD (family models), synchronize visits</li> </ul>
	Cannot pay	<ul style="list-style-type: none"> <li>Abolish user fees</li> </ul>

DDD: <https://www.fhi360.org/sites/default/files/media/documents/epic-project-strategic-guide-scale-up.pdf>

# Experience-Based Co-Design (EBCD)

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- **Discover what really matters to clients.** By enabling clients to tell the stories of their experiences from their point of view, EBCD often reveals unexpected areas for improvement that can be surprisingly simple to overcome.
- **Clients and staff work alongside each other to identify problems and solutions:**
  - A focus on designing experiences as opposed to systems or processes (thereby requiring story-based approach).
  - Instead of asking, for example: **‘Is it a safe and reliable service?’** the question should be **‘What does it feel like?’** so the focus is on the human and physical environment.





# Client Experience-Based Co-Design (c-EBCD)

## Fast Track

This is a remodeled service that ensures eligible clients are served within five minutes of arrival at the health facility

**2,116 Clients**

## CPARP and CPARP+

Community Pharmacy ART Refill Program, which supports PuPs in commercial settings.

**4,059 Clients**

## Adolescent Refill Club

These are age-specific clubs that address the emotional and psychological requirements of the adolescent age group

**2,862 Clients**

## SIDHAS DDD Models

## Express Drug Delivery

Other drug delivery models, including courier refills, home refill, etc.

**11,762  
Clients**

**Flexi refill:** Clients can pick up ARVs wherever they are, not just at their facility of registration.

## CARC

Community ART Refill Club using structures within the community such as schools, churches, health posts

**17,167 Clients**

## CARG

Community ART Refill Group, which could be family centered or self-forming

**S-CARG:** Group members rotate collecting ARVs for all members after meeting certain prequalification criteria

**F-CARG:** Family members rotate collecting ARVs for all members.

**1,787  
Clients**

## Key Considerations

### Duration

Monthly  
3 months  
6 months

### Location

Facility, community, home

### Service Provider

Physician, nurse, pharmacist  
community health worker  
client/peer/family

### Subpopulations

Pediatrics, adolescents, pregnant women, men

## Context

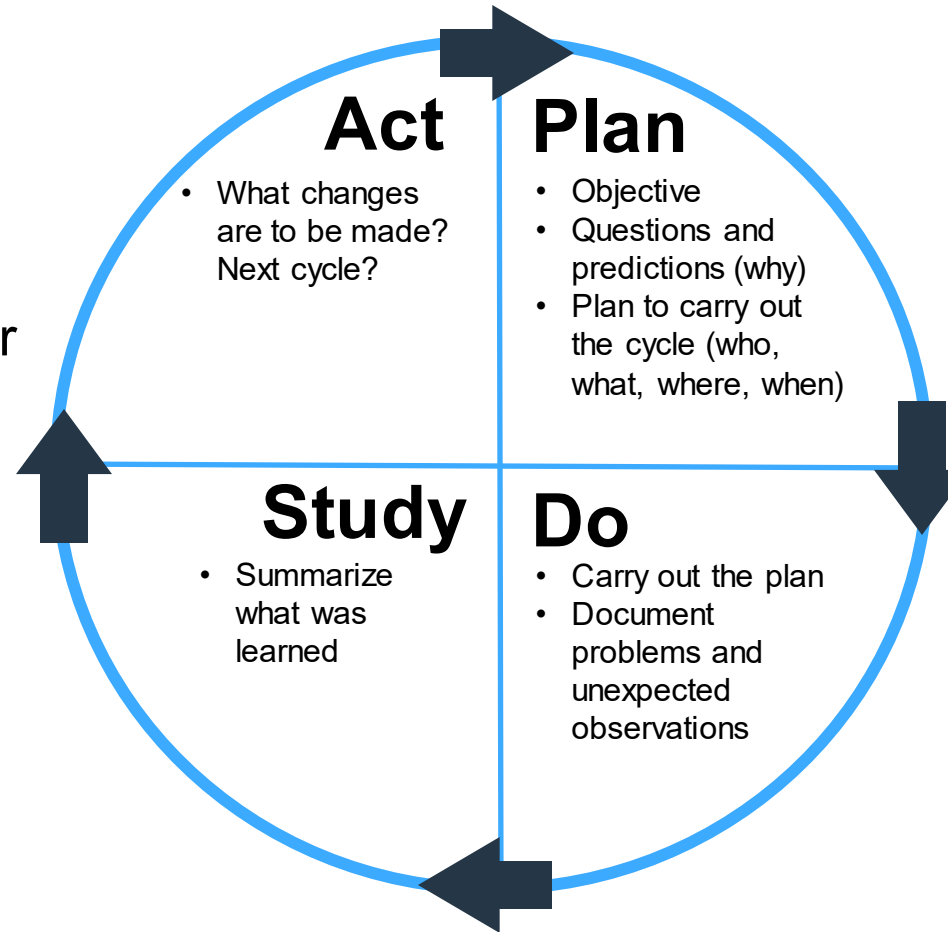
Urban/rural, unstable contexts (conflict, high migration, hard-to-reach areas), epidemic type (generalized, concentrated, high or low burden, high or low prevalence)



# The PDSA Cycle

**Act:** Update and test calendar in more clinics. Case managers call two patients who accepted a calendar the day before.

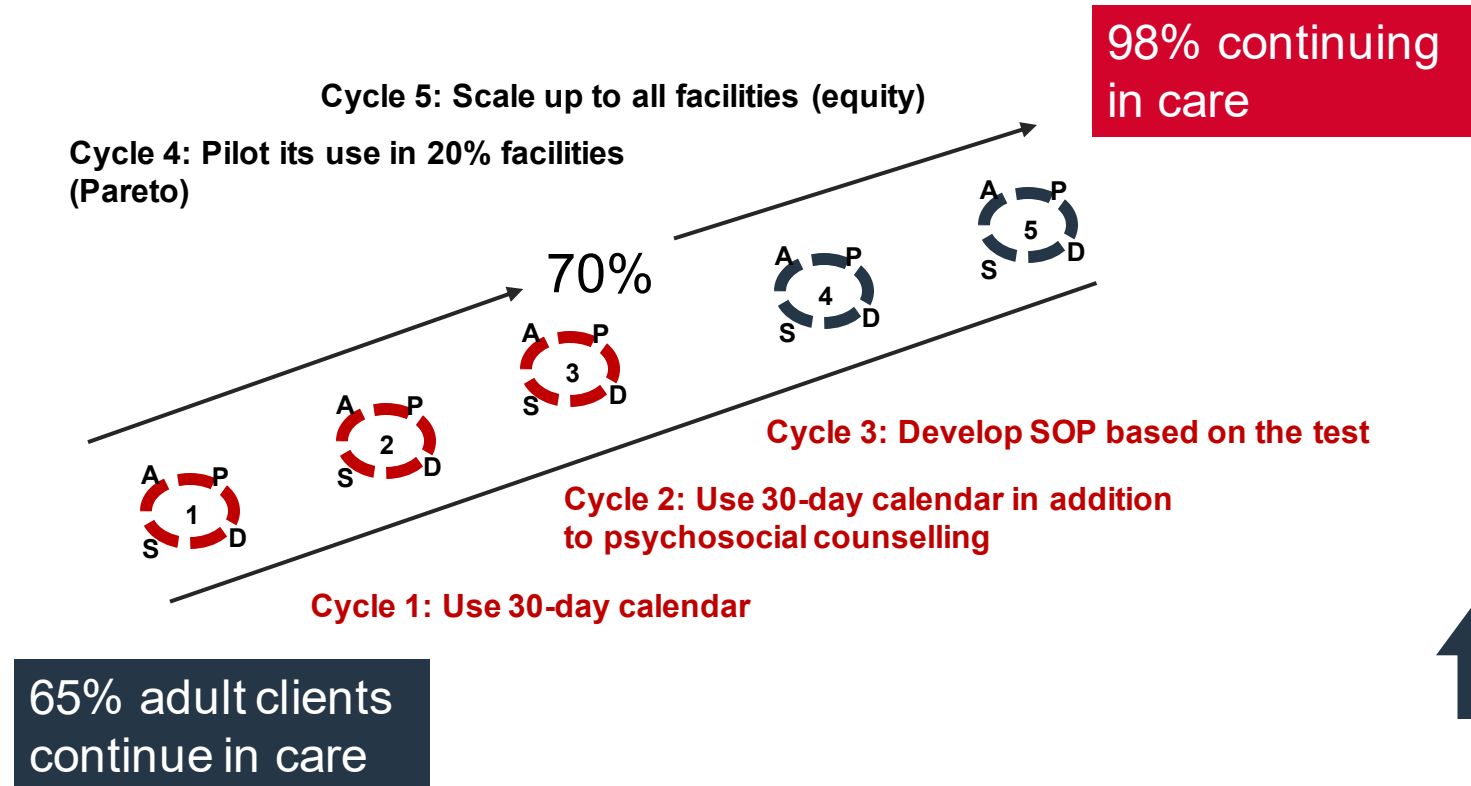
**Study:** Calls cannot be conducted by psychosocial counselor since he/she does not have time, but case manager does.



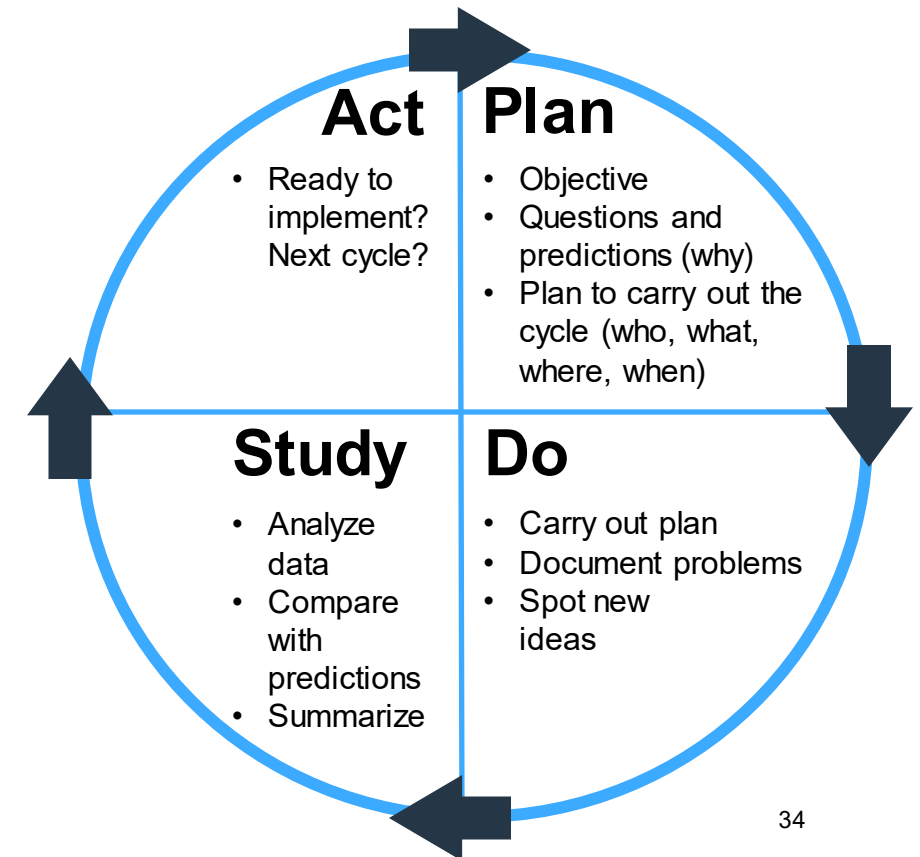
**Plan:** Use a calendar for all new HIV clients at psychosocial counseling who agreed to start ART

**Do:** Use calendar for few HIV clients who agreed to start ART. Psychosocial counselor accepted the calendar positively.

# Multiple PDSA Cycles Improve Continuity of Care and Treatment



- Multiple PDSA cycles to improve continuation in care



# Example: How to Document PDSA Findings

## Problem

At the point of inevitable state lockdown during the outbreak of COVID-19, the ART clinic was overwhelmed with clients in need of drug refills.

## Rationale

This situation posed the need to remodel the fast-track clinic to craft implementable and accountable site-specific standards for improved client-centric service, promote client satisfaction, improve infection prevention /control, and ultimately improve client continuity of care and treatment as eligible clients are served within five minutes of arrival at the health facility.

## Criteria

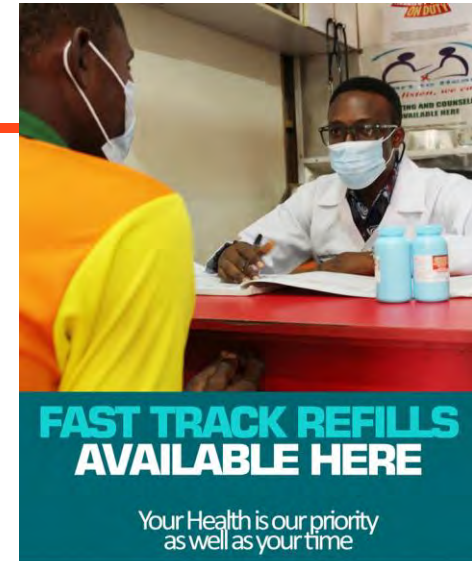
Viral load  $<1,000\text{c/ml}$  with good adherence. Other considerations for enrollment are age, stage of childbearing cycle, other illness, etc.

## Package/change ideas

- Structural remodeling of ART clinics to offer fast-track services
- Establish fast-track clinic flow
- Time-specific appointment scheduling
- Prepacked ARVs and OI drugs
- Provide essential materials for fast-track clinic: IECs, fast-track cards, signage and footprint cues

## Result

100% refill rate and zero missed appointments for the 312 clients enrolled in 11 pilot facilities in Akwa Ibom State



# Adapting Local Solutions

## Biometric Enrollment



Clients unable to visit the facility for biometrics?



System adaptations to ensure client can assess the same services in a convenient location

## VL Services



Clients unable to visit the facility for viral load test?



System adaptations to ensure client can assess the same services in a convenient location

# I'm excited ... and you should be too!

---

## Be in love with the problem not the solution

- Ready to address gaps
- Recognize need to be more innovative
- Keep it short and simple (“KISS”) approach

## Unmatched scientific depth

- Deep talent pool
- Smart, passionate people



# **FHI 360 Client Experience Training**

Module 3: Client Perspective of Quality of Care and Treatment Services



# TQLA and Focused Client Experience Improve Outcomes

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- **For Superior CE, TQLA** ensures ongoing rapid cycle, continuous quality improvement
- **Real-time** feedback at **service delivery** and **daily situation room** levels
- **Enhanced client continuity of care and treatment** is key for accelerating the last mile toward epidemic control.
- Clients' experiences determine continuity of care and treatment

## **Health care worker testimony before enhanced client experience interventions:**

*“In the past, we would simply wait for clients to come for their appointments and if they missed, we would not follow them up.” ☹*

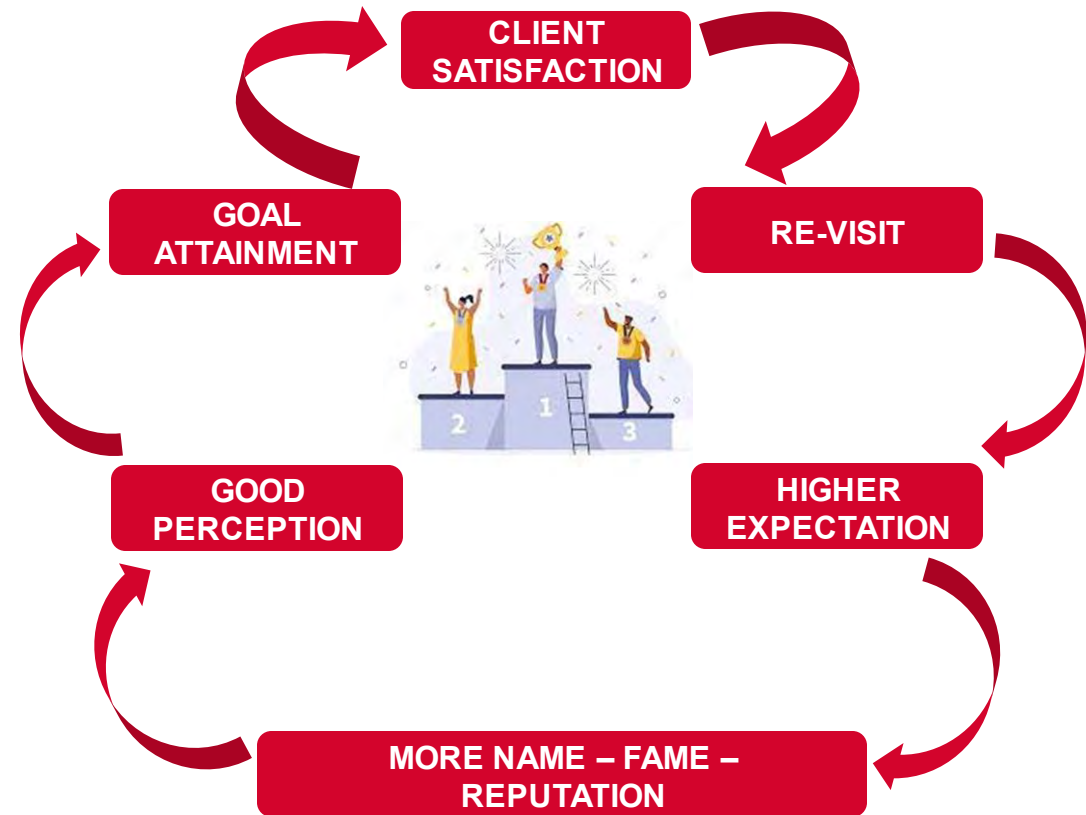
## **Health care worker testimony after enhanced client experience interventions:**

*“We now call clients a day before their appointments to remind them. If they miss, we call them immediately to follow up.” ☺*

# Determinants of Client Experience

- Client experience: Determines success of health system
- Attribution to poor client experience:
  - Poor reception, stigma
  - Drug packaging
  - Undefined client flow, waiting time
  - Unharmonized appointment schedules
  - Poor confidentiality and courtesy
  - Distance
- Remediation:
  - Promote DEIA, ethics, etiquette, hospitality, and public relations
  - Interactive appointment system (QuickRes)
  - Machine learning
  - Promote undetectable=untransmittable (U=U), differentiated service delivery (DSD), decentralized drug distribution (DDD), etc.

## ADVANTAGE OF CLIENT SATISFACTION





# Steps for Client Perspective of Quality

- **STEP 1: Change management**
  - Facility staff engagement in person-centered services
- **STEP 2: Capacity building and strengthening**
  - Training, mentorship, orientation
  - **STEP 3: Administer tools and protocols**
  - Establish baseline
- **STEP 4: Develop CE plan**
  - Co-create rapid CQIs
- **STEP 5: CE implementation**
  - Implement remediation plan, monitor, use course correction and documentation
- **STEP 6: Feedback**
  - Client satisfaction surveys, daily and periodic TQLA decision-making and CQI



*“A positive experience during care leads to positive clinical outcomes (adherence); this is because a positive experience drives client’s loyalty.”  
(Sara Health, 2018).*

# Examples: Strategies (1)

- **Human resources**
  - Recruitment
  - Re-deployment
  - Service re-organization
- **Service delivery**
  - CEA Branding
  - Reusable medicine bags
  - Child-friendly spaces
  - Furniture
  - Water dispensers
  - Surveys/feedback booths
  - Web-to-phone SMS system
  - Information, education, and communication materials, stationery
  - POC testing (Gene X-pert, LF-LAM)



# Example: Strategies (2)

- **Capacity building**

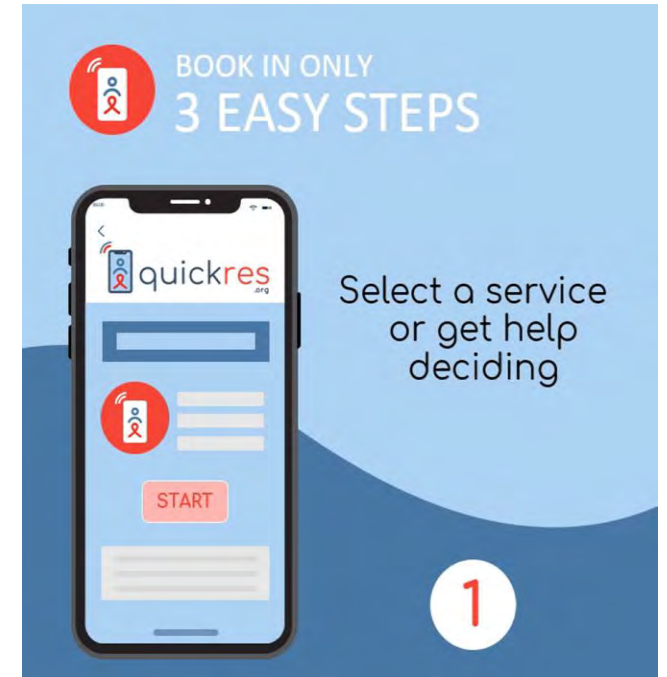
- Client conferences
- QuickRes scale up
- U=U promotion

- **Interventions**

- Back-to-care scale up
- Community PrEP/TPT/COVID-19 vaccination
- ED-PrEP
- DSD (DDD, MMD)
- Harmonized, flexible appointment scheduling

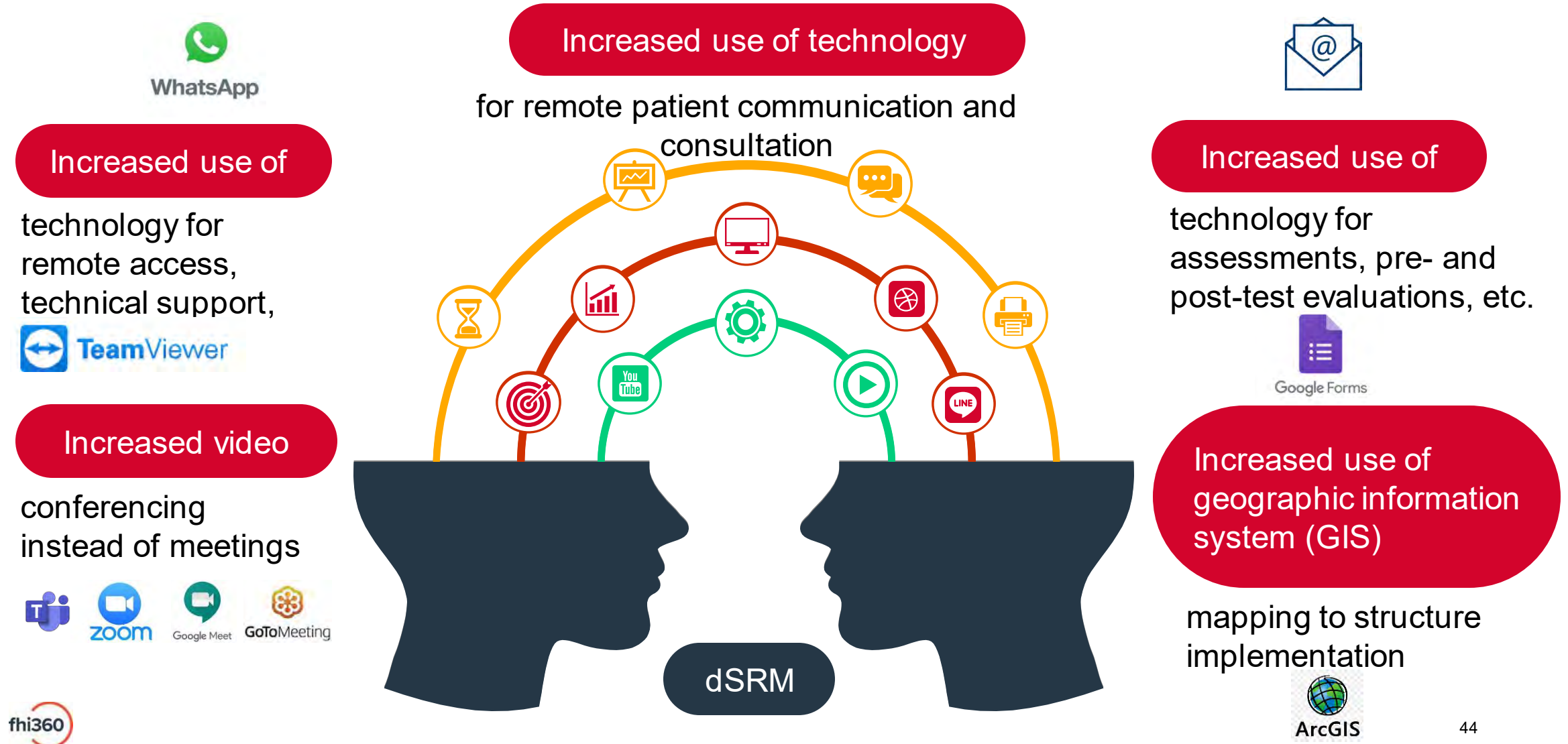


Enables do-it-yourself access to health services (self-care)



Clients find and book services on their own using QuickRes. Clients without a smartphone can have appointments booked for them by clinic or community staff. View demo of client-facing functions of ORA here: <https://www.youtube.com/watch?v=f2fS5TpXOGs>

# Leveraging Technology





# Key Elements of Client Experience

- Define and include CE indicators and targets
- Identify and engage key CE strategic partners (referral institutions)
- Develop survey tool for baseline data
- Feedback mechanism for client satisfaction: emoji smiley
- Engage CEA as case managers for relationship management
- SMS appointment reminders and follow-up
- Daily CE granular data collection, review, analysis, and feedback
- Periodic client experience data for TQLA decision-making
- Documentation and dissemination of knowledge management products



# Client Approaches

## Listen

- To clients' needs; not what we want for them as HCWs but what they want for their own health
- Client-centered approach

## Feel

- Let them see that we are sharing their own experience
- Respect client's autonomy in decision-making

## Speak

- Let us not judge clients by using awkward words
- Services provide information and options to enable client to make informed choices

3Rs: Respectful, Responsive, Responsible CE

# Build an Emotional Connection

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- The most memorable client experiences are the ones that create an emotional connection with people.
- Solicit feedback
  - The best way to capture their feedback is immediately after service delivery.
- Consider post-interaction surveys
  - These can be delivered in real-time using standard tools at the facility, during a home visit, or by phone calls



# Communicate Effectively

---

- Effective communication implies that you have a mutual understanding of what's being spoken about; that you agree.
- Ensure that the person who is answering the call is the indicated person.

*For example: Hello, Am I speaking to...*

*Do you have few minutes for a discussion?*

*\*Follow recommended protocols and tools.*





# Summary of Expectations for CE

---

- Improve customer relations
- Courtesy (polite, privacy)
- Calls to clients (pre-, post-appointment reminders)
- Messages: birthdays, appointments
- Individualized care plans
- Daily client line lists (pharmacy pickups/viral load [VL] synchronizing)
- Offering of services
- Data management: running reports, entering data in EMR/registers



# **FHI 360 Client Experience Training**

Module 4: Client Relationship Principles for Quality of Care and Treatment

# Introduction

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- The World Health Organization (WHO) promotes health communication (verbal and written) strategies to influence and empower individuals, populations, and communities to make healthier choices.
- Health facilities must enhance relations and communication between clients and health care providers:
  1. During appointment visits
  2. When talking to clients on a call
  3. When texting to clients

# Etiquette

---

- Etiquette is the approved or established behavior in official, diplomatic, social, or professional life.



Source: <https://www.istockphoto.com/photo/rude-colleague-talking-on-phone-gm137928978-19002497>

# Importance of Good Relationships

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- Based on professionalism
  - Makes the facility the one of choice for health services
  - Fosters trust
  - Enhances continuity in care
- Remember!
  - First impressions matter
  - Higher expectation at each revisit
  - Ask for preferred mode of communication



# Client Call Etiquette (1)

---

Here are some rules for call etiquette:

## 1. Speak loud and clear

- Speak directly into the mouthpiece for voice clarity.
- Be in a quiet place.

This assures the client that you are paying attention and ready to assist them.



# Client Call Etiquette (2)

## 2. Acknowledge interruption

- Acknowledge anyone entering the room with a polite smile or nod, then finish your call.
- If call may be longer, ask the caller if you may put them on hold briefly.
- Always wait to hear the caller's answer before pushing the hold button.
- Handle the in-person interruption, then return promptly to your caller.

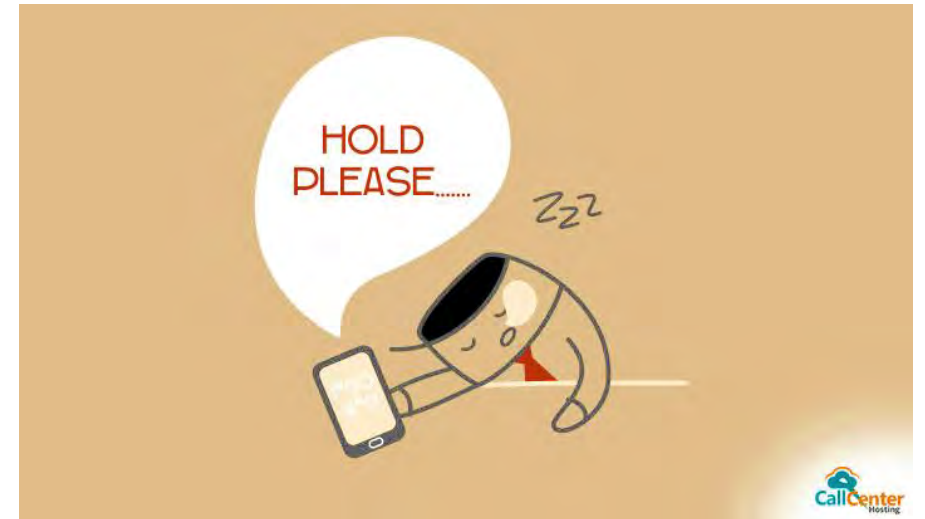


# Client Call Etiquette (3)

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## 3. Keep hold time brief

- Check back within 30-45 seconds so that client on hold knows you have not forgotten them.
- Never lay a handset/headset down without asking the caller to hold.
- Then, press hold button as client may hear sensitive information.
- Always remember to thank a client for holding.





# Client Call Etiquette (4)

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## 4. Be cheerful and professional

- Use a cheerful, professional greeting, identify the facility you are with, and what your name is. For example, “Thank you for calling Kapata Clinic, this is Lillian. How may I help you?”
- Avoid saying “Good morning,” or “Good evening” as it is easy to confuse the time of day during a busy workday.

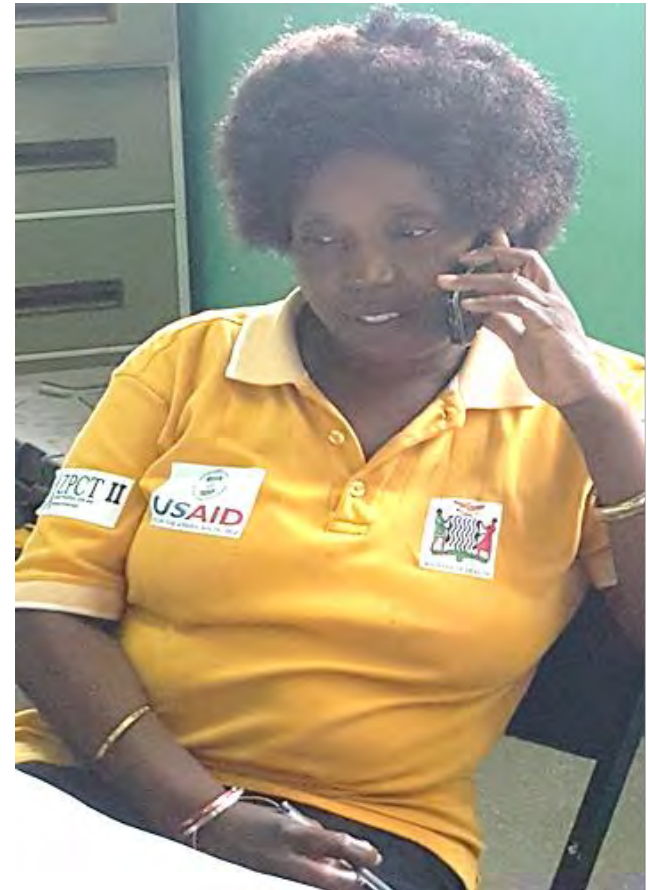


# Client Call Etiquette (5)

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## 5. Stay calm.

- Regardless of the client's tone of voice, sounding pleasant and professional is one of the most important parts of your job.
- If the client is angry or frustrated, remember that their emotions are not personally directed at you.
- View each call as an opportunity to solve a problem or make someone feel better than before the call.
- Gather all the relevant information to help address the caller's concern.



# Client Call Etiquette (6)

## 6. Get important information for all call backs.

- It may be necessary to call the client back later or follow up with them at home or work.
- Therefore, be sure to get all the necessary information, such as;
  - Phone #, the issue, date, and time of original call, and anything else you believe might be helpful for assisting that client.
  - (Talley sheet and occurrence register)



THE SCIENCE OF IMPROVING LIVES

**Zambia Defense Force**  
Prevention, Care and Treatment Project

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Client Experience Associate

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# Client Call Etiquette (7)

## 7. End Calls Courteously.

- For example: *“Thank you for bringing this to our attention. We’ll address it with our staff immediately.”*
- Or: *“I’m glad you called to reschedule. We’ll see you on Thursday at 9:00.”*
- When the caller has agreed, follow up with: *“Thanks for calling. Good-bye.”*
- Don’t use, *“okey-doke”* or *“alrighty”* or any other slang phrase to end the call.

Ongoing adherence support schedule for all new ART and PMCTC clients							
MONTH 1							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1	Treatment initiation-receives next appointment date	Phone Call/Home visit by Case Manager (Expert Client)		Phone Call by Pharmacist to assess adherence			Phone Call/Home visit by Case Manager (Expert Client)
Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	SMS/ WhatsApp messaging to reinforce adherence			Phone Call/Home visit by Case Manager (Expert Client)		Day 14 appointment reminder by CEA or Case Manager (Expert Client)	Scheduled visit: Clinical, Pharmacy, Laboratory and Adherence
Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
	SMS/ WhatsApp messaging to reinforce adherence					Phone Call/Home visit by Case Manager (Expert Client)	
Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
	SMS/ WhatsApp messaging to reinforce adherence	Phone Call by Pharmacist to assess adherence					Month 2 appointment reminder by CEA or Case Manager

# Short Message Service (SMS) Etiquette (1)

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## Some rules for texting etiquette:

### 1. Keep messages “text friendly.”

- Use text to send and receive straightforward information such as appointment reminders and confirmations.
- Don’t ask for more than necessary because it can open the door for more questions and concerns from the client that should not be addressed through text messages.

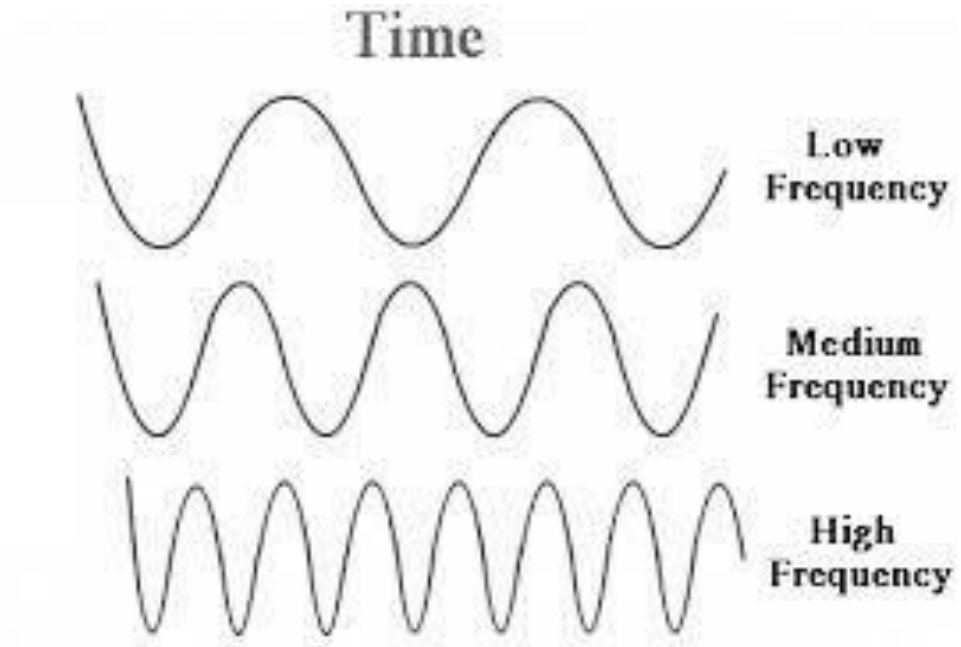
*“Hi Christian, this is Mbozi from Sinda Clinic. Just wanted to send a reminder that you have an appointment tomorrow at 3:30 PM. Is that still good for you?”*

*“Hi Christian, this is Mbozi from Sinda Clinic. Your results are still high, so we want you to come for a session tomorrow at 10:00 AM.”*

# SMS Etiquette (2)

## 2. Consider timing for texts.

- When to send
- Frequency of sending
- How quickly to respond



Recommended: Short messages,  
at low frequency, during daytime,  
with feedback option

# SMS Etiquette (3)

---

## 3. Add a personal touch.

***“Hi Hellen,  
this is Kapata clinic.  
Just a reminder of  
your appointment on  
11 June at 9 a.m.  
Please call or text us  
to confirm;  
see you then.”***

***~~“Hello,  
please reply YES  
to confirm  
your appointment at  
9 a.m. on June 11  
with Kapata clinic.”~~***



# SMS Etiquette (4)

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## 4. Do not include jokes.

- Be conservative.
- There is too much room for possible misinterpretation.





# SMS Etiquette (5)

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## 5. Keep messages very brief.

- Texting is meant for quick, short communication.
- Structure texts so clients can respond with very few words.
  - For example: “Yes”, “No”, “*I need to change my appointment*”, “*That works for me*”.
- If you need more information than that, reach out by email or phone instead.



# Front Desk Etiquette

---

Front desk staff (client experience or service associate) are the first contact the client should have with your health facility.

1. Welcoming and greeting clients
2. Calling clients
3. Answering the facility phone
4. Scheduling appointments
5. Obtaining demographic information
6. Triaging clients
7. Recording clients' concerns, complaints, and inquiries, and eventually providing feedback to both clients and facility staff.

It is important to keep up with the fast pace of the health facility needs as well as pay great attention to detail.

# Front Desk Etiquette (1)

Some front desk responsibilities:

## 1. **Receives clients and visitors**

- Welcomes and greets all clients and visitors, in person or over the phone
  - Remember, first impressions are lasting ones.
- Provides high-quality customer care service to prevent dissatisfaction



Source: <https://blog.upbook.com/essential-medical-receptionist-duties>

# Front Desk Etiquette (2)

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## 2. Answers the phone.

- Answers incoming and outgoing phone calls.
  - Maintain a polite, consistent phone manner using proper telephone etiquette.
  - The way the facility staff member answers the phone when a client calls in determines how the facility is perceived.



Source: <https://tollfreeforwarding.com/features/ring-to/>

# Front Desk Etiquette (3)

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## 3. Maintains the reception area.

- Cleanliness is essential to keeping everyone safe and healthy.
- Ensure infection control protocols are implemented.
  - Collaborate with infection prevention control coordinator



# Front Desk Etiquette (4)

## 4. Maintains client records.

- Responsible for registering new clients and updating existing client demographics by collecting client information.
- Invalid information can affect client follow-ups and reminders.
  - Update locator forms at each visit.



# Front Desk Etiquette (5)

## 5. Facilitates client flow.

- Facilitates client triaging and ensures the flow chart or process is satisfying for the clients.
- Notifies providers (clinicians, laboratory, and pharmacy personnel) of clients' arrival, stays aware of delays, and communicates with clients and clinical staff.
  - If the clients are not happy with the entire process, they may not come back.
- Provides high-quality customer service and excellent client experience to prevent interruption in treatment due to dissatisfaction.
  - Clients will very likely continue to come back if they are satisfied with the entire process.





# Front Desk Etiquette (6)

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## 6. Answers questions.

- Handles inquiries in a courteous manner.
  - A technique called “active listening” is helpful to ensure that understanding is complete.
- In this technique, the listener rephrases the information they heard in their own words.
  - If this information is correct, the exchange is complete; if not, the sender of the information can correct any misunderstandings at this time.





# Front Desk Etiquette (7)

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## 7. Maintains internal communication.

- Ensures health facility vital supplies are adequately stocked
- Coordinates communication among various service points
  - Stays informed about supplies and orders, e.g., stock status, stationery



# Front Desk Etiquette (8)

## 8. Safeguards confidentiality.

- Protects client confidentiality by ensuring health information security
  - Not leaving protected health information in plain sight and logging off the computer before leaving it unattended.
- Maintaining client confidentiality not only makes clients feel secure about being treated at the facility, but it is a legal requirement.





# **FHI 360 Client Experience Training**

Module 5: Hospitality Principles for Quality of Care and Treatment

# Elements of Hospitality (1)

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Elements of remarkable service in a health facility:

## 1. Good first impression

- First impressions are always important.
  - You only have one chance to make a good first impression.
- In the health care business, judgments may be formed by clients within minutes of their arrival that alter their entire client experience.



# Elements of Hospitality (2)

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## 2. Welcoming, friendly, and courteous

- A warm, friendly welcome assures clients that they can relax and enjoy their experience receiving health services.
- A warm goodbye makes clients feel appreciated and encouraged to return for their next appointment.



Source: <https://www.fairlands.herts.sch.uk/news/278-welcome-to-our-new-facebook-page>



# Elements of Hospitality (3)

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## 3. Knowledgeable

- Clients often request information about specific services
  - The health care provider (HCP) must be knowledgeable about the various issues clients may ask about and be able to help accordingly.
- Provide accurate information
  - HCP must “read between the lines” for other needs.
- Refer accordingly (additional information, services)

# Elements of Hospitality (4)

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## 4. Efficient

- Saves time, which allows more work to be done, and helps achieve goals with less effort. For example:
  1. Use of Outlook reminders for appointment scheduling of clients
  2. Appropriately triages clients to avoid unnecessary queuing





# Elements of Hospitality (5)

## 5. Timely responses

- Anticipates needs of clients during the appointment visit and after.
- Provides the right services before the clients even realize they need them.
- For example:
  - Sending appointment reminders
  - Triage and fast-tracking clients
  - Sorting client health information on SMS appropriately
  - Disseminating health education information



# Elements of Hospitality (6)

## 6. Flexible

- Remarkable service is more than adhering to a set of rules in the process.
  - Stays flexible to accommodate the client.
  - For example: clients may ask to collect drugs after working hours or to collect drugs a few days earlier than scheduled.



# Elements of Hospitality (7)

## 7. Consistent

- Clients go to a health facility the first time for different reasons.
- Clients may come back for only one reason:
  - They like the services provided at the facility.
- Consistently providing high-quality health care and customer experience to ensure continuity of care and treatment.



# Elements of Hospitality (8)

---

## 8. Communicate effectively

- Provide the right amount of information, as needed.
- Provide information clients need to know in a straightforward, obvious manner.
  - The information should not be too technical, it should be provided in simple language that will be clear to the client.



# Elements of Hospitality (9)

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## 9. Exceed expectations

- Health facilities should constantly seek ways to better the client experience.
  - The best service is constantly improved.
- Add little touches to daily routine
  - Greet clients by names
  - Wish them happy birthday
  - Send appointment reminders





# Elements of Hospitality (10)

## 10. Instill trust

- A state of trust must be established between the provider and the client.
  - The client wants to feel secure and assured of confidentiality.
  - A bond of trust is key for continuity of care and treatment.



Make good use of the 10 basic elements of hospitality to encourage continuity of care and treatment.



# **FHI 360 Client Experience Training**

Module 6: Applying Code of Ethics and Conduct for Quality of Care and Treatment





# Ethics

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- Ethics are a set of rules, principles, values, employee expectations, behaviors, and relationships that govern the operation of a business or activity; and are necessary for success.



# Protocol

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- Protocols are rules that are needed so that quality of products and services can be maintained.



# Sitting Position and Posture

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- **How many of us think about the way we sit, especially in public?**
- **The way we sit sends a message and affects interactions.**



Protocol involves proper procedure that assists in interactions; correct protocol ensures a good sense of decorum, etiquette. and respect.

Correct sitting protocol:

- Avoid wide open legs. This is most offensive and exhibits arrogance and disrespect.
- Crossing legs at the knees showing sole of the shoe is offensive and disrespectful.
- Ankle-cross, also known as the Royal Cross, is simple and less offensive; acceptable in most cultures.
- Do not slouch (sit with an awkward posture).

# Code of Ethics and Conduct

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- Code of Ethics and Conduct lays out the standards of ethical behavior and professional conduct required of all personnel.
- It identifies potential ethical issues, encourages vigilance and open communication, and provides tools to help carry out work in accordance with an organization's values and policies, as well as applicable law.
- Code of Ethics and Conduct also defines how to report violations, the process for investigating reports, and disciplinary action for violations.
- It also prohibits any retaliation against those who make good faith reports of possible code violations (whistleblower protection).

# Responsibilities Expected of All Personnel

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- Read, know, and understand the available code, review and become familiar with any revisions, and promptly undergo trainings.
- Act honestly, ethically, and with integrity.
- Comply with all applicable statutory laws and funder regulations.
- Be alert to potential ethical issues, seek advice and further guidance as needed, and take steps to avoid or resolve ethical concerns according to principles reflected in the code.
- Challenge questionable conduct and report known or suspected violations of the code using established reporting channels.
- Cooperate with investigations of alleged code violations.

# Additional Responsibilities for Supervisors

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- Being a role model.
  - Setting the tone for team members by demonstrating the ethical conduct expected of all personnel.
- Promoting a culture of compliance and integrity.
  - Making ethical awareness an integral part of day-to-day business, and its importance reflected in goals and performance objectives.
- Fostering open and honest communication.
  - Being available and accessible to create an environment in which employees feel free to ask questions and raise concerns without fear of reprisal.
- Responding to misconduct and reporting violations.
  - Notifying appropriate offices such as Human Resources, Internal Audit and Compliance, Ethics bodies within 24 hours of received report or observed violations, whether actual or suspected.

# Mainstreaming Ethics

- Ensure ethical values and practices are mainstreamed in all program areas.
- Additional organizational policies such as **safeguarding, harassment, and no retaliation** may be required to ensure successful implementation of the Code of Ethics and Conduct.

**Workplace Issues:** Professionalism, Equal Employment Opportunity, Harassment, Violence, IT Resources, Confidential Information- Business, Personnel and Participants

**Conflict of Interest:** Disclosure Statements; Acceptance of Gifts, Consultancies and Other Affiliations, Prevention of Insider Trading

**Research and Programs:** Study Subjects, Safeguarding of Children, Combating Trafficking of Persons, Protection of Program Participants from Sexual Exploitation and Abuse (SEA)

**Business and Procurement Integrity:** Dealings with Governments and Officials, Employee or Consultant Fraud, Procurement Policy

**Resources for Advice:** Contacts for questions about the organization's Code of Ethics and Conduct, anonymous options, no retaliation protection



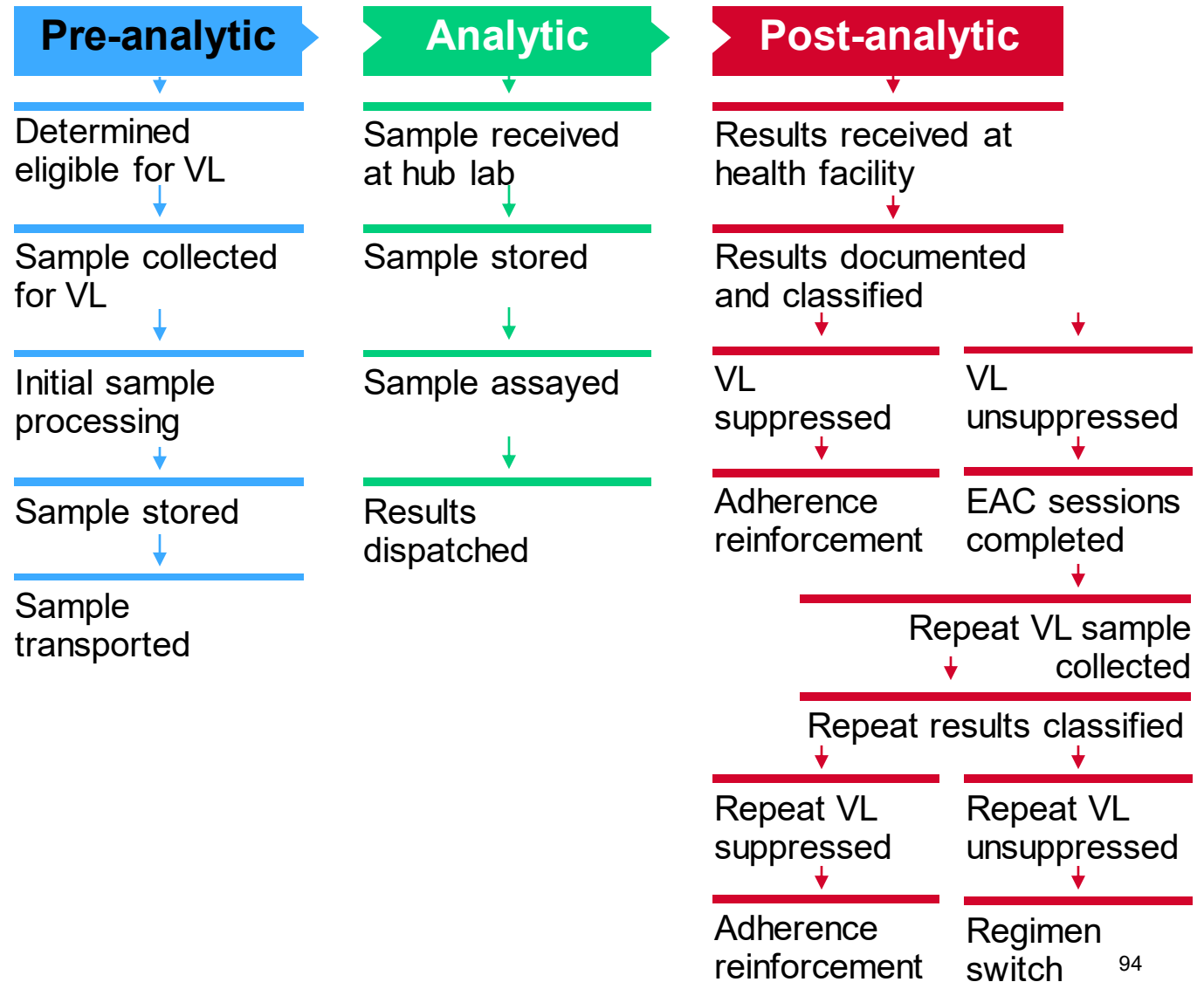
# Importance of Code of Conduct

## Consistency

- Promotes consistency since services are replicated, regardless of who is handling the task.
  - For instance, the viral load coverage (VLC) value chain and management of high-VL clients.

## Contingency

- Includes contingency plans for various situations or when things do not happen according to plan.
  - For example, instructions to deal with violent or aggressive clients.



# Conduct Rules (1)

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## Greetings matter.

- Basic courtesy
- Integral part of both social and business etiquette
- Be polite and kind to clients as it establishes a rapport.
- Simple words like “How are you?” and even a nod or warm smile is enough to show that you care.



# Conduct Rules (2)

## Appropriate attire is important.

- One of the most important aspects of business etiquette is following the dress code.
- Dress appropriately on all occasions.
- You cannot go to a meeting wearing informal clothes as it will set a bad precedent...  
“You’re what you wear.”



# Conduct Rules (3)

## Body language

- Pay attention to how you sit, where you place your arms, facial expressions—all aspects of body language.
- Standing straight in the presence of colleagues, clients, and superiors, especially during meetings and events, is a must.
- Offer a firm handshake whenever you meet someone, smile to show your appreciation in meeting others, and make eye contact while talking.



Photo source: <https://moderntalentusa.com/2017/11/06/how-body-language-affects-sales-goals/>

# Conduct Rules (4)

## Show involvement

- Nod and smile at important points in the conversation.
- Show that you are actively listening and are interested in the conversation with the client.
- Do not interrupt the client while speaking.
  - No WhatsApp, Facebook, Headsets
- Let them finish and then offer your input.
  - This is polite interaction and shows that you value their thoughts.





# Conduct Rules (5)

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## Be punctual

- While it may be acceptable to be late in a social setting, it is poor business etiquette in a professional atmosphere.
- Shows disrespect to other involved parties.
- Eventually harms your professional reputation.
- Call to inform a person or group if you will be late.
  - Avoid saying according to “Zambian time, Nigerian time...”



Image source: <https://www.linkedin.com/pulse/punctuality-powerful-way-show-respect-enrique-rubio-csm>

# Benefits of Correct Conduct

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1. Proper etiquette creates a first impression that lasts.
2. Enhances your status at the workplace. People will consider you more capable, intelligent, and professional than others.
3. Can boost self-confidence and self-esteem.
4. Helps make clients feel comfortable around you.
5. Builds strong relationships and friendships with clients and colleagues.
6. Urges you to be kind to others and boosts your satisfaction.
7. Upholds proper ethical standards.



# Food for Thought

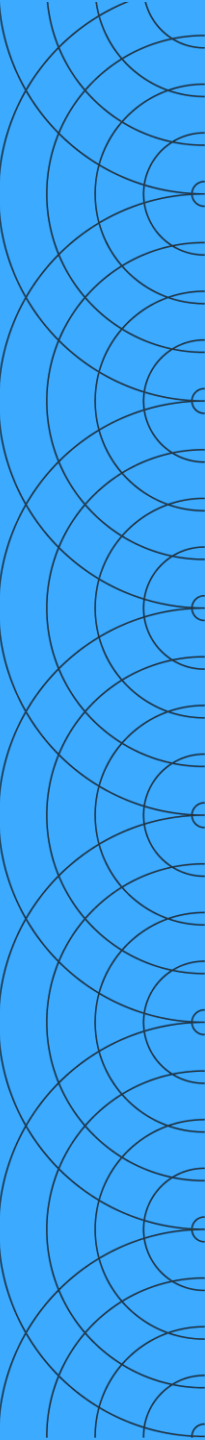
- Personal space:
  - When is close too close?
- Touching:
  - Who and when?
- Difference:
  - In cultures regarding hugging, touching, dinner invitation





# **FHI 360 Client Experience Training**

Module 7: Psychosocial Counseling Skills



# Definitions

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## What is counseling?

**Psychosocial:** Relates to both the psychological and social aspects of something.

**Counseling:** A process in which clients learn how to make decisions and formulate new ways of behaving, feeling, and thinking.

**Psychosocial counseling:** An interaction in which the counselor (helper) offers another person the time, attention, and respect necessary to explore, discover, and clarify ways of living more resourcefully, and to his or her greater well-being.



Image source: Counseling by Cuputo from Noun Project

# Types of Counseling

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- Cognitive behavioral counseling
  - Aims at changing the thoughts, beliefs, and behaviors of a client
  - Highly structured, looks at specific problems to enable clients to learn skills to deal with present and future problems
- Psychodynamic counseling
  - Emphasizes social development associated with individuation and family life cycle.
  - Aims to encourage client to talk about difficulties, reflect on them, and consider if there is a link to childhood traumatic experiences.
  - May involve cooperative problem solving and behavioral experiments
- Crisis counseling
  - A short and active intervention
  - Based on sound assessment of the situation such as family, client, social network, nature of the stressor, severity of the response of risk, and available coping resources
  - Aims to help client redefine challenges and mobilize resources for resolution

# Basic Principles of Counseling

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- Listening
- Empathy
- Positive regard and respect
- Clarification
- Confrontation
- Appropriate information
- Summarize



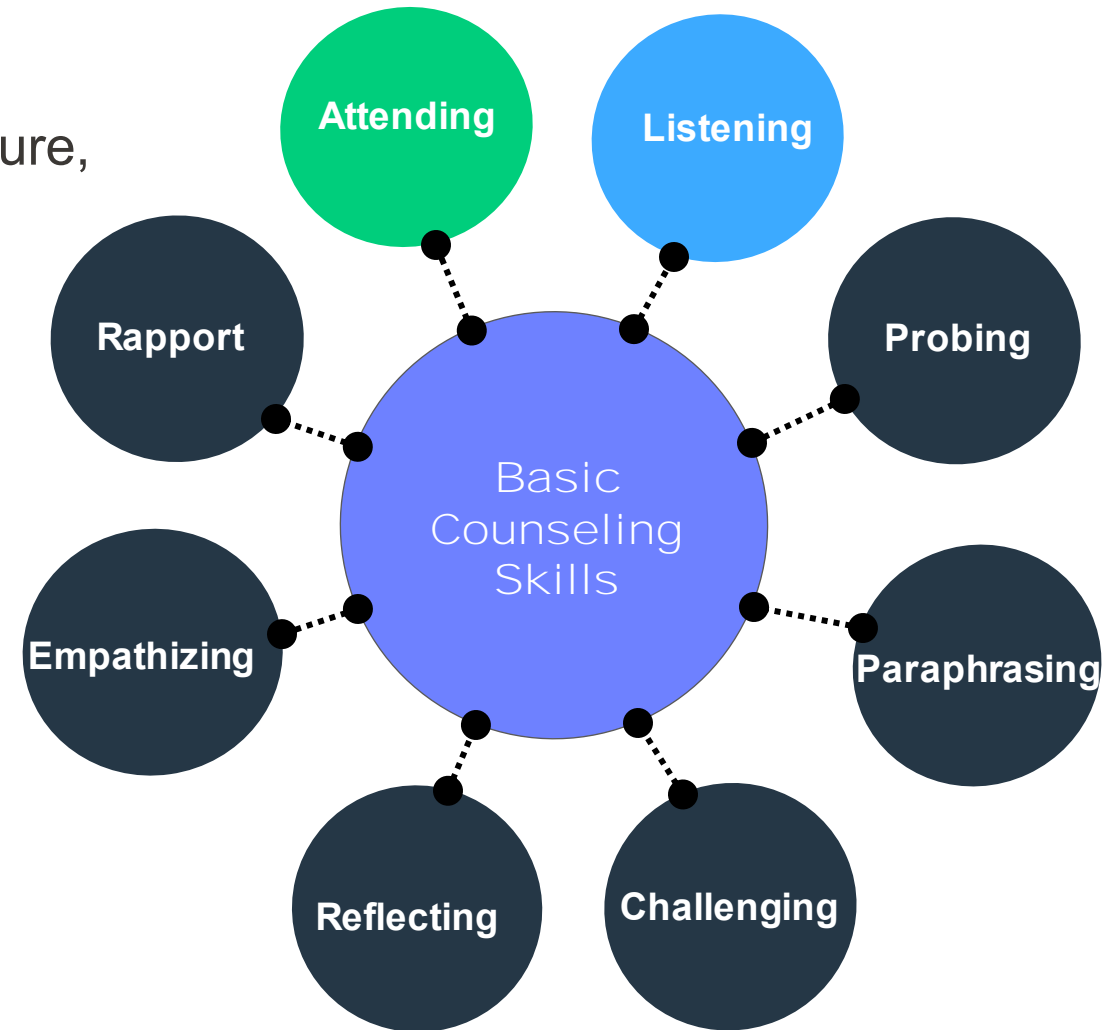
# Basic Counseling Skills (1)

## Attending skills

- Friendliness; courtesy; eye contact; relaxed posture, body language, and vocal tones
- Encompasses commitment to time, contractual obligations, counseling room arrangement
- Helpful in making client feel at ease and relaxed

## Listening skills

- Used to gather information about the client
- Involves getting the actual words of the client
- Involves listening to the mood, feelings, and underlying messages conveyed through actual words clients use



# Basic Counseling Skills (2)

## Probing/questioning skills

- Develops right questions to elicit maximum information
- Open-ended questions are more useful to permit clients to express themselves fully
- Poor questioning skills will not establish problem clearly

## Paraphrasing skills

- Counselor repeats the essence of client's words and thoughts

## Challenging skills

- An invitation to examine internal and external behavior that seems to be self-defeating, harmful to others, or both
- Helping clients develop new perspectives of themselves





# Basic Counseling Skills (3)

## Reflecting skills

- Ability to communicate understanding of client's concerns and perspective at an emotional level
- Demonstrates counselor can follow what the client is saying and feeling

## Empathizing skills

- Involves listening to the concerns and clarifying and communicating this understanding to the client
- Helps clients discover new meaning and perception in relation to their situation
- Establishes an understanding of the clients and their world
- Involves entering another person's perceptual world



# Qualities of a Good Counselor (1)

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## Responsibility

- To function well and effectively, a counselor needs a high sense of commitment and responsibility

## Reliability

- A counselor must be truthful and honest; hold reasonable control over their emotions
- Should be dependable and considered as such by the client and the community at large

## Humility

- The counselor must be able to acknowledge his/her own limits
- A counselor may not have the specific training to competently handle all the problems that a client may present
- A counselor is ready and willing to refer clients they cannot competently handle



# Qualities of a Good Counselor (2)

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## Intelligent

- Uses intellectual capacity to the full; eager to learn and acquire different skills
- Sees problems in right perspective, gives appropriate advice

## Maintains confidentiality

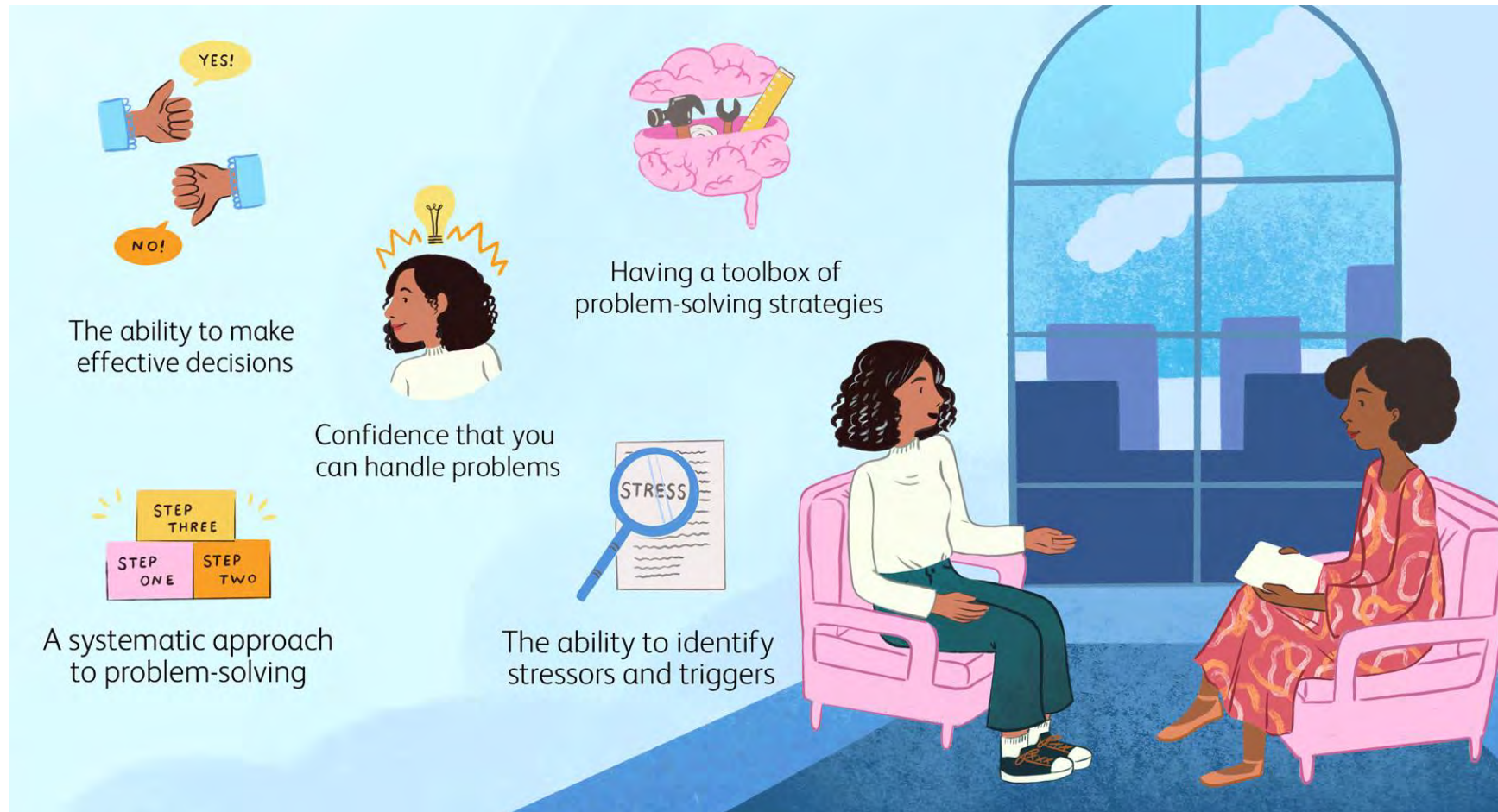
- Does not divulge information without permission; information kept strictly confidential
- Builds trust to get more sensitive information useful in solving the problems

## Professional

- Good conduct and appearance is important for counselor's own physical and mental health
- Counselor will be respected and valued by clients



# Attributes of a Problem-Solving Counselor



Source: <https://www.verywellmind.com/an-overview-of-problem-solving-therapy-4767991>

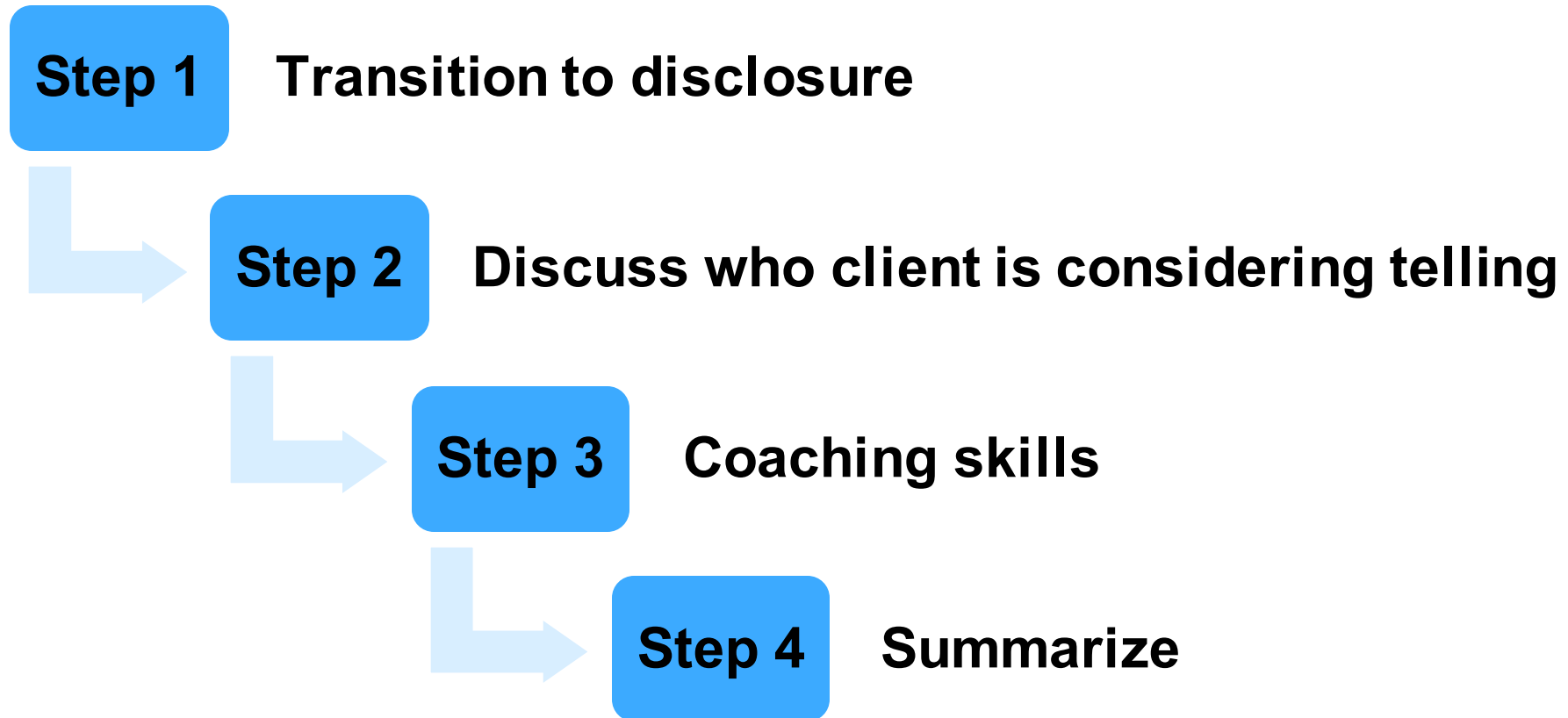
# Supporting Self-Disclosure of HIV Status

- Group formed by people undergoing similar problems with a view to sharing ideas on how to overcome the challenges they face.
- Support groups are beneficial because members have a sense of belonging.
- Members feel free to share their problems and coping strategies with people in similar situations.
- The help from support groups is meaningful because it comes from people who have gone through a shared problem.
- The solutions are based on practical experience.
- The counselor can provide technical support and guidance to the group. The counselor will help in the initial organization of the support group.



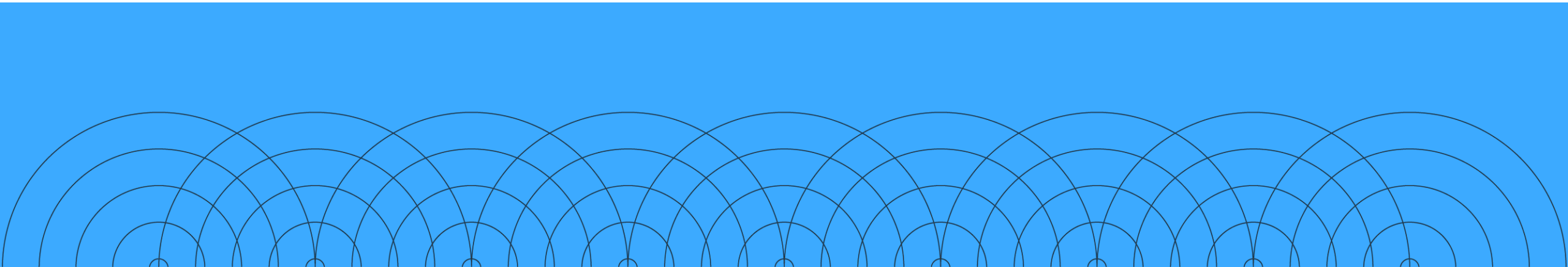
# Four-Step Disclosure Model

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# *Role Play*





# Step 1 – Transition to Disclosure

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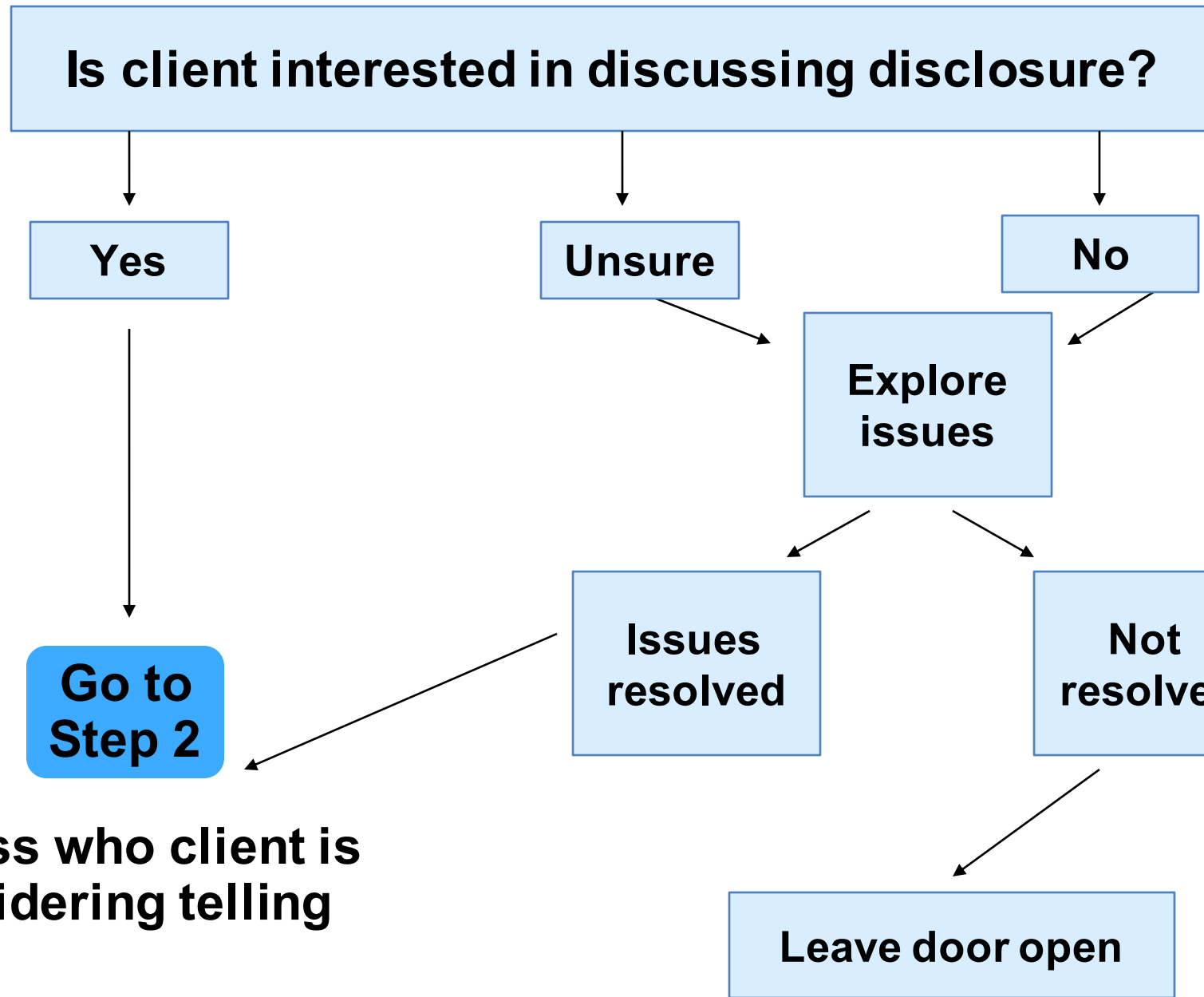
## **Step 1** Transition to disclosure

**Transition is a phrase or sentence which:**

- Bridges to the topic of disclosure
- Draws on the context of the current session or setting
- Checks in with a feeling

Facilitates the client's planning for disclosure

Is a simple invitation to discuss the topic further



**Discuss who client is considering telling**

# Step 2 – Discuss Who the Client Wants to Tell

---

**Step 1**



**Step  
2**

**Discuss who the client  
is considering telling**

- Assist with prioritizing disclosure
- Explore issues, benefits, and concerns for each person
- Discuss what else might be disclosed with HIV status
- Ask how client thinks the person will react
  - Assess for potential violence

# Step 3 – Coaching Skills

---

**Step 1**



**Step 2**

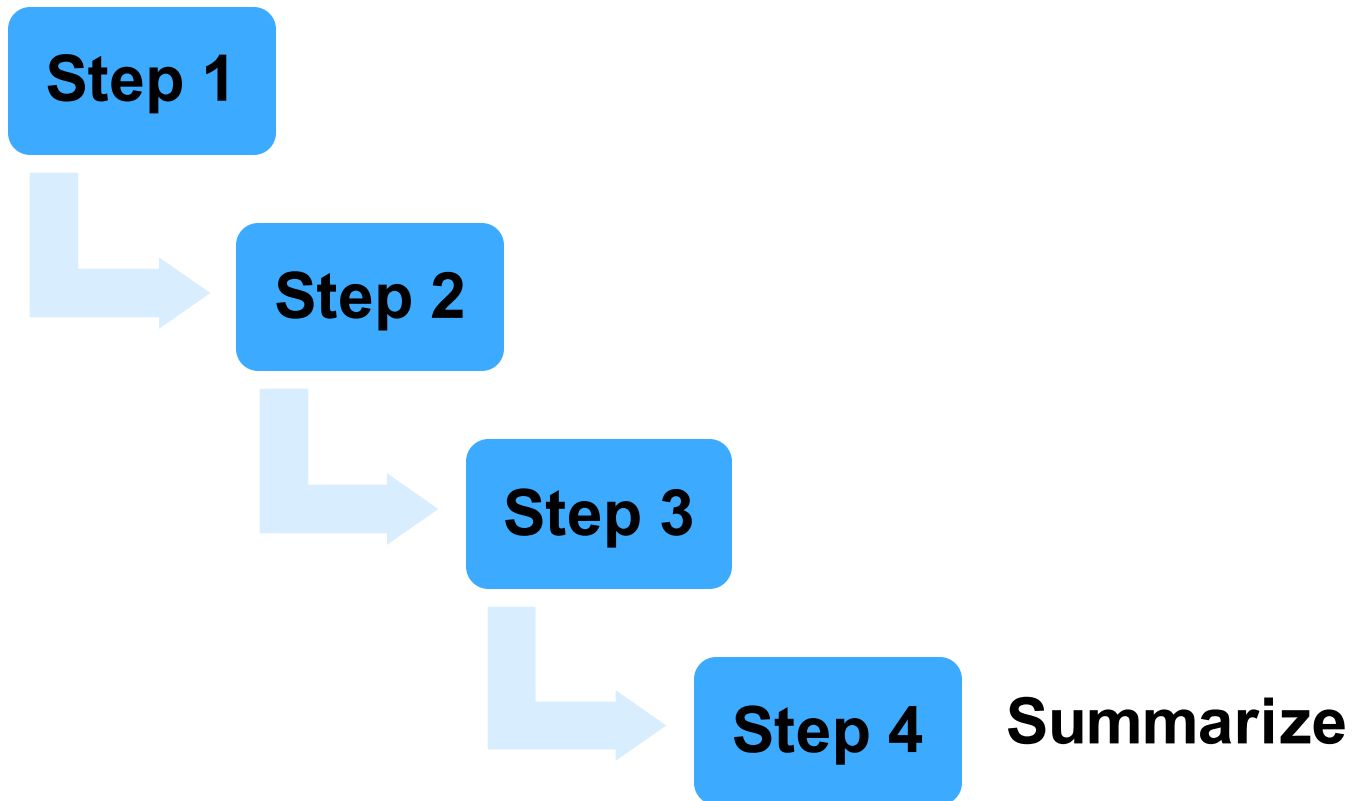


**Step 3 Coaching skills**

- Explore when, where, and how the client will disclose to each person
- Remind the client about securing a private place
- Ask client what they will say and offer practice
- Revisit how the client thinks the person will react
- Provide appropriate referrals and explore need for support

# Step 4 – Summarize the Discussion

---



- Review what you have talked about
- Validate the client's decision about disclosure
- Leave the door open to further assistance

# Remember to...

---

**“ lose the session...not the door.”**

–Linda DeSantis,  
California Prevention Training Center (CAPTC)



# FHI 360 Client Experience Training

Module 8: Understanding Client Appointment and Tracking Systems  
(Electronic and Paper-Based Medical Records)



# Definitions

---

- **Continuity in care and treatment:**

Client adhering to appointments and likely ART medication

- **Late for appointment:**

Client missing scheduled appointment—clinical, laboratory, pharmacy, EAC—but no more than 28 days; immediate tracking prevents interruption in treatment (IIT)

- **Interruption in treatment (IIT):**

Client missing scheduled appointment—clinical, laboratory, pharmacy, EAC—for more than 28 days; systems knocks client off list with active status

# Importance of Functional Appointment Systems

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- Structured appointment systems are important for scheduling clients seeking health services conveniently.
- A missed appointment is the first step to a client's fall out of care.
  - All facilities must have a dedicated manager of the appointment system.
  - A list of scheduled appointments should be prepared days prior to appointments.
  - Scheduled clients must be reminded of their appointments.
- If clients miss their appointments:
  - Actively track them as soon as possible
  - Document in paper or digital tracking systems
    - register, e.g., community ART register
    - DHIS2 tracker, QuickRes

# Client Appointment Systems

---

Here are examples of systems:

- Electronic:
  - Electronic Health Records (EHR), e.g., SmartCare, Radet
  - Partner- or project-developed app, UMODZI
  - ODKs, ORA, QuickRes, CommCare
  - Microsoft Outlook
- Paper-based:
  - Appointment register, community ART tracking register
  - Diaries



# Example 1: UMODZI, local solution

- Umodzi, local terminology meaning oneness or togetherness for a common community goal
  - Schedules appointments
  - Tracks missed appointments
  - Assigns case manager
  - Documents events and outcomes
  - Sends notifications

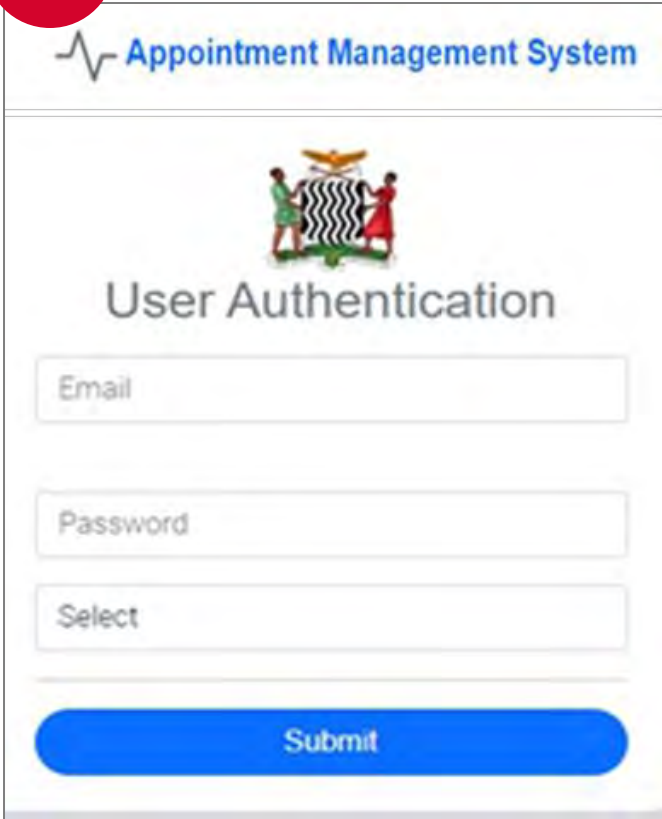
## Value Proposition Model



# UMODZI Modules

1. Authentication and login
2. Create appointment
3. Client transfer
4. Reporting
5. Tracking
6. Searching for client

1



Appointment Management System

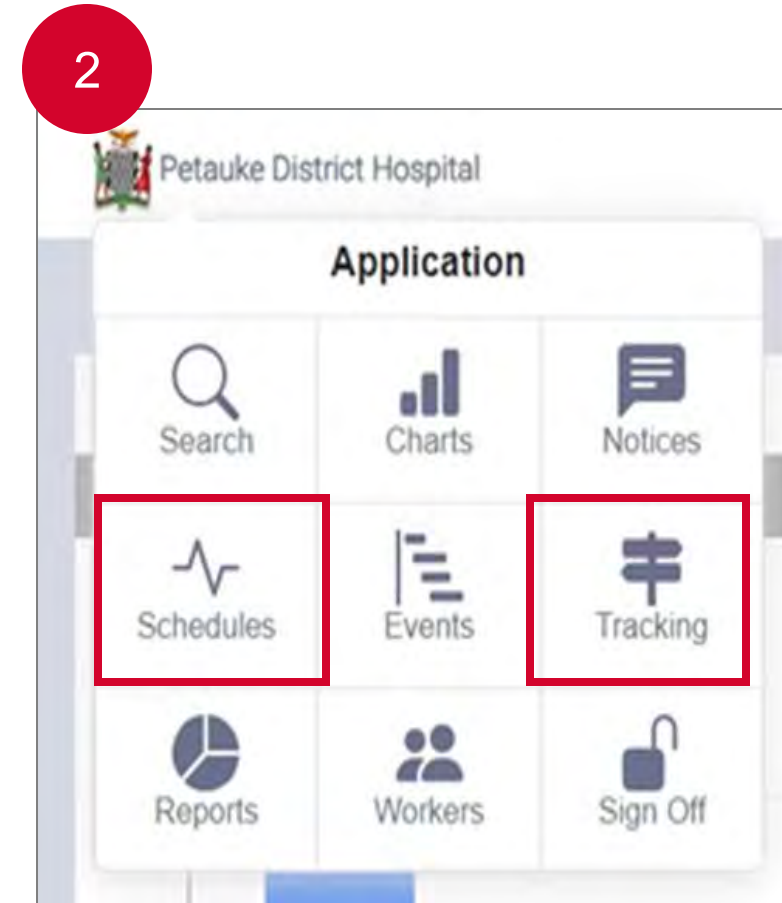
User Authentication

Email

Password

Select

Submit



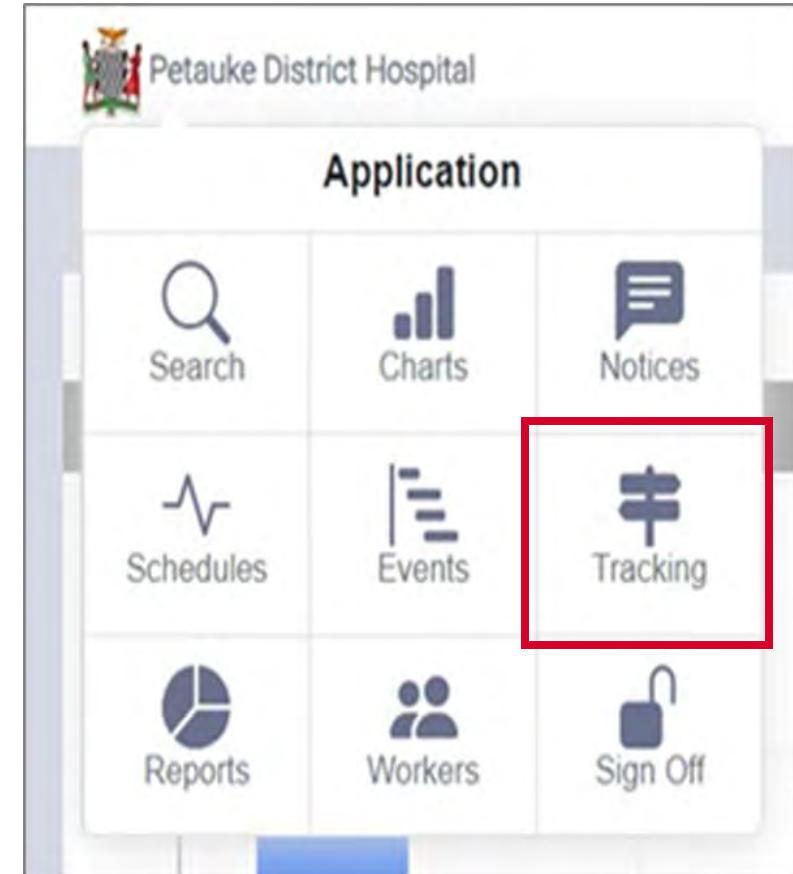
# UMODZI Navigation Steps

1 Select date tracking done



2 Select tracking activity done

3 Select tracking response

4 Click submit button



# UMODZI Dashboards

<div>  Events In         </div>		
<div> <a href="#">Recipients Transferred Out</a> <a href="#">Recipients Transferred In</a> <a href="#">Treatment Interruptions</a> <a href="#">Mortality</a> </div>		
<div>  Treatment discontinuation         </div>		
<div> <input type="text" value="Filter"/> </div>		
	Age/Sex	Date Declared
	0/	14-02-2022
	0/	25-02-2022
	0/	15-02-2022
	0/	04-02-2022
	0/	19-01-2022
	0/	15-02-2022
	0/	25-02-2022
	0/	24-02-2022

Days Missed	Days Declared Late	
3	25-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
5	23-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
5	23-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
5	23-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
3	25-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
5	23-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
5	23-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>
6	22-03-2022	<a href="#">+ View</a> <a href="#">Enter Activity</a>



# UMODZI Reports

1 Client scheduled for appointment

2 Client late for pharm-pickup

3 Client missed pharm-pickup

4 Client transferred out

Petauke District Hospital

Notices HI

### Generate Report

ART MCH

#### Recipients related reports

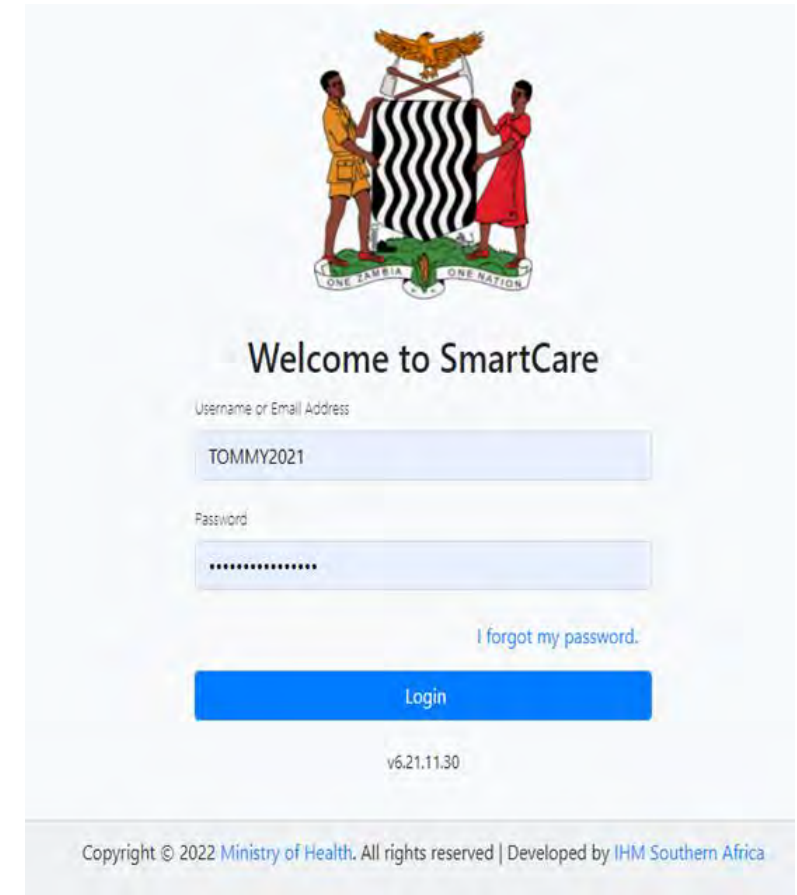
Filter 4 records

SN	Category	Description	Title
1	Appointments	List of recipients of care scheduled to visit the facility within a specified period.	Appointment List <a href="#">Pick Date</a>
2	Appointments	List of recipients of care late for pharmacy pickup.	Late Appointment List < 28 days <a href="#">Pick Date</a>
3	Appointments / Events	List of recipients of care missing for pharmacy pickup > 28 days	Late Appointment List > 28 days <a href="#">Pick Date</a>
4	Events	List of clients who where transfered out, reaching the facility	Transfer out <a href="#">Pick Date</a>

First « 1 » Last

## Example 2: SmartCare Plus, Client-level EHR

- SmartCare Plus is an enhanced web-based clinical workflow-centric EHR
- Designed to:
  - Ensure health care workers focus on quality service provision to clients, not merely “data entry”
  - Support faster and more accurate reporting at all aggregation levels
  - Runs on many operating systems, browsers, and devices. Preference is for desktops or laptops with a 900 pixel or higher screen resolution.



The image shows the login page for SmartCare Plus. At the top is the coat of arms of Zambia, featuring two figures holding a shield with a zebra pattern, topped by an eagle, with the motto 'ONE ZAMBIA ONE NATION' below. Below the coat of arms, the text 'Welcome to SmartCare' is displayed. Underneath is a login form with two fields: 'Username or Email Address' containing the text 'TOMMY2021' and 'Password' containing a series of dots. To the right of the password field is a link that says 'I forgot my password.'. Below the form is a blue 'Login' button. At the bottom of the form area, the version number 'v6.21.11.30' is shown. At the very bottom of the page, a copyright notice reads: 'Copyright © 2022 Ministry of Health. All rights reserved | Developed by IHM Southern Africa'.

# SmartCare Plus Appointment Scheduling

- Scheduling can be done from multiple entry points and viewed by all providers and case managers

Select Service Queue

Assigned to me

Assigned to me

All

Admission Wards (0)

ANC (0)

ART (3)

HTS (3)

Imaging (0)

Laboratory (2)

Labour Ward (1)

Pharmacy (0)

SCREENING ROOMS (2)

TB Services (0)

TB Services (0)

TRIAGE (0)

Tommy Sajisa (1)

Visit Date 25/01/2022

Next Visit dd/mm/

SD 1M 3M 6M

Back Save Finalise

Client Type

+ Pin

Details

+ Pin

Client most recent result

+ Pin

Partner Status

+ Pin

Test consent

+ Pin

Clinical Investigations

+ Pin

HIV Diagnosis

+ Pin

Referrals

+ Pin

Visit Date 25/01/2022

Next Visit dd/mm/

SD 1M 3M 6M

Back Save Finalise

# SmartCare Plus Dashboards

1

Dispensed drug will appear under dispensations tab

2

Enter date of next visit

**Visit Details**

Reason for visit  
Drug Refil

Details  
Bolinggo is refilling drugs.

Please select a visit type  
Re-attendance

Patient Type  
Referral

Is passer-by?  
Y N U

**Assign BOLINGO MUKELEBAI to a Queue**

Anti Retro viral Services (1)	ART Screening Room (1)	EMTCT (0)
Enrollment (1)	Pharmacy (0)	Triage (1)

## Pharmacy

**BOLINGO  
MUKELEBAI**

20 year old Male. Born Monday 31 Jan  
2000

Visit Date 21-Apr-2020

2

Next Visit dd-----y

SD

1M

3M

6M

Back

Save Progress

Finalise Record

## Dispensations

1

Active Visit Past Visits

Date	Drug	Dose Strength	Instructions	Units Disp	+ Add
21 Apr 2020	Aceclofenac +Paracetamol	110+500 mg	2 tab(s) od	1 cap(s)	<div>EditRemovePrint</div>

# SmartCare Plus Reports

1 Client scheduled for pharm pickup

2 Client due for VL sample

3 Client due for COVID-19 vaccine

4 Client due for CaCx screening

Identified Reports	Coded reports	De-Identified	Operations	Aggregates
<b>All Services</b>	<b>Name</b>	<b>Description</b>		
Regis	ART Appointments Pending	List of ART appointments in the future	<a href="#">Run Report</a>	
OPD	ART Appointments for Today	List of ART appointments for today	<a href="#">Run Report</a>	
VCT	ART Patients Late for Pharm Pickup	List of patients late for pharmacy pickups	<a href="#">Run Report</a>	
MCH	All Clients Register	List of clients with 1st Visit Date and Days Since Last Visit	<a href="#">Run Report</a>	
ART	Clients Due for Viral Load - ID'd	Clients Due for Viral Load - ID'd	<a href="#">Run Report</a>	
LAB	Clients Starting ART in Period	List of patients with ART start date in selected time interval	<a href="#">Run Report</a>	
Pharm	HIV+ Clients due in period without Recorded VL - ID'd	HIV+ Clients with no Recorded VL - ID'd	<a href="#">Run Report</a>	
	Hiv Patients Status Report	List of patients with IHAP and/or ART start date and patient status	<a href="#">Run Report</a>	
Results: 24 (8 per page)		8 per page		<a href="#">«</a> <a href="#">&lt;</a> <b>1</b> <a href="#">2</a> <a href="#">»</a>



# Online Reservation App (ORA), QuickRes

- Online reservation app (ORA) is accessible via a web browser and can be used for case management.
  - Interfaces and functions for clients, providers, case managers, and program managers
  - Relevant for a wide range of health services; already tailored for HIV, STI, family planning, violence, mental health, and COVID-19 services
  - Client confidentiality and data security ensured through secure hosting and web services, security functions, and tailored implementation
  - Deployment options: (1) country specific ORA or (2) join multi-country QuickRes

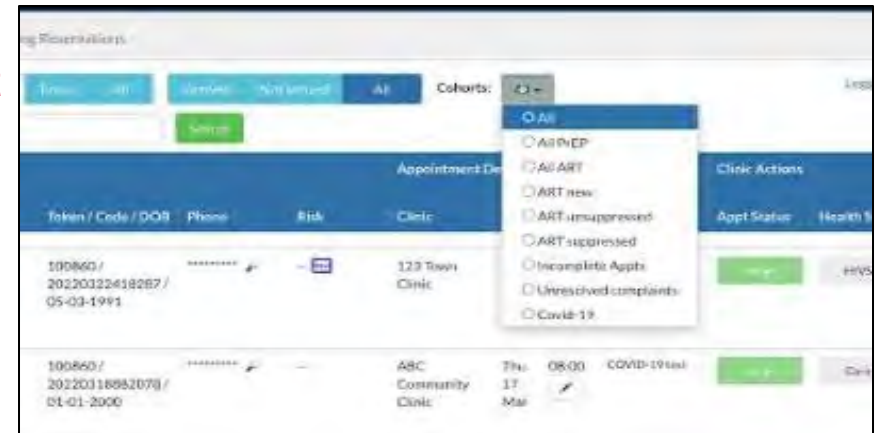
\*Learn more about the online reservation app (ORA) here: <https://FHI360.org/GoingOnline>

Client  
explainer  
video



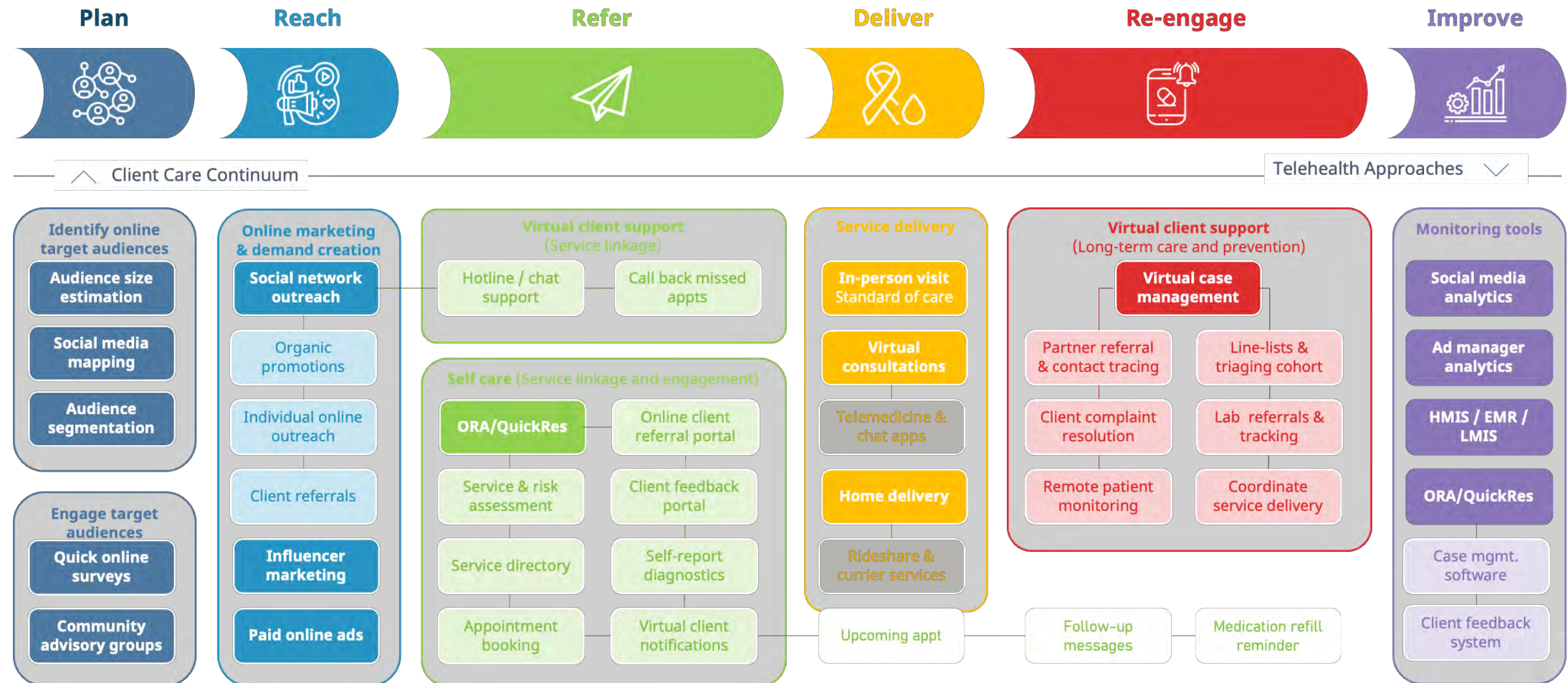
View video: <https://www.youtube.com/watch?v=YlGn4bgzrU>

Case  
management  
video














View video: [https://www.youtube.com/watch?v=hiKhIst9\\_3g](https://www.youtube.com/watch?v=hiKhIst9_3g)

# ORA across Continuum of Care





# ORA Surge Manager Interface



Ads

FHI 360 - South Africa (41030124330...

Updated just now

Discard drafts

Review and publish

Terms update is now available

Updates to the Self-Serve Ad Terms are effective January 3, 2023

Read the terms

Search and filter

This month: Jan 1, 2023 – Jan 23, 2023

Campaigns

1 selected

Ad sets

1 selected

Ads for 1 Ad set

+ Create

Edit

More




Preview

View Setup

Columns: Performance

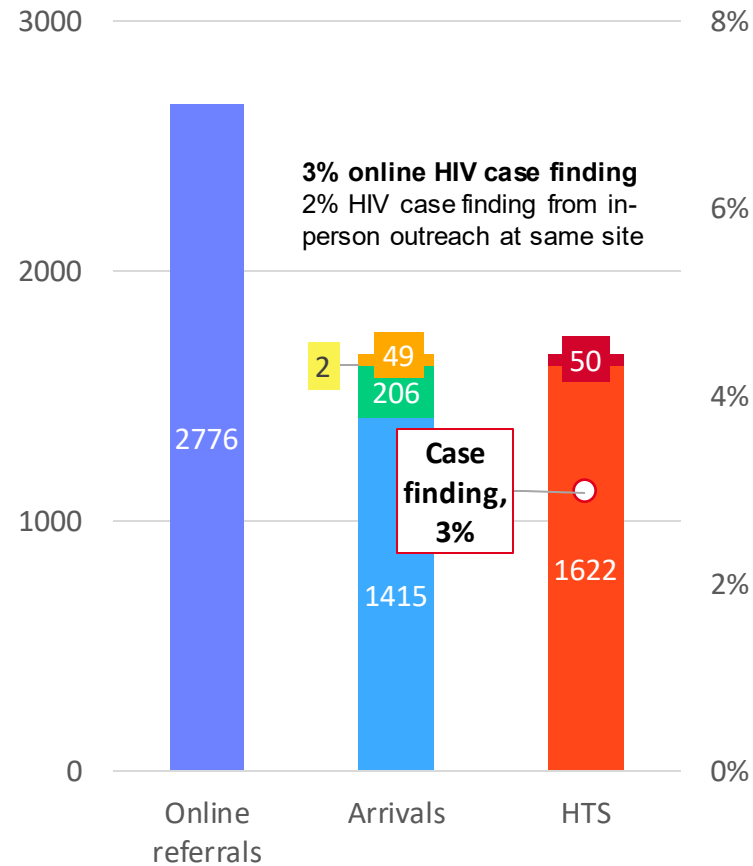
Breakdown

Reports

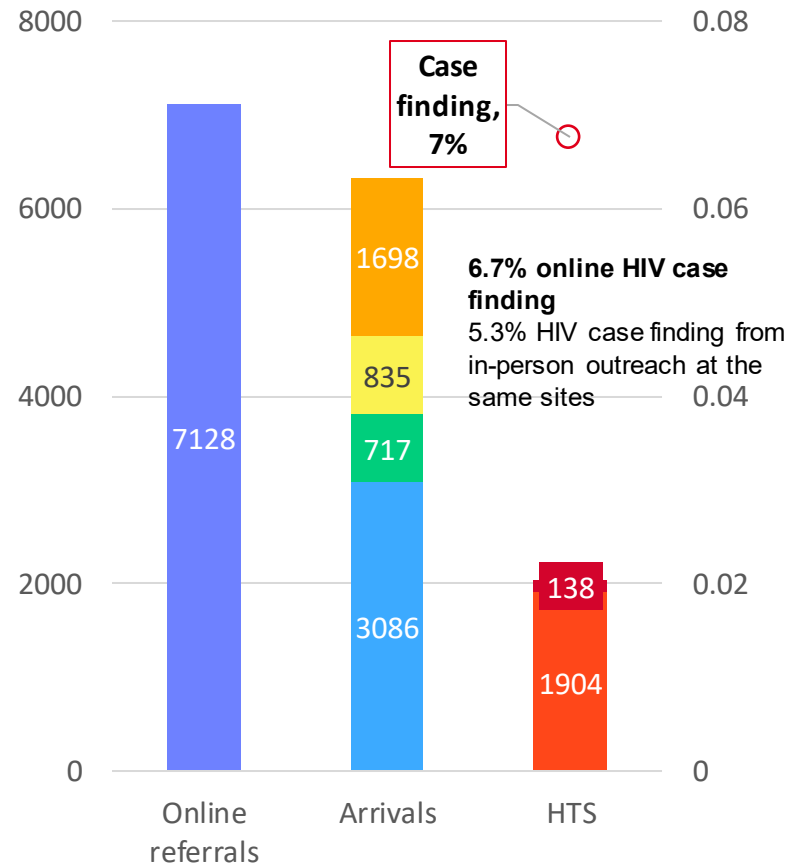
<input type="checkbox"/>	Off / On	Ad	Delivery ↑	Ad Set Name	Bid strategy	Budget
					Ad set	Ad set
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div>Ad 1</div> 	Completed	<a href="#">EMH Month 1 Ad Set</a> 0 active ads	— Reserved	\$8,347.22 Lifetime
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div>Ad 2</div> 	Completed	<a href="#">EMH Month 1 Ad Set</a> 0 active ads	— Reserved	\$8,347.22 Lifetime
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<div>Ad 3</div> 	Completed	<a href="#">EMH Month 1 Ad Set</a> 0 active ads	— Reserved	\$8,347.22 Lifetime
Results from 3 ads ⓘ						

# ORA Dashboards

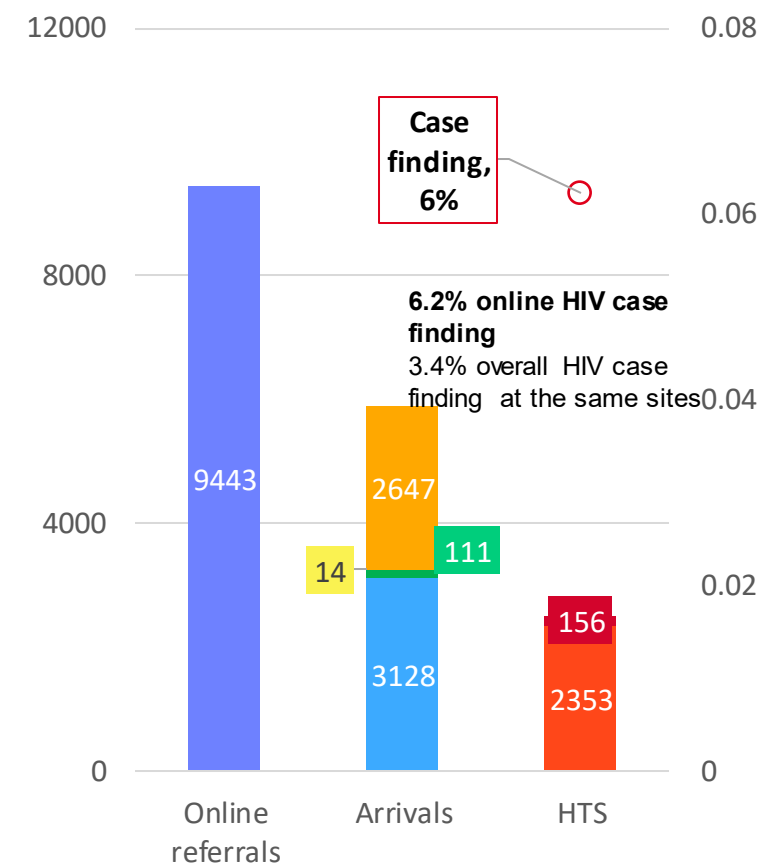
## Thailand MPLUS Chiang Mai



## Nepal



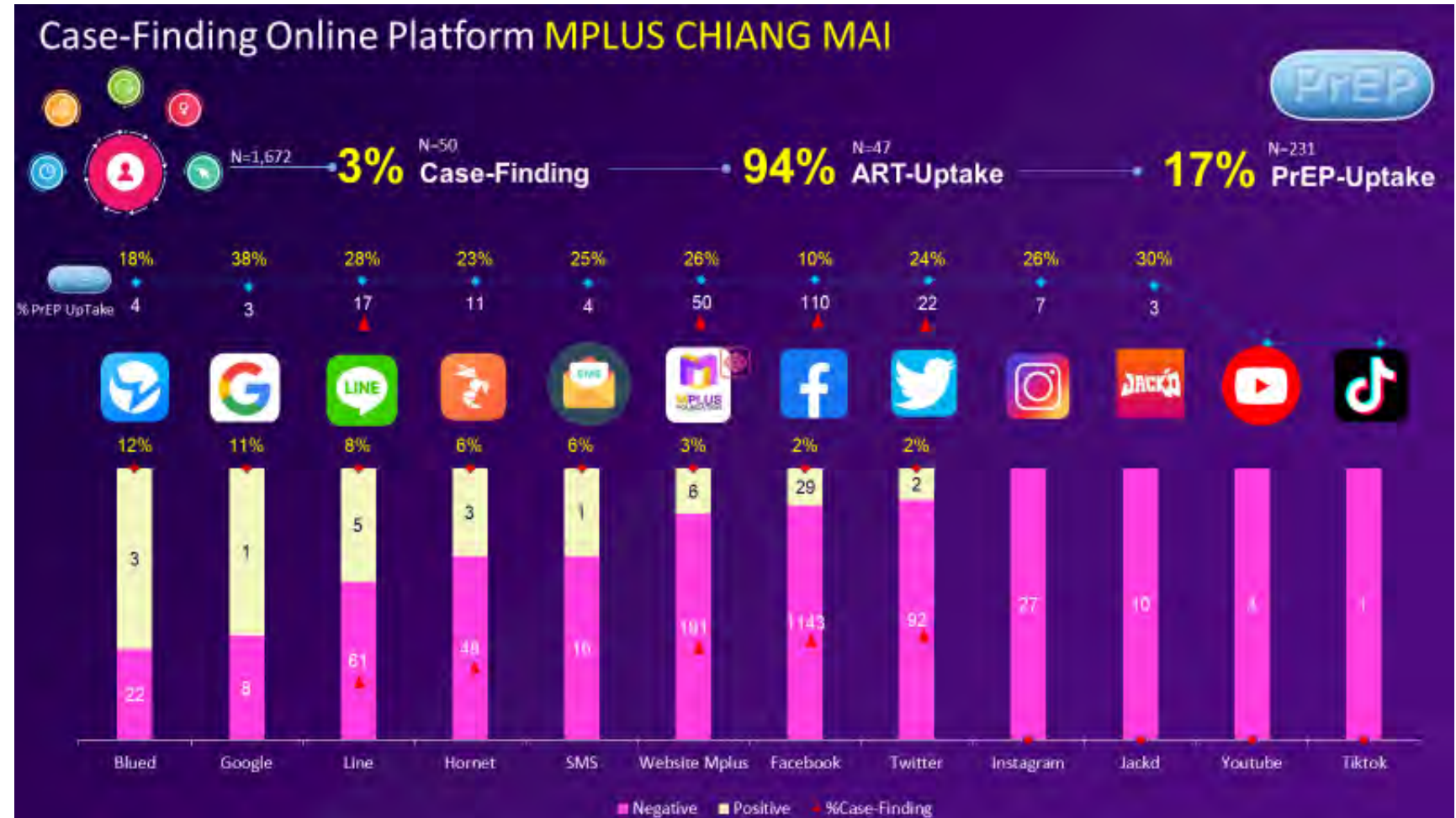
## Philippines



**Legend:** Online referrals (Blue), Men who have sex with men (Light Blue), Transgender (Green), Female sex workers (Yellow), Other (Orange), HTS neg (Red), HTS pos (Dark Red)

# Summary

- QRA approach reaches underserved and previous unreached segments of key populations and may reach persons with disabilities (PWD).
- Online booking platforms simplify the process for clients reached online to find and book offline services, and for programs to track results to improve their marketing.





# **FHI 360 Client Experience Training**

Module 9: Monitoring and Reporting for Continuity of Care and Treatment

# Monitoring, Evaluation, and Reporting (MER)

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- More precise people-centered data and systems needed to
  - Identify and predict who, when, and where interruption in treatment (IIT) is most likely to occur
  - Recover any clients who experienced IIT
- More targeted return activities and welcome back efforts for all non-treatment naïve clients who ever disengaged
  - Set a program threshold for IIT even lower than 2% to sustain cohorts at 95-95-95 across all ages.
- Continuity challenges easily underestimated or overestimated by incompleteness of data, site shifts, normal aging reflected in age-band shifts, and reliance on proxy indicators.
  - FY23 plans should include an evaluation of TX\_ML disaggregates to identify which populations and clinics are experiencing the highest volume of IIT.
  - Develop targeted interventions that may help address these issues.
- Where available, electronic medical records for unique clients, more precise data for TX\_ML
  - Time to return to treatment should be used as factors influencing adherence are likely to differ over time.

# Strategic Information for Client Experience

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- Structured monitoring and evaluation systems are important for understanding clients' health behaviors.
- Improves data use through clear understanding of
  - Key concepts of monitoring continuity of care and treatment
  - Interruption in treatment (IIT) indicators: TX\_ML and TX\_RTT
  - Ethical issues regarding clients' data and information
- Measurement of clients' satisfaction
  - Use data to improve clients' experience
- Application of artificial intelligence for continuity of care and treatment
  - Development and adaptation of machine-learning models

# Interruptions and Re-engagement in Treatment

- Continuum of care is cyclical with periods of engagement and disengagement: ‘churn’
- Planning for churn is integral to chronic disease management.
- CE promotes a “welcome back to care” approach that is
  - Personalized and attempts to understand the reason for disengagement
  - Is empowering and actively supported by both clinical and nonclinical service providers.
- Clinical management depends on duration of disengagement
- System must be able to disaggregate such information
  - Between those who re-engage quickly and those out of care for longer periods
  - Re-engaging after one year or more, evaluation for AHD- WHO clinical staging and CD4 count
  - Re-engaging after three to six months, offered DSD models, including multi-month dispensing, based on clinical considerations and country policies

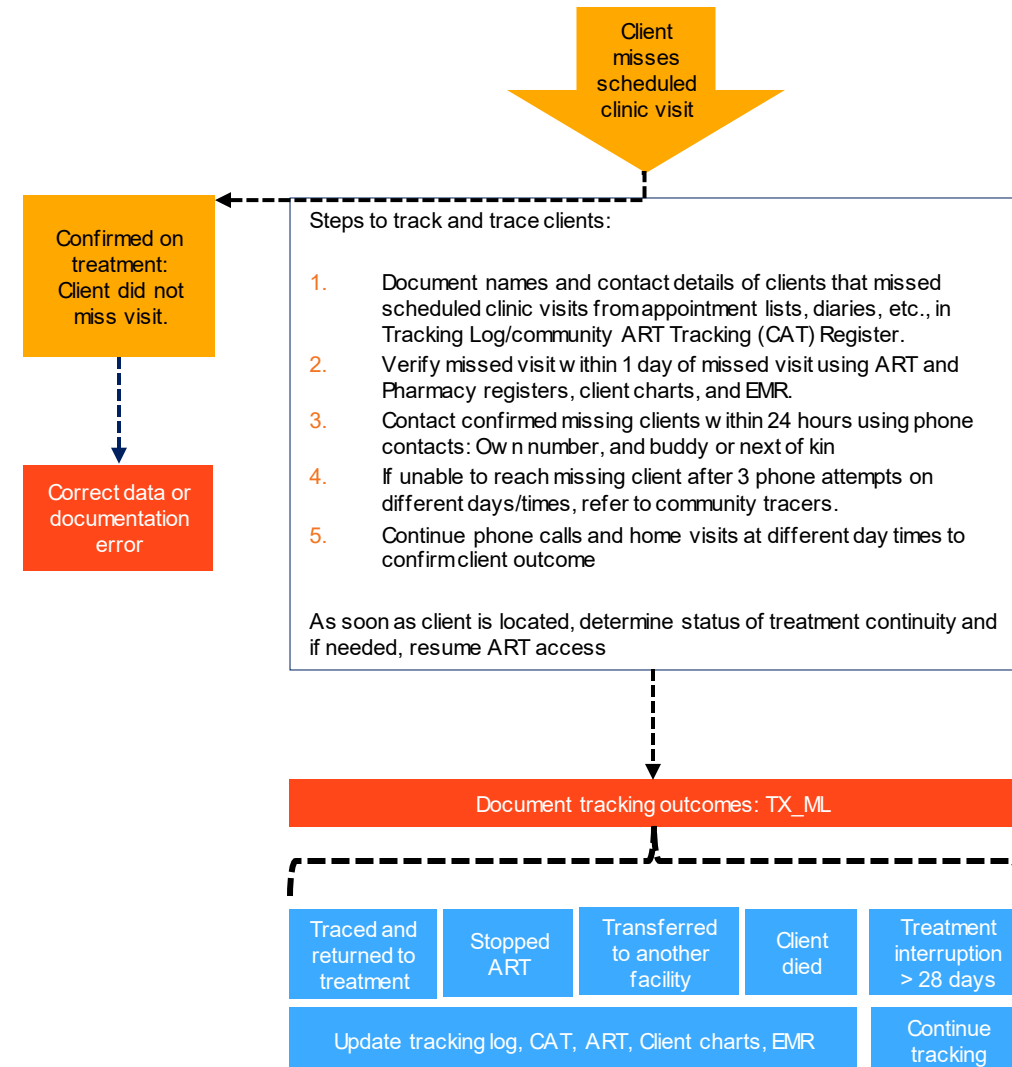
*Model of Engagement and Reengagement in Treatment*





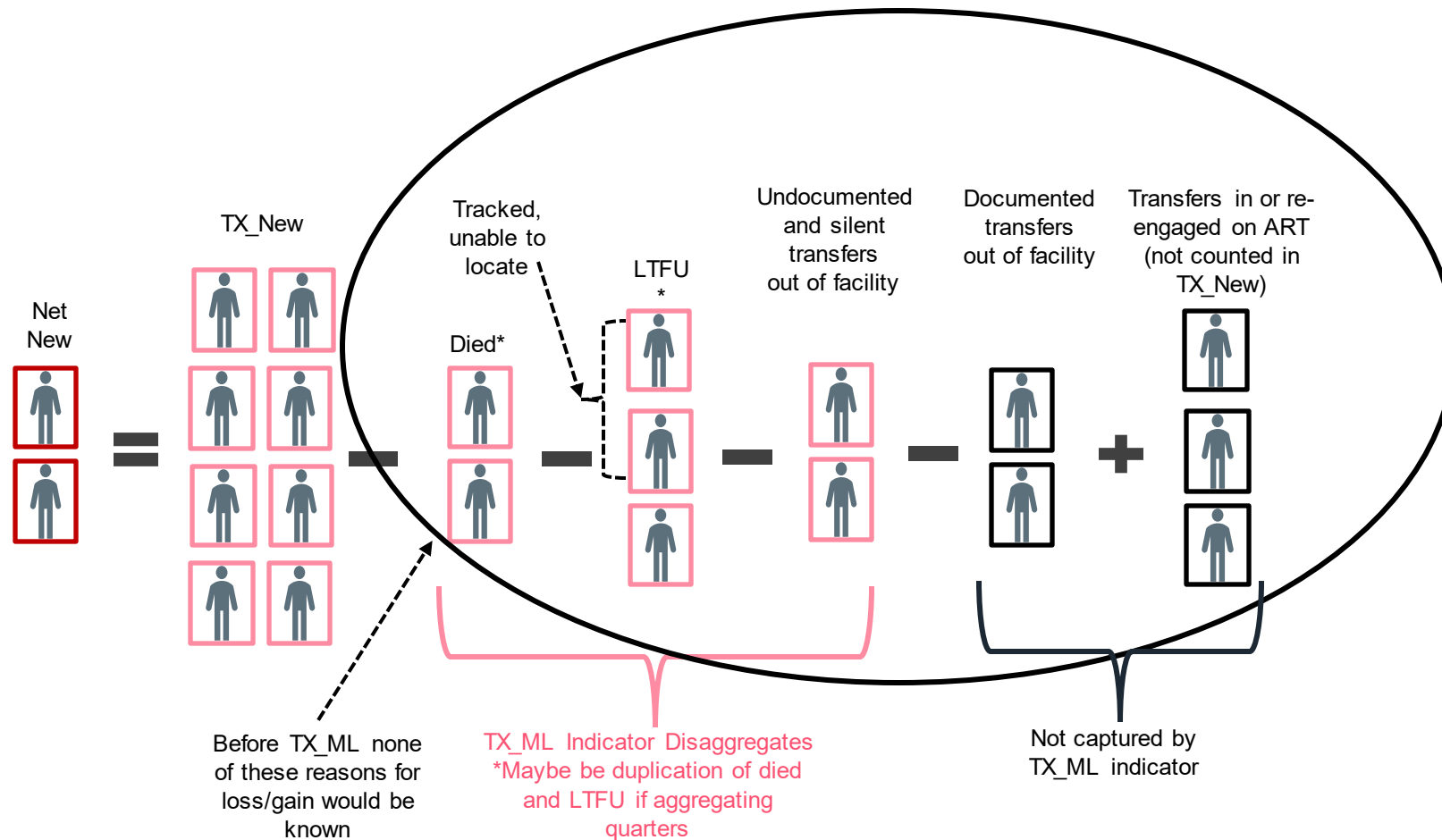
# Tracking Log

- CE attaches particular importance to preventing and addressing treatment interruptions among pregnant and breastfeeding women (PBFW) and system must be able to track such information.
  - As mother and baby receive the full package of services, and transfer between adult treatment and PMTCT and HEI services
- System must be as sensitive as possible not to misclassify clients.
- For example, substantial proportion of clients initially identified as having IIT are in fact active on ART but had:
  - Transferred or enrolled in a DSD program
  - Not updated as having picked up drugs
- Strengthen record keeping, advance national unique identifiers, and harmonize documentation and data management systems
  - To capture silent transfers more effectively, DSD clients, and pharmacy pickups

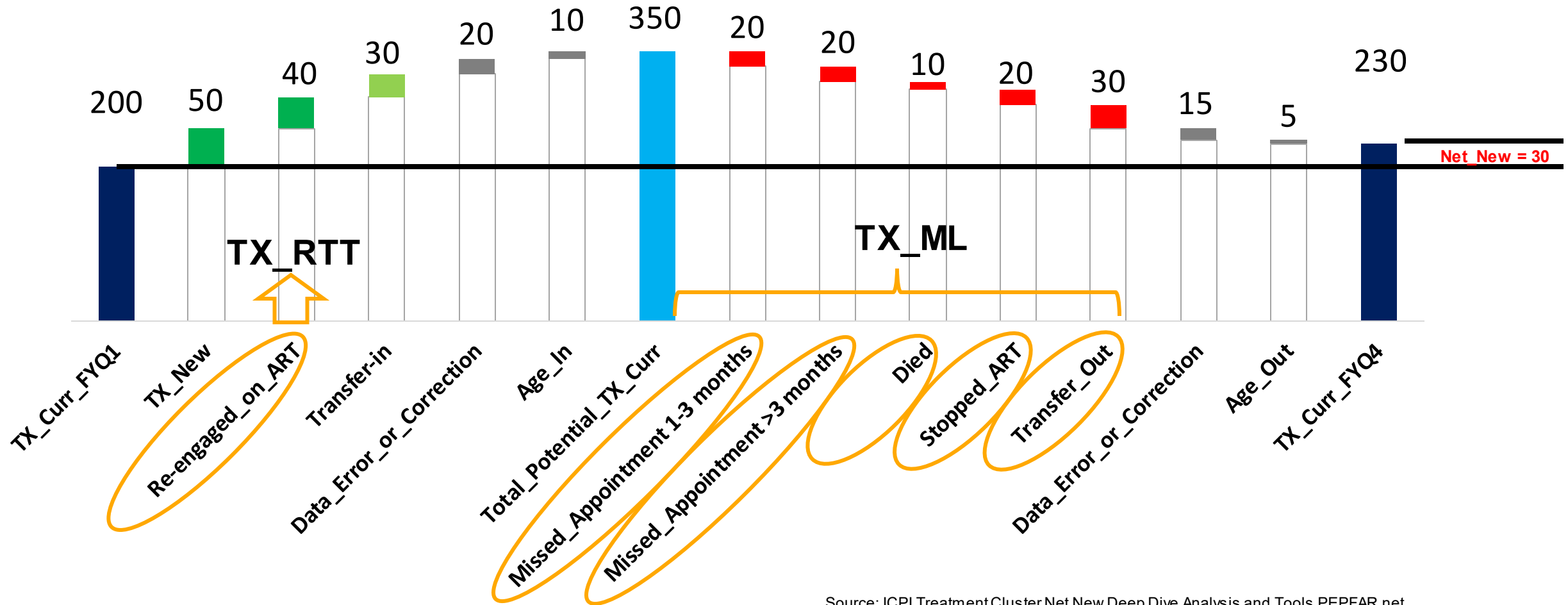


# TX\_ML Indicator

- Improves understanding of losses and gains at facility level



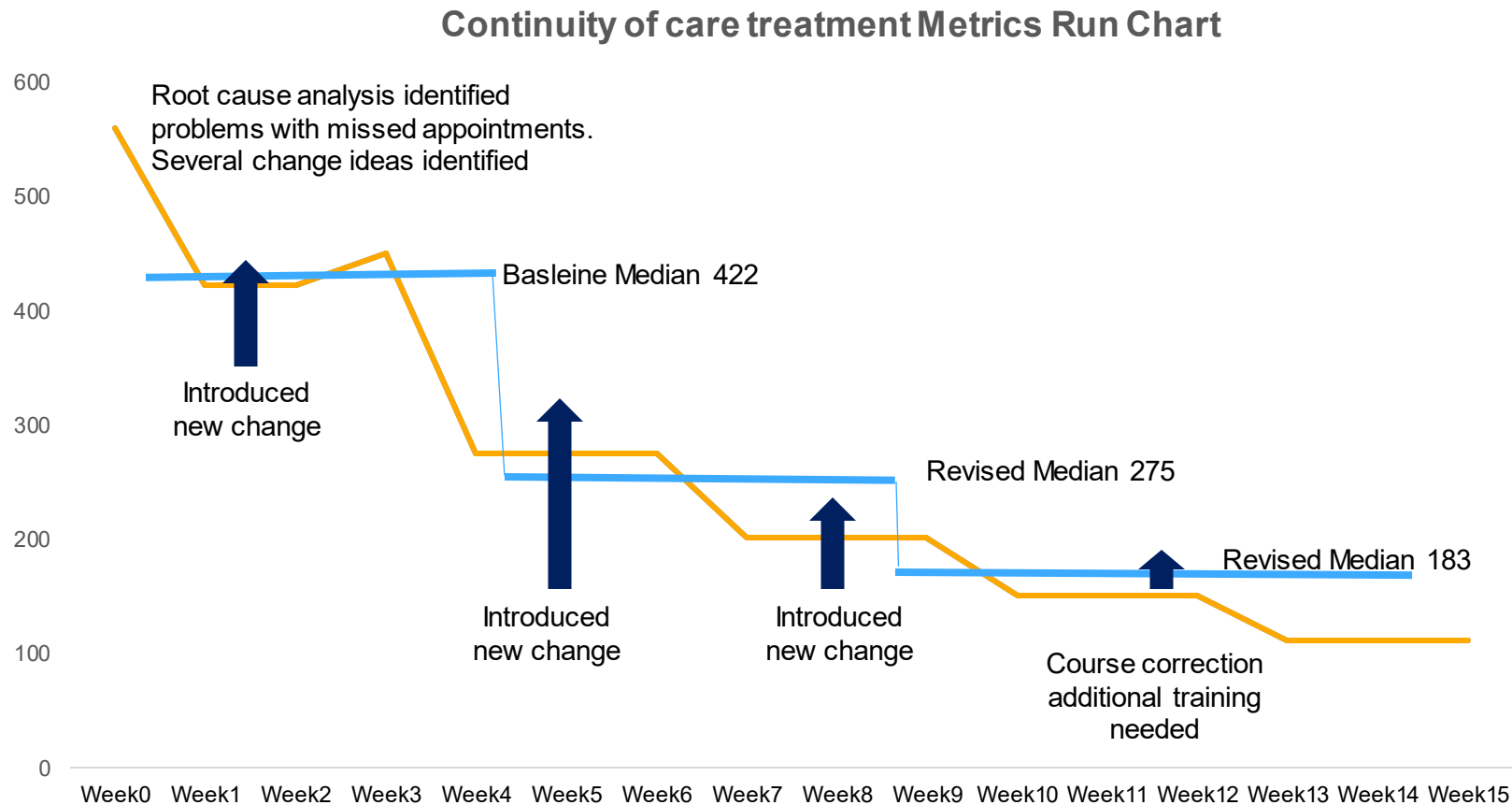
# TX\_ML Indicator: Waterfall Analysis



Source: ICPI Treatment Cluster Net New Deep Dive Analysis and Tools [PEPFAR.net](https://www.pepfar.net)

# Analyzing Root Causes of Interruption In Treatment

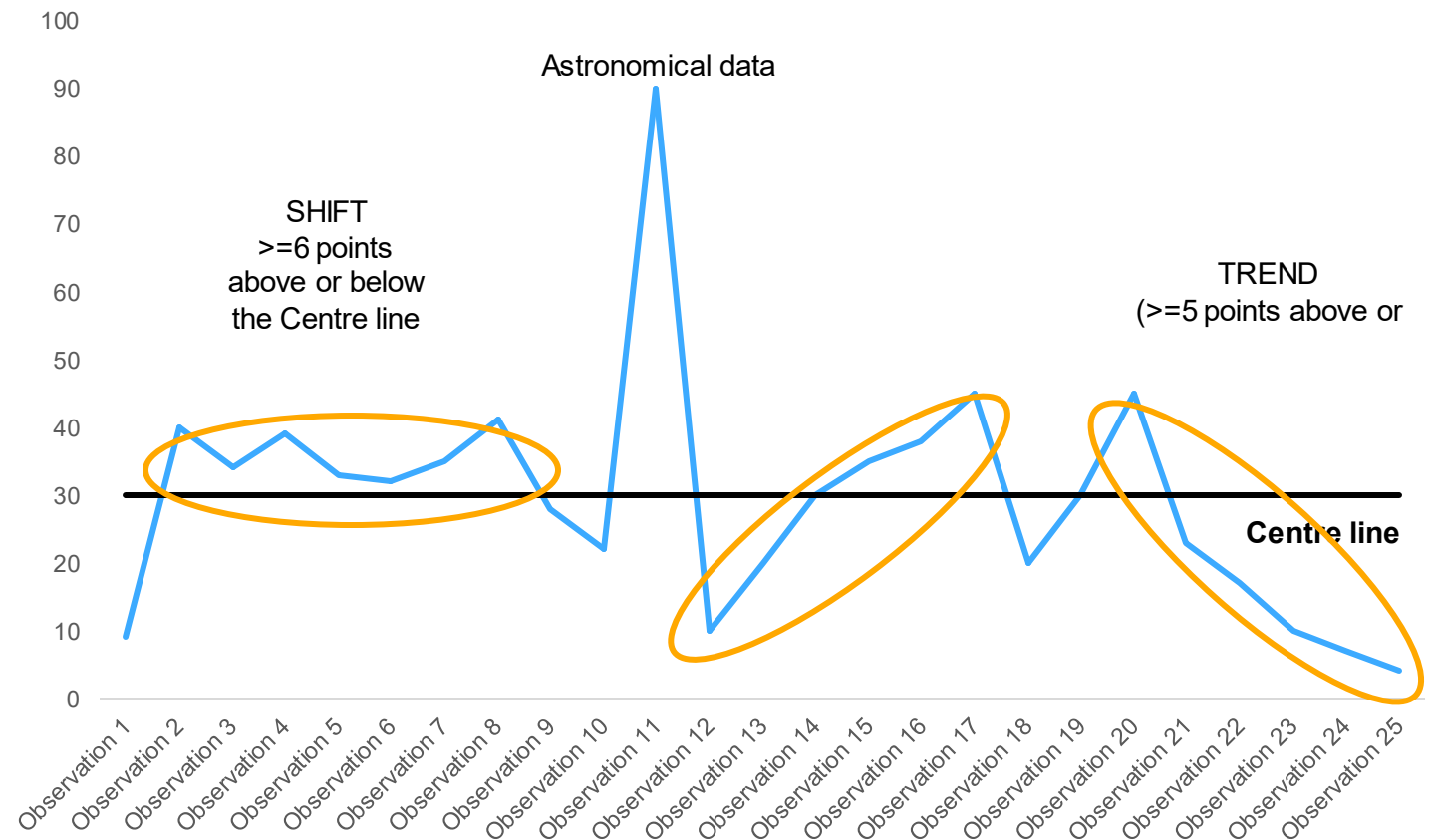
- Using metric run charts for tracking activities to reduce missed appointments >28 days



# Interpreting Run Charts for Improvement

Questions to ask about a run chart

- Is the median line where it should be to meet targets?
- Is there a significant trend or pattern that would suggest a change?



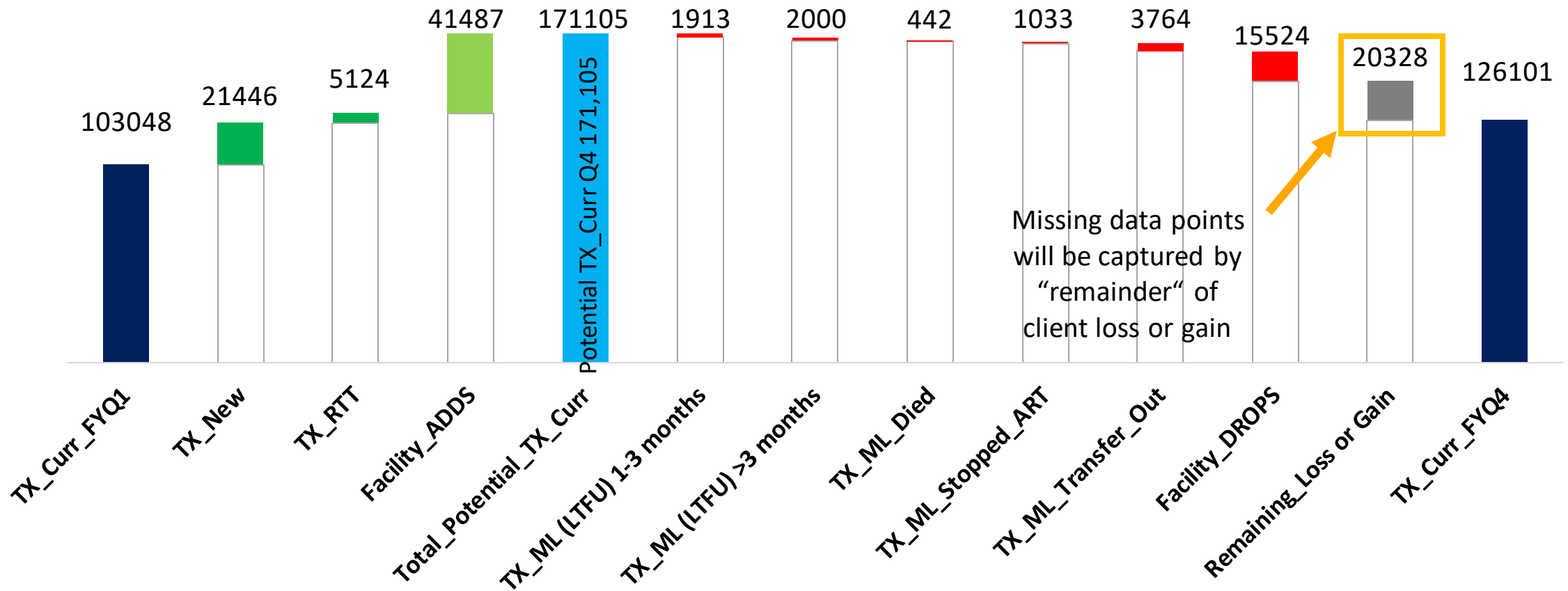
# Documentation of ART Clients

Take program actions to grow TX\_Curr

To increase					To decrease					
TX_New	Re-engaged on ART	Transfer In	Data error or correction	Age In	Missed appointment >28 days	Died	Stopped ART	Transfer out	Age Out	Data error or correction
(+)	(+)	(+)	(+)	(+)	(-)	(-)	(-)	(-)	(-)	(-)
Clients added to treatment count					Clients subtracted from treatment count					
Monitor initiation of naïve clients	Monitor tracking and tracing, return to care efforts	Monitor client movement	Use to investigate and correct data quality or HMIS issues	Monitor paedcs	Track and trace, return clients to care	Monitor death rates	Monitor for possible program quality issues	Monitor client movement	Monitor paedcs	Use to investigate and correct data quality or HMIS issues

Take SI actions to ensure all TX\_Curr clients are counted

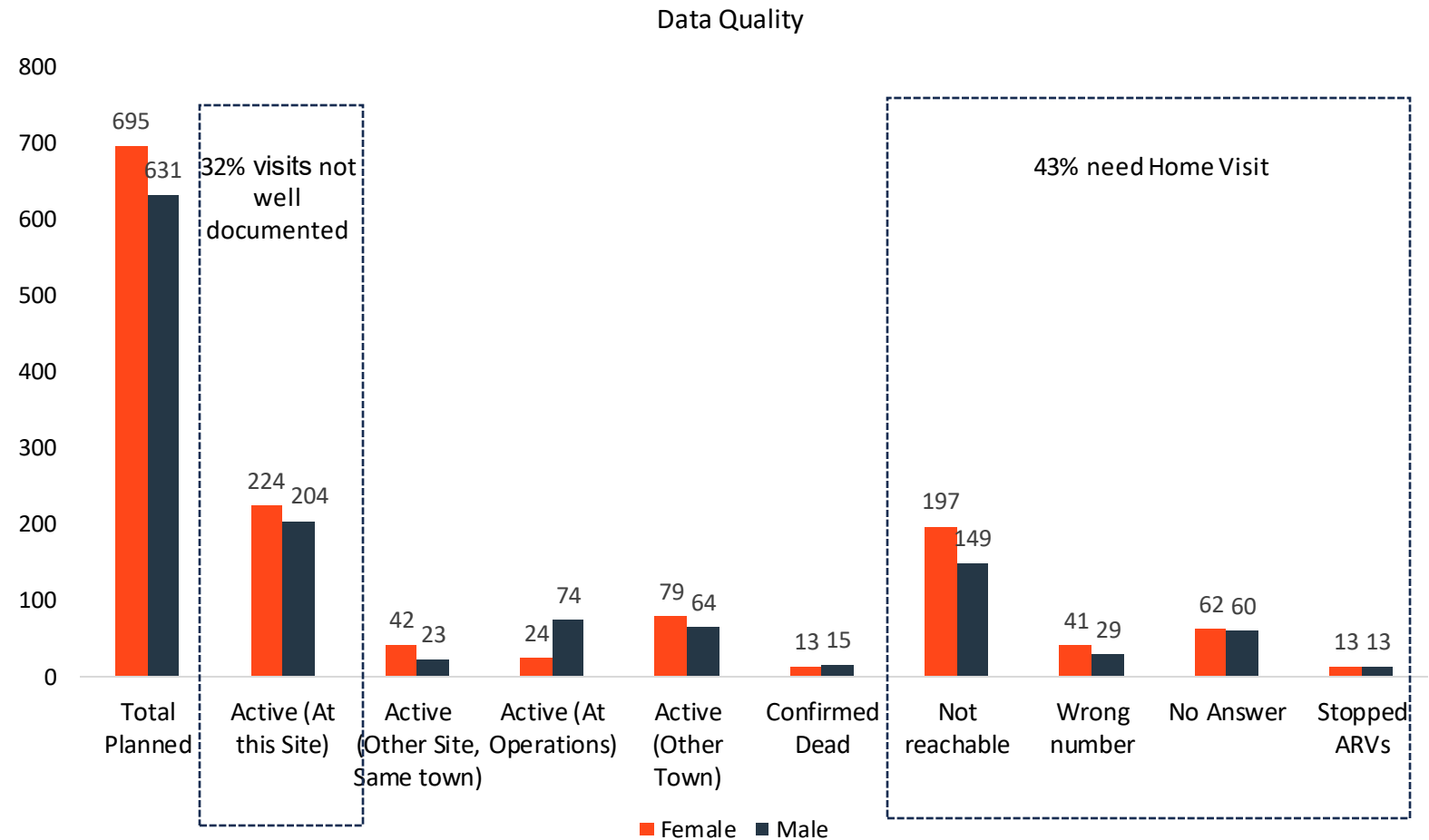
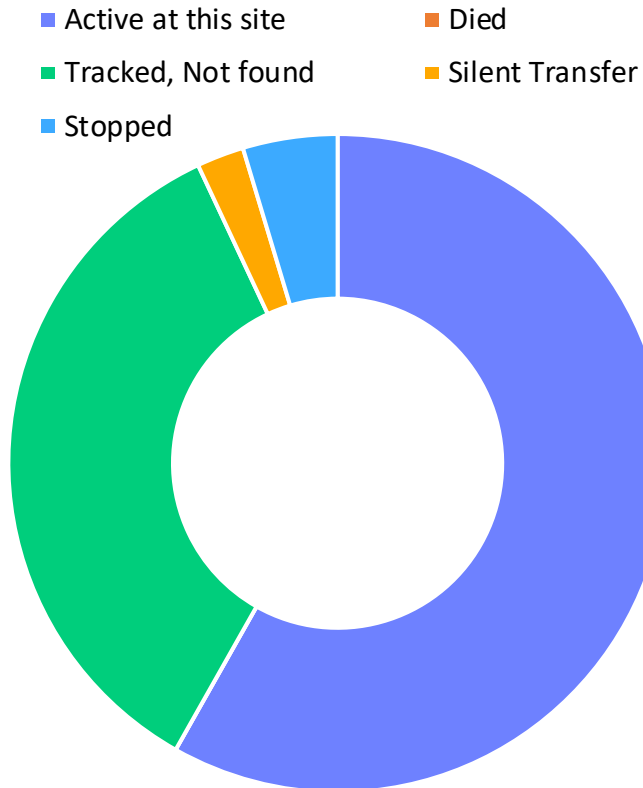
# Data analysis to Improve Continuity in Care and Treatment



$$\text{Net\_New} = \text{TX\_Curr Q4} - \text{TX\_Curr Q1} = 23,053$$

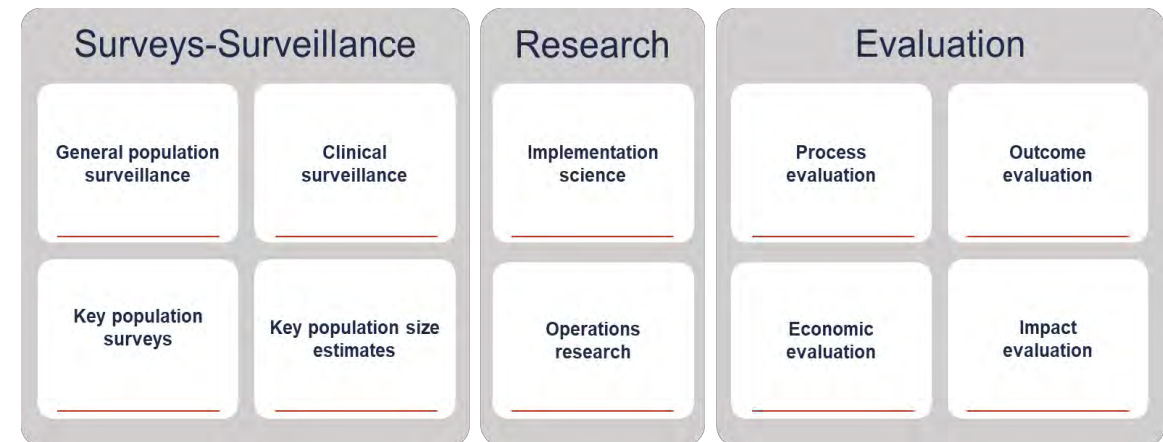


# Implications of Data Quality on Tracking Outcomes



# Monitoring for Innovation, Learning and Growth

- Translating efficacious interventions tested in controlled clinical trial settings to real-world contexts where personnel, financial, and other resources are more constrained are still a challenge
  - PEPFAR defines research as (1) a systematic, intensive study intended to increase knowledge or understanding, apply new knowledge to needs, or (2) a systematic application of knowledge to the production of useful materials, devices, and systems or methods.
- Primarily supported types of research:
  - Implementation science (IS)—The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice and to improve the quality and effectiveness of health services, **in part through the study of influences on health care professionals and organizational behavior.**
  - Operations research (OR)—The scientific approach to decision-making about how to design, operate, and improve programs and systems, usually under conditions requiring the allocation of scarce or finite resources.



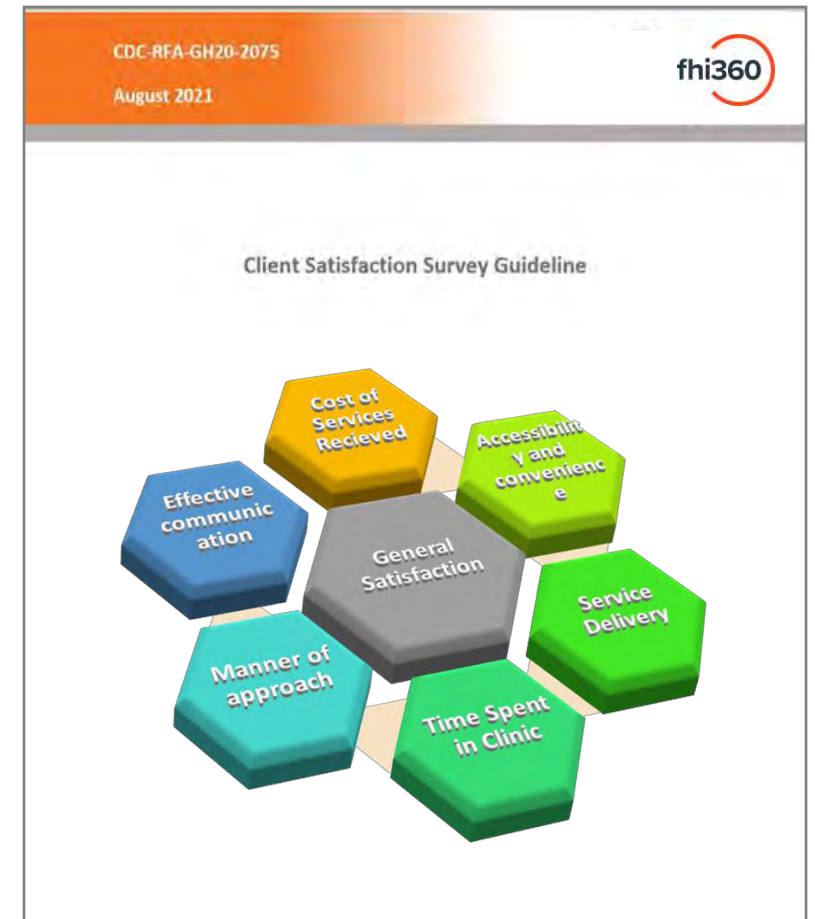
# Measuring Client Satisfaction

- Monitoring client clinical outcomes and service acceptability is a critical part of all programs.
- Should be performed as part of routine program implementation, monitoring, and evaluation.
  - For example, monitoring of barriers and facilitators to service uptake done routinely by assessing client experiences retrospectively, or prospectively assessing uptake after changes in implementation
  - Certain more specific questions cannot be answered using routine data.
  - In combination with routine program monitoring, the information made possible by program evaluations provides the evidence basis for decision-making and public health action.
  - Ensures an equitable approach to public health practice
  - Fosters greater effectiveness and efficiency by service providers
  - Prioritizes the importance of demonstrating programmatic outcomes and encourages accountability



# Developing Client Satisfaction Surveys

- Adaptable guideline for conducting client satisfaction surveys and supporting intervention co-designing
- Guideline provides strategies, minimum standards, standard operating procedures, checklists, and programming processes to be used in the implementation of the survey.
- Strengthens other quality management systems already in place and community-led monitoring (CLM)
  - Includes specific action steps to be taken, a timeline for completion of activities, clearly defined roles and responsibilities, and resources necessary to carry out the activity
- Organize by four components for easy planning and implementation of the survey.
  - 1) Overview and objective of conducting Client Satisfaction Survey
  - 2) Operational component– roles and responsibilities and recommended activities
  - 3) Survey proposed budget
  - 4) Annex with a list of tools



# Example 1: Petauke District Hospital, Zambia

## Description of approach

- To improve adherence to ART and retention in care, FHI 360 deployed client experience associates (CEAs) and introduced the client experience concept
- Approach uses hospitality and public relations principles to build strong client-focused professional relationships
- Conducted a baseline client satisfaction survey in August 2021 among active clients to establish client perceptions of quality of services
- Later, trained CEAs in telephone etiquette and gave them cell phone airtime to provide respectful, responsive, and responsible client experience
- Analyzed data from the baseline survey to establish objectives for quality improvement
- After nine months of implementation, conducted a post-intervention survey to document any change

## Improving retention in antiretroviral therapy through client experience: A snapshot from Zambia

Gabriel Kibombwe,<sup>1</sup> Christian Nkama,<sup>1</sup> Mbau Matuwa,<sup>1</sup> Thierry Malebe,<sup>1</sup> Dean Mwenya,<sup>1</sup> Marjorie Shamputu,<sup>1</sup> Emmanuel Amanzi,<sup>1</sup> Sylvia Mwale,<sup>1</sup> Abel Chomba,<sup>1</sup> Mercy Zulu,<sup>2</sup> Mathews Lungu,<sup>2</sup> Janet Mwambi,<sup>3</sup> Chifuja Zulu,<sup>3</sup> Juliano Phiri,<sup>4</sup> Joy Tembo,<sup>4</sup> Annie Banda<sup>4</sup>

Questions	Survey indicator	Results	
		Before	After
Do you have a phone number we may reach you on, in case of anything?	Proportion of respondents with valid phone number	67%	77%
Overall, how do you rate the service at this facility?	Proportion of clients rating services as poor	2%	0%
On average, how long do you wait to be attended to by a Health Worker or clinician?	Proportion of clients spending > 1 hour at the clinic	56%	41%
In the last 12 months, have you missed a clinic appointment due to forgetting?	Proportion of clients who missed appointment due to forgetting	23%	17%
Would you accept to be called by the clinic staff to remind you about your appointment?	Proportion of clients who do not see a need to set own appointment date	34%	84%
Have you ever been called or visited by health care providers for missing a clinical, laboratory or pharmacy appointment?	Proportion of clients reporting never being followed up after IIT	53%	25%

[www.fhi360.org/projects/technical-assistance-eastern-province-health-office-epho-zambia-support-optimized-hiv-case](https://www.fhi360.org/projects/technical-assistance-eastern-province-health-office-epho-zambia-support-optimized-hiv-case)

Presented at IAS 2023, the 12th IAS Conference on HIV Science, Brisbane, Australia | 23-26 JULY 2023



IAS 2023  
23-26 July

## Example 2: University of Uyo Teaching Hospital, Nigeria

- AI using CSS to gain insight and improve experience quality

<b>Activity</b>	Client Satisfaction Survey
<b>Title</b>	Assess experience quality of HIV care. assess level of satisfaction with HIV/AIDS care and treatment services among clients receiving services at SIDHAS-supported public and private health facilities
<b>Objective</b>	To explore client's perception of quality of HIV care and provide a justification for reviewing service delivery models for client satisfaction
<b>Core areas assessed</b>	Service delivery, accessibility, and convenience, Cost of service, effective communication, manner of approach, time spent in clinic, and general satisfaction
<b>Site Assessed</b>	20 Tier 1 and Tier 2 supported HFs, sample 3% of TX_CURR-1329 clients and 60% completion rate. Data collection.
<b>Time Frame</b>	July 1-6, 2020
<b>Data Tool</b>	Client Satisfaction Survey Form
<b>Method</b>	Checklist self-administered by clients who can read or by Pharmacist, or Data Entry Clerk (DEC) as exit interview supervised by Network of People Living with HIV and AIDS in Nigeria (NEPWHAN)

<b>Results</b>					
<b>AREA</b>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<b>Accessibility and convenience</b>	0%	0%	2%	50%	48%
<b>Time spent in clinic</b>	0%	1%	4%	61%	34%
<b>Effective communication</b>	0%	0%	0%	61%	39%
<b>Technical quality</b>	0%	0%	0%	55%	45%
<b>Manner of approach</b>	0%	0%	0%	61%	39%
<b>Cost of Service</b>	0%	0%	0%	45%	55%
<b>General Satisfaction</b>	0%	0%	1%	56%	43%





# Data Ethics for Client Experience

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- Use both routine and survey data to address client needs
  - Co-design and co-create strategies and interventions with clients based on the data analyzed.
  - Collect survey data and routine data to develop QI project.
  - Develop plans and calendar for survey and analysis.
- Key expected qualities for provider
  - Assume all persons are autonomous and self-determining
- During service provision or conducting surveys, always protect clients especially vulnerable groups such as:
  - Those with limited education
  - Those who are poor
  - Those with difficult access to health services
  - Women and children





# Informed Consent

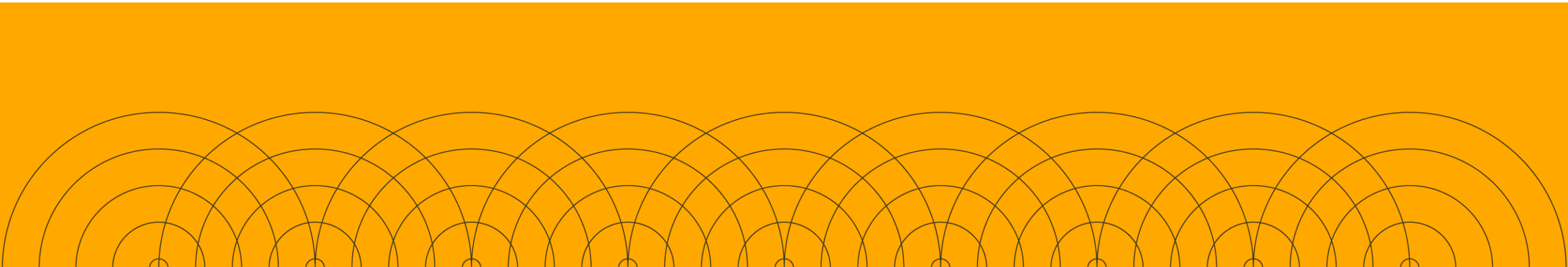
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- Provider's responsibilities must follow basic ethical norms for health care professionalism to protect clients; these fall into four main categories:
  - Services should be scientifically correct
  - Must request appropriate informed consent
  - Must ensure confidentiality protection of client data and information
  - Comply with all good clinical practice requirements
- Respect for clients is embodied in the informed consent given by a competent individual who:
  - Has received the necessary information
  - Has adequately understood the information
  - After considering the information, has arrived at a decision without having been subjected to coercion, undue influence or inducement, or intimidation to receive services or respond to survey.



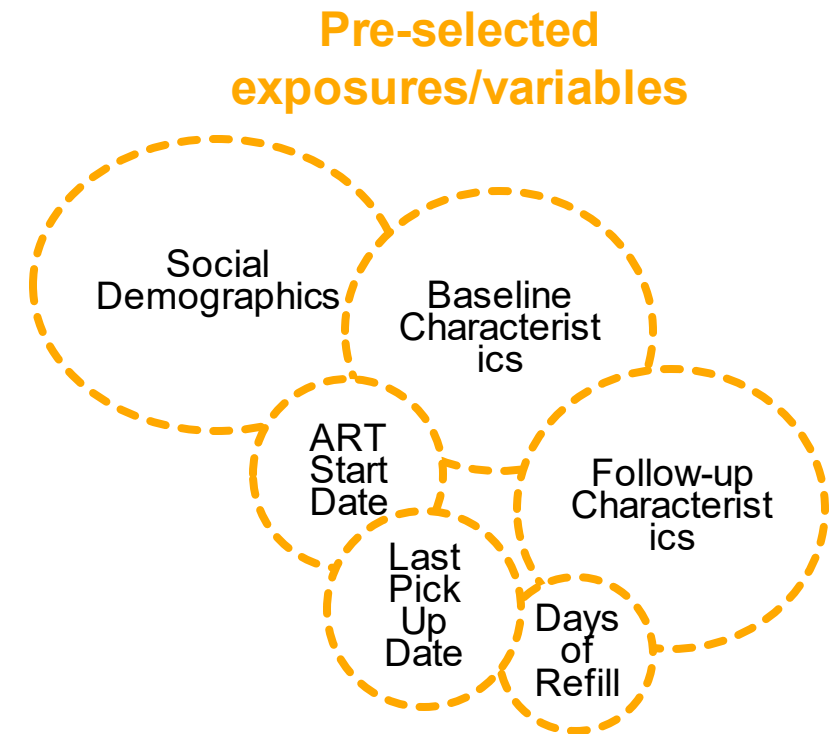


# Group Work



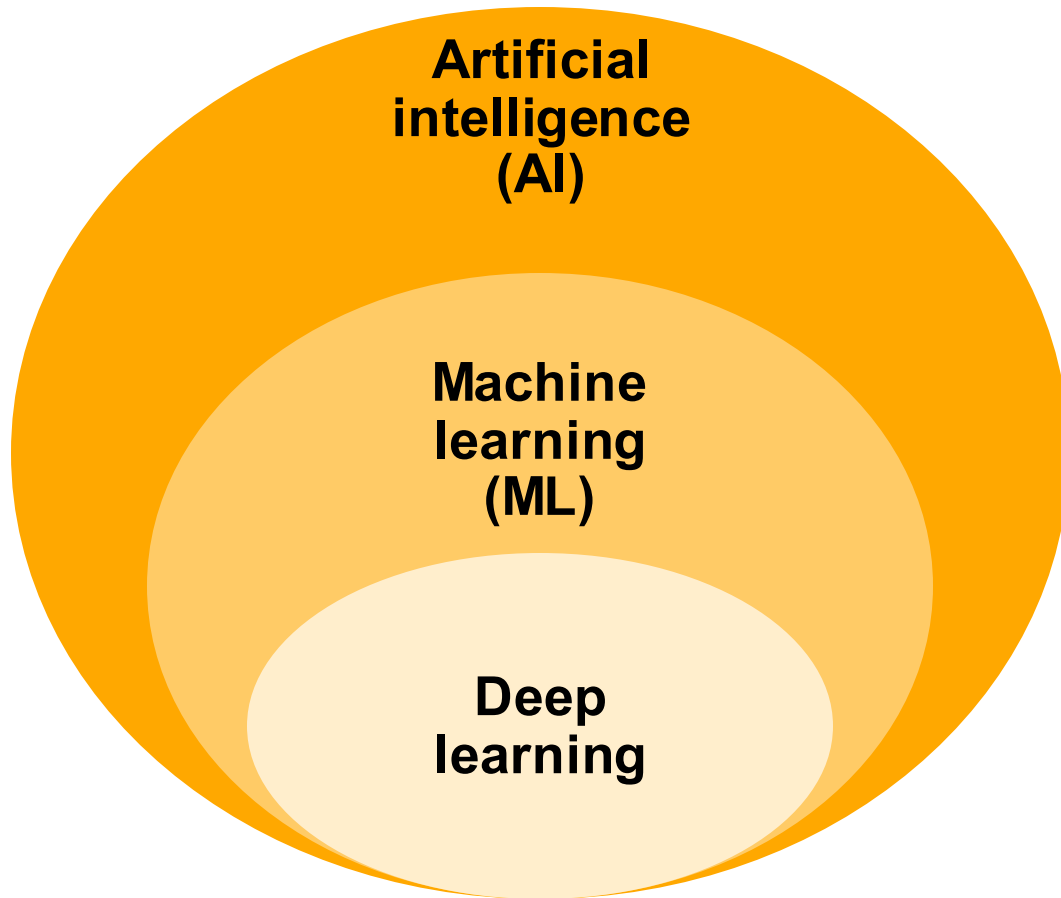
# Machine Learning for Client Experience

- Clients continuing in care and on treatment are more likely to achieve viral suppression, thus eliminating risk of HIV transmission.
- Treatment continuity is affected by sociodemographic, psychological, and educational factors.
- Innovative approaches for identifying individuals at high risk of IIT and tailored interventions to prevent IIT are needed.
- Applying machine learning (ML) for predicting IIT can lead to person-centered service delivery solutions.
  - Deeper understanding of program beneficiaries to redirect programming from being reactive to proactive.
  - Real-time decision support systems that could affect client outcomes.



# Key Terms

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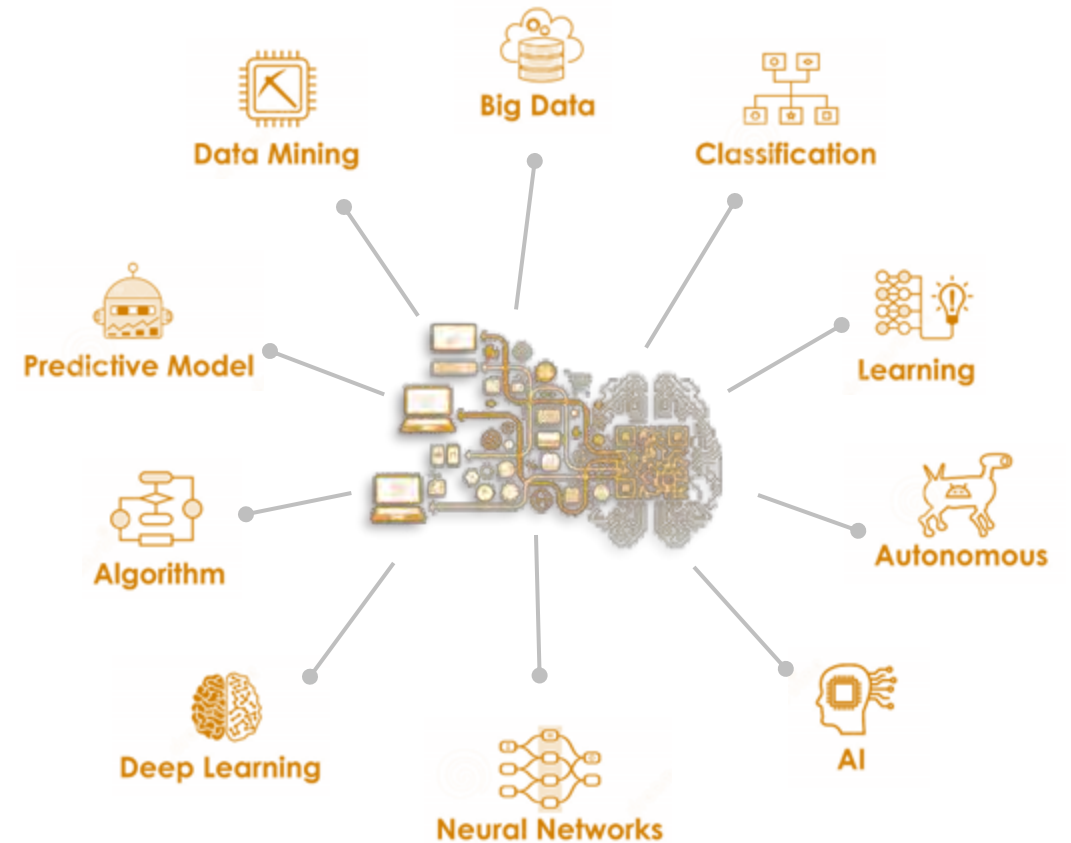
**AI = Use of machines to solve problems**

**ML = Learning from the past to predict the future using data**

**Deep learning = Use of neural networks to imitate the way humans gain knowledge**

# ML Opportunities

- All possible, thanks to:
  - Proliferation of data systems
  - Growth of computing power
  - Refinement of algorithms
- Can be better:
  - Descriptive -> predictive analytics
  - Multidimensional – integrating data from different sources
  - Provide scalable, automated solutions



# Developing ML Models

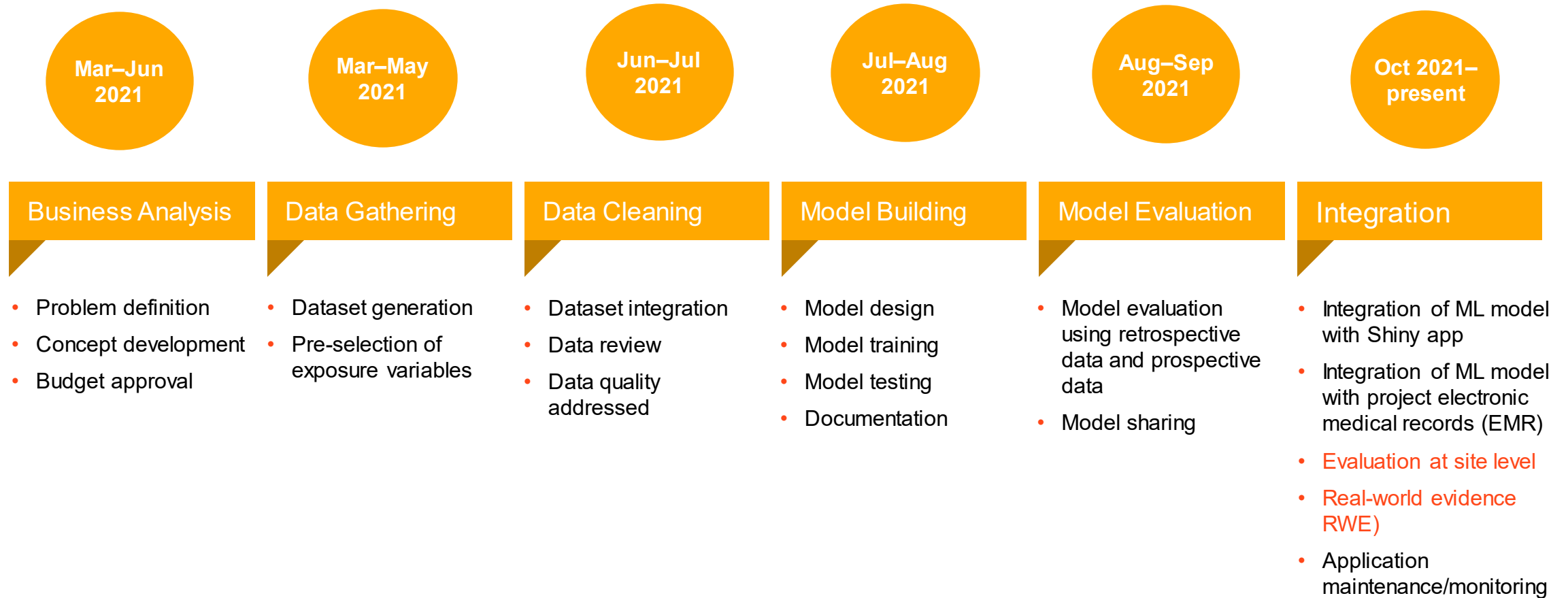
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Guiding questions:

- Is it feasible to develop an ML model using routinely collected information?
- What are the key challenges using routinely collected data for developing an ML model?
- Can an ML model be integrated into routine data systems?
- What issues need to be addressed when integrating the model into clinic workflow?
- How does the ML model perform in real life after integration?
- Are health care workers interested in using outputs from ML in their work?
- What support will users of the model require to utilize the outputs for client management?
- Does the introduction of ML lead to better public health outcomes?

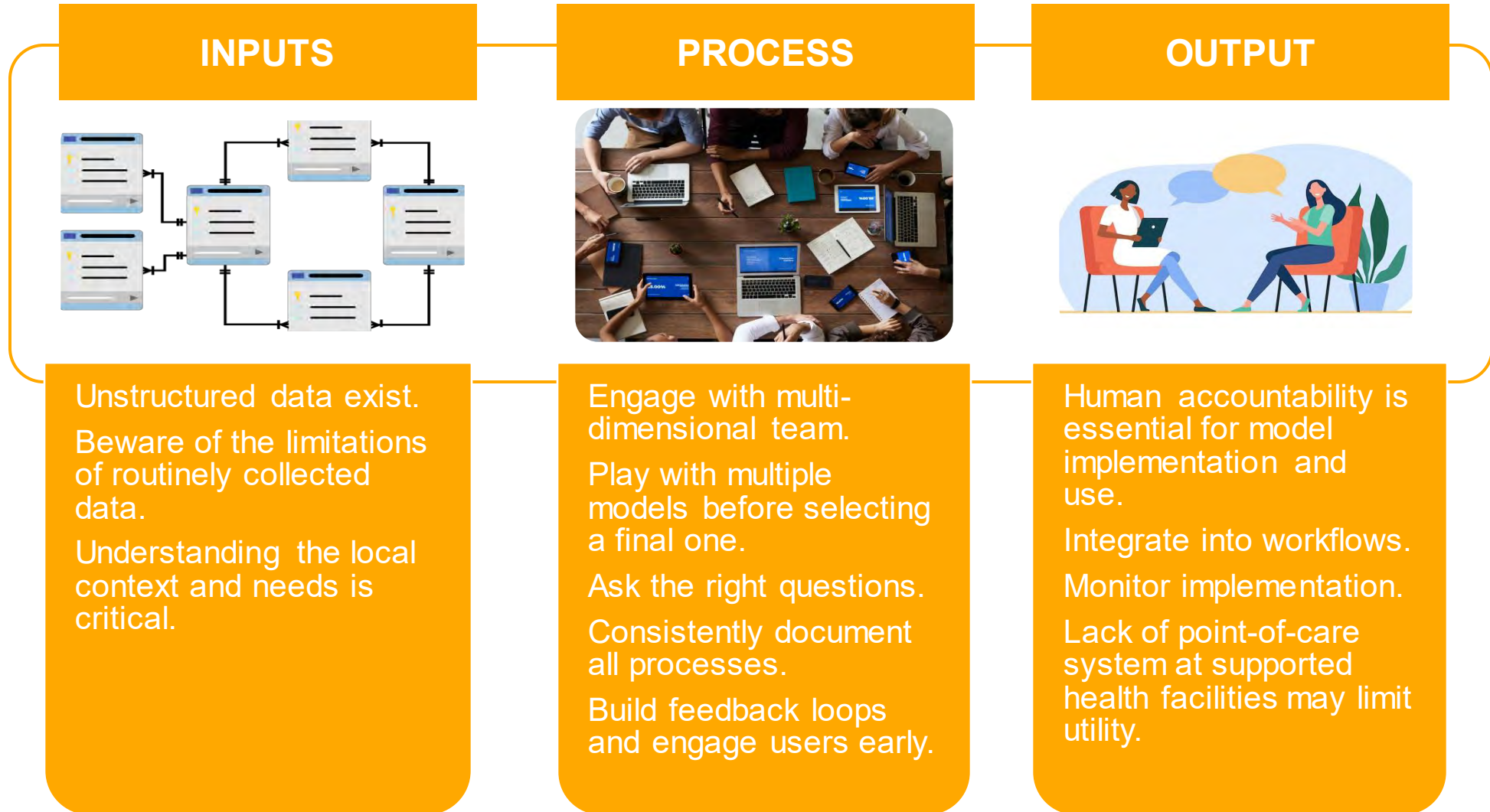
# Timeline for Model Development

## Nigeria model



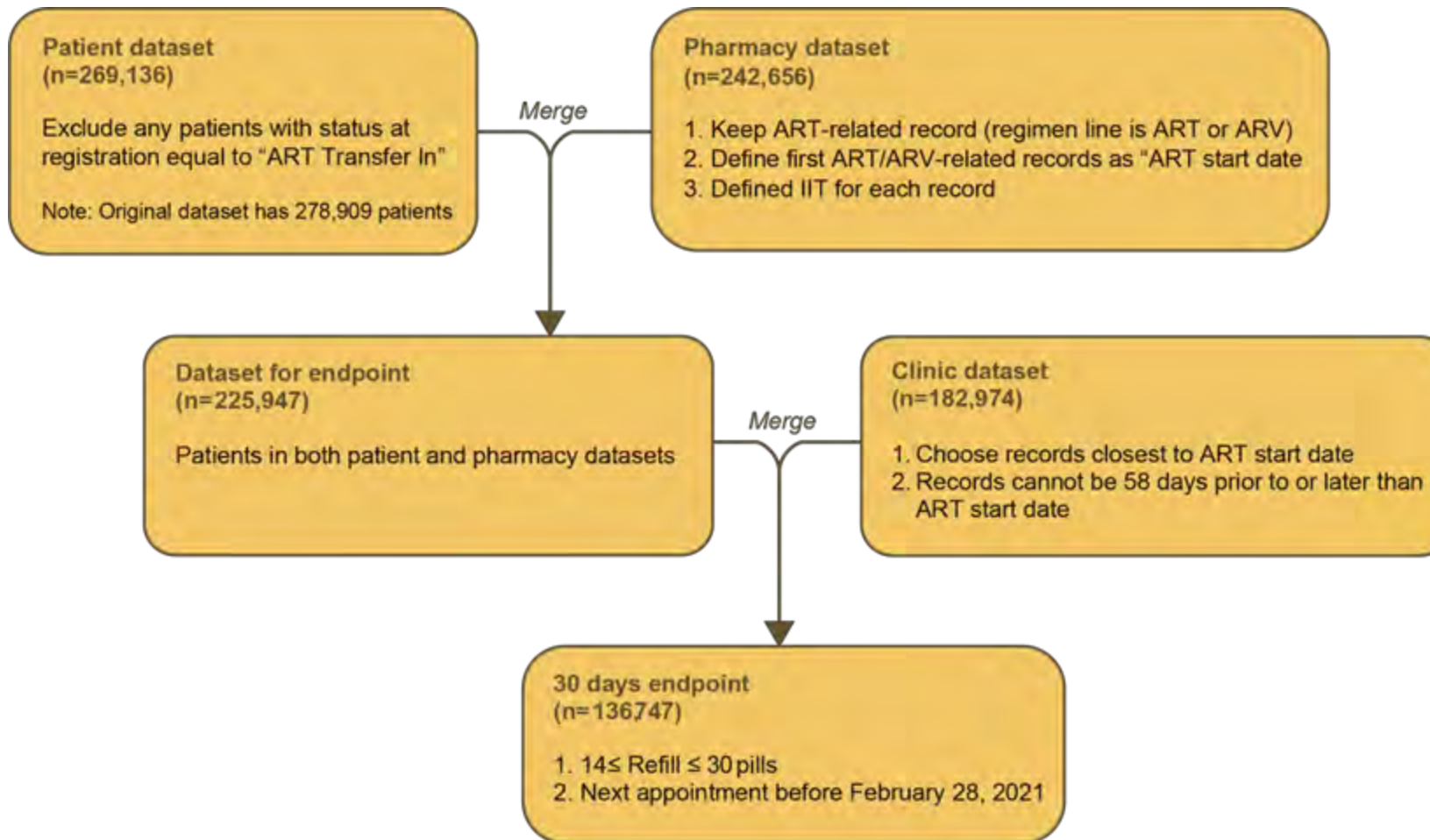


# No Shortcuts in the Development Process



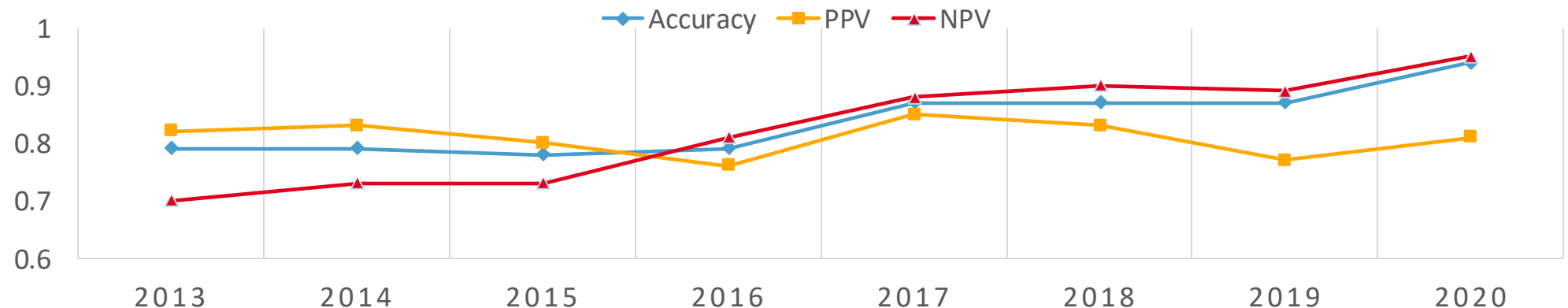
# Study Cohort Flow Diagram

- IIT = > 28 days late for the first 30-day appointment



# Predictive Accuracy by Year

Year	2013	2014	2015	2016	2017	2018	2019	2020
	794	1,112	3,129	2,936	2,707	2,331	6,967	2,950
IIT rate	66%	61%	63%	46%	44%	46%	22%	9%
Accuracy	79%	79%	78%	79%	87%	87%	87%	94%
V (95% I)	82% (79%, 85%)	83% (80%, 86%)	80% (79%, 82%)	76% (73%, 78%)	85% (83%, 87%)	83% (81%, 85%)	77% (75%, 80%)	81% (75%, 87%)
V (95% CI)	70% (64%, 76%)	73% (69%, 77%)	73% (71%, 76%)	81% (79%, 83%)	88% (86%, 90%)	90% (88%, 92%)	89% (88%, 90%)	95% (94%, 96%)



# Feedback on Usability and Acceptability

- 75% (36/48) indicated the predictive score was useful

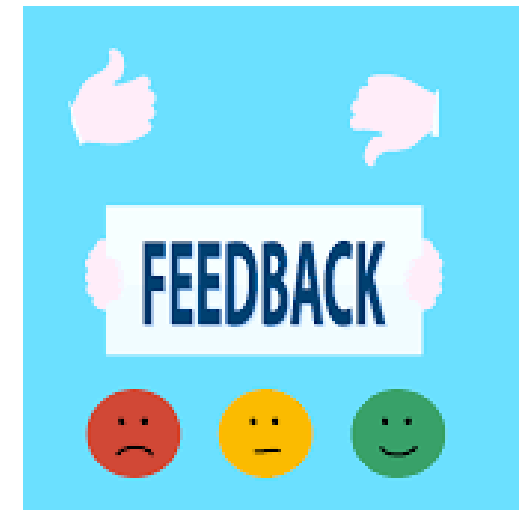
- Opportunity for early intervention
- Improved proactive case management

“It has helped us to monitor our clients, calling them up and giving them a timeline to come for their refills so that their treatment won't be interrupted.”

- 25% were neutral or skeptical

“I haven't seen to understand the logic behind it... The outcome didn't change the restart or return to care. I need the ideas behind this...”

“At first, I found it challenging to understand the chance of IIT, but after understanding and using it, I now see it as indices to protect our program growth from negative adjustment.”



# *Exercise*





# Acknowledgments

Thank you!