



Standard Operating Procedure

Procedure for generating eligible patient list for decanting (CCMDD)

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1 List of acronyms

Acronym	Explanation
ART	Antiretroviral treatment
CCMDD	Central Chronic Medicines Dispensing and Distribution
DC	Data capturer
DQO	Data Quality Officer
EN	Enrolled nurse
HIV	Human Immunodeficiency Virus
HPRS	Health Patient Registration System
NCD	Non-communicable Disease
PLHIV	People Living with HIV
PN	Professional nurse
RPC	Repeat prescription collection
SyNCH	Synchronised National Communication in Health
TB	Tuberculosis
VL	Viral Load

2 Background

Patients who are adherent to treatment and virally suppressed on Antiretroviral treatment (ART) do not require monthly consultation at facilities for medical assessment or collection of medication. By providing differentiated models of decentralised care, chronic stable patients can benefit from more convenient service delivery and health care facilities can enjoy greater levels of decongestion and workload. The purpose of this document is to outline the process for decanting stable clients on ART for differentiated care model options.

3 Purpose

The purpose of this SOP is to provide detailed instructions to be followed when decanting an ART stable patient for differentiated care.

4 Scope

All facility-based data capturers (DC), nurse clinicians, counsellors and linkage officers/case officers responsible for the clinical management and capturing of clinical records of PLHIV at facilities should read, understand, and follow this SOP.

5 Resources / materials and equipment

- Microsoft Excel
- Laptop or Desktop
- Tier.Net database
- LABTRAK (NHLS database)
- Clinical Record of relevant patient Health Patient Registration System (HPRS) folder
- Enrolment Form
- Decanting Register

6 Procedures

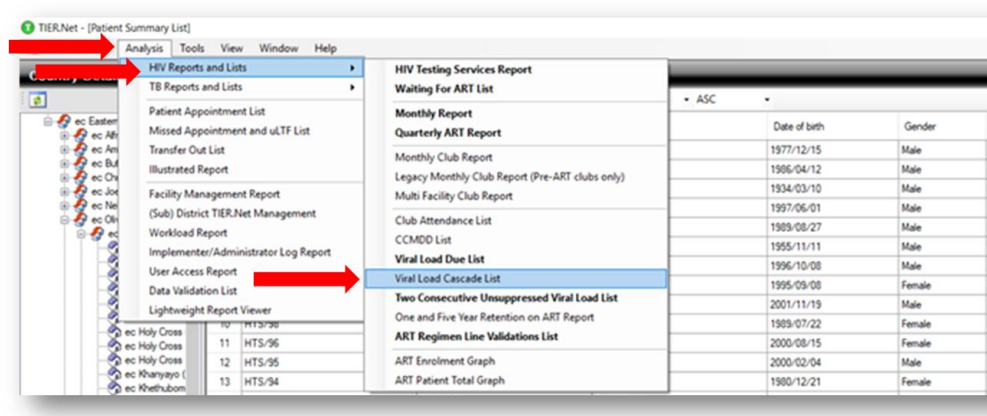
The linkage officer and data capturer will work as a team to assess chronic patients on ART against the criteria for the Repeat Prescription Collection (RPC) once a month, or according to a frequency indicated by line management

Eligibility criteria include:

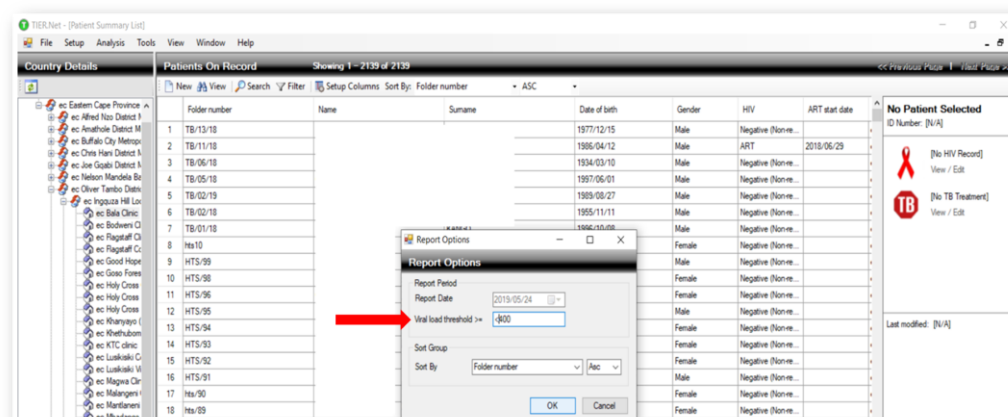
- Adult 18 years or older
- On the same ART regimen for the last 12 months
- 2 consecutive Viral Load (VL) undetectable, of which the most recent VL has been collected in the last 6 months
- No current TB
- Not pregnant
- Clinician's subsequently confirmation of patient's eligibility for RPC option
- Patient's voluntary opt-in for RPC
- **Note:** A mother or responsible caregiver with a child on ART should not be enrolled to the RPC option

6.1 Data Quality Officer generates the Viral Load Cascade List (report):

1. In Tier.net, produce the Viral Load Cascade List
 - a. Analysis Tab → HIV Report and Lists → Viral Load Cascade List

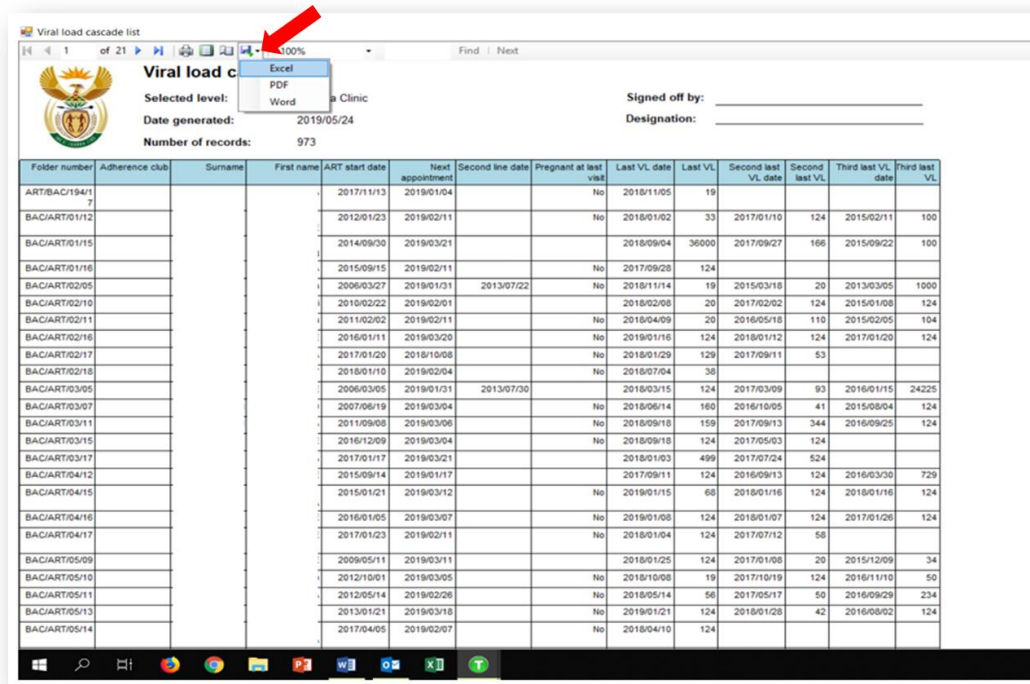


2. Limit viral load threshold to <400
 - a. Report Options → Viral load threshold → <400



3. Export to Excel

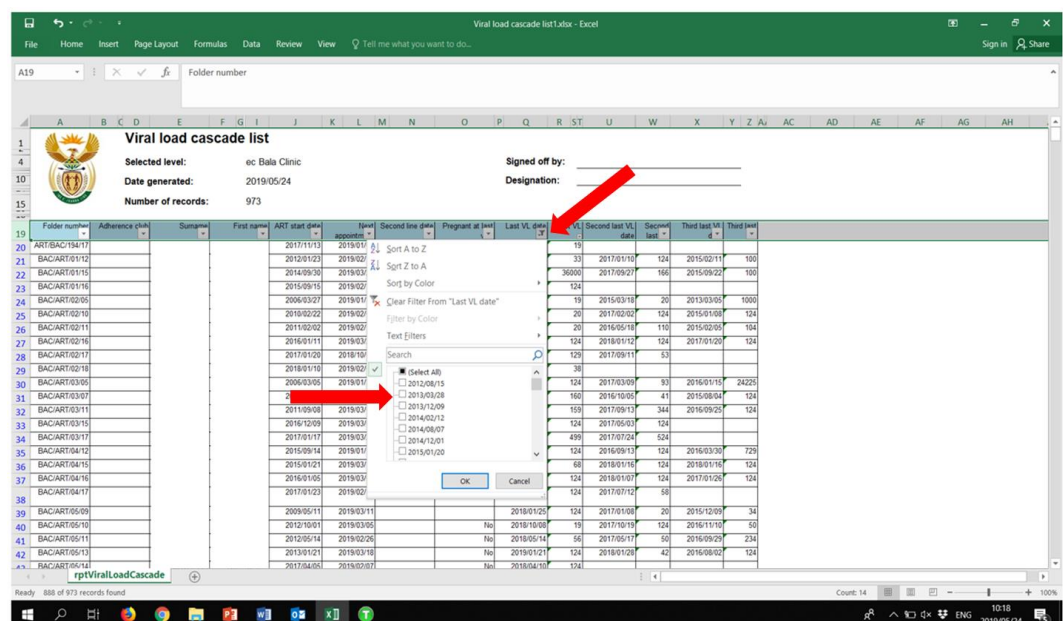
- Viral load cascade list → Download icon (Floppy disk with green arrow) → Excel



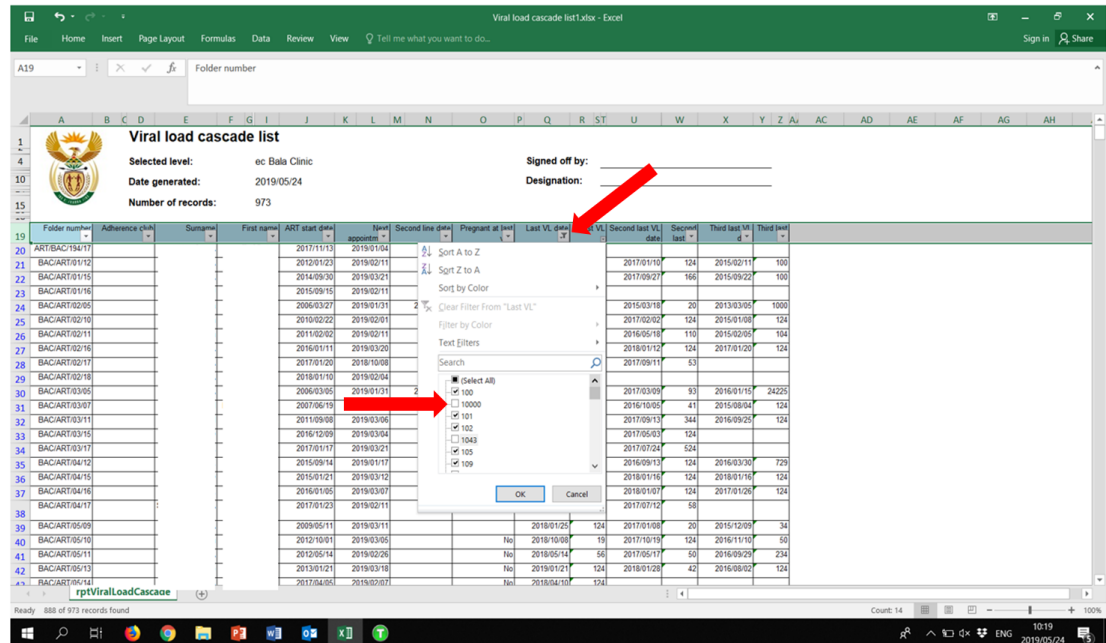
- Appointment date – in line with the appointment system – pull the people who are coming the following day for that week. Select the dates from the “Next Appointment date” column.

5. Activate filters, remove all late VL

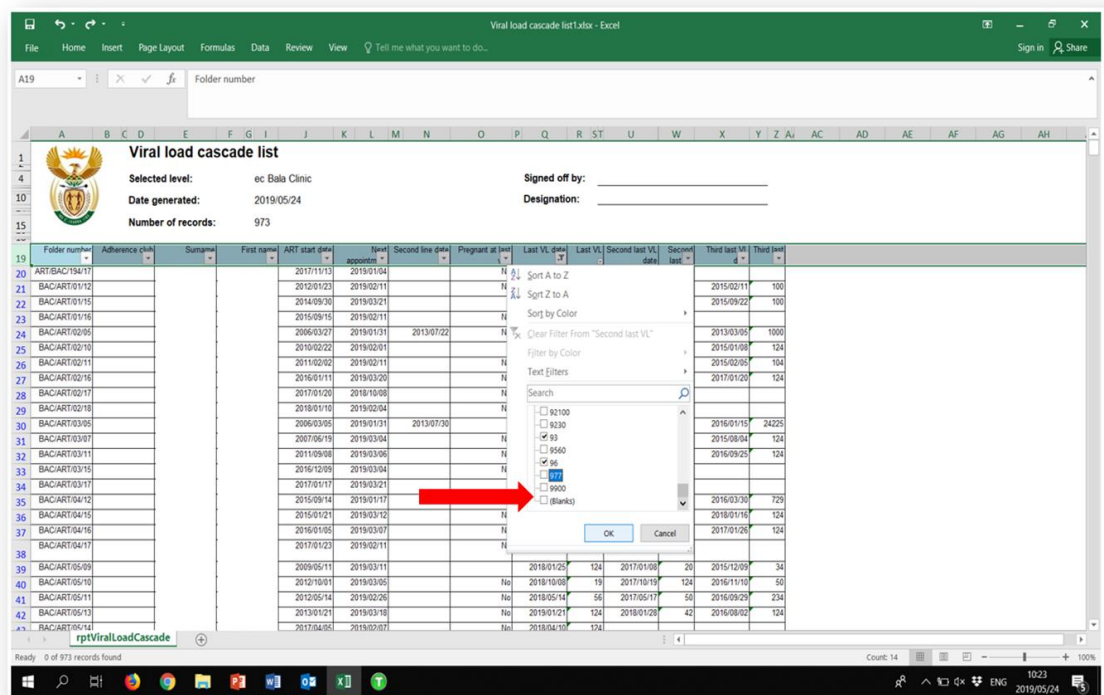
- Last VL date → Uncheck dates more than 6 months from today's date



6. On Last VL column, remove all VL greater than 400 and remove blanks
 - a. Last VL → Uncheck all values greater than 400
 - b. Last VL column → Uncheck “Blanks” value



7. On Second Last VL, remove all VL greater than 400 and blanks
 - a. Second Last VL column → Uncheck all values greater than 400 (as shown above)
 - b. Second Last VL column → Uncheck “Blanks” value – use LabTrak to search for the patient VL.



6.2 Data Capturer (DC) Responsibilities

- DC receives the list from Data Quality Officer (DQO).
- DC filters the patients according to the “next appointment date”.
- DC double checks that there are blood results inside the patient HPRS file.
- DC puts the enrolment form inside the patient HPRS file – this is to prompt the nurse clinician to recruit the patient for differentiated care option of their choice.
- DC will not put enrolment forms in paediatric charts.
- If the patient is already on CCMDD, DC must highlight the name of the patient on the list to make the clinician aware.
- DC makes a printout of the VL list for the clinician.
- DC takes the files to the clinician responsible for decanting.
- In a facility where there is a Central Chronic Medicines Dispensing and Distribution Enrolled Nurse (CCMDD EN enrolled nurse) – this person will recruit the patient.
 - o If the patient agrees to be enrolled, the EN will handover patient to the appropriate clinician (i.e. Professional Nurse (PN) or MD (prescriber)) to write prescription.
- In a facility where there is no CCMDD EN, a decanting focal person should be delegated and will be responsible for decanting.
 - o This is usually a nurse working in the chronic stream.
- EN/decanting focal person records the patient on the manual decanting register.
- Where there is SyNCH – the prescriber will capture the patient onto the SyNCH system.

6.3 Clinician Responsibilities

- Clinician receives files from the DC.
- Clinician further assesses eligibility to decant.
 - o They must peruse the file and verify if no missed appointments, clinically well, VL within the stated period.
- Furthermore, they must assess willingness of the patient to be decanted.
 - o They must counsel the patient with all the options and their advantages and disadvantages.
- Upon enrolment, the clinician writes the script and submit to the pharmacy -> service provider (i.e. DSV).

Important to note:

- The list of potentially eligible patients is pulled daily against the patient appointment.
- Patients must not be called to the facility specifically for decanting.
- DCs assist the process by pulling the list of potentially eligible patients based on 2 consecutive suppressed viral loads, clinician must further assess the patient.
- Being on the list does not always translate to enrolment; the clinician must ensure that the eligibility criteria are met.
- It remains the choice of the patients to be decanted.
- The clinician must use both the NDoH adherence guideline (2016) and his/her clinical judgement upon assessment.

7 References

- Tier.net Database
- NDOH: Adherence Guidelines for HIV, TB and NCDs (2016)

8 Revision history

Version	Approval Date	Revision History (Description of Change)	Author
0.1	10/06/2019	New SOP	V Ntshakaza