Clinical Assessment for Systems Strengthening (CIASS)
SUCCESS STORIES AND BEST PRACTICES IN UKRAINE

Kyiv
2017
This publication presents information on CIASS (Clinical Assessment for Systems Strengthening) launched in Ukraine in 2012 upon joint initiative by the International Training and Education Center for Health of the University of Washington (I-TECH/UW) and the Public Health Center of the MOH of Ukraine as a quality assessment tool to develop the capacity of health care facilities in Ukraine. It outlines success stories on implementation of recommendations by the facilities where CIASS assessment was conducted in 2014-2016.

It could be of interest to the managers and specialists of the health care facilities of all levels, programs and projects of international technical assistance, and non-governmental organizations working in the area of HIV/AIDS prevention and treatment in Ukraine.
ABSTRACT

This publication presents information on CIASS (Clinical Assessment for Systems Strengthening), a quality assessment tool to develop the capacity of health care facilities in Ukraine, and provides examples of successful implementation of recommendations by the facilities where CIASS assessment was conducted in 2014-2016.

The authors hope that this publication will contribute to the:

• Improvement of national, regional, and local level stakeholders’ understanding of the importance and benefits of CIASS as a tool for health care facilities capacity building and a basis for continuous quality improvement development in a particular facility;

• Dissemination of best practices described in this publication at the national and local levels;

• Enhancement of interest among health care facility administrators in Ukraine for quality assessment of organizational capacity of relevant facilities and organizations.

This publication may be useful for managers and specialists of health care facilities of all levels, technical assistance programs and projects, and non-governmental organizations working in the area of HIV/AIDS prevention and treatment in Ukraine.
AUTHORS

Ihor Kuzin  Deputy Director General for Coordination of Program Activities and Strategic Development, Public Health Center of the MOH of Ukraine, i.kuzin@phc.org.ua

Vira Yatsyk  Coordinator of CIASS Implementation in Ukraine, Public Health Center of the MOH of Ukraine, v.yatsyk@phc.org.ua

Anna Shapoval  Country Representative, I-TECH Ukraine, International Training and Education Center for Health of the University of Washington, anna.shapoval@itech-ukraine.org

Iryna Yuryeva  Program Director, I-TECH Ukraine, International Training and Education Center for Health of the University of Washington, iryna.yuryeva@itech-ukraine.org

Tetiana Bairachna  Training Developer, I-TECH Ukraine, International Training and Education Center for Health of the University of Washington, tetiana.bairachna@itech-ukraine.org
ACKNOWLEDGEMENTS

The Public Health Center of the MOH of Ukraine and the Ukraine Office of International Training and Education Center for Health (I-TECH) of the University of Washington express their gratitude to:

- International CIASS expert Stephen R. Collens for developing the structure for this publication;
- Representatives of health care facilities who provided information and photos for this publication.

CIASS assessment and this publication were made possible with the support provided by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) funded with U91HA06801 grant to the International Training and Education Center for Health. This information/content and conclusions are those of the author(s) and should not be construed as the official position, policy or positive feedback of HRSA, HHS or the U.S. government.
# ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>OST</td>
<td>Opioid substitution therapy</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>ICF</td>
<td>International Charitable Foundation</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>CIASS</td>
<td>Clinical Assessment for Systems Strengthening</td>
</tr>
<tr>
<td>I-TECH</td>
<td>International Training and Education Center for Health</td>
</tr>
</tbody>
</table>
## CONTENTS

- Introduction .......................................................................................................................... 8
- Improvement of access to HIV services for high-risk groups in mobile laboratory setting in Kyiv Oblast .................................................................................................................. 12
- Providing computer equipment to Kryvyi Rih AIDS Center Monitoring and Evaluation Department specialists ................................................................................................................... 17
- Launching a new Trust Room to improve access to health care services for HIV-positive patients in Poltava Oblast ........................................................................................................ 21
- Improvement of access to treatment services (ART) for TB/HIV co-infection patients in Cherkasy Oblast .......................................................................................................................... 26
- Setting up periodic training courses on the quality of pre-test counseling and completing record and reporting documentation for infectious disease doctors in Chernivtsi Oblast ...................................................................................... 32
- Decentralization of HIV services in Chernihiv Oblast ................................................................ 37
- Conclusions .............................................................................................................................. 42
Reforming the Ukraine health care system in terms of care provision decentralization and services quality and access improvement requires introducing new strategies, approaches and tools at both national and regional level.

One such tool is the CIASS quality assessment - Clinical Assessment for Systems Strengthening – developed by the International Training and Education Center for Health of the University of Washington (I-TECH/UW). In Ukraine, the CIASS technique is adapted and implemented by the Public Health Center of the MOH of Ukraine with financial support from I-TECH. The CIASS technique is designed to strengthen capacity and increase the efficiency of a particular health care facility, improve the quality of health care services and the health care system, as well as to ensure continuous enhancement of this system.

The major purposes of conducting CIASS are:

- To identify best practices and achievements that can be implemented into other health care facilities;
- To single out areas requiring improvement;
- To seek means of providing sustainable continuous services and expanding their range and scope.

Unlike auditing or inspection tools, the CIASS technique does not entail identification of gaps in the work of a particular specialist or facility. Instead, assessment results help to identify well-functioning facility systems, procedures and processes (strengths); list unavailable or imperfect regulatory documents, systems, procedures or processes and determine their direct impact on the quality of services provided by the facility (areas for improvement); and prepare sound recommendations regarding specific steps to be taken while working with each area for improvement.
The ClASS assessment process consists of six stages:

- Initiation (directly by the health care facility or Public Health Center of the MOH of Ukraine);
- Preparation for CIASS;
- Assessment;
- Action planning based on the results of the CIASS assessment. The results of this stage are reflected in an Action Plan prepared by the facility specialists, designed for the implementation of received recommendations;
- Preparation of the CIASS assessment report.

Once the assessment cycle is completed, the Action Plan stage with focus on recommendations implementation begins.

In Ukraine, unlike in other countries where CIASS is implemented, an officially approved final stage of assessment cycle includes initiation of a Continuous Quality Improvement of services provided by the health care facility where the assessment was conducted.

The ClASS tool is comprised of modules presented as topic-specific guides for quality assessment of facilities through in-depth group and individual interviews, reviewing key documents, and verifying information. The MOH of Ukraine has officially recommended the use of the Administrative Module, Financial Module, HIV Counseling and Testing (HCT) Module, and the Clinical Module. In 2016-2017, a Laboratory Module and TB/HIV Co-infection Integrated Services Module were additionally developed.

CIASS implementation in Ukraine started in 2013. In 2013-2017, the Public Health Center of the MOH of Ukraine supported by I-TECH: 1) trained twenty two certified national reviewers/experts to conduct CIASS; 2) developed the Guidelines “Using the Clinical Assessment for Systems Strengthening (CIASS) Technique for Monitoring the HIV/AIDS Response at Ukrainian Health Care Facilities” (registration No. 177.15/04/16b of January 28, 2016) and received MOH approval for it; 3) conducted CIASS assessment in 13 AIDS Centers, 5 TB Dispensaries, 7 Trust Rooms, and 2 non-governmental organizations in 20 regions of Ukraine.

In Ukraine, unlike in other countries where the final CIASS stage is Action Plan development, in 2016-2017 visits were made to previously assessed facilities – in Kryvyi Rih City, Chernivtsi, Cherkasy and Kyiv Oblast AIDS Centers – to monitor the recommendations implementation. The analysis of Action Plan implementation conducted during these visits helped to single out a number of best practices and specific steps toward strengthening the facility capacity, organizational capability, and quality improvement of provided services.
CLASS assessments geography in 2013-2017 (dark green)
In addition, in February and June 2017, meetings for national level specialists were held during which representatives of the facilities that participated in the assessment had a chance to exchange their experience with Action Plans completion and provided specific successful examples of expert recommendations implementation. The participants of the meetings agreed that dissemination of the best practices (i.e. success stories), indicative of CIASS positive impact on assessed facility capacity strengthening through the Action Plan implementation, would promote more active and effective adoption of this technique in Ukraine.

Success stories were selected to represent all CIASS modules and reflect geographical variety of health care facilities.

To unify the information collected and analyzed, each story has the following structure:

- Success story category by relevant CIASS Module;
- Health care facility that made the improvement;
- Issue (area for improvement) identified during the assessment;
- Implemented improvement initiative;
- Key results of the improvement initiative;
- Overall impact of the implemented improvement initiative;
- Unique experience gained by the health care facility;
- Statements and feedback of representatives of the health care facility that made the improvement;
- Information about partners involved in the improvement initiative;
- Contacts for more information regarding a success story.
CIASS SUCCESS STORY:

IMPROVEMENT OF ACCESS TO HIV SERVICES FOR HIGH-RISK GROUPS IN MOBILE AMBULATORY SETTING IN KYIV OBLAST

Success story category by relevant CIASS Module: HIV Counseling and Testing

Health care facility that made the improvement: Kyiv Oblast AIDS Center

Issue (area for improvement) identified during the assessment:

When the CIASS assessment was conducted in Kyiv Oblast AIDS Center (April 2016), HIV testing of high-risk group representatives in Kyiv Oblast remained at a rather low level (based on seroepidemiologic monitoring data, the share of such groups in the total number of people tested for HIV was only 9% in 2015).

The issue had several causes:

- Remoteness of health care facilities that provided quality health care services, including HIV counseling and testing, from places of residence or gathering of high-risk groups;
- Not all rayons of the oblast were covered by services of non-governmental organizations (in particular, by case management services);
- Limited number of ART sites. When the CIASS assessment was conducted there were only 12 fully functioning ART sites providing HIV services to the population in the central rayon and city hospitals. Residents of twenty other rayons of the oblast, including high-risk group
representatives, received health care services in Kyiv Oblast AIDS Center or, in case of TB diagnosis, in the Oblast TB Facility;

- In Kyiv Oblast AIDS Center, square meters and number of available premises failed to provide enough working and confidential space in cases when large numbers of patients visited the facility from rayons and cities of the oblast. This led to unfavorable work conditions for the infectious disease doctors and for the counselor in particular, as well as to decline of health care efficacy.

Based on CIASS results, experts conducting the assessment provided the following recommendations regarding the HIV Counseling and Testing Module:

- Improve access and engage high-risk groups in HIV counseling and testing by raising awareness and strengthening the cooperation with non-governmental organizations taking preventive measures in locations where high-risk groups are represented;

- Improve the organization and methodological work of the Kyiv Oblast AIDS Center by focusing on the need to actively involve high risk group representatives to testing;

- Coordinate the activities of non-governmental organizations to improve the coverage of high-risk group representatives through HIV testing.

**Improvement initiative and its key results**

According to the provided recommendations, Kyiv Oblast AIDS Center developed an Action Plan. To implement it, the facility administration, subject to agreement with the Kyiv Oblast State Department, established a Mobile Testing Unit with five full-time staff positions: Head, Infectious Disease Doctor, Nurse, Social Worker, and Driver.

Provision of quality HIV counseling and testing services on the route of the newly established Mobile Testing Unit required a vehicle. Thus, the AIDS Center Administration signed an agreement with ICF “Alliance for Public Health” that provided a special medical vehicle (mobile ambulatory) for the AIDS Center to conduct counseling, testing, and early linkage of HIV-positive patients; improve access to integrated services for patients in need of such services; ensure continuous linkage between testing and treatment services; and organize clinical mentoring and organizational and methodological support of medical staff and local team members of health care facilities in Kyiv Oblast (city hospitals, central rayon hospitals, and primary health care centers).
Overall impact of the implemented improvement initiative

The mobile ambulatory helped to maximize the access to multiple integrated HIV services: counseling, bringing patients to the Trust Rooms and for medical monitoring as soon as possible, developing ART adherence, and conducting TB screening (using GeneXpert) and CD4 laboratory testing with PIMA portable CD4 counter machine.

In addition, the mobile ambulatory allows for mentorship visits during which Kyiv Oblast AIDS Center specialists provide consultations on complicated clinical cases, conduct workshops on HIV counseling and rapid testing for staff of primary health care centers, etc.

Within the framework of the mobile ambulatory operations, the facility was able to begin active cooperation with non-governmental organizations providing HIV counseling and testing services to high-risk group clients and implementing harm reduction programs, etc.

As of June 1, 2017, mobile unit utilization rate was at 90%. According to the Kyiv Oblast AIDS Center M&E Department, from February to May 2017, 250 people received HIV counseling and testing services through the mobile ambulatory, 21 of whom were identified HIV positive (8.4%).

Because of improved access to HIV services through the mobile ambulatory, in 2017, the coverage for most-at-risk patient groups through counseling and testing services, as well as bridging gaps between the estimated number of people living with HIV and the number of people aware of their HIV-positive status are expected to improve.

Unique experience gained by the health care facility

ClASS health care facility assessment helped Kyiv Oblast AIDS Center to:

- Find solutions for issues using the Action Plan (Mobile Testing Unit);
- Combine facility resources and efforts with those of other organizations to fully resolve the identified issue;
- Engage available Kyiv Oblast AIDS Center capabilities and resources to resolve the issue.

Statements and feedback of representatives of the health care facility that made the improvement

Oksana Holub, Director of Kyiv Oblast AIDS Center:

“Since in the Oblast there was an issue related to the remoteness of medical monitoring and ART services for PLHIV living in the Oblast areas remote from the AIDS Center, ClASS assessment helped to find an optimal solution for this issue through the mobile ambulatory introduction within a short time. Visits of the
Photo: Mobile ambulatory provided to Kyiv Oblast AIDS Center as a result of CIASS assessment Action Plan implementation
mobile ambulatory to the Oblast areas with no ART sites provide patients with an opportunity to receive timely HIV services at the place of their residence”.

Anastasia Ostapenko, Kyiv Oblast AIDS Center Trust Room Counselor:

“While participating in the CIASS facility assessment, I was able to see with my own eyes the implementation of ideas to improve the quality of HIV counseling and testing services in Kyiv Oblast!”

Information about partners involved in the improvement initiative:

- ICF “Alliance for Public Health”

Contact person for more information regarding this success story:

Oksana Holub, Director of Kyiv Oblast AIDS Center,
tel.: +38 (067) 548 8934,
e-mail: oxana.holub@gmail.com
CIASS SUCCESS STORY:

PROVIDING COMPUTER EQUIPMENT TO KRYVYI RIH AIDS CENTER MONITORING AND EVALUATION DEPARTMENT SPECIALISTS

Success story categories by relevant CIASS Modules: Administrative; Financial; HIV Counseling and Testing; and Clinical

Health care facility that made the improvement: Kryvyi Rih AIDS Center

Issue (area for improvement) identified during the assessment:

Effective work of a modern health care facility is impossible without adequate technical and informational support. When CIASS assessment took place, Kryvyi Rih AIDS Center had a limited number of computers: seven of 2005 models for thirty-five full-time employees with only one PC connected to the Internet. Because of this, more time was required to complete tasks by all facility staff members, including newly established Monitoring and Evaluation Department specialists. In addition, this situation affected the quality of their work. In particular, with outdated computer equipment, it was impossible to compile the data and perform comprehensive HIV/AIDS analysis since it was restricted by capabilities of software «DevInfo», «ArcGIS», and «SPECTRUM».

The results of CIASS assessment conducted in this facility in March 2015 defined this issue as one of the areas for improvement and drew attention of the management team to the unsatisfactory condition of technical and informational support.
Implemented improvement initiative

To implement the CIASS expert recommendations according to the developed Action Plan, Kryvyi Rih AIDS Center Chief Doctor sent an official letter to the Ukrainian Center for Disease Control of the MOH of Ukraine requesting assistance in the provision of computer equipment for the M&E Department within this facility. The facility team used the CIASS report and approved Action Plan as additional justification of the need to strengthen technical and informational support.

Key results of the improvement initiative

This request resulted in the update of the facility computer equipment:

- With financial support from the project on M&E Technical Assistance and Improved Data Application in HIV (METIDA), Kryvyi Rih AIDS Center received four desktop computers and a multifunctional device.
- In addition, Kryvyi Rih Unit of All-Ukrainian Network of PLHIV provided a laptop for temporary use by Kryvyi Rih AIDS Center.

Overall impact of the implemented improvement initiative

Since the end of 2017, Kryvyi Rih AIDS Center M&E Department specialists have had continuous Internet access and their workstations have been fully equipped with modern computer equipment. Electronic devices and modern software help M&E Department specialists to fulfill their responsibilities effectively, analyze and forecast HIV epidemic development tendencies, and consolidate and verify HIV/AIDS medical and statistical information promptly.

Therefore, implementation of CIASS recommendations contributed to the strengthening of informational and technical capacity of the facility.

Unique experience gained by the health care facility

CIASS assessment and implementation of the recommendations allowed the Kryvyi Rih AIDS Center to receive the unique and practical experience of attracting and using new financial and technical support sources and to establish cooperation with non-governmental organizations and international technical assistance projects.

Statements and feedback of representatives of the health care facility that made the improvement

Hennadiy Kruhlenko, Chief Doctor of Kryvyi Rih AIDS Center:

“…CIASS assessment is a very useful form of methodological support to health care facilities
Photo: M&E Department staff work on computers Kryvyi Rih AIDS Center received during CIASS recommendations implementation
that do not pay attention to some issues in their routine activities. Only independent experts assessing a facility can identify existing issues and most importantly provide professional recommendations on areas for improvement. I would like to wish the experts fruitful cooperation and improvement of professional level of facilities by means of CIASS assessment.”

Viktoria Dovhoruchenko, Head of Kryvyi Rih AIDS Center M&E Department:

“Because of CIASS assessment we were able to update computer equipment for the M&E Department. For us it was an achievement since the M&E Department staff are the ones usually most impacted by the lack of computer equipment, internet, and local computer network.”

Information about partners involved in the improvement initiative:

Implementation of the assessment recommendations was made possible by the participation of the following organizations in this process:

- Public Health Center of MOH of Ukraine
- Project on M&E Technical Assistance and Improved Data Application in HIV (METIDA)
- Kryvyi Rih Unit of All-Ukrainian Network of PLHIV
- All-Ukrainian Network of PLHIV

Contact person for more information regarding this success story:

Viktoria Dovhoruchenko, Head of Kryvyi Rih AIDS Center M&E Department,
tel.: +38 (095) 444 8242,
e-mail: krmioaids@gmail.com
LAUNCHING A NEW TRUST ROOM TO IMPROVE ACCESS TO HEALTH CARE SERVICES FOR HIV-POSITIVE PATIENTS IN POLTAVA OBLAST

Success story category by relevant CIASS Module: HIV Counseling and Testing; Clinical

Health care facility that made the improvement: Poltava Oblast AIDS Center

Issue (area for improvement) identified during the assessment:

Since its foundation in 2001, Poltava Oblast AIDS Center Ambulatory and Polyclinic Department have been located in an adapted historic building. The CIASS assessment conducted in July 2016 found that, since the number of employees had increased, the available rooms and square meters did not meet the current needs of the facility. In some instances two Infectious Disease Doctors had to see their patients in the same room simultaneously, which was against the confidentiality and patient flow segregation requirements and created unfavorable working conditions for doctors.

CIASS experts provided the following recommendations:

- To separate the Administrative Department from the Ambulatory and Polyclinic one, for instance, by relocating one of them to another building;
- Ensure functioning of Poltava Oblast AIDS Center Trust Room.
Key results of the improvement initiative

CIASS expert recommendations streamlined local authority administrative decisions with regard to the expansion of the size of the Trust Room. Considering sufficient staffing of the Ambulatory and Polyclinic Department, as well as availability of an additional 90 square meter building at the Poltava City Clinical Hospital No.4, Poltava Oblast AIDS Center renovated four rooms within the hospital premises with the financial support provided by the Light of Hope charitable organization. At the beginning of 2017 an Infectious Disease Doctor, a Counselor, a Nurse, and a Social Worker have been placed there. Since then, such services to PLHIV as HIV, TB, and viral hepatitis diagnostics, HIV medical monitoring and treatment, ART laboratory and social and psychological support, as well as referral of patients with opioid addiction to OST have been provided at different addresses.

Overall impact of the implemented improvement initiative

The availability of rooms and close cooperation with primary health care workers ensured favorable conditions for the increase in patient numbers. Conditions appropriate for ART drugs storage and individual and group pretest counseling are established. All these ensures access to HIV specific treatment at the places of residence as well as the patient status confidentiality.

Unique experience gained by the health care facility

CIASS assessment helped Poltava Oblast AIDS Center:

- To combine facility resources and efforts with those of other organizations to equip and launch the Trust Room;
- To develop abilities of facility specialists to attract external technical support, namely, to enhance skills for project planning and negotiation with potential partners and donors.

Statements and feedback of representatives of the health care facility that made the improvement:

**Oksana Danylenko, Poltava Oblast AIDS Center Chief Doctor:**

“CIASS expert recommendations were important when convincing local authorities to provide premises and Trust Room set up support and expedited its launch at the City Hospital.”

**Liudmyla Derevianko, Poltava Oblast AIDS Center Trust Room Counselor:**

“The improvement of working conditions at the Trust Room at Poltava City Clinical Hospital No.4 resulted in an increase in the number of patients seeking assistance. Expansion of the actual space (separate areas for counseling, Infectious
Факты о ВИЧ
Знаете ли вы?

Можно ли определить, что у человека есть ВИЧ, просто взяв образец крови на анализ?
Нет. Для того чтобы определить наличие ВИЧ, необходимо пройти тестирование.

Сколько стоит тестирование на ВИЧ?
Тестирование на ВИЧ бесплатное.

Как часто я должен тестироваться на ВИЧ?
Если результат после первого теста отрицательный, пройдите тестирование еще раз через три месяца.
После этого тестирование каждые 6 месяцев и используйте презерватив при каждом половом контакте.

Как человек может заразиться ВИЧ?
Есть несколько путей инфицирования, включая:
- незащищенный секс (без использования презерватива);
- соприкосновение с тканями, которые поранены ВИЧ, к ребенку во время беременности и грудного вскармливания;
- использование инъекций, позитивных, для татуировки и тату, которые уже пользовались другим людьми.

Как разница между ВИЧ и СПИДом?
ВИЧ-инфекция вызывает ослабление иммунной системы человека. СПИД — последний стадий ВИЧ-инфекции, возникает при отказе от лечения.

Если результат моего теста позитивный, значит ли это что я умер?
Нет. Медицинская помощь в лечебном учреждении (Центр СПИДа или Кабинет «Довіра») и прием анти-retровирусной терапии помогут сохранить жизнь и здоровье. Все услуги по лечению ВИЧ предоставляются бесплатно.

Где можно нас найти?
Горячая линия по вопросам ВИЧ/СПИДа 0 800 000 451
freeHIVtests.org.ua

ІНФОРМАЦІЯ ПРО РОБОТУ
КАБІНЕТУ «ДОВІРА»

Графік роботи
З 8:00 до 18:00

ЛІКАР
Шевчук Ольга Володимирівна

МЕДСЕСТРА
Нівіна Юлія Олексіївна

ПСИХОЛІГ
Дерев'яч Львівна Михайлівна

СОЦПРАЦІВНИК
Кузьменко Андрій Олексійович

Важливі інформації

ПОСЛУГИ, ЯКІ ТИ МОЖЕШ ОТРИМАТИ:
* індивідуальну консультацію про особливості захворювання на ВІЛ/інфекцію/СНІД;
* безкоштовно пройти діагностику на ВІЛ;
* діагностику поширення, запобігання та лікування ВІЛ-інфекції;
* безкоштовно отримати лікування ВІЛ;
* отримати соціально-психологічну допомогу в разі ВІЛ-позитивного результату аналізу.

Усі послуги надаються безкоштовно і конфіденційно.

Телефон довіри
з проблем ВІЛ/СНІДу
0800 500 451

Picture: Information about HIV/AIDS Counseling
Trust Room at Poltava City Clinical Hospital
No. 4
Clinical Assessment for Systems Strengthening (CIASS)

Picture: 1) Patient counseling in the Trust Room; 2) Providing medical services to a patient in the Trust Room.
Information about partners involved in the improvement initiative:

The updated Trust Room was launched under direct supervision of Poltava Oblast State Administration in cooperation with Health Care Administration of Poltava City Executive Committee with financial support from the Light of Hope charitable organization and by the initiative of the facility staff.

Contact person for more information regarding this success story:

Kateryna Mykhailova, Deputy Chief Doctor on Prevention, Organizational, and Methodological Activities and Epidemiological Monitoring of Poltava Oblast AIDS Center, tel.: +38 (050) 967 2189, e-mail: orgepid.aids.poltava@gmail.com
CIASS SUCCESS STORY:

IMPROVEMENT OF ACCESS TO TREATMENT SERVICES (ART) FOR TB/HIV CO-INFECTION PATIENTS IN CHERKASY OBLAST

Success story category by relevant CIASS Module: Clinical

Health care facility that made the improvement: Cherkasy Oblast AIDS Center

Issue (area for improvement) identified during the assessment:

The CIASS assessment in Cherkasy Oblast AIDS Center in June 2014 detected several issues causing a rather low coverage of TB/HIV co-infection patients by ART in the oblast (51.1% in the 2013 cohort). Namely:

- Facility staffing plan included only 0.25 FTE for TB specialist position, and even that was not filled. As a result, Cherkasy Oblast AIDS Center could not provide integrated service of prescription and administration of TB prophylaxis directly in the facility.

- TB/HIV co-infection patient record system and the analysis of TB incidence among HIV-infected patients were used ineffectively.

Due to the absence of Infectious Disease Doctor within the In-patient Department of Cherkasy Oblast TB Dispensary, patients were not prescribed ART in time. Using the assessment results, CIASS experts provided the following recommendations to resolve the identified issues:
• Ensure improved access to HIV treatment services for Cherkasy Oblast TB Dispensary patients by launching a Trust Room with the function of ART administration at the facility;

• Introduce routine TB prophylaxis practice into Cherkasy Oblast AIDS Center;

• Fill the TB specialist position at Cherkasy Oblast AIDS Center.

**Implemented improvement initiative**

Cherkasy Oblast State Administration Health Care Department, Cherkasy Oblast TB Dispensary, Oblast Council on TB and HIV/AIDS, Oblast Council on TB and HIV/AIDS Cross-Sectoral Work Group, and non-governmental organizations were involved in the implementation of the provided recommendations.

The questions of ART site launch, filling Infectious Disease Doctor position, and extending responsibilities of the TB specialist at Cherkasy Oblast TB Dispensary were considered by the Cherkasy Oblast State Administration Health Care Department and Oblast Council on TB and HIV/AIDS. In addition, Cherkasy Oblast TB Dispensary asked non-governmental organizations to provide assistance equipping Infectious Disease Doctor workstation.
Key results of the improvement initiative

Thanks to the active support of the Oblast Council on TB and HIV/AIDS Cross-Sectoral Work Group, a decision was made to introduce a TB specialist position into Cherkasy Oblast AIDS Center and attract donor funding to equip a TB Doctor room. Currently, TB prophylaxis for HIV-patients receiving medical services in Cherkasy Oblast AIDS Center is prescribed and administrated by this facility.

Moreover, in July 2015 an ART site was launched at Cherkasy Oblast TB Dispensary. ART for patients receiving TB/HIV co-infection treatment is prescribed and administered by the facility.

Additionally, clear record keeping on TB/HIV co-infection patients in both facilities was ensured using electronic TB Patient Registry.

Overall impact of the implemented improvement initiative

Implementation of CIASS recommendations with regard to the ART site launch at Cherkasy Oblast TB Dispensary and provision of TB chemoprophylaxis at Cherkasy Oblast AIDS Center helped to improve quality of health care making it possible for patients to receive services directly at the locations of their main treatment. The implementation of these recommendations allowed for increase in ART coverage indicator for the TB/HIV co-infection patients from 51.1% (2013) to 64% (2015). Based on the work results in the first quarter of 2017, ART coverage indicator for the first and third category of TB/HIV co-infection patients was 84.2%, while the indicator of ART prescription during first eight weeks upon TB treatment initiation increased to 75% compared with 35.5% in the first quarter of 2015.

Unique experience gained by the health care facility

- It was necessary to improve access to ART for TB/HIV co-infection patients in Cherkasy Oblast even before the CIASS assessment. However, the assessment helped to identify the issue more clearly, improve understanding of its negative effect on the quality of health care services provided, and develop steps to resolve it.

- While implementing the CIASS recommendations, Cherkasy Oblast AIDS Center gained experience of attracting assistance from the partners and establishing effective cooperation with governmental and non-governmental organizations to resolve health care provision issues in the oblast.
Photo: Infectious Disease Doctor Oleh Akulin is providing counseling to TB/HIV coinfection patients at ART site at Cherkasy Oblast TB Dispensary
Statements and feedback of representatives of the health care facility that made the improvement:

Liudmyla Komasko, Infectious Disease Doctor of Cherkasy Oblast AIDS Center:

“At the beginning we were rather skeptical about CIASS assessment, thinking it was just another inspection to identify our gaps and violations. However, we changed our mind upon receiving clear recommendations for potential improvements instead of the «revealing and accusatory inspection certificate». Thanks to CIASS experts, we learned to see our problems from different angles and started properly framing our needs.

Today we hope that upon ART site launch at the TB Dispensary and filling the position of a TB specialist we will be able to resolve the issue of record keeping for TB/HIV patients and improve the referral system, with other TB/HIV co-infection related problems hopefully becoming obsolete.”

Petro Levchenko, Chief Doctor of Cherkasy Oblast AIDS Center:

“We used CIASS expert recommendations to influence the Oblast Health Care Administration decisions. Thus, we were able to resolve organizational and staffing issues promptly. We launched an ART site at the Oblast TB Dispensary, and now TB/HIV co-infection patients can receive treatment “on site”. I believe it is great. I hope to have many more chances to work with CIASS experts.”
Information about partners involved in the improvement initiative:

The implementation of the assessment recommendations was possible because of the following organizations participation:

• Public Health Center of MOH of Ukraine;
• Cherkasy Oblast State Administration Health Care Department;
• Oblast Council on TB and HIV/AIDS and its work groups;
• Cherkasy Oblast TB Dispensary;
• Cherkasy Oblast Unit of All-Ukrainian Network of PLHIV;
• Cherkasy PLHIV charitable organization “From Heart to Heart”.

Contact person for more information regarding this success story:

Iryna Bilous, Deputy Chief Doctor on Medical Services to Population of Cherkasy Oblast AIDS Center,
tel.: +38 (097) 716 4529,
e-mail: irina-bilous@ukr.net
Classe success story: Setting up periodic training courses on the quality of pre-test counseling, and completing record and reporting documentation for infectious disease doctors in Chernivtsi Oblast

Success story category by relevant CIASS Module: HIV Counseling and Testing

Health care facility that made the improvement: Chernivtsi Oblast AIDS Center

Issue (area for improvement) identified during the assessment:

During CIASS assessment in Chernivtsi Oblast AIDS Center, HIV-positive patients were not able to enter into medical care at the Central Rayon Hospital since ART was prescribed by the Oblast AIDS Center only.

Partially due to this, the indicator of HIV-positive patients coverage was 61% of the total number of HIV-positive people stated in the seroepidemiologic monitoring data of 2015. In other words, about a third of all HIV-positive people with confirmed HIV infection in 2015 were not monitored and, therefore, not receiving ART.

In addition, there was an issue of late detection: 44.4% of newly diagnosed HIV patients were diagnosed with HIV at III-IV clinical stages (2015).

Recommendations based on the assessment conducted by the CIASS experts at Chernivtsi Oblast AIDS Center in 2015 included:

- Organize monitoring visits to oblast health care facilities with regard to the issues of pre-test counseling and completing record and reporting documentation;
Photo: Periodic trainings for Infectious Disease Doctors in Chernivtsi Oblast on the issues of HIV counseling and testing and maintaining record and reporting documentation
• Conduct HIV/AIDS trainings for Infectious Disease Doctors.

**Implemented improvement initiative**

To implement recommendations upon the conducted assessment, the acting Chief Doctor sent a letter to AbbVieBiopharmaceuticals GmbH asking to support financially periodic trainings on HIV counseling and testing and maintaining record and reporting documentation for health care specialists in Chernivtsi Oblast.

**Key results of the improvement initiative**

The funding request was met. Today, according to the Order approved by Chernivtsi Oblast State Administration Health Care Department, Chernivtsi AIDS Center provides quarterly trainings on HIV counseling and testing and maintaining record and reporting documentation in the facility. By now, forty-eight health care specialists have received such trainings.

**Overall impact of the implemented improvement initiative**

Based on the data provided by Chernivtsi Oblast AIDS Center, the quality of records and reporting documentation completed by rayon level facilities and submitted to the Oblast AIDS Center by trained specialists improved significantly. In addition, results of the interviews conducted among patients were indicative of the better quality pre-test counseling services.

**Unique experience gained by the health care facility**

Recommendations that the facility received during CIASSS assessment served:

• As a source of expert information to identify priority direction for further improvement, planning and implementation;

• To find necessary resources and technical assistance at the regional level.

**Statements and feedback of representatives of health care facility that made the improvement**

Volodymyr Mochulskyi, Chief Doctor of Chernivtsi Oblast AIDS Center:

“CIASS assessment is something new and interesting! It has a great potential for further use by the Heads of health care facilities. Unlike traditional health care quality control approaches,
Photo: Periodic trainings for Infectious Disease Doctors in Chernivtsi Oblast on HIV counseling and testing and maintaining record and reporting documentation
CIASS is not an audit; it is rather an “advisor” in finding resources to ensure high quality services provision. I am convinced that implementation of all recommendations will get our facility to a new, higher quality level of resource management.”

Serhiy Sorokatyi, Head of Chernivtsi Oblast AIDS Center M&E Department:

“CIASS assessment showed me as a Head of M&E Department the strengths and areas requiring improvement in our facility. The assessment was friendly in nature and helped us to see the gaps from a different angle; at the same time, it was not an inspection. Assessment report was a good push in the preparation of our facility towards accreditation.”

Iryna Karaushu, Head of Ambulatory and Polyclinic Department of Chernivtsi Oblast AIDS Center:

“CIASS assessment provided me with professional recommendations and was not designed as an audit. For me, the assessment report is a source of objective information that can serve the needs of planning and taking future steps for the improvement of facility management and PLHIV treatment quality in Chernivtsi Oblast.”

Information about partners involved in the improvement initiative:

The following organizations participated in the initiative implementation:

- Chernivtsi Oblast State Administration Health Care Department;
- AbbVieBiopharmaceuticals GmbH.

Information about periodic trainings was published on Chernivtsi Oblast AIDS Center web site (www.snid.cv.ua) and Facebook page.

Contact person for more information regarding this success story:

Volodymyr Mochulskyi, Chief Doctor of Chernivtsi Oblast AIDS Center, tel.: +38 (066) 043 4641, e-mail: mochulskiy78@gmail.com
CIASS SUCCESS STORY:

DECENTRALIZATION OF HIV SERVICES IN CHERNIHIV OBLAST

Success story category by relevant CIASS Module: Clinical

Health care facility that made the improvement: Chernihiv Oblast AIDS Center

Issue (area for improvement) identified during the assessment:

During CIASS assessment at Chernihiv Oblast AIDS Center in August 2016, in the oblast there were three Trust Rooms with ART prescription function, namely, at Pryluky Central City Hospital and Kozelets and Novhorod-Siverskyi Central Rayon Hospitals.

As of August 1, 2016, the portion of PLHIV in Chernihiv Oblast receiving ART at these three facilities was only 6% (109 people) of the total number of PLHIV on ART in the region. At the same time, the share of people on treatment at Chernihiv Oblast AIDS Center was 94% (1698 people). Significant negative consequences of low coverage by HIV services (ART) included limited access to examination and non-timely ART prescription for patients from remote oblast areas; patients having to spend time and money to get to Chernihiv; and Chernihiv Oblast AIDS Center Infectious Disease Doctor high workload.
Taking into account the above-mentioned issues, CIASS experts provided the following recommendations:

- Ensure further decentralization of both medical monitoring and follow-up of patients on ART to Trust Rooms or Infectious Disease Doctors close to the places of residence;

- Ensure patients preparation to ART initiation and/or their referral to Oblast AIDS Center for ART prescription (if no ART site available).

**Improvement Initiative**

To implement the assessment recommendations, and, in particular, officially launch the sites and ensure their effective functioning and sites specialists’ training, Chernihiv Oblast AIDS Center involved a number of stakeholders: Chernihiv Oblast State Administration Health Care Department; HIV/AIDS Oblast Coordination Council (further on – Coordination Council); Chernihiv Oblast Unit of All-Ukrainian PLHIV Network; and the “Renaissance of the Nation” non-governmental organization.

**Key results of the improvement initiative**

The issues of Trust Rooms functions expansion and treatment services decentralization were discussed at medical meetings and Coordination Council sessions. This resulted in the approval of Chernihiv Oblast State Administration Health Care Department Order of December 16, 2016, No.394 “On the Decentralization of ART Provision in the Oblast”, upon which, as of the beginning of 2017, three new sites prescribing and monitoring ART were launched in the oblast: at Nizhyn Central City Hospital and Koriukivsk and Mensk Central Rayon Hospitals.

Thanks to support from Chernihiv Oblast Unit of All-Ukrainian PLHIV Network and local and rayon councils, new ART site facilities were set up for operation. In addition, oblast participation in a pilot testing of HIV MIS (HIV Medical Information System) helped to equip oblast Trust Rooms with modern computers.

The Trust Rooms specialists received trainings on ART access and service quality improvement in the oblast and up-to-date clinical recommendations on ART. They participate in practical trainings at Chernihiv Oblast AIDS Center on a regular basis.
Photo: Infectious Disease Doctor Oleksandr Bulitko during patient counseling at the Koriukivsk Central City Hospital Trust Room
Overall impact of the implemented improvement initiative

Implementation of CIASS recommendations helped to improve access to care for HIV patients and make it closer to their places of residence. For instance, all six Trust Rooms in the oblast collect blood samples for CD4 testing, and, where applicable, HIV viral load testing and transport them to Chernihiv Oblast AIDS Center HIV Diagnostic Laboratory.

Based on the results of the first half of 2017, the portion of patients receiving ART at Trust Rooms in rayons of Chernihiv oblast was 8.1%.

Unique experience gained by the health care facility

CIASS assessment helped Chernihiv Oblast AIDS Center to:

- Receive expert opinion to identify the issue and understand its importance;
- Combine its resources and efforts with those of other organizations to resolve the issue.

Statements and feedback of representatives of health care facility that made the improvement

Halyna Lysenko, Acting Chief Doctor of Chernihiv Oblast AIDS Center:

“CIASS assessment in Chernihiv Oblast was very timely. Unlike monitoring visits, we did not receive directives for implementation, but identified our strengths and recommended areas for improvement. CIASS assessment was conducted in the form of an interview with specialists on a patient pathway, which changed the perception and shifted the focus from control functions and audit to professional recommendations. This technique is useful while preparing for facility accreditation.”

Olha Tereshchenko, Infectious Disease Doctor of Chernihiv Oblast AIDS Center:

“The decentralization process was activated in the oblast as a result of the CIASS assessment: the provided recommendations had been relevant for a long time, yet an outside perspective helped to streamline this process. Patients in our oblast received an opportunity for examination and ART without leaving their rayons, since the most remote from the Oblast AIDS Center areas are 200 km away. We hope that new ART sites launch will not only improve access to treatment and the whole system of HIV-infected patients care, but also contribute to stigma reduction.”
Information about partners involved in the improvement initiative:

The following organizations participated in the initiative implementation:

- Public Health Center of MOH of Ukraine;
- Chernihiv Oblast State Administration Health Care Department;
- Chernihiv Oblast HIV/AIDS Coordination Council;
- All-Ukrainian PLHIV Network;
- Chernihiv Oblast Unit of All-Ukrainian PLHIV Network;
- “Renaissance of the Nation” non-governmental organization.

Contact person for more information regarding this success story:

Olha Maliuta, Head of Ambulatory and Polyclinic Department of Chernihiv AIDS Center,
tel.: +38 (098) 036 9395,
e-mail: malyuta2011@gmail.com,
website: www.spidcentr.com.ua
CONCLUSIONS

All presented success stories demonstrate that the issues (areas for improvement) existed even before the CIASS assessment. However, thanks to the expert opinion and clear objective recommendations, health care facilities participating in the assessment approached solutions to their issues as initiatives they can implement.

In addition, these stories prove the importance of health care facilities active participation in finding the resources and support they need, in particular, through assistance from oblast or local executive authorities and cooperation with non-governmental organizations, businesses, and donor agencies.

Presented examples differ in the scope of achieved improvements and are unique for each organization. However, they are similar in the sense that CIASS recommendations implementation has helped the facilities to develop their capacities and gain experience of change initiation to improve the quality of health care services for PLHIV in Ukraine.