



A directed health care staff utilization plan to optimize human resources while expanding quality HIV care

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Issue

Providing quality HIV care and treatment to large numbers of HIV-infected people in resource-constrained settings depends on a number of factors. These include effective utilization of all available human resources (e.g., professional health care providers [HCPs], lay or community health care workers [CHWs], and volunteers) and the establishment of systems to allow for efficient patient flow.

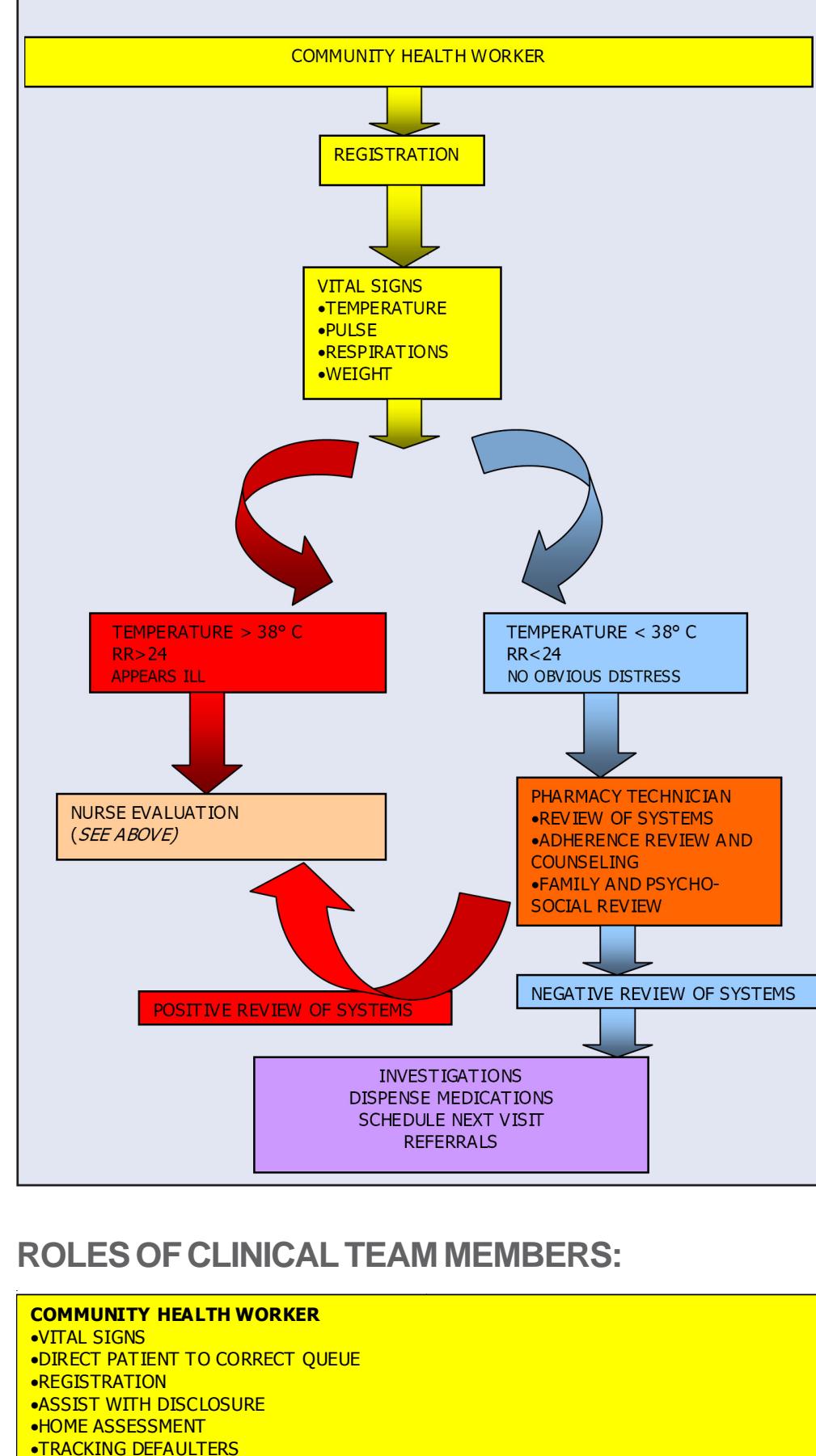
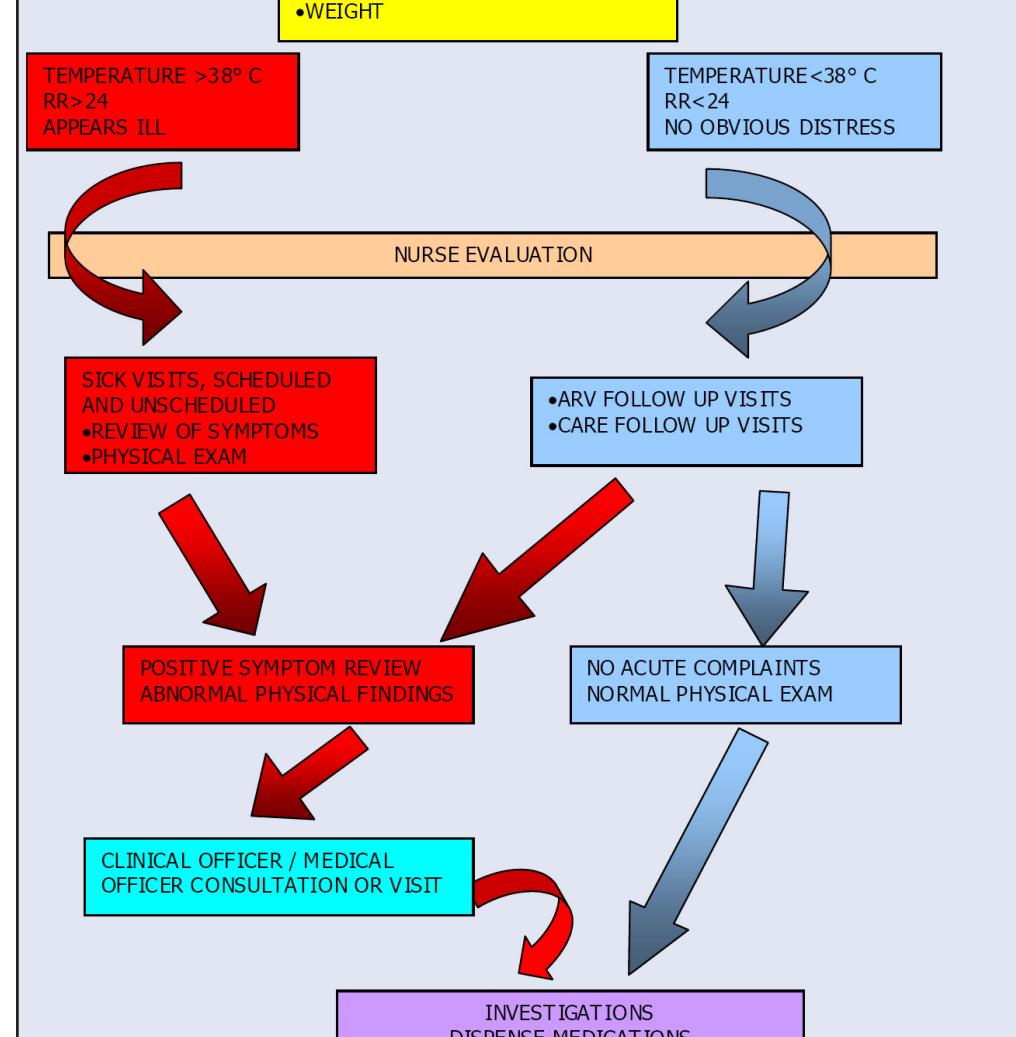
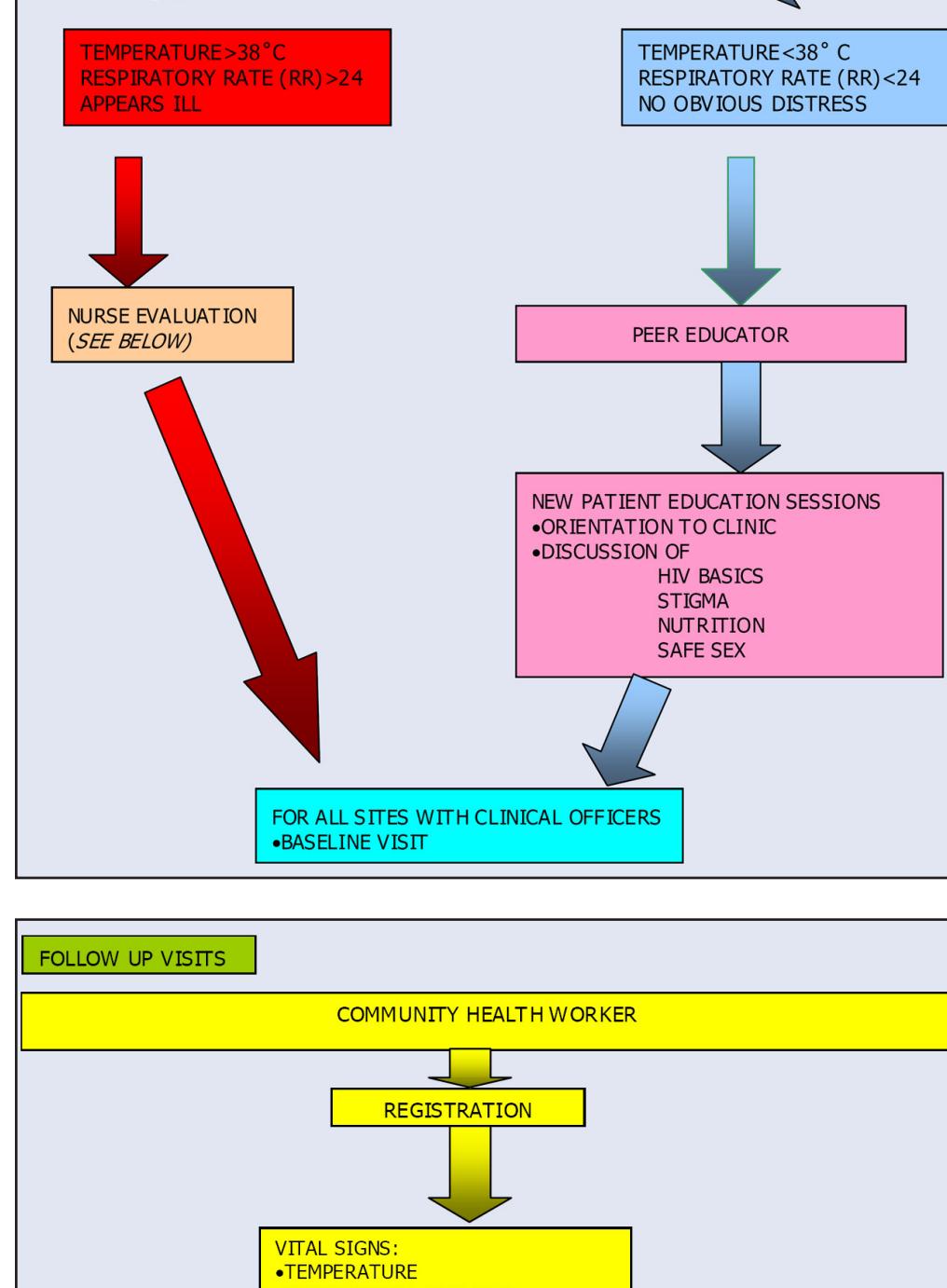
Description

FACES (Family AIDS Care and Education Services) is an HIV care and treatment program in Kenya. Directed training of our staff and volunteers has allowed task shifting in order to increase our patient capacity while maintaining high-quality HIV care.

- **Peer educator volunteers**—supervised by nurses, provide HIV education to all new patients, explain the services offered, conduct group adherence counseling sessions.
- **Community Health Workers** triage patients on arrival, take vital signs, and immediately refer patients with abnormal results to the nurse.
- **Nurses**—once trained, review and follow up stable patients independently, and can see an average of 20 patients per day.
- **Clinical officers** see the more complex and unstable patients, with support from medical officer.
- Patients who have been on ARVs for 6 months or longer, are stable and progressing well (by clinical and CD4 criteria), are given quarterly appointments with an **HCP**. These patients return to the clinic monthly for prescription refills, where a...
- **CHW or pharmacy technician** sees stable patients monthly following an algorithm to review symptoms (including screening for TB, medication adherence, and side effects) and dispenses medication.

This task shifting has resulted in:

- rapid triage of unstable patients
- reduced clinic waiting times
- more time for clinical officers to spend with unstable and complicated patients
- increased staff satisfaction as they gain new skills.



ROLES OF CLINICAL TEAM MEMBERS:

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| COMMUNITY HEALTH WORKER |
| <ul style="list-style-type: none"> • VITAL SIGNS • DIRECT PATIENT TO CORRECT QUEUE • REGISTRATION • ASSIST WITH DISCLOSURE • HOME ASSESSMENT • TRACKING DEFAULTERS • COORDINATE SERVICES WITH COMMUNITY BASED ORGANIZATIONS • COORDINATE ACCESS TO NUTRITIONAL SUPPORT |
| PEER EDUCATOR |
| <ul style="list-style-type: none"> • ORIENTATION TO CLINIC AND SERVICES • HEALTH EDUCATION: TRANSMISSION, DISEASE PROGRESSION, TREATMENT, NUTRITION, PREVENTION FOR POSITIVES, STIGMA, DISCLOSURE • ADHERENCE SUPPORT COUNSELING |
| PHARMACY TECHNICIAN |
| <ul style="list-style-type: none"> • DISPENSE MEDICATION • MEDICATION EDUCATION • ADHERENCE REVIEW AND COUNSELING • WITH STABLE, FOLLOW UP PATIENTS: REVIEW OF SYMPTOMS AND FAMILY/PSYCHOSOCIAL REVIEW |
| NURSING |
| <ul style="list-style-type: none"> • TRIAGE OF ALL PATIENTS • CLINICAL FOLLOW-UP OF STABLE PATIENTS • COUNSELING: ADHERENCE, PRE-CONCEPTION, FAMILY PLANNING, NUTRITION, INFANT FEEDING, DISCLOSURE |
| CLINICAL OFFICER |
| <ul style="list-style-type: none"> • CLINICAL EVALUATION OF NEW PATIENTS • INITIATION OF ARVS • CLINICAL EVALUATION OF UNSTABLE PATIENTS TRIAGED BY NURSE • SUPERVISION AND MENTORING OF NURSE CLINICIANS |
| ROLE OF MEDICAL OFFICER |
| <ul style="list-style-type: none"> • REVIEW OF COMPLEX OR UNSTABLE PATIENTS WITH NURSE OR CLINICAL OFFICER • CLINICAL SUPERVISION OF NURSES AND CLINICAL OFFICERS |

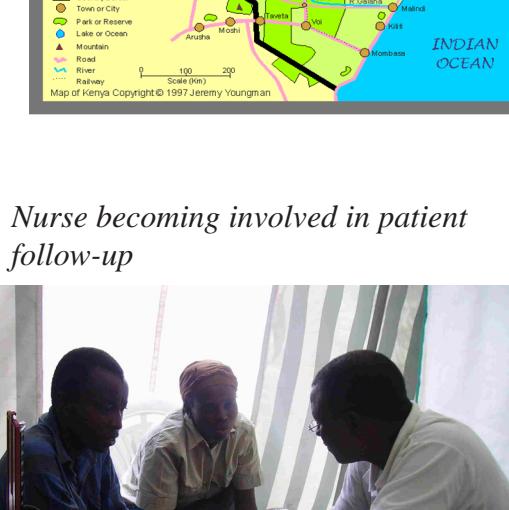
Impact

- All healthcare professionals function at their highest capacity
- Increased staff satisfaction
- Increased capacity by delegating tasks to trained nonprofessionals
- Improved peer support
- Rapid triage of sick and unstable patients
- Improved patient flow with decreased waiting times

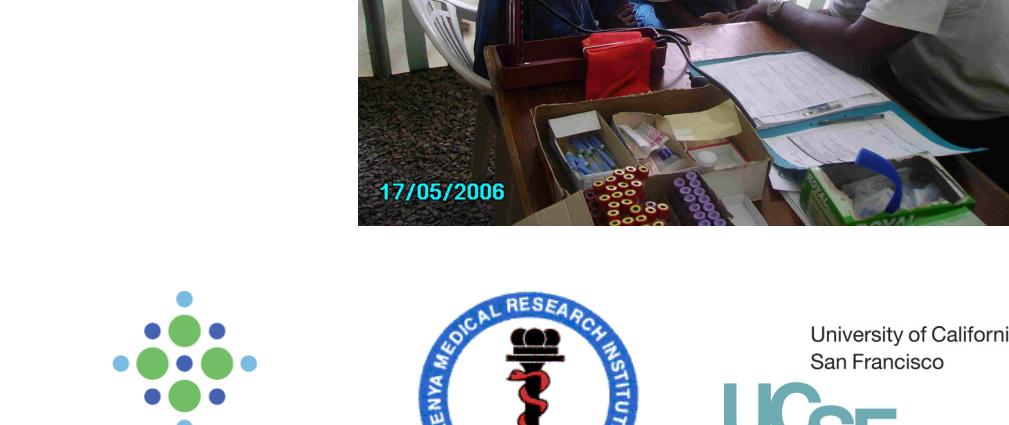
Community Health Worker checking vital signs



Map of Kenya



Nurse becoming involved in patient follow-up



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HIV/AIDS Division at SFH

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