Network-based testing toolkit training modules

Module 5: Ethics and quality assurance for strengthening network-based testing services

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Learning objectives

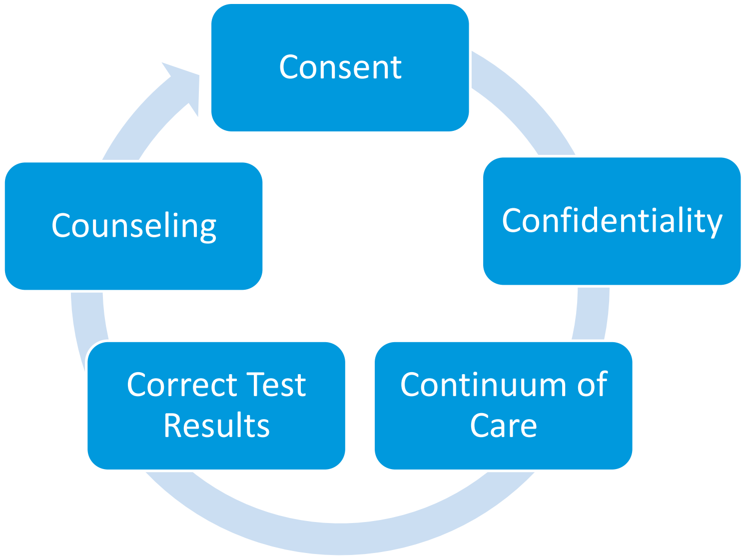
By the end of this training, participants will be able to:

- Define the five minimum standards to conduct network-based testing services
- Describe the 5 Cs of testing and how they apply to NBT services
- Define the terms quality, quality assurance, and quality improvement
- Describe how to use quality assurance and quality improvement strategies to strengthen the quality of network-based testing services
- Discuss the role that supportive supervision plays in improving the quality of network-based testing services

Key definitions for this module

1. **Quality:** refers to the provision of effective and efficient network-based testing services delivered according to the latest clinical guidelines and standards, in a respectful, client-centered manner
2. **Quality Assurance (QA):** assesses whether network-based testing services are provided in compliance with recognized quality standards
3. **Quality Improvement (QI):** a process for identifying problems or barriers in network-based testing services and taking actions to address these problems in order improve the quality of services provided. QI includes follow-up monitoring to ensure that actions taken lead to an improvement in services and outcomes
4. **Supportive Supervision:** a process of guiding, mentoring, training, and encouraging staff to continuously improve their performance so they can offer high quality network-based testing services

WHO 5C's for Testing Services



Consent

Confidentiality

Continuum of Care

Correct Test Results

Counseling

Implementing safe and ethical network-based testing services

- There is no such thing as zero risk; all testing programs involve some risk
- The level of risk may be higher for network-based testing services due to accidental disclosure of confidential information about the client and/or his/her contact(s), violations of informed consent, and other adverse events
- Programs should take steps to **implement safe and ethical network-based testing services** by adhering to and monitoring compliance with the 5 minimum standards for NBT services

What are the minimum standards for safe and ethical index testing?

Any programme offering network-based testing should ensure the minimum standards for implementing safe and ethical network-based testing:

1. Adherence to 5C's (**consent**, **confidentiality**, **counseling**, **correct test results**, and **connection to prevention/treatment services**)

2. **IPV risk assessment and provision** of "first line" response, including safety check and referrals to clinical and non-clinical services (if not provided on site)

3. A **site level adverse event monitoring and reporting system**

4. **Providers trained and supervised on network-based testing procedures** including 5Cs, IPV screening, adverse event monitoring, and ethics (respect for the rights of clients, informed consent and 'do no harm')

5. Ensure quality testing through **quality assurance and quality improvement** processes

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Minimum Standard 1: Adherence to the 5 Cs

Network-based testing must follow the 5Cs

1. Obtain **Consent**
2. Remain **Confidential**
3. Include appropriate **Counseling**
4. Provide **Correct Test Results** to Contacts
5. **Connect** Contacts Tested to Appropriate Services

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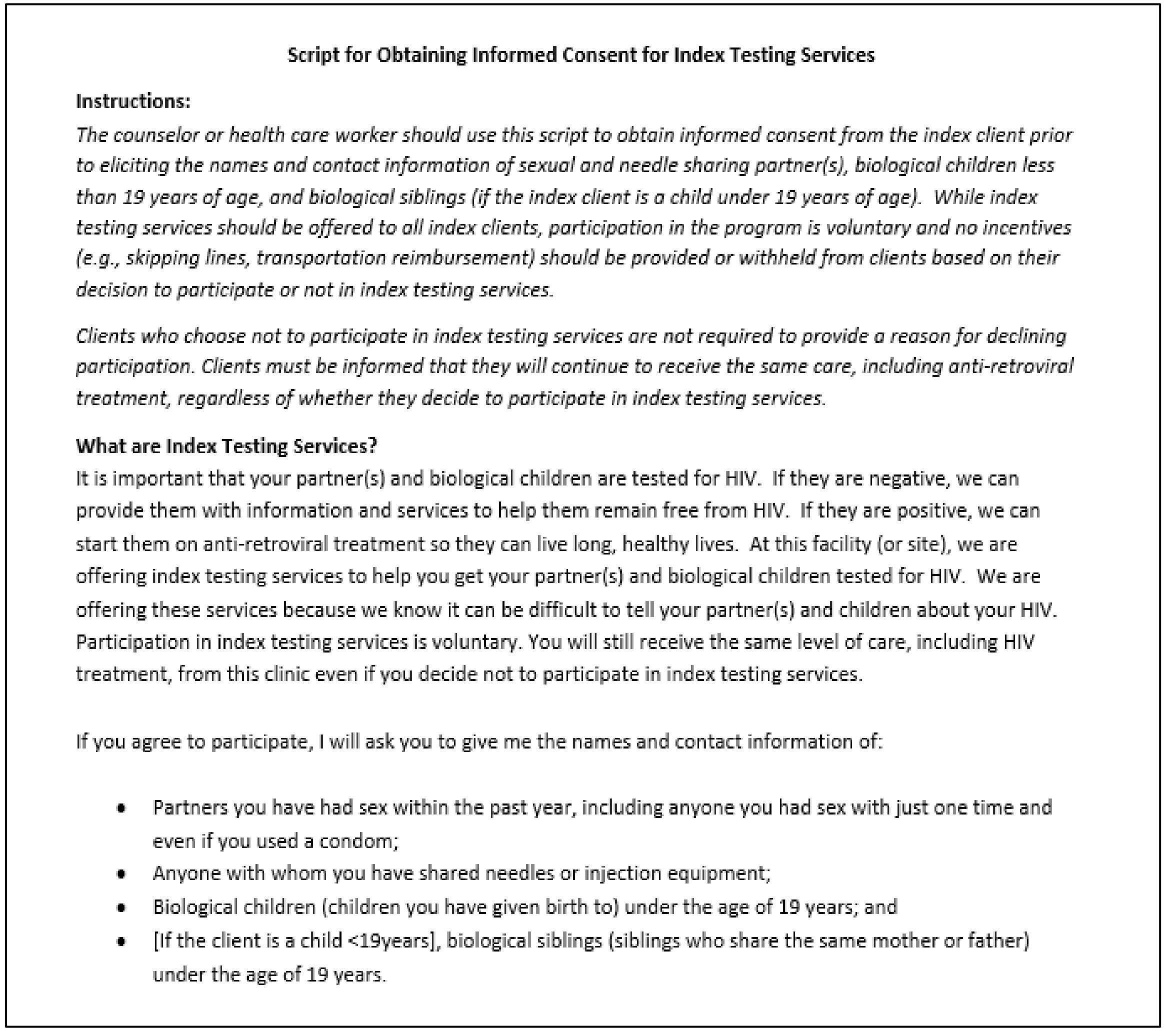
1. Consent: Network-based testing services should always be voluntary

- Network-based testing is a completely **voluntary service** offered to help people identify, notify, and link to testing and care the people at risk in their social networks and families.
- Network-based testing should be **client-centered and focused on the needs and safety** of the index client and their partner(s), contacts, and children.
- All testing clients, including index clients, should be **provided with all available prevention, care and treatment services**, regardless of whether or not they provide details about their partners, family members, or other contacts.
  - Services may **NEVER** be withheld or withdrawn under any circumstances.
  - Clients may **NEVER** be pressured into sharing the names of their partner(s), family, or contacts.
  - Clients should be informed of their right to decline participation in network-based testing services throughout the process, not just during the elicitation interview.
- Clients may opt-out of network-based testing services **FOR ANY OR NO REASON.** Clients may engage in NBT services for some partners or contacts, but not for others. Clients do not need to provide a reason for not participating in network-based testing services.

Obtaining informed consent is a minimum standard for network-based testing services

- Informed consent must be obtained prior to eliciting the names of contacts and before partner notification
- Consent can be written or verbal, depending upon national guidelines
- Counseling script has been developed for countries to adapt



Script for Obtaining Informed Consent for Index Testing Services

Instructions:

The counselor or health care worker should use this script to obtain informed consent from the index client prior to eliciting the names and contact information of sexual and needle sharing partner(s), biological children less than 19 years of age, and biological siblings (if the index client is a child under 19 years of age). While index testing services should be offered to all index clients, participation in the program is voluntary and no incentives (e.g., skipping lines, transportation reimbursement) should be provided or withheld from clients based on their decision to participate or not in index testing services.

Clients who choose not to participate in index testing services are not required to provide a reason for declining participation. Clients must be informed that they will continue to receive the same care, including anti-retroviral treatment, regardless of whether they decide to participate in index testing services.

What are Index Testing Services?

It is important that your partner(s) and biological children are tested for HIV. If they are negative, we can provide them with information and services to help them remain free from HIV. If they are positive, we can start them on anti-retroviral treatment so they can live long, healthy lives. At this facility (or site), we are offering index testing services to help you get your partner(s) and biological children tested for HIV. We are offering these services because we know it can be difficult to tell your partner(s) and children about your HIV. Participation in index testing services is voluntary. You will still receive the same level of care, including HIV treatment, from this clinic even if you decide not to participate in index testing services.

If you agree to participate, I will ask you to give me the names and contact information of:

- Partners you have had sex within the past year, including anyone you had sex with just one time and even if you used a condom;
- Anyone with whom you have shared needles or injection equipment;
- Biological children (children you have given birth to) under the age of 19 years; and
- [If the client is a child <19years], biological siblings (siblings who share the same mother or father) under the age of 19 years.

2. Network-based testing services must remain confidential

- **Confidentiality** = protection of personal information.
- Both the confidentiality of the index client and all named partners, contacts, and children should be maintained at all times.
- The name of the index client should never be shared with the partner and the partner's infection status should never be shared with the index client (unless consent is obtained from both parties).
- Programs **MUST** have confidentiality protections in place prior to the start of network-based testing services (including safe storage of data).
- Full information about the potential risk for unintended disclosure of the client's identity **MUST** be discussed with the client as part of obtaining informed consent for network-based testing services.

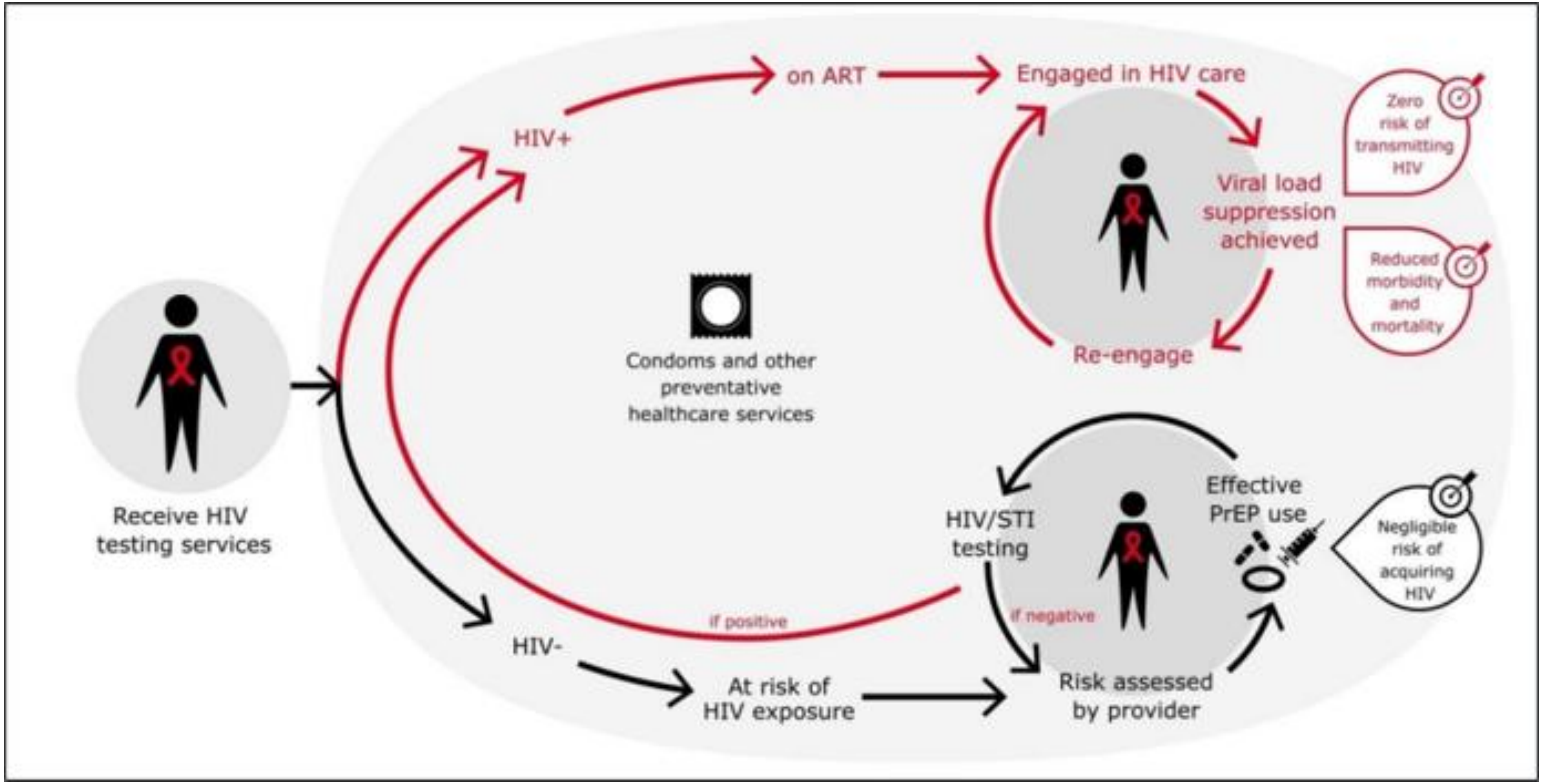
Network-based testing services must protect the confidentiality of index clients and their contacts

- Whenever possible, keep the names of sex and injecting partners separate from the names of index clients to prevent accidental breaches in confidentiality.
  - One method for doing this is to assign all index clients a unique ID number. This number can be written in the “comments” section of the HTS register.
  - This ID number can be used in place of the client’s name in the network-based testing register.

3. Index clients and their contacts should receive appropriate counseling

- They are not alone. We are here to help and support them with testing, care, treatment, and supportive services to help them live a long, healthy life
- Network-based testing services can support them to get their partners, children, and other contacts tested and linked to appropriate services
- Provide them with options for getting their partners, children, and other contacts tested that meet their needs (not ours)
- Use patient-centered messages that account for their current experience and needs (e.g., IPV risks, partner lives far away, etc.)

4. <u>Connect:</u> Link clients and contacts to appropriate services based on their individual needs and circumstances



Minimum Standard 2: IPV assessment and provision

Conduct intimate partner violence (IPV) risk assessment

- Screening for IPV risk and provision of immediate response to any disclosure of violence is a **minimum requirement** for conducting network-based testing services
- The **goal of the IPV risk assessment is to ensure no harm** comes to the index client or their contacts because of network-based testing services
- The IPV risk assessment also allows us **to identify and link individuals experiencing violence to GBV response services**. This can help improve adherence and retention among these clients

Network-based testing should <u>NOT</u> be offered if the site is unable to inquire about IPV and respond appropriately

- Minimum requirements for the IPV Risk Assessment include:
    - A private setting, where confidentiality is ensured
    - Network-based testing providers have been trained how to assess IPV and how to respond
    - A protocol or standard operating procedure is in place which outlines the roles and responsibilities of site staff if an index client discloses violence
    - A standard set of questions to assess for IPV
    - Network-based testing providers trained to provide first-line support through LIVES (Listening, Inquiring, Validating, and Enhancing Safety and Support through referrals)
    - A referral system is in place for clients experiencing violence
- Network-based testing services should **<u>not</u>** be offered if these minimum requirements are not met
- **Please see Module 6** for more in-depth information on how to assess for and respond to IPV as part of network-based testing services

Minimum Standard 3: Adverse event monitoring and reporting

Implement an adverse event monitoring and reporting system to monitor the safety of network-based testing services

- Adverse Event = an incident that results in harm to the client or others because:
  - they participated in network-based testing services **OR**
  - they were offered network-based testing services and declined to accept them
- Having an adverse event monitoring and reporting system in place is a required standard for conducting network-based testing services
- This system should include site level monitoring, client feedback (e.g., drop boxes, online submissions, hotlines, etc.), and community monitoring
- Please **see Module 9** for more information about what elements should compromise an adverse event and monitoring system

Minimum Standard 4: Training and supervision for NBT service providers

Training & supervision for NBT services

- ALL workers involved with NBT need adequate training and supervision
  - Trained testing providers, lay providers, peers, and others engaged in NBT service provision
  - Training must cover ethics and minimum standards
- Training can include peer-to-peer learning
- Training is not a 1-time event, and should be offered on a regular basis

- Supervisors are essential for maintaining quality of services
  - Supervisors also provide support for HCW for difficult cases or situations

Minimum Standard 5: Quality assurance and improvement

Tools for quality improvement, accountability and action

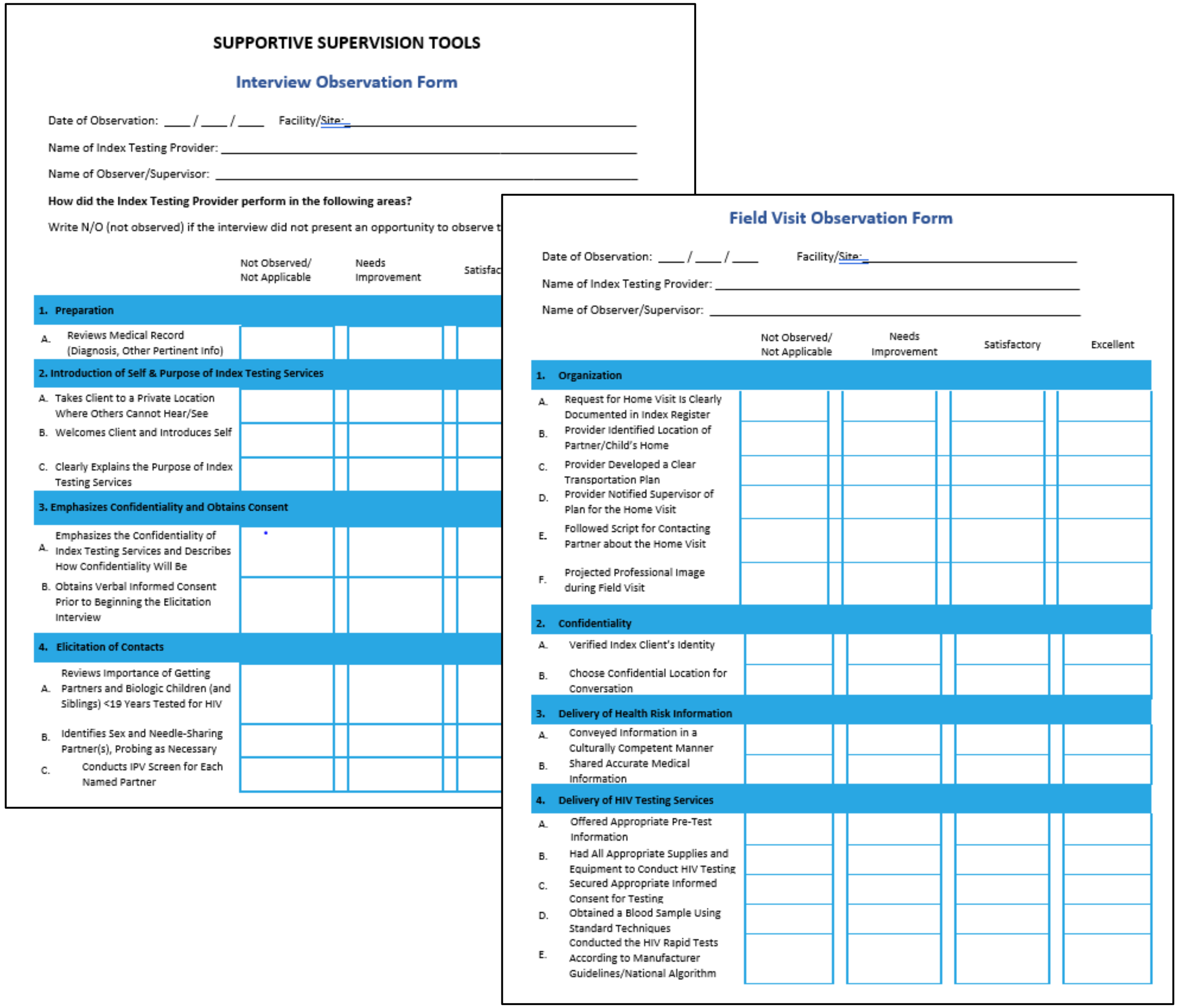
- No single data source provides the complete picture on quality and accountability of network-based testing services.
- A variety of tools exist to support quality assurance for network-based testing services, including:
  - Adverse events monitoring and reporting tools
  - IPV Monitoring and follow-up action tool
  - Community monitoring
  - Supportive supervision and mentoring tools.

Community Led-Monitoring Can Be Another Important Component for Monitoring the Quality of Index Testing Services

- **Monitoring and improving the quality of network-based testing services is the responsibility of organizations & programmes**
- **However, where resources and community interest allow, teams should work with civil society organizations, and networks of recipients of care to monitor network-based testing services to ensure they meet the needs of beneficiaries**

Monitoring quality through supportive supervision

- Supervisors should directly observe the elicitation interview and provider notification visits regularly to ensure that counselors are conducting these services in a safe and ethical manner
- Providers should be given immediate feedback, with suggestions for improvement
- Providers failing to offer quality services should be re-trained and/or reassigned other duties



SUPPORTIVE SUPERVISION TOOLS

Interview Observation Form

Date of Observation: ____/____/____ Facility/Site: ______________________
Name of Index Testing Provider: ______________________
Name of Observer/Supervisor: ______________________

How did the Index Testing Provider perform in the following areas?

Write N/O (not observed) if the interview did not present an opportunity to observe t

	Not Observed/ Not Applicable	Needs Improvement	Satisfac
1. Preparation			
A. Reviews Medical Record (Diagnosis, Other Pertinent Info)			
2. Introduction of Self & Purpose of Index Testing Services			
A. Takes Client to a Private Location Where Others Cannot Hear/See			
B. Welcomes Client and Introduces Self			
C. Clearly Explains the Purpose of Index Testing Services			
3. Emphasizes Confidentiality and Obtains Consent			
A. Emphasizes the Confidentiality of Index Testing Services and Describes How Confidentiality Will Be			
B. Obtains Verbal Informed Consent Prior to Beginning the Elicitation Interview			
4. Elicitation of Contacts			
A. Reviews Importance of Getting Partners and Biologic Children (and Siblings) <19 Years Tested for HIV			
B. Identifies Sex and Needle-Sharing Partner(s), Probing as Necessary			
C. Conducts IPV Screen for Each Named Partner			

Field Visit Observation Form

Date of Observation: ____/____/____ Facility/Site: ______________________
Name of Index Testing Provider: ______________________
Name of Observer/Supervisor: ______________________

	Not Observed/ Not Applicable	Needs Improvement	Satisfactory	Excellent
1. Organization				
A. Request for Home Visit Is Clearly Documented in Index Register				
B. Provider Identified Location of Partner/Child's Home				
C. Provider Developed a Clear Transportation Plan				
D. Provider Notified Supervisor of Plan for the Home Visit				
E. Followed Script for Contacting Partner about the Home Visit				
F. Projected Professional Image during Field Visit				
2. Confidentiality				
A. Verified Index Client's Identity				
B. Choose Confidential Location for Conversation				
3. Delivery of Health Risk Information				
A. Conveyed Information in a Culturally Competent Manner				
B. Shared Accurate Medical Information				
4. Delivery of HIV Testing Services				
A. Offered Appropriate Pre-Test Information				
B. Had All Appropriate Supplies and Equipment to Conduct HIV Testing				
C. Secured Appropriate Informed Consent for Testing				
D. Obtained a Blood Sample Using Standard Techniques				
E. Conducted the HIV Rapid Tests According to Manufacturer Guidelines/National Algorithm				

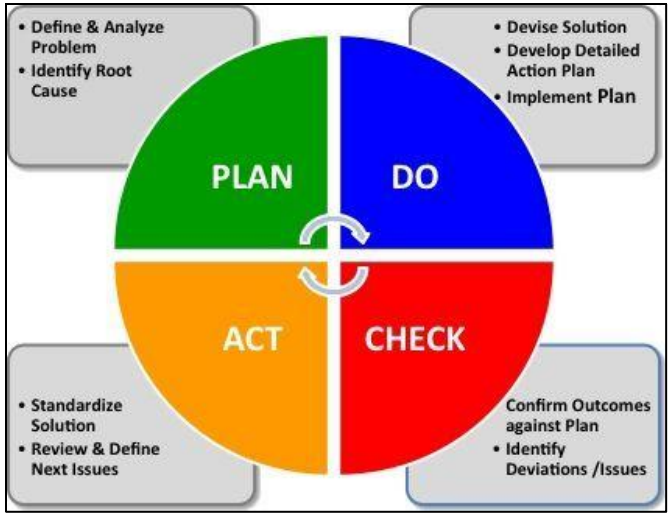
Best practices for providing supportive supervision

- Having trainees “shadow” an experienced counsellor for 2-4 weeks for on-site learning opportunities
- Using experienced counsellors to mentor counselors who are struggling
- Routinely observing network-based testing providers and providing feedback on their performance, including completeness of their records
- Offering daily, weekly or monthly opportunities for counsellors to share difficult cases and learn from each other (case conferences either in-person or virtually)
- Rotating counsellors experiencing burn-out back to regular counselling duties

How can we use quality improvement to strengthen network-based testing services?

Using the PDCA cycle for quality improvement

- Quality improvement aims to improve patient care through designing, testing, and implementing changes using real time measurement for improvement.
- The Plan-Do-Check-Act cycle is a four-step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement.
  1. **Plan:** Define the problem using your QA activities and data review.
  2. **Do:** Devise a solution and implement it.
  3. **Check:** Analyze the results to see if your solution worked, and identify what you've learned.
  4. **Act/Adjust:** If the change did not work, go through the cycle again with a different plan. If you were successful, incorporate what you learned into wider changes.
- Use what you learned to plan new improvements, beginning the cycle again.



- Define & Analyze Problem
- Identify Root Cause

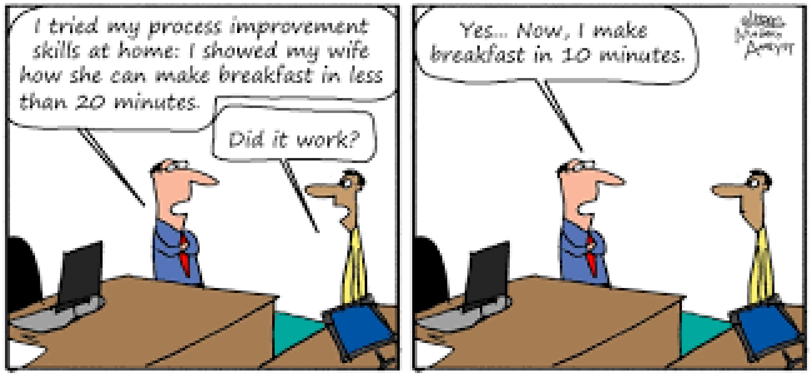
- Devise Solution
- Develop Detailed Action Plan
- Implement Plan

- Standardize Solution
- Review & Define Next Issues

Confirm Outcomes against Plan
- Identify Deviations /Issues

How do you start quality improvement activities?

1. Recruit your quality improvement team (e.g., healthcare workers, patients, community members)
2. Identify a problem collaboratively with your team using data and your QA activities
3. Take time to discuss what may be causing the problem
4. Develop an intervention strategy using the SMART framework (Specific (S), Measurable (M), Achievable (A), Realistic, and Timely (T)
5. Implement your intervention and monitor the results using data
6. Ask for feedback from healthcare workers and patients on whether the intervention is helping improve services
7. Make adjustments to the intervention, as necessary. These adjustments can range from minor tweaking to abandoning the intervention if it is not working and/or is too burdensome
8. Repeat steps 2-8



Case study for developing a QI study

Staff at the Health and Wellness Clinic want to improve the network-based testing services they offer to clients within their STIs programs. They review their program data from the last quarter and find that most clients are accepting network-based testing services and the counselors are eliciting several contacts per index client. However, many of these contacts, particularly infrequent or non-relationship sexual partners, are not being tested for STIs. They want to use the PDCA cycle to improve the number of contacts tested. In your groups, answer the questions below to help the staff at this clinic develop a QI strategy.

1. Define the problem they should focus on.
2. What factors may be causing this problem?
3. What is one possible solution that could address this problem? (Make sure to write it as a SMART strategy so it can be measured).
4. How could they monitor their QI strategy to see if it is working to address the problem?

Summary of how to use quality assurance and improvement strategies to strengthen index testing services

Quality Assurance to Monitor Compliance with Minimum Standards

<u>At the site level</u>:

1. **Ensure adherence to the 5 Cs**
    1. **Obtain consent** for NBT services
    2. **Maintain confidentiality**
    3. **Provide appropriate counseling** to index clients and their contacts
    4. **Provide correct test results**
    5. **Connect** index clients and their contacts **to appropriate services**
2. **Conduct IPV risk assessment and provide** of "first line" response (as needed)
3. **Implement an adverse event monitoring and reporting system**
4. **Ensure adequate training and supervision of HCWs conducting NBT services**
5. **Maintain quality through quality assurance and quality improvement processes**

Quality Assurance Tools

1. Adverse Events Monitoring and Reporting Tools
2. IPV Monitoring and Follow-Up Tools
3. Community Monitoring
4. Supportive Supervision and Mentoring Tools

Quality Improvement Cycle to Strengthen Index Testing Services