

How we improved the quality of cervical cancer services for PLHIV in Southern Nigeria.

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Background

ECEWS, with funding from PEPFAR/USAID, implemented a quality improvement initiative to improve the uptake and client satisfaction with cervical cancer screening (CCS) services using the Ottawa Hospital Innovation Framework (TOH).

Aim

This study compared the outcomes before and after the implementation in Akwa Ibom, Nigeria.

Methods

Checklists adapted from the PEPFAR Community-Led Monitoring data collection tool, and FHI360 Link survey tool were used by trained data collectors to determine client satisfaction, while data for screening uptake was obtained from the electronic medical records. Four health facilities with satisfaction scores and service uptake below 80% were selected for the initiative. Using the TOH framework, separate focus group discussions were held with 9 clients and 12 service providers, purposively selected to identify the root causes of low client satisfaction. Identified barriers included lack of confidential space for screening, invasive nature of the procedure, poor counselling, impromptu screening schedule, distant location, cost of transportation, unskilled staff, and unfriendly staff attitude. Change decisions included decentralizing screening to other health facilities closer to the community, pre-visit notification of eligible women, Technical Skills Enhancement through expert mentorship, and continuous client education on the importance of screening.

A follow-up survey and EMR data review were conducted in February 2024. Satisfaction scores were calculated on a scale of 0 to 10, expressed as a percentage of the highest score (i.e.,10). Uptake was defined as the proportion of eligible WLHIV aged 25-49 who were screened in the last three years. Independent sample t-test and Chi-square were used to analyze differences in satisfaction scores and CCS uptake respectively using SPSS version 24.

Results

Across the four health facilities, their overall mean satisfaction scores increased from 58.9% ± 34.3% to 81.6% ± 15.8% (p<0.001). Correspondingly, there was a notable increase in the overall uptake of CCS from 46.7% (4647/9956) to 64.7% (4707/7280) (p<0.001). Individual health facilities also had an increased CCS uptake (37.7% to 61.7%, 64.1% to 83.6%, 29.4% to 45.8%, 84.2% to 94.4%, (p<0.001)

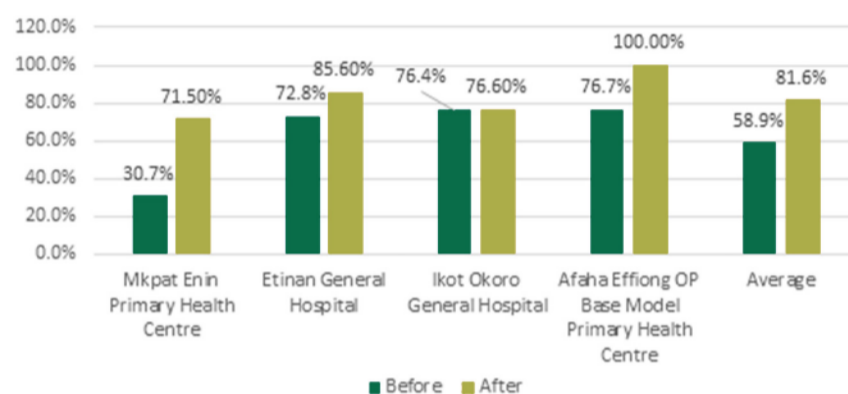


Figure 1: Satisfaction of Cervical Cancer screening among WLHIV before and after the quality improvement initiative

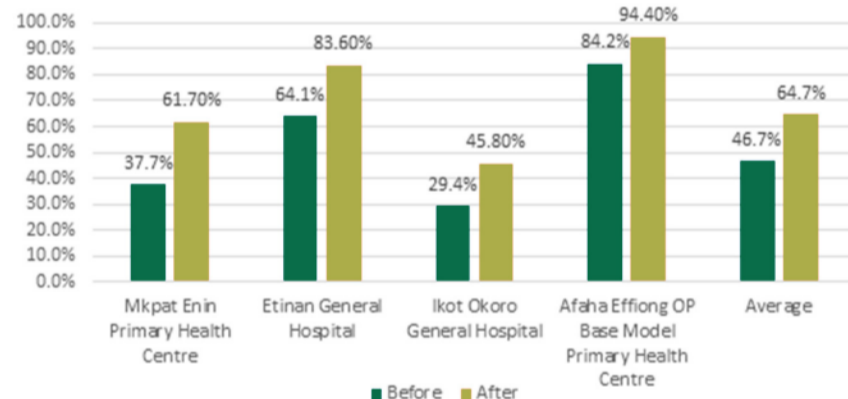


Figure 2: Uptake of Cervical Cancer screening among WLHIV before and after the quality improvement initiative

Utilizing the Ottawa Hospital Innovation Framework led to improved uptake and satisfaction of Cervical Cancer screening among WLHIV

Acknowledgments

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Conclusions and Recommendations

Our findings align with existing evidence that highlights gains in utilizing quality improvement approaches to tackling gaps in HIV and other healthcare quality.