Visit Flow

Busisiwe Nkala Perinatal HIV Research Unit



Feedback on overall visit

- Visit flow & visit length assessment conducted December 6th 8th 2010. The assessment was conducted **with** the site staff and not **for** the site staff
- Offered the site an opportunity to revise the visit flow through setting realistic and practical processes for conducting clinic visits
- These types of visits are necessary and should not be conducted only once during the life of protocol implementation
 - Beginning, as it happened now and later.

Major Findings

- Clinic flow
 - Space
 - Visit flow Checklist
 - Task allocation
- Laboratory turn around time
- Efficiency

Changes to visit flow

Clinic flow:

- Dependent on allocation of duties
 - Visit checklist reorganized to minimize the participants movements between the different staff members (i.e. counselors and nurses)
 - Qualified staff once trained can complete specific tasks
 - ✓ Counselor can do demographics & behavioral assessment
 - Nurse can do pre- & post-test HIV counseling: Site unable to send nurses for training due to enrolment targets
 - ✓ Nurses can do all point-of-care testing (Urine & HIV rapids)

Changes to visit flow

- Laboratory
 - All specimens in lab by 3pm
 - Agreement reached between Barc and local laboratory to spin and keep specimen over night
 - All participants booked for early morning
 - Congestion in clinic: All participants booked for early morning
 - Longer participant waiting hours
- Additional changes
 - Customer service person
 - Allocating specific visits to nurses at given point in time
 - Allocated more space with additional 3 consulting rooms
 (8); 2 counseling rooms
 (6)
 - Improved the tracking system

Impact on visit length

There has been notable positive change on the visit

Visit	Pre Visit	Post Visit
Screening I	5 hours	45 – 1 hour
Screening II	5 hours	45 - 1 1/2 hrs
Enrolment	6 hours	4-5 hours
Follow Up		
Monthly	5 hours	3 hr 30min
Quarterly	5 hours	4 hours
Semi-Annual	6 hours	5 hours