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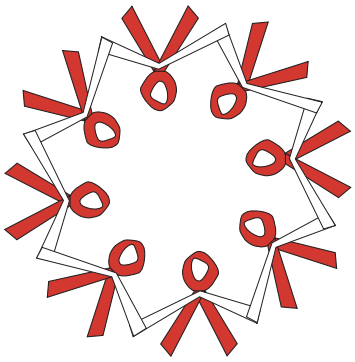
The PLHA-friendly achievement checklist: A self-assessment tool for hospitals and other medical institutions caring for people living with HIV/AIDS (PLHA)

Horizons Program

SHARAN

THE PLHA-FRIENDLY ACHIEVEMENT CHECKLIST

A Self-assessment Tool for Hospitals and Other Medical Institutions
Caring for People Living With HIV/AIDS (PLHA)



Jointly developed for the study
"Improving the Hospital Environment for
HIV-Positive Clients in India" by:
Horizons/Population Council (New Delhi and Washington, DC)
SHARAN: Society for Service to Urban Poverty (New Delhi)

Horizons

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Horizons is a global operations research program designed to identify solutions to improve prevention, care and support programs, and service delivery. Horizons is implemented by the Population Council under a cooperative agreement with the U.S. Agency for International Development (USAID). Horizons partners are the International Center for Research on Women (ICRW), the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health (PATH), Tulane University, Family Health International (FHI) and the Johns Hopkins School of Public Health. More information can be found at www.popcouncil.org/horizons.

Population Council is an international, nonprofit, nongovernmental institution that seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries. Established in 1952, the Council is governed by an international board of trustees. Its New York headquarters supports a global network of regional and country offices. More information can be found at www.popcouncil.org.

SHARAN is a New Delhi based non-governmental development organization. It has been involved in improving the lives of the urban poor communities since 1981. In order to empower the marginalized slum population, SHARAN's major areas of intervention include health care, prevention and management of drug use, education, HIV/AIDS and tuberculosis, income generation, and cooperative banking projects.

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For More Information

For more information about the PLHA-friendly Achievement Checklist and the accompanying operations research project, please contact: Laelia Gilborn (lgilborn@pcdc.org) or Vaishali Sharma Mahendra (vmahendra@pcindia.org) of the Population Council, Horizons program.

Acronyms/Abbreviations

AIDS	acquired immune deficiency syndrome
ARVs	antiretrovirals
IEC	information, education, and communication materials
HCW	health care worker
HIV	human immunodeficiency virus
NACO	National AIDS Control Organisation of India
OI	opportunistic infection
PCP	pneumocystis carinii pneumonia
PEP	post-exposure prophylaxis
PLHA	people living with HIV/AIDS
PMCT	prevention of mother-to-child transmission of HIV
PPC	puncture proof container (for safe disposal of needles and other sharp instruments)
UP	universal precautions

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Introduction

Background: Population Council/Horizons and SHARAN are conducting an operations research study in three New Delhi hospitals. The study, entitled "Improving the hospital environment for HIV-positive clients in India," is endorsed by the National AIDS Control Organization (NACO) of India. The objective of the study is to assess factors that affect the quality and type of care received by the general patient population, with special emphasis on patients with HIV. An additional objective is to assess and address factors that affect staff safety with respect to infectious diseases. As part of the study, a practical Checklist has been developed that can be used by managers and others to identify institutional strengths, pinpoint problems, and set goals for improvement of services for people living with HIV/AIDS (PLHA) and staff safety. The study will be complete in March 2003. NACO plans to distribute the Checklist, adapted for the Indian context, to all government medical facilities throughout India.

Development of the Checklist: "Gold standards" were compiled from national (Indian) and international guidelines and policies on the human rights of PLHA, HIV testing and counseling, infection control, and care and management of HIV/AIDS. These standards were reviewed and endorsed by NACO and hospitals participating in the study through a series of consultative discussions. In turn they were adapted into a Checklist format, similar to UNICEF's "Baby Friendly Hospital" guidelines and Checklist. The version presented here, called the PLHA-friendly Achievement Checklist, is a generic version. In India, it was tailored for the local context and is referred to as the "Self-assessment Checklist for Institutions Caring for PLHA." The Indian version, soon to be distributed by NACO, used the term "patient-friendly" in place of the term "PLHA-friendly."

Purpose of the Checklist: The PLHA-friendly Achievement Checklist is intended as a self-assessment tool for managers to use in gauging how well their facility (hospital, clinic, or department) reaches, serves, and treats HIV-positive patients. This gives managers an opportunity to identify institutional strengths and weaknesses, consider ways to address the weaknesses, and later to assess progress toward "PLHA-friendliness." The Checklist is designed in a simple format that can be readily adapted for each unique context. It can be used by individual managers or by groups of managers and/or staff. It can be applied to large hospitals, clinics, or specific departments. In the context of the ongoing study in India, surveys and observations were conducted and hospital-specific reports were produced to enable medical superintendents to "score" their institutions fairly precisely and objectively based on data. However, it is not necessary to have access to this level of data in order to use the Checklist. Users of the Checklist can use hospital records, survey data, observation or simply "guesstimates" to rate their own institution.

Structure of the Checklist:
The Checklist covers five broad domains:

1. Access to Care Services
2. Testing and Counseling
3. Confidentiality
4. Infection Control
5. Quality of Care

Within each of these domains, there are four sub-domains: Practice (practices and behaviors of staff), Training (building and maintaining the capacity of the staff to practice these standards), Quality Assurance (institutional mechanisms to monitor and ensure practice of gold standards), and Policy (institutional rules and regulations stipulating or enforcing the gold standards).

There are between one and five Checklist items under each sub-domain in each domain in the form of simple "true/false" statements that represent gold standards. For example, in the infection control domain, under practice: "Universal precautions are practiced in the same manner with all patients at all times." Each of the items is absolute, meaning that the gold standard is only *achieved* when the Checklist item happens or is "true" 100 percent of the time.

How to use the Checklist: This version of the Checklist is a simple list of items that can be checked off as "true" or "not true." The more items that are "true" for a given institution, the more "PLHA-friendly" it is. Division of Checklist items into domains and sub-domains allows the user to pinpoint areas of strength and weaknesses. For example, a completed Checklist might show that an institution has excellent *policies* on counseling and testing, but that *practices, training, and mechanisms to ensure quality* are lacking. Or one might find that an institution is providing excellent *access to care* for PLHA, but is not doing enough to protect *confidentiality*.

If the user has access to reliable institutional data on any of the Checklist items (for example, the proportion of HIV tests accompanied by informed consent), then a more elaborate scoring system can be developed. For example, the following system is being used in India: 1 = happens less than 10 percent of the time, 2 = happens between 10 and 50 percent of the time, 3 = happens between 50 and 90 percent of the time, 4 = happens between 90 and 100 percent of the time. Once the user has identified strengths and weaknesses, an action plan can be developed addressing each domain and sub-domain.

The Checklist can be used on an ongoing basis to assess progress toward "PLHA-friendliness." In India, the Checklist facilitated hospital managers to develop and set priorities for activities to address the gaps identified. These activities formed an "Action Plan," which is currently being implemented in the hospital. After some time has passed, hospital managers will assess their impact using the Checklist.

PLHA-FRIENDLY ACHIEVEMENT CHECKLIST

ACCESS TO CARE SERVICES

Practice

- ❑ Care for PLHA (or patients awaiting results of an HIV test) is not denied, delayed, or referred elsewhere for services available within the facility.
- ❑ Care for PLHA is of the same quality as the care provided to other patients.
- ❑ PLHA are not segregated or isolated.
- ❑ The hospital actively links PLHA to sources of ongoing palliative care and social support in their own communities.

Training

- ❑ All staff are trained in patients' rights and the right of PLHA to equal care and confidentiality.

Quality Assurance

- ❑ An accessible patient grievance cell, which registers and addresses patient complaints, is in place and open daily.
- ❑ The existence of the grievance cell is posted in each ward and in all patient waiting areas.

Policy

- ❑ Hospital policy guarantees all of the above.
- ❑ Hospital policy on access and right to care is posted in all departments and patient waiting areas.

TESTING AND COUNSELING

Practice

- ❑ All HIV tests are voluntary.
- ❑ All HIV tests are accompanied by informed consent.
- ❑ All HIV tests are accompanied by pre-test counseling by a trained counselor.
- ❑ All test results are communicated to the patient during post-test counseling by a trained counselor.

Training

- ❑ All treating health care workers (HCWs) are trained in principles and procedures of voluntary testing and counseling.
- ❑ HIV test counselors are trained and receive ongoing refresher training.

Quality Assurance

- ❑ A committee is in place that ensures that the above procedures and training are operational.

Policy

- ❑ Hospital policy guarantees all of the above.
- ❑ Hospital policy on testing and counseling is posted in all departments and patient waiting areas.

CONFIDENTIALITY

Practice

- ❑ Information about HIV status is communicated only to the patient and treating HCWs and is otherwise kept confidential.
- ❑ Information about HIV status is never disclosed to the patient's family or friends, except with the explicit informed consent of the patient.
- ❑ PLHA beds, wards, and files are not labeled in ways that would convey HIV status to other patients or staff.

Training

- ❑ All health care workers are trained in the principles of and patients' rights to confidentiality.

Quality Assurance

- ❑ A committee is in place that monitors the management of information system to ensure that it adequately protects confidentiality.

Policy

- ❑ Hospital policy guarantees all of the above.
- ❑ Hospital policy on confidentiality is posted in all departments and patient waiting areas.

INFECTION CONTROL

Practice

- ❑ Universal precautions are practiced, in the same manner, with all patients at all times.
- ❑ Sound waste management is practiced at all times by all staff.
- ❑ All staff are informed about and provided with free hepatitis vaccines and, if required, post-exposure prophylaxis (PEP).

Training

- ❑ All staff are trained in the basics of HIV and hepatitis transmission and prevention, infection control (including universal precautions or UP), waste management, and PEP.

Quality Assurance

- ❑ Essential supplies for universal precautions, infection control, and PEP are available at all times to all staff for universal precautions.
- ❑ An infection control team is in place and meets regularly (once a month or more) to monitor infection control practices and supplies.
- ❑ Information, education, and communication (IEC) materials on infection control procedures are posted in all wards and staff areas.

Policy

- ❑ Hospital policy guarantees all of the above.
- ❑ Hospital policy guarantees a safe working environment for all HCWs.
- ❑ Hospital policy on infection control and staff safety is posted in all departments and patient waiting areas.

QUALITY OF CARE

Practice

- ❑ PLHA are provided the highest available standard of clinical management and care.
- ❑ Pregnant women are offered, though not compelled to accept, HIV testing, antiretroviral (ARV) treatment to reduce likelihood of mother-to-child transmission of HIV during delivery, and advice on infant feeding.
- ❑ Testing of pregnant women is voluntary and confidential and is accompanied by pre- and post-test counseling.
- ❑ PLHA are offered or referred to advice about nutrition and health-promoting lifestyles.

Training

- ❑ Clinical staff are regularly trained and re-trained in case management of HIV/AIDS.

Quality Assurance

- ❑ ARVs and/or essential drugs for reducing mother-to-child transmission and treating opportunistic infections (OIs) are consistently stocked and administered.
- ❑ A team is in place to oversee care for PLHA and to track advances in clinical management of HIV/AIDS.
- ❑ Guidelines for HIV/AIDS case management are available in each department.

Policy

- ❑ A policy is in place that guarantees all of the above.
- ❑ The policy is posted in all departments and patient waiting areas.

Definitions

Care services: These include clinical management of illness as well as psychosocial support and counseling.

Case management of HIV/AIDS: Essential components of comprehensive case management for a hospital setting include: (1) treatment of opportunistic infections through early diagnosis and routine follow-up, (2) prophylaxis against further opportunistic infections, including tuberculosis, fungal infections, pneumonia, toxoplasmosis, and other OIs, and (3) optimizing quality of life through counseling, basic education on the benefits of a good diet, exercise, sleep, etc., and referral linkages to community-based sources of ongoing palliative care and social support.[1]

Confidentiality: The right to keep personal information, including medical information, exclusive to oneself. Only the person concerned has the right to disclose or sanction disclosure of personal information, except in exceptional circumstances.

Essential supplies for universal precautions: These include bleach solution, latex gloves, puncture proof containers (PPCs), eyewear, surgical masks, gowns, plastic aprons, TB masks, soap, sterilized instruments, and water. For practical purposes a manual on infection control should be consulted.

Essential supplies for waste management: These include PPCs, bleach, mops, latex gloves, rubber gloves, paper or gauze, and thick polythene bags. For practical purposes a manual on waste management should be consulted.

Essential supplies for case management of HIV/AIDS: Essential drugs for case management include allergy medication, antidiarrheals, antibiotics, antifungals, antimalarials, PCP- and TB-prophylactic drugs, antivirals, cough suppressants, painkillers, and skin remedies (e.g. topical steroids).[2] Antiretrovirals should also be readily available for PMCT and management of HIV/AIDS. However, there is currently wide variability in access to these medications for hospitals and other medical institutions. For practical purposes a manual on case management of HIV/AIDS should be consulted.

Health care worker (HCW): Any employee of a medical facility, including both clinical (e.g., physicians and nurses) and non-clinical staff (e.g., managers, lab technicians, and janitorial and clerical staff).

HIV/AIDS test counseling: An ongoing dialogue and relationship between a client or patient and a counselor with the aims of (1) preventing transmission of HIV infection and (2) providing psychosocial support to those already infected. Counseling should always be conducted in a location that ensures confidentiality and privacy. Comprehensive HIV test counseling includes all of the following:

- **Pre-test counseling:** should include basic information about: HIV/AIDS transmission and prevention, HIV tests, the window period, and implications of test results (both

[1]YRG CARE. "Treatment Guidelines." *2000.*
[2] Drawn from Family Health International. "HIV Prevention and Care in Resource-Constrained Settings." 2001.

positive and negative), and should also include a client risk assessment and informed consent.

- **Post-test counseling with a client testing HIV-negative:** should include reinforcement of risk reduction behavior information and encouraging a repeat test for clients in the window period.
- **Post-test counseling for a client testing HIV-positive:** should include sensitive disclosure of test results, explaining the meaning of the test result, supporting client through initial emotional reactions, discussing the client's access to psychosocial support, providing medical help and ongoing counseling, and educating the client about the importance of informing sexual partner(s), prevention and early treatment of opportunistic infections, household infection control, and healthy living through proper diet, exercise and rest.[3]
- **Trained counselor for HIV testing:** HIV test counselor training should cover basics of HIV transmission and prevention, myths and misconceptions, national and institutional HIV testing policies, informed consent, confidentiality, HIV testing, implications of test results, the window period, communication and counseling skills, procedures of pre- and post-test counseling, legal and ethical implications of HIV tests, and support services for PLHA. A counselor should be trained at least once a year for three days, after an initial training session of five days.[4]
- **Privacy in HIV counseling:** Counseling conducted in a setting in which the conversation can not be seen or heard by anyone other than the counselor and the patient (and anyone else included in the counseling session at the patient's request).

Human rights of PLHA: These include the right to medical care and other rights. Human Rights of PLHA are delineated in "HIV and Human Rights: International Guidelines" (2002) by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS.

Infection control (IC): Prevention of the spread of infection in a clinical setting from health care worker to patient, from patient to health care worker, and from patient to patient,[5] through sound practice of **waste management**, **universal precautions,** and other precautions. Infection control measures for HCWs include washing hands after contact with each patient, preventing wounds from sharp instruments, and avoiding direct contact with blood (except with gloves).

Informed consent: See "Voluntary informed consent for HIV testing."

Informed consent for disclosure of results to others: This includes imparting adequate information on risks, benefits, and implications of disclosing HIV-positive serostatus to family members before disclosure occurs, in a language that the patient can understand. The patient must be asked for consent to disclose the information to each individual separately and specifically.

Labeling: Any explicit sign or other marker that "labels" a given patient as being HIV-positive or as in some way "hazardous" to others. This might include signs saying "HIV-positive," "immunocompromised," "barrier nursing," "biohazard," and so on. It also includes labels on the

[3] WHO. "Guidelines for Counseling about HIV Infection and Disease." 1990.
[4] NACO. "National Guidelines for Clinical Management of HIV/AIDS." Undated.
[5] WHO, Regional Office for South-East Asia. "Guidelines for Preventing HIV, HBV and Other Infections in the Health Care Setting." 1999.

outside of patient files, different colored waste disposal bags placed near the bed, special equipment kept near the patient's bed, and differential treatment or special procedures in examining or treating patients.

Post-exposure prophylaxis (PEP): Treatment given to a HCW who has experienced a needle-stick injury, blood splash in the eyes, or other serious, accidental exposure to blood, to reduce the likelihood of HIV infection. This precaution can be taken whether or not it is known that the "source" of potential infection is HIV-positive. PEP must be administered as soon after exposure as possible. The Centers for Disease Control and Prevention (CDC) recommend AZT for this purpose.

Prevention of mother-to-child transmission of HIV (PMCT): Comprehensive PMCT programs should include group or individual counseling for pregnant women on HIV/AIDS issues, risk self-assessment, referral to VCT including pre- and post-test counseling, prevention education for women who test negative, medicine for pregnant women who test HIV-positive to reduce the chance of mother-to-child transmission (such as nevirapine), counseling on breastfeeding and breastfeeding alternatives, and referral to ongoing care for mother and baby.

Segregation: This includes PLHA being kept at a pronounced distance from other patients within the ward, in a different ward altogether, in a hallway or on a verandah, and so on.

Training: The following are suggested minimum packages of issues to be covered in training for HCWs on various topics.

- **Patient/PLHA rights**
  - The relationship between human rights and public health.
  - Confidentiality, informed consent, patient and PLHA rights.
  - Stigma and discrimination as it affects PLHA generally and in hospital settings.
  - Review of relevant national, institutional, and other laws and policies.
- **VCT and confidentiality**
  - National and institutional HIV testing policies.
  - Definition of informed consent, voluntary testing, and specific consent.
  - Procedures for testing and maintaining confidentiality of test results.
  - Elements of pre- and post-test counseling.
  - Rights of PLHA, specifically in the health care setting.
  - Legal and ethical issues.
- **Infection control**
  - National and institutional policies on infection control.
  - Basics of transmission and prevention of hepatitis, HIV and other blood-borne pathogens.
  - Essential procedures for universal precautions and waste management. procedures for PEP.

- **Basics of HIV/hepatitis transmission and prevention**
  - Transmission of blood-borne pathogens.
  - Relative transmissibility of HIV vs. hepatitis.
  - Prevention in daily life.
  - Prevention in hospital settings.
  - PEP and the hepatitis B vaccine**.**
- **HIV/AIDS case management**
  - Natural history of HIV and AIDS.
  - Elements of care and support.
  - Guidelines for prevention and treatment of opportunistic infections.
  - Developments in antiretroviral treatment and in prevention of MTCT.
  - Essentials of counseling.
  - HIV/AIDS in women and in children.[6]

Treating HCWs: Those doctors and nurses providing hand-on care to the patient.

Universal precautions: Behavioral and procedural precautions against infection in clinical settings, based on the assumption that all blood and body fluids are potentially infective. The principles of universal precautions include the use of protective barriers, prevention of needlestick and other accidents, proper disinfection, and sterilization.[7] The following is an example of universal precautions delineated in a NACO manual.

- HCWs should wash hands before and after each contact with a patient or specimen.
- Gloves should be worn whenever there is potential for contact with blood or body fluids.
- Blood, specimens, soiled linen, and used equipment should all be handled as potentially infectious (i.e., with latex gloves).
- Needles should not be recapped or manipulated in any way.
- Syringes should be disposed of immediately in impermeable containers.
- Eyewear, masks, and gowns should be worn whenever there is the potential for splashing or splattering of blood or other body fluids.
- Masks should be worn in the presence of TB and other respiratory organisms (this does not include HIV).
- Staff have access to PEP and are vaccinated against hepatitis B.

Voluntary informed consent for HIV testing: All three of the following must be fulfilled: (1) the person must be informed of the nature, purpose, benefits, and risks of taking an HIV test in a language s/he can understand, (2) the person is competent to understand, and (3) the person agrees *specifically* to the HIV test, without duress or coercion. Consent to "blood tests" or "diagnostic tests" generally does not constitute specific consent for an HIV test. Requiring or urging a patient to get tested for HIV in order to receive or prior receiving medical procedures or care (as in mandatory or routine testing), including surgery or delivery, constitutes coercion and does not constitute voluntary informed consent. A patient who consents to an HIV test in that situation cannot do so voluntarily.

[6] NACO. "National Guidelines for Clinical Management of HIV/AIDS." Undated.
[7] WHO, Regional Office for South-East Asia. "Guidelines for Preventing HIV, HBV and Other Infections in the Health Care Setting." 1999.

Waste management: Transport, decontamination, disposal, and incineration of hospital waste, including household waste, infective sharps, and sharp-contaminated waste. The purpose of waste management is to minimize the likelihood of infection through contact with potentially infectious waste, equipment, and supplies, such as used needles. Some infectious supplies can be decontaminated and reused without risk of infection, such as soiled linens. Waste management guidelines delineate how to clean blood spills, dispose of used sharp instruments, wash soiled linen, and so on. For practical purposes, a manual on waste management should be consulted.

Window period: The most commonly used HIV-tests do not actually detect the HIV-virus itself, but the antibodies produced by the body to resist the virus. After HIV-infection, it takes time before the body to develop enough of these antibodies to be detected by common HIV-tests. According to the CDC, this period of time is about three to six months long and is known as the “window period.” Explanation of the window period is an important part of pre-test counseling because a person who takes an HIV-test soon after becoming infected may test HIV-negative. For this reason, people recently engaging in risk behavior should return for a repeat test several months later.

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