

Comparative analysis of unannounced standardised patient surveys and regular exit surveys in assessing quality of HIV care in Zambia

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Background

- Mounting evidence suggests that sub-optimal patient experiences in HIV care (e.g., unfriendly interactions with health care workers [HCW], long wait times, lost laboratory results) contribute to disengagement from care.
- Surveys of exiting patients, however, are susceptible to information and social desirability biases.
- Standardised patients (SPs, "mystery-clients") may represent a more valid method for measuring poor patient experiences and represent a widely usable approach to improving systems.
- We hypothesized that trained patients would identify more lapses in care than traditional exit interviews across a range of dimensions.

Methods

- **Setting:** Centre for Infectious Disease Research in Zambia (CIDRZ) is a Zambian non-governmental organisation that supports HIV care and treatment services in Zambia.
- In 12 government-operated HIV clinics in Lusaka, Zambia
- **Population:** We recruited "real" patients with an HIV care or treatment visit between 17 Aug 2019 and 17 Nov 2020.
- **Measurements:** We assessed patient experience among both patients exiting care who had no previous exposure to the instrument and SPs who underwent a single training session on the survey contents and therefore had exposure to the instrument.
- The instrument contained 11 items on patient experience (e.g., waiting times, communication, respectful providers).
- HCWs were blinded to whether patients had received training.
- **Analysis:** We compared trained and untrained responses of 11 binary measures using mixed-effect Poisson regression, adjusting for age, sex and allowing for random effects at the facility and reported differences in the presence of each item.

BOX 1- PROCEDURES RECRUITING AND TRAINING SPs

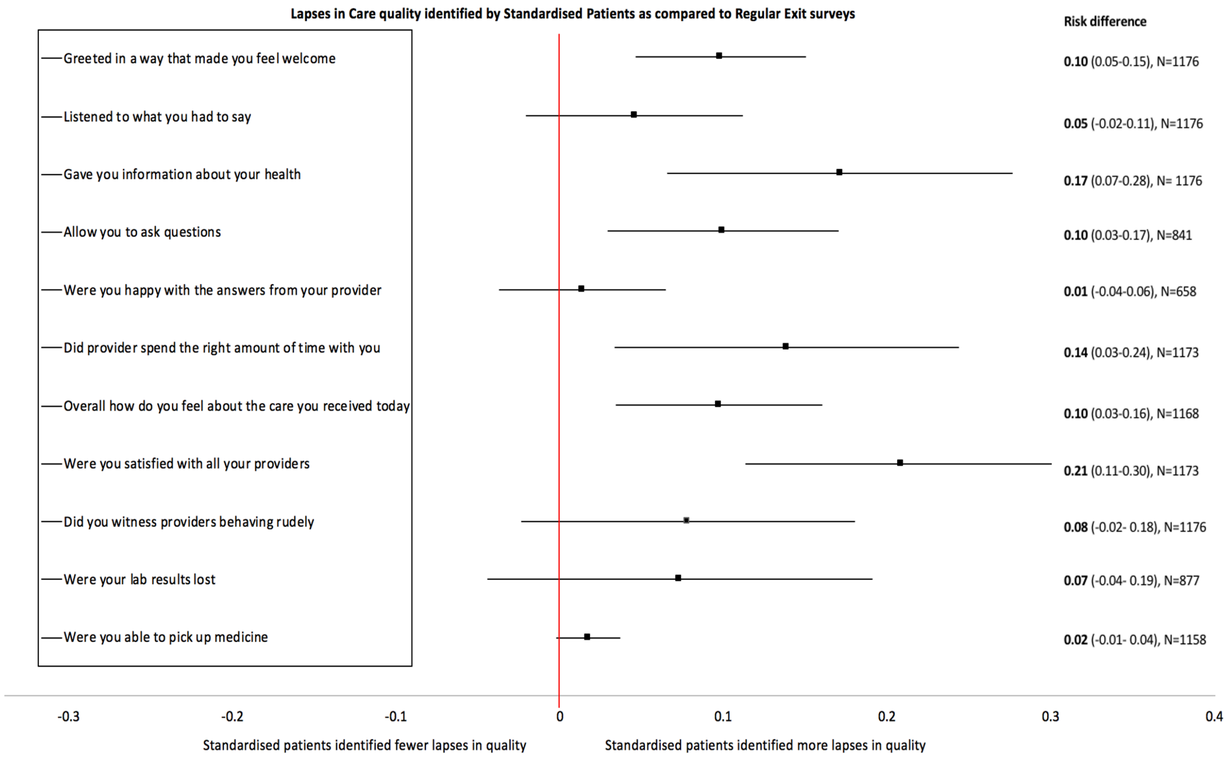
- Trained SPs purposively recruited before their visit from Triage
- Research Assistant uses their own judgement, assesses the knowledge of the potential trained SP
- Study introduced to potential SP during consenting process
- Ability to read and write (assessed using the study literacy assessment tool)
- If they show good recall and comprehension- recruited as SP
- Participant who doesn't have good recall and comprehension is offered the untrained exit survey after their routine visit
- SP should not be a Ministry of Health/ CIDRZ staff (e.g., peers /volunteers at the clinic)
- Research participant consents and trains SP for approximately 2 hours by going through each construct in the instrument
- SP trained to remain anonymous throughout the visit and trained not to alter their behaviour or manipulate their interaction
- SP asked not to write anything during their visit

Results

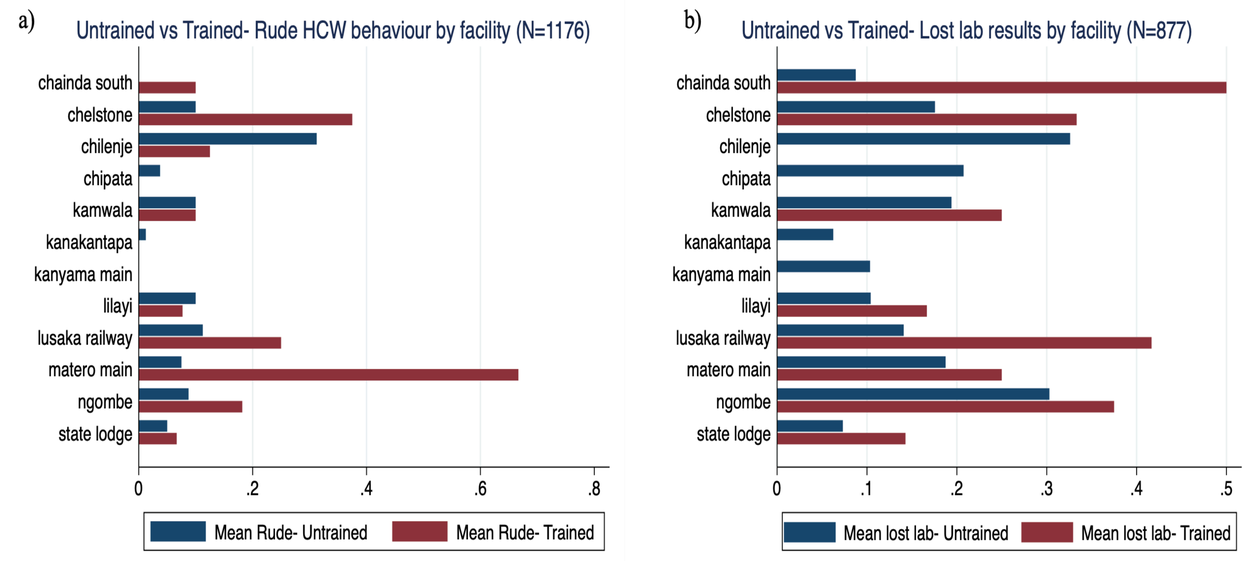
- We assessed 1176 participants receiving antiretroviral therapy who participated in the exit surveys, 920 were untrained (56% female, median age 40 (IQR:33-47)) and 256 were trained SPs (58% female, median age 37.5 (IQR:31-47)).

Patient Characteristics

Variable	Level	Untrained	Trained In-Care	p-value
N		920	256	
Sex	Female	512 (55.7%)	148 (57.8%)	0.54
	Male	408 (44.3%)	108 (42.2%)	
Age, Median (IQR)		40 (33-47)	37.5 (31-47)	0.216
Age Category	<35	284 (30.9%)	94 (36.7%)	0.075
	35-44	334 (36.3%)	74 (28.9%)	
	45-54	238 (25.9%)	64 (25.0%)	
	≥55	64 (7.0%)	24 (9.4%)	
Facility Name	Chainda South	80 (8.7%)	20 (7.8%)	0.32
	Chelstone	80 (8.7%)	16 (6.2%)	
	Chilenje	80 (8.7%)	16 (6.2%)	
	Chipata	80 (8.7%)	16 (6.2%)	
	Kamwala	80 (8.7%)	20 (7.8%)	
	Kanakantapa	80 (8.7%)	24 (9.4%)	
	Kanyama Main	40 (4.3%)	16 (6.2%)	
	Lilayi	80 (8.7%)	26 (10.2%)	
	Lusaka Railway	80 (8.7%)	32 (12.5%)	
	Matero Main	80 (8.7%)	18 (7.0%)	
	Ngombe	80 (8.7%)	22 (8.6%)	
	State lodge	80 (8.7%)	30 (11.7%)	



- Trained SPs reported overall more critical assessments of experience relative to Regular exit surveys on 11 measures of clinic experience
- Regular exit survey responses are the reference and indicated by the red line at 0. Adjusted for age, sex and modelled allowing for random effects at the facility
- For example, SPs reported increased prevalence of patients feeling unwelcome by providers (risk difference [RD]: 0.1 [95% CI:0.05-0.15]) and of not being allowed to ask questions (RD: 0.1 [95% CI:0.03-0.17]).



- We observed strong heterogeneity across facilities
- For example under witnessing HCW behaving rudely, a facility like Matero main picks up a lot of rude behaviour with trained SPs.
- In some facilities, there isn't much of a difference between the two.

Conclusion

- **Patients who received a brief training provided more critical appraisal of care either because they were more alert to the items solicited or felt empowered to be more critical.**
- **We trained actual patients rather than true "mystery clients" who are often drawn from outside of the true patient population, thereby making reproducibility in routine settings more feasible.**
- **Trained SPs represent an important method for assessing quality of care received in HIV settings and address social desirability bias**
- **Rude behaviour doesn't entirely mean patient experienced it but may have witnessed others.**

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1. Zambia Country Position Paper – United Nations Special Session on HIV & AIDS. June 2016
2.

Acknowledgements: We would like to thank the Zambian Ministry of Health and all participating patients and health care workers.
Ethics: Ethical approval was obtained from the University of Zambia (UNZA) Biomedical Research Ethics Committee, National Health Research Authority (NHRA), Ministry of Health and the London School of Hygiene and Tropical Medicine Ethics Committee
Funding: This work was funded with a grant from the Bill & Melinda Gates Foundation

IAS 2021 18 –21 July