Improved QA/QC

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Kamwala CRS, Lusaka







QC Performance Indicators:

SCHARP QC Edits (CRFs)

- Accuracy
- Skip Patterns
- Completeness
- Timeliness

PPD Chart Review (entire ppt record)

- Accuracy
- Cohesion
- Consistency
- Linked data

We needed to be thorough, detail-oriented, critical-thinking, and ahead of deadlines.



Assessment of Requirements

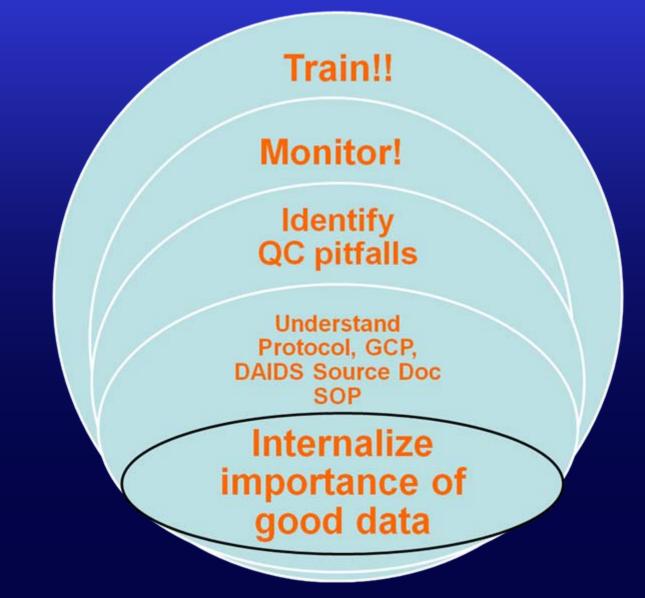
Staff (Knowledge/Motivation)

Error Free Zone

Conducive Environment (Space/Quiet/Time) QC Systems (Tools/ Timelines/ Accountability)



Improved QC Knowledge:





QC Training:

Individual:

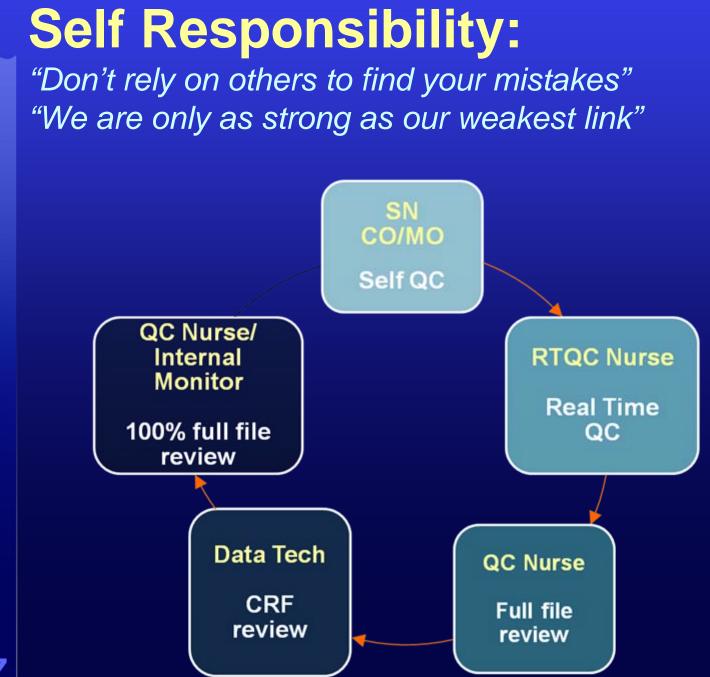
- 1:1 guidance with QC Nurse
- Individual Training Form

All staff – Interactive Training:

- Urgent QC Issues every morning
- QC trends/pitfalls at weekly meetings
- What the QC team is looking for
- How to do 100% QC review
- PPD chart review discussions

Used Visual Aids:

| | Not done/ Not collected | Specimen Collection Dat If different from Initial Collect dd MMM | e ction Date yy | | | | | |
|---|----------------------------|--|-----------------------|-----|-------------------------|-------------|----------------------|---------------|
| | M | | | 1. | URINE TESTS | 4 | | |
| | | | Not done | | | egative | positive | |
| | | | | 1a. | Leukocyte esterase (LE) | | | |
| | \bigcirc | | | 1b. | Nitrites | | | |
| | Not done/ Not collecte | Specimen Collection Da If different from Initial Colle d dd MMM | ction Date yy | 2. | | egative | positive | |
| | | Specimen Collection Da | ate | 2a. | Test result | X | | |
| | Not done/ Not collecte | If digent from Initial Colle | ection Date | 3. | HIV Tests | negative | positiv e | |
| | | Should | be 02 | За. | Rapid test 1 | X | | |
| | | | | 36. | Rapid test 2 0 (| \boxtimes | | |
| | \checkmark | | | 4, | HIV EIA | | | indeterminate |
| 7 | \boxtimes | | | 5. | HIV Western Blot | | | |





Teamwork:

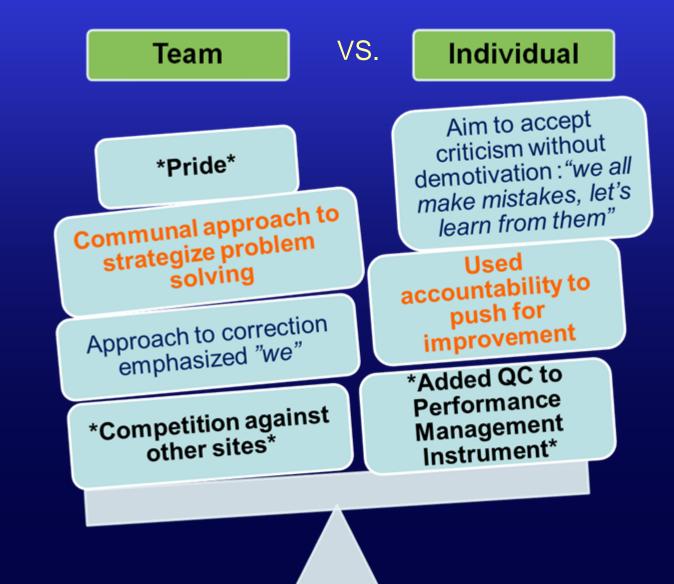
 Football team analogy "Each player has an important role" "Don't allow us to score against ourselves"

• Together Everyone Achieves More

"Umunwe umo tausala inda"
"You can't use only 1 finger to pick up a louse"



Motivation:





Novice to Mastery Concept & Corrective/ Preventive Actions:

HPTN 035 experience

Error Free Zone

SCHARP, FHI, PPD, GCP

HPTN 055 research naive





Altered External Environment:

Real Time QC Room:

Separate room

QC Room:

- Quiet/No interruptions/mobiles on silent
- Comfortable temperature/fresh air
- Adequate table space to spread out
- Supplies within easy reach

Emphasised Mindset:

- Must be ready to concentrate!
- Recognize when feeling lazy/drifting
- Take the time to do the review right
- Ask for a "fresh view/second eyes"
- Don't make assumptions always double check

"When you think you are perfect ... is when you are making mistakes"





Developed QC Tools:

Visible Fliers:

- Issues to Review at Next Visit
- QC Fliers (accountability)

Internal Monitoring:

- Check data fax first thing
- 100% QC monitoring tool
- QC Accountability checklists
- Staff initials to SCHARP QC Edits
- QC performance trends/gaps

QC Flier-Permanent Record:

| • | 0 | QC Noted Date: | | d Date: - | QC Issue(s)Action | | | | | | |
|---|---|----------------|---------------|-----------|-------------------|-----------------------------------|--------|-----------------|--|--|--|
| | # | | Visit Code | Form(s) | | Corrective action date/sign | THUISC | QC for Staff | | | |
| | | | | | | | | | | | |
| | F | | | | | | | | | | |
| | | | | | | | | | | | |
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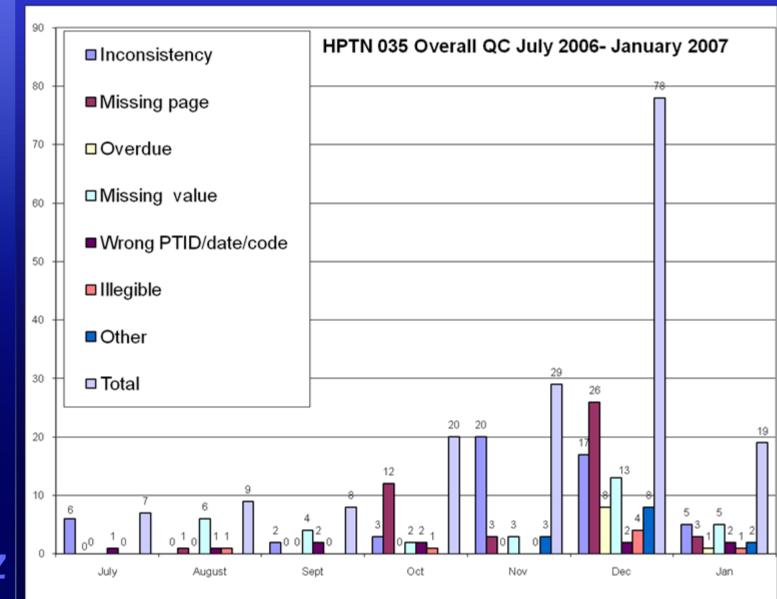
QC Cabinet - Accountability:

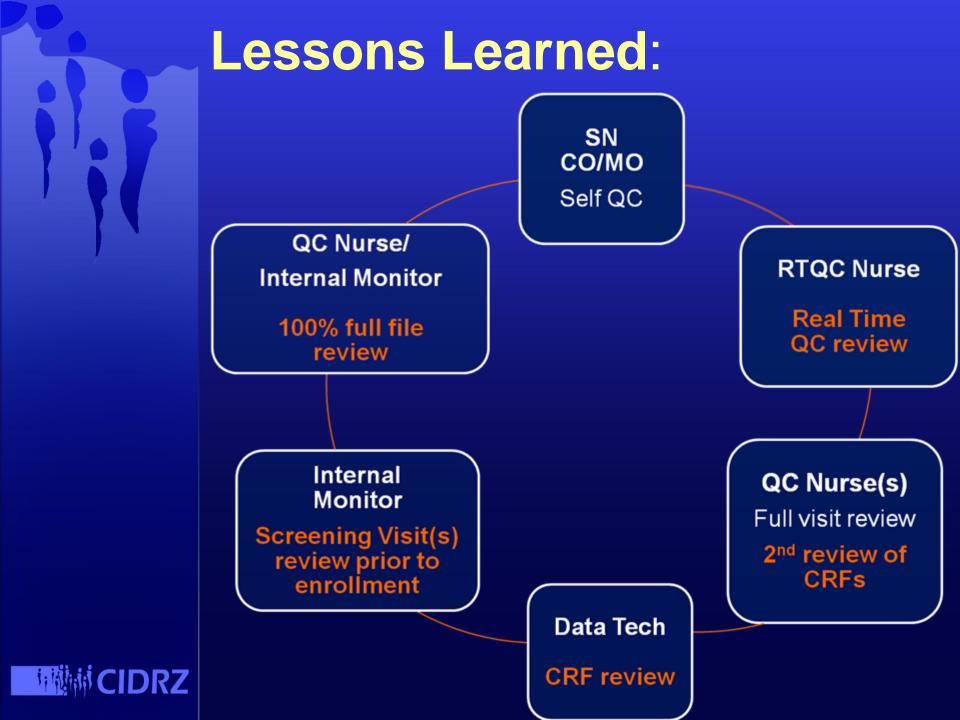


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Internal Monitoring:





Did getting to a higher level of QC save time?

Not yet, low error rates cost time, space and money...

- ~ 4 FTE staff
- 2 QC rooms at clinic
- Stationery supplies
- training time
 - But, dedicating adequate resources to QC is very important



Remaining Challenges:

- Improve Self QC to stop "root cause" of error creation (and thereby decrease time/cost)
- Ensure RTQC is in real time!
- Improve performance on linked forms where one error (or correction) affects many forms
- Continue to train on critical thinking
- Shorten charting time while maintaining high data quality



Summary:

- Set stricter targets/timelines
- Prioritized QC and QC correcting
- Dedicated QC staff
- Promoted shared responsibility while emphasizing individual accountability
- Altered QC environment
- Visible training and tools
- Monitored our QC process
- Discussed QC and trained!





Kamwala CRS QC Team:

QC Nurses: Mary Phiri **Christine Namakobo** Euphemia Milambo Virginia Munamunungu Elliot Ngulube Data Techs: Estella Kalunkumya QC Monitors: Aicha Brahmi **Stanley Mwale** Barbara Debevec



Thanks to our Teachers!

UAB: Hala Fawal FHI: Anne Coletti Kaila Gomez **SCHARP**: **Missy Cianciola Corey Leburg** PPD: Poovanni Murugan Colleagues from other sites





Zikomo!

Natotela!

