Challenges Implementing

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Outline

- Challenges Implementing VOICE
- Strategies to Address These Challenges
- Lessons Learned
- Unresolved Challenge
Challenges Implementing VOICE

- **Accrual**
  - Recruitment
  - Clinical issues

- **Duration of Study visits**
  - Quality
  - Retention

- **Turn around time (TAT) on QC review after visit and time to datafax**
  - Quality vs speed
Challenge 1: Accrual rates

- Lower than planned accrual rate
  - Initial challenge but noted improvement since initiation
  - Planned slow start to encourage staff confidence and proficiency builds with time
  - Expected
Strategies: Recruitment

- Weekly review of recruitment strategy
  - Targeting VCT (Scr enr ratio ~1.6)
- Increase community education and awareness
- Promote Community Interaction: e.g., Road Shows including CAGs, staff, participants
Challenge 1: Clinical Issues

- **Hypophosphataemia**
  - Prevalence: ~10% of Screened ppts
  - Ongoing
  - Expected

- **Hypertension – Untreated**
  - Prevalence: <5% of Screened ppts
  - Ongoing
  - Expected
Strategies: Clinical Issues

- Counselling
  - Lifestyle and Dietary Changes Recommended
    - Education on consumption of phosphate rich foods
    - Referrals to public sector for Clinical Management
Challenge 2: Duration of Study Visit

- Quality vs. Duration of Visit
  - Finding a balance between shorter length without compromising data quality

- Long Duration of Study Visits
  - Retention
  - Effect on Accrual – word of mouth
  - Increased burden on staff

- Ongoing

- Expected
Strategies: Duration of Study Visit

- Decrease Duration of Study Visit
  - Increase staffing
    - Division of Labour (Budget Constraints)
      - Nurses
      - Medical Technologists (TBA)

- Improving staff rapport with ppts
  - Provision of sandwiches and tea/coffee

- Improving staff morale
Challenge 3: Long TAT in QC Process

- QC Process

QC1 ➔ QC2 ➔ QC3 ➔ Datafax

(Prior to reimbursement, post, prior to datafax)

- Quality vs. Speed of Resolution

- Related to time from study initiation and clinic visit load
Strategies: Long TAT in QC Process

- Increase in staff proficiency - reduces errors
- Clinical team roster implemented for time allocation to resolve queries
- Improve visit flow (product returns and split visits)
- Concise chart note
- Team Mentality
Lessons Learned

- Resource needs are high
  - Staff
  - Recruitment materials
- Adequate training is important
- Adequate clinic space is necessary
- Retention strategies (Research naive and highly mobile community)
Unresolved Challenge

- Male involvement
  - What are other sites doing to encourage male partner involvement at the site level?
Thank You!