



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



QUALITY CONTROL

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

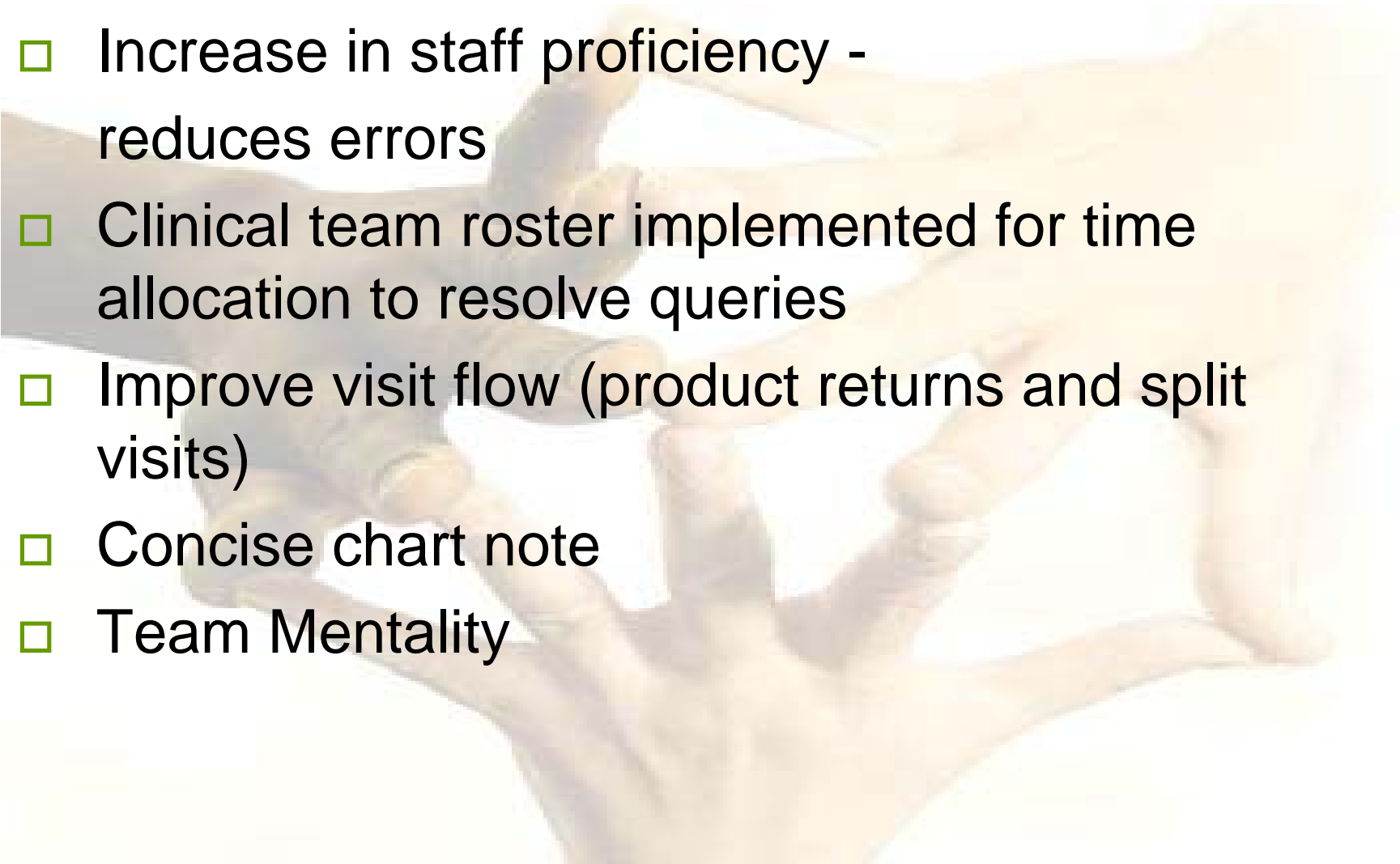
(Prior to reimbursement, post, prior to datafax)

- Quality vs. Speed of Resolution
- Related to time from study initiation and clinic visit load





Strategies: Long TAT in QC Process

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- ❑ 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!