

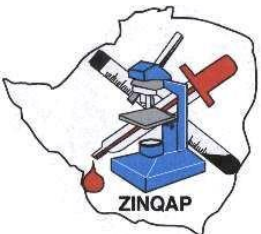
The impact of SLMTA on Proficiency Testing (PT)/ External Quality Assessment (EQA) participation and performance

SLMTA Symposium, ASLM Conference 2016,
3rd to 4th December 2016



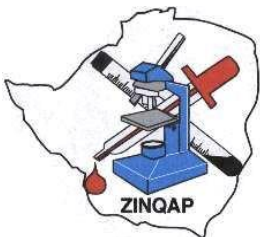
Presentation Outline

- Introduction
- Laboratory system strengthening in Zimbabwe
- Proficiency Testing (PT)
- Methods
- Results
- Challenges
- Lessons learnt
- Recommendations



Introduction

- Laboratories key to the health delivery system
 - Disease diagnosis
 - Monitoring treatment
 - Disease surveillance
 - Research
- Numerous challenges face laboratories in Africa
 - Resource limitation
 - Sub-optimal quality systems & infrastructure



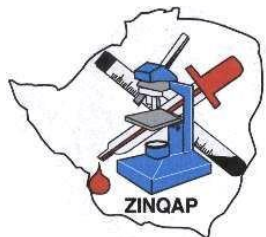
Laboratory system strengthening in Zimbabwe

- Numerous initiatives
- Establishment of a local PT programme 1998
- Development of SOPs 1999, revised 2006
- MoHCC laboratory directorate
 - Set policy, strategic plan



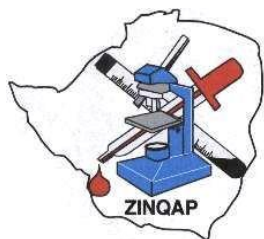
PT Services Provided by ZINQAP

- Clinical chemistry
- Full blood count
- CD4
- Microbiology
- Serology
- POCT systems



Laboratory system strengthening in Zimbabwe - SLMTA

- Piloted in 2010
 - 11 laboratories
 - 3 workshop series
- Rolled out 2012
 - Imbedded mentorship
 - 2012 19 laboratories
 - 2016 31 laboratories



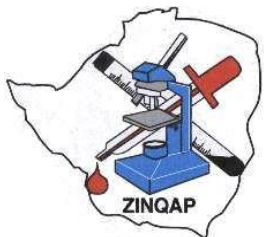
Proficiency Testing (PT)

- External quality assessment (EQA)]
- Key indicator of laboratory quality and service delivery
- Zimbabwe – unique position PT Programme running since 1998
 - PT data available prior to the implementation of SLMTA

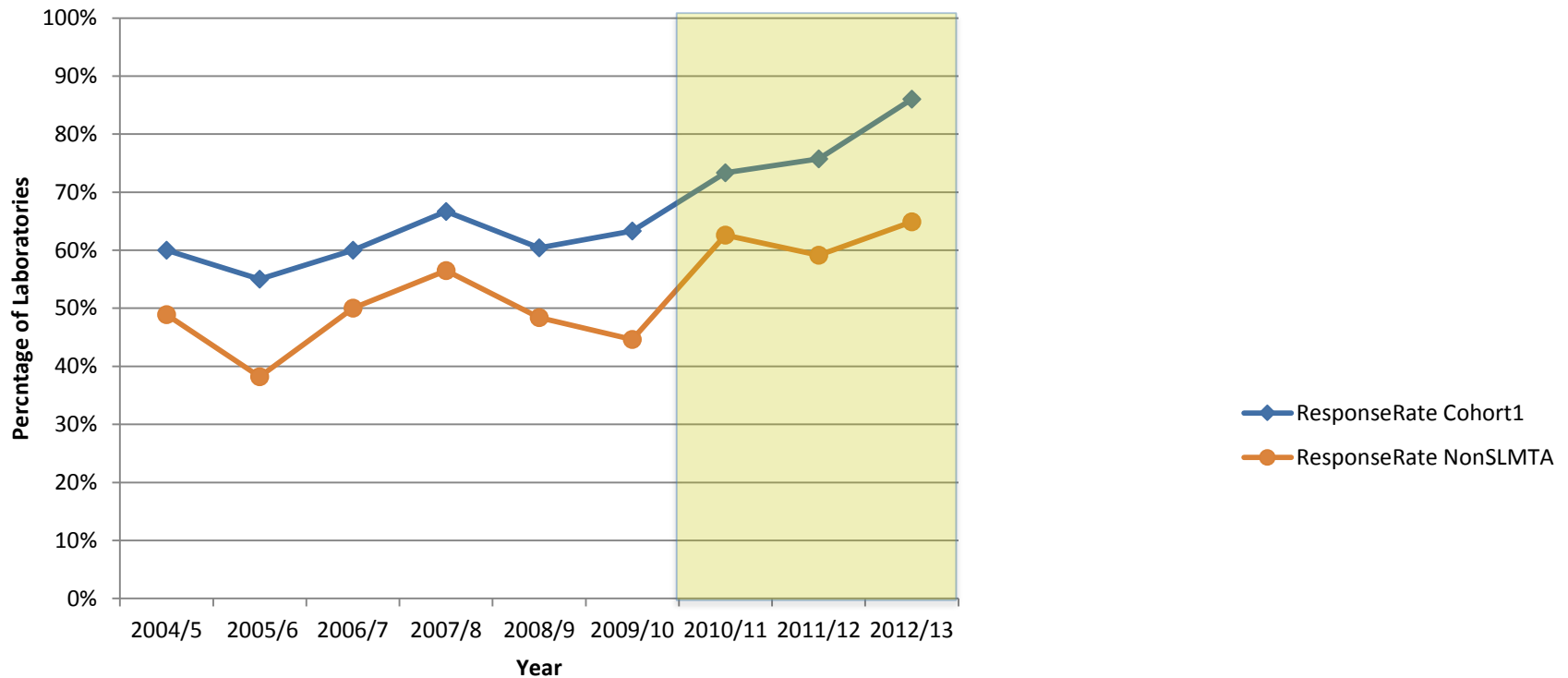


Methods

- Retrospective analysis of PT data prior to and post SLMTA implementation
- Determine participation
 - Before, during after the implementation of SLMTA
 - Comparison of SLMTA & non-SLMTA labs
- Assess performance in selected analytes

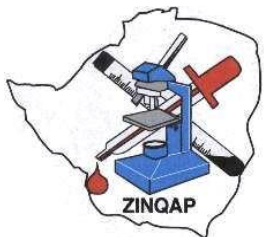


Results: Participation - FBC

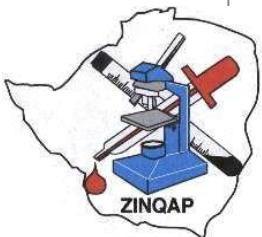
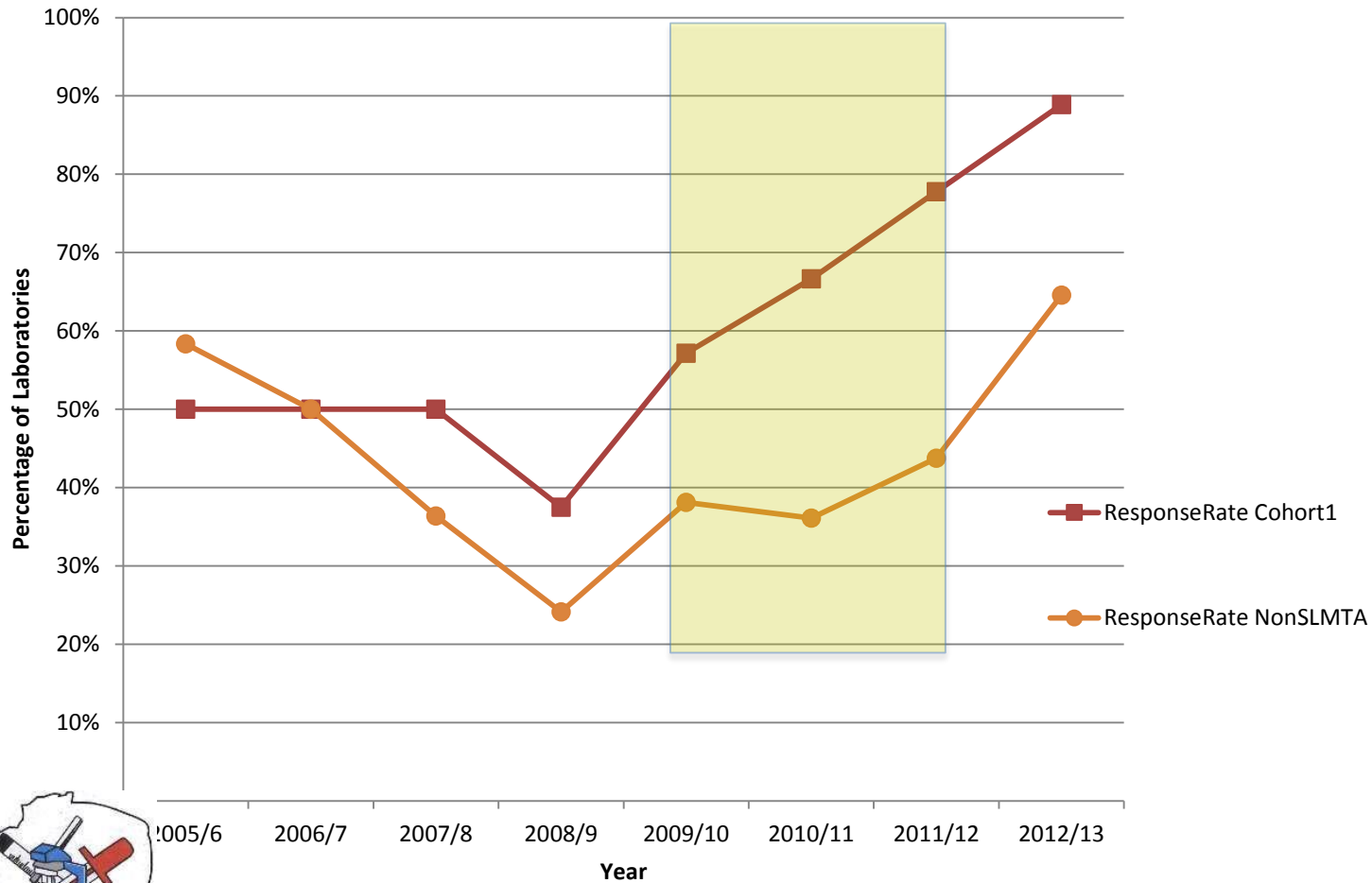


Results – Participation FBC

- General increase in participation in PT in all laboratories
 - Pre-SLMTA 48% (40% - 49%)
 - Post SLMTA 62% (60%-65%)
- Comparison of SLMTA and non-SLMTA labs
 - Non-SLMTA labs 61% (55%-63%)
 - SLMTA - 78% (73% - 88%)

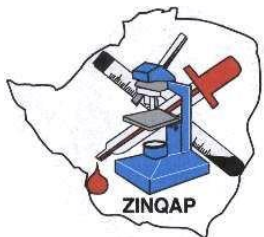


Results – Participation Clinical Chemistry

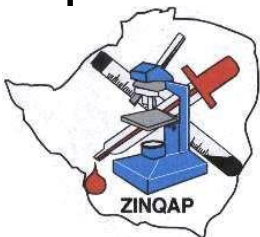
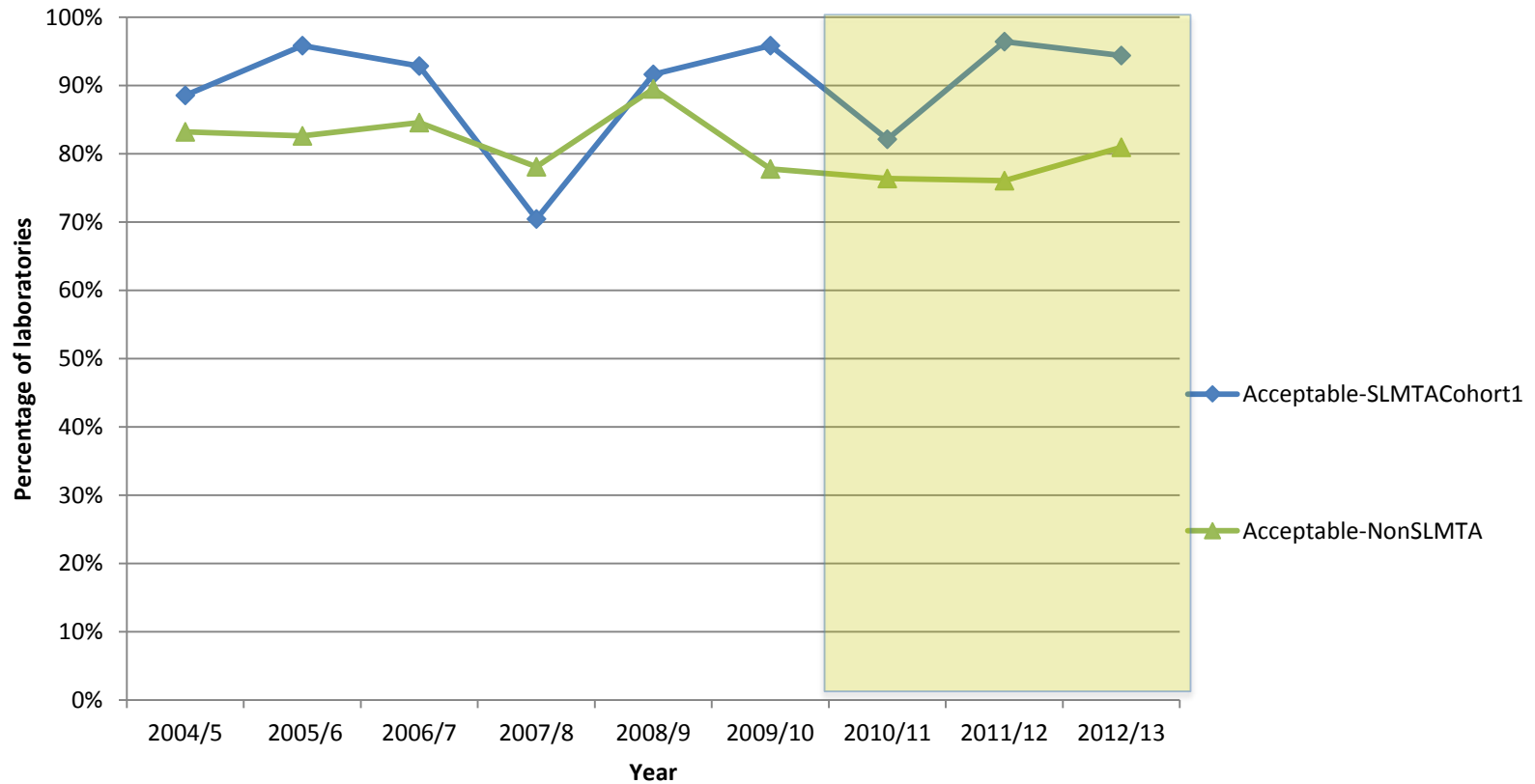


Results: Participation Clinical Chemistry

- Similar observation for Clinical Chemistry -
General increase in participation in PT in all laboratories
- Comparison of SLMTA and non-SLMTA labs
 - Non-SLMTA labs improvement from 41% to 55%
 - SLMTA laboratories improvement 61% to 78%

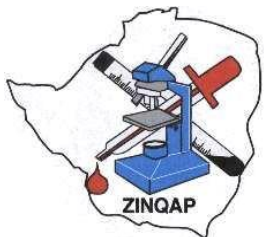


Results: Performance Hb

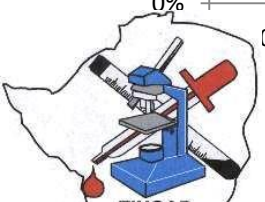
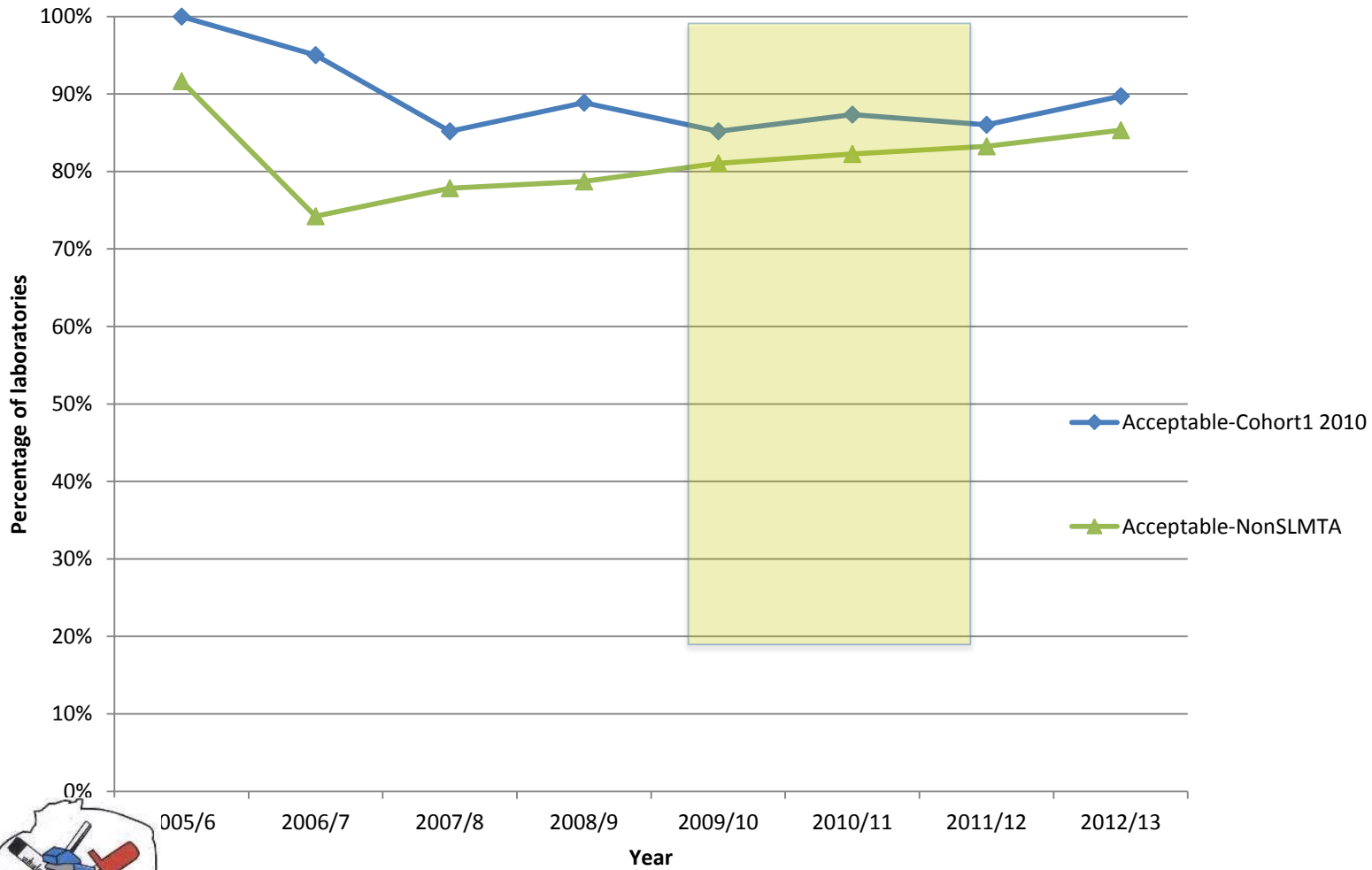


Results: Performance Hb

- SLMTA labs generally performed better than non-SLMTA laboratories,
 - Eve prior to piloting SLMTA
- Improvement in performance observed after implementing SLMTA



Results: Performance ALT



Challenges

- Limited appreciation of PT
- Limited transport infrastructure and courier systems for the distribution of panels
- Poor communication systems for submission of results
- Limited oversight



Discussion

- Implementation of SLMTA had a positive impact on PT participation and performance
 - NB: Participation was quite good even prior to SLMTA
- Performance of non-SLMTA laboratories also seemed to improve
- Concern over the laboratories not participating – no means of determining the quality of testing



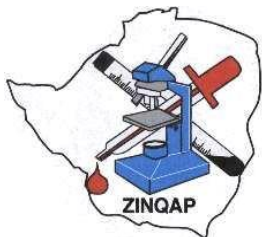
Lessons Learnt

- PT is a useful tool that can be used to monitor the quality of testing.
 - Can be used to determine the impact of interventions implemented
 - Identify gaps or challenges in the system
- Laboratories & testing sites must participate in PT to monitor quality of testing
- PT must be cost efficient for wide up-take



Recommendations

- Mandatory participation in PT
- Establishment of local PT programmes
 - More cost efficient
 - Allows for more effective remedial action
- Supervision and monitoring of PT participation and performance



Thank You



Improving laboratory and testing Quality Systems for quality health service delivery

