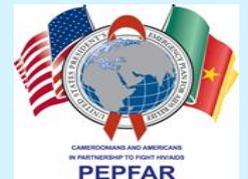


Old Concepts, Innovative Tools, Evolving Strategies: The Cameroon SLIPTA Experience

*ASLM 2014 Conference
Cape Town, South Africa
December 2nd, 2014*

Judith Shang
Laboratory Director
CDC-Cameroon



Outline

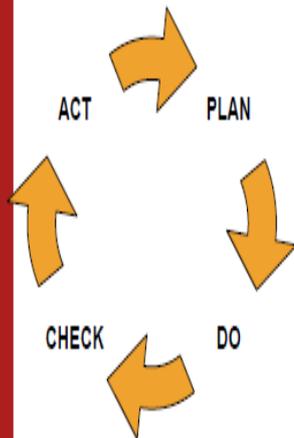
- **Old Concepts**
- **Innovative Tools**
- **The SLIPTA Experience**
- **Challenges And Lessons Learned**
- **Way Forward**

OLD CONCEPTS

Quality Management is not new

1922 - Walter Shewhart

Western Electric
Bell Telephone Laboratories
Statistical Process Control



2/20/2009



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Management Principles

1940 - J Edwards Deming - The Fourteen Points

1. Create constancy of purpose of product and service
2. Adopt a new philosophy (mistakes are unacceptable)
3. Cease dependence on mass inspection
4. Stop the process of awarding business on price alone.
5. Improve constantly and forever the production and service
6. Institute training
7. Institute leadership
8. Drive out fear
9. Break down barriers between staff areas.
10. Eliminate slogans and targets
11. Eliminate numerical quotas
12. Remove barriers to pride in workmanship
13. Institute vigorous education and retraining
14. Take action to accomplish the transformation



2/20/2009



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Standards and Quality Management

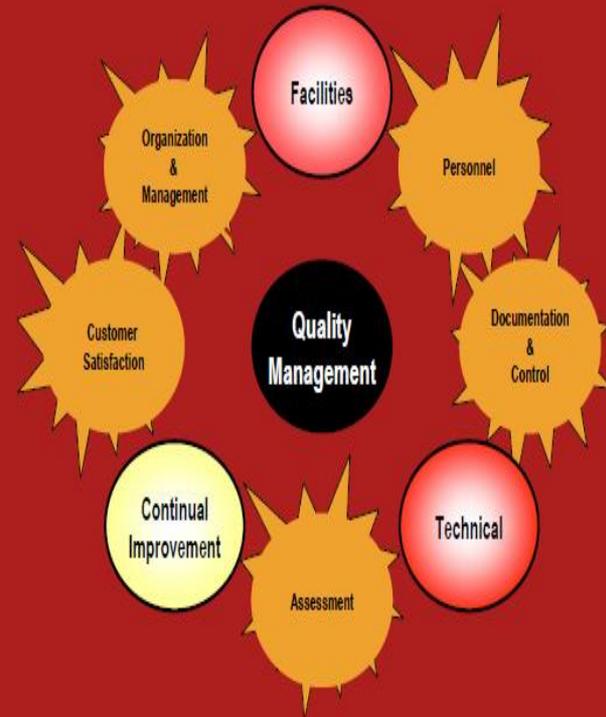


2/20/2009



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The system starts to fall apart QUICKLY



2/20/2009



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But if there is ONE to spend a LOT of time with...

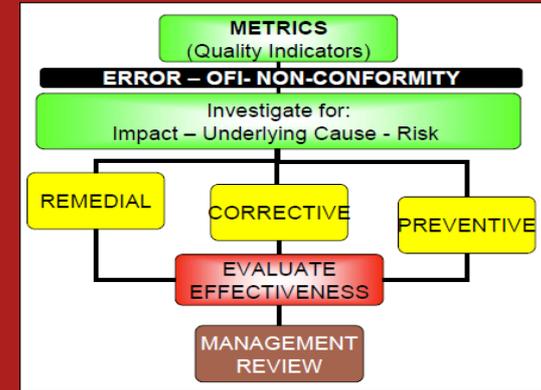


2/20/2009

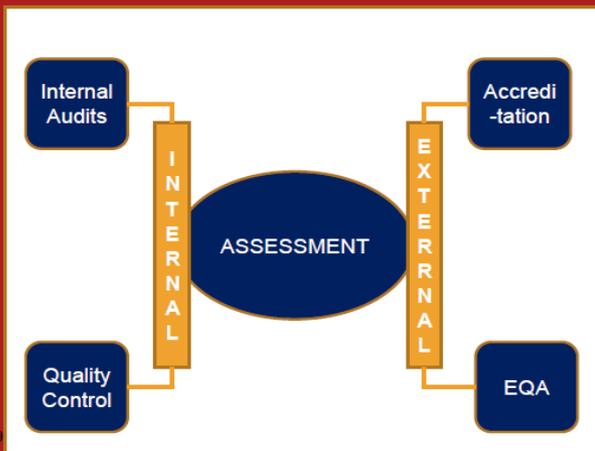


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Continual Improvement through Addressing and Preventing error



Continual Improvement through audit and assessment



2/20/2009



24

Continual Improvement through continuing education

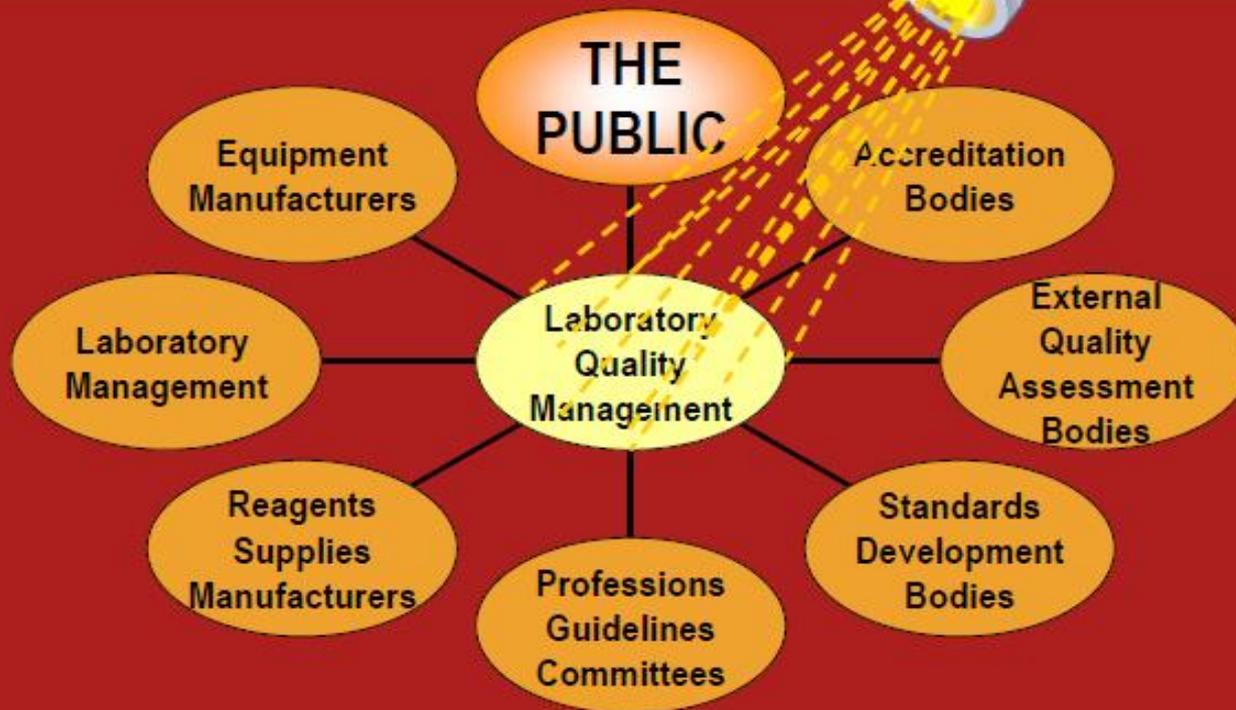


2/20/2009



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Quality Partnership



When the Public shines a light on laboratory quality

smart laboratories listen

2/20/2009



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INNOVATIVE TOOLS



Innovative Key/tool – SLMTA /SLIPTA

6 SLMTA Pillars

66 Management tasks and routines

3-workshop Series

45 Hands-on training activities

Improvement Projects (IPs)

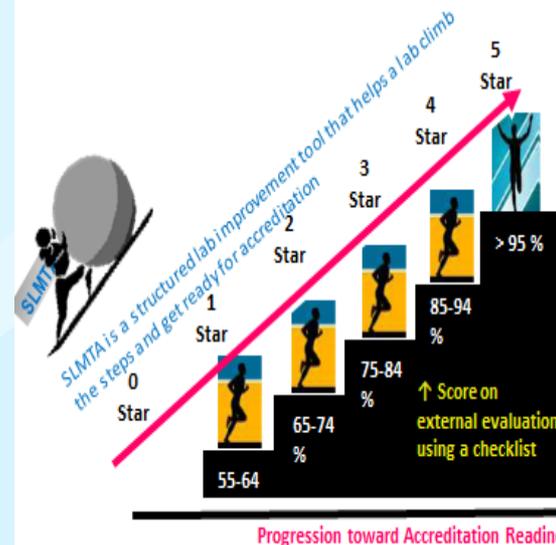
Training content linked to Accreditation Readiness Checklist

Site Visits

CONTENT

IMPLEMENTATION

SLIPTA: A framework to encourage, support and recognize the implementation of QMS in medical laboratories in a stepwise manner



Audit Process

Tools

WHO AFRO SLIPTA Checklist
ISO 15189:2012

Audit methods

- Review of documents and records
- Observations
- interviews

De-brief

- Lab Level

Report

Submission to IAC

Accreditation: Transform The Quality Of Diagnostic Services

ASLM ADVANCING THE LABORATORY PROFESSION AND NETWORKS IN AFRICA
AFRICAN SOCIETY FOR LABORATORY MEDICINE

Framework for Engaging Other Institutions for SLIPTA Implementation

Purpose

1. In line with ASLM2020: Strategies and Vision to Strengthen Public Health Laboratory Medicine in Africa *through working collaboratively with governments, national, regional and international organizations, implementing partners, the private sector and other agencies*, this document establishes a structural role for potential partners and formalizes the modalities of their participation in supporting and implementing the WHO AFRO Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA).

Goal 2 Laboratory Accreditation:

Key Mechanisms

ASLM is Implementing Partner for SLIPTA.

2020 Targets

- Enroll 2,500 labs in the WHO SLIPTA quality improvement program
- Enable 250 labs to achieve accreditation

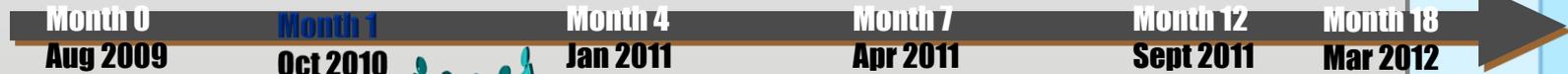


EVOLVING STRATEGIES

Strengthening Laboratory Management Toward WHO-AFRO Accreditation

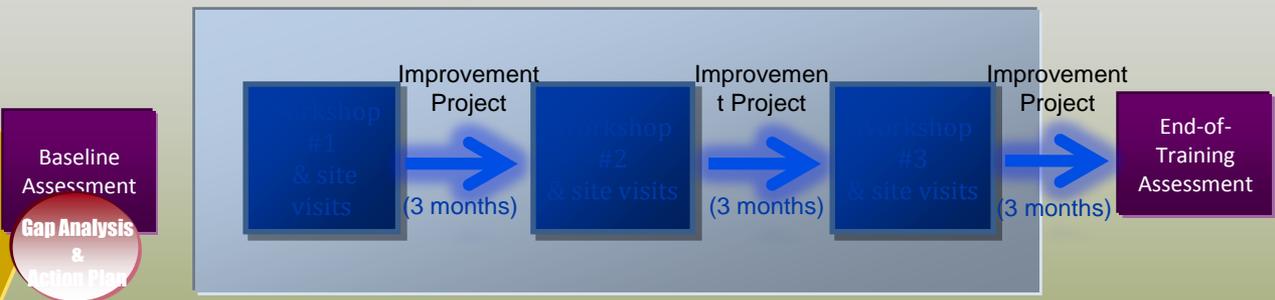
Proposed Program Road Map - Cameroon

◆ Strengthen laboratory management ◆ Achieve immediate laboratory improvement ◆ Accelerate the process toward accreditation by WHO-AFRO

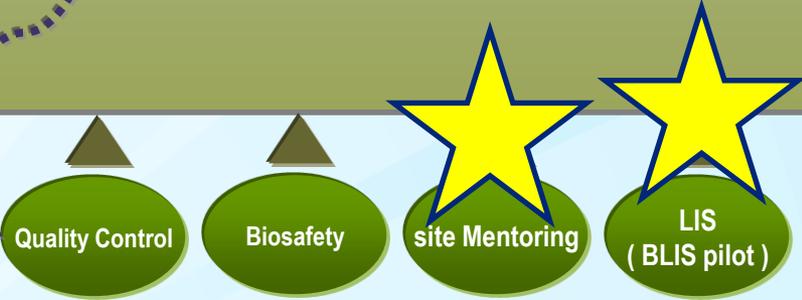


An 18-month program with a series of workshops for the same group of lab managers

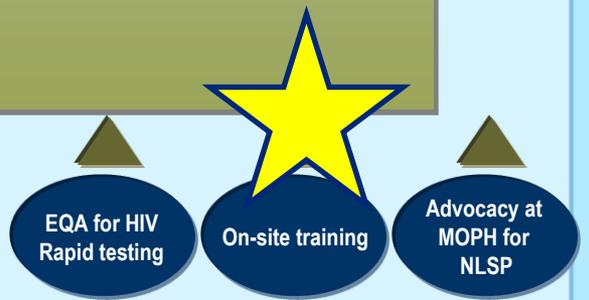
- Pre-requisites to entry
1. Hospital Director's involvement and high interest
 2. Lab director, with decision-making power, in place
 3. QA manager in place
 4. Hospital and lab director committed to same job responsibilities throughout the 18-month program (preferred)



On-going support by local partners and CDC in-country staff (on-site mentoring, monitoring of improvement projects)



Additional Training/Technical Assistance Based on Gap Analysis that have been conducted by CDC and other local and international partners



Additional on-going activities that enhance the accreditation process

SLIPTA Implementation Strategy



**Embedded
Mentorship**



Mentorship Training



Auditor Training



Intermediate Audits



BLIS Training

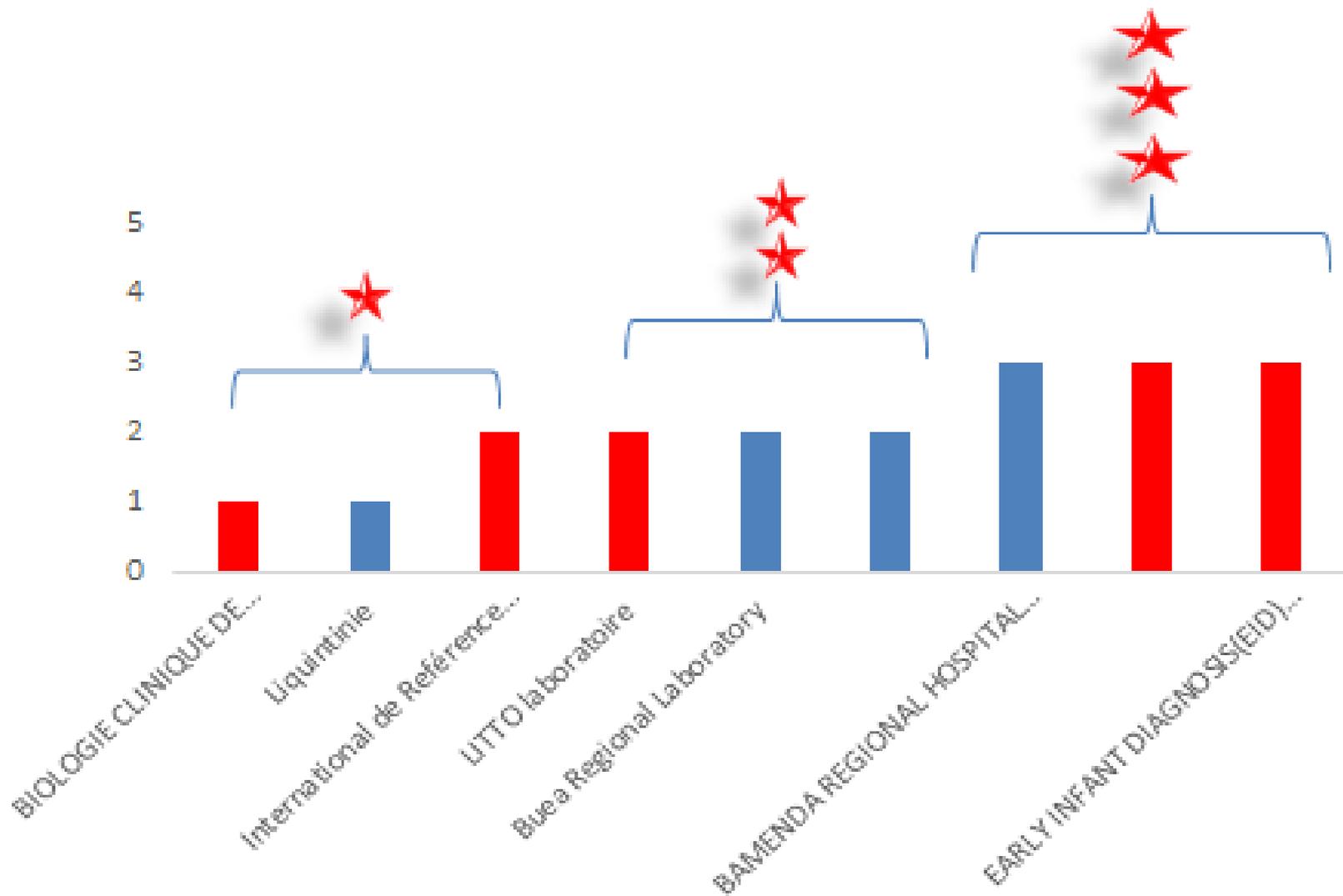


On-Site SLMTA training

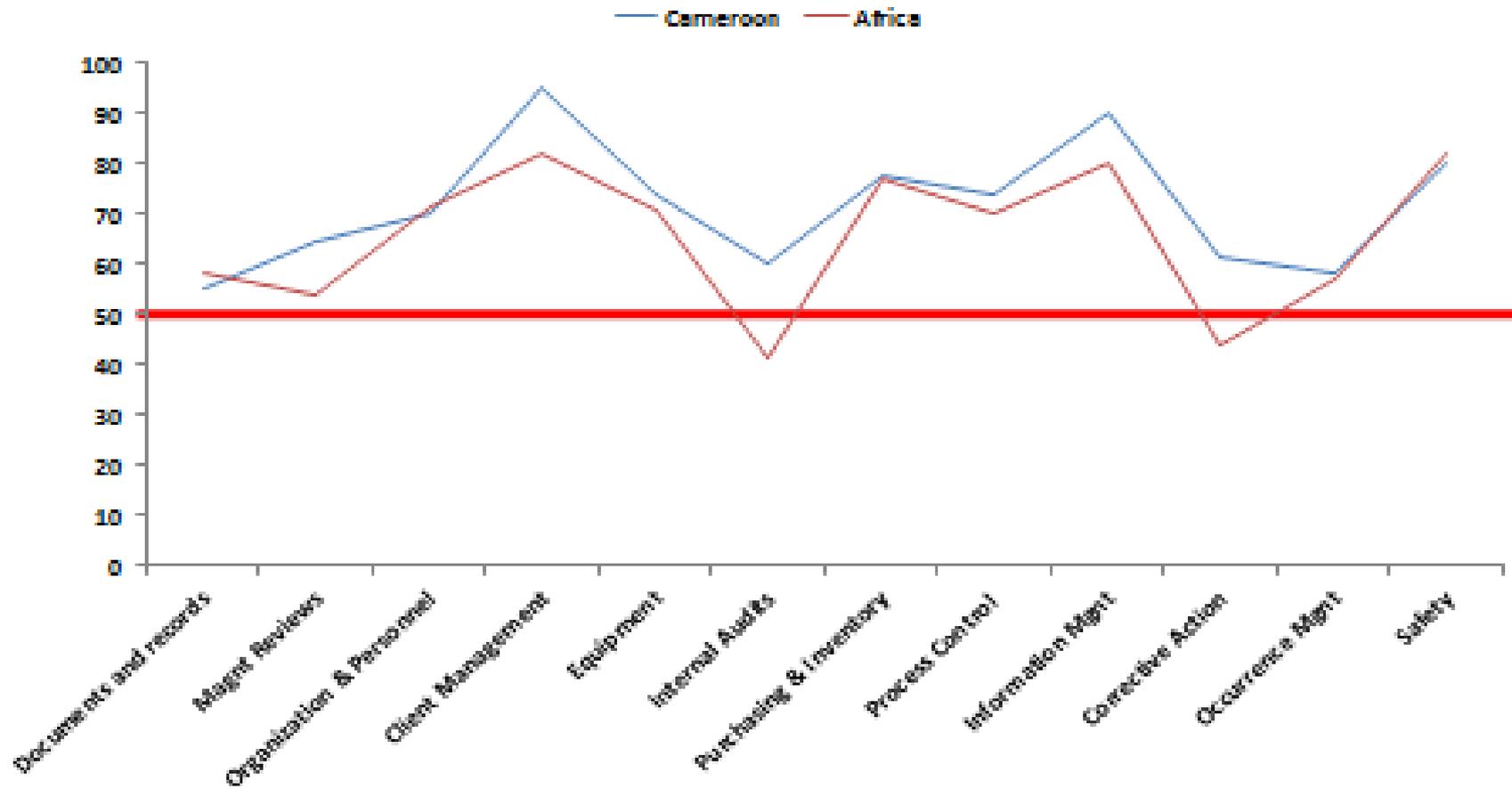


ACHIEVEMENTS

September 2013 and November 2014



Comparison: Africa(n=120) vs Cameroon (n=5)



General Observations

- Commitment
 - Ministry of Health
 - CDC
 - GHSS
 - Hospital and Laboratory Management
 - Laboratory staff
- There was evidence of implementation of QMS seen through the documents and records generated

Before and after scenarios

Before: Cluttered workbench with crisscrossing cable



After: Well constructed slab as workbench



BEFORE

Before and after scenarios

Before: Cartoons and empty containers under the workbench in a health facility



After: No more cartoons and empty containers, organized workbench



AFTER

ACHIEVEMENTS



- Sub-Directorate For Laboratories
- National Public Health Laboratory
- National Laboratory Assessment
- Revised Pre-Service Training Curriculum For Laboratory Scientists

LABORATORY AND HOSPITAL SYSTEM STRENGTHENING

- 14 Laboratories Enrolled In SLIPTA
- 7 ASLM Certified SLIPTA Auditors
- Over 800 Laboratory Staff Trained
- Hospital Quality Improvement (QUITAF)
- Staff Professional Enhancement
- Quality Culture Adopted

Challenges

- **Laboratory Strategic Plan And Policy Not finalized**
- **Inadequate Laboratory Infrastructure**
- **Weak Laboratory Networks**
- **Human Resources And Career Path Development Incentive – Lack Of National Board For Laboratory Scientists.**
- **Site Level Management Engagement**

Need For Laboratory Strengthening

- Scale Up Of PMTCT And Option B+ Is A Priority
- 595 Sites Enrolled In Proficiency Testing Program For HIV Rapid Testing – Pass Rate Below 50%
- About 6% Of People Tested Still Receive False Negative Results And 2% Receive False Positive Results

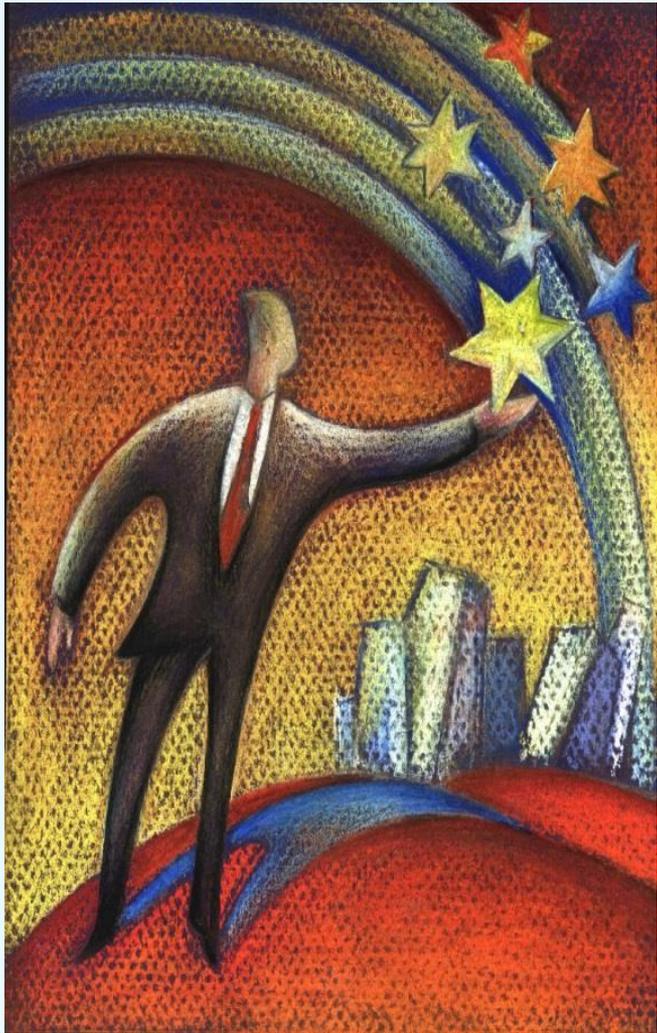
CDC Cameroon

Determining Factors for False HIV Test Results with Rapid Testing

Sentinel surveys in pregnant women attending antenatal care (ANC) are conducted every two years in Cameroon to collect routine data for HIV prevalence and program monitoring. However, due to ethical issues and high cost of implementation, the National Aids Control Committee (NACC) with support from CDC conducted an assessment in 2012 to measure the feasibility of using prevention of mother to child transmission (PMTCT) program data to estimate HIV prevalence in pregnant women in place of sentinel surveys. **The results highlighted an alarming 20% false negative rate, which is the percent of HIV+ pregnant women who incorrectly received negative test results in PMTCT compared with the sentinel survey report.**

WAY FORWARD

Race to the Top – 5 Stars



Build On Existing Capacity And Networks



Laboratory Accreditation

Acknowledgement

Cameroon

- MOH/Lab Directorate
- PEPFAR Team
- CDC Cameroon
- GHSS

USA

- OGAC
- PEPFAR
- CDC Atlanta

THANK YOU!



“The problems that we face cannot be solved by the same level of thinking that created them.”

Albert Einstein