



USE STANDARD LOGBOOK

HIV RT QUALITY ASSURANCE LOGBOOK





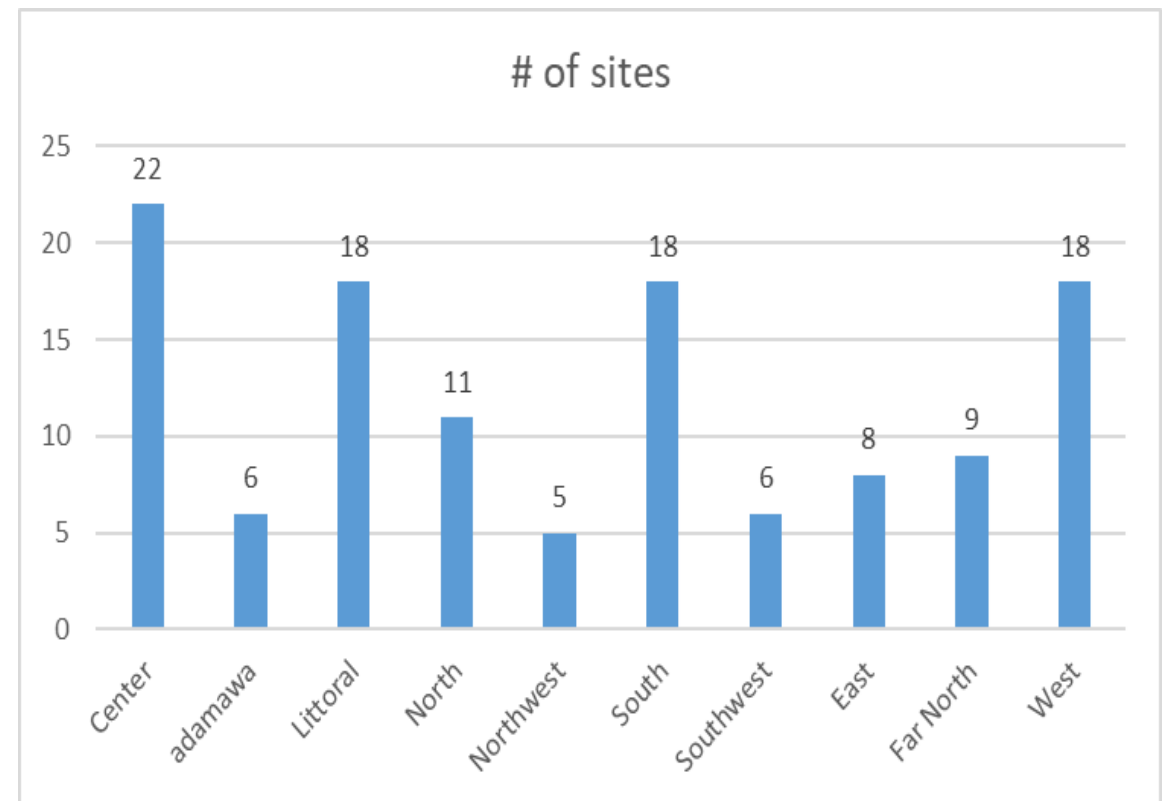
PLAN

- INTRODUCTION
- HIV RT ALGORITHM
- HIV RT QA LOGBOOK
- MONITORING ERRORS IN THE HIV RT QA LOGBOOK
- FREQUENCY OF TYPES OF ERRORS IDENTIFIED
- DATA-DRIVEN CORRECTIVE ACTIONS
- CONCLUSION



INTRODUCTION

- The use of logbooks was introduced in 2009 by the CDC program
- The MOH has fully embraced the program
- Logbooks are available in military facilities & Drop-in centers
- In 2022 GHSS conducted an HIV RT sites supervision in all 10 regions of Cameroon
- Supervision was focused on all aspects related to HIV RT
- Data presented here is based only on the use of HIV QA Logbooks in 118 sites which is about 35% of sites enrolled

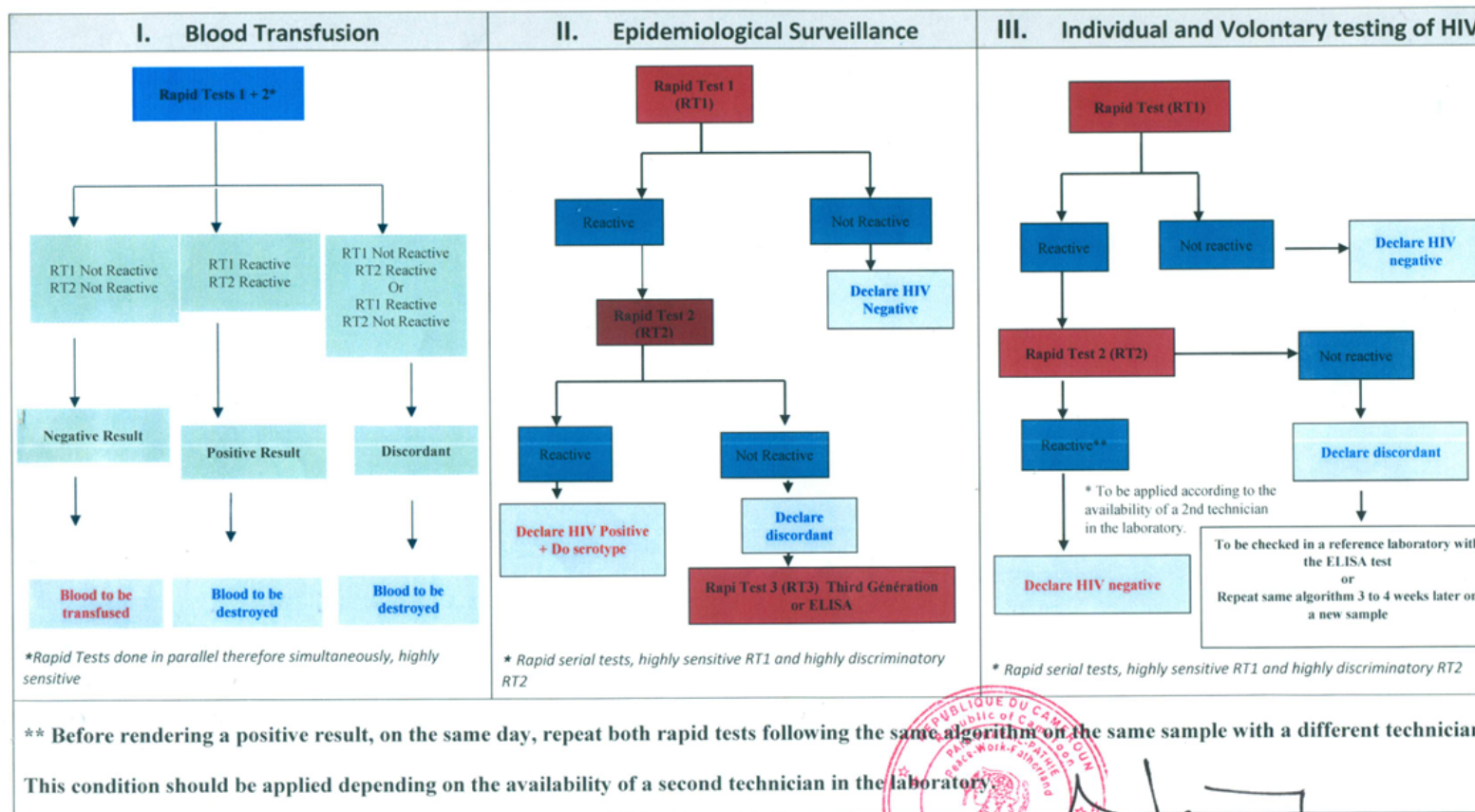


Logbooks are present in all 10 regions but not in use in all sites



MONITORING THE PERFORMANCE OF TESTING ALGORITHM

HIV SCREENING ALGORITHMS IN CAMEROON (*)



(*) Adopted by national consensus on April 2017



 LE MINISTRE
 The Minister
 André MAMA FOUNDA



COVER PAGE OF HIV RT QA LOGBOOK



READERS GUIDE

Laboratory name : _____

Algorithm (Circle) :

- ❖ Serial
- ❖ Parallel

Testing site (circle)

- ❖ Standalone VCT
- ❖ Mobile VCT
- ❖ TB Center
- ❖ Antenatal Clinic (PMTCT)
- ❖ ART Clinic
- ❖ Outpatient Clinic
- ❖ Blood Bank
- ❖ Other (Specify): _____

- ❖ Location: _____

Logbook Start Date :/...../.....

Logbook End Date :/...../.....

Logbook Number (1, 2, 3,.....) :



TRAINING PAGE FOR BEGINNERS

Le Cycle de l'Assurance qualité

Pré-analytique

Préparation Patient/Client collecte d'échantillons

Compétence du Personnel Evaluations des Tests

Rapport

• Gestion données du labo

• Sécurité

• Service client

• Contrôle qualité de test

Enregistrement des données

Transport des échantillons

Analytique

Reception et Acceptance des échantillons

Admission prélèvement

N°	N°	Nom du patient	Date de la commande	N° de la commande	TESTS DE BIODIAGNOSTIC		TESTS DE BIODIAGNOSTIC		N° de la commande	N° de la commande	N° de la commande	N° de la commande
					111 Tuberculose	112 Hépatite	113 Sida	114 Syphilis				

Observations:
 Les résultats sont transmis à l'Unité de référence de diagnostic...
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The Quality Assurance Cycle

Pre-Analytic

Patient/Client Prep Sample Collection

Personal Competency Test Evaluations

Reporting

• Data and Lab Management

• Safety

• Customer Service

• Quality Control Testing

Record Keeping

Quality Control Testing

Analytic

Sample Receipt and Accessioning

Reflow Transport

N°	N°	Nom du patient	Date de la commande	N° de la commande	TESTS DE BIODIAGNOSTIC		TESTS DE BIODIAGNOSTIC		N° de la commande	N° de la commande	N° de la commande	N° de la commande
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CHECKLIST ON MONITORING ERRORS IN THE QUALITY ASSURANCE LOGBOOK



Global Health Systems Solutions

STRATEGIC & INNOVATIVE APPROACHES
TO STRENGTHEN HEALTH SYSTEMS

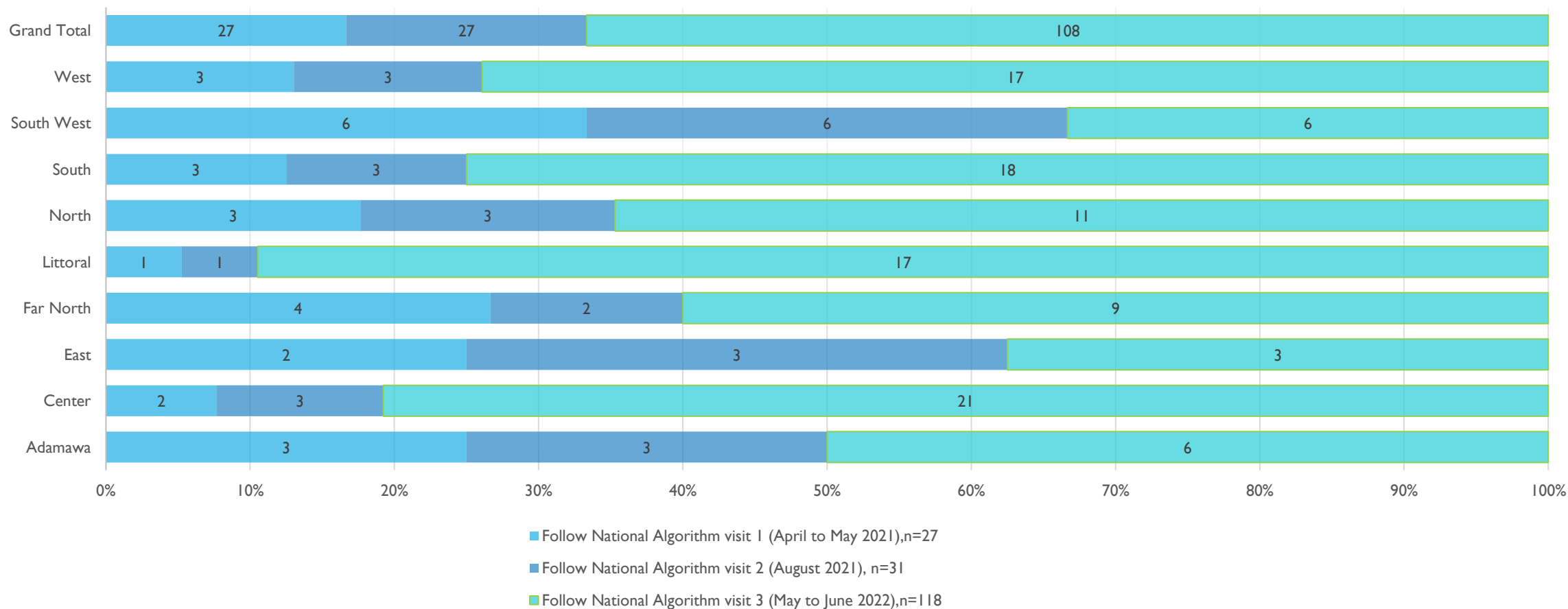


Checklist on Monitoring Errors in the Quality Assurance Logbook (Please tick either Yes or No)

S/N	Errors	Yes	No	If No indicate no. errors	Comments
1	Are test kit names written correctly?				
2	Are the Lot numbers entered correctly?				
3	Is the tester name indicated?				
4	Are the page totals filled correctly?				
5	Does the supervisor review and sign the logbook?				
6	There is no printing in the Logbook.				
7	There is no cancellation in the Logbook (If cancellation is done correctly please do not count as an error).				
8	Is the patient information being entered correctly (<i>sex, age, address, contact</i>)?				
9	Are test results circled correctly (Test 1, 2 and final status as well a verification results)?				
10	Are invalid results repeated and documented on the next line?				
11	Are discordant results indicated with action taken?				
12	Is the national algorithm followed?				
13	Are records in permanent ink?				
	TOTAL				

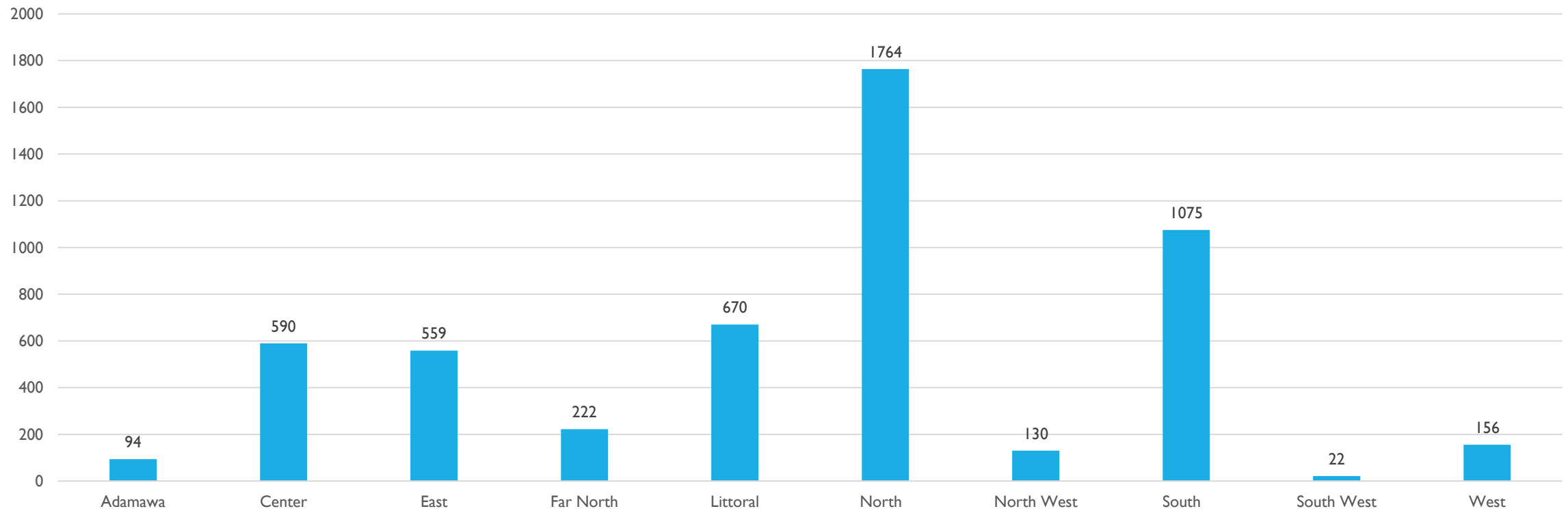


NUMBER OF SITES THAT FOLLOW THE NATIONAL ALGORITHM FOR LAST 3 SITE VISITS PER REGION REVISITED



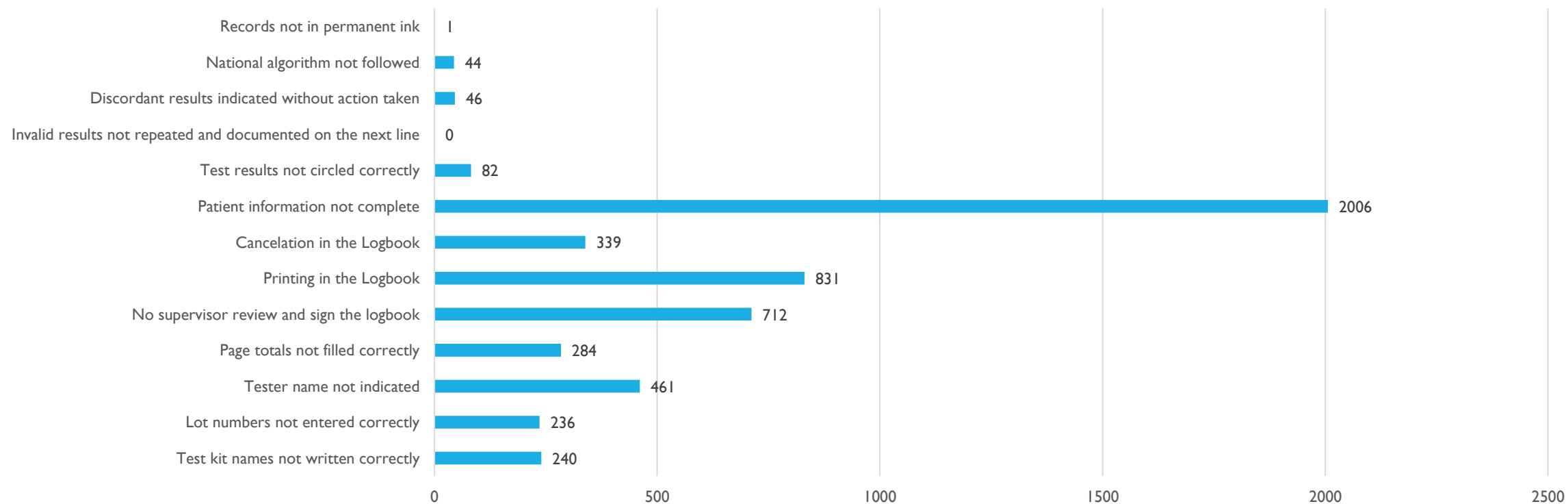


#.OF ERRORS COUNTED IN THE HIV-RT QA LOGBOOK





FREQUENCY OF ERRORS IN THE HIV-RT QA LOGBOOK





ONSITE TRAINING & MENTORSHIP FOLLOWING GAPS

The top 5 prevalent errors documented in the log book during the site visit include:

- Patient information not correctly entered,
- Printing in the log book,
- No supervisor reviews and signature in the logbook,
- The tester's name is not indicated,
- Cancellation in the logbook.





CONCLUSION

- Onsite, Lab mentors used identified errors to organize site-specific corrective actions and refresher training
- This has led to reduced errors in logbooks
- The availability of real-time data for test performance for decision making
- This has led to a decision to extend the use of logbooks to all sites including non-PEPFAR-supported facilities





THANK YOU

Acknowledgements:

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Other stakeholders