



BEST PRACTICES : RETENTION



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OUTLINE

- Who we are
- Where we are
- What we need to achieve
- Best practices :
 - Collecting & Verifying Locator Information
 - Cohort Allocation Process
 - Use of Atlas and PTD reports
 - Retention check-in



WHO WE ARE...



KEY:

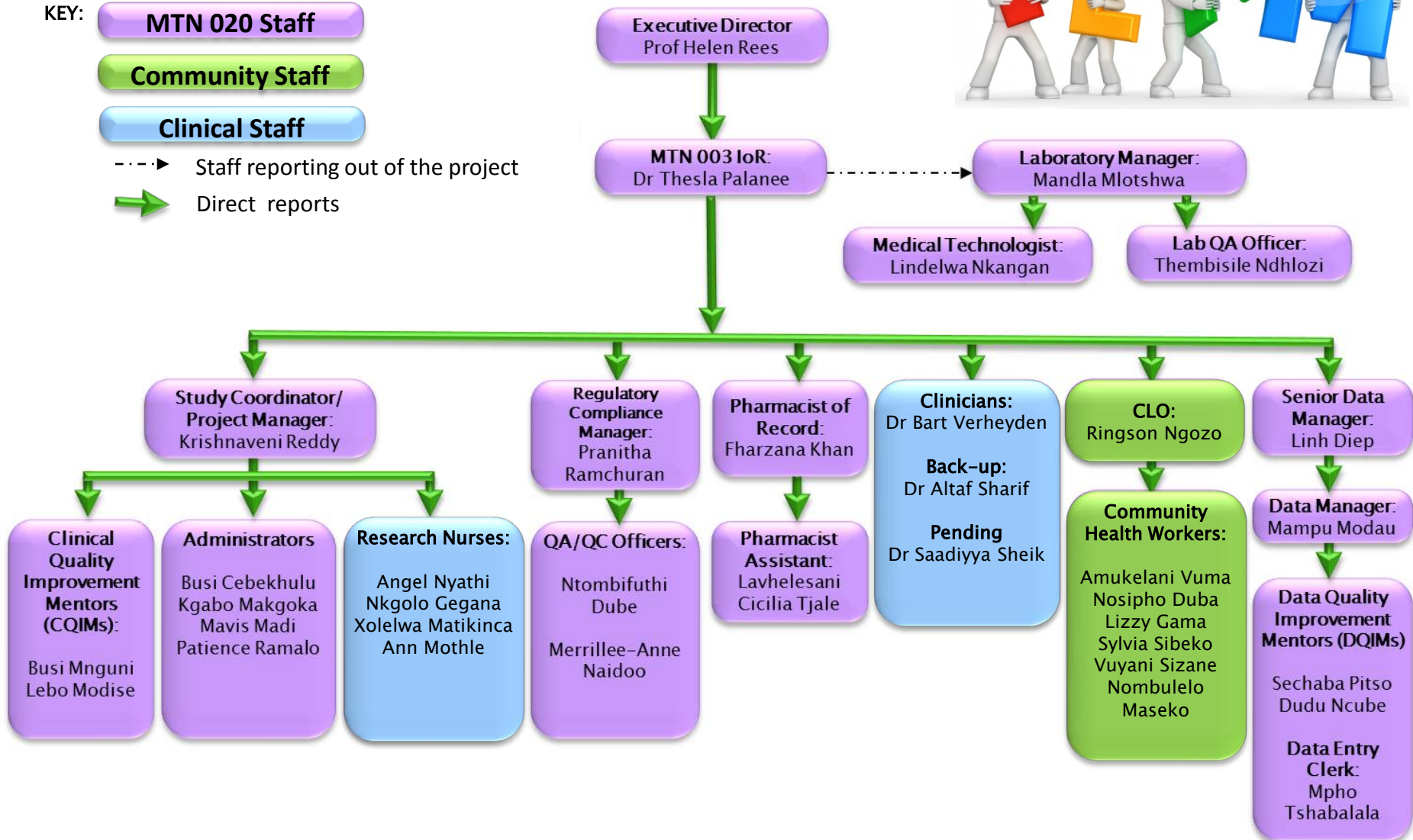
MTN 020 Staff

Community Staff

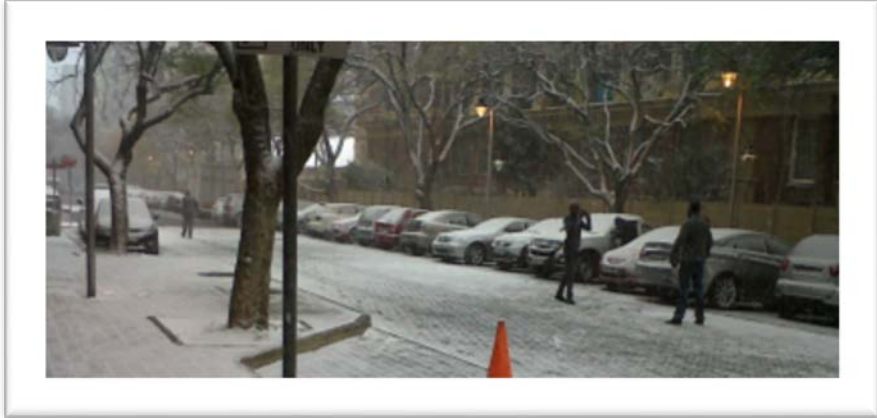
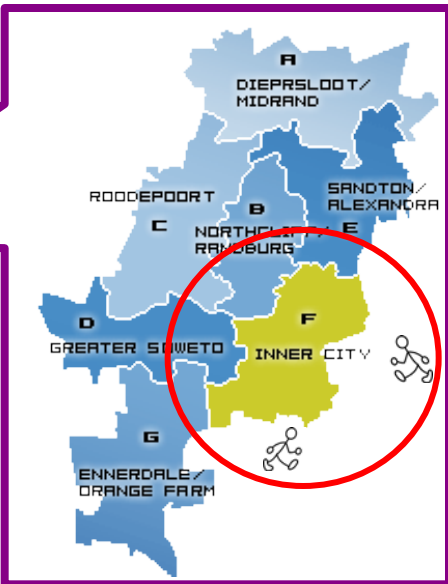
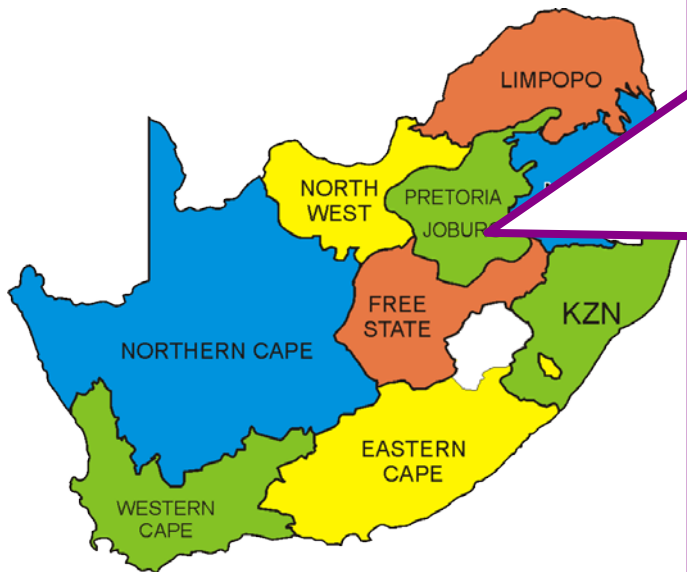
Clinical Staff

---> Staff reporting out of the project

→ Direct reports



WHERE WE ARE...



WHAT WE NEED TO ACHIEVE

- Accrual target → ± 200 HIV negative enrolled pts
- Accrual period → ~ 12 months from activation of first study site
- Retention → ≥ 95%



July 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13
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- Accrual → 55 enrolled / 97 screened
- Accrual period → 14 weeks
- Retention → 100%

Declined Enrolment	5
Plans for travel/relocation (4b)	3
HIV +ve (4i)	9
Grade 2 or higher pelvic exam finding (4k)	3
Other (4n)	13



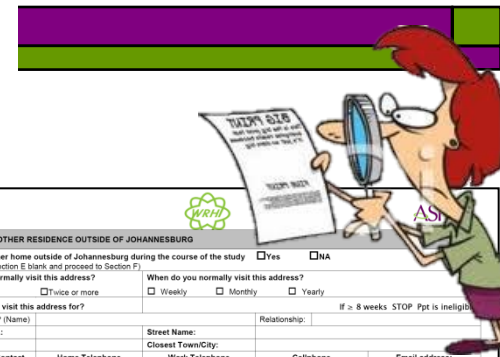
BEST PRACTICES

Collection & Verification of Locator Information

Pre-Screening	Screening	Pre-Enrolment	Enrolment
Community education Recruitment	Collection & verification of locator info	Confirmation of contact numbers	<ul style="list-style-type: none">• Confirmation employment status with participant• Confirm ability to attend study visits
<p>Ppts are reminded to bring:</p> <ul style="list-style-type: none">✓ ID/ Valid Permit/passport✓ FP Card✓ Physical address & contact no.✓ 2-3 contacts addresses & contact nos.	<ul style="list-style-type: none">✓ ID/Valid Permit/passport✓ Physical address & contact no.✓ 2-3 contacts addresses & contact nos.• Permission to collect position of the home• Det. employment status & ability to attend study visits	Verification of home address & collection of GPS info (Home visit) (If clinically eligible)	
PPT NOT ELIGIBLE FOR ENROLMENT IF CONTACT INFO CANNOT BE VERIFIED			

As a result participants can easily be tracked to remind them of their visits and are able to attend visits around their work schedules if employed

LOCATOR



MTN 020 PARTICIPANT LOCATOR INFORMATION DOCUMENT

LOCATOR ADMINISTRATOR: PLEASE READ THIS SECTION ALOUD TO PARTICIPANT:

- THIS PURPOSE OF THIS DOCUMENT IS TO COLLECT INFORMATION TO ALLOW US TO CONTACT YOU.
- MTN 020 DEFINES ADEQUATE LOCATOR INFORMATION AS BEING ABLE TO PROVIDE AT MINIMUM THREE TELEPHONE CONTACT NUMBERS, A PRIMARY RESIDENTIAL ADDRESS & PERMISSION TO COLLECT THE POSITION OF YOUR HOME.
- SHOULD WE NEED TO CONTACT YOU FOR ANY REASON, A STUDY TEAM MEMBER WILL CONTACT YOU IN A WAY THAT YOU PREFER WITH YOUR PERMISSION.
- SHOULD GATHERING THIS INFORMATION NOT BE FORTHCOMING, YOU WILL NOT BE ELIGIBLE.
- SHOULD YOU WANT TO BE CONSIDERED, YOU WILL BE REQUIRED TO RETURN TO THE STUDY CLINIC WITH THE REQUIRED CONTACT INFORMATION.

A. PARTICIPANT PERSONAL DETAILS

First name(s): _____ Also known as: _____
 Surname: _____ Nationality: _____
 ID Documentation Type: ID book Passport Asylum Permit
 ID, Passport or Permit Number: _____ Date of Birth: ____/____/____
 (D / M / M / Y / Y) NA
 Expiry Date (if applicable): _____

B. PARTICIPANT DIRECT CONTACT NUMBER/EMAIL ADDRESS (at least 1 contact number required)

Contact Methods (Indicate NA if not applicable)	Home Telephone	Work Telephone	Cellphone 1	Cellphone 2 (if available)	Email
<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
May we contact you through these methods? (Complete for applicable methods of contact)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Call <input type="checkbox"/> SMS <input type="checkbox"/> IM* Pin: _____	<input type="checkbox"/> No <input type="checkbox"/> Call <input type="checkbox"/> SMS <input type="checkbox"/> IM* Pin: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Instant Messaging (iBBL, WhatsApp etc)

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MTN 020 PARTICIPANT LOCATOR INFORMATION DOCUMENT

C. RESIDENTIAL DETAILS:

Residential area:	Building/Flats name (if applicable):
House/Flat no.:	Street name:
Nearest Corner/Street name	Nearest Landmark:

May we visit you at this residential address? Yes No
 How long have you lived at this address? _____
 How long do you plan to live at this address? _____
 For address given above, are you: Renting Owning Living with family/friend/partner
 Name of closest church/temple/mosque: _____
 Name of closest public hospital/clinic you attend: _____

NOTE: IF NO PRIMARY RESIDENTIAL ADDRESS OR CONTACT NUMBERS ARE PROVIDED, PARTICIPANT IS INELIGIBLE & SHOULD BE ASKED TO RETURN TO CLINIC WITH NECESSARY INFORMATION ON ANOTHER DATE FOR SCREENING. IF INFORMATION IS PROVIDED, PLEASE CONTINUE.

D. DIRECTIONS & MAP TO PARTICIPANTS HOME

Participant and staff member may jointly draw a map to show participants home location with landmarks as a guide.

Please describe how to get to your home from the WRHI Clinic using public transport or a car:

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MTN 020 PARTICIPANT LOCATOR INFORMATION DOCUMENT

E. PARTICIPANTS OTHER RESIDENCE OUTSIDE OF JOHANNESBURG

Will you visit any other home outside of Johannesburg during the course of the study? Yes NA
 (If NA, leave rest of Section E blank, and proceed to Section F.)

How often do you normally visit this address?
 Once Twice or more Weekly Monthly Yearly

When do you normally visit this address?
 If > 8 weeks STOP Ppt is ineligible

For how long do you visit this address for? _____

Whose home is this? (Name)	Relationship:	Street Name:	Closest Town/City:	Cellphone	Email address:
House/Flat/Stand no.:					
Village/Unit/Suburb:					
Telephone & Email Contact (Indicate NA if not applicable)					
<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified			

May we contact you through these methods? (Complete for applicable methods of contact)
 Yes No Yes No No Call SMS IM* Pin: _____ Yes No
 *Instant Messaging (iBBL, WhatsApp etc)

F. DETAILS OF ALTERNATE CONTACTS

(At least two contacts required)	CONTACT 1	CONTACT 2	CONTACT 3	NA
Relationship:(Partner, Husband, Friend or Relative)				
Full Name: (First Name & Surname)				
Known as:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Area:				
Building/Flats Name:				
House/Flat No.:				
Street:				
Nearest Corner:				
Nearest Landmark:				

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MTN 020 PARTICIPANT LOCATOR INFORMATION DOCUMENT

F. DETAILS OF ALTERNATE CONTACTS CONT.
 (At least two contacts required)

	CONTACT 1	CONTACT 2	CONTACT 3	NA
Telephone Number (Home)*:	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
Telephone Number (Work)*:	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
Telephone Number (Cell)*:	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
May we contact you through these telephone numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address (Indicate NA if not applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
How would you like us to leave message? A general message & a contact number to call the WRHI clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A general message to visit the WRHI clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A study specific message & a contact number to call the WRHI clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: TWO ALTERNATE CONTACT NUMBERS MUST BE PROVIDED. IF NOT PARTICIPANT IS INELIGIBLE & SHOULD BE ASKED TO RETURN TO CLINIC WITH NECESSARY INFORMATION ON ANOTHER DATE FOR SCREENING. IF INFORMATION IS PROVIDED, PLEASE CONTINUE.
 * (Indicate NA if not applicable)

G. EMPLOYMENT DETAILS

Are you currently: Employed Self-employed Unemployed

Please provide following information:

Company	Current	NA	Previous 1	NA	Previous 2	NA
Company name:						
Your position:						
How long have you been working there?						
Company contact number:						
Company contact person:						
Company address or location:						
Working hours (Weekends/Weekdays)						
May we contact you at your current place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NA				

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MTN 020 PARTICIPANT LOCATOR INFORMATION DOCUMENT

If not currently employed, please provide following information: NA

When were last employed?(Document details in Previous 1 or 2 sections if applicable)

Are you currently seeking employment? Yes No

If yes, will you continue to reside in Johannesburg even if you cannot find employment after 3 months? Yes No NA

Are you seeking <5 day, 5 day or 7 day a week employment? <5day 5 day 7 day NA

Are you residing in Johannesburg only for employment purposes? Yes No

If no, please state other reasons: _____

H. COLLECTION OF GLOBAL POSITIONING SATELLITE SYSTEMS INFORMATION

We wish to collect the exact position of your home to place it on a map for study purposes so we may know where all our participants live. A study staff member will visit your home using a small device like a cell phone. The process will take 2-30 seconds. Please note that this visit is for relocation efforts only and is different from Off-site visit procedures which will be explained to you at your enrolment visit if you are eligible to participate in this study.

NOTE: IF PARTICIPANT REFUSES STUDY STAFF TO VISIT THEIR HOME OF RESIDENCE FOR GPS MAPPING, PARTICIPANT IS INELIGIBLE AND IS TO BE ASKED TO RETURN TO THE CLINIC ON ANOTHER DATE FOR SCREENING ONCE THEY ARE ABLE TO ALLOW STUDY STAFF ACCESS.

Permission granted:	GPS Locator Number	GPS coordinates	Date collected	Collector Name
<input type="checkbox"/> Yes <input type="checkbox"/> No			____/____/____	
<input type="checkbox"/> Not Done (Ineligible)			____/____/____	
			D / M / M / Y / Y	

Would you be willing to be contacted for future studies: Yes No

Where did you hear about the ASPIRE study:

Locator Information Collected By: _____ Staff member Name: _____ Date: ____/____/____

Locator Contact Information Confirmed By: _____ Staff member Name: _____ Date: ____/____/____

Captured Onto Tracking Database By: _____ Staff member Name: _____ Date: ____/____/____

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Usual

- Person details
- Contact number
- Residential Details, ≥2 contacts details

Additionally

- Alternate residence outside Joburg
- Employment details
- GPS info

Cohort Allocation Process (CHW Buddy System)

Demographic CRFs

Informed Consent



Recruitment

Retention

Once enrolled each ppt is assigned to a CHW by the CLO

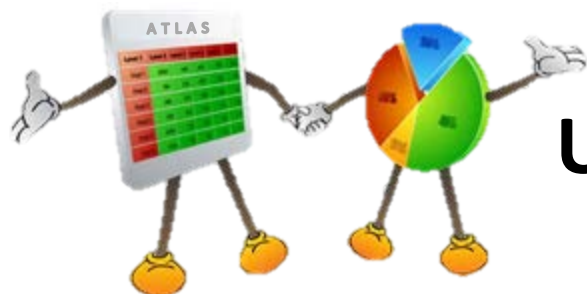
At month 1 & follow ups, the ppt's CHW is there to welcome them

CHWS openly communicate with ppt & visa versa via the use of telephonic contact & IM. This is inclusive of visit reminders as well as a general check-in

Allows personalised attention & build up of a rapport between CHW & ppt. No double scheduling of ppts by CHWs – less irritable 😊 ppts

Participants are receptive and come in for their visits timeously





Use of Atlas and PTD reports

ATLAS Screen out, Enrolment & Retention reports are discussed with entire team monthly so team is aware of the recruitment & retention rates of the site as well as the other sites

If any unexplained missed visits, allocated CHW will be retrained

PTD reports (Scheduled visits & Missed visits) are provided to the community team weekly by the data manager.

CLO ensures CHWs call each ppt to remind them of their visit (2 weeks, 1 week and 1 day before the visit)

CHWS provide feedback on all contact with participants to CLO and SC

Where there is difficulty in contacting participants, home visits are conducted

Ensures participants are contacted timeously to remind them of their visits or reschedule if needed – better retention

RETENTION CHECK-IN



- Nurses gather info regarding ppt satisfaction and visit attendance
- Feedback is provided to the team at the team monthly meetings & whenever necessary via email
- General report → Ppts seem happy, they do not wait long and feel welcome in the clinic

OTHER PRACTICES

- Participant Suggestion Box
- Site Service Quality Questionnaires
 - Weekly check in and monitoring of participants comments and suggestions
 - Improve service quality
 - Improve retention



ACKNOWLEDGMENTS

- MTN 020 Participants
- Community & CAB Members
- MTN CORE
- FHI 360
- SCHARP
- WRHI MTN 020 Team



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Thank you