

Clinic Flow Assessment

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Feedback on overall visit

□ Summary:

- Assessment visit done 07 to 10th March 2011
- Strategies shared by other sites in the protocol team calls implemented ahead of the visit – decrease in visit time by 1 hour for participants in monthly follow-up
- New perspective based on objective opinion of an expert
- Site meeting with key staff to discuss implementation

□ Usefulness of the visit:

- Systems were revised and new strategies are being put in place.
- Right systems address the complexity of the study

□ Recommendation for future visits:

- Yes! Yes ! Yes!
- Regular flow visits to be included with site assessments
- As accrual numbers increase / stage of trial changes / changes in staffing levels – flow needs to be adapted



Changes to visit flow

- Changes to the clinic flow based on feedback:
 - Assigned nursing staff to designated visits on a weekly basis.
 - Nurse Counselors for HIV/RRC counselling
 - Shifting operational hours has led to effective way of covering the clinic

- Any suggestions not implemented?
 - Not yet ! Pending redesign of visit checklists

Impact on visit length

- Changes on impact of visit length:
 - Use of Nurse counselors allows less movement, less waiting time for the participant.
 - Monthly follow-up visit takes 3 instead of 4 hours
- Success of changes:
 - Designation of visits to specific staff members: increase in accountability and relief of pressure on coordinator
 - Shift work : flexibility in scheduling of employed participants
 - Revised visits checklist : hope to see further improvement in the clinic flow with decrease in waiting time / positive impact on retention.
- Which changes have not been successful:
 - Too little time since implementation to judge

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