

Quality Assurance of HIV Rapid Testing: A Cross-Sectional Interlaboratory Comparison

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ABSTRACT

Rapid HIV test has been widely used in most healthcare facilities as HIV test screening tool. Quality reassurance is needed in enhancing the standards of point-of-care testing relating to HIV: Retaining sustainably consistent and precise test outcomes. To procure sufficiently competent infrastructures in training and support systems for HIV evaluation providers, with pre-requisitional certification. The objectives of this study are to determine the accuracy of point-of-care testing for HIV test by the performing staffs and identify the numbers of staffs who did not achieve the desired accuracy of 100% and to train them for improvement. This is a cross sectional study involving 43 staffs selected from judgement sampling from each primary healthcare facility under the Health Department of Federal Territories of Kuala Lumpur and Putrajaya (JKWP&P) offering rapid HIV Tests from 13 to 26 May 2019. Every selected staff had to perform rapid HIV tests for Anti HIV 1 and 2 for five commercial control sera which shall yield positive and negative results. As the result from the study were sensitivity of 97.7%, specificity of 96.5%, false positive rate of 2.3%, false negative rate of 3.6%. 88% of 43 staffs achieved 100% accuracy, whereas five staffs failed to achieve the desired accuracy in point-of-care testing. Through the results of the study, we were able to detect the staffs who needed training and analyse the root cause of the failure. As this continuous improvement via quality assurance, the accuracy of the performance of HIV Rapid Test can be improved and more reliable.

KEYWORDS: Quality Assurance, HIV, Rapid Test, Point-of-care testing

Quality Initiatives in the MOH: Do We Have Enough?

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ABSTRACT

INTRODUCTION: Since the inception of the Quality Assurance Programme in the MOH in 1985, more quality initiatives were introduced and implemented focusing on delivering safe, effective and efficient care that improves health outcomes of the populations. This paper aims to describe and illustrate the current implementation of quality initiatives in the MOH. **METHODS:** All ongoing directive quality initiatives in MOH were included based on available resources and feedback from relevant quality initiatives secretariat. The data were collected from January to May 2019 and mapped according to different groups; i) ownership ii) implementation level and iii) potential impact on quality which is further divided into four sub-categories; a) system environment b) reducing harm c) improving clinical effectiveness and d) engaging patients, families and communities. These sub-categories were adapted from quality interventions groupings illustrated in WHO Handbook for National Quality Policy and Strategy. **RESULTS:** A total of 32 quality initiatives were identified. Almost all programmes owned at least one quality initiative and some initiatives featured across multiple programmes. Majority of the quality initiatives falls under the sub-category of improving clinical effectiveness. Engagement with patients, families and communities was seen to be the least explored area. **CONCLUSION:** MOH has various quality initiatives implemented at multiple levels. The mapping provides useful information on the level of comprehensiveness, the gap of implementation and available range of quality initiatives. However, quality initiatives should not be viewed in isolation as combined interventions can lead to a greater impact on the quality of the health care services.

KEYWORDS: quality assurance, quality interventions, quality initiatives, quality efforts