Stronger health systems. Greater health impact.




msh
Management Sciences for Health

Safe Phlebotomy Training: A Comparison of two Training Approaches

Thursday, November 7, 2013

By Eric Wakaria

Introduction (1)

- Phlebotomy exposes health care workers (HCWs) to blood-borne infections
- Strongest risk factor for needle-stick injuries has been associated with not having attended any training session (Nsubuga et al., 2005)
- Preventive measures: skill-based training to improve blood-drawing practices

Introduction (2)

- Effective in-service training, targeting all HCWs who draw blood in all facilities, is key
- Facility-based training model was developed by NASCOP in 2011 for high-volume facilities
- With decreased funding, need to maximize effectiveness and efficiency of training
- Training approach centered on CD4 testing networks introduced by MSH/SPHLS in 2012

Methodology

Objective:

- To compare two in-service training approaches for determination of effectiveness and efficiency of training

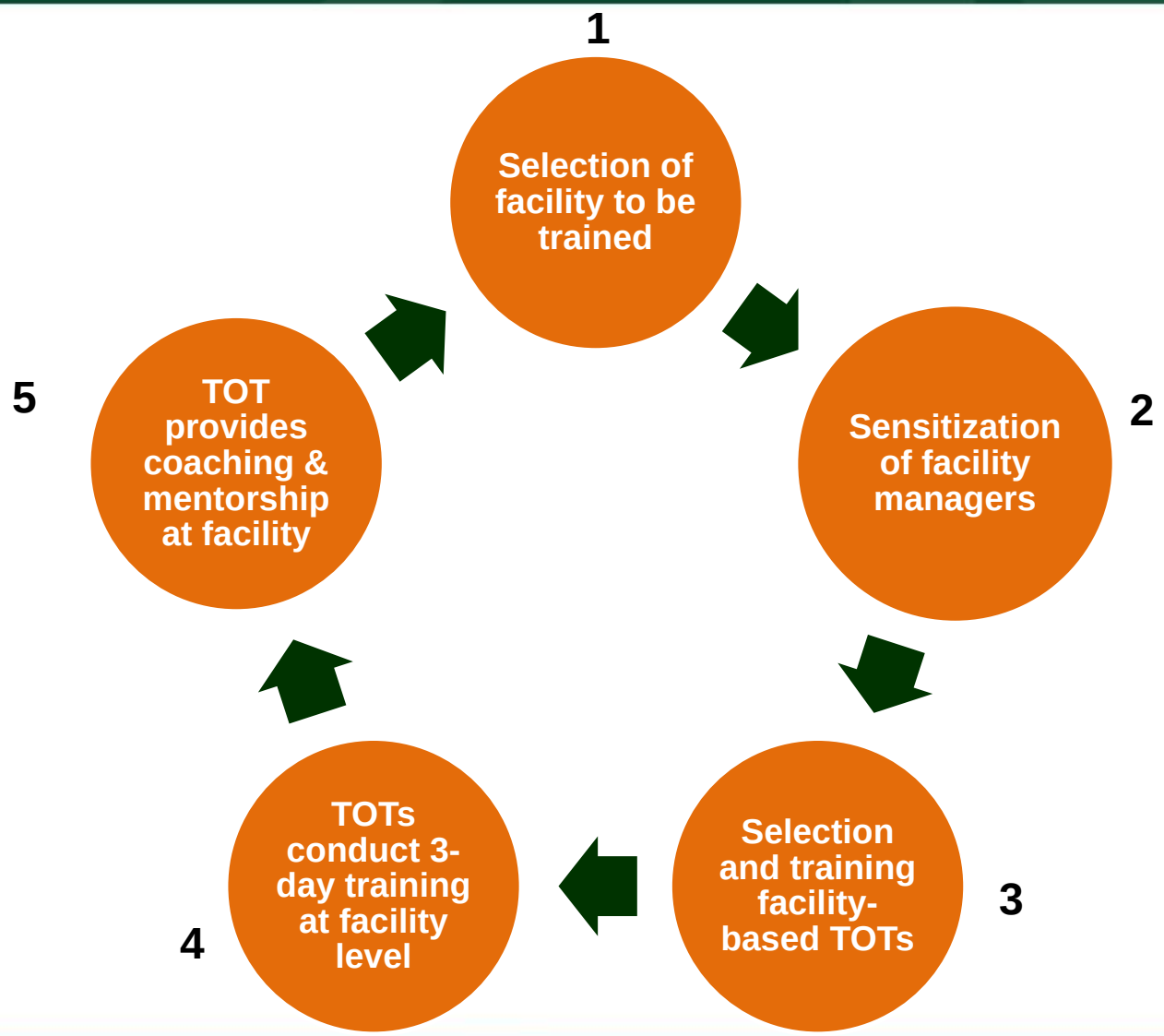
Study period:

- 2012-2013

Training approaches compared:

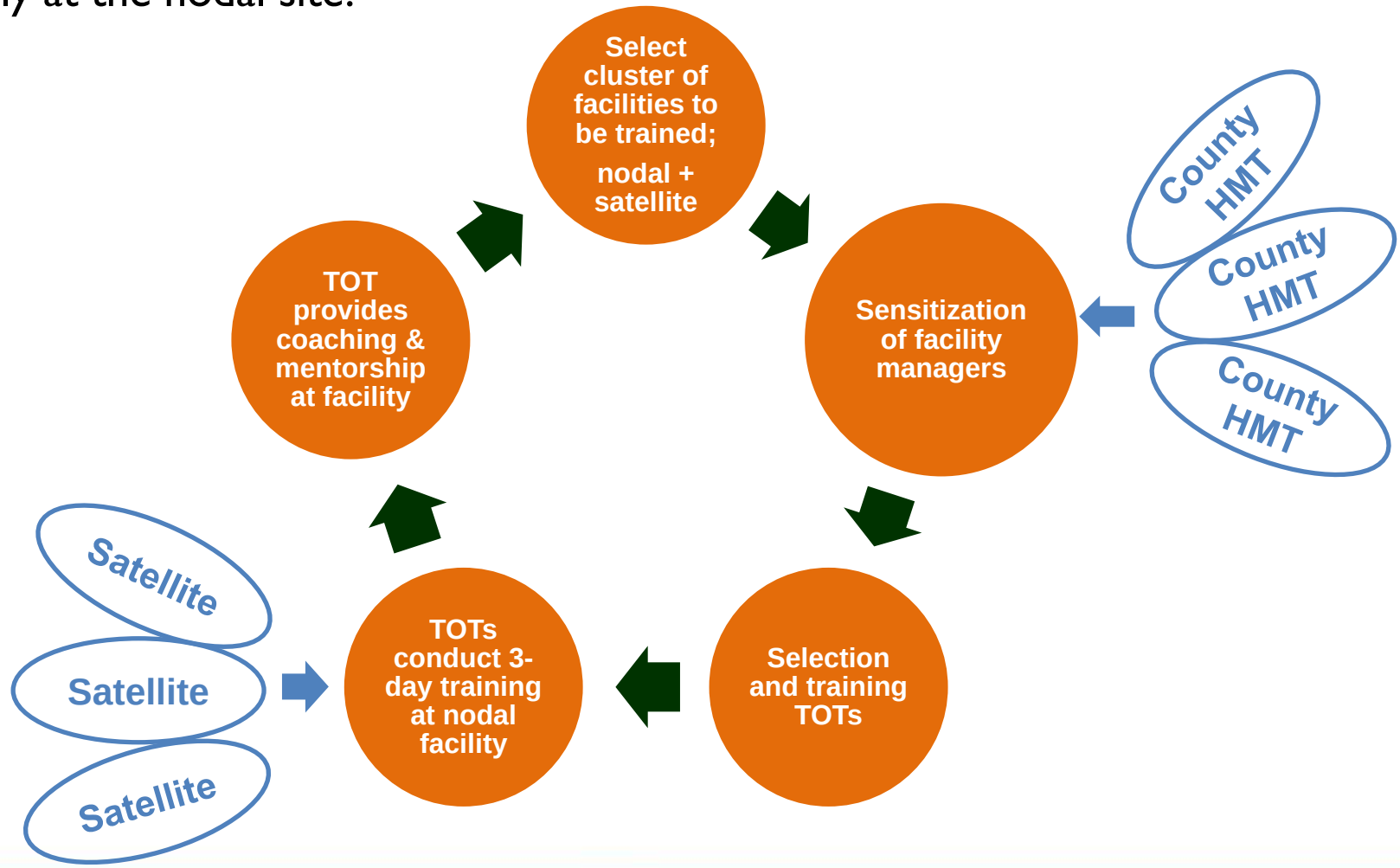
- Traditional in-service facility-based
- Network approach

Facility-Based Training Design



Network Training Design

Participants were drawn from the several CD4-testing network clusters and trained centrally at the nodal site.



Results- Comparison of the Two Models (1)

Facility-based training

- Average unit cost per participant = Kshs 9,265 ($ 109)
- Coverage: Health facility only
- Saturation: Achieved
- Local effect on specimen rejection
- DMLTs not involved

Network approach

- Average unit cost per participant = Kshs 11,817 ($ 139)
- Coverage: Regional networks
- Saturation: Achieved
- Effect on specimen rejection beyond nodal facility
- DMLTs involved for follow-up

Results-Comparison of the Two Models (2)

Facility-based training

- Less logistic and administrative requirements
- Return on investment: 1-year staff turnover
- Easy to address specimen issues from inpatient section
- Improves lab-clinical interface

Network approach

- More logistic/admin requirements, participant travel
- Return on investment: Long duration (low staff turnover)
- Address specimen issues from entire network
- Improves nodal-networks interaction

Other measures taken to improve training efficiency

- Utilization of mobile money-transfer technology to reduce administrative and logistic costs
- Utilization of TOTs from the region where training is taking place
- Utilization of government institutions during training

Conclusions

- Upfront cost of nodal training is higher than facility based
- Both training approaches achieved coverage in target areas (across all levels of care in the target sites)
- Facility-based approach suitable for large clinical facilities
- Network approach suitable for public health services
- In-depth cost/benefit analysis of the two approaches needed using training outcomes

Acknowledgement

The US President's Emergency Plan for AIDS Relief (PEPFAR) through the US Centers for Disease Control (CDC) has provided funding for this project.

KENYANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

msh
Management Sciences for Health

Stronger health systems. Greater health impact.




msh
Management Sciences for Health

Thank You

Stronger health systems. Greater health impact.



msh
Management Sciences for Health

Saving lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health.