

Rapid scale up of Basic Laboratory Information System (BLIS) in Ghana

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Overview of BLIS Scale up in Ghana

- Context
- Solution
- Partnerships
- Process
- Standard Approach
- Results
- Conclusion



Background

- Laboratories are the backbone of HIV programs
- They provide key data for making clinical and policy decisions
- Laboratories in Ghana use paper-based methods for data collection and management
- They are challenged with keeping pace with increasing data volumes and program growth



Solution

- Basic Laboratory Information System (BLIS), an open source laboratory information system, was introduced to better manage and streamline data collection and management in laboratories.



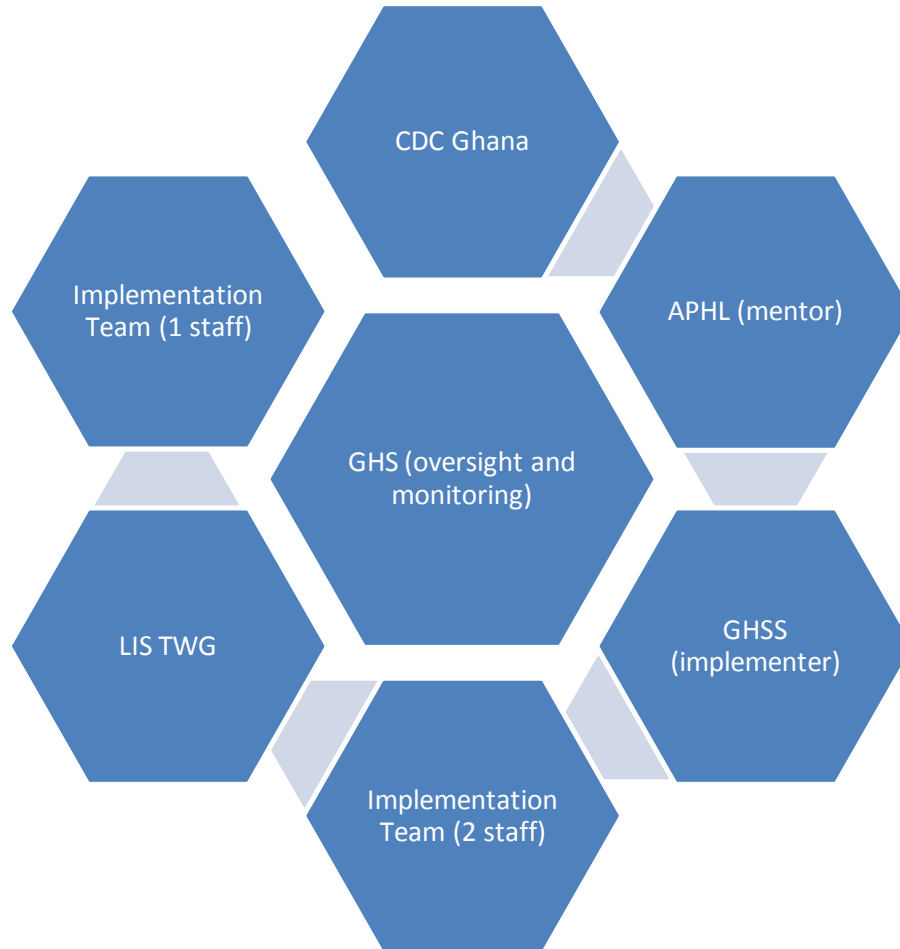
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Process

- A Technical Working Group (TWG), under the leadership of the Ghana Health Service, was set up to spearhead the launch of BLIS
- A local partner was identified to conduct the implementation, configuration, training, supportive supervision, troubleshooting and software developments
- The TWG had regular meetings to inform and advise on implementation



Partnerships

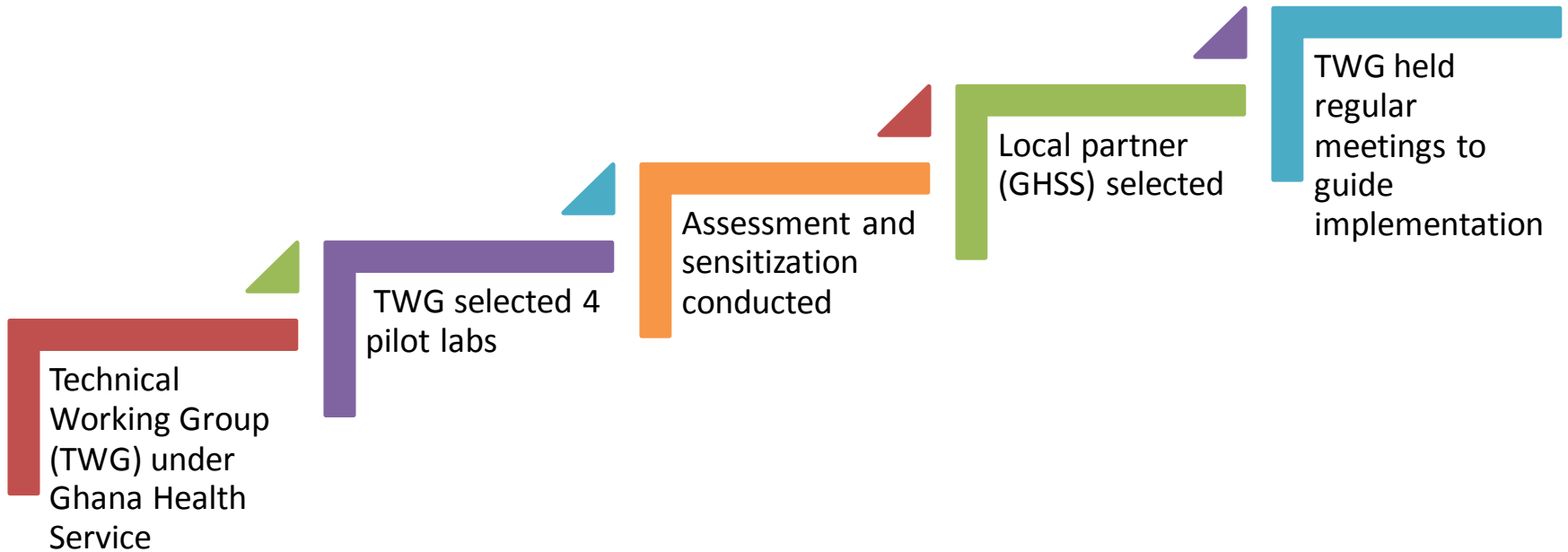


Process

- The TWG selected four laboratories for a pilot based on a baseline assessment conducted by CDC/GHS in June 2010.
- Other specific criteria included infrastructure, testing volume and staffing.
- Pilot sites went through sensitization, hardware/software installation, training and mentorship.
- Regular onsite and offsite support was provided by the local partner.
- Tools were developed to collect data pre and post BLIS implementation.



Step-Wise Process

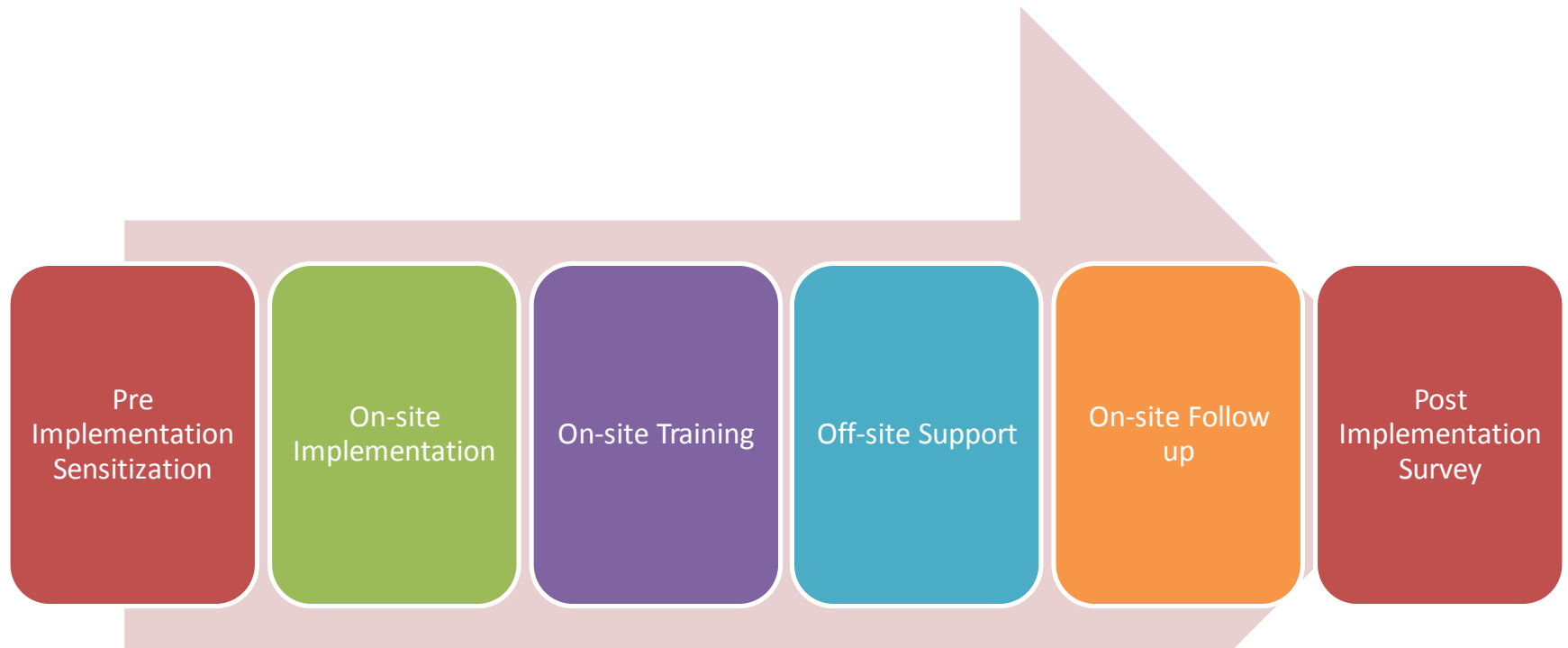


Standard Approach in each Laboratory



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Standard Time Bound Approach for each Laboratory



Roles established for BLIS

System Administrator

Test Request Entry/Receptionist

Results Entry/Technicians

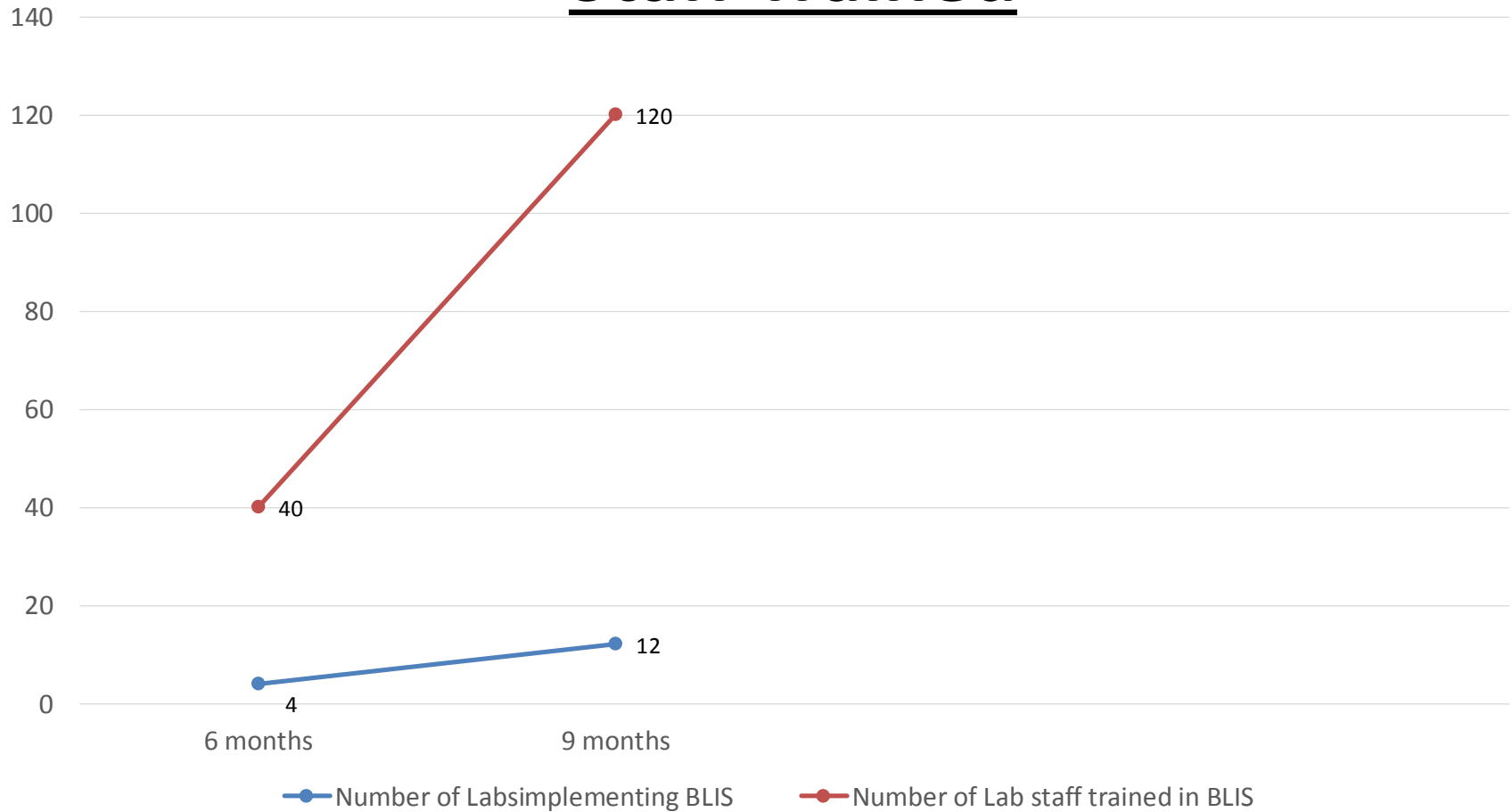
Point of Contact

Results

- BLIS was successfully installed at 4 pilot sites within 6 months.
- BLIS was rapidly scaled up to 8 additional sites in 3 months.
- 120 laboratory staffs have been trained on BLIS.
- BLIS has been integrated into SLMTA and all pilot sites are effectively managing their data.
- Turnaround time has been reduced by 50% and patient wait time has decreased by 30%.



Sites implementing BLIS and Laboratory Staff Trained



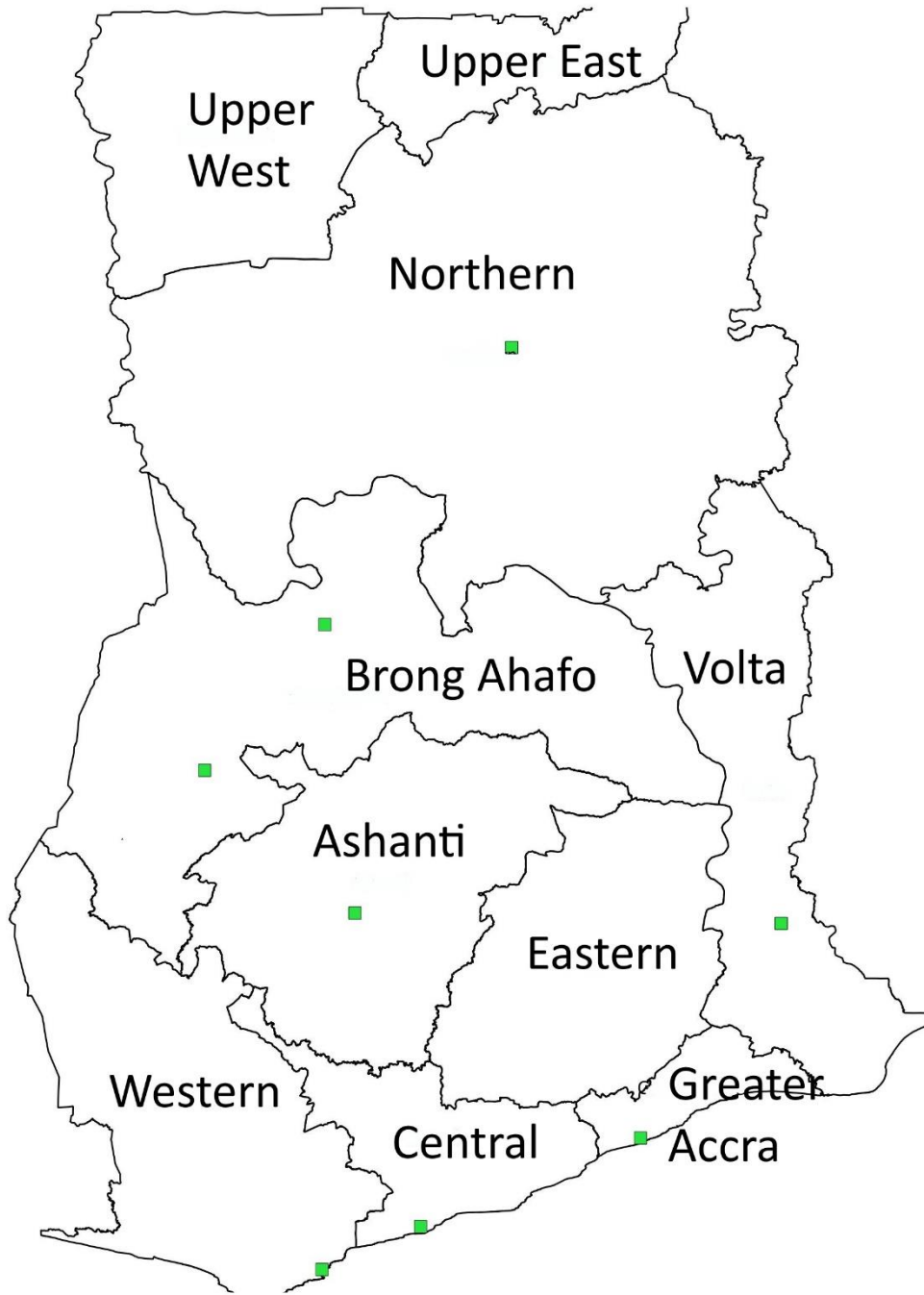
Geographical Representation



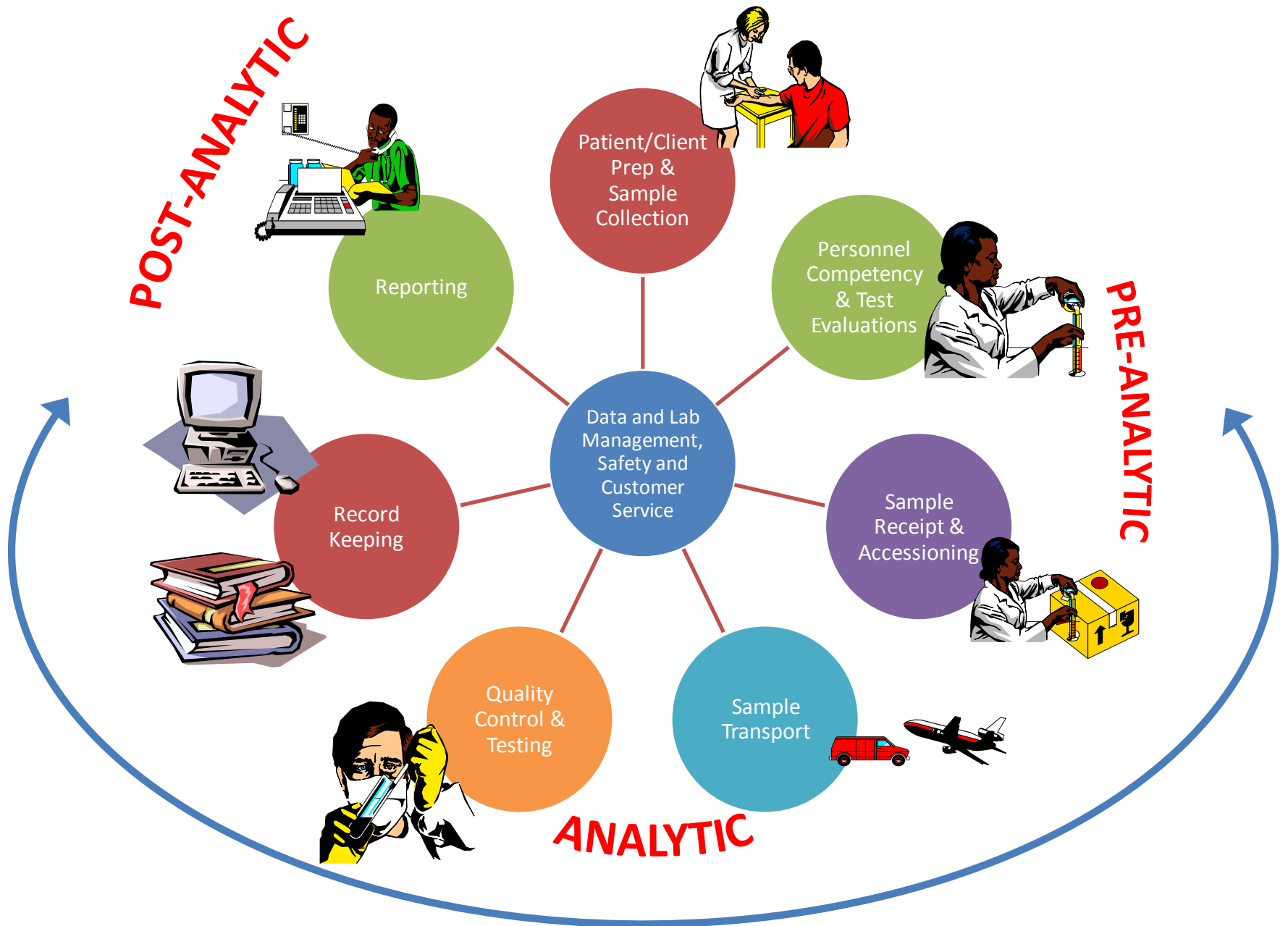
BLIS Pilot Sites



BLIS Scale up Sites



Turnaround Time Reduced by 50%



Patient Wait time reduced by 30%



Conclusion

Rapid Rollout

- Strong leadership
- Careful planning
- Local partnership
- Robust yet rapidly deployable information system
- Standard approach

Streamlined Processes

- Appropriate storage of data
- Reduced turnaround time

Continuous Assessment

- Improvement for efficient programming



Thank you



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