



OP06: REDUCING LEAKAGE OF SPUTUM FOR MTB CULTURE DURING TRANSPORTATION TO JOHOR BAHRU PUBLIC HEALTH LABORATORY

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#tbmkajbsquad
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INTRODUCTION 🐺



All the sputum samples for *Mycobacterium tuberculosis* (MTB) culture from the health clinic in Johor state will be sent to Johor Bahru Public Health Laboratory (JBPHL)



At JBPHL, the samples are analyzed for the acceptance and rejection criteria before processing for culture



Good-quality samples will give fast and accurate results

TERMS AND DEFINITION

Culture: A conventional laboratory test using solid/liquid media in obtaining bacterial growth

Mycobacterium tuberculosis: Bacteria that cause Tuberculosis disease

Rejection criteria: Criteria which the sample does not met the requirement

Leaking: An occurrence in which something (such as a liquid or gas) out through a surface

Sistem Informasi Makmal Kesihatan Awam (SIMKA): Laboratory data system developed by National Public Health Laboratory, Ministry of Health Malaysia

1. SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

PROBLEM IDENTIFICATION AND PRIORTISATION

NO	PROBLEM	S	M	A	R	Τ,	TOTAL
1	High numbers of leaking sputum samples for MTB culture	26	27	23	23	26	125
2	High contaminant rate for tuberculosis culture tests	20	18	21	14	18	91
3	Expensive price for TB QC slide	14	27	24	20	12	97
4	High numbers of low-quality culture samples (saliva) were received	22	27	24	11	21	103

Table 1: Problem prioritization with nominal group technique using SMART criteria (Group members:11)

Weightage	1=Low	2=Medium	3=High
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REASONS FOR SELECTION





SERIOUSNESS

Leaking samples will result in misdiagnoses, delays in patient treatment, increased morbidity and mortality due to tuberculosis.



M

R

MEASURABLE

Rejection data was accessible from Sistem Informasi Makmal Kesihatan Awam (SIMKA) and Tibi/Leprosy Laboratory database



APPROPRIATENESS

Related to sample processing for MTB culture in diagnosing Tuberculosis infection



REMEDIAL

Remedial action can be taken against sample delivery policy/sop, inappropriate specimen packaging, and low quality of sample container.

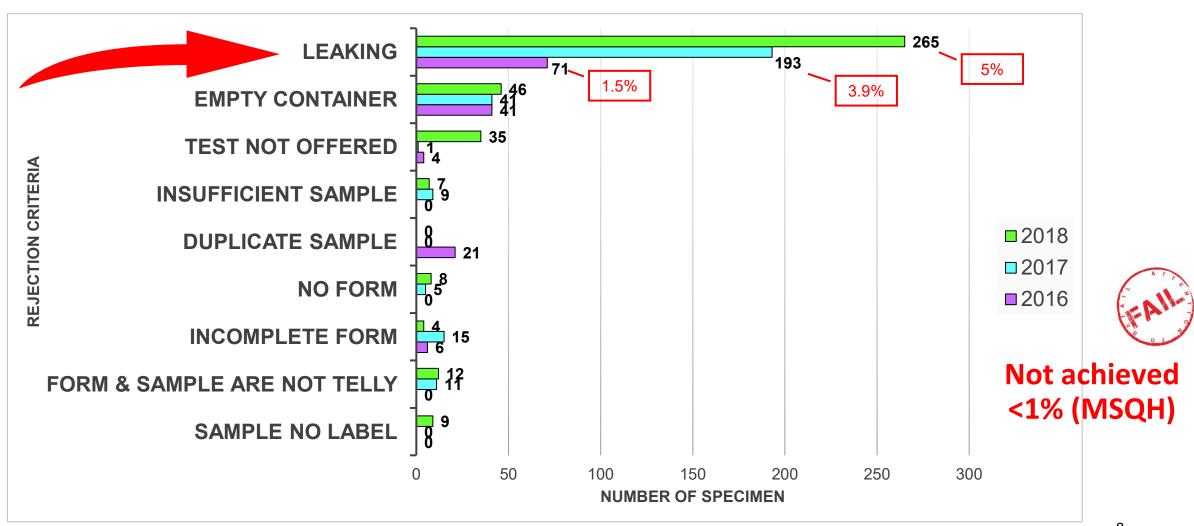


TIMELINESS

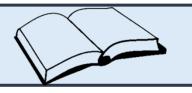
Sample management procedures and the proper use of sputum containers can be frequently assessed for adherence.

PROBLEM VERIFICATION ()

TOTAL OF REJECTED SAMPLE BASED ON REJECTION CRITERIA IN 2016-2018



LITERATURE REVIEW



One critical aspect affecting TB diagnosis and management is the rejection of sputum samples, particularly due to leaking specimens. A study by Zerbini et al (2023) shows that leaking specimens are the primary cause of rejection, leading to challenges in obtaining fast diagnostic results and timely treatment initiation.

Zerbini, Maria & Singh, Sarishna & Botha,
Magda & Ghebrekristos, Yonas &
Opperman, Christoffel
Johannes. (2023).





Shiferaw, M. B., Yismaw, G., & Getachew, H. (2018).

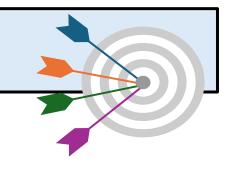
Emphasizing the critical nature of maintaining sample quality to avoid rejection, underscores the importance of adhering to proper collection, handling, and transportation procedures to minimize the risk of sample leakage and subsequent rejection

PROBLEM STATEMENT



Problem	The database for MTB culture obtained from Unit Tibi/Kusta JBPHL record showed that the percentage of leaking sputum specimens increased from 1.5% in 2016 to 5% in 2018	
The leaking of the samples will cause inaccurate results, leading to misdiagnosis, inappropriate treatment, and increased morbidity and mortality due to TB.		
Possible cause	Multiple factors including improper packaging of specimens, improper sample positioning during transport, low quality of sputum container, no proper carrier for sample delivery, lack of awareness among staff, failure to adhere to the sample delivery policy and ineffective Standard Operating Procedures	
Aim of study	This study aims to reduce the number of leaking sputum samples for MTB culture received at JBPHL to < 1%.	

OBJECTIVES



General Objective

The goal of this study is to reduce the rate of sputum sample leakage for MTB culture to <1% based on the MSQH Performance Indicator standard.

Specific Objectives

1

To determine the leaking rate of sputum specimen for MTB culture received in JBPHL

3

To formulate and implement proper remedial measures to decrease the leaking rate

2

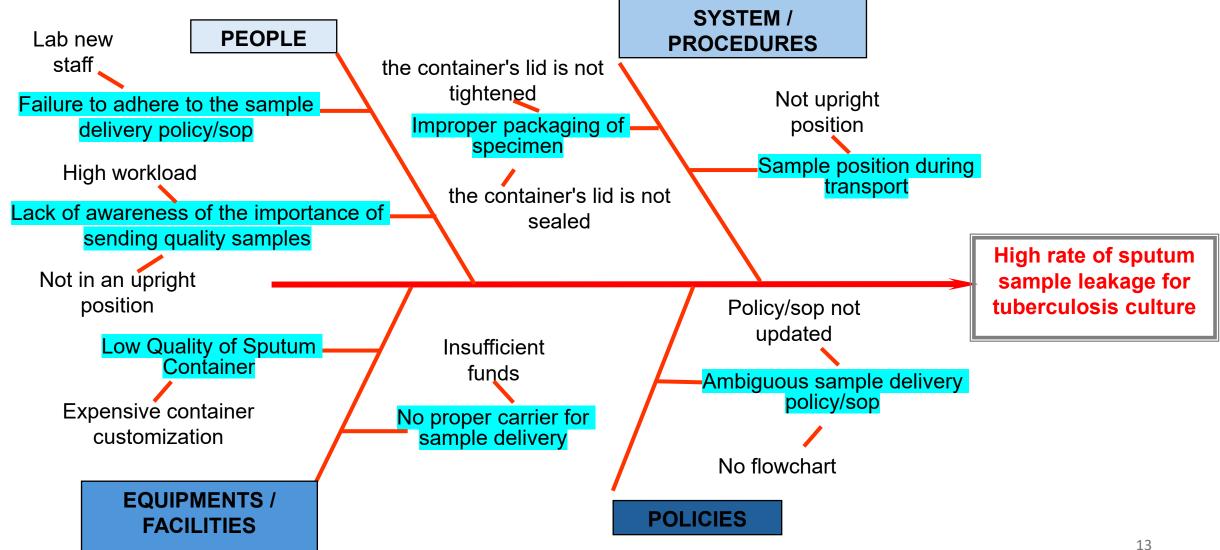
To identify the possible contributing factors for the incidence of high leaking rate of sputum specimens for MTB culture received in JBPHL

4

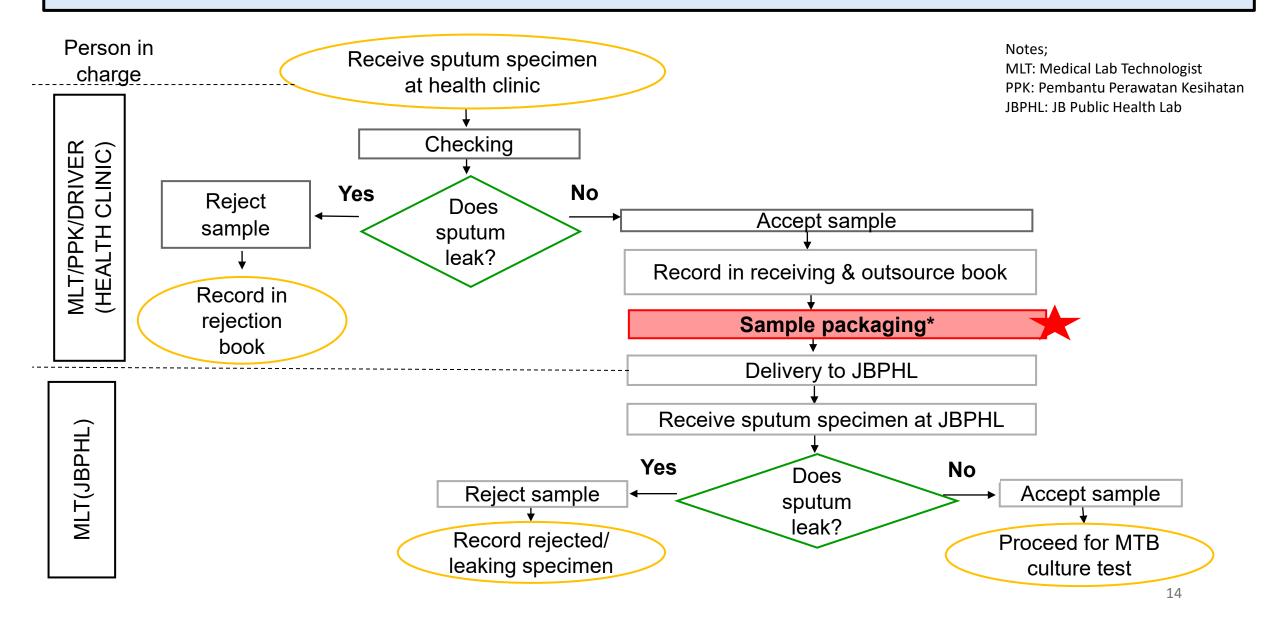
To evaluate the effectiveness of remedial actions taken

2. KEY MEASURES FOR IMPROVEMENT

CAUSE-EFFECT ANALYSIS



PROCESS OF CARE



MODEL OF GOOD CARE

No	Process/Steps	Criteria	Standard
1	Received the sputum specimen at health clinic	1.Receive form & sample	100%
2	Checking	1.Completed form 2.Sample leaking/not leaking	100% 100%
3	Rejection/Receiving at health clinic	1.Reject specimen/Record in rejection book 2.Receive specimen/Record in receiving book	100% 100%
4	Record	1.Record the details of the specimen in an outsourced book	100%
5	Sample packaging	1.Tighten the lid of the container 2.Seal it with parafilm 3.Put the sample in the carrier 4.Put the sample into cool box in upright position 5.Triple layer packaging with ice 6.Separate the form- place the form at the outside of cool box	100% 100% 100% 100% 100%
6	Delivery to JBPHL	1. Place cool box in upright position, 2-8 °C, 24hrs	100%
7	Receive sputum specimen at JBPHL	1.Receive form & sample 2.Completed form 3.Sample leaking/not leaking	100% 100% 100%
8	Rejection/Receiving at JBPHL	1.Reject & record leaking specimen	100%

INDICATOR

INDICATOR	FORMULA	STANDARD	KP
Rejection	Total Number of Specimens Rejected due to LEAKING X 100		6TH EDITION HOSPITAL ACCREDITATION STANDARDS PERFORMANCE INDICATOR
Rate of Specimens	Total Number of Sputum Specimens Receive for MTB Culture	<1%	2022
[Accordi	ng To MSQH Performance Indicators Sta	andard]	ematically accredited by:

3. PROCESS OF GATHERING INFORMATION

STUDY TIMELINE



2018

Problem verification. Factors identification.

Strategy for

change: Jan-June 2022

Post-Intervention:

July-Dec 2022

PRE-INTERVENTION (VERIFICATION STUDY)

CYCLE 1

CYCLE 2

CYCLE 3

Strategy for

change: 2019-

June 2021

Post-Intervention:

July-Dec 2021

Strategy for

change: Jan-June

2023

Post-Intervention:

July-Dec 2023

METHODOLOGY



TYPE OF STUDY

SAMPLE POPULATION

TOOLS

INCLUSION CRITERIA

EXCLUSION CRITERIA

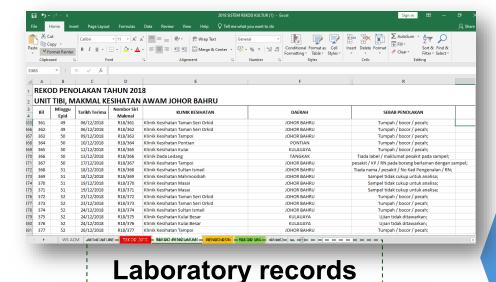
Cross Sectional Sputum specimen for MTB culture

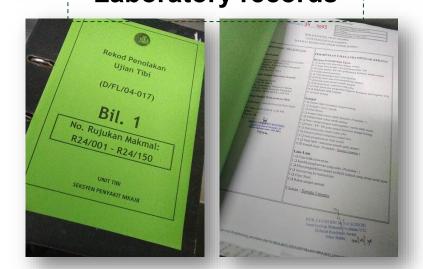
Data
Analysis of
Rekod
penolakan
sampel &
Client
Surveys
using Excel

MTB Culture Test Other TB
diagnostics
test and
other
rejection
criteria



DATA COLLECTION TOOL



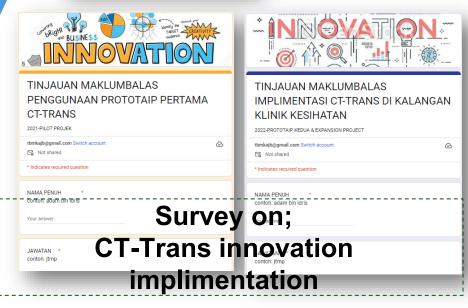


TOOLS

Data
Analysis of
Rekod
penolakan
sampel &
Client
Surveys
using Excel



Survey on; The factor causing leaking



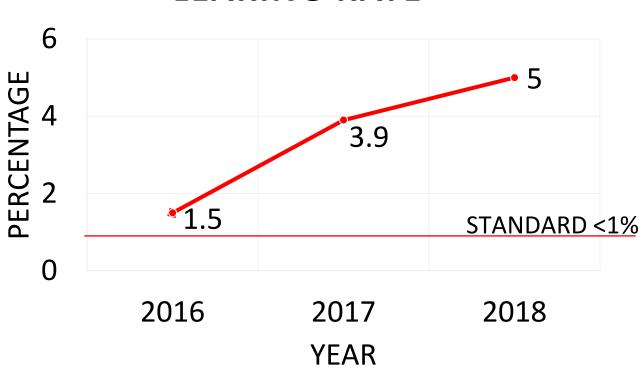
4. ANALYSIS AND INTERPRETATION

VERIFICATION STUDY

YEAR	Total sputum MTB culture received *	Total LEAKING	% LEAKING
2018	5327	265	5.0
2017	4893	193	3.9
2016	4635	71	1.5

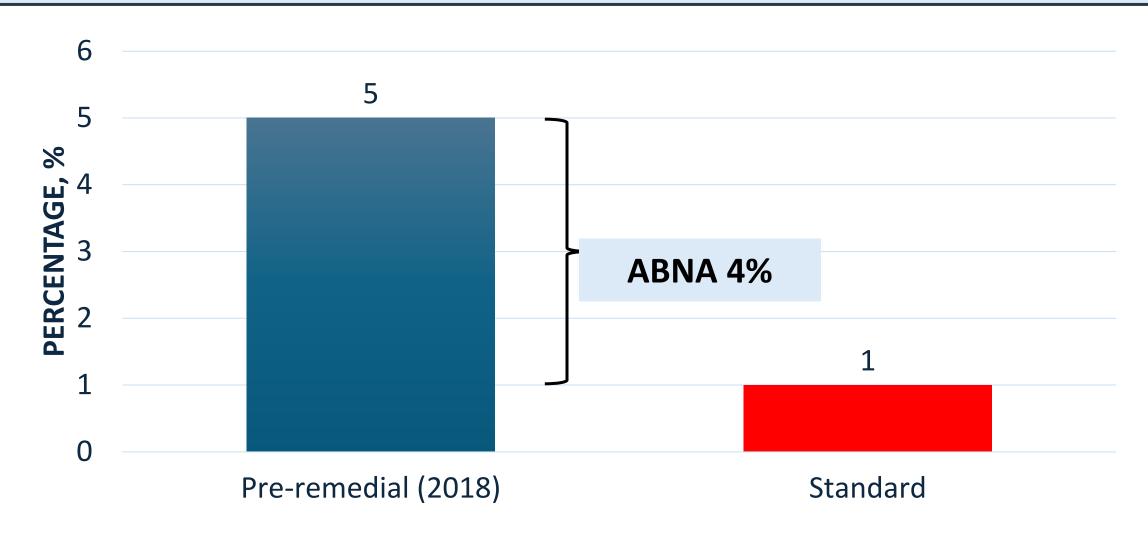
^{*} Sample received from health clinic in Johor state

LEAKING RATE



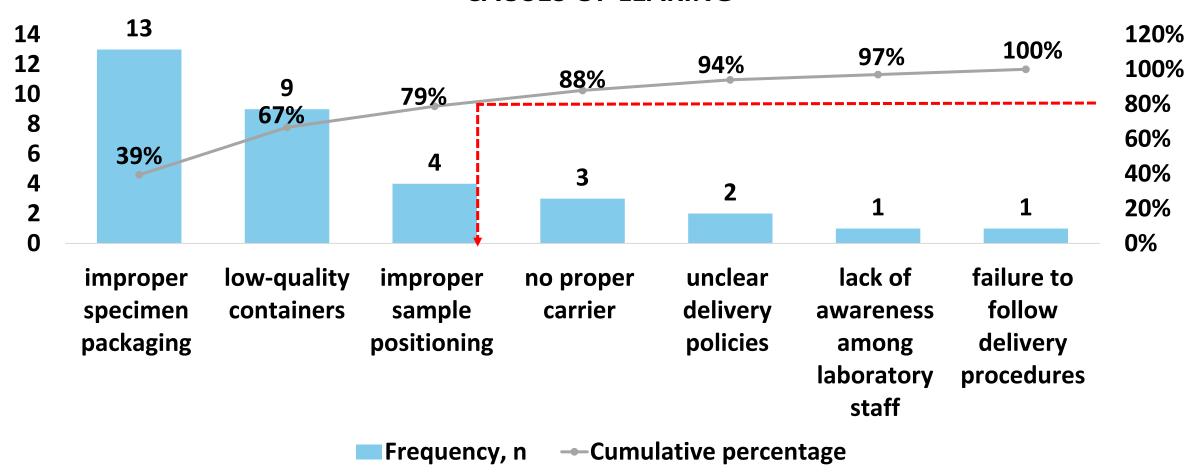
Not achieved <1% (MSQH)

ACHIEVABLE BENEFITS NOT ACHIEVED (ABNA)



PARETO CHART





MODEL OF GOOD CARE

No	Process/Steps	Criteria	Standard	Pre- intervention
1	Received the sputum specimen at health clinic	1.Receive form & sample	100%	100%
2	Checking	1.Completed form 2.Sample leaking/not leaking	100% 100%	100% 100%
3	Rejection/Receiving at health clinic	1.Reject specimen/Record in rejection book 2.Receive specimen/Record in receiving book	100% 100%	100% 100%
4	Record	1.Record the details of the specimen in an outsourced book	100%	100%
5	Sample packaging	1.Tighten the lid of the container 2.Seal it with parafilm 3.Put the sample in the carrier 4.Put the sample into cool box in upright position 5.Triple layer packaging with ice 6.Separate the form- place the form at the outside of cool box	100% 100% 100% 100% 100%	85% 70% Nil 50% 100% 0%
6	Delivery to JBPHL	1. Place cool box in upright position, 2-8 °C, 24hrs	100%	100%
7	Receive sputum specimen at JBPHL	1.Receive form & sample 2.Completed form 3.Sample leaking/not leaking	100% 100% 100%	100% 100% 100%
8	Rejection/Receiving at JBPHL	1.Reject & record leaking specimen	100%	100%

5. STRATEGY FOR CHANGE

Cycle 1:2019 to Jan-Jun 2021

FACTOR	STRATEGY		IMPLEMENTATION	STAFF INVOLVED
Failure to adhere to the sample delivery policy/sop	Established SOP for sample handling (<i>Kriteria Penghantaran Sampel Ujian Kultur TB</i>) for accomplish adherence to the sample delivery policy/procedure		Communication via WhatsApp group CME on Sample Rejection Issues in TB Seminar/ Courses /Meetings	Health Clinic staff and District Health Officer
Ambiguous sample delivery policy/sop and improper sample packaging	Assess the work process at the laboratory	1. 2.	On-schedule visit to the health clinic's laboratory Provide simple flowchart	Health Clinic staff (MLT's)



Figure : WhatsApp Group Quality KK Johor

Figure : SOP for sample packing





Figure : On-site visit

Cycle 1:2019 to Jan-Jun 2021

FACTOR	STRATEGY	IMPLEMENTATION	STAFF INVOLVE D
Lack of awareness of the importance of sending quality samples	Staff awareness on sample management (packaging & transportation)	1. Organized <i>Bengkel</i> Good Sampling Techniques (<i>Hari</i> <i>Bersama Pelanggan</i>)	Health Clinic staff (MLT's)
Improper sample position during transportation, low quality of sample container and no proper carrier	,		Health Clinic staff (MLT's)

Figure : Hari Bersama Pelanggan



Figure : Innovation project 'CT-Trans'



Figure : Bengkel Inovasi Bekas Sputum 2021

Cycle 2: Jan-Jun 2022

FACTOR	STRATEGY	IMPLEMENTATION	STAFF INVOLVED
	Introducing CT-Trans innovation to all health clinics in the state of Johor (expansion project-79 health clinics)	"CT-Trans" to the respective health clinic laboratory	









Figure: Bengkel Inovasi CT-Trans 2022

Cycle 3: Jan-Jun 2023

FACTOR	STRATEGY	IMPLEMENTATION	STAFF INVOLVED
Improper sample arrangements during transportation to the laboratory	Introducing CT-Trans innovation to new lab personnel from the health clinic (sustainability project)	Organizing Bengkel Replikasi & Pengukuhan "CT-Trans" (TOT new laboratory staff in "CT- Trans" preparation and replication	Health Clinic staff (New MLT's)





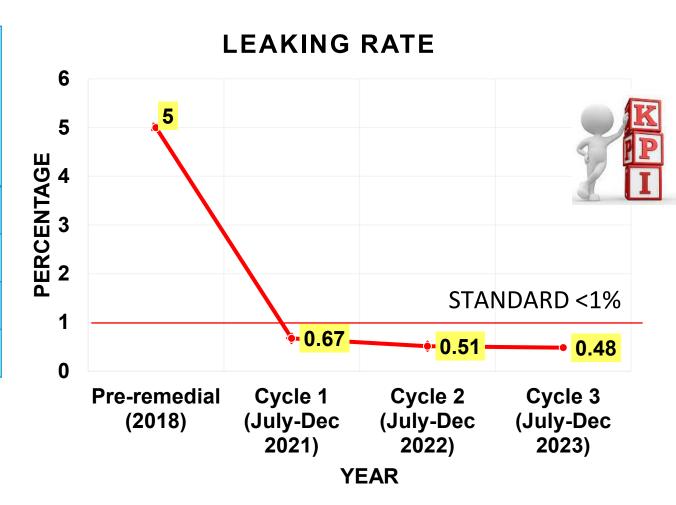


6. EFFECTS OF CHANGE

POST-INTERVENTION

YEAR	Total sputum MTB culture received	Total LEAKING	% LEAKING
2018	5327	265	5.0
2021 Cy 1	1947	13	0.67
2022 Cy 2	4479	23	0.51
2023 Cy 3	6296	30	0.48

Table : Comparison of leaking rate after remedial measures



ABNA POST-INTERVENTION

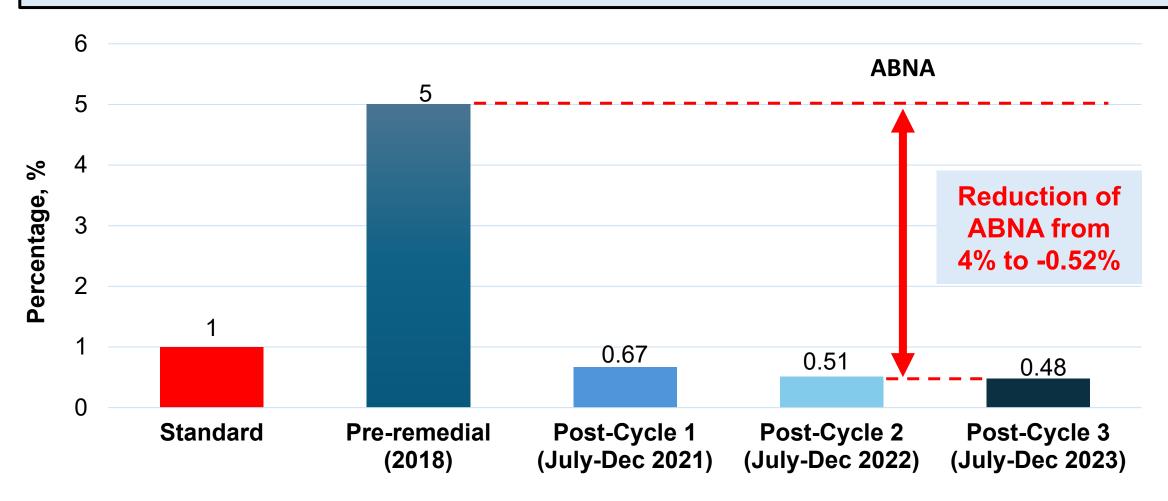


Figure: ABNA Pre VS Post. ABNA was been reduced from 4 % to -0.52%.

MODEL OF GOOD CARE

		Pre- Post-interv		interve	ention		
No	Process/Steps	Criteria	Standard	intervention	Cycle	Cycle	Cycle
					1	2	3
1	Received the sputum specimen	1. Receive form & sample	100%	100%	100%	100%	100%
	at health clinic						
2	Checking	1. Completed form	100%	100%	100%	100%	100%
	_	2. Sample leaking /not	100%	100%	100%	100%	100%
		leaking					
3	Rejection/Receivin	1.Reject specimen and	100%	100%	100%	100%	100%
	g at health clinic	record in rejection book	100%	100%	100%	100%	100%
		2.Receive specimen and					
		record in receiving book					
4	Record	1.Record the details of the	100%	100%	100%	100%	100%
		specimen in outsource					
		book					

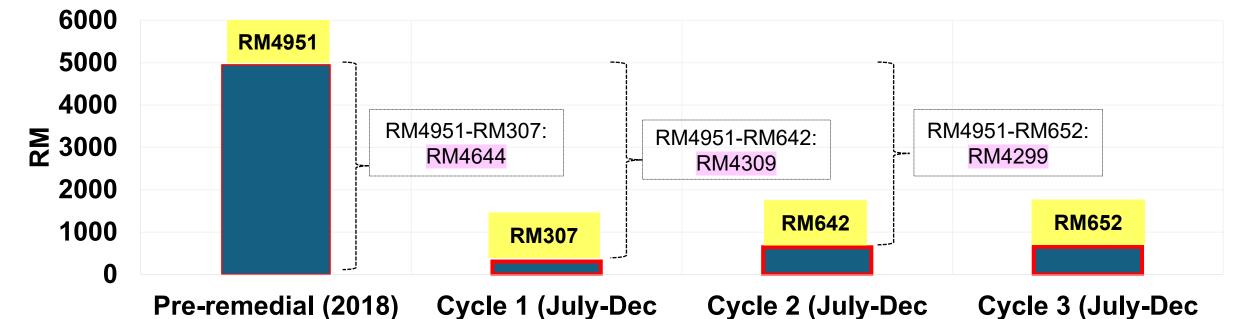
MODEL OF GOOD CARE

Na	Process/Steps	Criteria	Standard	Pre-	Post-intervention		
No				intervention	Cycle 1	Cycle 2	Cycle 3
5	Sample packaging	1. Tighten the lid of the container	100%	85%	90%	94%	98%
		2. Seal it with parafilm	100%	70%	90%	94%	98% 🚄
		3. Put sample in the carrier	100%	Nil	90%	94%	98%
		4. Put sample into cool box in upright	100%	50%	90%	94%	98%
		position					
		5. Triple layer packaging with ice	100%	100%	100%	100%	100%
		6. Separate the form- place the form at	100%	0%	90%	95%	100%
		the outside of cool box					
6	Delivery to JBPHL	1. Place cool box in upright position	100%	100%	100%	100%	100%
7	Receive	1. Receive form & sample	100%	100%	100%	100%	100%
	sputum specimen at	2. Completed form	100%	100%	100%	100%	100%
	JBPHL	3. Sample leaking/not leaking	100%	100%	100%	100%	100%
8	Rejection/Receiving at	1.Reject & record leaking specimen	100%	100%	100%	100%	100%
	JBPHL	2.Proceed non-leaked specimen for	100%	100%	100%	100%	100%
		MTB culture test					

COST IMPACT



TOTAL COST SAVING: RM13,252.00



PHASE/YEAR

2022)

Figure: Cost impact reduction of leaking (fuel and consumable items)

2021)



2023)

CT-TRANS INNOVATION

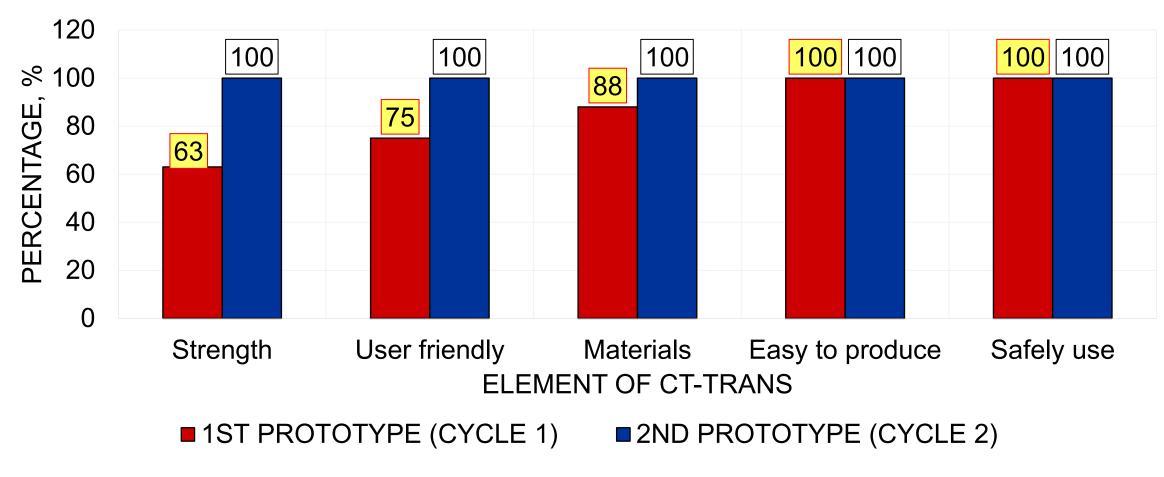


Figure: Customer satisfaction survey- Implementation of CT-Trans Innovation

PROJECT DEVELOPMENT AND REPLICATION









1 ST PROTOTYPE (6 DISTRICTS) CYCLE 1



2 ND PROTOTYPE (10 DISTRICTS) CYCLE 2

7. CONCLUSION

CONCLUSION



01

Continuous monitoring of the quality of samples has decreased the rejection rate of leaking sputum samples according to MSQH indicator requirements (<1%)

02

The usage of CT-Trans has facilitated the reduction of the number of leaking sputum samples for MTB culture

8. THE NEXT STEP

THE NEXT STEP

1

 The improvement strategy will be continued and monitored to sustain the rejection rate below 1%, as well as the performance usage of CT-Trans

2

 Expanded the CT-Trans innovation nationally, particularly with other healthcare facilities, universities, and government organizations









THE NEXT STEP

3

 Designing the third prototype of the "CT-Trans" using more robust and resilient materials.

4

 Registered for copyright with MyIPO (Intellectual Property Corporation of Malaysia)







CR - 1	Application No:
pplicant :	
* Title of work (Original language)	: CT-Trans
Translation (If the title of work is neither in Bahasa nor English)	: N/A
Transliteration (If the title of work is neither in Bahasa nor English)	: N/A
Name of the Language (Language use in the work)	: Bahasa Melayu
Section A : Category of Works (Ple	ease tick ONE only)
Literary Musical	Artistic Film Sound Recording Broadcast
Date of Creation / Fixation	: 1 NAV 2021 service only)
ection B : Publication	



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- 5. Shiferaw, M. B., Yismaw, G., & Getachew, H. (2018). Specimen rejections among referred specimens through referral network to the Amhara Public Health Institute for laboratory testing, Bahir Dar, Ethiopia. BMC research notes, 11(1), 781.

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THANK YOU







