



UNHLS
QA DASHBOARD
FRONT END QUICK START GUIDE

INTRODUCTION

This document is a quick user guide to the different modules of the QA Dashboard. It includes step by step guides and screenshots to provide clear illustrations on how data is captured and retrieved across the different modules.

This document is intended to be used by the following categories of users.

- a) Dashboard IT administrators
- b) Content administrator and data clerks
- c) Auditors
- d) EQA Scheme managers
- e) M & E Staff
- f) UNHLS Management
- g) Implementing Partners
- h) Facility Focal Persons
- i) Other MoH Partners.

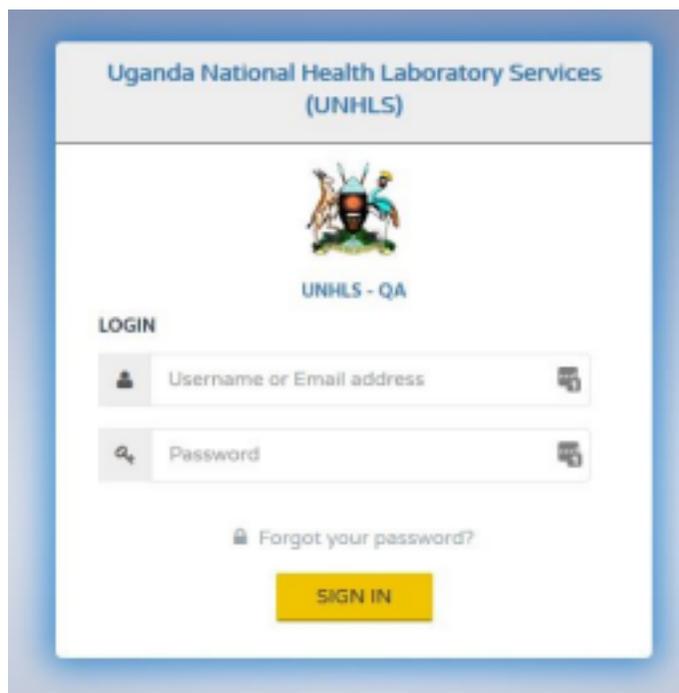
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LOGIN

The QA dashboard is a web-based portal that can be designed to be used via the internet and accessible via a standard web browser – e.g. Microsoft Internet Explorer, or Mozilla Firefox.

The dashboard is currently deployed and accessible at the address <https://qadash.cphluganda.org>

On opening this address, you will see this page:



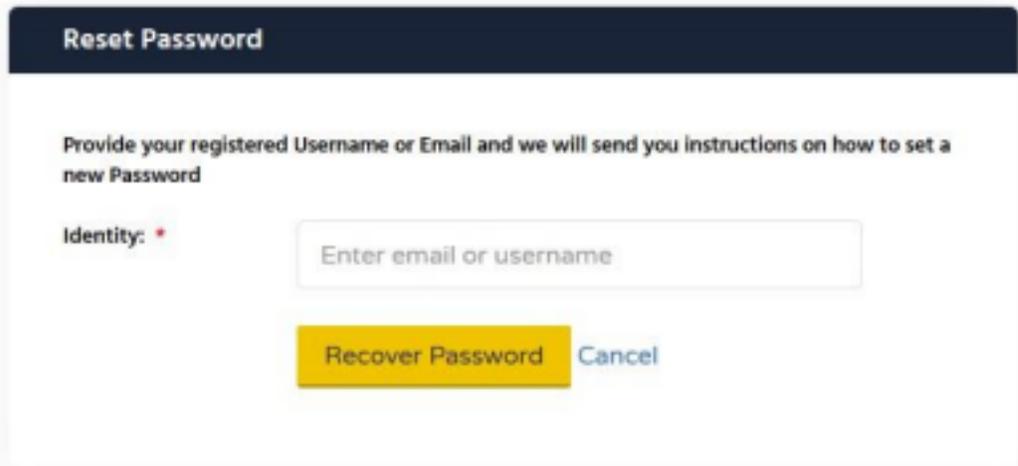
If you have a username and password to access the dashboard, enter it into the fields to be able to access the dashboard.

Registration of user accounts is done by the M&E department of UNHLS. In case you do not have an account, please send a request to unhlsqa@gmail.com so that an account can be setup. Terms and conditions of use apply. Your request will be approved and processed and within 48 hours. Once your request has been approved, you will receive an invitation email to set a password for yourself.

RECOVER PASSWORD

This section is accessed once a user has forgotten his/her login credentials. To recover your password, click on the Forgot Password tab on the login page that will lead to the interface shown in the figure below. At that point, enter your

email address and press 'Recover Password' Instructions will be sent to the email address you provided.



Reset Password

Provide your registered Username or Email and we will send you instructions on how to set a new Password

Identity: *

Recover Password Cancel

DASHBOARD STRUCTURE

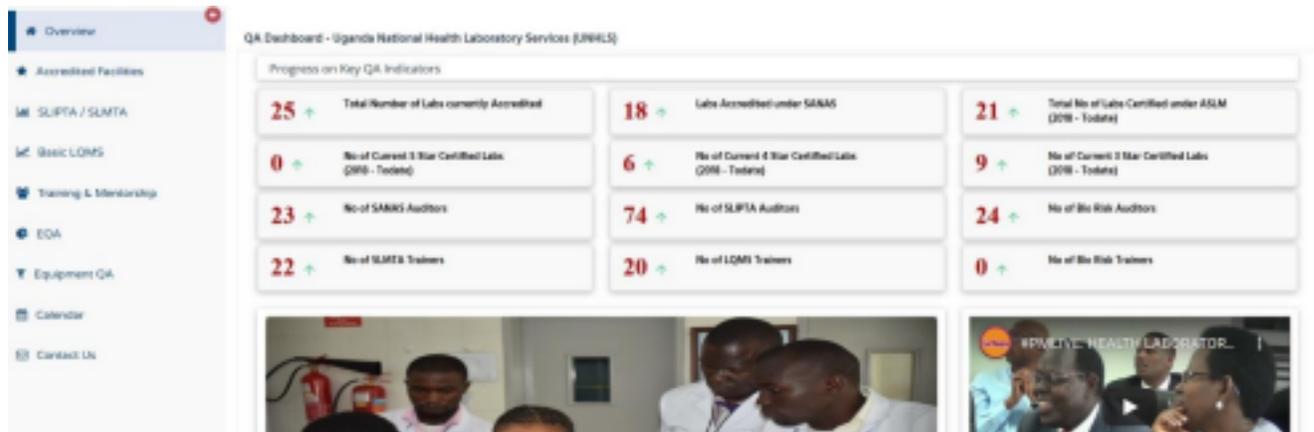
The QA dashboard is a monitoring and evaluation portal for the quality assurance department of UNHLS/CPHL. has two major sections. 1. A frontend public dashboard
2. A privileged backend portal for UNHLS staff and partners.

1. PUBLIC DASHBOARD

The public dashboard is an interface to the public where aggregated data QA monitoring data is published for all UNHLS stakeholders. The structure of each section of the public interface is described below;

1.1 Overview

This is the landing page of the dashboard and is the entry page. This interface provides summaries and highlights from key progress indicators tracked by QA department of UNHLS. Below is a screenshot of how the interface looks like.



The indicators tracked here are priority strategy indicators of interest selected by the QA department that need to be continuously monitored by the institution on a quarterly or annual basis. These indicators are extracted from the strategic planning document of the institution.

Below the strategic indicators is a slide show of pictorial activity highlights and a video of highlighting some of the key functions and objectives of the QA department.

The overview screen also highlights some of the recent projects and activities carried out by the QA department. These keep changing based on the calendar and content uploaded via the activity and training module.

1.2 Accreditation

This section features progress on the accreditation process as a core function of UNHLS. Laboratory accreditation provides a means of evaluating the competence of laboratories to perform specific types of testing, measurement and calibration.

Usually Laboratories that have received certification of Star level 3 or higher during ASLM SLIPTA audit are recommended to apply to SANAS for international accreditation. However, the dashboard also supports other accreditation bodies as shown below;

1. SANAS
2. CAP
3. KENAS
4. GCC

The accreditation section has been packaged with guiding notes about each type of accreditation and the process required by facilities to be accredited.

Image below shows the structure of data collected and maintained for each accredited facility.



Usually, accreditation status is maintained for a period of 2 – 4 years and can be renewed. The section also displays a trend in the accreditation status together with the number of facilities that have been accredited over the years.

Users of the dashboard are also able to track which facilities will be accredited soon after recommendations from ASLM certification. The process of accreditation is also clearly indicated with status updates uploaded at each stage.

1.2 SLIPTA / SLMTA

SLIPTA measures and evaluates the progress of laboratory systems towards international accreditation and awards a certificate of recognition (0-5 star rating). SLMTA is the process laboratories go through to attain this status. This process involves continuous Internal and external audits using the WHO standard SLIPTA checklist in a bid to build quality management systems so as to produce timely, reliable and accurate laboratory results.

The dashboard has been designed with different sections to represent progress that facilities have made towards accreditation. The following audit categories are currently supported.

- ASLM Certification:

This audit is done to assess readiness of facilities for accreditation upon completion of the SLMTA program.

- National Audits:

These are external audits done at national level by SLIPTA auditors • SLMTA Supplementary Audits

- SLMTA Cohort Audits
- Internal Audits

Audit Sections

a) Filters & Star Ratings

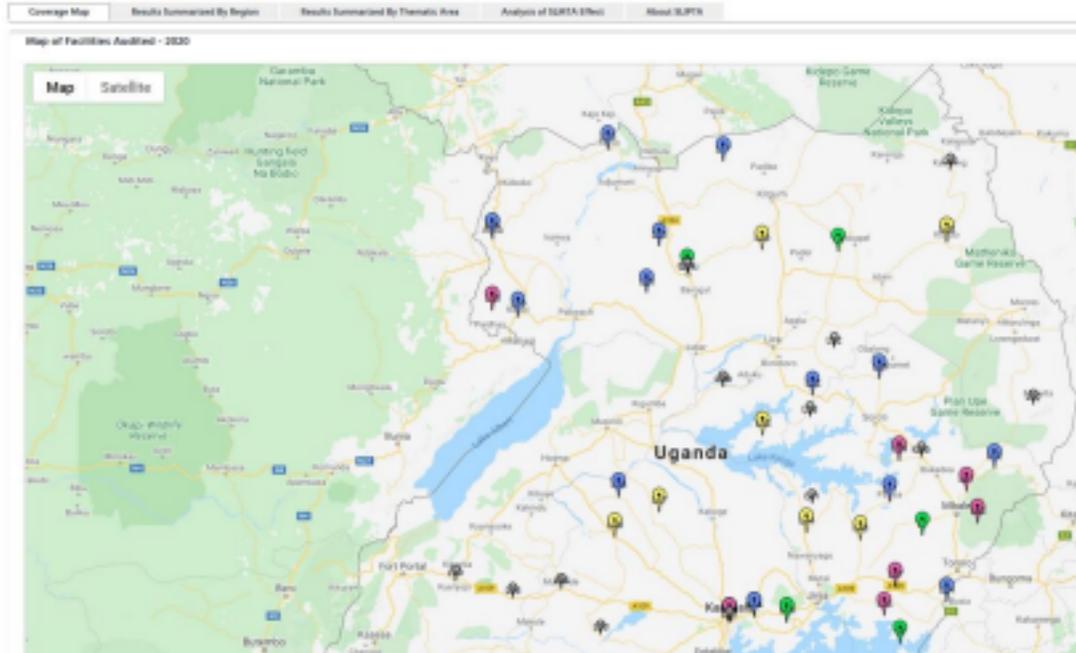
This section is used to apply filters on to the audit results. Different filters have been provided to allow you find facility audit results based on a known audit types and categories.



Star rating count above shows the number of facilities or labs that have attained the different star levels over a period of time.

b) Coverage Map

This section showcases a coverage map of the facilities that have been audited over a period of time. The map has markers with different colors, each corresponding to a specific star level. Details of the facility audited are available when the marker is clicked.



c) Results Summarized by Region

This section showcases the audit results grouped by health regions. The results also include the care level and points scored as a percentage or actual points scored as shown below;

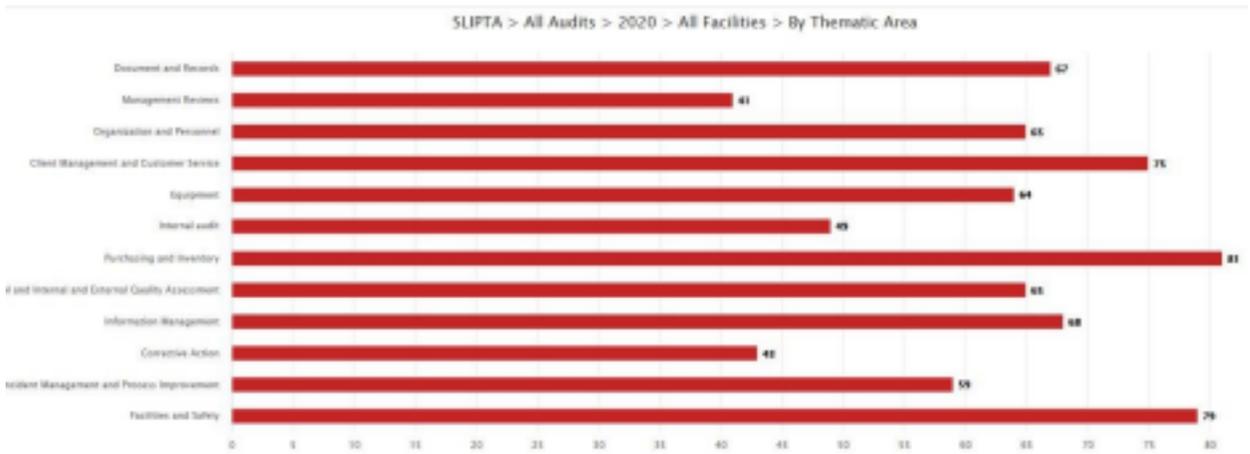


- Rating Scores**
- Star 5** 261 – 275
>=95%
 - Star 4** 233 – 260
85 – 94%
 - Star 3** 206 – 232
75 – 84%
 - Star 2** 175 – 205
65 – 74%
 - Star 1** 151 – 177
55 – 64%
 - Star 0** 0 – 150
≤ 55

d) Results Summarized by Thematic Area

This graph summarizes audit results by the QMS audit thematic areas.

The report can be used to find gaps for which facilities processes need to be improved. This will inform which programs to implement in order to improve and later be recommended for accreditation.



e) Analysis of SLMTA Effect.

This graph summarizes the trend of performance during a SLMTA implementation cycle. It is used by the QA department to prepare a high level performance of facilities by star level attained at the different SLMTA training cycles.



f) About SLIPTA

This is a summary of all narrative information needed for the public to know about the audit process and how results are interpreted. It showcases the interval scores needed by a facility to progress from one star level to another.

1.3 BASIC LQMS

MOH/UNHLS developed a scaled down SLMTA/SLIPA version called

LQMS.

Just like SLMTA/SLIPTA, data is collected in a similar manner but interpreted differently.

During LQMS,

- laboratory staff and managers are trained in QMS,
- laboratories receive LQMS on-site mentorship and supervision and
- laboratories are assessed against QMS performance.

More to SLMTA/SLIPTA revision, laboratories receiving unrated QMS scores are further graded under Star 0 level. UNHLS and partners graded LQMS Star 0 (Unrated) into five (5) levels,

Rating	Scores
Star A	<i>121-150</i>
Star B	<i>91-120</i>
Star C	<i>61-90</i>
Star D	<i>31-60</i>
Star E	<i>0 – 30</i>

Grade A being highest graded score and Grade E being lowest graded score.

The data visualization of Basic LQMS is similar to SLIPTA / SLMTA and only differs in the star ratings. However, facilities that score above 0 Star during LQMS are graded as SLIPTA/SLMTA as shown below;

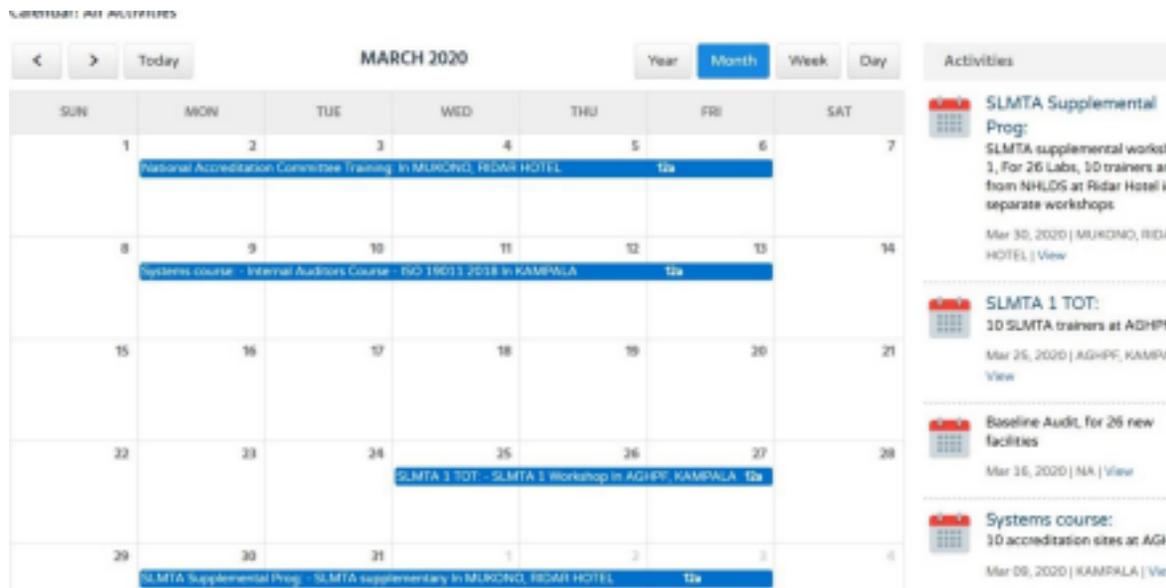


1.3 TRAINING & MENTORSHIP

The training department and processes have been incorporated into the QA assurance programs. This module collects data from all QA related activities and publishes it to a public calendar.

The training calendar facilitates collective and joint tracking and scheduling of activities across the different programs that are contributing to Quality assurance at national level. This is usually done by UNHLS together with its implementing partners.

The calendar is updated prior to the execution of the activities and later data collected upon completion. Figure below shows how the calendar looks like. It can be browsed either monthly, weekly or annually depending on user needs.



Upon completion of an activity, results are published in the indicator tracking sheet for the different types of training. The following categories are supported. • SLMTA Training

- Basic LQMS Training
- QMS & Accreditation
- Mentorships
- Cross cutting

The Training department is responsible for scheduling of these activities and publishing them to the calendar. This will be initially done during annual plans and later updated on a quarterly basis. Some of the categories like mentorships will be scheduled by Implementing partners and results submitted to UNHLS for review before publishing.

The graph below under the training section is used to showcase progress of training and mentorship activities executed.



Mentorship Reports.

Implementing partners (IPs) that support the different facilities have been given a provision to upload mentorship progress reports into the dashboard.

However, such reports are subject to review before the data can be published into the select training indicators. *See backend user guide for uploading reports.*

1.4 EQA (External Quality Assurance)

The term external quality assessment (EQA) is used to describe a method that allows for comparison of a laboratory's testing to a source outside the laboratory.

This comparison can be made to the performance of a peer group of laboratories or to the performance of a reference laboratory.

This module allows UNHLS to track and objectively check the laboratory's performance using an external agency or facility.

Different EQA schemes have been defined and configured in the backend to collect monitoring data from facilities. Among the schemes and the accredited

controllers currently supported include;

- **TB GeneXpert and TB Microscopy**

These are two separate methodologies to assess efficiency of labs in testing for TB. NTLR is the controlling facility accredited to assess labs using either GeneXpert or Microscopy.

- **HIV PT**

This scheme and proficiency tests are entirely managed by UVRI. Data and processes under this scheme are currently monitored externally.

- **EID PT**

This scheme and proficiency tests are controlled and monitored by CPHL.

- **HBV Serology PT**

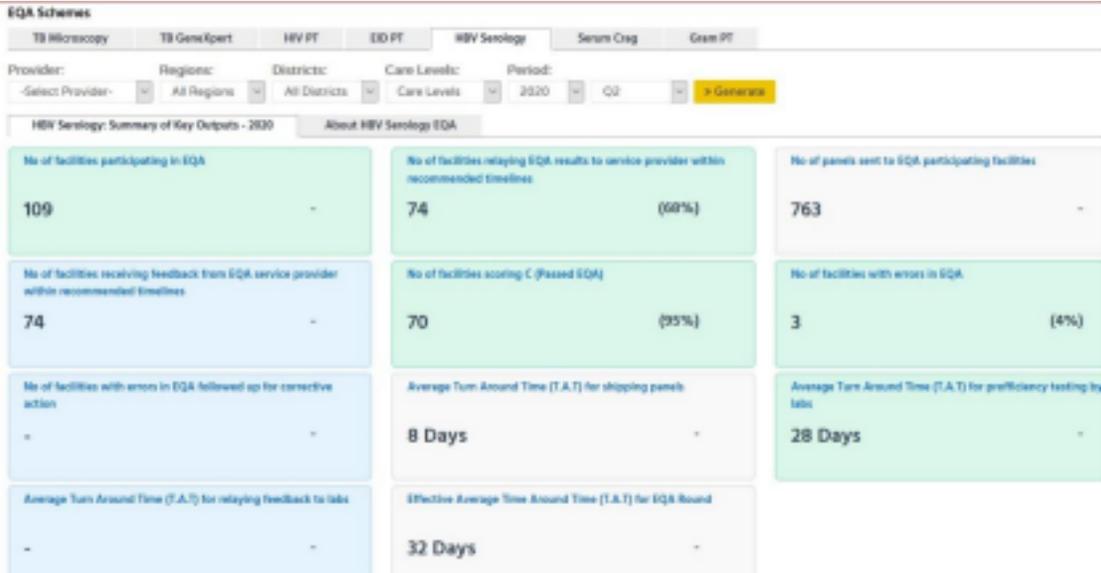
This scheme is controlled and monitored by CPHL.

- **Serum Crag PT**

This scheme is controlled and monitored by the Microbiology department of CPHL.

- **Gram PPT**

This scheme is controlled and monitored by the Microbiology department CPHL.



EQA Indicators.

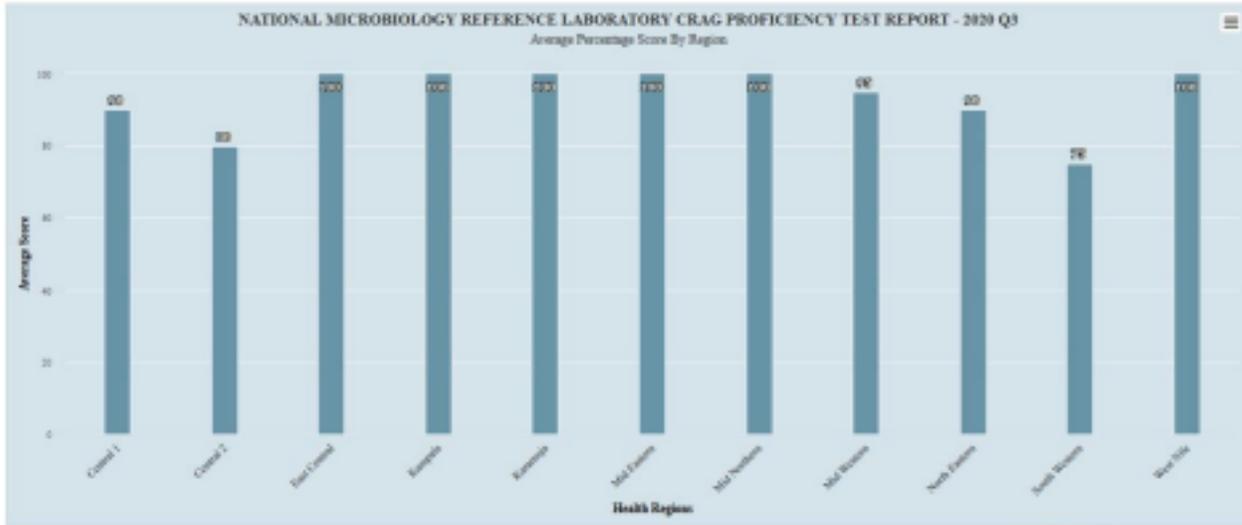
A number of indicators have been selected by the different scheme managers to be tracked on the dashboard. Among these include;

Indicator	Description
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No of facilities participating in EQA	<i>This indicator provides an estimate of the number of facilities that have been registered by the controller.</i>
No of facilities relaying EQA results to service provider within recommended timelines	<i>Proportion of facilities that are promptly submitting results when invited to participate in each round</i>
No of panels sent to EQA participating facilities	<i>Testing panels that were received by the facilities.</i>
No of facilities receiving feedback from EQA service provider within recommended timelines	<i>Proportion of facilities receiving back feedback as planned upon completion of a testing round.</i>
No of facilities that Passed EQA	<i>Percentage pass</i>
No of facilities with errors in EQA	<i>Percentage failure</i>
No of facilities with errors in EQA followed up for corrective action	<i>Measure of interventions implemented when errors are identified.</i>
Average Turn Around Time (T.A.T) for shipping panels	<i>How long it takes to deliver testing panels from the controller to the facilities.</i>
Average Turn Around Time (T.A.T) for proficiency testing by labs	<i>How long it takes the facilities to conduct the proficiency tests once the panels are delivered.</i>
Average Turn Around Time (T.A.T) for relaying feedback to labs	<i>How long it takes to deliver feedback from the controller back to the facility</i>
Effective Average Time Around Time (T.A.T) for EQA Round	<i>How long it takes to execute an EQA PT round from effective date to feedback sent back.</i>

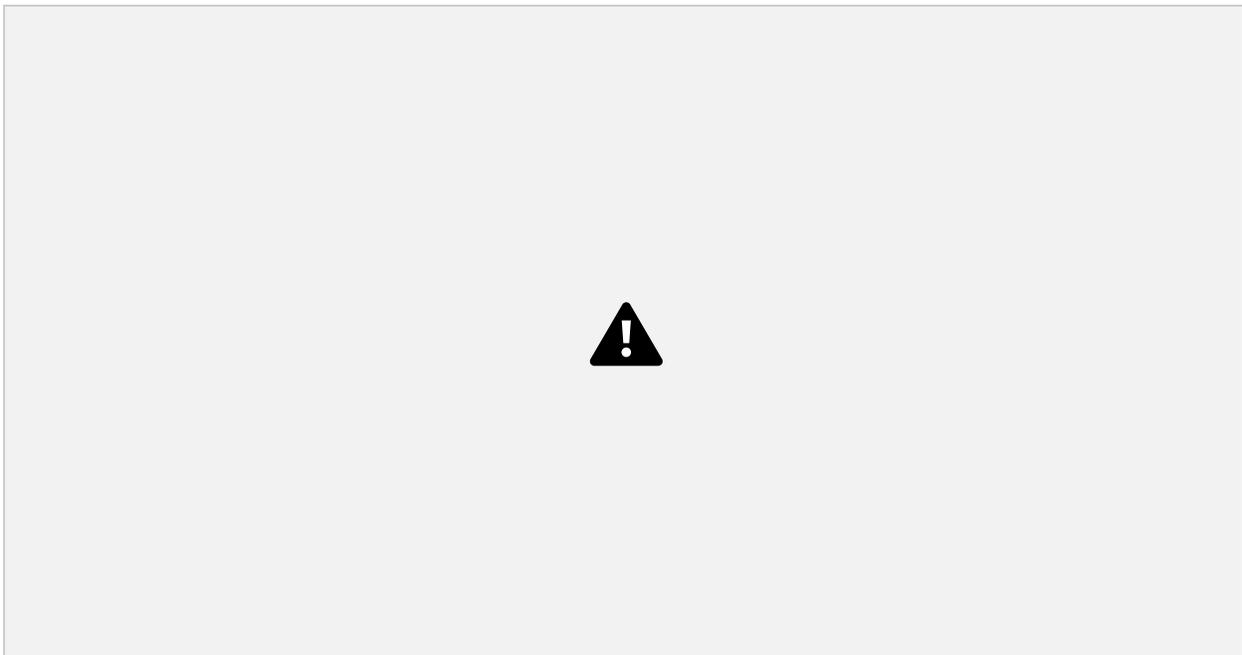
EQA Results Analysis.

Graph below illustrates analysis and comparison of PT results across regions.



1.5 Equipment QA

UNHLS has included an inventory tracking dashboard for facilities to regularly submit aggregated monitoring data on automated and non-automated technologies and equipment used for each of the tests conducted at a facility. A couple of indicators of interest have been selected for tracking just like other QA modules. Below are the indicators that are currently supported.



This data is collected on a quarterly basis from select facilities participating in the control program. *See backend guide for data entry.*

1.6 Feedback & Contact Us Page

UNHLS QA team has provided you with ability to report any issues or ask questions or seek clarifications about the dashboard.

The navigation menu on the left has a contact us link. All feedback collected from this page are sent to unhlsqa@gmail.com.

Issue categories have been added to enable you select the closed match to the subject of your email. Upon submission of this request, you will receive a confirmation email that someone on the QA Team will reach out where necessary.

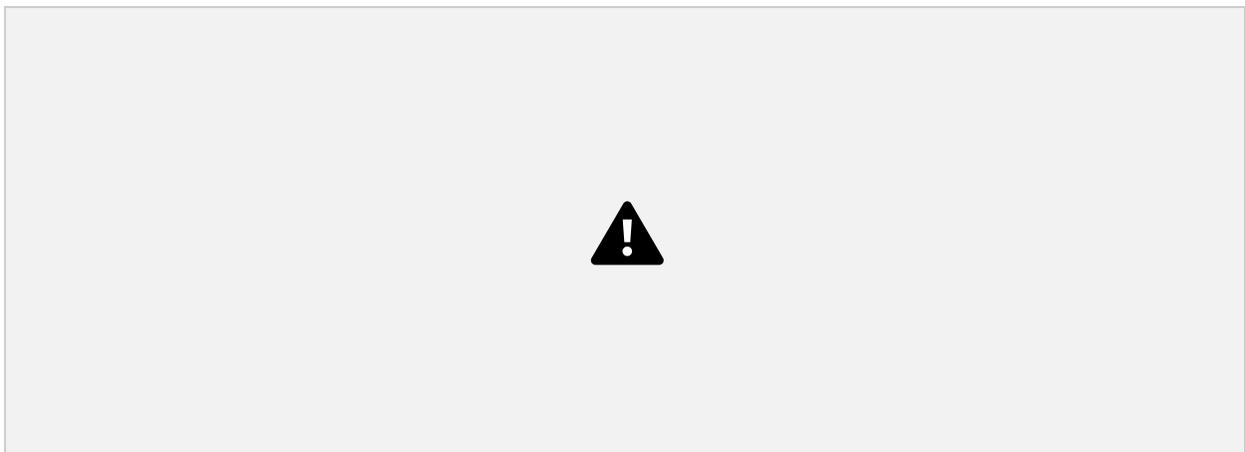


Figure above shows structure of the feedback form. All fields are required.

Conclusion

We have come to the end of the frontend user guide. This is a simple guide to assist you navigate through the various sections of the dashboard. We shall continuously update this document and make it available on the dashboard as reference at any time.