



# Assessment of the training and quality systems for the TTANGO3 sexually transmitted infection point-of-care testing network

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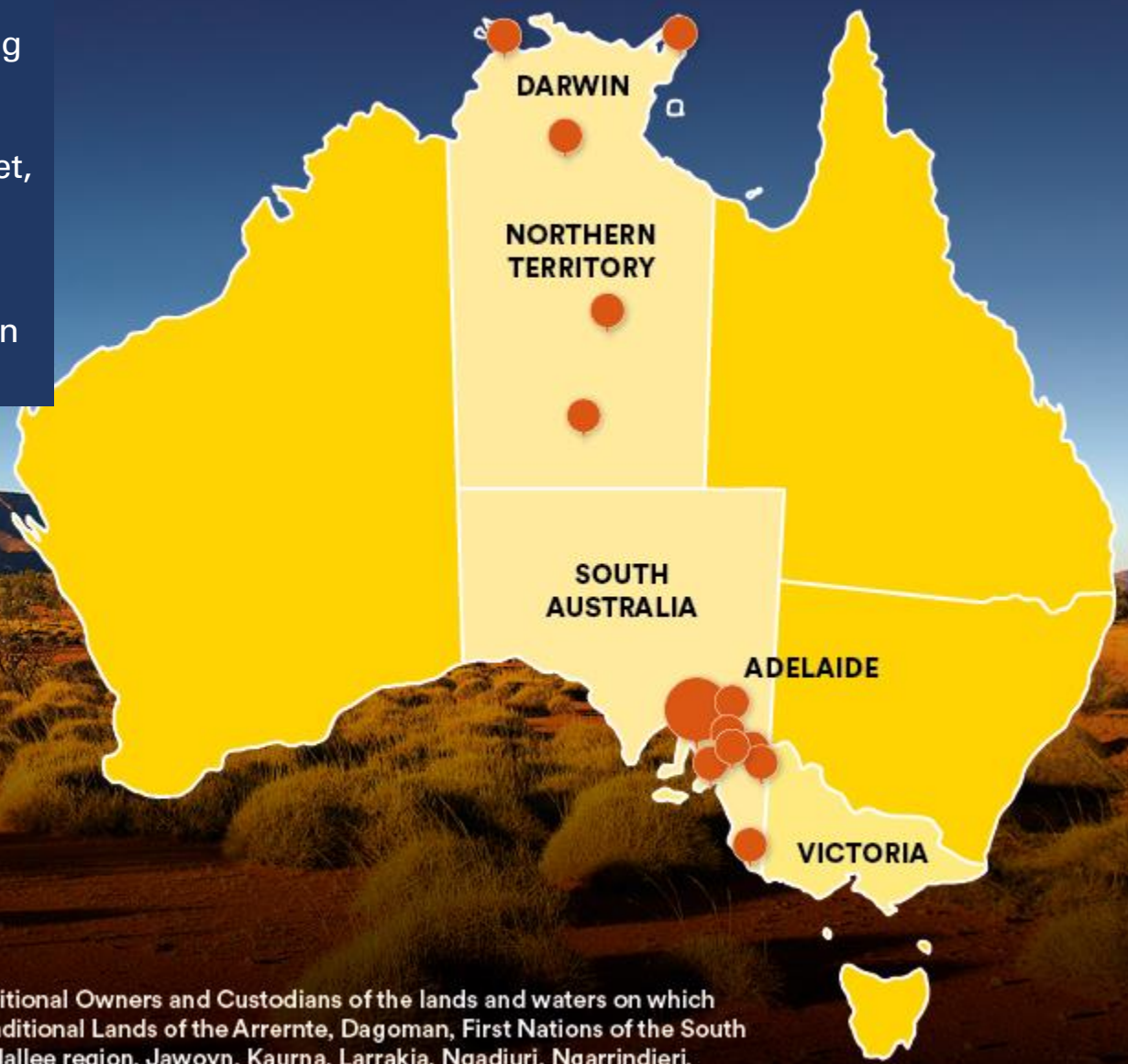
POC23, March 2023



The speaker:

- has no known conflict of interest to declare,
- is not receiving fees or honorarium,
- Is presenting information consistent with regulatory requirements,
- Is presenting outcomes on behalf of large, collaborative POC testing teams

I acknowledge the traditional custodians of the lands on which we meet, the Gadigal people of the Eora nation, and pay respect to their Elders: past, present and emerging.  
I acknowledge all Aboriginal and Torres Strait Islander people living with infectious diseases and those who have generously participated in research that has informed this presentation.



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BEDFORD PARK  
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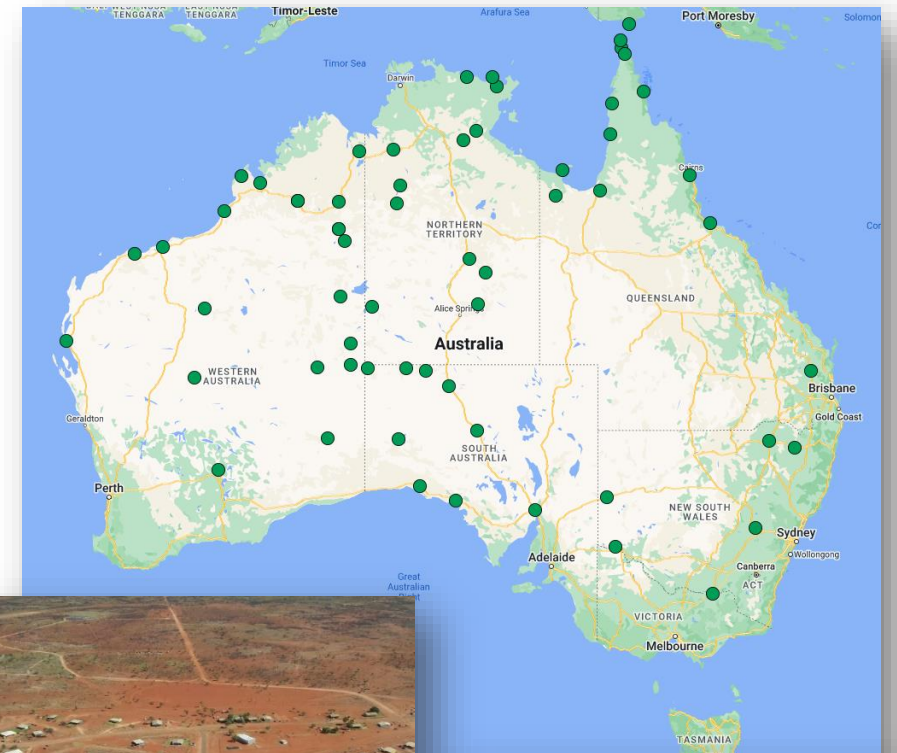
**NORTHERN TERRITORY**  
ALICE SPRINGS  
DARWIN  
KATHERINE  
NHULUNBUY  
TENNANT CREEK

Flinders University acknowledges the Traditional Owners and Custodians of the lands and waters on which its campuses are located, these are the Traditional Lands of the Arrernte, Dagoman, First Nations of the South East, First Peoples of the River Murray & Mallee region, Jawoyn, Kurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu people. We honour their Elders past, present and emerging.



# TTANGO = Test Treat ANd GO

- Point-of-care testing program for STIs in rural and remote Australian Aboriginal medical services;
  - *Chlamydia trachomatis* (CT)
  - *Neisseria gonorrhoea* (NG)
  - *Trichomonas vaginalis* (TV)
- Cepheid GeneXpert®
- Stages:
  - TTANGO Trial - RCT 2014-2015 (12 sites)
  - TTANGO2 - Translational research phase 2016-2020 (32 sites)
  - TTANGO3 - Operational phase in 2021 (>60 sites)
- Collaboration between Kirby Institute (UNSW) and Flinders University International Centre for Point-of-Care Testing



# Training & Competency

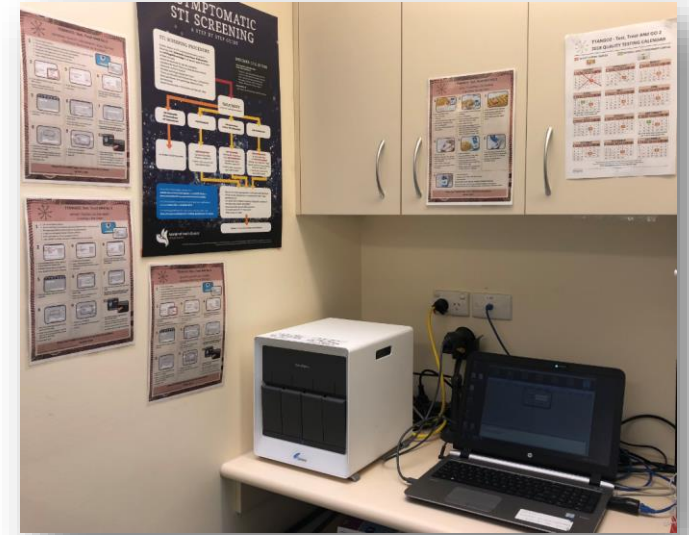
## Best Practice<sup>1</sup>

- Step-by-step process guides
- Specimen types, collection and preparation
- Device Operation
- Patient Testing/Reporting
- QC/EQA Testing and Schedules
- Risk and safety mitigations embedded

## Training objectives

Competency in:

- Device operation
- Patient testing
- QC/EQA testing
- Device maintenance



<sup>1</sup> National Pathology Accreditation Advisory Council (NPAAC). NPAAC Requirements for Point of Care Testing (Second Edition 2021).



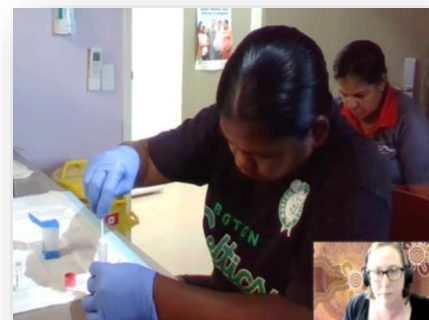
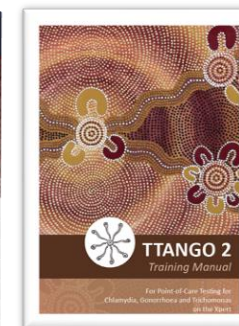
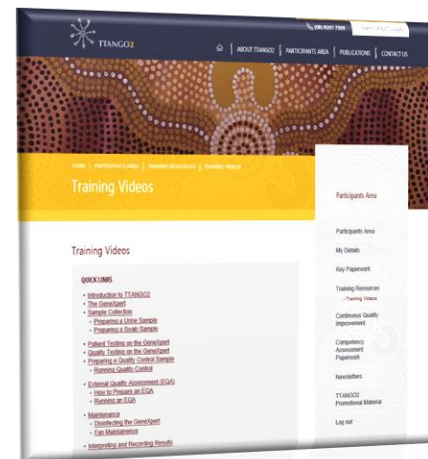
# Training & Competency

## Training Resources

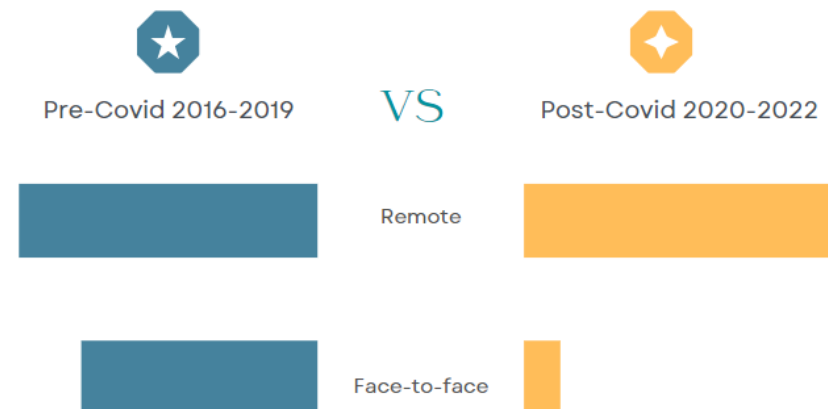
- Visual step-by-step reference posters
- Training manual
- Videos
- Website

## Training Modes

- Face-to-face in-clinic training and competency assessment
- Centralised training and competency assessment at regional hubs
- Remote training and/or competency assessment
- Supplementary training for TV
- Online resources for refresher training



## TTANGO Training Modes



# Training & Competency

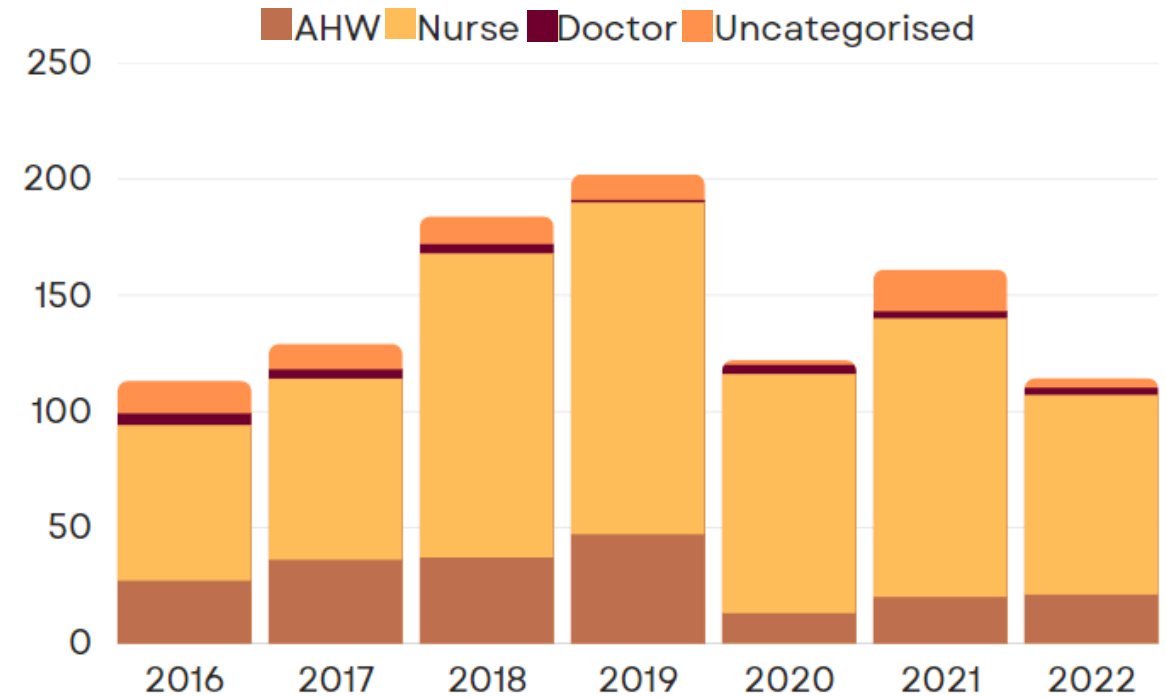
## Target audience

- Aboriginal and Torres Strait Islander Health Workers/Practitioners
- Nurses
- Doctors
- Sexual Health Coordinators

## Competent Operators

- 797 new operators
- 228 competency renewals

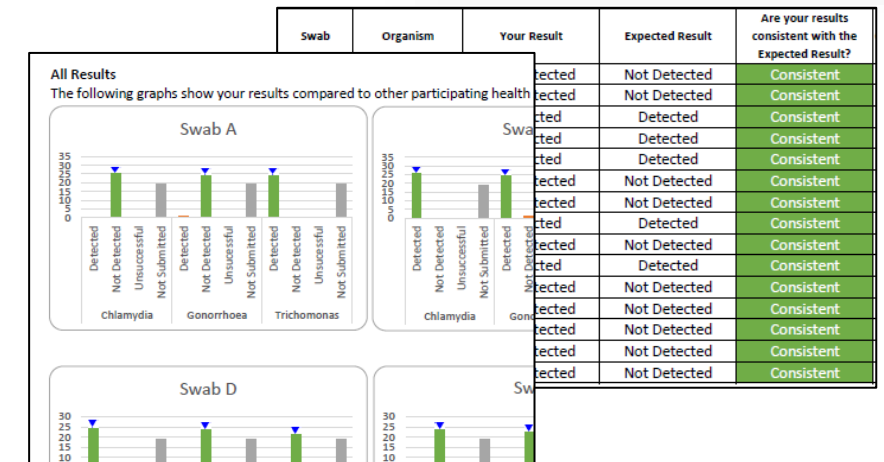
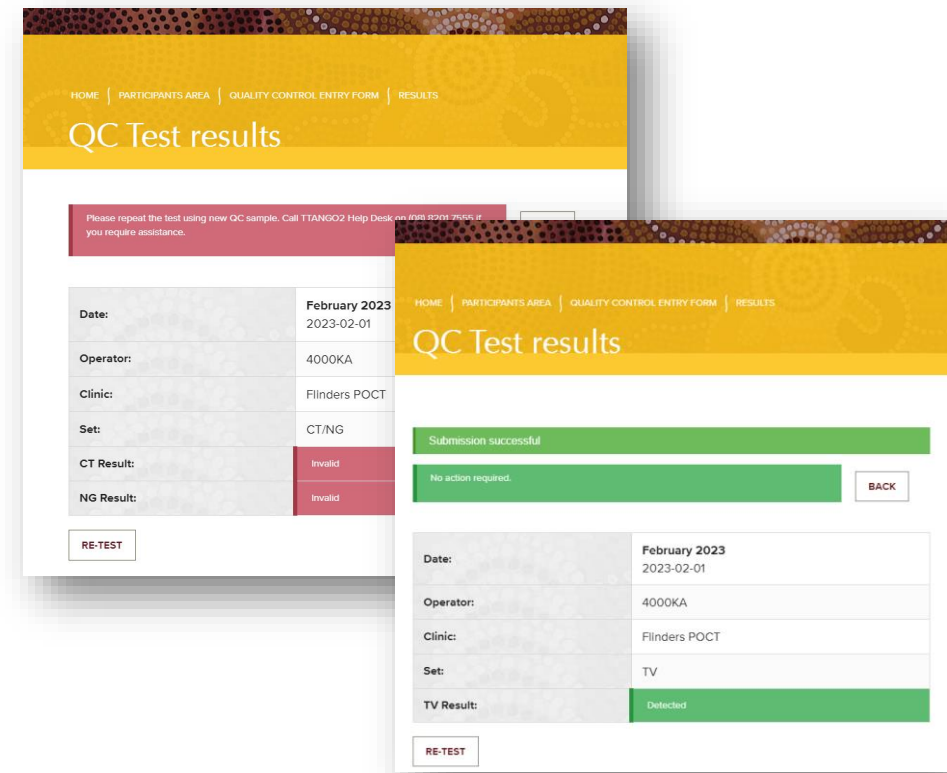
TTANGO competencies obtained per year





# Quality Testing

- Monthly QC testing
- On-line QC entry in Program website ([www.ttango.com.au](http://www.ttango.com.au)) with corrective action requirements
- Quarterly feedback reports
- Mean annual concordance:
  - CT/NG = 100% (n=1488)
  - TV = 99.6% - 100% (n=1108)
- Quarterly EQA testing
- On-line EQA result submission ([www.ttango.com.au](http://www.ttango.com.au))
- EQA feedback reports, developed for primary care operators
- Mean concordance:
  - CT/NG = 97.9% (15 testing events, n=1512)
  - TV = 99.2% (9 testing events, n=761)



# Conclusion

- TTANGO has built a strong workforce capacity to conduct STI testing in primary care setting to high analytical standard
- Main outcomes of program:
  - Clinical perspective – reduced time to treatment
  - Cost effectiveness – every \$1 invested saves Aus govt \$1.97 in staff time and morbidity due to delay in treating or untreated infections
- Continuously supported through various Australian Government funding sources for 10 years.







# Acknowledgements: TTANGO, TTANGO2 & 3

- Participating health services & staff

## **National, state and local Aboriginal Community Controlled Health Organisations and members**

- Aboriginal Health Council of Western Australia
- Queensland Aboriginal and Islander Health Council
- Aboriginal Health Council of South Australia
- Aboriginal Medical Services Alliance of Northern Territory
- Kimberley Aboriginal Medical Services Council
- Apunipima Cape York Health Council
- Kimberley Aboriginal Medical Services
- Ngaanyatjarra Health Service

## **Government departments of health**

- Departments of Health WA, QLD, SA, NT
- WA Country Health Service

## **Groups**

- TTANGO2 Executive and Investigator Groups
- TTANGO2 Indigenous STI POCT Leaders group
- TTANGO2/3 operational team

## **Pathology providers**

- PathWest
- Western Diagnostics Pathology
- Clinipath Pathology
- Pathology Queensland

## **Academic institutes**

- Kirby Institute, UNSW Sydney
- Flinders University, International Centre for POC Testing
- Burnet Institute
- Royal Women's Hospital, Melbourne
- University of Queensland
- Monash University
- Poche Centre, University of Queensland
- National Serology Reference Laboratory

## **Industry**

- Cepheid Inc
- Medical Communication Associates, Adelaide
- HealthLink