## Checklist for assessing site-level patient monitoring systems

## *FOR COMPLETION WITH DATA CLERK/RECORDS ASSISTANT -*

***Instructions for the review team (parts A and B)***

*This is one of the first tools the team should use once arriving at the site after the team has done introductions and are settling in. Most questions are appropriate for the site data clerk, but if the questions would be better answered by the facility management this is indicated.*

**Part A: ART-specific questions**

1. **Reporting (**for the management of the facility)
   1. How does the facility submit monthly reports on ART to the Ministry of Health?

❑ Electronic report

❑ Paper form

* 1. What is the source(s) of data for the monthly reports on ART submitted to Ministry of Health?
     1. What source is used for facility patients? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     2. What source is used for community dispensation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     3. What source is used for \_\_\_\_\_\_\_\_\_\_? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     4. Explain why you are using these sources. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. How often do you report on ART to the Ministry of Health?  
     ❑ Daily  
     ❑ Weekly  
     ❑ Monthly  
     ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_
  3. How does the facility submit reports for PEPFAR or other implementing partners? (Skip to question 4 if the facility is not supported by an implementing partner)?

❑ Electronic report

❑ Paper form

Form name or number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What is the source(s) of data for the monthly reports on ART submitted to PEPFAR/EGPAF?
     1. What source is used for facility patients? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     2. What source is used for community dispensation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     3. What source is used for CAGS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     4. Explain why you are using these sources.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. How often do you report to EGPAF?

❑ Daily

❑ Weekly

❑ Monthly

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_

1. **Personnel** (for the management of the facility)
   1. Who is responsible for calculating ART indicators and completing monthly reports for the Ministry of Health and/or implementing partner? (please mark all that apply)

|  |  |
| --- | --- |
| **ART:**  ❑ A dedicated facility-based monitoring and evaluation specialist hired by the Ministry of Health or implementing partner  ❑ A monitoring and evaluation specialist hired by the Ministry of Health who visits the facility on a routine basis  ❑ Data entry clerk  ❑ Nurse or other clinical staff member  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

* 1. Are processes in place to ensure that ART data are compiled and reported if the designated personnel are not available?

❑ Yes

❑ No

* 1. Have personnel been trained on how to use and complete paper-based registers and electronic medical record systems and reporting forms?

❑ Yes

❑ No

1. **Data quality** (for the management of the facility)
   1. Does the facility follow quality control procedures for data entry into an electronic register, electronic medical records or a paper-based register?

❑ Yes

❑ No

* 1. Does the facility have standard operating procedures on data quality for monthly ART reporting processes?

❑ Yes

❑ No

* 1. Does the facility receive feedback from the implementing partner on the quality of its ART reports?

❑ Yes

❑ No

If so, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Does this facility receive visits from the Ministry of Health, district hospital or partner staff (such as PEPFAR or the Global Fund primary recipient or subrecipient) to check the quality of the ART programme data?

❑ Yes

❑ No

If so, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B: Assessment of the HIV patient monitoring system to be administered at the health facility**

***For Part B****: Do you have the necessary patient monitoring elements in place? Tick (√) the yes box if the statement describes your health centre. If not, tick no. Items with “no” need to be implemented or improved. If not applicable, tick N/A.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Yes** | | | **No** | | **N/A** | **The following national patient monitoring tools are available, used and in adequate supply (may insert relevant TB and maternal, newborn and child health tools as relevant):** |
| **A** | ☐ | | | ☐ | | ☐ | Bukana |
| **B** | ☐ | | | ☐ | | ☐ | ART card |
| **C** | ☐ | | | ☐ | | ☐ | Community ART monitoring tool |
| **D** | ☐ | | | ☐ | | ☐ | ART register |
| **E** | ☐ | | | ☐ | | ☐ | Monthly ART Report, with ART cohort analysis |
| **F** | ☐ | | | ☐ | | ☐ | Daily Activity Sheet |
| **G** | ☐ | | | ☐ | | ☐ | Appointment book |
| **H** | ☐ | | | ☐ | | ☐ | Transfer or referral form |
| **Comments** | | | | | | | |
| **Recommended action**.If the health centre is using something other than the national tools, the district management team should ensure that the correct tools and accompanying training are provided. If one or more of the tools is absent or in short supply, the district team should ensure adequate supply by copying or providing new forms to the facility. Ensure that the facility team has recently received the necessary training in patient monitoring. | | | | | | | |
| **Follow-up plan** | | | | | | | |
| **2** | **Yes** | | | **No** | | **N/A** | **Organization and storage of patient monitoring tools** |
| **A** | ☐ | | | ☐ | | ☐ | ART patient cards, Daily Activity Sheet, and ART registers are well organized and stored in a secure location |
| **B** | ☐ | | | ☐ | | ☐ | A unique patient ID is generated systematically according to national standards and provided to each patient enrolled in HIV care |
| **Comments** | | | | | | | |
| **Recommended action**.If the records are not well organized, identify the reason, such as lack of space, lack of storage structure or not organized by patient ID or other efficient means. Ensure adequate space, shelving or filing cabinets and orderly organization of records. If records are not secure, ensure that there is a locked cabinet or office where they can be stored, with limited access to this storage. | | | | | | | |
| **Follow-up plan** | | | | | | | |
| **3** | **Yes** | | | **No** | | **N/A** | **The patient and data flows are well defined and efficient** |
| **A** | ☐ | | | ☐ | | ☐ | ART patient cards are pulled from storage for all patients to be seen at the start of day |
| **B** | ☐ | | | ☐ | | ☐ | ART patient cards follow patients and are completed as they go through care |
| **C** | ☐ | | | ☐ | | ☐ | ART patient cards are returned to registration after each visit and stored |
| **Comments** | | | | | | | |
| **Recommended action**.If data flow does not correspond to patient flow (laboratory tests, clinical care, counselling points or drug pick-up are not updated in patient record) or if cards do not follow patients, discuss with the facility team to understand the patient and data flows. Together, outline recommendations and detail steps to be taken on how to improve the process and ensure that patient information is complete (such as ensuring that drug pick-up and not just drug prescription is recorded on the patient card). Use flow diagrams if necessary. | | | | | | | |
| **Follow-up plan** | | | | | | | |
| **4** | | **Yes** | **No** | | **N/A** | | **Appointment system** |
| **A** | | ☐ | ☐ | | ☐ | | An appointment book or system is used to log the patients’ next visit, prepare the clinic day for the expected patients, identify missed appointments and follow up with patients missing appointments |
| **B** | | ☐ | ☐ | | ☐ | | The contact information for the patient and treatment supporters are updated and complete |
| **C** | | ☐ | ☐ | | ☐ | | The dates for lost to follow-up are recorded on summary forms |
| **Comments** | | | | | | | |
| **Recommended action**. Health workers need to know when patients miss appointments and to follow up as necessary. The health facility must therefore have a simple yet functioning appointment and follow-up system. If none exists, see the examples provided. A simple appointment book, one page for each day, can be used or a tickler file system. | | | | | | | |
| **Follow-up plan** | | | | | | | |
| **5** | | **Yes** | **No** | | **N/A** | | **Transfer or referral system** |
| **A** | | ☐ | ☐ | | ☐ | | Standard transfer forms are used to receive and transfer out patients |
| **B** | | ☐ | ☐ | | ☐ | | Health centres follow the national transfer protocol when transferring and receiving transfer patients |
| **Comments** | | | | | | | |
| **Recommended action**.Every health facility should follow the national, standardized transfer or referral system in place. This includes transferring key information, such as that given on the front of the patient card to the receiving facility to ensure that the patient receives continuous care and treatment. If no transfer protocol exists, a minimum of key information should be transferred with the patient, including sociodemographic characteristics and a summary of treatment (as on the front page of the HIV patient card). | | | | | | | |
| **Follow-up plan** | | | | | | | |

**6. Use of patient monitoring tools: completeness and accuracy – Enter Yes/No/NA for each patient**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Patient 1** | **Patient 2** | **Patient 3** | **Patient 4** | **Patient 5** |
| **The HIV patient card is complete and accurately filled out** | | | | | | |
| **A** | The HIV patient card has been started for all patients enrolled in HIV care and/or receiving ART |  |  |  |  |  |
| **Summary page** | | | | | | |
| **B** | The sociodemographic information is complete |  |  |  |  |  |
| **C** | The box on family status is complete as relevant |  |  |  |  |  |
| **D** | The box on HIV care summary is complete |  |  |  |  |  |
| **E** | The box on prior ARV drugs is complete |  |  |  |  |  |
| **F** | The box on ART care is complete as relevant |  |  |  |  |  |
| **G** | The box on ART treatment interruptions is complete as relevant |  |  |  |  |  |
| **H** | The box on follow-up status is complete |  |  |  |  |  |
| **Encounter page** | | | | | | |
| **I** | One row is completed for each visit |  |  |  |  |  |
| **J** | The TB status is filled in at each visit |  |  |  |  |  |
| **K** | The weight is filled in at each visit |  |  |  |  |  |
| **L** | The pregnancy status is filled at each visit if the woman is of childbearing age |  |  |  |  |  |
| **M** | If the infant is younger than 59 months, the age in months, weight gain with or without oedema, mid-upper-arm circumference and nutritional problems are recorded |  |  |  |  |  |
| **Education and support page** | | | | | | |
| **N** | Regular comments and dates are filled in as appropriate by a health worker |  |  |  |  |  |
| **Considerations for preventing the mother-to-child transmission of HIV** | | | | | | |
| **O** | The box on HIV-exposed infant follow-up is updated on the mother’s HIV patient card |  |  |  |  |  |
| **P** | HIV-exposed infants who have been confirmed as HIV-positive have their own HIV patient card and line in the ART register |  |  |  |  |  |
| **Comments** | | | | | | |
| **Follow-up plan** | | | | | | |

|  |
| --- |
| **Recommended action**.In general, if information is incomplete or inaccurate, go directly to the source from which that information should have come. For example, the registration clerk or nurse generally fills out the sociodemographic information, whereas the doctor or clinician fills out most of the encounter page. Talk to the responsible health worker about the gap or error and discuss the reasons why. If the health worker did not receive the appropriate training or was inadequately trained, follow the recommended action in Part B, Section 1 (on organization and use of HIV patient monitoring tools). If the health worker knows how to fill in the information but was too busy or simply forgot, explain the importance of complete information for patient care and for data transfer to the registers later. Flag the health worker for subsequent visits to ensure that he or she is filling in the information correctly. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7** | **Yes** | **No** | **N/A** | **ART register – find register entries for a sample of HIV patient cards** |
| **A** | ☐ | ☐ | ☐ | ART registers are filled in after ART starts and updated with each patient visit. The columns are complete using standardized coding |
| **B** | ☐ | ☐ | ☐ | The contact information is complete with a unique ID |
| **C** | ☐ | ☐ | ☐ | TB treatment, co-trimoxazole prophylaxis, TB preventive therapy and hepatitis B and C screening have been completed as relevant |
| **D** | ☐ | ☐ | ☐ | The pregnancy columns have been updated if relevant |
| **E** | ☐ | ☐ | ☐ | The patients are organized by the date ART started, and months do not overlap on the page |
| **F** | ☐ | ☐ | ☐ | Patients transferring in are recorded below the line under those starting in the original clinic by the date ART started |
| **G** | ☐ | ☐ | ☐ | Baseline status when ART started and changes in regimen with reasons and dates are recorded. Make sure the changes match the right side |
| **H** | ☐ | ☐ | ☐ | Standard codes in each column are used for the current drug regimen or patient status in the top row |
| **I** | ☐ | ☐ | ☐ | Current breastfeeding or pregnancy codes have been filled in as relevant in the bottom row |
| **J** | ☐ | ☐ | ☐ | The months are labelled at the top of the columns |
| **K** | ☐ | ☐ | ☐ | The viral load, if available, has been recorded at 6 and 12 months and yearly thereafter |
| **Comments** | | | | |
| **Recommended action**.If information is missing or incorrectly filled in, talk to the responsible health worker about the gap or error and discuss the reasons. If the health worker did not receive the appropriate training or was inadequately trained, follow the recommended action in Part B, Section 1 (on organization and use of HIV patient monitoring tools). If the health worker knows how to fill in the information but was too busy or simply forgot, explain the importance of complete information for patient care and for tallying data from the registers for the cross-sectional and ART cohort reports later. Flag the health worker for subsequent visits to ensure that he or she is filling in the information correctly. | | | | |
| **Follow-up plan** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8** | **Yes** | **No** | **N/A** | **ART Monthly Report** |
| **A** | ☐ | ☐ | ☐ | Cross-sectional reporting forms have been completed and sent up or collected on a timely basis |
| **B** | ☐ | ☐ | ☐ | All cells have been filled in |
| **C** | ☐ | ☐ | ☐ | Tallies add up |
| **D** | ☐ | ☐ | ☐ | New and Current on ART by sex and age have been completed |
| **E** | ☐ | ☐ | ☐ | Information on people currently receiving ART by first-, second- and third-line ARV drugs and by sex and age has been completed |
| **Comments** | | | | |
| **Recommended action**.If cells are not complete or inaccurately tallied, go to the source, work with the health worker to review and reinforce understanding. If the health worker did not receive the appropriate training or was inadequately trained, follow the recommended action in Part B, Section 1 (on organization and use of HIV patient monitoring tools). If reports are consistently late, consider the reasons why and problem solve with health workers to ensure timely reporting. | | | | |
| **Follow-up plan** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9** | **Yes** | **No** | **N/A** | **Data use** |
| **A** | ☐ | ☐ | ☐ | Health workers have regular meetings to review patients’ charts or to review case management |
| **B** | ☐ | ☐ | ☐ | Health workers understand how to use information on the patient card to manage patient care and treatment |
| **C** | ☐ | ☐ | ☐ | Health workers understand how to use registers to help to follow up the status of patients’ care and treatment |
| **D** | ☐ | ☐ | ☐ | Health workers understand how to use cross-sectional reports for planning purposes as relevant |
| **E** | ☐ | ☐ | ☐ | Health workers understand how to use ART cohort analysis reports to identify patient outcomes and follow up accordingly |
| **Comments** | | | | |
| **Recommended action**.In addition to being able to accurately complete all patient monitoring tools, health workers should be able to use the information collected and reported to inform both patient management and programme monitoring at the facility. Each piece of information is collected and each indicator is compiled and measured for a reason. Data should be used regularly and should be a routine part of high-quality care and treatment. Quality assurance activities may also be carried out by reviewing some of the data collected. Regular site visits by the district management team and clinical mentors can support data use among health workers. Health workers should understand that using data is as important as filling, entering and reporting it. | | | | |
| **Follow-up plan** | | | | |