

Data Quality Approaches: RHRU KZN

HMIS Meeting, Cape Town

15 May 2008



Overview

- What forms you use (at clinic or facility level)?
- Who completes what forms?
- Where do the forms go after completion?
- How are stats aggregated?
- When are stats submitted to a higher level?
- When are stats checked at the different levels and queries handled?
- How is data interrogated, presented and used at RHRU-level for program management purposes?

History-KZN

- April 2004 - DoH ARV rollout
- End FY 04 - RHRU KZN support to DoH
- FY 05
 - 1st ARV site - Addington Hospital
 - 800 on ART
- FY 06
 - 2 new sites
- FY 07
 - 3 sites accredited
 - 1 new site
- FY 08
 - 3 new sites
 - over 13 000 patients

Sites - ART+

1. Addington Hospital
2. RK Khan Hospital
3. Prince Mshiyeni Memorial Hospital
4. Don McKenzie TB Hospital
5. Charles James Hospital
6. Clairwood Hospital
7. Kwa Dabeka CHC
8. Kwa Mashu CHC
9. King Edward VIII Hospital
10. Wentworth Hospital

Sites - Non ART

- The Dream Centre
- Commercial City
- Halley Stott clinic
- KwaMakhuta clinic
- Addington clinics [Beatrice St, Newlands East, Newlands West, Redhill, Addington Gateway]
- To expand to approx 30 clinics in eThekweni district

Structure of Program

- Human resources (doctors, nurses, counselors, pharmacists, dieticians, data facilitators, data clerks)
- Technical advice (doctors, nurse advisors, counselor advisor, training manager, M&E team)
- Infrastructure & equipment
- Training and on-site mentoring

M&E

10,4% of KZN Budget

Currently labor intensive

- Equipment/Hardware - 30 facilities
- Data entry
- Internal audits
- Analysis
- Staff (M&E team + part-time patient f/up workers & data clerks)

Forms at Site Level

Weekly Status Report

- Designed by National DoH for ARV sites
- Collects data on key variables
- Data Sources:
 - Hospital records
 - Pharmacy records
 - Doctor's register
 - Dietician's records
 - Counsellor's register
 - CD4 register
 - TB register

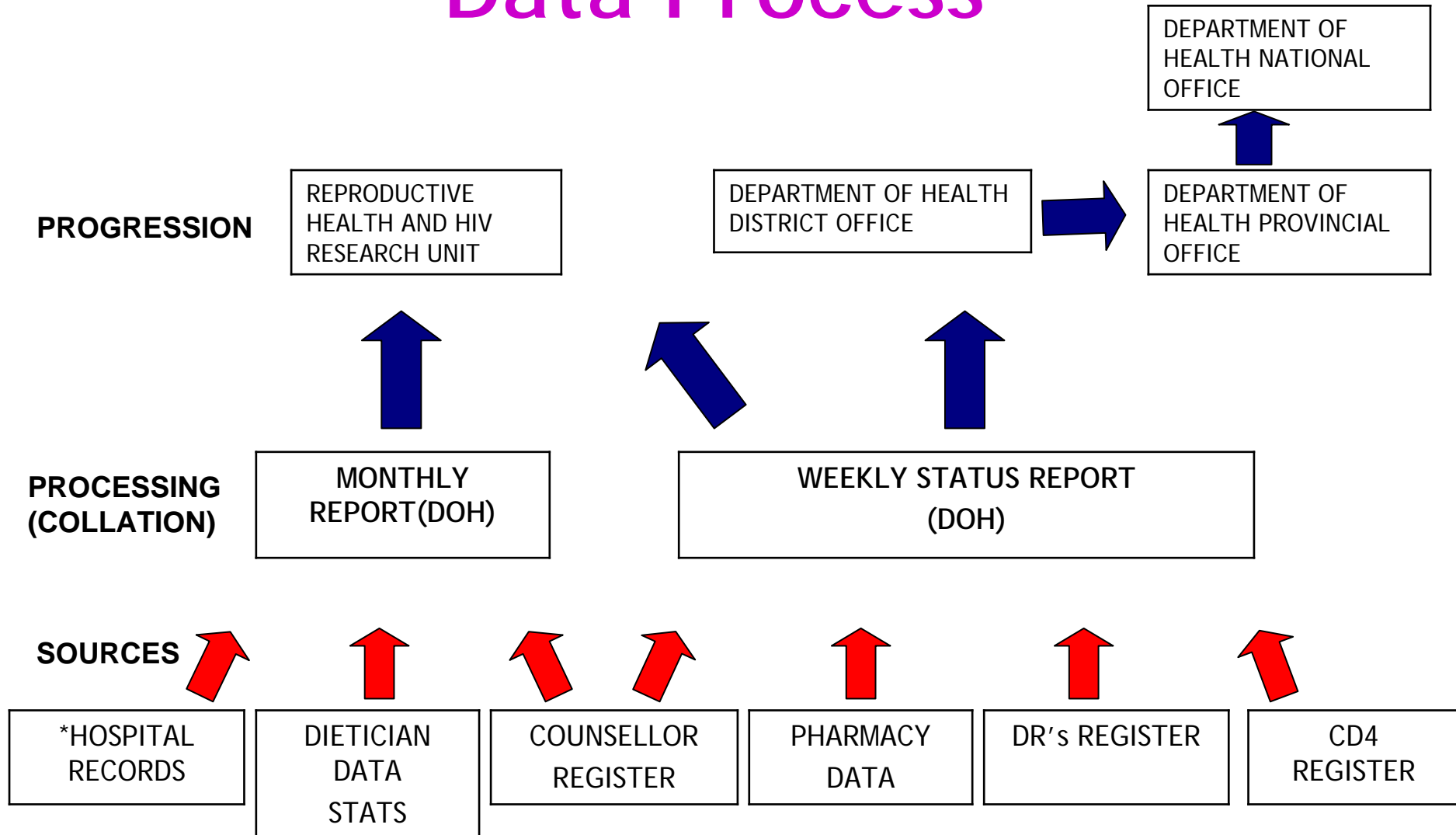
Data Process

- Completed on site by DoH data clerk
- Checked on site by RHRU data facilitator and/or RHRU site facilitator
- Faxed to District/Provincial DoH, copy faxed to RHRU
- Entered by RHRU Data Administrator
- Checked by RHRU Data Coordinator
- Queries addressed with site
- Corrected forms refaxed to District/Provincial DoH & RHRU

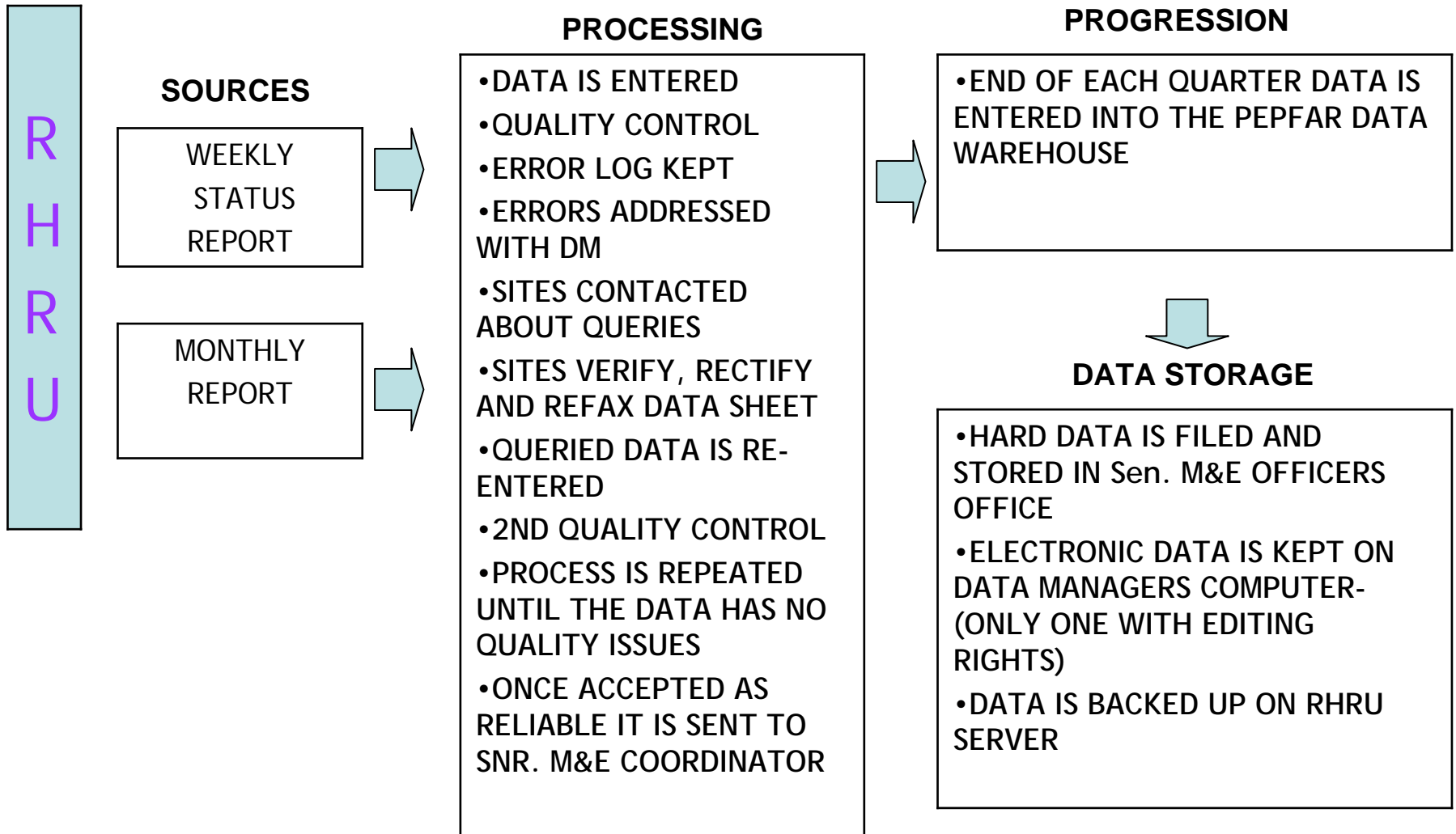
Adult Visit Summary Sheet

- Designed by KZN DoH
- Collects data on patient visits including history, treatment regimen, OIs, side effects, referrals.
- Completed by data clerks/doctors
- Captured by RHRU staff into Excel database
- Checked by RHRU Data Administrator
- Queries addressed on site and amended on Excel database

Data Process



Data Process at RHRU



Up & Down Referral

- Piloting data collection tools in collaboration with DoH
- Up referral form sent to initiating site by clinic
- Down referral form sent to clinic by initiating site
- Pink card sent to pharmacy at initiating site for prepackaging of medication
- Medication delivered to clinic
- Follow up call from clinic to ensure medication delivered on time
- Summary form completed by initiating site and clinic weekly to ensure no patients lost to follow up
- Data entered on Excel database by RHRU M&E team

Persons No Longer on ART

- File audit by RHRU M&E team
- Form designed by RHRU
- Files for patients not returning for appointments kept separately
- Data cross-checked with pharmacy records
- Patients contacted by RHRU patient follow up workers/data facilitators
- Data entered on Excel database by RHRU M&E team

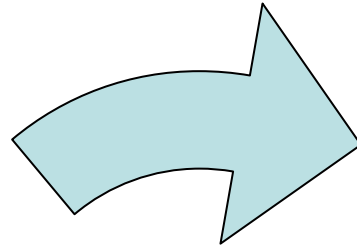
Quality of Care

- Retention in care
- Treatment outcomes
- Earlier initiation on treatment
- Rapid initiation of individuals with low CD4 counts
- Improved management of individuals not eligible for treatment

Aggregation of Data

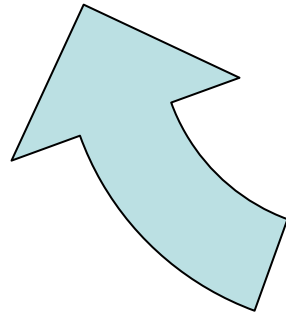
- Aggregation of daily records on weekly status report (DoH sites)
- Aggregation of weekly data on Excel spreadsheet (RHRU)
- Monthly reports (RHRU)
- Quarterly reports (RHRU)
- Semi annual reports on quality of care

Data Quality

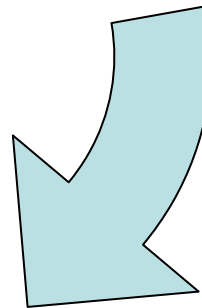


REALISTIC TARGET SETTING

ACCURATE REPORTING



**BETTER
PROGRAMMING**



Data Quality

Validity	Standardized indicator protocols, checks on transcription errors & error log, written process for dealing with missing data, consistent use of formulae.
Reliability	Training on data collection, documentation of data process (MER plan & SOPs), random checks of data by supervisors, documented data quality plan.
Integrity	Random checks on data, policy & training on confidentiality, password protected files & safe storage of data.
Precision	File audits to estimate errors at site level.
Timeliness	Calendar of reporting times, dates of data submission recorded and telephonic follow up on data not received, data provided regularly at site level.

Reporting

- Weekly & monthly reports to DoH
- Internal bi-monthly reports to site facilitators/
RHRU team
 - Each site's reach in terms of targets
 - Overall reach in terms of RHRU KZN targets
 - Reach in terms of RHRU's national targets
- External quarterly reports
 - Overall reach in terms of RHRU KZN targets
 - Reach in terms of RHRU's national targets
- External semi annual & annual reports

At Site Level

- Monitoring loss to follow up
- Fast track patients with low CD4 counts
- Progress in terms of NSP targets/meeting the demand for treatment
- Motivate for additional staffing
- Identify & address barriers to service delivery
- Improve quality of care

At Program Level

- Identify gaps and challenges to service delivery
- Evidence-based programming
- Design new interventions
- Evaluate programs
- Document lessons learned & better practices
- Improve service delivery
- Motivate for additional resources
- Contribute to policy development



Strengths

- Supports the DOH system - no duplication
- Auditable paper trail
- Cost effective & low tech system - not vulnerable to power shortages/ technological failure, easy to use, requires minimal support
- Builds capacity of DOH staff on-site in M&E and reporting
- On-site quality assurance
- Accurate and complete data capturing
- Improved infrastructure
- Improved patient management



Challenges

- DOH support
- HR issues
- Ensuring active participation of DoH staff
- Limited utilization of data by DoH
- Infrastructure, power shortages
- Quality of data
- Develop patient information system to improve management of patients and to monitor persons no longer on ART



Future Plans

- Continuous mentoring and training
- Support existing system - sustainability
- Electronic database
 - User friendly system
 - Quicker tracking of patients
 - Better management of appointments
 - Evidenced based programming
- Additional research on quality of care