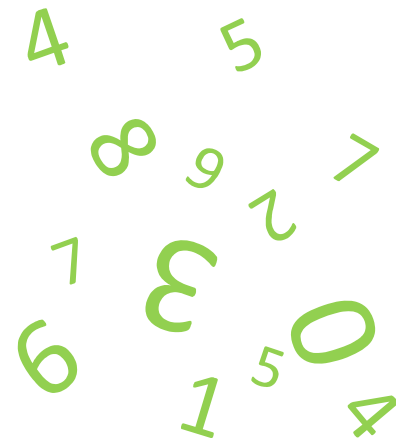


Data Quality Review (DQR) Data Verification and System Assessment Workshop

Session 6

Data Verification at Health Facility
Level – Recounting the Value of the
Indicator from Source Documents
– Current on ART



Learning Objective

To master the process of recounting the indicator at the health facility. Specifically, by the end of the session you should be able to;

- Know the definition of the indicator Number of patients currently on ART, i.e. Current on ART.
- Be familiar with data collection and reporting tools used to record service delivery for Current on ART.
- Understand standard protocols for aggregating Current on ART at health facilities.
- Understand how to re-count Current on ART on the medical record or ART Register for the selected reporting period.
- Understand and avoid common pitfalls in compilation of data for Current on ART.

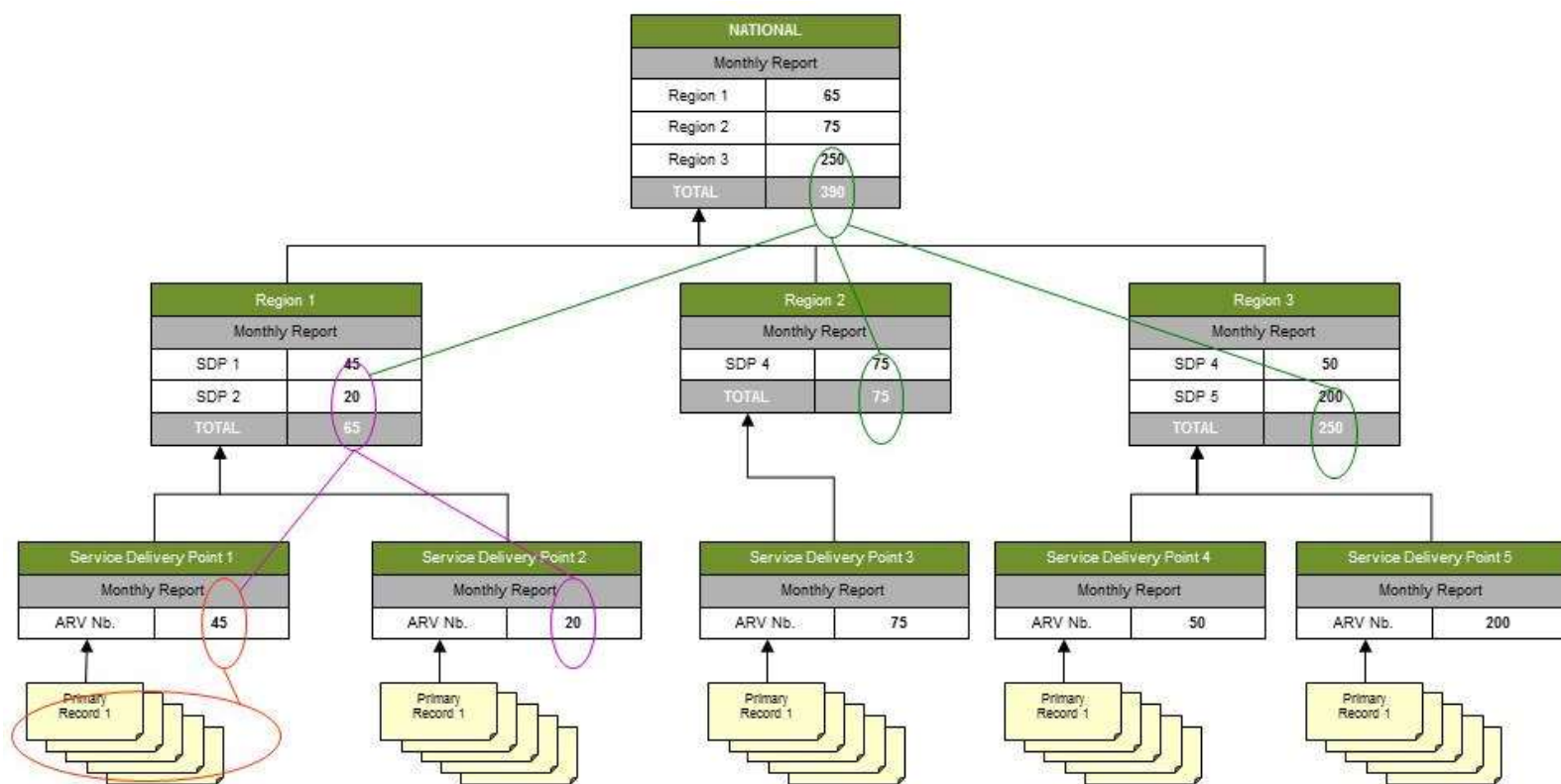
SESSION 6

Recounting Current on
ART



Data Verification Schema

Verification of reporting



SESSION 6

Recounting Current on
ART

Source documents: facility registers (ANC, ART, OPD, TB) & immunization tally sheet



Data Verification

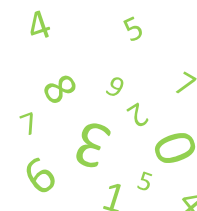
SESSION 6

Recounting Current on
ART

Data verification module

- Recommended maximum 5 indicators for review
 - ANCI, Penta 3/DTP3, Current on ART, TB cases, malaria cases (confirmed) (adapt to country implementation)
 - Include country indicator definitions
- Select a time period for the verification
 - e.g. : End of March 2019 (end of 1st trimester)
- For each indicator:
 - Documentation review
 - Recount the number of events
 - Reported number of events
 - Reasons for discrepancies

AS2
AS3



Slide 4

AS2 need note to facilitators to update this based on what has been selected for the country

Ashley Sheffel, 12/9/2019

AS3 also should focus on the definition on the indicator being examined

Ashley Sheffel, 12/9/2019

Recounting Current on ART

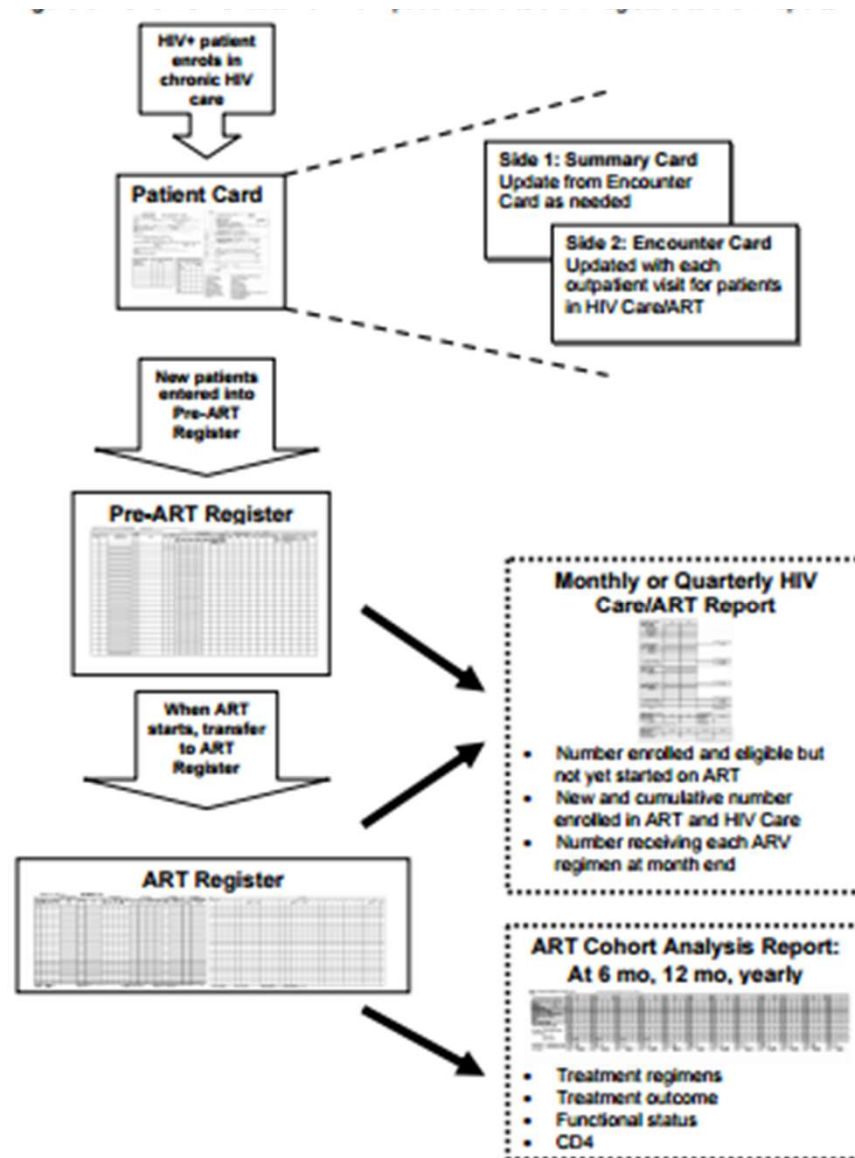


Recounting

ACA
ACC
D.B.1

Source documents for Treatment with ARVs

- ART Patient Card
- ART Register



SESSION 6

Recounting Current on ART

Slide 6

- AS4** need to add a slide on the common pitfalls in compilation of data for ART
Ashley Sheffel, 12/9/2019
- AS5** also need notes in the slide deck to explain this slide as ART is complicated
Ashley Sheffel, 12/9/2019
- D.B.1** notes on this slide added to "notes" section
David Boone, 4/22/2020

Recounting

Source document Current on ART – ART Patient Card

Sample patient card 1- ART (Exercises B and F1)

Unique # **VU0001** **HIV CARE/ART CARD 1**

District **Marduk** Health unit **Veld** District clinician/team **Smith**

Name **Anna Abouya** Pt clinic # **1**

Sex: M ☐ F ☒ Age **27** DOB **30/12/78** Marital status **married**

Address **192 Market Road, Apt 3, Veld**

Telephone (whose) **33 665 1234 (self/Anna)**

Prior ART:
☐ Transfer in with records
☐ Earlier ARV but not a transfer in
☐ PMTCT only
☒ None

Care entry point:
☐ PMTCT
☐ Medical Under
☐ TB STI
☐ Private/Co Inpatient
☐ Outpatient
☐ Self-referral
☐ CBO
☐ Other

Treatment supporter/med pick-up if ill: **John Abouya (husband)**

Address **192 Market Road, Apt 3, Veld**

Telephone (whose): **33 665 1233 (self/John)**

Home-based care provided by: **ALIVE**

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.	ART treatment interruptions
					Stop Lost (circle) Date Why Date if Restart:
John Abouya (husband)	35	+	N		Stop Lost 03/07/06
					Stop Lost
					Stop Lost
					Stop Lost
					Stop Lost
Drug allergies					Stop Lost
					Stop Lost

Why STOP coding:
1 Toxicity/adverse effect
2 Pregnancy
3 Treatment failure
4 Poor adherence
5 Illness, hospital
6 Drugs out of stock
7 Patient lacks financial resources
8 Other patient decision
9 Planned Rx interruption
10 Other (specify)

Date

01/01/06 Confirmed HIV+ test Where Veld HIV 1/2 Ab / PCR (if < 18 mo)

01/01/06 Enrolled in HIV care

ARV therapy

01/01/06 Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4% ☐ TLC

22/01/06 Medically eligible and ready for ART

Transferred in from ART started

22/02/06 Start ART 1st-line initial regimen: **d4T(30)-3TC-EFV**

At start ART: Weight **50** Function **A** Clinical stage **3**

Substitute within 1st-line:

08/03/06 New regimen AZT-3TC-EFV Why 1

Patient demographics, diagnosis, care in-take, and ART Start Date and Regimen

Patient ART follow-up Summary Form

New reg		Unique # VU0001		HIV CARE/ART CARD				Name Anna Abouya									
Switch	Date	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD/PMTCCT? If no FP If FP write method(s) If child write height	Function	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotrimoxazole	Other meds dispensed	ARV drugs	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide	
New reg	Check if scheduled. Write in alternate pick-up if ill					Work											
New reg						Amb											
New reg						Bed										If hospitalized # of days	
Dead											Adhere Dose		Adhere/ Why	Regimen/ Dose dispensed			
Transf	<input type="checkbox"/>	01/01/06	08/01/06		50	No FP	W	3	No signs	FEVER		18				Consult-ART prep	
Why STOP codes: 1 Toxicity/adverse eff 2 Pregnancy 3 Treatment failure 4 Poor adherence 5 Illness, hospital 6 Drugs out of stock 7 Patient lacks for 8 Other patient de 9 Planned for visit 10 Other (specify)	<input checked="" type="checkbox"/>	08/01/06	15/01/06		49	No FP	A	3	No signs		G	18				Consult-ART prep (continued)	
	<input checked="" type="checkbox"/>	15/01/06	22/01/06		48	No FP	A	3	No signs		F	18					
	<input checked="" type="checkbox"/>	22/01/06	22/02/06		47	No FP	A	3	No signs		G	64				HBC (ALIVE)	
	<input checked="" type="checkbox"/>	22/02/06	08/03/06	0	47	No FP	A	3	Sputums D	COUGH x 3 wks	G	64		28 d4T(30)-3TC-EFV			
	<input checked="" type="checkbox"/>	08/03/06	09/04/06	2wks	47	No FP	A	3	+++ TB Rx	D (worse)	Pancreatitis	G	64	F/1	60 AZT-3TC-EFV	Sent Hgb	
	<input checked="" type="checkbox"/>	09/04/06	07/05/06	1	49	No FP	A	3	TB Rx	D (improved)		G	64	G	60 AZT-3TC-EFV	Hgb= 10 Sent Hgb	
	<input checked="" type="checkbox"/>	07/05/06	04/06/06	2	51	No FP	W	3	TB Rx			G	64	G	60 AZT-3TC-EFV	Hgb= 11 Sent Hgb	
	<input checked="" type="checkbox"/>	05/06/06	03/07/06	3	52	No FP	W	3	TB Rx			G	64	G	60 AZT-3TC-EFV	Hgb= 11 Sent Hgb	
	<input type="checkbox"/>	03/07/06	LOST														
	<input type="checkbox"/>																
<input type="checkbox"/>																	
<input type="checkbox"/>																	

SESSION 6

Recounting Current on ART

Slide 7

AS6 need notes to explain this slide in more detail
Ashley Sheffel, 12/9/2019

D.B.2 notes provided - OK?
David Boone, 4/22/2020

Recounting

SESSION 6

Recounting Current on ART

ART Patient Card: Recounting from the source document – exhaustive method (most accurate)

- Examine every ART patient card for every patient ever started on ART at the facility.
- Verify on the summary form a prescription pick-up for ARVs during the reporting period selected for review.
- If recounting totals for age and gender categories (or pregnancy status, TB status, etc.) a tally sheet should be used to accurately record values for each stratum.
- Do not count patients who have “stopped”, “dropped” (lost for more than 90 days*), “transferred-out”, or “died”.

*The National HIV/AIDS Program will set the standard for the number of days a patient is lost to follow up before being considered “dropped”. Often this is 90 days but increasingly Programs are monitoring dropouts more closely. The new standard for PEPFAR is 28 days.



Recounting

SESSION 6

Recounting Current on ART

Patient treatment status:

- Active on treatment = documentation of having received a prescription during the assessed reporting period, on either the ART register, medical record, or EMR.
- Stopped = patients who stop treatment with their doctor's knowledge due to side effects, or a "treatment break".
- Lost = missed an appointment(s) but still within the allowable period
- Dropped = missed appointment(s) and hasn't been seen past the national protocol defined number of days (e.g. 90 days, 28 days, etc.).
- Transferred-out = transferred to another facility with records.
- Died = a patient who has died and there is documentation / confirmation of the death



Note to facilitators

Note to facilitators:

- Two methods for re-counting current on ART are presented
 - –a quick and dirty method which is easier, takes less time, but is less accurate;
 - and a more pains-taking and accurate method which takes longer in each facility.
- Facilitator should determine which method will be used for the assessment and teach that one. The other should not be presented.
- Which method to use will largely be dependent on the level of resources available and the level of precision required for the estimate of accuracy of reporting.



Recounting

Source document Current on ART – ART Register

ART register (see Annex D3)

Registration and Personal Info.								Status at start ART				Fill when applicable				1st Line Regimen		2nd Line Regimen		
ART Start Date	Unique ART No	Why Eligible (Transfer In)	Patient Clinic ID	Name Surname Given name	Sex	Age	Address	Functional status	WT	Child: Height	WHO clinical stage	CD4	INH Start date Stop date	CTX Start date Stop date	TB Rx Start date Stop date	Preg Due date PMT CT link	Original Regimen	Substitutions 1st: Reason / Date 2nd: Reason / Date	Regimen	Switches, substitutions 1st: Reason / Date 2nd: Reason / Date

Year																										
Write in month																										
Month 0	Month 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
							Function	CD4					Function	CD4											Function	CD4

- Longitudinal (i.e. over time) Register with one line per patient. Each page begins a new monthly “cohort”
- Patient follow-up with ARV Regimen and dates on right hand side of the register extending for 24 months



SESSION 6

Recounting Current on ART

Recounting

SESSION 6

Recounting Current on ART

ART Register: Recounting from the source document

- Begin from the first page of the first register (debut of ART program at the facility)
- Identify the appropriate column corresponding to the month under review. This will be a different column for each register page/cohort.
- Count the number of patients who have an ART regimen recorded for the month under review. Do not count patients who have “stopped”, “dropped”, “transferred-out”, or “died”.
- Continue to the page representing the month selected for review, count that month and stop.



Recounting

SESSION 6

Recounting Current on
ART

ARV Register: Recounting from the source document – short cut method (less accurate)

- Start with the total number of people currently on ART from the previous monthly report
- Using the cohort register, identify the appropriate column corresponding to the month under review. This will be a different column for each cohort.
- Count the number of patients who have a newly started ART in the month under review and add that to the number of people currently on ART from the previous monthly report.
- Subtract the number of patients who have recorded "stop", "lost", "died", or "transfer out" in the month under review.



Slide 13

AS7 can we add some guidance on which method should be implemented and/or instructions to facilitators to adapt/hide slides based on selected methodology for the country?

Ashley Sheffel, 12/9/2019

D.B.3 slide added with note to facilitators - ok?

David Boone, 4/22/2020

Recounting

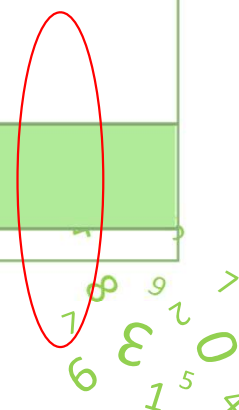
- Record the recounted values in the appropriate cells on the data collection form

REVIEW SOURCE DOCUMENT FOR ART AND ANSWER THE FOLLOWING QUESTIONS				
DV_303	Please confirm the availability of the main source document used for reporting of the number of PATIENTS ON ART for the month selected for review. If available and information on PATIENTS ON ART is recorded, please recount the number of PATIENTS ON ART at the end of the month under review.	YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART*		(B) RECOUNT NUMBER OF PATIENTS ON ART IN SOURCE DOCUMENT
		YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART *	NO, SOURCE DOCUMENT NOT AVAILABLE OR INFORMATION ON PATIENTS ON ART NOT RECORDED	
01	Month of review	1 ? B	2 02 ↩	

*Even if information is only partially filled (for example for a few days in the month, you would answer YES

SESSION 6

Recounting Current on ART



Recounting

Facility Monthly Report

- Locate the facility HMIS or Program-specific monthly report for the selected months
- Find the appropriate page of the monthly report – the one with the ARV section.
- Find the cell for reporting Current on ART and note the value. Repeat for the other months

4. ARV regimen at end of quarter	Male	Female	
On 1st-line ARV regimen			
4.1 Adults (>14 years)			
d4T-3TC-NVP	a.	j.	
d4T-3TC-EFV	b.	k.	
ZDV-3TC-NVP	c.	l.	
ZDV-3TC-EFV	d.	m.	
	e.	n.	
	f.	o.	
	g.	p.	
	h.	q.	
Adults on 1st-line regimens	i.	r.	s. Total number of adults on 1st-line regimen
4.2 Children (0-14 years)			
d4T-3TC-NVP	a.	k.	
d4T-3TC-EFV	b.	l.	
ZDV-3TC-NVP	c.	m.	
ZDV-3TC-EFV	d.	n.	
	e.	o.	
	f.	p.	
	g.	q.	
	h.	r.	
Children on 1st-line regimens	i.	s.	t. Total number of children on 1st-line regimen
Adults and children on 1st-line regimens	j.	t.	u. Total adults and children on 1st-line regimens
On 2nd-Line ARV regimen			
4.3 Adults (>14 years)			
ZDV-ddI-LPV/r	a.	l.	
d4T-ddI-LPV/r	b.	j.	
	c.	k.	
	d.	l.	
	e.	m.	
	f.	n.	
	g.	o.	
Adults on 2nd-line regimens	h.	p.	q. Total number of adults on 2nd-line regimen
4.4 Children (0-14 years)			
d4T-ddI-NFV	a.	k.	
ZDV-ddI-LPV/r	b.	l.	
	c.	m.	
	d.	n.	
	e.	o.	
	f.	p.	
	g.	q.	
Children on 2nd-line regimens	h.	r.	s. Total number of children on 2nd-line regimen
Adults and children on 2nd-line regimens	i.	s.	t. Total adults and children on 2nd-line regimens
Adults and children on 1st- and 2nd-line regimens	j.	t.	u. Total adults and children on 1st- and 2nd-line regimens
			v. Total current on ART

SESSION 6

Recounting Current on ART



Reported Values

- Record the reported values from monthly facility reports in the appropriate cells on the data collection form

REVIEW MONTHLY REPORT FOR ART AND ANSWER THE FOLLOWING QUESTIONS					
DV_304	Please confirm the availability of the monthly report form in which patients on ART are recorded and sent to the district or next level administrative unit for Month1 to Month3. If available, please record the number of patients on ART entered in the monthly report form for Month1 to Month3.	(A) MONTHLY REPORT AVAILABLE			(B) RECORD NUMBER OF PATIENTS ON ART IN MONTHLY REPORT
		YES, MONTHLY REPORT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART	YES, MONTHLY REPORT AVAILABLE BUT INFORMATION ON PATIENTS ON ART NOT RECORDED	NO, MONTHLY REPORT NOT AVAILABLE	
01	Month of review	1 ? B	2 02 ↩	3 02 ↩	

SESSION 6

Recounting Current on ART

5
9
2
0
1
5
4

Potential Cross Checks

SESSION 6

Recounting Current on
ART

- Cross checks are verifications of service delivery across data sources which can help identify data quality problems.
- If time permits, the following cross checks can be conducted for Current on ART.
 - Compare information for priority data elements on a small sample of patient cards with information for the same cases on the ART register.
 - Verify patients' diagnostic information between the laboratory register and the ART register.
 - Compare the number of patients Current on ART in a given reporting period to the number of patients prescribed ART medication in the pharmacy log book.
 - Compare patients treated against consumption of drugs in the drugs stock management logs.



Keep in
mind...

SESSION 6

Recounting Current on
ART

- Pay attention to the “status on treatment” of the patients who have ever started at the facility. There are country-specific policies which determine the status of the patient as either current (i.e. alive and on treatment), lost to follow-up, stopped, dropped, or died.
- If patients miss a scheduled appointment they are not deemed ‘lost to follow-up’ until a program defined number of days following the last missed appointment.
- Understand where to begin and end counting on the ART register – for ‘current on ART’ one must go back to the beginning of the treatment program at the facility and verify the status of each patient ever started on ART.
- Patients who are stable and adherent on treatment may receive multiple months of medication at one visit. Pay attention to the length of the prescription since they are considered ‘current’ until the end of that period.



Questions

- What is the source document for the indicator Current on ART?
- How is loss-to-follow-up defined in the National HIV/AIDS Control Program?
- What effect can loss-to-follow-up have on the numbers reported as currently on treatment?
- Patients who transfer-out to another facility are still active on treatment. Are they counted, or not counted in the total for Current on ART at the facility being assessed?

SESSION 6

Recounting Current on ART



Practice

Practice with example ART Patient Card and/or ART Registers

- Work in small groups to conduct the recount (2-4 participants, depending on the number of available registers).
- The facilitator will provide example source documents for you to work with.
- Your instructor will give you the reporting period to be verified. With this you can begin counting the number of patients currently on ART.
- You have 75 min.

SESSION 6

Recounting Current on ART

