Session 6

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

Verification of reporting

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

• Recommended maximum 5 indicators for review
  • ANC1, 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

SESSION 6
Recounting Current on ART
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
SOURCE DOCUMENTS AND REPORTS—Current on ART

- Medical Records for all patients starting on treatment from the beginning of the treatment program at the facility
- HMIS or Program-specific facility monthly report for the month finishing the period selected for review
Recounting Source documents for Treatment with ARVs
• ART Patient Card
• ART Register

SESSION 6
Recounting Current on ART
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
SESSION 6
Recounting Current on ART

Recounting Current on ART – ART Patient Card

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

Patient ART follow-up Summary Form
need notes to explain this slide in more detail
Ashley Sheffel, 12/9/2019

notes provided - OK?
David Boone, 4/22/2020
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.
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:

• 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.
Source document Current on ART – ART Register

- 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
Recounting 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.
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.
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

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

<table>
<thead>
<tr>
<th>REVIEW SOURCE DOCUMENT FOR ART AND ANSWER THE FOLLOWING QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DV_303</strong></td>
</tr>
<tr>
<td><strong>YES, SOURCE DOCUMENT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART</strong></td>
</tr>
<tr>
<td><strong>NO, SOURCE DOCUMENT NOT AVAILABLE OR INFORMATION ON PATIENTS ON ART NOT RECORDED</strong></td>
</tr>
<tr>
<td><strong>01</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ARV regimen at end of quarter</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (15-14 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d4T-3TC-3TC-4TC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3TC-3TC-3TC-4TC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (15-14 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d4T-3TC-3TC-4TC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3TC-3TC-3TC-4TC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults and children on 1st-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children on 1st-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults and children on 2nd-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of adults on 1st-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of children on 1st-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total adults and children on 1st-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of adults on 2nd-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of children on 2nd-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total adults and children on 2nd-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total adults and children on 1st- and 2nd-line regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total current on ART</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SESSION 6
Recounting Current on ART
- Record the reported values from monthly facility reports in the appropriate cells on the data collection form.

<table>
<thead>
<tr>
<th>DV_304</th>
<th>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.</th>
<th>(A) MONTHLY REPORT AVAILABLE</th>
<th>(B) RECORD NUMBER OF PATIENTS ON ART IN MONTHLY REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES, MONTHLY REPORT AVAILABLE WITH INFORMATION RECORDED FOR PATIENTS ON ART</td>
<td>YES, MONTHLY REPORT AVAILABLE BUT INFORMATION ON PATIENTS ON ART NOT RECORDED</td>
<td>NO, MONTHLY REPORT NOT AVAILABLE</td>
</tr>
<tr>
<td>01</td>
<td>Month of review</td>
<td>1 ? B</td>
<td>2 □ 02 □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 □ 02 □</td>
<td></td>
</tr>
</tbody>
</table>
• 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.
• 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?
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.