Standard Operating Procedure for ART Data Quality Improvement and Use Initiative in Facilities proving ART service in Ethiopia

Version 1.3

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Contents

SOP for Data Quality Improvement & Use Initiative

Procedures in the Data Quality Improvement and use imitative could be sub-divided into Six parts

Part One: - Taking Baseline Data and Establishing Baseline Data Quality Status

- Randomly select 19 Client charts from MRU
- Check the completeness, validity and consistency of the ART related data among the three data sources Client Chart, Registers and SmartCare-ART; using the excel template prepared for this purpose by purposely selected data elements for verification

Part Two: - Counting Currently on ART & Create Master Line List of charts for Data Updating

1. Generate line list of currently on ART from SmartCare-ART for the selected month
2. Line List the number of currently on ART from the ART/PMTCT register for the selected month
3. Line List clients reported in the ART/PMTCT registers but not in the SmartCare-ART and Vice-Versa separately
4. Generate list of clients labelled as Lost from the SmartCare-ART line list report without specifying any time period
5. Generate list of clients labeled as missed appointment from the tracing section of the SmartCare-ART (all list of clients should be exported)
6. Generate list of clients newly enrolled and transferred in after the reporting period selected for counting TX_Curr (treatment current)
7. Merge the above list of clients in serial number 1-6 and finally de-duplicate (remove the duplicated records if any). This list will be used as reference to draw charts from MRU and will be included in the updating template to be used by data clerks for daily updating. All other newly starting clients coming actively after the launch of the campaign will be included as additional list and labelled separately in the column prepared for this purpose.
8. Prepare Plan for the whole campaign proceeding before starting the campaign based on the number of charts identified in the above section by considering working days for the campaign and the number of data clerks available for the job
9. Provide line list of charts to draw to MRU Head or Runners based on daily plan

Part Three: - Update Intake A, B and Follow Up Forms Data in SmartCare-ART & ART/PMTCT Registers from client charts

- First check all data element of the intake A one by one in the paper chart
- Search the client in SmartCare-ART, compare data in the SmartCare-ART & paper chart, and update each data element one by one accordingly
- If any field from **Address and Full Name (First, Second and Last Name)** of the client is incomplete in the client chart use **Yellow Sticker** for labeling
- Next check all the data elements of intake B one by one, compare and update in SmartCare-ART accordingly and update in the ART/PMTCT Registers if required

- Check INH part of the intake B & take note to use appropriate sticker for INH completeness after full check of the client chart accordingly (TPT only be documented in intake B for TI cases)
- Go to **Follow Up form** and check in the limit of 2 years follow up date from **Today**
- Search the client in SmartCare-ART and see the presence of all Follow Ups in the past 2 years
- If all follow ups are not there, add follow ups by "**New Follow Up**" option
- Then look at each follow up data in the Follow Up form in the client chart and start updating in the SmartCare-ART (Include the Baseline ART follow-up data for all clients)
- Open each follow up from chart & compare it with the one in the SmartCare-ART; Update any un-updated content in each follow up & finally update all ART/PMTCT Registers
- For Viral Load, IPT, Tb Tx, and CD4 count, check the presence of any value for these services even if the date is not in the past two-year & update SmartCare-ART by creating new Follow Up or editing. With the same manner update the registers with un-updated content
- For VL and TPT to check presence of any data for updating not included in the Patient Chart, find the following data sources in addition to the client chart
    - Separate VL register (in the laboratory) or electronic databases if used previously
    - Separate registers, sheets or requisition form to be attached in client chart
    - For TPT never forget to check it from the Intake B, especially for TI cases
- Use **Blue Stickers** (**Eligible for VL**)
    - If no viral load data documented & client on ART for 6 months
    - No viral load data documented for pregnant mothers on ART for 3 months
- If high viral load(>1000c/ml) but no EAC documented use **Red sticker** (eligible for EAC)
- For the TB Preventive Therapy after checking in Intake B, Follow Up Form & other TPT documentation slip in client chart
    - If IPT start and complete date not documented or INH discontinued date known (interrupted) use **Bronze Sticker**
    - If TPT start date found and the client is actively taking TPT use **Silver Sticker**
    - If TPT Start & Complete Date found in the records use **Gold Sticker**
- Mark daily updating of each client on the line list of excel sheet prepared for this purpose
- At the end of each working day report updated list of clients to the M&E Coordinator/Mentor using the reporting template
- Participate on daily performance monitoring at facility level
- Keep updated charts separate & return all charts to MRU at the end of each working day

Part Four: - Updating Clients' Status not updated in the SmartCare-ART

- Get list of clients previously missed appointment (not updated) from Tracing & Document,
- Get charts of these clients & Use steps in part three to update the client data in SmartCare-ART & ART/PMTCT Registers
- Document status of these client's final follow-up status in the template prepared for this
- Keep updated charts separate & return to the MRU at the end of each working day

Part Five: -Updating Charts with Data Quality Issue

- Get list of clients having data quality issue from SmartCare-ART Data Quality Assurance section & document properly (by exporting and printing)
- Get chart of these clients from MRU
- Communicate the situation on duplicated records with the MRU head & how solve it
- Manage the data quality issues accordingly and document the changes done to the records
- If the MRN or UAN of the client is edited/deleted, record them in the template prepared for this purpose
- Keep updated charts separate & return to MRU at the end of each working day

Part Six: - Entering Other Initiatives Data in SmartCare-ART

- Get all the possible data sources for new initiatives to enter data into SmartCare-ART, for
    - Retest Registers
    - Partner & Family Based ICT Register
    - HIV Positive Tracking Register
    - Appointment Spacing Register
    - Viral Load Log Book & High Viral Load Register
    - Post Exposure Prophylaxis Register
- Search, edit or Add the clients as new in SmartCare-ART
- Go to each service section & enter all information from data source to the SmartCare-ART
- If any problem encountered in entering data of new initiatives in SmartCare-ART, report to the responsible Mentor or M&E coordinator
- If issues to be fixed/corrected or any comments with regard to features and functionalities of SmartCare-ART, please document & communicate using SmartCare-ART issue tracker on daily basis.

Note: -

- Never update any data in the ART/PMTCT Registers or SmartCare-ART in absence of client's Medical Chart
- If the client's chart could not be retrieved from MRU but client is found in the SmartCare-ART Module, print intake A, B and Follow Up forms; and use new folder to recreate lost client chart
- If client's grandfather name is unknown, use last letter of the father's name to pass the validation in the data entry of grandfather while entering/updating intake A, but use **yellow** sticker to label the record as incomplete
- Unless special conditions are there don't update the age of already documented client, which is static in the paper but calculated field in the SmartCare-ART/update DOB if required and you are sure of validity of the data
- For more explanation and Information, please refer to "ART Data Quality Improvement & Use Initiative Implementation Guide , version 2.0"