PROVINCIAL TB CONTROL PROGRAMME PUNJAB

GUIDELINES & TOOLS

FOR

Facility level Monitoring Event

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Prepared by

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Guidelines
PPM - DOTS Monitoring Events
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This document describes a structured event of facility level monitoring, conducted every month to achieve certain agreed DOTS implementation outputs. Each participating private clinic/hospital would also be encouraged to participate in the quarterly district level monitoring event.

1. Background

National TB Control Programme Pakistan has already achieved countrywide DOTS coverage in 2005. Since achieving the rapid expansion targets, the programme focus has mainly been to enhance the quality of public sector DOTS implementation and to involve private partners in the implementation process. Enhanced supervision and monitoring is considered to be a key to an improved quality of implementation in public as well as private sectors. Pakistan is among few developing countries, where a systematic effort is being made to strengthen the monitoring and supervision of countrywide DOTS implementation. The Programme has already launched a public sector monitoring system with regular quarterly events at district, province and national levels. At each level, these monitoring events carryout the cohort analysis as well as plan for the next quarter.

The facility level monitoring has the pivotal role in the whole monitoring process. To make the facility level monitoring supportive of the district level events, the facility level monitoring need to focus on the management of individual TB cases attending the facility. Whereas, the district and province level monitoring focus more on a group of TB cases being managed at facilities and districts respectively.

The TB Control Programme has already developed a set of guidelines and tools for more structured monitoring events at facility, district, province and national levels. The private clinics/hospitals differ in organizational arrangements from a routine public health facility e.g. rural health center. So facility level monitoring guidelines for public sector facilities have been adapted for PPM DOTS. These guidelines and tools are currently being evaluated through piloting in selected districts. In light of early implementation experiences, these guidelines and tools will be refined before further scaling-up.

The objectives and outputs for the clinic/hospital monitoring process are outlined. Then details of organizing and conducting intra-hospital monitoring meeting (including input and case management review sessions) is described in section 4 and 5. The tools for recording the monitoring data as well as actions are given in Appendices-A and B.

2. Purpose and Objectives

2.1 The **aim** is to improve the TB case finding and treatment outcomes at the private clinics/hospitals. The **purpose** is to improve the onsite technical and management support to the clinic/hospital staff. This would supplement the monitoring events at district and province levels.

2.2 The **objectives** are:

- To check and compile monthly data on availability of inputs and case management practices in the clinic/ hospital, including updating the District TB Register.
- To analyze every month the nine selected programme performance indicators, and suggest and record the actions for respective clinic/ hospital.
- To check and compile the quarterly case management data and prepare quarterly reports for the facilities i.e. TB07, TB08, and TB09 (only during the first month of each quarter).
- To enable the hospital staff to collectively review the hospital performance on TB case management, and plan actions accordingly.

3. Desired Outputs

The facility level monitoring event comprises two review sessions i.e. input and case management. The period under review is generally the last completed month. The action note table is used to record the planned actions for the clinic/hospital.

3.1 Input Review Session:

- Availability of human and material inputs reviewed, and
- Actions taken or suggested and recorded for addressing the input gaps.

3.2 Case Management Review Session:

- Practices and gaps in screening of TB suspects and registering of TB cases reviewed, with the help of outpatient data and patient registration record (TB01), and action planned or taken accordingly.
- TB01 updated, in light of information available with the DOTS Facilitator(s), and TB03 updated according to updated TB01.
- Practices and gaps in managing the registered TB cases reviewed, with help of TB01 and TB03, and noted.
- Nine selected key program indicators analyzed and actions suggested accordingly.
- Selected data compiled into a monthly hospital monitoring form and record is maintained by the PPM Field Officer as well as DOTS Facilitator in the hospital.

4. **Arrangements**

Facility level monitoring meeting is attended by DOTS Facilitator(s) at the clinic and PPM Field Officer. The District TB Coordinator may occasionally attend the meeting, where feasible and/or requested.

The meeting is held every month, at a time and date convenient to both participants. The meeting generally requires about an hour time. No audio-visual equipment or other hardware is required.

In ASD project districts
Regional Coordinator ASD may also participate in one or more facility level monitoring meetings.

5. How to organize, conduct and document?

5.1 How to schedule the meeting and inform the participants?

PPM Field Officer, in consultation with respective DOTS Facilitators, fixes a day and time for each facility level monitoring meeting. It is preferred to stick to the plan, unless unavoidable circumstances require a change in the plan. In case of change in day or time, the PPM Field Officer suggest an alternate and hold the meeting accordingly. Each DOTS Facilitator is instructed what record he/she will arrange for the meeting e.g. input data, case management data (TB01) etc.

5.2 How to prepare for the meeting?

5.2.1 PPM Field Officer:

- Gets the clinic/hospital monitoring file, and reviews the past performance and the gaps at the hospital. Also gets himself updated on the progress made on actions agreed in the previous meeting. The PPM Field Officer carries this file to the facility level monitoring meetings.
- Also gets updated information about the resource availability at district level.
- Gets two blank sets of "Facility Monitoring Form".

5.2.2 DOTS Facilitator

- Collects in-time the required data/information about:
  - Availability of inputs (page-1 of Monitoring Form)
  - Case management practices (Table on page-2 of Monitoring Form)
- Bring the updated records i.e. TB01 and other related information.

5.3 How to conduct a facility level monitoring meeting?

The facility level monitoring meeting is conducted as an interactive event, between PPM Field Officer and DOTS Facilitator(s). PPM Field Officer facilitates the facility staff to review the availability of inputs as well as case management practices during the month under review. PPM Field Officer maintains a file; in which filled monitoring form is filed every month, along with other relevant record e.g. action note sheet.

5.3.1 **Input Review Session**:

- Information, brought by DOTS Facilitator, about the current stock level of material inputs and availability of trained staff in the hospital is reviewed. This data on input availability is recorded in the shaded cells of the tables on page-1 of the Facility Monitoring Tool. These entries are crosschecked/verified by the PPM Field Officer.
- In case of **print materials** and **drugs**, the participants identify "material items" where current available stock levels are below the minimal stock levels. The **recorded gap** in the availability of print materials and drugs is discussed. In case of gap:
    - PPM Field Officer manages, where possible, a minimum quantity of the required material for the immediate use of the hospital (through district or programme resources). The agreed activity/plan is recorded in "action note sheet".

- In case of gap in availability and/or capability of **staff**:
    - If gap is related with the staff **availability**:
        - PPM Field Officer discuss and agree on clinic/hospital either: a) adjusting the responsibilities of available staff so that he/she can give due time to DOTS work, b) providing another person to supplement/substitute the work of current staff, c) any other (specify)

    - If gap is related with the staff **capability**:
        - PPM Field Officer discuss and agree on either: a) training or retraining the available staff, or b) reassigning the job to another available and potentially able person, c) any other (specify)

5.3.2 **Case Management Review Session**

This session relies mainly on compiling and reviewing the case management data (i.e. Table E, page-2 of Monitoring Form) for the month under review. The DOTS Facilitator compiles the required data mainly from OPD record, TB patient card (TB01), and District TB register (TB03, maintained by PPM Field Officer). The method for compiling data is given in Appendix-B. This filled table is reviewed in the meeting, deviations discussed and measures planned to improve case management practices in the hospital.

- The participants calculate the statistic for nine selected indicators on the basis of given formulae, and record the figure in the column "Observed" in Table F.
- The PPM Field Officer and DOTS Facilitator, with the help of indicator analysis table, tries to understand the possible reasons for the situation and suggest tentative actions accordingly. These suggested actions are "tentative" and "advisory" in nature, for the hospital management to consider. These reasons and suggested actions are recorded in "Table F" of the Facility

monitoring form. The actions proposed, on current case management practices, to the hospital management may include the following two type of activities:

- Exploratory activity to further clarify the situation and/or reasons
- Corrective activity to address the problem/gap

- PPM Field Officer gets a filled copy of Facility Monitoring Form and keeps it in a separate file.
- The Hospital Management is expected to review the filled form, and consider implementing, as per current circumstances, all/some of the suggestions made in the monitoring meeting.

- *During the monitoring meetings held in the first month of a quarter, TB07, TB08 and TB09 (i.e. quarterly reports) for the clinic/ hospital are prepared and reviewed.*

Indicator Analysis Table

Indicator	Expected range	If less than expected		If more than expected	
		Reasons	**Actions**	**Reasons**	**Actions**
% OPD diagnosed and registered as TB	2% or more	- Suspect identification/ referral practice not correct. - Poor access to laboratory. - Poor quality of AFB testing. - Pts. fail to re-visit the facility after AFB testing.	- Train/ instruct the doctor - Modify, if possible, the lab. fee, timing etc. - Strengthen the EQA - Improve pre-referral counseling or early retrieval	- Doctor incorrect practice - Only highly probable cases visit the clinic/hospital. - Poor quality of AFB testing	- Train/ instruct doctors to follow NTP guidelines - No action - Strengthen the EQA
Proportion of CAT-II cases among total smear-positive registered	10 – 20%	- Poor categorization of newly registered TB patients.	- Train/ instruct doctors to follow NTP guidelines	- Diagnosis practice not correct. - High default of new cases in the district	- Train/ instruct doctors - Improve default rate through better support & retrieval.
% NSS^+ among new patients of pulmonary TB.	40 – 60%	- Poor quality of AFB testing - Diagnosis practice not correct.	- Strengthen the EQA - Train/ instruct doctors to follow NTP guidelines	- Poor quality of AFB testing (FP) - NTP criteria to diagnose smear-negative cases are not followed.	- Strengthen the EQA - Train/ instruct doctors to follow NTP guidelines
Proportion of SS^+ prescribed correct regimen	100%	- Poor ability of doctor - Problem with availability of drugs/ weighing scale.	- Train/ instruct doctors to follow NTP guidelines - Address logistic gap.	Not applicable	Not applicable
Proportion of SS^+ for whom Rx. support is arranged.	100%	- Inadequate arrangements - Inadequate practice	- Address the arrangement gap - Address the practice gap	Not applicable	Not applicable

Indicator Analysis Table

Indicator	Expected range	If less than expected		If more than expected	
		Reasons	**Actions**	**Reasons**	**Actions**
% NSS^+ got converted at completion of 2/3 months.	80 – 90%	1. Pt. examined but not recorded in TB03. 2. Patients attend but smears not done. 3. Smears done but conversion low due to: 3a) Inadequate treatment 3b) Low patient compliance 3c) Poor quality of AFB testing 4. Patients don't attend (default, died, transfer)	Update the TB03. 2. Train/ instruct doctors & lab. staff 3a) Train/ instruct doctors 3b) Improve patient support arrangements. 3c) Strengthen the EQA 4. See rows below.	- High patient compliance - Poor quality of AFB testing	- Encourage the staff. - Strengthen the EQA
% NSS^+ defaulted in the first 2/3 months.	5% or less	- Reporting error (defaulters are classified as transferred out etc.) - Good case management work	- Review and exclude/rectify the reporting errors. - Acknowledge the good work.	- Poor treatment support - Poor retrieval arrangements - Poor perceived quality of care	- Improve Rx. support - Enhance retrieval arrangements - Understand/ address the perceived quality of care issues.
% NSS^+ transferred out in the first 2/3 months.	5% or less	- Reporting error (transfer out is reported as defaulters) - Good case management work	- Review and exclude/rectify the reporting errors. - Acknowledge the good work.	- Reporting error (defaulters are classified as transfer out etc.) - Facility registers too many patients from far areas. - Facility transfer out many pts. for some other reason	- Review and exclude/rectify the reporting errors. - Encourage registration of pts. from catchment pop. - Identify the reason and respond.
% absentee retrieval action taken	100%	- Poor staff knowledge and supervision. - Poor recording of addresses - Inadequate logistic support	- Train and supervise staff - Improve provision of printed letters/ envelops.	-	-

HOSPITAL DOTS MONITORING TOOL

Name of Hospital _____ **Catchment Population**_____

Month under reporting _____ **Meeting Date** _____

A. PRINT MATERIALS

Item	Minimal Stock Level	Stock available	Stock Replenishment		Comments/Required Action
			Supplied	To Arrange	
TB01	50				
TB02	50				
TB05	1 pads				
Treatment Support Card	50				
Request for Rx. Support	2 pad				

B. DRUG

Drugs	Minimal Stock Level	Stock available	Stock Replenishment		Comments/ Required Action
			Supplied	To Arrange	
HRZE					
HE					
S					
RHE					
Weighing Scale	1				

C. STAFF AVAILABILITY

Category	Staff		Comments/ Required Action
	#Available	#Trained	
DOTS Doctor			
DOTS Facilitator			

Stock entries checked: **Signatures of SMO/ I/C:** _____

D. CASE MANAGEMENT PRACTICES Facility: _____ Month under review:_____

OPD	Registration (TB01 & TB 03)				Case management (TB 01 & TB 03)									
Attendee	Number of patients registered				Pt who started their intensive phase during month under review			Pt who started their treatment same month previous quarter (i.e. 1st, 2nd or 3rd month of the previous quarter)					Absentee patients	
	Smear Positive			Smear Negative	# Smear Positive (only)			Conversion (NSS^+)					#	Action taken
	New	Retreatment (CAT2)	Total (CAT 1&2)	New	Correct Regimen (TB01)	Correct Dose (TB01)	Rx. support noted	# Total started	# Converted	# Defaulted	# T. Out	# Correct Regimen (contin.)		
D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	D15

E. INDICATORS/ ANALYSIS

Activity / Indicator	Formula (x100)	Situation		Reason for Variation	Proposed Actions
		Expected	Observed		
1. Proportion of OPD diagnosed as TB	**D.2 / D.1**	**2%**			
2. Proportion of S^+ registered as Cat II	**D. 3 / D. 4**	**> 10%**			
3. Proportion of NSS^+ among all new pulmonary TB patients	**D.2 / (D.2 + D.5)**	**> 40%**			
4. Proportion of SS^+ prescribed correct regimen	**D.6 / D.4**	**100%**			
5. Proportion of SS^+ for whom Rx. support is arranged/recorded.	**D.8 / D.4**	**100%**			
6. Proportion of NSS^+ found converted	**D. 10 / D. 9**	**> 85%**			
7. Proportion of NSS^+ found defaulted	**D. 11 / D. 9**	**< 5%**			
8. Proportion of NSS^+ transferred out	**D.12 / D. 9**	**< 5%**			
9. Proportion of absentee retrieval action	**D.15 / D.14**	**100%**			

Prepared by: _____ **Counter signed by:** _____

Appendix-B

DOTS REVIEW/PLAN MEETING: HOSPITAL: _____, Date: _____

ACTION NOTES

Main Gaps	Agreed Action	Responsible	Dead line	Remarks
Inputs				
Case management				

Prepared by: _____ **Counter signed by: _____**

5.3.2 **Compiling Data on Case Management**

- This exercise relies mainly on reviewing the patient records and identifying the required actions for the hospital. Main findings related with case management practices are recorded in Table D of the Facility DOTS Monitoring Form.

- Total number of **outpatient** attendance is recorded from:
    - outpatient record at clinic/hospital (with variation in record keeping practices, this may vary across clinics).

- The DOTS Facilitator separates the TB01 of all newly registered smear-positive and smear-negative TB patients (for the month under review), and:
    - Check if TB01 has been filled completely and correctly for all the newly registered TB cases.
    - Separate, count and record the number of new smear-positive, re-treatment (CAT-II), and new smear negative patients registered in the columns 2, 3 and 5 respectively. Also add the new and re-treatment smear-positive cases and record in column 4 of Table D.
    - Count the number of patients who have been prescribed right regimen in right dosage and record in the columns 6 and 7 respectively. The DOTS Facilitator uses the prescription table, given in the case management desk guide, for guidance on correct regimen and dosage for registered patients. In case, deviation in regimen and/or dosage is observed, the DOTS Facilitator takes note and informs the PPM Field Officer. The issue is brought to the notice of District TB Coordinator for further discussion with the concerned Medical Officer.
    - Count the number of newly registered TB patients for whom an identified treatment supporter has been noted on TB01, and record in column 8 of Table D.
    - In cases where treatment supporter is not noted for one or more smear-positive patients, the issue is discussed with the DOTS Facilitator and measures taken accordingly.

- The DOTS Facilitator reviews the TB01 for the cohort of patients registered in the same month previous quarter i.e. if 2nd month of quarter 3 is currently being reviewed then patients registered in the 2nd month of the quarter 2 are reviewed for smear conversion (i.e. intermediary outcome). Only new smear positive cases registered during that month are reviewed to:
    - Count the total number of new smear positive (NSS^{+}) cases registered during that month and record in column 9 of Table D.
    - Count the number of NSS^{+}, registered during that month, found converted at the completion of 2/3rd month and recorded in column 10 of Table D. The apparent non-conversion at 2/3 months can be due to: a) TB01 records not been updated, b) patient attended but not examined, c) patient examined but found not converted, and d) patient being defaulted, referred out or dead. TB01 and other available record is reviewed for these non-converted patients, and action is suggested accordingly (with the help of Indicator analysis table – page 7 and 8).

- Count the number of NSS^{+}, registered during that month, found defaulted by the completion of 2/3rd month and record in column 11 of Table D. The reasons for high default are discussed and actions suggested during the indicator analysis process (see below).
- Count the number of NSS^{+}, registered during that month, found transferred out by the completion of 2/3rd month are counted and recorded in column 12 of Table D. The reasons for high transfer out are discussed and actions suggested during the indicator analysis process (see below).
- Count the number of patients who have been prescribed right regimen (for continuation phase) and record in column 13 of Table D. The DOTS Facilitator uses the prescription table, given in the case management desk guide, for guidance on correct regimen and dosage for registered patients. In case, deviation in regimen and/or dosage is observed, the DOTS Facilitator takes note and informs the PPM Field Officer. The issue is brought to the notice of District TB Coordinator for further discussion with the concerned Medical Officer.

- The DOTS Facilitator reviews the TB01 for all the under-treatment TB patients to:
  - Identify and count those who have not collected their monthly supply of drugs for fifteen days or more after the due date. The number of such absentee patients is recorded (column 14), and retrieval action (letter writing and/or home visit) is ensured. The number of absentees for whom the required retrieval action has been taken is recorded in column 15 (Table D).

- PPM Field Officer updates the District TB Register data on patients getting treated from the clinic/hospital.