

Quality of Care [QoC]

This evaluation reviews information captured in the available registers in each unit. Indicator levels can be affected by missing fields or incomplete information.

	INDICATOR DEFINITION	Indicator Level %					COMMENTS
		Aug	Sep	Oct	Nov	Dec	
Program area: HCT							
Source documents: National HCT registers and client intake forms							
Responsible person: Template to be filled in by HCT coordinator in collaboration with the M&E officer at the end of every reporting period							
HIV non-infection rate	Percentage of clients referred for HCT services from other hospital services						
Referral into care	Percentage of clients testing positive that were successfully enrolled in care						
TB screening	Percentage of HCT clients screened for TB						
STI screening	Percentage of HCT clients screened for STI						
Program area: TB services							
Source documents: TB clinic, TB suspect, and TB lab registers							
Responsible person: Template to be jointly filled in by ART coordinator and TB coordinator/nurse at the end of every work month							
HIV screening for TB patients	Percentage of TB patients who get screened for HIV						
Treatment preparation for TB patients	Percentage of patients placed on TB DOTS that received treatment preparation						
Repeat smear assessment	Percentage of sputum positive TB DOTS patients with smears retaken at 2 months						
Treatment completion rate	Percentage of TB patients successfully completing therapy						
Tracking of patients lost to follow up	Percentage of TB DOTS defaulters who are tracked and brought back into therapy						
Program area: ART							
Source documents: ART register, pharmacy log, or IQCare							
Responsible person: Template to be jointly filled in by ART coordinator and ART nurse at the end of every work month							
Provision of CPT for eligible patients	Percentage of clients eligible for CPT who are placed on cotrimoxazole						
Biannual CD4 assessments	Percentage of patients with CD4 repeats performed every 6 months						
Patient adherence to appointments	Average appointment failure rates						
ARV therapy initiation	Percentage of patients enrolled in the months with a CD4 <350 cells/mm ³ commenced on ART in the month						
Treatment of infected infants	Percentage of HIV-infected infants placed on ART						
Program area: MCHC							
Source documents: ANC, PMTCT registers							
Responsible person: Template to be filled in by PMTCT or pediatric focal person at the end of every work month							
Testing of family members	Percentage of positive women with family members tested						

Infant feeding counseling	Percentage of HIV-positive pregnant women who receive individual infant feeding counseling						
Hospital delivery	Percentage of HIV-positive pregnant women who deliver in the facility						
Effective ART for PMTCT	Percentage of HIV-positive pregnant women receiving effective PMTCT regimens						
EID for exposed infants	Number of HIV exposed infants with EID						
ART integration for mothers	Percentage of HIV-positive pregnant women who are successfully enrolled in ART care services						
ART integration for infants	Percentage of HIV-exposed infants who are successfully enrolled in ART care services						
HIV free survival rate	Percentage of HIV-exposed infants who are alive and HIV-uninfected by 18 months of age						
Program area: CBTS (adherence and home visits)							
Source documents: Home visit and ART registers							
Responsible person: Template to be filled jointly by adherence and home visit focal persons							
Pre-treatment home visitation	Percentage of patients enrolled in last month who have been visited at home						
Structured treatment preparation	Percentage of patients commencing ART in last month who attended treatment preparation class						
Facility-based continuous adherence assessment	Percentage of patients seen in clinic in last week who were seen by the adherence counselor						
Patient adherence to appointments	Average appointment failure rates						
Patient assessed adherence rates	Percentage of patients seen in clinic in the previous week who report 100% 3-month adherence rates						
Program area: Lab							
Source documents: Master sample log and master result log							
Responsible person: Template to be filled jointly by adherence and home visit focal persons							
Test intelligibility	Percentage of tests ordered accurately						
Patient identification	Number of mismatched patient samples						
Sample collection	Proper sample management (pre-analytical process)						
Quality assurance (QA) – Values	Number of critical values reported						
Quality assurance (QA) – Test utilization	Test utilization for best patient care						
Analytical process	Clinicians satisfaction with laboratory results						
Post-analytical process	Reporting errors						