



Trainings to support the National Integrated TB/HIV Information System Implementation

DIFFERENTIATED MODELS OF CARE (DMOC) CAPTURING ON TIER.NET & NIDS DMOC REPORTING TRAINING AGENDA

Date: 29 September 2023
Venue: Knowledge Hub (Virtual)



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Agenda

Time	Topic	Speaker
13:00 – 13:10	Welcome	Mrs Thabile Msila
13:10 – 13:15	Introduction of panelist and speakers	Dr Tshepo Molapo
13:15 – 13:20	Objectives of the session	Dr Tshepo Molapo
13:20 – 13:40	Background of the DMOC Mr David Gavhi	Mr David Gavhi
13:40 – 14:10	Creation of adherence clubs in TIER.Net & bulk capturing	Ms Lungile Mahlalela
14:10 – 14:30	Capturing of the DMoC in TIER.Net & Generation of report with DMoC data	Ms Lungile Mahlalela
14:30 – 14:45	Report of DMoC data elements for monthly facility reports	Dr Tshepo Molapo
14:45 – 14:55	Questions and Answer Session	All
14:55 – 15:00	Summary and take-home messages	Mr David Gavhi

Objective



The objectives of the session is to:-

- Provide background on the Differentiated Models of Care (DMOC)
- Create awareness on the three DMoC modalities in the country
- Tabulate eligibility criteria for DMOC
- Indicate the data element collected for DMoC
- Assist in providing clarity on capturing of DMOC clients on TIER.Net
- Show case registration of adherence clubs in TIER.Net
- Generate of ART report for monthly NIDS reporting



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Background & Data management of ART patients enrolled in Differentiated Model of Care (DMOC)



Group reflection



- What are Repeat Prescription Collection Strategies (RPCs)?
- What is the difference between MMD and RPCs?
- Who qualifies for Repeat Prescription Collection Strategies?
- Who runs pick-up points?
- What is AC bulk capturing?
- How does DMoC data reach DHIS?

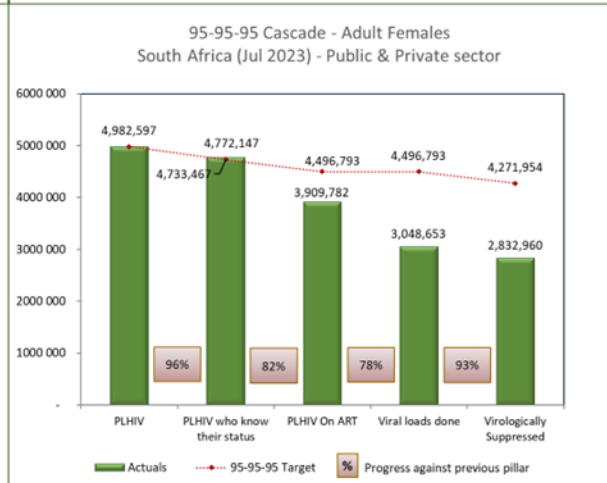
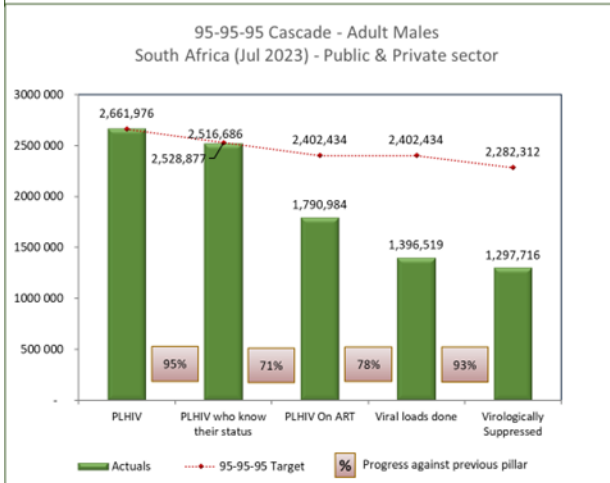
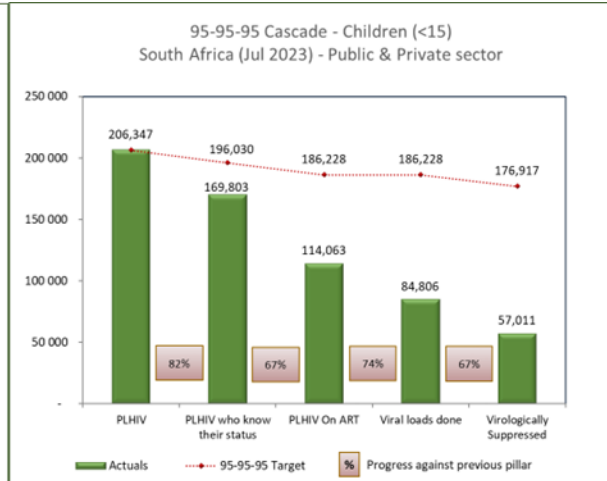
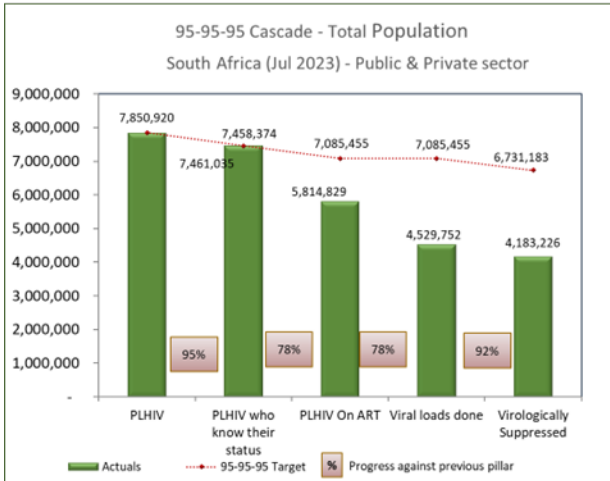


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95-95-95 HIV Treatment Cascades



SA is currently at **95-78-92** for the total population serviced through the public and private sector.

Results for each of the sub-populations vary, with

- Adult females at **96-82-93**,
- Adult males at **95-71-93**,
- Children at **82-67-67**.

To achieve 95-95-95 targets, SA must **increase the number of**

- Total clients on ART by 1,270,627.
- Adult women on ART by 587,011
- Adult men on ART by 611,450
- Children on ART by 72,615

Data available in the **private sector (including cash paying clients)** indicates that an additional 380,851;

- 3,861 Children,
- 141,724 Adult Males, and
- 235,266 Adult Females are receiving ART through private medical aid schemes.

Background



- DOH has adopted differentiated care for stable patients with key chronic conditions (including HIV, hypertension, diabetes)
- This encompasses different models of drug delivery
- Different models of drug delivery or Repeat Prescription Collection Strategies (RPCS) encompasses:
 - Facility Pick-Up point
 - External Pick-Up point
 - Adherence clubs

Background cont...



- **Differentiated model of care:**
 - Decongestion of facilities (reduction of patient load for HCWs)
 - Allowing for increased patient consulting time and improved patient care
 - Reduction in waiting times
 - Offers patients with chronic conditions flexibility with respect to where and how they will receive medication
- **What does being enrolled in DMoC mean?**
 - Patients collect their pre-packed medication at external, Adherence Club or facility based pick-up points (PuPs)
 - Alternative mechanism to drug collection as opposed to receiving said medication from a formal clinical visit in facility
 - No support group mechanism

Background cont...

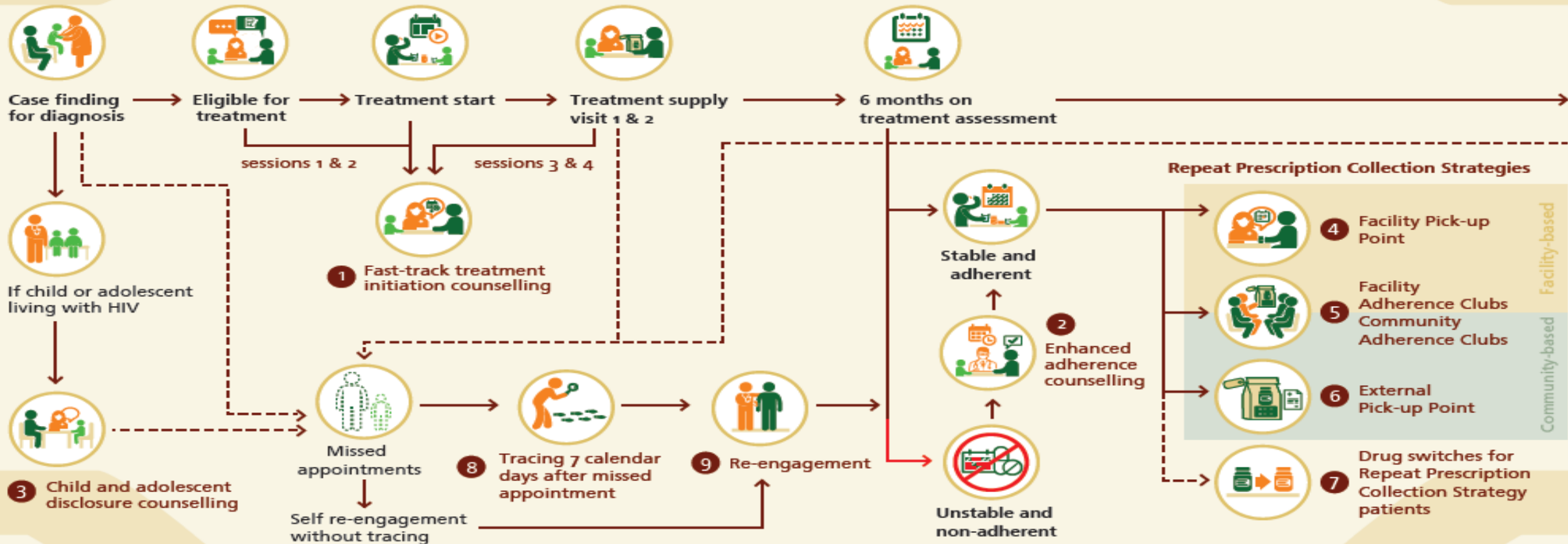


- High rates of attrition (LTF) for those patients receiving treatment in-facility
- Overt attention must be given to ensuring decanted patients are adherent
- Targets for decanting patients to DMoC modalities are going to follow district/sub district pattern
- Ensuring that ART patients enrolled in DMoC are assiduously tracked in TIER = critical

Background (2)



INTEGRATED CARE OF PATIENTS WITH CHRONIC CONDITIONS



The DMOC Care Package To Support Linkage To Care, Adherence To Treatment and Retention In Care



DMOC Care Package – Interventions	SOPs	Summary
<ul style="list-style-type: none"> Standardised education sessions and counselling approach for i) treatment initiation, ii) patients struggling with adherence (while in care or when re-engaging in care) and iii) supporting child and adolescent disclosure. (More Intensive / Standard Care Models) 	<p>SOP 1 - Fast Track Initiation Counselling (FTIC)</p> <p>SOP 2 - Enhanced adherence counselling (EAC)</p> <p>SOP3 - Child and adolescent disclosure counselling</p>	<ul style="list-style-type: none"> Includes adaptation for rapid initiation and post initiation Counselling aligned with treatment supply return date for patients struggling with adherence Change in age bands: <ul style="list-style-type: none"> Non-disclosure (<5 years) Partial disclosure (5-9 years) Full disclosure (>10 years) <div data-bbox="2125 439 2507 615" style="border: 1px solid black; padding: 5px;"> <p>AGL 2020 (Previous)</p> <ul style="list-style-type: none"> – Non- Disclosure (3 - 5 yrs.) – Partial Disclosure (6 -9 yrs.) – Full disclosure (10 -12 yrs.) </div>
<ul style="list-style-type: none"> Longer treatment supply to reduce patient burden and support continued engagement in care (More Intensive / Standard Care Models) 	<p>SOP 4 - Multi-Month Dispensing (MMD)</p>	<ul style="list-style-type: none"> Guides multi-month dispensing (MMD) by the facility, including 6MMD once operational capacity and stock availability is confirmed (New SOP)
<ul style="list-style-type: none"> Differentiated models of care for stable patients on chronic treatment (Less Intensive Models) 	<p>SOP 5 - Repeat Prescription Collection strategies (RPCs) – DMOC for stable clients</p> <p>SOP 5.1 - Facility pick-up point</p> <p>SOP 5.2 - Adherence Club</p> <p>SOP 5.3 - External pick-up point</p> <p>SOP 6 – Drug Switch (Switching to newly endorsed drugs for stable patients utilizing a RPCs)</p>	<ul style="list-style-type: none"> Health facility-based individual RPCs Health facility or community-based group RPCs Out-of-facility individual RPCs Treatment is pre-dispensed by the Central Chronic Medicine Dispensing and Distribution program (CCMDD) or a Central Dispensing Unit (CDU) or the facility pharmacy.
<ul style="list-style-type: none"> Patient tracing and re-engagement 	<p>SOP 7 - Tracing and Recall</p> <p>SOP 8 - Re-engagement in care</p>	<ul style="list-style-type: none"> Tracing and recall missed appointments in order of priority Re-engagement in care involves assessing clinical condition and time since missed scheduled appointment and differentiating follow-up management including accelerated access to MMD and RPCs

Repeat Prescription Collection Strategies (RPCs)



Facility Pick-up Point:
FAC-PUP (SOP 5.1)



Adherence clubs: AC
(SOP 5.2)



External Pick-up Point:
EX-PUP (SOP 5.3)

Repeat Prescription Collection Strategies: Eligibility Criteria



What patients qualify for Repeat Prescription Collection Strategies?

- ✓ No current TB/Medical condition requiring regular clinical consultations
 - ✓ Clinician confirms eligibility
 - ✓ Patient voluntarily opts for RPCs option

For Adults

- Above 18 years
- On treatment for at least 4 months
- Most recent assessment results normal:
 - Most recent viral load (VL) taken of < 50 copies/ml for HIV
 - Most recent HbA1c taken of $\leq 7\%$ for Diabetes
 - 2 consecutive BP < 140/90 for Hypertension

For Children and Adolescents

- 5-18 years
- On ART for at least 4 months with no regimen or dosage change in the last 3 months
- Most recent VL taken in past 6 months < 50 copies/ml
- Care givers counselled on disclosure process
- Patient (>12 years/caregiver if patient < 12 years) voluntarily opts for the RPCs option

Repeat Collection Strategies (RPCs): SOP 5.1 (FAC-PUP)



What is Facility Pick-up Point (FAC-PUP)?

- A FAC-PuP can take various forms in a facility, but all forms do not require a patient to attend **registry, vital signs** or **see a clinician**.
- There is no need to add RPCs patients on facility **headcount**/utilization rate.
- There are no **financial implications** if these patients do not set their feet in the facility.
- There must be only one FAC –PuP in each facility, there should not be multiple FAC –PuPs at a facility driven by treatment dispensing systems
- The treatment for the FAC-PuP can be pre-dispensed by the facility pharmacy or by a Central Dispensing Unit (CDU) or Centralised Chronic Medicines Dispensing and Distribution (CCMDD).

What is your role as a non-clinician to support FAC-PUP model?

- If patient complies with criteria for RPCs option, and chooses Facility Pick-up Point option,
 - the non-clinician will inform the patient about FAC-PUP option.
 - Inform the patient about tracing and retention in care system.
 - Document all processes appropriately.

Repeat Collection Strategies (RPCs): SOP 5.2 (AC)



What is Adherence Club (AC) model?

- Adherence clubs can be provided for any group of people, including from the same geographical area or a specific population of patients
- They can take place in or outside of a facility.
- Adherence clubs provide a RPCs for **stable patients** who value continued **psychosocial support** and **group engagement**.
- Adherence clubs can serve as external pickup point for individual medicine pick up and (not for groups)
- The treatment for an adherence club can be pre-dispensed by the facility pharmacy or by a Central Dispensing Unit (**CDU**) or by the Centralised Chronic Medicines Dispensing and Distribution (**CCMDD**).

How is AC 5 model implemented?

- Health facilities can establish **facility-based** or **community-based** adherence clubs.
- Facility manager will **nominate** a club manager and facilitator.
- A club **facilitator** can be a non-clinician such as a HB-Carer, CHW, peer educator or equivalent.
- Patients are **allowed to bring nominee** only on medicine collection adherence club visit days.

Repeat Collection Strategies (RPCs): SOP 5.3 (EX-PUP)



What is an External Pick-up Point (EX-PUP) model?

- ❑ EX-PuP can take various forms, but all involve the patient collecting their treatment supply individually from pick-up point outside of the facility or from an automated system.
- ❑ Examples of EX-PuPs:
 - Treatment supply pick-up from a private pharmacy
 - Treatment supply pick-up from a designated community venue (which can also be AC)
 - Treatment supply pick-up from a post box/ATM or similar automated system located inside or outside of a facility
- ❑ EX-PuP treatment is pre-dispensed to the EX-PuP service provider by the Centralised Chronic Medicines Dispensing and Distribution (CCMDD)

How is EX-PUP implemented?

- ❑ Clients are enrolled in the (CCMDD), which is the distribution center for all patient medicine parcels (PMP), which is then pre-dispensed to the EX-PUP service provider.
- ❑ The EX-PUP service provider can be a pharmacy or a designated community venue.
- ❑ Clients can collect their treatment on a 1 to 2 monthly basis.
- ❑ All patients enrolled on CCMDD receiving their medicine parcel through EX-PUP must be entered into the TIER. Net system.
- ❑ The EX-PUP service provider will inform the patient when their medicine parcel has been delivered to the pick-up point for the collection.

Criteria For Return To Regular Care for RPCs



What is the Criteria for Return to Regular Care for clients who are on RPCs

- FAC – PuP, AC or EX-PuP clients did not return to their RPCs collection point within **28 calendar** days of their missed scheduled collection date
- RPCs patient **screens positive for TB**
- Other safety **lab test results** are abnormal:
 - For HIV: VL > 1000 copies/ml (where VL is 50 -999 copies/ml: the patient can remain in the RPCs but must see a clinician 3 months after the date of elevated VL for further VL assessment
 - For diabetes: HbA1c >7%
 - For Hypertension: BP > 140/90

- Other indications **assessed** on individual clinical consultation
- RPCs patient becomes **pregnant** and should be referred to integrated Maternal, Neonatal, Child and Women Health services (MNCWH)
- All patients must be advised that they are being returned to regular care to ensure more frequent clinical care until they are stable again. Patients can return to RPCs after a single normal result and meeting other RPCs criteria in the future (see Re-engagement SOP 8)

Brief Discussion on Criteria for Return to Care



- What is the current practice regarding the patients that are returning to care?
- Are the patients returning to care, de-registered from the modalities?
- How is the de-registration done for both CCMDD and TIER.net?
- How do you deal with “Decanted to CCMDD”??



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Adherence Clubs Set ups



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Adherence Clubs



- ART Adherence clubs are a differentiated model of care, allowing stable patients to pick up medication in-between yearly clinical consultations.
- Note: The Implementer must ensure that the box "Show Adherence clinic field on HIV data screen" is ticked from the options window for capturing adherence-club information.

Tools >> Options:

Show Adherence club field on HIV treatment visit screens



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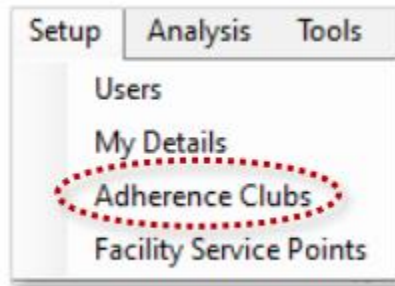
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Set up an Adherence-Clinic.....

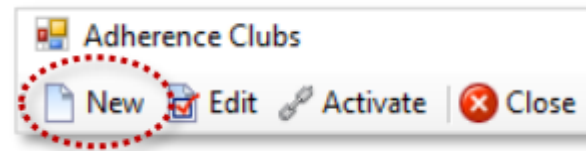
The following steps can be completed by the user:

- Click Setup >> Adherence Clubs.



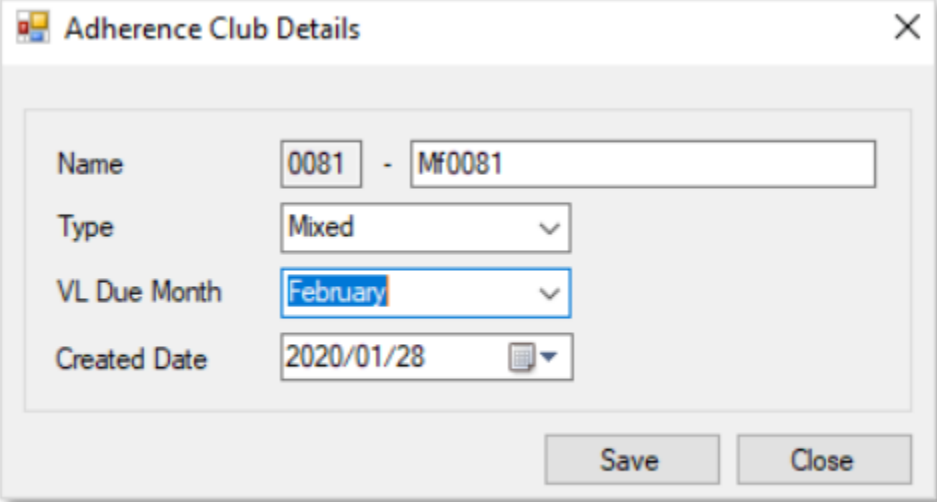
- The Adherence Clubs window will open.

- Click on New.



Set up an Adherence-Clinic.....

- The Adherence Club details window will open.
- The Adherence Club name number (4-digit number) automatically updates as you add a new adherence club/chronic club.



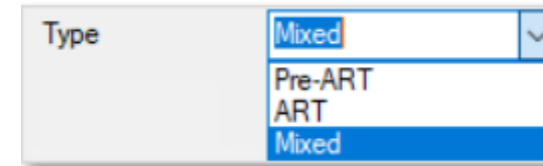
The screenshot shows a window titled "Adherence Club Details" with a close button (X) in the top right corner. The window contains the following fields:

Name	0081 - MF0081
Type	Mixed
VL Due Month	February
Created Date	2020/01/28

At the bottom right of the window, there are two buttons: "Save" and "Close".

Set up an Adherence-Clinic.....

- After the 4-digit number in the Name box, type the adherence clinic name of choice.
- Select the Type of adherence clinic: - Pre-ART club patients only - ART club patients only - Mixed is a club type which consists of both pre-ART and ART patients



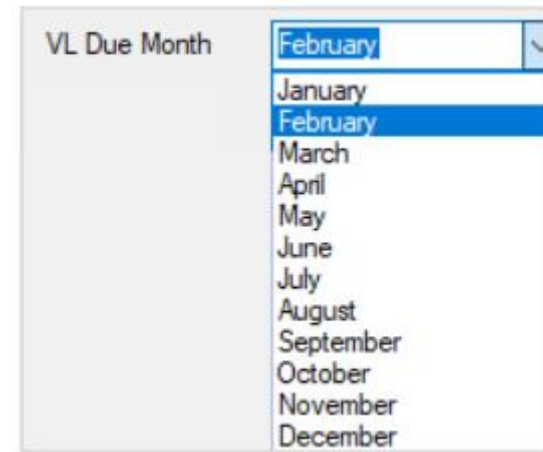
Type

Mixed

Pre-ART

ART

Mixed



VL Due Month

February

January

February

March

April

May

June

July

August

September

October

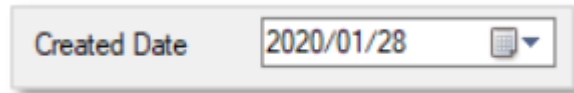
November

December

Select the VL Due Month

Set up an Adherence-Clinic.....

- Enter the Date In the Created Date box. (The date defaults to today's date.)
- Click Save.
- The adherence clinic is now created.
- Close the Adherence Clubs window.



Created Date 2020/01/28



Capturing of the DMoC in TIER.Net



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Documentation in standardised ART clinical stationery



Documentation in notes section by clinician

Plan and treatment Medication, incl. ARVs and prophylaxis	Notes		Today's Date: 1.2.2017			
			(Recorded at the top of the column) Patient enroled into CCMD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP			
	Adherence & Counselling			IN	OUT	PH
	FDC	ARV1	R1	TDF / FTC / EFV		1
		ARV2				12
		ARV3				x
		ARV4 or other				
		ARV5 or other				
		ARV6 or other				
		Cotrimoxazole				
	IPT					
	Fluconazole					
	Referred	Rosebank Clicks PuP				
	Date of next visit	01-08-17		Clinic		
	Signed (Initialed)	Nurse/Doctor <i>Dr N Baleni</i>		Data Capturer		

Record date of clinical visit

Indicate patient issued 1/12 repeated 6 times

Indicate patient enrolled in DMoC in 'referred' field. If external PuP, stipulate name of PuP (e.g. Clicks – Rosebank) and date of DMoC enrolment

Record next clinical visit date in 'next visit date' field. The next clinical visit is 6 months from current visit.



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Capture of CCMDD patients in TIER.Net



Data clerk to receive folder

Record in notes section of TIER.Net
Stipulate PuP
(if external PuP)

		Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP			
Adherence & Counselling			IN ▼	OUT ▼	PH
Plan and treatment Medication, incl. ARVs and prophylaxis	FDC	ARV1	R1	TDF / FTC / EFV	1
		ARV2			12
		ARV3			x 6
		ARV4 or other			
		ARV5 or other			
		ARV6 or other			
		Cotrimoxazole			
		IPT			
		Fluconazole			
		Referred	Rosebank Clicks PuP		
	Date of next visit	01-08-17		Clinic	
	Signed (Initialed)	Nurse/Doctor <i>Dr N. Baleni</i>		Data Capturer	

Capture current visit
(e.g. 1.2.2017)
and 6 month repeat

Capture next visit date (e.g. 1.08.2017)



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Capture of DMoC patients in TIER.Net (2)



Patient Treatment Detail - Month 4 (Jul 2023)

Details Audit History

Visit Details

Visit Date: [] Health Provider: [] DMOC: **Fac-Pup** [Clear]

Pregnant: [] TB Screening: [] On TPT?: Yes []

ARV's Prescribed

	NRTI 1	NRTI 2	NNRTI/PI/INSTI		Other:
First Line Regimen	TDF	3TC	EFV	DRV	Additional Drug: []
Second Line Regimen	d4T	FTC	NVP	RAL	Old Coding: []
Salvage / 3rd Line	AZT	ddI	LPV/r	ETR	
Stopped	ABC		RTV	DTG	
			ATV		

1T30

Months ART prescribed: 1 Month []

Restarted ART this month (>3 month interruption)

Test Results

New Edit Delete

Result Type	Result	Result Value	Result Percentage
-------------	--------	--------------	-------------------

Other: Next Clinical Appointment Date: [] [Clear]

Next Visit At: Facility Adherence club

In patient treatment tab

On DMOC drop down list. Select Fac-Pup/Ext-Pup or adherence club at the bottom according to clinical notes

In "months ART prescribed" field – select 6 months

In "next clinical appointment date" field – insert next appointment date

Capture of DMOC patients in TIER.Net (3)



Treatment Visits

1T1E	1T1E	->	->	1T1E	1T1E	VL	CD4
79 (Nov 15)	80 (Dec 15)	81 (Jan 16)	82 (Feb 16)	83 (Mar 16)	84 (Apr 16)	72	635
->	1T1E	->	1T1E	->	1T1E	VL	CD4
85 (May 16)	86 (Jun 16)	87 (Jul 16)	88 (Aug 16)	89 (Sep 16)	90 (Oct 16)	124	
1T1E	->	1T1E	->	1T1E	->	VL	CD4
91 (Nov 16)	92 (Dec 16)	93 (Jan 17)	94 (Feb 17)	95 (Mar 17)	96 (Apr 17)	VL	CD4
1T1E	->	1T1E	1T1E 1	-> 2	-> 3	36	731
97 (May 17)	98 (Jun 17)	99 (Jul 17)	100 (Aug 17)	101 (Sep 17)	102 (Oct 17)	VL	CD4
-> 4	-> 5	-> 6					
103 (Nov 17)	104 (Dec 17)	105 (Jan 18)	106 (Feb 18)	107 (Mar 18)	108 (Apr 18)	VL	CD4
109 (May 18)	110 (Jun 18)	111 (Jul 18)	112 (Aug 18)	113 (Sep 18)	114 (Oct 18)	VL	CD4

Visit – 1 Feb, 2017 captured

Notes
1.2.2017 Pt enrolled in CCMDD. Collecting meds at Rosebank Clicks PuP

Next clinical appointment date recorded as August

Under 'months ART prescribed' field – 6 months selected

Treatment notes section capture name of PuP e.g. Rosebank Clicks



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Capture of DMOC patients in TIER.Net (4)



- Data clerk receives patient folder
- In (ART) patient treatment tab – DMOC check-box must be checked
- In notes section - that patient been enrolled in a particular DMOC (EX/FAC pick-up-point) captured
- Capture current visit (visit date and treatment regimen) and 5 months additional script (total, 6 months)
- Capture next appointment date
- Save and close



Documentation of follow-up consultation



Investigations	TB M / C / S	Barcode 1		Barcode 2		Barcode 2 AADC1223A	Barcode 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	CD4 (CD4%)										
	Viral Load										
	ALT										
	HB / WCC / PLT										
	Creatinine clearance										
	Other investigation results (incl. XR)										
Assessment	HIV conditions / OIs, TB & other conditions	1				1					
		2				2					
		3				3					
		4				4					
	Adverse event / grade										
	Adverse event / grade										
	WHO stage										
Plan and treatment Medication, incl. ARVs and prophylaxis	Notes	Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enrolled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP				Today's Date: 1.8.2017 (Recorded at the top of the column) Patient returned for 6 month repeat prescription. Screening, adherence First script issued from facility. Collectioncheck and labs done per protocol. Regimen issued, to return in 6 months time. Will be called if labs indicate its required					
	Adherence & Counselling										
	FDC ARV1	R1	TDF / FTC / EFV			R1	TDF / FTC / EFV	1			
	ARV2							12			
	ARV3										
	ARV4 or other										
	ARV5 or other										
	ARV6 or other										
	Cotrimoxazole										
	IPT										
Fluconazole											
Referred	Rosebank Clicks PuP										
Date of next visit	01-08-17		Clinic		01-02-18		Clinic				
Signed (Initialed)	Nurse/Doctor <i>Dr N. Baleni</i>		Data Capturer <i>R Baloo</i>		Nurse/Doctor <i>R Kipling (CPN)</i>		Data Capturer				

Consultation recorded
 Next visit date captured &
 Folder flows to data clerk after
 consultation

Red circles next to investigations
 indicate - clinician requested
 laboratory tests
 However, results yet to be
 recorded into clinical stationery

Data captured
 Data clerk initials bottom of
 clinical chart
 Patient folder is returned for
 filing



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What about patients who miss scheduled pick-ups & are deregistered from CCMDD?



- Per the National Adherence Guidelines patients who miss their scheduled pick-up at the CCMDD PuP, and are not tracked within 30 days, will be deregistered from the programme.
 - In addition, women who fall pregnant while enrolled in CCMDD will also be deregistered from the programme.
 - Both categories of patients will return to the facility for routine management and monthly collection of medicines.
- The reason for the patient being deregistered from CCMDD must be documented in the notes section of the patient folder by the clinician.
- This information is then captured by the data clerk in the notes section of TIER.Net.

What about patients who miss scheduled pick-ups & are deregistered from CCMDD?

Documentation in clinical stationery



Investigations		Barcode 1		Barcode 2		Barcode 1		Barcode 2	
TB M / C / S									
CD4 (CD4%)						586			
Viral Load						<50			
ALT						15 IU/L			
HB / WCC / PLT									
Creatinine clearance									
Other investigation results (incl. XR)									
Assessment		1		1		1			
HIV conditions / OIs, TB & other conditions		2		2		2			
		3		3		3			
		4		4		4			
Adverse event / grade									
Adverse event / grade									
WHO stage									
Notes		<p>Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enrolled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP</p>		<p>Today's Date: 1.8.2017 (Recorded at the top of the column) Patient returned for 6 month repeat prescription. Screening, adherence First script issued from facility. Collection check and labs done per protocol. Regimen issued, to return in 6 months time. Will be called if labs indicate it's required</p>		<p>Today's Date: 4.11.2017 (Recorded at the top of the column) CCMDD service provider phoned clinic to alert that the patient had not collected meds for more than 30 days from designated PuP (Rosebank Clinic). Did not collect in October and has not collected in November. Patient has been contacted and agreed to come to clinic on 8.11.2017. Patient deregistered from the CCMDD program. To receive adherence counseling and collect scripts monthly</p>			
Plan and treatment									
Medication, incl. ARVs and prophylaxis	Adherence & Counselling								
	FDC ARV1	R1	TDF / FTC / EFV	R1	TDF / FTC / EFV				
	ARV2								
	ARV3								
	ARV4 or other								
	ARV5 or other								
	ARV6 or other								
	Cotrimoxazole								
IPT									
Fluconazole									
Referred	Rosebank Clicks PuP		Rosebank Clicks PuP						
Date of next visit	01-08-17		01-02-18						
Signed (Initialed)	Nurse/Doctor	Dr. N. Baleni	Data Capturer	Nurse/Doctor	R. Kipling	Data Capturer	Nurse/Doctor	Data Capturer	

Documentation of the communication from the CCMDD service provider that meds were not collected. And, the deregistration from the CCMDD Program. Patient to return to the clinic on 8.11.2017.

What about patients who miss scheduled pick-ups & are deregistered from CCMDD?



- A record of the communication from CCMDD service provider must be documented in clinical record
- TIER must be updated by **removing** the future captured regimen
- This ensures the patient is tracked appropriately with 1 month medicine collection and correct “Next Appointment Date” is recorded in TIER ensuring missed appointment reports, and other management reports, are correct.



What about patients who miss scheduled pick-ups & are deregistered from CCMDD? (2)

Amending TIER



Treatment Visits						VL	CD4
79 (Nov 15)	80 (Dec 15)	81 (Jan 16)	82 (Feb 16)	83 (Mar 16)	84 (Apr 16)	VL	CD4
->	1TFE	->	1TFE	->	1TFE	124	675
85 (May 16)	86 (Jun 16)	87 (Jul 16)	88 (Aug 16)	89 (Sep 16)	90 (Oct 16)	VL	CD4
1TFE	->	1TFE	->	1TFE	->		
91 (Nov 16)	92 (Dec 16)	93 (Jan 17)	94 (Feb 17)	95 (Mar 17)	96 (Apr 17)	VL	CD4
1TFE	->	1TFE	1TFE	->	->	36	731
97 (May 17)	98 (Jun 17)	99 (Jul 17)	100 (Aug 17)	101 (Sep 17)	102 (Oct 17)	VL	CD4
->	->	->	1TFE	->	->		
103 (Nov 17)	104 (Dec 17)	105 (Jan 18)	106 (Feb 18)	107 (Mar 18)	108 (Apr 18)	VL	CD4
->	->	->					
109 (May 18)	110 (Jun 18)	111 (Jul 18)	112 (Aug 18)	113 (Sep 18)	114 (Oct 18)	VL	CD4

The forward captured regimen must be removed

Notes

1.2.2017 - Pt enrolled in CCMDD. Collecting meds at Rosebank Clicks PuP

Double click on the last month in which a visit was recorded. In this example it is **August 2017**. Click **Edit**

Select **Delete All** in the treatment visit screen. **But**, this deletes too many visits.

ART Visits		
Regimen Date	Regimen Code	Next appointment date
23-Aug-17	1TFE	01-Jan-99

Patient Treatment Detail - Month: 100 (Aug 2017)

Visit Details: 23 Aug 2017, Health Provider, Sub Clinic

ARVs Prescribed: First Line Regimen (TDF, 3TC, EFV, DRV), Second Line Regimen (d4T, FTC, NVP, RAL), Salvage / 3rd Line (AZT, ddi, LPV/r, ETR), Stopped (ABC, RTV, DTG, ATV)

Months ART prescribed: 6 Month, CCMDD - Medicine collected from pick up point for non-clinical visits

Test Results: New, Edit, Delete

Other: Next Clinical Appointment Date, Next Visit At (Facility, Sub Clinic)

Buttons: Save, **Delete All**, Close

Continued on next slide.....



What about patients who miss scheduled pick-ups & are deregistered from CCMDD? (3)



- Selecting **Delete All** deletes too many visits.
- It is thus important to **replace** the visits with regimen collection until the missed appointment.
- In the working example it is October 2017. In this example you would change “Months ART Prescribed” to **3 Month**.
- *Click Save.*



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Capturing next visit following deregistration from CCMDD



Treatment Visits							
1T1E	1T1E	->	->	1T1E	1T1E	VL	CD4
79 (Nov 15)	80 (Dec 15)	81 (Jan 16)	82 (Feb 16)	83 (Mar 16)	84 (Apr 16)	VL	CD4
->	1T1E	->	1T1E	->	1T1E	124	675
85 (May 16)	86 (Jun 16)	87 (Jul 16)	88 (Aug 16)	89 (Sep 16)	90 (Oct 16)	VL	CD4
1T1E	->	1T1E	->	1T1E	->		
91 (Nov 16)	92 (Dec 16)	93 (Jan 17)	94 (Feb 17)	95 (Mar 17)	96 (Apr 17)	VL	CD4
1T1E	->	1T1E	1T1E	->	->	36	731
97 (May 17)	98 (Jun 17)	99 (Jul 17)	100 (Aug 17)	101 (Sep 17)	102 (Oct 17)	VL	CD4
->	->	->	1T1E	->	->		
103 (Nov 17)	104 (Dec 17)	105 (Jan 18)	106 (Feb 18)	107 (Mar 18)	108 (Apr 18)	VL	CD4
1T1E							
109 (May 18)	110 (Jun 18)	111 (Jul 18)	112 (Aug 18)	113 (Sep 18)	114 (Oct 18)	VL	CD4

Notes

1.2.2017 - Pt enrolled in CCMDD. Collecting meds at Rosebank Clicks PuP
 14.11.2017 - Patient de-registered from CCMDD. Missed scheduled CCMDD collection by more than 30 days. Collecting meds monthly from clinic

1. In this image the forward captured months have been removed,
2. The November visit has been captured as a single month script issued,
3. Per clinical record next appointment date is 22.12.2017
4. The notes section has been updated to reflect the deregistration from CCMDD.
5. Future visits will be captured as monthly visits, per normal practice.
6. If/when a patient is re-enrolled in the CCMDD program the SOP would be followed as from the start.



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How to monitor patients enrolled in DMOC in TIER



- **Adherence to the TIER SOP is essential**
- Critical that the data clerks tick the DMOC check-box every time a treatment visit is captured (for patients receiving medicines through CCMDD program)
- It is also important that in “treatment notes” field clerks capture that the patient will pick up medication from xx-PuP
- Whilst a push-button list that tracks these data is currently unavailable -
 - Data clerks can produce a list of patients active in the CCMDD program for reporting purposes.
 - A list of patients receiving “CCMDD at last visit” provides an easy view of CCMDD patients
 - Data clerks should be instructed to pull a (weekly) export in Excel for ease of sorting of PuPs (instructions available in SOP)

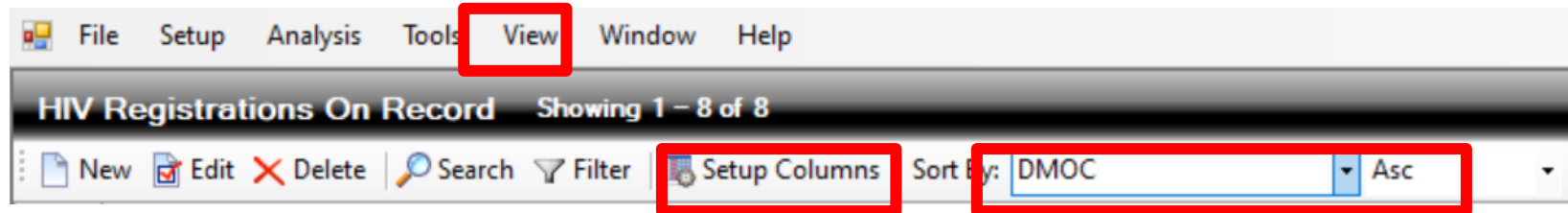


How to monitor patients enrolled in DMoC in TIER(2)



Click on view
and select HIV
patients

Select “setup columns”
click “CCMDD at last visit”
move it to the column on
the right



Select Sort by: CCMDD at last visit
and descending



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How to monitor patients enrolled in DMOC in TIER (3)



	Folder number	Name	Surname	Date of birth	DMOC	Gender
▶ 1	22333	BAZOOKA	BANZI	15 Jun 2021		Male
2	7867	PEPO	BATH	10 May 2009		Male
3	44444	BLAH	BA	02 Jan 1989		Female
4	9213	MOTSWA	BAFEDILE	01 Jan 2017		Male
5	123456	LET	US	11 May 2014		Female
6	12456	BAFANA	MOKO	02 Jan 2023		Female
7	001	TSHEPO	MOLAPO	06 Feb 1990	Ex-Pup	Male
8	2343	BABA	MOTHO	06 Feb 1990	Fac-Pup	Female

DMOC patients will appear on patient list



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How to monitor patients enrolled in CCMDD in TIER (4)



- Clerks must sort for “DMOC/CCMDD at last visit” and “treatment notes” in Excel
 - This will house all information on patients enrolled in CCMDD - alongside dates of enrolment and information on external PuPs
 - Clinicians can thus track and monitor all patients enrolled in CCMDD
 - With this data, facilities will be able to verify reporting on CCMDD elements/indicators reported to DHIS by the CCMDD reporting mechanism (NIDS2017)



Implementation of CCMDD-TIER.Net SOP



- Emerging from district and facility visits → adherence to SOP is variable.
- In some districts:
 - Managers not aware - existence of SOP
 - In absence of clear guidance on data management of ART patients enrolled in CCMDD
 - Patient data in clinical stationery improperly documented
 - Compromised data capture in TIER.Net (e.g. incorrect next visit date captured)
 - **Artificially inflated %LTF**
 - Compounded by non-adherence to ART M&E SOP
 - Failure to produce and action missed appointment reports as per prescribed schedule
 - Confirmed that LTF patients – enrolled in CCMDD programme



Implementation of CCMDD-TIER.Net SOP (2)



- In other NHI districts:
 - Facility managers and nurses conversant with some content of SOP
 - Correct documentation in clinical stationery
 - Data capturers correctly capture this data in TIER.Net
 - LTF and RIC rates in these districts – not markedly different than other districts in province
 - Facility and district managers unaware of PuPs and CCMDD service providers obligations re patient tracing
 - FMs and PHC supervisors should be fully apprised of National Adherence Guidelines and CCMDD/TIER SOP, and TB/HIV M&E SOP prescripts re patient tracing

Implementation of DMOC TIER.Net SOP (4)



- Managing patients enrolled in external PuPs as clubs in TIER is not straightforward:
 - Bulk capturing of club attendees necessitates assigning VL due dates and next clinical appointment dates for all patients enrolled at a particular PuP
 - Facility staff thus assigning arbitrary VL due dates and/or next clinical appointment dates
 - Will allow for an attendance list of all patients enrolled in a PuP
 - However, management of these patients is compromised because it limits utility of patient management reports/lists



Change management



- Management of data produced external to facility – must be overtly considered:
 - Pick up information from service providers to be communicated to facility
 - Facility to verify the data by comparing with TIER
- These patients are not being sent off to CCMDD
- It is the responsibility of the facility staff to ensure good clinical management of these decanted patients
- Data management of these patients - also responsibility of facility NOT service provider
- Facilities must ensure that patients who did not collect medication are traced and put back on treatment



Adherence clubs bulk capturing



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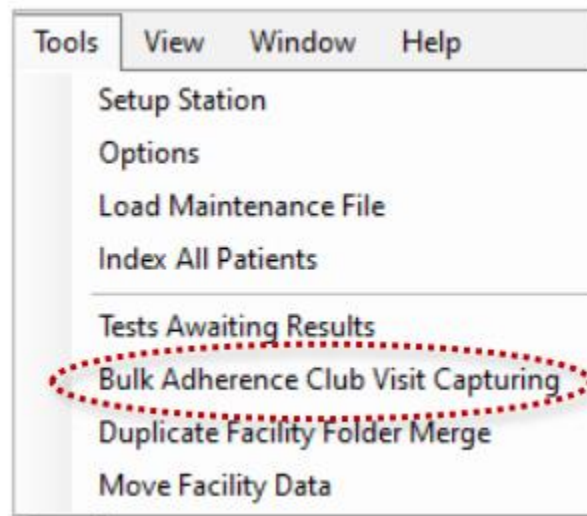
Bulk Adherence Club Visit Capturing



If your facility has many clubs and club patients, you can capture visits in bulk, one adherence club/chronic club at a time.

- Click on Tools >> Bulk Adherence Club Visit Capturing.

- The Adherence Club Multi Visit Capture window will open.



Adherence Club Multi Visit Capture

Visit Information

Facility: wc Mfuleni CDC

Adherence Club: 0001-ONE

Visit Date: 01 Jan 2020

Next Visit Date: 11 Feb 2020

Next Visit Type: Adherence Club

Generate

Patient List

Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
------	------------	----------------------	-------------	------	----------------------

Add Patient Remove Patient Save Visits Close

Bulk Adherence Club Visit Capturing....



- For the visit, select from each of the following drop-down lists: -
Adherence club or chronic club -
Visit date - Next Visit date - Type of Visit (adherence club or facility visit)
- Click on Generate.

Adherence Club Multi Visit Capture

Visit Information

Facility	wc Mfuleni CDC
Adherence Club	0001-ONE
Visit Date	01 Jan 2020
Next Visit Date	11 Feb 2020
Next Visit Type	Adherence Club

Generate



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Bulk Adherence Club Visit Capturing...



- To add patients to the list select Add Patients. The patient Lookup window will appear
- You can now search for, and add, the patient for the visit on the chosen day.
- Double-click on the patient record that appears in the grid, to add them to the visit list



Patient Lookup Showing 1 - 1 of 1

Select this patient Add New Sort By: Folder number Asc

Folder Number
 PRN
 Name
Surname DOERAE
 ID Number
 Alternate ID Number
 Date of Birth
 Gender Male Female Search

	Folder number	PRN	First name	Surname
▶ 1	test 100000		JANE	DOERAEME



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Bulk Adherence Club Visit Capturing....



Select one of the following from the **This Visit** drop-down list: -

- **Attended** - the patient attended this visit on the date –
- **Late** - the patient was late for this visit, by not attending on the specified date. The patient did however attend on another date after the specified date. –
- **DNA** - the patient did not attend the visit

Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
JANE DOERAEME	Attended Late DNA				<input type="checkbox"/>



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Bulk Adherence Club Visit Capturing....



Select the outcome or type of visit for the next visit for the patient: -

- **TFOC** - Transfer out of Club - BTF - Back to facility
- **TFO** - Transferred out to another facility
- **RIP** - The patient has died

Adherence Club Multi Visit Capture

Visit Information

Facility: wo Mfuleni CDC

Adherence Club: 0001-ONE

Visit Date: 01 Jan 2020

Next Visit Date: 11 Feb 2020

Next Visit Type: Adherence Club

Generate

Patient List

Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
JANE DOERAEME		TFOC BTF TFO RIP			<input type="checkbox"/>



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Bulk Adherence Club Visit Capturing....



If you select TFOC or TFO, you must select a destination.

- Click on the blank cell below Destination.
- ✓ If TFOC was selected, select the club within the facility that the patient transferred to.
- ✓ If TFO was selected, select the facility that the patient transferred to.

Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
JANE DOERAEME	Attended	TFOC			<input type="checkbox"/>

Adherence clubs

Adherence Club name

- 0001-ONE
- 0002-TWO
- 0003-THREE
- 0004-FOUR



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Bulk Adherence Club Visit Capturing...



- Select or confirm the date by clicking on the blank cell below Date (Optional)
- Check the Viral Load Requested checkbox, if a viral load was requested. (Optional)

Patient List						
	Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
/	JANE DOERAEME	Attended	▼ TFOC	▼ 0001-ONE	2020/02/11	<input checked="" type="checkbox"/>



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Bulk Adherence Club Visit Capturing....



- Repeat this process until you have added all your patients.
- Patients may be removed from the list by selecting the patient record and clicking on Remove Patient
- After you have added all your patients, click on Save Visits at the bottom of the Adherence club Multi Visit Capture window.



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Bulk Adherence Club Visit Capturing....



- A pop-up will appear informing you that the visits were generated successfully.
- Click OK to close the Adherence club Multi Visit Capture window.

Patient List

Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
▶ PEGGY BLANDY	Attended			2020/02/03	<input checked="" type="checkbox"/>

Visits

All Visits created successfully

OK



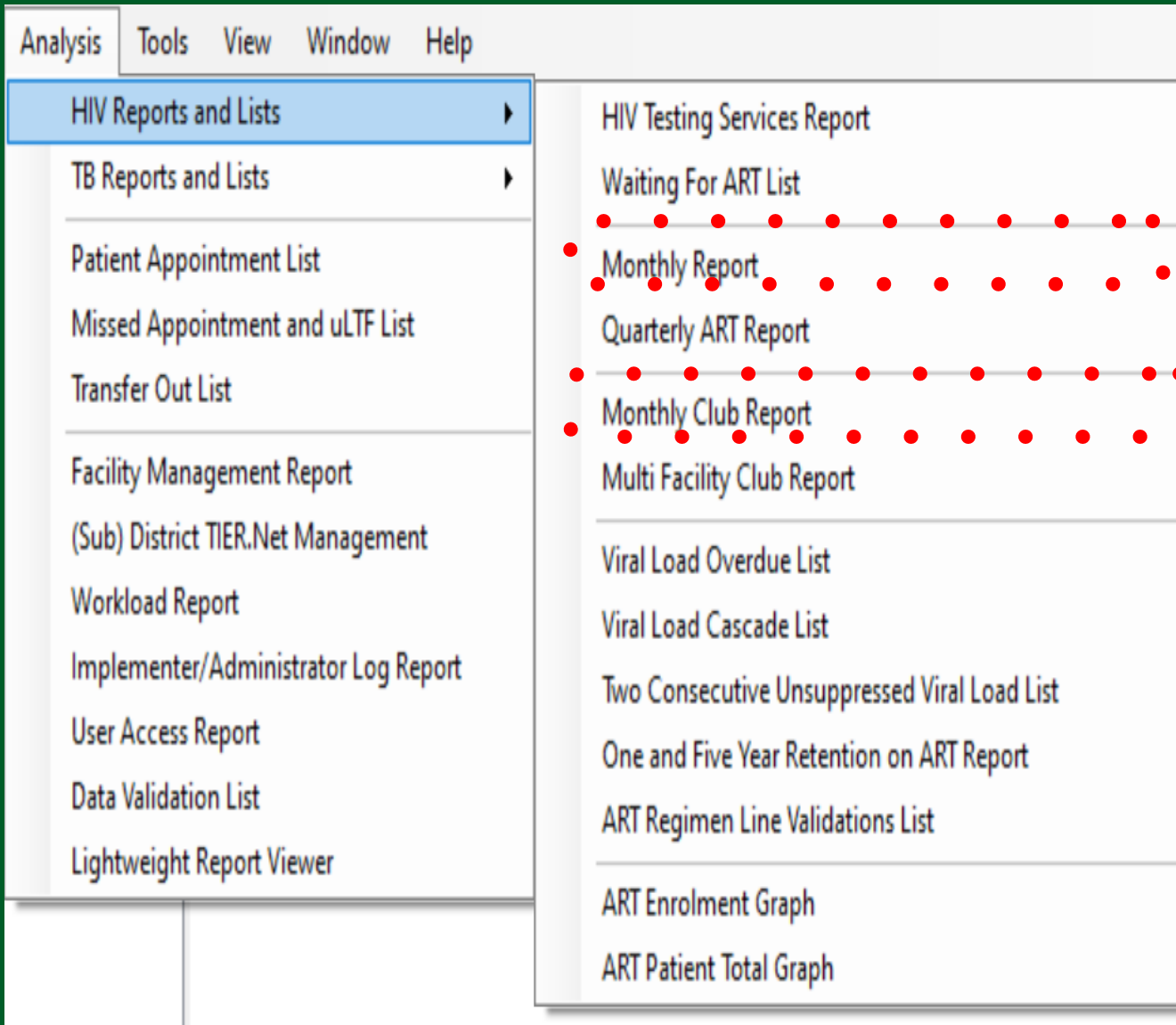
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Reports

HIV reports and line lists



Reports with DMoC data

Note, Patient enrolled on DMoC also included in some of the line lists:
VL Overdue; Patient Appointment; Missed Appointment and uLTF lists

HIV Monthly report

Number of patients from the
'Waiting to start ART' line list included

NIDS reported data appears at top of report

IPT changed to TPT

Repeat Prescription Collection Strategies
(RPCs) included

Number from the
Waiting to Start
ART report

Cumulative HIV positive, not initiated on ART	
Adult	13
Child	-
Total	13

New patients initiated on ART this month	
Adult	18
Child	-
Total	18

Total remaining on ART (TROA)	
Adult	1565
Child	47
Total	1612

Monthly elements
reported in webDHIS

Patient previously on ART >30 days whose original initiation date or regimen are unknown. *

Adult	-
Child	-
Total	-

Restarted on ART

Adult	5
Child	-
Total	5

*Patients who report they have had exposure to ART for >30 days. However, in consultation with the clinician an ART start date and starting regimen cannot be determined by the clinician.

Transferred in (this refers to patients who on the first visit at this facility are TFI)

	HIV positive, not on ART	On ART:
Adult	-	6
Child	-	1
Total	-	7

Transferred out (this m...)

Adult	8
Child	2
Total	10

Refer to 2019 ART Clinical Guidelines for definition of re-start

Refers to patients who at their first ART visit at the TFI facility were stable on treatment and considered a TFI

TB Preventative Treatment (TPT)				
	Eligible for TPT		Initiated on TPT	
Adult	17		9	
Child	-		-	
Total	17		9	

Differentiated Models Of Care (DMOC)				
Total patients enrolled in Repeat Prescription Collection Strategies (RPCs)				
Adherence Clubs	Fac-Pup*	Ex-PuP*	Total	% of patients on ART enrolled in RPCs
-	-	-	-	0

* Fac-Pup - Facility pickup points * Ex-PuP - External pickup points

Patients enrolled in RPCs

Proportion of patients enrolled in RPCs out of total TROA

Pregnant women start on ART & Clinical visits

Annual rolling calendar

Pregnant women started on ART (this month)	
Total	5

Clinical visits (in this month)		
	HIV care	ART care
Adult	1	578
Child	-	23
Total	1	601

Previous 12 Months

Initiated on ART												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Adult	21	20	18	22	14	14	14	10	26	13	12	18
Child	-	-	-	-	-	-	-	-	2	-	-	-
Total	21	20	18	22	14	14	14	10	28	13	12	18

Total remaining on ART (TROA)												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Adult	1513	1514	1509	1514	1516	1517	1517	1511	1527	1537	1519	1505
Child	41	41	41	43	43	43	44	44	46	46	46	47
Total	1554	1555	1550	1557	1559	1560	1561	1557	1573	1583	1565	1552

Restarted ART												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Adult	3	1	2	3	-	5	1	4	2	-	4	5
Child	-	-	-	-	-	-	-	-	-	-	1	-
Total	3	1	2	3	-	5	1	4	2	-	5	5

Total transferred out (TFO)												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Adult	5	7	2	8	7	4	7	4	4	4	5	8
Child	-	-	1	-	-	-	-	-	-	-	1	2
Total	5	7	3	8	7	4	7	4	4	4	6	10

Total transferred in (TFI)												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Adult	6	5	6	7	9	4	4	1	7	6	-	6
Child	-	-	1	2	1	-	-	-	2	-	-	1
Total	6	5	7	9	10	4	4	1	9	6	-	7

Monthly Cub report



Monthly club report

Selected level: nw Clinic
 Date generated: 10/23/2022
 Period: January 2021

Signed off by : _____
 Designation: _____

New

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Child	0	0	0	0	0	0	0	0	0	0	0	0
Adult	33	9	9	17	6	3	7	9	0	3	1	0
Total	33	9	9	17	6	3	7	9	0	3	1	0

Remaining in care

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Child	0	0	0	0	0	0	0	0	0	0	0	0
Adult	242	277	310	339	345	348	329	320	284	259	241	198
Total	242	277	310	339	345	348	329	320	284	259	241	198
Attrition	14.7%	10.4%	8.4%	3.7%	0%	0%	-7.3%	-5.3%	-11.3%	-9.8%	-7.3%	-17.8%

Club Breakdown

Club	New			Remaining in care			Attrition
	Child	Adult	Total	Child	Adult	Total	
0001-APRIL	0	0	0	0	4	4	0%
0002-MAY 01	0	0	0	0	1	1	0%
0003-JUNE	0	0	0	0	2	2	0%
0004-SFLA	0	0	0	0	155	155	-24%
0005-JULY	0	0	0	0	2	2	0%
0006-AUGUST	0	0	0	0	1	1	0%
0008-OCTOBER 01	0	0	0	0	0	0	0%
0010-NOVEMBER	0	0	0	0	0	0	0%
0011-JANUARY	0	0	0	0	1	1	0%
0012-FEB 01	0	0	0	0	12	12	9.1%
0015-NOVEMBER 02	0	0	0	0	6	6	50%
0016-JANUARY 02	0	0	0	0	8	8	0%

New patients
(enrolled this
month) in clubs

Total patients
Remaining in
Care

Breakdown of
the number of
patients enrolled
in clubs and RIC
per club

Thank you





Report of DMoC data elements: monthly facility reports



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HIV



NEW (CARE & SUPPORT)

- Patients on ART enrolled in repeat prescription collection strategies of Adherence clubs
- Patients on ART enrolled in repeat prescription collection strategies of Facility Pick Up
- Patients on ART enrolled in repeat prescription collection strategies of External Pick up

Data element name	Patients on ART enrolled in repeat prescription collection strategies of Adherence clubs
Bulleted definition	All patients receiving ART repeat prescription through adherence clubs collection strategy
Extended Definition	Stable patients should be decanted to a differentiated model of Care (Facility, external and adherence club) and have a clinic appointment at least once every 6 months for clinical review and to review if the patient still meets the stable criteria. A Stable patient meets the following eligibility criteria: VL<50copies/ml HbA1C<8%, 2 consecutive BP<140/90
Use and Context	ART stable patients who have been decanted to Differentiated model of care(adherence clubs). The extent to which adherence club model of care have been scaled up and reporting on this indicator will support efforts to expand the offer of this model.
Inclusions	INCLUDE: all ART stable patients decanted to adherence club for collection of Repeat prescription for ART. Include: ART stable patients also receiving chronic treatment for Hypertension, Diabetes Mellitus, & TB treatment.
Exclusions	EXCLUDE: Chronic patients without ART
Collected by	Clinicians
Collection points	ART offering facilities & hospital

Data element name	Patients on ART enrolled in repeat prescription collection strategies of Facility Pick Up
Bulleled definition	All patients receiving ART repeat prescription through facility Pick up collection strategy
Extended Definition	Stable patients should be decanted to a differentiated model of Care (Facility, external and adherence club) and have a clinic appointment at least once every 6 months for clinical review and to review if the patient still meets the stable criteria. A Stable patient meets the following eligibility criteria: VL<50copies/ml HbA1C<8%, 2 consecutive BP<140/90
Use and Context	ART stable patients who have been decanted to Differentiated model of care(Facility Pick up). The extent to which Facility pick up model of care have been scaled up and reporting on this indicator will support efforts to expand the offer of this model.
Inclusions	INCLUDE: all ART stable patients decanted to Facility Pick up points for collection of Repeat prescription for ART. Include: ART stable patients also receiving chronic treatment for Hypertension, Diabetes Mellitus, & TB treatment.
Exclusions	EXCLUDE: Chronic patients without ART
Collected by	Clinicians
Collection points	ART offering facilities & hospital

DE Group	HIV
Data element name	Patients on ART enrolled in repeat prescription collection strategies of External Pick up
Bulleted definition	All patients receiving ART repeat prescription through External pick up collection strategy
Extended Definition	Stable patients should be decanted to a differentiated model of Care (Facility, external and adherence club) and have a clinic appointment at least once every 6 months for clinical review and to review if the patient still meets the stable criteria. A Stable patient meets the following eligibility criteria: VL<50copies/ml HbA1C<8%, 2 consecutive BP<140/90
Use and Context	ART stable patients who have been decanted to Differentiated model of care(External Pick up). The extent to which Facility pick up model of care have been scaled up and reporting on this indicator will support efforts to expand the offer of this model.
Inclusions	INCLUDE: all ART stable patients decanted to External Pick up points for collection of Repeat prescription for ART. Include: ART stable patients also receiving chronic treatment for Hypertension, Diabetes Mellitus, & TB treatment.
Exclusions	EXCLUDE: Chronic patients without ART
Collected by	Clinicians
Collection points	ART offering facilities & hospital



Process for data elements collection and reporting



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Enrollment of patients into DMoC/CCMDD patients



Data clerk to receive folder

Capture current visit (e.g. 1.2.2017) and 6 month repeat

Record in notes section of TIER.Net **Stipulate PuP** (if external PuP)

		Notes		Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP			
		Adherence & Counselling			IN ▼	OUT ▼	PH
Plan and treatment	Medication, incl. ARVs and prophylaxis	FDC	ARV1	R1 TDF / FTC / EFV } 1 12 } x 6			
			ARV2				
			ARV3				
			ARV4 or other				
			ARV5 or other				
			ARV6 or other				
			Cotrimoxazole				
			IPT				
			Fluconazole				
				Referred	Rosebank Clicks PuP		
		Date of next visit	01-08-17		Clinic		
		Signed (Initialed)	Nurse/Doctor <i>Dr N. Baleni</i>		Data Capturer		

Capture next visit date (e.g. 1.08.2017)

Pregnant women started on ART (this month)	
Total	5

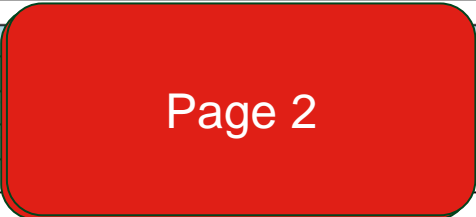
Clinical visits (in this month)		
	HIV care	ART care
Adult	1	578
Child	-	23
Total	1	601

Previous 12 Months

Initiated on ART													
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Adult	21	20	18	22	14	14	14	10	26	13	12	18	
Child	-	-	-	-	-	-	-	-	-	2	-	-	-
Total	21	20	18	22	14	14	14	10	28	13	12	18	

Total remaining on ART													
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Adult	1533	1534	1529	1530	1533	1532	1530	1525	1537	1547	1553	1565	
Child	44	44	44	46	45	45	45	45	49	49	48	47	
Total	1577	1578	1573	1576	1578	1577	1575	1570	1586	1596	1601	1612	

Restarted ART													
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Adult	2									2	-	4	4
Child	-									-	-	1	-
Total	2									2	-	5	4



Total transferred out (TFO)													
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Adult	5	7	2	8	7	4	7	4	4	4	4	5	8
Child	-	-	1	-	-	-	-	-	-	-	-	1	2
Total	5	7	3	8	7	4	7	4	4	4	4	6	10

Total transferred in (TFI)													
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Adult	6	5	6	7	9	4	4	3	7	6	-	-	6
Child	-	-	1	2	1	-	-	-	2	-	-	-	1
Total	6	5	7	9	10	4	4	3	9	6	-	-	7



Tier.NET ART report





- Generates the Monthly ART report from TIER.Net.
- Prints the report
- Zoom the report into Differentiated Models of Care (DMOC): Total patients enrolled in Repeat Prescription Collection Strategies (RPCs) for data.

TB Preventative Treatment (TPT)		
	Eligible for TPT	Initiated on TPT
Adult	17	9
Child	-	-
Total	17	9

Differentiated Models Of Care (DMOC) Total patients enrolled in Repeat Prescription Collection Strategies (RPCs)				
Adherence Clubs	Fac-Pup*	Ex-PuP*	Total	% of patients on ART enrolled in RPCs
-	-	-	-	0

* Fac-Pup - Facility pickup points * Ex-PuP - External pickup points


**Patients enrolled in
RPCs**


**Proportion
of patients enrolled
in RPCs out of total
TROA**



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Routine monthly data input form



- Transcribe DMoC total patients enrolled in repeat prescription collection strategies (RPCs) into to monthly data input (MDI) form.
- Submits the hard copy report to the FM
- Verify, approve, and submit MDI to (sub)district.
- File MDI & Monthly ART report.

DEPARTMENT OF HEALTH			
ROUTINE MONTHLY DATA INPUT FORM			
Sub- district: _____		Month: _____	
Facility: _____		Verified by: Sign: _____	
Completed by: _____ (Print name)		Tel no.: _____ (Sign)	
No	Data Element	Value	Comment
NAME OF DATA ELEMENT GROUP:			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL FOR DATA ELEMENT GROUP			

4.4 Monthly Data Input Form



Data Entry



Dashboard



Browser
Cache Cleaner



Data Quality



Data
Visualizer



Maps



Menu
Management



Reports



WHO Data
Quality Tool

From the Apps search for data entry





Organisation Unit: an_Crane Clinic
Data Set: NIDS 2023 PHC Other (Monthly) ▼
Period: July 2023 ▼ | Prev year | Next year
Filter on section: HIV ▼

HIV

Filter in section	MonthTotal
Antenatal client started on PrEP	
HIV positive known but NOT on ART	
Male circumcision performed by medical professional in the traditional sector (10-14 years)	
Male circumcision performed by medical professional in the traditional sector (15 years and older)	
Medical male circumcision 10-14 years	
Medical male circumcision 15 years and older	
Person exposed to HIV who tested HIV negative and was issued with Post Exposure Prophylaxis	
Start PrEP	
Total remaining on PrEP	

Complete | Incomplete | Run validation

- Select data set NIDS 2023 (monthly)
- Then the period reporting
- Filter for HIV
- Then transcribe data elements from Monthly ART report into the variables on the tool
- Then enter complete



- Obtain validated data input forms from the facility manager on all monthly data sets on the 3rd day of each month if data is provided on hard copies (paper based).
- Capture data from MDI form into webDHIS.
- Conduct a rapid data quality assessment of data on data input forms - must be 100% complete and should contain no gaps or outliers without comments.
- Capture monthly data into the webDHIS
- Check for missing data, add comment and mark record for follow up
- Follow up on incorrect monthly data and do edits once the source documents have been corrected.
- Validate and submit to district.
- File records and store safely in a facility with controlled access



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