

**1st Draft National Clinical Record Audit Implementation Guideline for Primary Health Care Facilities**

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# Introduction

Clinical (or medical) audits form part of the continuous quality improvement process and consist of measuring a clinical outcome or a process, against well-defined standards set on the principles of evidence-based medicine.

The aim of the audit is to highlight the discrepancies between actual practice and standard in order to identify the changes needed to improve the quality of care.

Clinical audit consists of a “quality loop” (Figure1): once chosen a topic and set shared and measurable criteria and standards, current clinical practice is evaluated, especially in terms of process or outcome, and suggestions for improvement are developed and applied, and then the cycle can begin again1.



Figure 1: Clinical Audit Cycle

# Purpose of the Guideline

This Guideline that has been developed to conduct clinical record audits in Primary Health Care facilities and is complimentary to the checklist for patient record compliance to Integrated Clinical Services Management in the Ideal Clinic framework. The purpose of the this template to conduct clinical record audits is to enhance the quality of care provided at facility level and promote adherence to the National Guidelines for the management of national priority health conditions.

The template does not replace the in-depth programme reviews that will take place from time to time. The Guideline in no way replaces existing provincial guiding documents but is intended to provide guidance to those provinces that do not have existing guiding documents to conduct clinical audit on priority health conditions.

# Conducting the Clinical Audit

## 3.1 Choosing the Topic

The National Department of Health has defined priority areas based on the disease burden and utilisation of services at primary healthcare facilities that should be audited on an annual basis:

* Non Communicable Diseases - Hypertension and Diabetes
* Chronic communicable diseases - Human Immune Deficiency Virus (HIV) and Tuberculosis (TB)
* Maternal Health - Antenatal Care (ANC) and Post Natal Care (PNC)
* Children - Well baby and Sick child

## 3.2 Setting the Standard

The standards against which the audit will be conducted have been designed based on the National Guidelines for each of the priority health condition. For the purposes of the audit- the target is that **80%** of all assessed patient records should fulfil the criteria as defined.

## 3.3 Data Collection

* The Adult Primary Care (APC) facility trainer should be the coordinator or audit team leader and assemble an internal audit team (medical practitioner and/or clinical nurse practitioner) if necessary.
* An audit will be conducted on the priority areas as per the schedule defined in Table 1.
* Nineteen patient records should be audited for each of the priority health conditions listed in table 1.

Table 1: Audit Schedule

|  |  |
| --- | --- |
| **PRIOTIRY HEALTH CONDITIONS** | **Month when audit to be conducted** |
| HIV/TB | Apr/May |
| NCD (diabetes and hypertension) | Jun/Jul |
| Maternal health (ANC &PNC) | Aug/Sept |
| Well baby | Oct/Nov  |
| Sick child (IMCI) | Feb/March |

* An audit will be conducted retrospectively using the patient records as the source document
* Selecting the patient record for the audit
	1. Lot quality assurance sampling will be used for the purposes of the clinical audit
	2. Two weeks prior to the audit - Collect the patient clinical records for the condition that will be audited
	3. On the date of the audit randomly select the 1st clinical record from the list that you have
	4. Thereafter sample every 3rd patient record until you reach the 19 clinical records required for each of the priority health condition to be audited
	5. Use the checklist provided for each of the conditions identified and audit the relevant clinical record

## 3.4 Data Analysis

* After completing the audit- tally all the clinical records that have fulfilled the criteria
* In order to achieve the target of 80% a minimum of 13 clinical records should meet the criteria2.

## 3.5 Making improvements

Once the audit results have been presented and discussed with the rest of the team and whoever else in the facility or district the audit is relevant to, the potential cause of the problem must be identified, agreed on and recommendations made for change. Use the template of the Quality Improvement Plan (QIP) as set out in the Ideal Clinic Manual, see Annexure A. Add the QIP under the section for additional areas for improvement and complete the columns for item, activity, by whim, when and results.

## 3.6 Sustaining improvements and repeating the audit

It is important to sustain improvements and repeat the audit cycle where and if needed. Follow these criteria to ensure sustainability:

* You need to re-audit to check the changes have made the difference you expected?
* Don’t re-audit until you have made the changes.
* The re-audit should use the same design as the audit.
* You only need to re-audit standards where changes have been made (unless the changes may have affected other standards)
* If these improvements are sustained, some form of monitoring should replace a full audit. The team should develop structures and systems that integrate, monitor, and sustain the improvements implemented as part of clinical audit. But if performance deteriorates, the full audit should be reactivated.

# Clinical Record Audit measures for priority health conditions

## 4.1 Clinical Audit Tool for HIV and TB (score “1” if compliant or “0” if non-compliant)

|  |  |
| --- | --- |
| **Facility name** |  |
| **Audit lead** |  |
| **Audit topic** | **Clinical Record Audit for HIV and TB** |
| **Aim/objective of the audit** | Assess the adherence to prescribed standards for treatment of patients with HIV and TB |
| **Exclusion criteria (where applicable)** | Patients that no longer follow up at the facility |
| **Period for Audit** |  |
| **No** | **Measurement Criteria** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **Total** |
| 1 | Patient initiated on ART within 1 week or 8 weeks (HIV positive with TB – co infection, Hepatitis B)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Patient on 1st line regimen of TDF, FTC/3TC, EFZ (Fixed Dose Combination) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | FBC, ALT or fasting cholesterol test done for clients who are on non TDF based ART regimens |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Viral load after 6 and 12 months of ART initiation done and recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Any side effects/adverse incident recorded  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Any switching of regimen done, if Yes, why (see comments section) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Children < 15 years initiated on ART |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Children who started on Children regimen switched to Adult regimen at >15 years Old |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Children on treatment given correct dosage per weight |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Is there a record of screening for TB symptoms at the last clinical visit? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | If ART was commenced was the initial commencement date after the start of the TB treatment date? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | If HIV-positive, is the dosage, frequency and length of Cotrimoxazole prophylaxis prescribed on a valid script? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Did smear / GeneXpert positive clients commence treatment within 5 days? (5 days from first positive sputum taken (GeneXpert or smear) to commencement of treatment, including weekends and holidays) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Are the relevant sputum results filed or results noted? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Has the correct medication been prescribed on a script that complies with scripting requirements (PACK 2015 pg. 1)? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Health promotion provided (life style modification) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average % (Grand Total/16)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of records that scored 100%** | **(13 of the 19 record must have scored 100% to comply with the target set for 80%)** |

## 4.2 Clinical Audit Tool for Diabetes and Hypertension (score “1” if compliant or “0” if non-compliant)

|  |  |
| --- | --- |
| **Facility name** |  |
| **Audit lead** |  |
| **Audit topic** | **Clinical Record Audit for Diabetes and Hypertension** |
| **Aim/objective of the audit** | Assess the adherence to prescribed standards for treatment of patients with Diabetes and Hypertension |
| **Exclusion criteria (where applicable)** | Patients that no longer follow up at the facility |
| **Period for Audit** |  |
| **No** | **Measurement Criteria** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **Total** |
| 1 | Last BP reading < 140/90 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | If the BP>140/90, was there an action taken on the abnormal result? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Annual BMI or waist circumference: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Annual urine dipsticks done: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Annual recording of serum Creatinine: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Annual Foot Exam: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Annual Eye Screening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Annual HbA1C for confirmed diabetics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | If HbA1c above target was action taken? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Has a Random Total Cholesterol ever been done: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Does the patient who qualifies for simvastatin according to policy receive it? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Does the patient who qualifies for aspirin for secondary prevention, according to policy receive it? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Annual Random blood glucose done for hypertension patients |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Has a cardiac risk assessment been done at least one? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | If no record of being HIV+, was the patient offered an HIV test in the last year?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Health promotion provided (life style modification) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average % (Grand Total/16)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of records that scored 100%** | **(13 of the 19 record must have scored 100% to comply with the target set for 80%)** |

## 4.3 Clinical Audit Tool for Maternal Health (score “1” if compliant or “0” if non-compliant)

|  |  |
| --- | --- |
| **Facility name** |  |
| **Audit lead** |  |
| **Audit topic** | **Clinical Record Audit for Maternal Health** |
| **Aim/objective of the audit** | Assess the adherence to prescribed standards for managing pregnant women |
| **Exclusion criteria (where applicable)** | Patients that no longer follow up at the facility |
| **Period for Audit** |  |
| **NO** | **Measurement Criteria** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **Total** |
| 1 | Full History taken (Medical, Past Obstetric) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Full clinical examination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Estimated date of delivery calculated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Blood pressure taken |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Maternal height/weight/MUAC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Haemoglobin test |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | RPR performed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Urine tested for protein, sugar, nitrites |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Rapid Rh performed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | HIV counselling and testing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | ART for HIV-infected women |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Tetanus toxoid given |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Iron and folate supplementation provided |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Calcium supplementation provided |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | ART given for HIV positive women |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Information for emergencies given |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | Antenatal record completed and given to woman |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | Asked if fetal movements felt and normal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | TB symptom screen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | Clinical examination for anaemia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | Urine tested for protein, glucose |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | Uterus measured for growth - twins, IUGR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | Instructions for delivery/transport to institution |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | Recommendations for lactation and contraception |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | Detection of breech presentation and referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | Remind woman to bring antenatal record in labour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Post Natal Care within 1 week** |
| 27 | Patient asked if Feeling unhappy? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | Patients asked about appetite? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | Patients asked about infant feeding?: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | Cough/ Breathing difficulties noted?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | Lochia if foul smelling? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 | Heavy vaginal bleeding? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 | Urinary incontinence? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **General Examination Completed** |
| 34 | Upper Middle Arm Circumference |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 | Temperature  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 | Pulse  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 | Blood Pressure Recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 | Breast inspected for cracks/inflammation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 | Uterine involute or tenderness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 | If C/S, is wound infected: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 42 | Sutures removed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 43 | Episiotomy inspected |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 | Urine dipstick |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Post Natal Care 6 weeks** |
| 45 | Mother asked if Able to resume normal activities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 46 | Problems with infant feeding? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 47 | Cough/ Breathing difficulties? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 | Problems with C/S wound? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 49 | Problems with episiotomy? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 | Vaginal discharge? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51 | Urinary incontinence? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 52 | Upper Middle Arm Circumference |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 53 | Temperature  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 54 | Pulse  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55 | Blood Pressure Recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 56 | Breast inspected for cracks/inflammation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 57 | Urine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 58 | Haemoglobin level |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 59 | CD4 taken |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60 | Contraception |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 61 | Health promotion provided (life style modification) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average % (Grand Total/61)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of records that scored 100%** | **(13 of the 19 record must have scored 100% to comply with the target set for 80%)** |

## 4.4 Clinical Audit Tool for Well child (score “1” if compliant or “0” if non-compliant)

|  |  |
| --- | --- |
| **Facility name** |  |
| **Audit lead** |  |
| **Audit topic** | **Clinical Record Audit for Well Children** |
| **Aim/objective of the audit** | Assess the adherence to prescribed standards for managing children who are well |
| **Exclusion criteria (where applicable)** | Patients that no longer follow up at the facility |
| **Period for Audit** |  |
| **No** | **Measurement Criteria** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **Total** |
| **1 week assessment** |
| 1 | Type Feeding recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Urine passed? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Passed stool? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Temperature recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Assessment of colour |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Jaundice (Y?N) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Conjunctive examined |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Umbilical cord examined? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6 week examination** |
| 9 | Type Feeding recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Sleeping pattern noted? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Weight recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Head circumference recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Jaundice: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Pale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Cyanosis: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Responds to sound: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | Eyes (white spot) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | Thrush |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | Fontanel abnormal (anterior) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | Heart murmur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | Abdominal mass: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | Vaccination provided |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | PCR test done |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | Bactrim prophylaxis: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | Vitamin A supplementation: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10 weeks examination** |
| 26 | 10 weeks vaccination recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | Weight recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | Developmental screening conducted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14 weeks examination** |
| 29 | 14 weeks vaccination recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | Weight recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | Developmental screening conducted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9 months examination** |
| 32 | 9 months weeks vaccination recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 | Weight recorded  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34 | Developmental screening conducted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18 month examination** |
| 35 | 18 months weeks vaccination recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 | Weight recorded  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 | Developmental screening conducted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 | Health promotion provided (life style modification) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 | Health promotion provided (life style modification) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average % (Grand Total/39)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of records that scored 100%** | **(13 of the 19 record must have scored 100% to comply with the target set for 80%)** |

##

X

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## 4.5 Clinical Audit Tool for Integrated Management of Childhood Illness (score “1” if compliant or “0” if non-compliant)

|  |  |
| --- | --- |
| **Facility name** |  |
| **Audit lead** |  |
| **Audit topic** | **Clinical Record Audit for Integrated Management of Childhood Illness** |
| **Aim/objective of the audit** | Assess the adherence to prescribed standards for managing children who are unwell |
| **Exclusion criteria (where applicable)** | Patients that no longer follow up at the facility |
| **Period for Audit** |  |
| **No** | **Measurement Criteria** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **Total** |
| **Infants (Birth to 2 months)** |
| 1 | Has the infant had convulsions? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Has the infant had any attacks where he stops breathing, or becomes stiff or blue (apnoea)? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Measure Temperature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Babies movement noted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Eyes inspected |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Skin examined |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Palms and soles examined |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | History of diarrhoea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Blood in stools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Head circumference |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Priority signs for congenital defects noted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Abnormalities of head and neck noted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Abnormalities of limbs noted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | HIV status checked and recorded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Immunisation status checked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Developmental milestones noted |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Children between 2 months and 5 years** |
| 17 | Has the child had convulsions? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | Has the child had any attacks where he stops breathing, or becomes stiff or blue (apnoea)? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | Child with cough/difficulty breathing managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | Child with wheezing managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | Child with fever managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | Child with diarrhoea managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | Child examined for malnutrition and managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | Child examined for anaemia and managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | Child with ear infection managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | Child with skin rash/measles managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | HIV infection assessed and initiated on ART |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | TB risk assessed and classified or initiated on treatment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | Child with sore throat assessed and managed according to guidelines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | Health promotion provided (life style modification) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average % (Grand Total/30)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of records that scored 100%** | **(13 of the 19 record must have scored 100% to comply with the target set for 80%)** |

# 5. References

1. National Institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit.* Oxon, United Kingdom: Radcliffe Medical Press Ltd, 2002.

2. Davis R. Rapid Health Surveys: Principles and Sampling Design Handbook. California: PB Works, 2012.

3. National Department of Health. Adult Primary Care Guide. 2016/17

4. National Deaprtment of Health. Integrated Management of Childhood Diseases Booklet. 2014

5. University of Pretoria and University of the Witwatersrand. Basic Antenatal Care Plus Handbook. February 2017

Annexure A: Quality Improvement Plan

**QUALITY IMPROVEMENT PLAN**

**Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Element #** | **Element** | **Weigh** | **Respon-****sibility** | **No** | **Partial** | **Comment** | **Activity** | **By Whom** | **When** | **Results** |
|   |   |   |   |   |   |   |   |   |   |   |
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| **ADDITIONAL AREAS FOR IMPROVEMENT AS IDENTIFIED TRHOUGH SURVEYS, RISK ASSESSMENTS, COMPLAINTS** |
| **Item** | **Activity** | **By Whom** | **When** | **Results** |
|   |   |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |

**Name and Surname of facility manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**