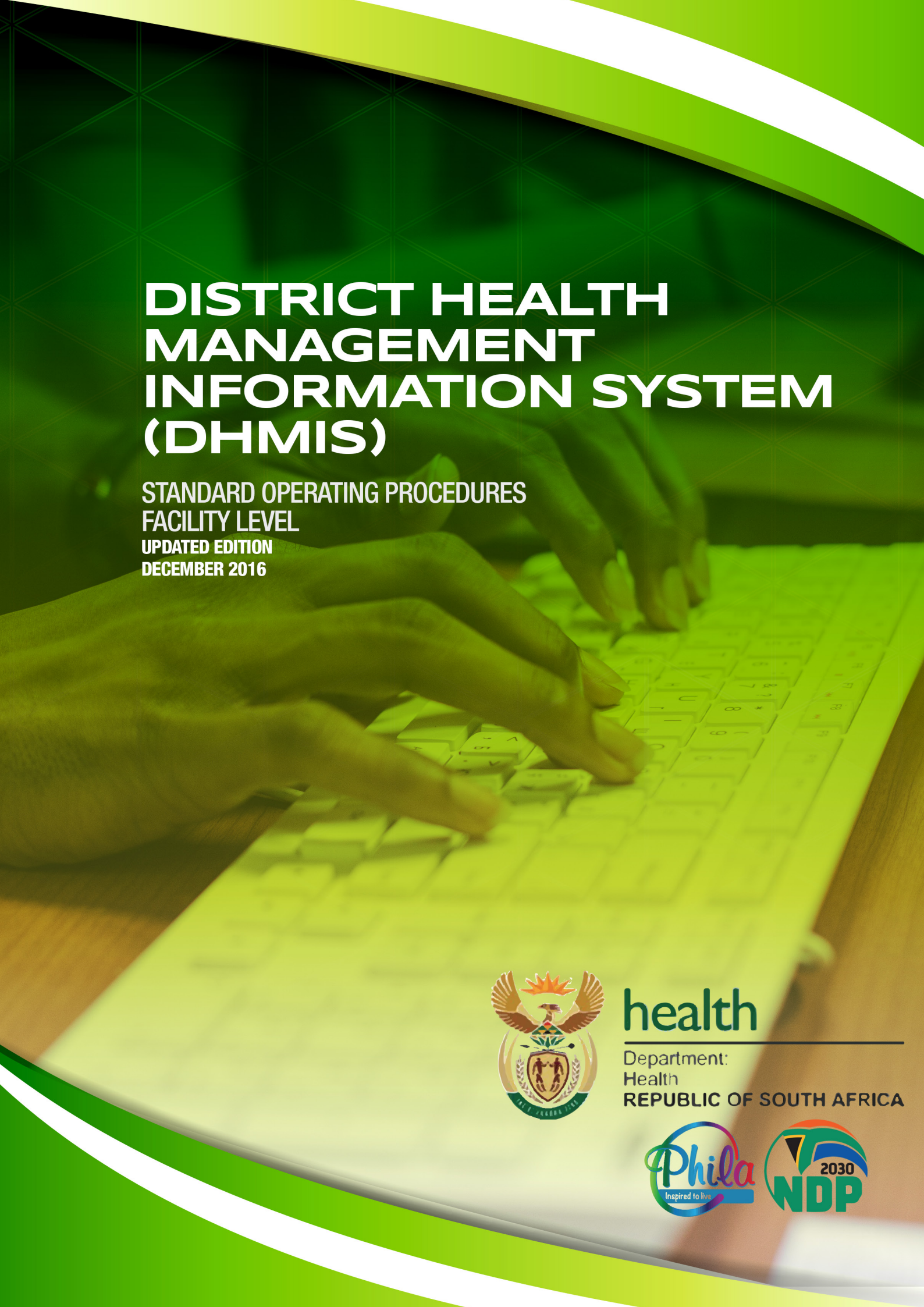
DISTRICT HEALTH MANAGEMENT INFORMATION SYSTEM (DHMIS)

STANDARD OPERATING PROCEDURES
FACILITY LEVEL

UPDATED EDITION
DECEMBER 2016



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FOREWORD BY THE DIRECTOR-GENERAL

In July 2011, I approved the District Health Management Information Systems (DHMIS) Policy for South Africa, which is aimed at ensuring uniformity in the implementation of the DHMIS across the country. I also indicated then, that a need exists for the development of Standard Operating Procedures (SOPs), to guide the implementation of the policy.

Since the first edition of the SOPs for Health Facilities IN 2012, a number of developments have taken place and new policy decisions were taken. In 2015, we took a decision to implement a policy on rationalisation of registers. We then embarked on the national roll-out of PHC Comprehensive registers in all PHC facilities. During the same period, we introduced a new electronic system called Health Patient Registration System (HPRS) together with a standardised filing system. The HPRS has been fully rolled-out in the National Health Insurance pilot districts and the current roll-out is being scaled up in the remaining districts. We are also embarking on a phased implementation of Web-DHIS.

It is for the above developments that there was a need to update the Standard Operating Procedures for the DHMIS Policy. Particularly, we have revised the data flow timelines and stipulated additional procedures to strengthen the quality of the routine health data. The data submission timelines have now been reduced from 60 to 25 days in the updated SOPs.

This updated edition sets out SOPs for the DHMIS policy, for use by health facilities, which are the first level of interaction between community members and health services. Health facilities are therefore the first point of data collection and the level at which data quality must first be improved. Health facility SOPs have thus been prioritised for publication. These SOPs seek to achieve standardisation in data collection, capturing, collation, storage, analysis and transmission to other levels of the health system. Related SOPs have been produced for other levels of the public health sector namely: Health sub-districts; districts; provinces and the National Department of Health.

These SOPs present basic and practical steps to be followed by health care providers and health information management personnel to ensure that data is appropriately handled and used to improve service delivery at local level, prior to submission to the next level of the health system, within the specified time frames.

The long-term vision of the National Department of Health is the creation of a national integrated patient-based information system, which will require implementation of electronic systems for data management at all levels of the health system. In this regard, in April 2014, the Department published the National Health Normative Standards Framework for Interoperability in eHealth in South Africa through a Gazette Notice. This was followed by an assessment of all Primary Health Care (PHC) Patient Health Information Systems by the Centre for Scientific and Industrial Research (CSIR). CSIR is now busy conducting an assessment of all Hospital-based Patient Information Systems.

All health facility managers in the public health sector should ensure implementation of these SOPs. They must be assisted in this role by information officers from health sub-districts; districts; provinces and the National Department of Health.

I wish to acknowledge and appreciate the pivotal role played by Health Information Systems Programme, Health Systems Trust and MEASURE Evaluation Strategic Information for South Africa in assisting the Department with the revision of these SOPs.

MS MP MATSOSO

DIRECTOR-GENERAL
NATIONAL DEPARTMENT OF HEALTH
DECEMBER 2016

LIST OF ABBREVIATIONS

ART	Antiretroviral Therapy
CHC	Community Health Centre
DG	Director-General
DHER	District Health Expenditure Review
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHP	District Health Plan
DoH	Department of Health
ETR	Electronic Tuberculosis Register
HIS	Health Information System
HOD	Head of Department
ICT	Information and Communication Technology
IT	Information Technology
M&E	Monitoring and Evaluation
NCS	National Core Standards
NDD	National Data Dictionary
NDoH	National Department of Health
NHISSA	National Health Information Systems Committee of South Africa
NIDS	National Indicator Data Set
OPD	Outpatient Department
Org unit	Organisational Unit
PEC	Patient Experience of Care
PHC	Primary Health Care
PIDS	Provincial Indicator Data Set
PQRS	Provincial Quarterly Reporting System
QRS	Quarterly Reporting System
SOP	Standard Operating Procedure

DEFINITIONS

TERMINOLOGY	OPERATIONAL DEFINITION
Accuracy	Also known as validity. Data is measured against a referenced source and found to be correct. Accurate data minimize error (e.g. transcription error) to a point of being negligible
Completeness	Data is present and usable and represent the complete list of eligible sources and not just a fraction of it
Confidentiality	Assurance that data will not be disclosed inappropriately and treated with appropriate levels of security
Data	Raw, unprocessed numbers
Data collation	The process where data for a data element from various service points are added together. It is very important to ensure that during this process the responsible person add the data correctly together and avoid arithmetic errors
Data input forms	This refers to the final form which will be used to enter the data into the relevant database
Data sign off	Data sign off refers to the process where the person with the required authority agrees to the correctness and validity of the data and commits him or herself to submit data in accordance with data flow guidelines
Indicator	A quantitative or qualitative variable that provides a simple and reliable measurement of one aspect of performance, achievement or change in a program or project
Information	Processed or analysed data that adds context through relationships between data to allow for interpretation and use
Integrity	System used to generate data is protected from deliberate bias or manipulation or loss of
Line manager	A line manager has several management responsibilities, including direct management of employees, administrative management and functional management. For an example, a person who directly manages a health facility reports to an area manager.
Organisational Unit (Org Unit)	Organisational Unit refers to reporting levels used in South African public health system (e.g. org unit 5 is a facility level)
Parent facility	The facility in the organisation unit which takes responsibility for one or more facilities.
Precision	Data has sufficient detail and is free as far as possible of error in terms of under and/or over reporting
Programme manager	Manager responsible for a specific health programme/s e.g. (HIV and AIDS, Nutrition etc.)
Rapid data quality assessment	Eyeballing or visual checking of data to check for completeness, correctness, gaps and outliers
Reliability	Data generated by an information system is based on protocols and procedures that do not change according to who is using them or how often they are used. Data is measured and collected consistently
Service point	Reporting units within a facility e.g. consultation rooms, services within facility, hospital wards (OrgU6)
Source point	Facility level e.g. hospital, PHC clinic, delivery facility (OrgU5 levels)
Timeliness	Data and information is available on time for meeting budgeting, monitoring, decision making and reporting requirements
Users of data	Stakeholders who are authorised to access and use data in DHIS for monitoring, evaluation, research and reporting purposes

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1. INTRODUCTION

1.1 Purpose

This document provides SOPS to ensure appropriate data and information management at health facilities. **These SOPs are an updated version of the 2013 SOPs.** These SOPs aim to clarify the responsibilities and procedures for effective management of aggregated routine health service data.

1.2 Scope

These Standard Operating Procedures are mandatory and should be implemented by all employees and contractors when engaging in health information related activities for DoH.. System and non-facility based services' specific SOPs must be aligned to the DHMIS SOPs. These SOPs must be used in conjunction with the following:

- DHMIS Policy 2011
- National Indicator Dataset (NIDS)
- System and Service Specific SOPs
- Reference Documents listed in Section 3

1.3 Training

The Facility Manager must ensure that team members (facility based and non-facility based staff reporting to facility) who follow these procedures understand these SOPs' objectives and other inter-related activities.

The Facility Manager must ensure that team members sign that they have read and understood these SOPs. Records of training provided on the SOPs must be retained within the facility.

1.4 Background

In terms of the National Health Act (Act 61 of 2003) the National Department of Health (NDoH) is required to facilitate and coordinate the establishment, implementation and maintenance of health information systems at all levels. The District Health Management Information System (DHMIS) Policy 2011 defines the requirements and expectations to provide comprehensive, timely, reliable and good quality routine evidence for tracking and improving health service delivery. The strategic objectives of the policy are to strengthen monitoring and evaluation (M&E) **through standardization of data management activities** and to **clarify the main roles and responsibilities at each level for each category of staff** to **optimize completeness, quality, use, ownership, security and integrity of data.**
Since 2000 the NDoH has been using various systems to collect and manage routine health service based information. These include the DHIS, TIER.net and ETR.net. In 2015, a Health Patient Registration System (HPRS) was rolled out in Primary Health Care Facilities and the webDHIS will be gradually phased in. There is progressively more focus on implementing electronic systems that are meeting the criteria of Health Normative Standards Framework for Interoperability in eHealth in South Africa.

1.5 Principles

1. Principles for implementing SOPs:
   Health service data elements are collected by means of a standardised set of rationalised registers. Those registers used for recording data elements are updated in line with the relevant policies and guidelines. Data collection tools should provide for the following:

   - Facility name and facility code (as in Master Facility List), year and register number
   - Start date of register
   - End date of register
   - Register pages must be pre-numbered

2. Data collection tools and processes for mobile and satellite clinics as well as health posts and outreach teams must be managed in the same manner as those for fixed facilities. Summary forms must be submitted to the manager of the 'parent' fixed facility to be captured into the DHIS.
3. Service points should be allocated appropriate Organisational units.
4. Facilities employ data capturers/ward clerks to enter data into the various systems. Specific SOPs have been developed to guide data capturing into each of these systems and are therefore not covered in this document. Facilities capturing data into these systems must have copies of these SOPs and adhere to them.
5. The following are crucial for monitoring and optimising data quality:
   - Standardised activation of relevant data elements of each health care facility
   - Standardised use of 0 (zero) reporting irrespective of the DHIS capturing level (facility or sub-district) or frequency (daily or monthly)
   - Facility must always be ready for an audit
6. Each health care user should have a facility retained clinical record in which all services are recorded in line with the guidelines of statutory body.
7. All clinical records, data collection and collation tools must be stored safely and access to them controlled at all times.
8. Data management to provide quality routine data that would be used for clinical auditing purposes in initiatives such as Perinatal Problem Identification Program (PPIP), Child Healthcare Problem Identification Programmes (ChildPIP) and Confidential Inquiry into Maternal Mortality.

2. DATA/INFORMATION MANAGEMENT

With the transitioning to a web-based information system and full implementation, the timeframe for data flow from facility to national level should progressively decrease to 20 days. To achieve that target, timelines for submission of routine data and feedback on data quality and performance, are outlined.

FACILITY

DAILY

1. Collect data during each contact with health care user
2. Validate data
3. Capture data in relevant system or eRegisters

WEEKLY

1. Monitor daily data entry for each service point
2. For eRegisters monitor that submissions were processed

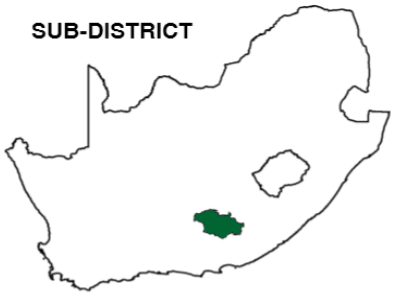
MONTHLY

1st: Compile summary form for monthly dataset from facility and relevant non-facility based services

3rd: Monthly summary form captured into DHIS
5th: Data signed off by facility manager

5th: Validated data submitted to next level for capturing if no facility level capturing

SUB-DISTRICT



MONTHLY

5th: Data validation of facility data

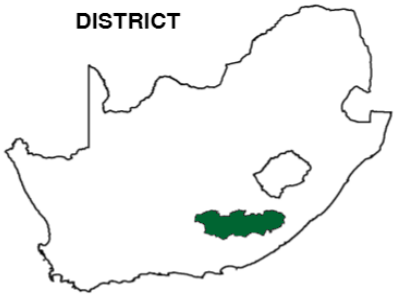
7th: Feedback to health facility for follow-up, if any. import exports from other systems

9th: Capturing of data submitted from facilities if any and send validations back to facilities

10th: Sub-district data signed off by sub-district manager

15th: Written feedback to facilities on data quality and performance

DISTRICT



10th Validation of sub-district and relevant non-facility based services data

12th: Feedback for follow up if any

15th: District data signed off by District Manager

20th: Written feedback to sub-districts on data quality and performance

PROVINCIAL

15th: Validation of district data

17th: Feedback to district for follow up, if any. Import exports from other systems

20th: Provincial data signed off by HOD

25th: Written feedback to districts on data quality and performance

NATIONAL

20th: Validation of provincial data

22nd: Feedback to province for follow up, if any

23rd: Import, validation and saving of data on server completed

25th: National data signed off by DG and ready to be used for planning and decision making

30th: Written feedback on data quality and performance to provinces

2.1 Responsibility

2.1.1 Health Facility Receptionist/Patient Registration Staff (PHC facilities and hospitals and non-facility based services) Responsibilities

Some large facilities have dedicated reception staff, but all staff providing a service to patients are responsible for the procedures relevant to patient files and headcounts.

2.1.1.1 Procedure: Health Facility Receptionist/Patient Registration Staff

Step	Action
ON A DAILY BASIS	
1	PATIENT ADMINISTRATION
1.1	Register the patient visit in the system in use Double check whether a patient file is available before a patient is registered as a new patient to prevent duplicates being issued
1.2	Retrieve patient file from the filing cabinet or issue new patient file Issue and record all folders issued per day
1.3	No patient should be seen by a health care provider without a file except in emergencies The patient file must be issued as soon as possible in these exceptional cases
1.4	Record the visit as a headcount each time a patient presents to the facility for any service in the Reception/ OPD/Emergency Headcount register before the patient file is handed to health care provider
1.5	Count each patient as a headcount once each day, regardless of the number of services provided to the individual at the facility on that day
1.6	Start each day with a new page of the Headcount Register In small facilities where not many patients are seen, one line in the Headcount Register can be left open after totalling that day's headcount The new date can be written in the middle of the next row
1.7	Ensure that no patient files leave the facility If a patient is transferred to another facility a letter of transfer and copies of relevant records should accompany the patient to the referred facility Monitor return records and track outstanding records The original file remains in the referring facility
1.8	Make follow up appointments for patients and provide appointment cards or dates
1.9	Ensure access control of medical records and the confidentiality of patient information is maintained at all times
1.10	Non-facility based services should use the prescribed data collection tool for headcounts
1.11	Submit the register to the data capturer/ward clerk for capturing/summarising once it has been checked and verified by the facility/operational manager or designated staff member

ON A WEEKLY BASIS	
1.12	Complete and double check the weekly Reception/OPD/Emergency/WBOT Headcount summary
1.13	Enter the daily totals of the Headcount Register into the weekly Reception/OPD/Emergency/WBOT Headcount summary sheet. Add and double check the weekly Reception/OPD/Emergency/WBOT Headcount summary sheet
ON A MONTHLY BASIS	
1.14	Enter the weekly totals of the weekly Reception/OPD/Emergency/WBOT Headcount Summary Sheet into the monthly Reception/OPD/Emergency/WBOT Headcount summary sheet. Add and double check the monthly Reception/OPD/Emergency/WBOT Headcount summary sheet and submit to the facility manager on the 1st day of each month
1.15	Filing should be done on the same day that input forms have been completed to avoid loss of information – file chronologically with the latest documents at the top in a lever arch file

2.1.2 Health Care Provider Responsibilities

Health care providers (nurses, doctors and other health professionals) are responsible and accountable for ensuring high quality data in individual patient files and on their own routine data collection and collation tools. These data collection tools should be standardised registers.

It is essential that all health care providers write clearly and legibly on all data collection tools and limit the use of abbreviations.

Data collection tools and processes for mobile clinics, outreach teams and other community based platforms, e.g. school health services must be managed in the same manner as those for fixed facilities and submitted to the manager of the 'parent' fixed facility to be captured into the routine health information system.
It is essential that all health care providers write clearly and legibly on all data collection tools and limit the use of abbreviations.

2.1.2.1 Procedure: Health Care Provider

Step	**Action**
ON A DAILY BASIS	
1	RECORDING OF DATA ON DATA COLLECTION TOOLS
1.1	Record individual patient data in the facility retained patient file and if relevant, in the patient retained records (e.g. Antenatal cards and Road to Health charts) during or directly after each patient contact. A copy of patient retained records must be retained in the health facility
1.2	Capture the required data in eTick register or standardised paper register during or directly after each patient contact. Ensure that the recording of data is in line with current standardised data element definitions
1.3	Indicate the patient file number clearly on the eTick register/paper register for patient follow- up and auditing purposes
1.4	Double check that all the correct data elements and the correct columns relating to health care interventions provided to patient were ticked
1.5	Ensure that the register guidelines are followed during the recording of the patient encounters
1.6	Save the eTick register per the guidelines of the webDHIS system Any data quality issues in the eTick register will be managed in line with the guidelines

1.7	Calculate, capture and sign daily totals clearly in standardised registers (electronic or paper) and submit for verification by facility manager
1.8	Submit checked and verified register to health information staff for capturing in webDHIS/eSummary sheets
ON A WEEKLY BASIS	
1.9	Complete and sign the weekly Tick Register summary form File and store weekly Tick Register summary in a safe facility where access can be controlled
ON A MONTHLY BASIS	
1.10	The manager/team leader of the service point (facility or non-facility based) or a designated person must add the totals for each data element in the standard Tick Registers on the first day of each month to get a monthly total for the previous month
1.11	A line must be drawn after the totals for the month to indicate clearly when it was totalled
1.12	Copy the totals in the registers onto the Tick Register summary form to be submitted to the facility manager on the 1st day of each month

2.1.3 Data Capturers Responsibilities

Data capturers, also referred to as data officers, are responsible for capturing data and then forwarding the data to the next level.

Data capturers must spend 100% of their work time on the data-related responsibilities stipulated below.

2.1.3.1 Procedure: Data Capturer

Step	Action
PHC FACILITIES	
ON A DAILY BASIS	
1	COLLATION OF DATA
1.1	Collect Reception Headcount register from reception
1.2	Check and verify the Reception Headcount register before capturing
1.3	Report problems found in the headcount register to the information manager/facility manager
1.4	Capture verified data for reception in webDHIS DDC if available – indicate capturing date and sign
1.5	Capture headcount data in HPRS and headcount register in the absence of health facility receptionist
1.6	Check for outliers, add comment. Mark record for follow up if applicable
1.7	Check for missing data, add comment and mark record for follow up

1.8	Run absolute validation checks
1.9	Follow up on incorrect daily data and provide feedback to clinicians to correct the eTick /paper tick register
1.10	Check that the incorrect record has been properly corrected
1.11	In line with the SOPs/guidelines for other systems (e.g. TIER.net or TB Register), collate and capture data as required
ON A WEEKLY BASIS	
1.12	Monitor daily data entry for each service point For eRegisters monitor that submissions were processed
ON A MONTHLY BASIS	
1.13	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):
1.14	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
1.15	Capture monthly data into the webDHIS
1.16	Indicate date of capturing on each monthly data input form and sign
1.17	Check for outliers, add comment. Mark record for follow up if applicable
1.18	Check for missing data, add comment and mark record for follow up
1.19	Run absolute validation checks
1.20	Follow up on incorrect monthly data and do edits once the source documents have been corrected.
1.21	Mark record as completed after editing completed - by 5th of next month
1.22	File records and store safely in a facility with controlled access
1.23	In line with the SOPs/guidelines for other systems (e.g. TIER.net or TB Register), collate and capture data as required

HOSPITALS	
ON A DAILY BASIS	
1.	COLLATION OF DATA
1.1	Collect the signed midnight census report from the night supervisor and perform checks for completeness, correctness, consistency and currency by checking the form and comparing with the midnight census data collection tools as well as other data collection tools in the ward. Report any discrepancies found to the Operational manager for follow-up
1.2	Collect data collection tools (e.g. OPD tick registers, headcount registers, theatre and delivery registers) from service points/wards
1.3	Perform data quality checks on signed and verified data to ensure completeness, correctness, consistency and currency
1.4	Report any problems found
1.5	Capture data directly from the data collection tools into webDHIS (if doing daily data capturing to avoid collation of data
1.6	Run routine data quality checks in webDHIS that are appropriate for daily capturing
1.7	Follow up on incorrect daily data
1.8	File records and store safely in a facility with controlled access
1.9	Provide in house mentoring on completion of registers
ON MONTHLY BASIS	
1.10	Collect data collation forms from wards/sections
1.11	Perform data quality checks on signed and verified data to ensure completeness, correctness, consistency and currency
1.12	Report any problems found
1.13	Capture data into webDHIS
1.14	Run webDHIS data quality checks
1.15	Follow up on incorrect data
1.16	File records needed to meet monitoring and audit requirements and store safely in a facility with controlled access
ON A QUARTERLY BASIS	
1.17	Capture National Core Standards (NCS) data
ON AN ANNUAL BASIS	
1.18	Capture Patient Experience of Care data

2.1.4 Health information officer responsibilities

Health Information officers should be progressively appointed at fixed facilities (clinics, community health centres and hospitals). They are responsible for data quality assurance and encouraging local use of information.

If there are no data capturers at the facility the health information officer is responsible for the same procedures as relevant for data capturers.

Information officers/managers must spend 100% of their time on the data/information-related activities stipulated below.

2.1.4.1 Procedure: Health Information Officer

Step	Action
1	MANAGEMENT AND SUPERVISION
1.1	Develop a health information plan specifying: • Information needs of all stakeholders at service points • Reporting processes • Areas for improvement
1.2	Provide staff who collect data with training on data elements to be collected and tools to be used to collect data as well on how to analyse their own data
1.3	Keep submission logs for monitoring adherence to reporting timeframes and identification of bottlenecks for remedial action
1.4	Ensure that all documents required for monitoring and auditing are filed correctly and stored in a facility with controlled access

PRIMARY HEALTH CARE FACILITIES	
ON A DAILY BASIS	
2	DATA MANAGEMENT
2.1	If the facility has a Local Area Network (LAN) set up between reception/facility manager computer and consulting room computers check the main server computer daily to ensure that backups from each consulting room have been saved to the server computer
2.2	If eTick register is used ensure that there is a register saved for each consulting room in the health facility to ensure that all clinicians submitted their daily register. Report to the facility manager if any consulting room register is missing for the day
2.3	Copy all backed up registers from the server computer onto a removable drive and ensure that it is locked up in a safe location in the health facility (preferably a safe)
2.4	Ensure that these backups remain properly saved in folders which can be retrieved for auditing purposes
2.5	Monitor whether daily data capture for reception/service points has been done
2.6	Check that all service points' eTick Registers have uploaded to webDHIS/summaries have been received • Run validation checks on service points • Check for outliers and missing data • Mark records for follow up where appropriate
2.7	Draw a follow up report from webDHIS and give to facility manager
2.8	Ensure that the corrections received from the facility manager are captured and that there is a clear audit trail back to the source documents
2.9	Check that corrections to the eTick Registers have uploaded to webDHIS
2.10	Monitor that daily data capture has been done on eSummary sheet and that there is no backlog in capturing eSummary sheets from all service points

ON A MONTHLY BASIS	
2.11	Monitor that monthly data capture has been done
2.12	Check that all data from outreach teams has been captured if relevant
2.13	Draw follow up reports from webDHIS and ensure that all the edits are done timeously
2.14	Do validation checks and ensure that edits are done timeously
2.15	Conduct pre-submission data validation on a monthly basis with facility staff and draft feedback report
2.16	Discuss persistent data quality problems found in source documents with facility manager
2.17	Develop webDHIS customised pivot table, GIS and data visualizer favourites, customised dash-boards for use in reports and facility data analysis
2.18	Compile a monthly information report for the facility
2.19	Provide customised reports to line/programme managers
2.20	Present information report at facility meetings
2.21	Provide information for facility review meetings
2.22	Attend sub-district meetings as required and report on facility information

ON A QUARTERLY BASIS	
2.23	Submit ART quarterly data (zipped xml format) into webDHIS

ON AN AD HOC BASIS	
3	DATABASE MANAGEMENT AND TRAINING
3.1	Ensure that all hardware and software is fully operational and report IT related problems to sub-district IT
3.2	Run troubleshooting procedures as relevant to different information systems; • Data bundles (if not uncapped) • Connectivity • DHMIS help desk
3.3	Ensure that zipped eTick register and all monthly data input forms are sent to the lowest level that is online - hospital/sub-district or district for importing into webDHIS
3.4	Obtain report of analysed data with appropriate pivot tables and charts from sub-district/district and use to generate facility feedback
3.5	Provide training to clinicians on use and maintenance of electronic registers
3.6	Assess training needs, provide and coordinate training for hospital staff on information related topics including the use of dashboards, pivots, charts, maps for reporting
3.7	Contribute to orientation of all new staff on health information management system
3.8	Contribute to training on data elements, data quality assessment and data use for all staff responsible for data collection and collation and managing service points/wards
3.9	Guides with audit readiness activities
ON A QUARTERLY BASIS	
3.10	Receive ART quarterly TIER.net export (zipped xml format) from data capturer
3.11	Submit TIER.net export (zipped xml format) to the lowest level that is online – hospital/sub-district or district for importing into webDHIS

HOSPITALS	
ON A DAILY BASIS	
4	DATA MANAGEMENT
4.1	Monitor that daily data capture for wards/sections has been done if data is captured daily/summaries of paper based registers obtained
4.2	Draw a follow up report from webDHIS and give to operational managers
ON A MONTHLY BASIS	
4.3	Monitor that monthly data capture has been done
4.4	Draw follow up reports from webDHIS and ensure that all the edits are done timeously
4.5	Do validation checks and ensure that edits are done timeously
4.6	Conduct pre-submission data validation monthly with hospital staff and draft feedback report
4.7	Develop and maintain customised pivot table, GIS and data visualizer favourites for the hospital
4.8	Develop and maintain customised dashboards for use in reports
4.9	Use the public dashboards and favourites as templates for hospital data analysis
4.10	Compile a monthly information report for the hospital
4.11	Provide customised reports to line/programme managers
4.12	Present information report at hospital meetings and discuss persistent data quality problems found in source documents with hospital managers
4.13	Provide information for hospital information review meetings
ON A QUARTERLY BASIS	
4.14	Supervise the capturing of National Core Standards and reporting
ON AN ANNUAL BASIS	
4.15	Supervise the periodic capturing of the Patient Experience of Care and reporting and analysis of findings

ON AN AD HOC BASIS	
5	DATABASE MANAGEMENT AND TRAINING
5.1	Assess training needs, provide and coordinate training for hospital staff on information related topics including the use of dashboards, pivots, charts, maps for reporting
5.2	Contribute to orientation of all new staff on health information management system
5.3	Contribute to training on data elements, data quality assessment and data use for all staff responsible for data collection and collation and managing service points/wards
5.4	Guide audit readiness activities
5.5	Ensure that all hardware and software is fully operational and report IT related problems to hospital/ sub-district IT

2.1.5 Facility Manager's responsibilities

The provider-patient interaction at the health facility is the foundation for effective and efficient routine health information management. If health facility data submitted for capturing into the RHIS is of poor quality, evidence-based management decisions are compromised at all levels.
The health information management, monitoring and reporting responsibilities of health facility managers are similar at all types of facilities and these focus on the management of high quality information that must be used to:

- optimise patient/client care
- optimise public health and the health status of the population
- optimise performance of health programs and the healthcare system
- improve data quality
- monitor, evaluate and report on performance against all legislated plans in the health sector

With regards to filing, archiving and disposal of patient records, the facility manager must

- Ensure that a health record is created and maintained at the facility for every user of the health service
- Set up control measures to prevent unauthorised access to those records and to the storage facility in which, or system by which, records are kept.
- Take responsibility for the management of the records (filing, archiving and disposal) of the facility
- Assign administrative staff to manage records at reception and filing
- Arrange that an annual clean-up of the records storage room takes place by archiving and disposing of the eligible records

2.1.5.1 Procedure: Facility Manager

Step	Action1
All facilities	
1	INFORMATION MANAGEMENT
1.1	Provide sufficient resources for routine health information management
1.2	Mobilise for further resources (staff, data collection tools, hardware and software, email and internet connections) per national guidelines
1.3	Include data management, monitoring and reporting in performance contracts and job descriptions of all managers
1.4	Ensure training on data elements, data quality assessment and data use for all staff responsible for data collection and collation and managing service points
1.5	Ensure that all new staff are orientated on health information management system in the facility.
1.6	Compile a patient and data flow plan for the facility indicating where patient is received and head-counts are done and where service points are
1.7	Ensure that staff concerned know how to use the eTick register
1.8	Conduct weekly spot checks – correlation of registers with what has been captured in systems, filing practices for data verification and audits. Conduct internal audits, data quality assessments and patient file reviews Keep dated and signed records of spot checks

1.9	Verify all monthly data before it is captured in webDHIS
1.10	Follow up on feedback from the health information officer/data capturer and ensure that clinicians correct the eTick Registers.
1.11	Ensure that updated data quality reports and pivot table of raw data are received from the health information officer/data capturer after corrections were made in the DHIS
1.12	Oversee, lead and support effective and efficient data collection, management and use on: •Patient visits and care/interventions provided •Clinical work days and supervision visits •Stock and equipment
1.13	Sign off eSummary registers and send to next level for importing into webDHIS
1.14	Ensure that data and information are part of the standing item in the management agenda of a facility and promote an information culture.
1.15	Follow up on feedback from the health information officer/data capturer and make corrections. Draw a line through the incorrect value in the source document, write in the new value. These changes are to be initialled and dated. No correction fluid is to be used.
1.16	Ensure that updated data quality reports and pivot table of raw data are received from the health information officer/data capturer after corrections were made in the DHIS
1.17	Approve/sign off data after verification. This process must be finalised by the 5th of the month following the reporting period.
1.18	Ensure that the validation rules that were violated are corrected or commented on and that feedback on violations are given to the sub-district/sub-structure/district office if these were only corrected after 5th of the next month
1.19	Ensure that outliers are commented on
1.20	Attend sub-district and district meetings as required and report on hospital information
1.21	Ensure that the facility is ready for audit at any time
2	PROVIDE FEEDBACK

2.1	Data quality – timeliness, completeness and accuracy of data
2.2	Program-related indicators highlighting good performance and service delivery shortcomings
2.3	Develop action plans with facility staff for indicators showing poor performance
2.4	Follow up on feedback from the health information officer/data capturer and make corrections. Draw a line through the incorrect value in the source document, write in the new value. These changes are to be initialled and dated. No correction fluid is to be used.
2.5	Ensure that the validation rules that were violated are corrected or commented on and that feedback on violations is given to the sub-district/sub-structure/district office
2.6	Ensure that updated data quality reports and pivot table of raw data are received from the health information officer/data capturer after corrections were made in the DHIS

2.7	Monthly approval and sign off data: Sign off monthly summary report and supervise submission to next level for capturing in webDHIS if not capturing in facility Ensure that the eTick register data is zipped and that it is sent to the lowest level with connectivity for importing into webDHIS
2.8	Ensure that the facility receives feedback from the sub-district/district on data submitted in the form of reports/pivot tables/charts
2.9	Verify all data before it is sent to the next level for capturing/importing
2.10	Monthly approval and sign off data: Sign off monthly summary report and supervise submission to next level for capturing in webDHIS.
2.11	Ensure that the facility receives feedback from the sub-district/district on data submitted in the form of reports
2.12	Follow up on feedback from the sub-district and make corrections. Draw a line through the incorrect value in the source document, write in the new value. These changes are to be initialled and dated. No correction fluid is to be used. Ensure that the eSummary register is corrected, zipped and saved to memory stick and submitted to next level for importing into webDHIS
2.13	Ensure that the validation rules that were violated are corrected or commented on and that feedback on violations is given to the sub-district/district office

3. WBOT AND SCHOOL HEALTH SERVICES (IF APPLICABLE)	
3.1	Weekly spot checks –OHH records/client clinical record reviews, filing practices for data verification and audits. Keep dated and signed records of spot checks
3.2	Verify data in registers /daily collection tools weekly and sign off
3.3	Verify monthly data in source documents and sign off
3.4	Collate and submit data to nearest facility/district/sub-district with connectivity/sub-district/district for capturing in webDHIS
3.5	Ensure that data quality report and pivot table of raw data is received from sub-district/district
3.6	Ensure that the validation rules that were violated are corrected or commented on and that feedback on violations are given to the sub-district /district office next month
3.7	Ensure that the validation rules that were violated are corrected or commented on and that feedback on violations are given to the sub-district /district office
3.8	Ensure that valid outliers are commented on and that incorrect outliers are fixed
3.9	Ensure that updated data quality reports and pivot table of raw data are received from the sub-district after corrections were made in the webDHIS

A FACILITY IS READY FOR AN AUDIT WHEN:

- *All internal policies and procedures documents are available and are implemented*
- *All staff are trained on all policies and procedures and there is evidence of this training*
- *Each patient has only one patient folder/clinical record and file is always available in the facility (proper filing system)*
- *Information recorded on data collection tool (Tick Register, standard register or patient based software application) are consistent with patient folder and supporting documentation*
- *All applicable patient records are captured on electronic databases, e.g.ETR.net, TIER.net, web-DHIS*
- *Information recorded in DHIS is consistent with data input forms*
- *All data input forms applicable to the facility have data collected for and are captured in the DHIS*
- *All data collection tools used for collection of data by institution have been reviewed for quality and have been signed off by the health care provider who collected the data*
- *All registers have been reviewed for quality and have been signed off by the facility manager*
- *All validation errors have been corrected or explained*
- *All outliers have been explained*
- *Processing of data updates has been completed correctly*
- *Sign off forms are properly completed and signed by the facility manager*

3. REFERENCE DOCUMENTS

Individuals using these procedures should become familiar with the following documents:

3.1 DHMIS Policy, National Department of Health, 2011
3.2 Ideal Clinic Manual (October 2015)
3.3 National Health Act (Act 61 of 2003): Commencement Section 53 of the National Health Act, 2003
3.4 National Archives of South Africa Act (No. 43 of 1996)
3.5 Promotion of Access to Information Act (Act 2 of 2000): GN 585, Government Gazette 26332, 14 May 2004
3.6 Public Audit Act of 2004 (Act 25 of 2004): Government Gazette Vol 474, Cape Town, 20 December 2004 No. 27121
3.7 Public Finance Management Act (Act 1 of 1999): Public Finance Management Amendment Act (Act No. 29 of 1999)
3.8 Statistics Act (Act 6 of 1999): Government Gazette Vol. 406, Cape Town 21 April 1999. No. 19957
3.9 Treasury Regulations: Government Gazette, Vol. 500, Pretoria, 20 February 2008, No. 29644

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