

Reproduced from Standard Operating Procedures for TB/HIV Facility Assessments – v.1\_27 June, pages 3- 7

1. **Register Audit Protocol**

**3.1 HIV REGISTER AUDIT**

**Using the HCT REGISTER:**

1. Identify the 2 months of **May and June 2012** – remember to look at ALL HCT registers
2. Record the information on the **HCT** tab of the tool including the following:
	1. HCW Initials: Record initials of the HCW who performed the HCT
	2. N: Enter the total number of entries on the page
	3. Page: Assign page # according to month (ie. First page of May entries = 1, 2nd page of May = 2, first page of June entries = 1, etc.)
		1. NB: If a page consists of 2 different months, count it as page X for the relevant month, but only count the entries for that month (ie. Page consists of April/May entries 🡪 Assign as Page 1 for May 🡪 count # of entries for May ONLY, and record under “N”)
	4. For the rest of the columns, follow the HCT register and enter data that correspond to the criteria
3. Enter allHCT patients with POSITIVE results from **May and June 2012** on the **Positive HCT** tab
	1. If there are NO positive HCT patients in May/June 2012, the process ends here for the **Positive HCT** tab
	2. Refer to file audit protocol for the TB/HIV Client Card procedures; continue the rest of the register audit protocol as below
4. Randomly select **10** Positive HCT clients from above, and write their names/DOB down on a piece of paper 🡪 Give this list to a clinic staff member and ask for their *HIV (ART) files*
	1. NB: Please make sure the clinic staff member brings you back the list; you must *destroy* this list before you leave the clinic!!

**Using the HCT REGISTER and Pre-ART REGISTER:**

1. Attempt to track all positive HCT patients from May and June (identified on Positive HCT tab) through to the Pre-ART register, for a period of **90 days rolling** (e.g. a patient entered in HCT register on 14/05/12 must appear between 14/05/12 and 14/08/12). On the **Positive HCT** tab, enter the information of those you are able to track from the HCT to the Pre-ART registers.

**Using the PRE-ART REGISTER:**

1. Enter aggregated data from the Pre-ART register for the months of **May and June 2012** in the **Pre-ART Aggregated** tab.

**Using the HCT, PRE-ART REGISTER and ART REGISTER:**

1. Attempt to track all positive HCT patients from May and June (identified on Positive HCT tab) through to the ART register, for a period of **90 days rolling** (e.g. a patient entered in HCT register on 14/05/12 must appear between 14/05/12 and 14/08/12). On the **Positive HCT** tab, enter the information of those you are able to track from the HCT to the ART registers.
	1. NB: Some patients will be tracked from HCT 🡪 Pre-ART 🡪 ART, while others may go directly from HCT 🡪 ART register. Attempt to capture all data through this cascade, as long as it exists within the *90 day rolling period*

**Using the ART REGISTER:**

1. Enter aggregated data from the ART register for the months of **May and June 2012** in the **ART Aggregated** tab.
	1. **TB REGISTER AUDIT**

**Using the TB SUSPECT REGISTER:**

1. Identify the 2 months of **May and June 2012**
2. Enter aggregated data from the TB Suspect register for the months of **May and June 2012** on the **TB Suspect Register** tab, including the following:
	1. Page: Assign page # according to month (ie. First page of May entries = 1, 2nd page of May = 2, first page of June entries = 1, etc.)
		1. NB: If a page consists of 2 different months, count it as page X for the relevant month, but only count the entries for that month (ie. Page consists of April/May entries 🡪 Assign as Page 1 for May 🡪 count # of entries for May ONLY, and record under “N”)
	2. # Entries: Enter the total number of entries on the page
	3. For the rest of the columns, follow the TB Suspect register and enter data that correspond to the criteria
3. Enter allTB suspect patients with POSITIVE smear/GXP or Culture results from **May and June 2012** on the **Positive TB** tab
	1. NB: Include smear negative/culture positive patients (ie. Anybody with a TB diagnosis will be entered on Positive TB tab)
	2. If there are NO positive TB patients in May/June 2012, the process ends here for the **Positive TB** tab
	3. Refer to file audit protocol for the TB/HIV Client Card procedures; continue the rest of the register audit protocol as below
4. Randomly select **5** Positive TB clients from above, and write their names/DOB down on a piece of paper 🡪 Give this list to a clinic staff member and ask for their *TB files*
	1. NB: Please make sure the clinic staff member brings you back the list; you must *destroy* this list before you leave the clinic!!

**Using the TB SUSPECT REGISTER and TB REGISTER:**

1. Attempt to track all positive TB Suspect patients from May and June (identified on Positive TB tab) through to the TB register, for a period of **90 days rolling** (e.g. a patient entered in Suspect register on 14/05/12 must appear between 14/05/12 and 14/08/12). On the **Positive TB** tab, enter the information of those you are able to track from the TB Suspect to the TB register.

**Using the TB REGISTER:**

1. For the months of **May and June 2012**, identify any patients who have **NOT** already been captured in the Positive TB tab from the above process. Enter their information on the **TB Individual** tab.
	1. NB: Make sure you DO NOT double-capture patients on the Positive TB tab and the TB Individual tab!

**3.3 ANC REGISTER AUDIT**

**Using the ANC REGISTER:**

1. Identify the 3 months of **April, May, and June 2013** – remember to look at ALL ANC registers
2. Enter aggregated data from the ANC register for the above months on the **ANC Register** tab.
3. Enter allANC patients with POSITIVE results from above months on the **Positive ANC** tab
	1. NB: SA Guidelines changed for ANC patients in April 2013 – to our knowledge, no new/updated ANC registers have been developed or issued to facilities. Some data we are attempting to collect will NOT have designated columns in the ANC register. You may have to identify other data sources where clinic staff are recording the information.