Assessing recording and reporting

Recording and reporting

Objectives: at the end of the assessment reviewers should comment on -

- the availability and relevance of recording and reporting tools;
- the reporting process and the quality of reports;
- the actions that need to be taken to improve the recording and reporting systems.

Background:

Good recording practices are necessary for effective case-management. An assessment of a programme's performance and epidemiological trends in the country provide the basis for developing programmes and policies. Effective and accurate recording and reporting systems, whether paper-based or electronic, are essential to ensure high-quality care of TB patients and to ensure accurate sharing of information.

WHO's recommended recording and reporting system consists of detailed forms for each patient that are completed at the point of care, then summarized in laboratory and medical registers. The data are then aggregated to prepare quarterly reports on activities and results, as well as annual management reports at the basic management unit.

Recording system: The recording system comprises laboratory registers (which record information on all patients referred to the TB laboratory for sputum-smear examination), patients' treatment cards (which detail the regular intake of medications and the results of follow-up sputum examinations), identity cards, and basic management unit TB treatment registers (which list all patients starting treatment, and monitor their progress towards cure)

Registration systems for patients suspected to have TB, culture activities, the investigation of contacts, and referrals and transfers may be also used at the basic management unit, the MDR-TB case-management unit and the health-care facility.

Reporting system: The reporting system often includes (i) quarterly reports on TB case-notification, smear conversion rates at the end of the intensive phase of the treatment, treatment outcomes (including TB/HIV collaborative activities) and orders for anti-TB medicines and laboratory supplies; and (ii) an annual report on the management of the programme (including information on human resources, training activities, supervision, collaboration with the other health sectors, efforts to encourage community engagement, and other areas).

Location: basic management units and relevant health facilities

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Staff to be interviewed: TB manager, data-management staff, health-care staff

Assessment

- a. Are the following recording and reporting forms available and used at the basic management unit?
 - TB treatment card:
 - TB laboratory register;
 - TB treatment register;
 - Quarterly report on case registration;
 - Quarterly report on treatment outcomes and TB/HIV collaborative activities;
 - Quarterly report on sputum conversion;
 - Quarterly order form for anti-TB medicines;
 - Quarterly order form for laboratory supplies;
 - Yearly report on the management of the programme.
- b. If routine culture and drug susceptibility testing (DST) are done at the basic management unit, are the following recording and reporting forms available and used at this level?
 - TB laboratory register for culture;
 - TB treatment register at basic management units using routine culture and DST;
 - Quarterly report on case registration at basic management units using routine culture;
 - Quarterly report on treatment outcomes and TB/HIV collaborative activities at basic management units using routine culture;
 - Quarterly order form for laboratory supplies for culture and DST.
- c. Are the following recording and reporting forms available and used at the health-facility level?
 - Request form for sputum-smear microscopy examination;
 - Request forms for culture and DST (if relevant);
 - TB treatment card;
 - TB identity card;

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- TB treatment referral or transfer-out form:
- Register of patients suspected of having TB;
- Register of TB contacts.
- d. If communities, NGOs or patients' organizations are involved in TB activities at the basic management unit:
 - are their activities captured in the unit's recording and reporting system;
 - if they are not, describe the flow of data that ensures that the national TB programme captures communities' contributions to TB efforts.
- e. What is the reporting process at the basic management unit?
 - i. Who is responsible for compiling quarterly and yearly reports?
 - ii. Where are these reports sent, and to whom?
 - iii. On which day of the month are the reports sent?
 - iv. Does the basic management unit use a computer to compile the reports? If so, how is it used? Are reports printed and then sent by post or by messenger? Are data sent electronically? Have staff been trained in electronic reporting?
 - v. Does the basic management unit receive any feedback on the quarterly reports it submits to the regional or central level? If yes, what type of feedback is usually received?
- f. How are cases recorded in the quarterly report for TB case registration?
 - i. Are cases designated by age and sex?
 - ii. Are cases that have been transferred in excluded?
- g. Is there agreement between the TB treatment register and the most recent quarterly report on the number of patients tested for HIV infection and the number identified as HIV-positive? (In the TB treatment register count the numbers of (i) TB patients who were tested for HIV infection and (ii) those who were identified as HIV-positive during the past quarter; then compare these numbers with those specified in the most recent quarterly report on case registration.)
- h. Is reporting complete and are patients followed through until their treatment outcome has been established? (Using the TB treatment register, conduct a cohort analysis for the last full quarter reported; compare the results with the most recent quarterly report on treatment results. Check that reporting is complete and each patient has been followed through to treatment outcome.)

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Indicators for: Assessing recording and reporting		
Indicator	Observation	Source of information
All required registers are present	Choose: Yes or No; if the answer is no, specify which register is not available	Field visit
Quarterly reports and annual reports	Determine whether reports have been accurately prepared and submitted on time	Central unit of the TB programme, district-level offices
Electronic system in place	Choose: No, completely paper-based Yes, for all TB patients Yes, only for certain TB patients (specify)	Interviews with staff, reviews of registers, direct inspection
Coverage of the system	Choose: Complete national coverage Partial geographical coverage Excludes certain facilities (for example, prisons, military facilities, general hospitals, private clinics) Excludes private sector (give more details:)	Interviews with staff, reviews of registers, direct inspection
If an electronic system is in place specify the type	Choose: Web-based (via Internet browser) Installed software, open-source Installed software, not open source Installed software, other System based on paper or transfer of worksheets (for example, Excel pages)	Interviews with staff, reviews of registers, direct inspection