Appointment Register Workshop Package

This package contains the instructions for use of the tools within the Appointment Register Workshop Package. The documents within this package should be adapted based upon the planned activities to be implemented and the group attending the workshop. Each of the tools within this package is described below.

Agenda: A suggested agenda and timeframe for conducting the workshop.

Training PowerPoint & Facilitator's Guide: This PowerPoint presentation outlines key points of the training and acts as a visual reference for workshop participants. Key sections include: Objectives and Importance of tracking client appointments; Using the Appointment Register and Client Tracing Tools; Using the Defaulter Tracing List; Reporting on Missed Appointments; and Implementation of Tools into your Facility. Comments, key discussion points and instructions are embedded throughout the presentation in the notes section to aid the facilitator in leading.

Appointment Register & Defaulter List Brief SOP: A two-page, quick-reference version that combines the procedures for the Appointment Register, Defaulter Tracing List and Client Tracing that can be used for training and on-site reference.

M&E Example Hand Out: This form is for use by the participants in order to practice filling and using the monitoring and evaluation tools associated with the Appointment Register. The Training PowerPoint has prompts for exercises #1 and #2 so that participants can practice their new skills immediately after learning about them.

Implementation Worksheet: This worksheet is designed to help health facilities adapt and implement the procedures and tools from this workshop into their own facility.

Exam: This exam can be used to test CHW/HDA ability to use the Appointment Register, Tracing Tools and Monthly Report.

AGENDA

Activity	Time	Handouts Needed	Facilitator
Participants Arrive	8:00		
Welcome and Introductions	8:00-8:15	Handout of printed PPT	
Appointment Register SOP and Tools	8:15-8:45	Appt Reg Brief SOP	
Client Tracing SOP and Tools	8:45-9:30	Client Tracing Tools (Client Tracing Form,	
Exercise 1 – Using the Appointment Register and Client	9:30-10:30	Copy of Appt Reg, M&E	
Tracing Tools		Example Handout	
Tea	10:30-10:45		
Appointment Register Monthly Report	10:45-11:20	Appt Reg Monthly Report	
Exercise 2 – Completing the Monthly Report	11:20-12:05		
Defaulter Tracing	12:05-12:30	Defaulter Tracing Worksheet	
Lunch	12:30-1:30		
M&E Review & Exam	1:30-2:45	Exam	
Implementing the Appointment Register into Your	2:45-3:45		
Facility			
Distribution of Site Supplies	3:45-4:00		
Closing Remarks & Tea	4:00		

TINGATHE TOOLKIT 1

Appointment Register and Defaulter Tracing



Objectives

- Define a missed appointment and defaulting from care
- Discuss the importance of missed appointment tracing
- Present the Appointment Register and review Client Tracing
- Present the Defaulter Worksheet
- Discuss cases and practice using Register and Client Tracing tools



Definitions

- Missed appointment:
 - Not coming on the scheduled appointment date for ART refill
 - For this program, a client should be traced by a CHW if s/he misses the scheduled appointment date by > 2 weeks.
- Defaulting from care:
 - Per MOH, defaulter is defined as a client who has missed a scheduled ART refill appointment by more than 2 months.



Note: Ministry of Health (MOH) definitions should be edited based on implementing country.

Part I. Missed Appointments



Tracing for missed appointments

- Attending ART appointments as scheduled is important because if clients don't get ART, they will have poor ART adherence and risk drug resistance/treatment failure.
 - If a client misses an appointment by a day or two, s/he may have a buffer stock of ART and be able to maintain good adherence.
 - If a client misses an appointment by more than 2 weeks, s/he most likely has run out of ART and has poor adherence.
 - When you see a client who has come late for an appointment, ask them about adherence and provide education and counseling.



Note:

- This is a good opportunity to refresh CHWs knowledge of the 'Adherence Questionnaire' learned during their training.
- Discuss how CHWs can approach patients with poor adherence in a supportive way.

Tracing for Missed Appointments

- The process of tracing for missed appointments is similar to Client Tracing for linkage to care.
- If a client misses a scheduled ART appointment for ≥ 2 weeks, a CHW should be assigned to trace the client.



Appointment Register

- The appointment register has multiple functions:
 - Lets us know when people are scheduled for appointments and when they miss them
 - Helps to even out patient load among the clinic days – make sure not to overfill a clinic
 - Documents tracing efforts for missed appointments
 - Can use data from Appointment Register for Monthly Report – lets us know how we are doing over time



Note:

Helps to even out patient load among the clinic days – make sure not to overfill a clinic: when printing the register, it can be designed so that only a certain number of pre-determined spots are available per day to schedule patients. By keeping track, and limiting the number of patients scheduled per clinic day, the clinic can ensure their human and time resources are able to properly accommodate all patients scheduled for that day.

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- Explain the general layout of the appointment register (we will go through the procedure on the following slides)
- Explain that the appointment register should be labeled ahead of time like a
 calendar with pages for each date (decide how many pages per date based on
 clinic size). The first columns will be completed when the patient is being
 scheduled for an appointment (like in a calendar, fill in patient info on the day
 when they are being scheduled). The second part is only for people who miss
 appointment by >2 weeks.
- We will practice using this form with cases later.

Procedure for Appointment Register

- 1. All scheduled HIV clinic appointments (ART refills) should be entered in the appointment register.
 - Enter patient information (Name, ART number, age, sex) on the page for the scheduled follow up date.
- 2. During the clinic day, circle "S" in the Patient Attendance column for all patients who attend clinic on their scheduled date.
 - If the patient does not attend, the Patient Attendance column can be left blank on the date of the scheduled appointment.



Procedure for Appointment Register (2)

- 3. If a patient comes at a later date for their appointment, the Patient Attendance outcome should be updated on the patient entry for the date of the scheduled appointment.
 - If they are late but <2 weeks, circle "WK" for within two weeks of date
 - If they are late by >2 weeks, circle "MA" for missed appointment by more than two weeks.
- 4. Every Friday, the focal person for Client Tracing (CHW) should check the appointment register for 2 weeks prior. All clients who have not come to clinic for > 2 weeks should be marked "MA" and assigned to CHWs for client tracing.
 - Example: On the third Friday of October, a CHW should check the Appointment Register for the first week of October and mark everyone without a Patient Attendance outcome as MA and assign a CHW to trace each one.



Procedure for Appointment Register (3)

5. Client Tracing:

- The column for the name of the Responsible CHW should be completed at this time.
- The assigned CHW should add the client to his/her CHW Client List, use the Client Tracing Form, and document the tracing outcome in the appointment register.



Procedure for Appointment Register (4)

- Outcomes after missed appointment:
 - 1. Tracing Outcome: This is what happens when you try to trace the patient.
 - 2. Appointment Outcome: Did the client come back for an appointment?
 - If so, document the date when they returned for an appointment in the column "Date Attended Appointment" – this will be on the day of their originally scheduled appointment.

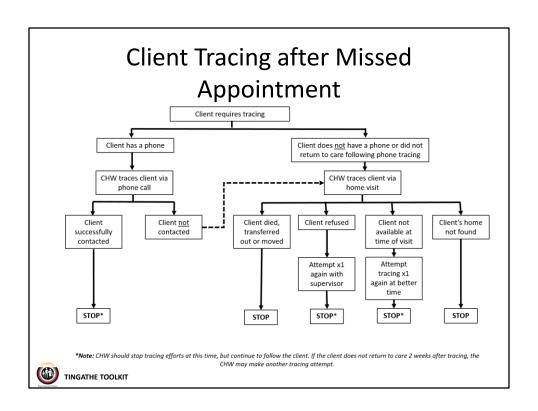


Review of tracing outcomes on the next slide

Review of Tracing Outcomes

Outcome	Outcome Description
Died	Client has died
Found, intends to retur	n Client is located and says s/he will return to care. Schedule a new appointment.
Moved	Client has changed address
ART at another facility	Client says s/he is receiving care at another facility. Document what facility in comments section.
Declined/Refused	Does not intend to return to care
Attempted, but not found	Tracing attempts exhausted but client has not been found
No tracing attempt	Client has not been traced. Provide reason in register comments





Tracing Tools (1)

- The purpose of the tracing tools is to help the CHW keep track of their activities and thus better perform their duties
- There are 2 tools to support Client Tracing:
 - CHW Client List
 - Client Tracing Form
- Client Tracing tools will be used any time a client needs to be traced (phone or home visit) by a CHW
 - This may be for <u>linkage to care</u>, <u>missed appointment</u>, <u>defaulting from care</u>, <u>or other reason</u> (TB test results, VL or DNA-PCR results, etc)



Tracing Tools (2)

• CHW Client Tracing List

- A list kept where the CHW can keep track of all the clients s/he is tracing (for linkage, missed appointment/defaulter, or any other reason).
- Each CHW should have a Client Tracing List.

• Client Tracing Form

- A form the CHW will use to document what tracing activities are done & the outcome.
- The CHW should use <u>one</u> Client Tracing Form for each client.



Tracing Tools (3)

- Data for reports will be taken from the Registers, not the Tracing Tools.
- The Tracing Tools are there to help you do your job well!
- The supervisors will check each CHW's Tracing Tools to monitor tracing activities.



			CHW NAME:	MONTH/YEAR:										
				Reason for tracing		Final Tracing Outcome								
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Review hard copy together. Answer questions.

			CLIENT TRACING FO	DRM							
	TO BE FILLED IN BY	THE CHW									
	Date client referred	for tracing:	CHW R	CHW Responsible:							
		Linkage to care	□ Positive DNA-PCR □ Positive Rapid Test □ Known +, not on ART Patient ART/HCC#: □ Patient ART/HCC#:								
		□ Other Reason (Ple	ease Specify):								
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Go through the different sections of the form, discuss how they can use and answer questions.

Cases

- Use Appointment Register, CHW Client List, and Client Tracing Form to record the activities and outcomes for the cases
- At the end, we will fill in the section on Appointments in the Site Monthly Report
- You should all start with the Appointment Register for the clinic day 17/10/16



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Sex Age											ndance			Fina				
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State that these patients were all put on the schedule to be seen today for ART refills – some were last seen 1mo, 2mo or 3mo ago, but this was the follow up date to return given to them by the clinician at their last visit.

- It is 17/10/16 and you are managing the appointment register in ART clinic.
- As clients check in, you mark that they have appeared "on scheduled date".
- As clients finish seeing the clinician, you enter them in the appointment register on the date of the scheduled follow up appointment.
- Clients AA, CC, DD, EE, FF, GG, JJ, and MM have all come to clinic today. Update the Appointment Register with Patient Attendance now.



Participants should following along with their **M&E Example Handout**.

- Each day, when you see that someone has come for ART refill but it is not their scheduled date, you note this in the appointment register.
- On 4/11, you review the Appointment Register for two weeks prior. On the 17/10 page, the following information has been added in the appointment register:
 - BB attended clinic on 19/10
 - HH attended clinic on 21/10
 - There is no patient attendance outcome circled for Patients II, KK, and LL.

Update your appointment register with this information.



- WK should be circled for BB and HH (date attended appointment does not need to be completed bc this is only for those who miss their appointment by >2 weeks)
- MA should be circled for patients II, KK and LL.

- What do you do now?
 - Assign a CHW to trace patients II, KK and LL.
 - Note that KK and LL are children can you tell if their parents are enrolled in ART too? Are they related?
 - Fill in the "Responsible CHW" column with the name of the CHW assigned for client tracing.



- CHWs should take note if any patients are related (child-parent or spouses) before assigning CHWs.
- If the patient is a child and their parents are also on ART, it may be helpful to see if their parents are also enrolled and if so, if they attended their last ART refill appointment to see if there are any trends in adherence. Note that during tracing of child patients, special counselling should be given.

Patient II

- You are the CHW assigned to trace Patient II. You pull her MasterCard and note that she is a 16 year old girl who was diagnosed HIV+ 3 months ago and has only been on ART for 2 months. There is a phone number and location information on the card. What do you do?
- Try to call (maintain confidentiality). In this case, you try to call but she is not reachable by phone, so you make a home visit.



Patient II

 You visit her home and find her there. She says she had exams at school so she couldn't come to her appointment – she borrowed some ART from her mother who is also a client at the clinic. She says she will come back to clinic on Nov 4th.

Update your CHW Client List and Client Tracing Form with this information. Complete the Final Tracing Outcome in the Appointment Register.



Client Tracing Form – should note the attempted call & the home visit.

Discuss issues of confidentiality on home visit, especially with a teen – If she is not home but her parents are there, how do you approach the situation?

Patient II

 On Nov 1, you see Patient II at clinic – she sees the clinician and gets an ART refill. You also conduct adherence counseling and enroll her in Teen Club.

Update the Appointment Register with Date Attended Appointment.

She is scheduled to return in 1 month and entered in the Appointment Register for the date of her future appointment.



Patient KK & LL

- Now you are the CHW assigned to trace patients KK and LL. You pull their MasterCards and note that they are from the same household (same phone number and locator information).
- Patient KK is a 6 month old girl and started ART at 3mo of age.
- Patient LL is a 8 year old boy and started ART 3 years ago.
- What do you do next?



Patient KK & LL

 You call the phone number. The mother says they have moved and are now getting ART at another health facility (though they didn't do an official transfer).

Complete the CHW Client List, Client Tracing Form, and Update the Appointment Register.



- If 2 clients in same household (family members), enter both as separate clients on the CHW Client list but can use one Client Tracing Form since you're tracing to the same phone number/household. Ensure you write both names on the Client Tracing Form. Make a note if tracing outcomes are different for each patient.
- Question: What is the tracing outcome for this client? Moved but indicate in comments section that they are receiving ART at another health facility.

Appointment Register Monthly Report

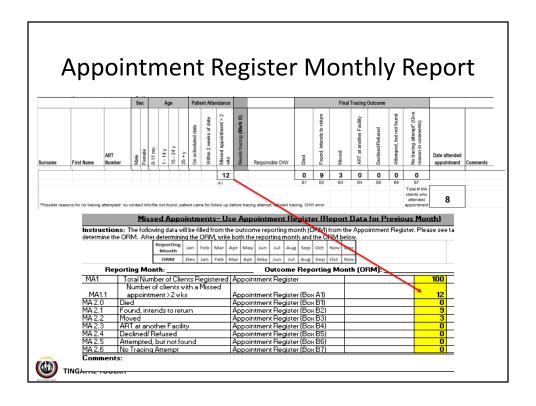
- The Monthly Report should be completed by the 5th day of the following month (Example: Monthly Report for October should be submitted by November 5th).
- Two staff at the site should complete the report by recording data in the Site Result column, and signing their names on report.
- The Site Supervisor will also review the report for data quality, sign and date.
- Comments sections are to be used to explain any unusual or incomplete data.
- Appointment Register data is collected from the Tingathe Program Appointment Register.
- All missed appointment data is reported for the previous month.
 The Reporting Month is the month you are filling the monthly report, and the Outcome Reporting Month (ORM) is the month the data is from.



Appointment Register Monthly Report

- 1. Fill the top of the monthly report with the site name, district, reporting month and reporting year.
- Collect the Appointment Register.
- 3. Count the total number of clients the appointment register by counting each name registered. Write this value in MA1 'Total number of clients registered'.
- 4. Tally and complete the total section at the bottom of each Appointment Register sheet for the reporting month.
- 5. Add the total boxes across each sheet (e.g. add the Box A total from page 1 to Box A total from page 2, etc).
- 6. Enter the calculation totals into the corresponding row on the Monthly Report in the 'Site Result' column.
- 7. Once all sections have been completed, sign and date the report, then give it to the site supervision for a data check.





- Get into small groups.
- You already have the Appointment Register page for 17/10/16.
- You will be given another completed Appointment Register page for 31/10/16.
- We will pretend that your site only had ART clinic 2 days in the month of October.
- Complete the appointment section of the Site Monthly Report for October using the Appointment Register data.



Part II. Defaulter Tracing



Defaulter Tracing

- Review: What is a defaulter?
 - Client who misses scheduled ART appointment by >2 months.
- We will do a MasterCard audit each quarter to identify defaulters and trace them.
 - These are clients who may have been traced for missed appointments initially but slipped through the cracks.
 - This gives us valuable information on how many patients reach the point of defaulting & if tracing can help bring them back to care.



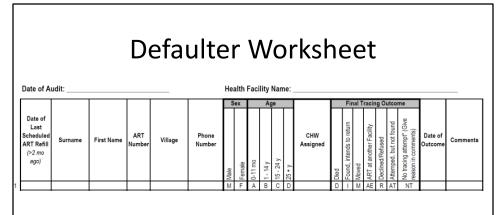
Note:

- Mastercards are patient records kept at the health facility. Patient ART details and records of each ART refill appointment are kept here.
- The goal of the Appointment Register is to prevent defaulters by tracing them before they become defaulters. Initially there may be many defaulters, but over time there become fewer (or none!).

Defaulter Audit Procedure

- Review all MasterCards each quarter.
- If a client has missed his/her scheduled appointment by >2 months, enter that client on the Defaulter Worksheet.
 - The format of the Defaulter Worksheet is very similar to the Appointment Register.
 - Assign a CHW to tracing & document tracing outcome.
 - CHW should add these clients to CHW Client List and use the Client Tracing Form like usual.





- Notice similarities to both the Appt Register and the Linkage Register
- Client tracing procedure and tools are the same



- Review hard copies of the worksheet
- Point out similarities in this sheet to other tools (Linkage Register & Appointment Register)
- Client tracing procedure and tools are the same
- Discuss: how would you treat clients that you have traced through defaulter tracing audit different than those that have a missed appointment? Is there additional follow up/counselling/support that they should be offered?
- During the first audit, it is recommended that there is support from the program and/or M&E team to conduct the audit so that it can be reviewed in a more timely setting.

Any questions about Defaulter Tracing??



Implementing Appointment Register Into Your Facility

Work within your site groups to complete the Appointment Register Implementation Worksheet.

Be prepared to present on possible challenges and solutions.



Instructions:

- Break participants into site groups (if multiple sites) or keep in one large group if all one site to discuss the questions
- Review the questions first to ensure understanding of the activity
- Give participants ~35 minutes to complete all questions
- Once done ask each site to present on their expected challenges and possible solutions.

Take Home Points

- After we identify new HIV+ cases (PITC) and link them to ART, we want to be sure that they stay on ART with good adherence.
- We monitor missed appointments and defaulting from care in order to identify clients at high risk for poor ART adherence – these clients should get extra support and counseling from CHWs in a non-judgmental way.
- Use the Appointment Register, Defaulter Tracing Sheet and Client Tracing Tools to keep track of missed appointments and retention in care.



PURPOSE: The purpose of the missed appointment/defaulter tracing program is to identify patients who have missed ART appointments and thus are at risk for poor outcomes. CHWs will be instrumental in tracking missed appointments and counseling patients on the importance of returning to care. This procedure is broken up into three sections:

Section 1: Appointment Register and Tracking Missed Appointment

Section 2: Defaulter Tracing

Section 3: Client Tracing Procedure

ASSOCIATED TOOLS: Appointment Register (with Missed Appointment Tracing section), Defaulter Tracing List, Client Tracing Form, CHW Client Tracing List

DEFINITIONS:

- <u>Missed appointment:</u> For this program, a client should be traced by a CHW if s/he misses the scheduled appointment date by > 2 weeks.
- <u>Defaulter:</u> A defaulter is defined as a client who has missed a scheduled ART refill appointment by more than 2 months.
- <u>Client tracing:</u> Activities to locate the client and provide counseling/information, either phone calls or physical visits (at home or other meeting place)

PROCEDURE:

Section 1: Appointment Register and Tracking Missed Appointment

- 1. A community health worker (CHW) should be assigned each day of ART clinic to be responsible for completing the Appointment Register.
- 2. All scheduled HIV clinic appointments should be entered in the appointment register by the responsible CHW. Each date will have one or more designated pages in the appointment register and the client's information (i.e. name, ART number, age sex) should be entered on the page for the scheduled follow up date.
- 3. On the scheduled date of the appointment, the CHW should circle "S" in the Patient Attendance column for all patients who attended clinic on their scheduled appointment date.
 - a. If a patient does not attend, the Patient Attendance column can be left blank on the date of the scheduled appointment.
 - b. If a patient comes at a later date for their appointment, the Patient Attendance outcome should be updated on the patient entry for the date of the scheduled appointment. If they are late but <2 weeks, circle "WK" for within two weeks of date; if they are late by >2 weeks, circle "MA" for missed appointment by more than two weeks.
- 4. Every Friday, the focal person for Client Tracing (CHW) should check the appointment register for the previous week. All clients who have not come to clinic for > 2 weeks (circled MA) should be assigned to CHWs for client tracing.
- 5. The column for the name of the Responsible CHW should be completed at this time. After this time, the assigned CHW is responsible for tracing the client using the tracing protocol below, then documenting the tracing outcome in the appointment register.
- 6. The tracing outcome should be assigned by the next monthly reporting period or sooner if the tracing procedure has been fully exhausted. It is possible that this outcome could change in future, however the outcome in the appointment register is the outcome on that date when it is assigned by CHW.

Example: If the scheduled appointment was in January and by reporting in the first week of March, the CHW tried but not able to trace the client by phone or home visit, then the outcome is "Attempted, but not found" and the CHW should enter the date in March.

- 7. The column results should be totaled for the designated columns in the Appointment Register.
- 8. If the client returns for their appointment >2 weeks, the CHW should update the appointment register with the date they attended their appointment.

Section 2: Defaulter Tracing

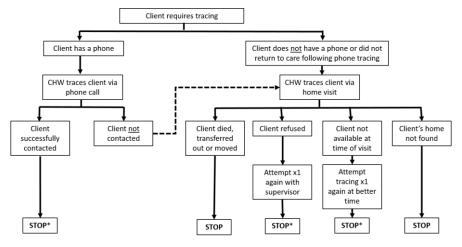
While defaulters should be identified through the appointment register system, the defaulter tracing program will provide extra attention to those who have defaulted from care. The following are the steps of defaulter tracking:

- Each quarter, the ART clinic and Tingathe staff (clinical mentors and CHW with support of district M&E officer) should complete an audit of patient records to determine the patients who have defaulted from care. Patient records can be programme records or Ministry of Health records.
- 2. Clients who have defaulted should be documented on the Defaulter Tracing List, to document clients and the assigned CHW.
- 3. Similar to the missed appointment tracing process, the column for the name of the Responsible CHW should be completed at this time. After this time, the assigned CHW is responsible for tracing the client using the tracing protocol below, then documenting the tracing outcome on the Defaulter Tracing List.

- 4. The tracing outcome should be assigned by the next monthly reporting period or sooner if the tracing procedure has been fully exhausted. It is possible that this outcome could change in future, however the outcome on the Defaulter List is the outcome on that date when it is assigned by CHW.
 - *Example:* If the defaulter was identified in January and by reporting in the first week of March, the CHW tried but not able to trace the client by phone or home visit, then the outcome is "Attempted, but not found" and the CHW should enter the date in March.
- 5. For all defaulters identified, additional counselling should be given by the CHW. During this counselling CHWs should work with the client to determine their barriers to adherence and reinforce the importance of good adherence and retention in care. Intensified counselling should repeated as often as necessary.
- 6. The column results should be totaled for the designated columns in the Defaulter Tracing List. Once complete, this list should be submitted directly to the M&E team for data entry.

Section 3: Client Tracing Procedure

Figure 1. Summary of Tracing Protocol



*Note: CHW should stop tracing efforts at this time, but continue to follow the client. If the client does not return to care 2 weeks after tracing, the CHW may make another tracing attempt.

- 1. Complete a **Client Tracing Form** to keep track of the tracing activity. Patient information is documented on the form. If client is an EID infant, then s/he should be prioritized for tracing.
- 2. CHW should follow the tracing procedure described in Figure 1. If phone number is available, the CHW may begin by trying to reach the client by phone. If client is successfully contacted but has not returned to care in two weeks, the CHW makes a home visit. If the client is not home but it is the correct house, the CHW should return one other time at a better time.
- 3. If the client does not have a phone, the CHW should proceed directly to a home visit.
- 4. Tracing attempts should be documented on the Client Tracing Form. While in use, the Client Tracing form is stored by the CHW in a binder.
- 5. Once a client has a final tracing outcome, the CHW should update the appropriate register (i.e. appointment register or defaulter tracing list) with the final outcome. Each Friday, the focal person for the register from where tracing was assigned will communicate with the CHWs responsible for tracing to see if any clients have a final tracing outcome. All clients must be given an outcome by the end of the following month (ie if they were registered in June, they should be given an outcome 'Attempted, but not found' or 'No Tracing Attempt' by the end of July).

Table 1. Final Tracing Outcomes

Table 1. I mai Tracing Outed	WHO'S
Outcome	Outcome Description
Died	Client has died
Found, intends to return	Client is located and claims they will return to care. Schedule a new appointment.
Moved	Client has changed address. This information can come from the patient first-hand (on the phone or in person) or by a neighbor (from home visit).
ART at another Facility	Client says they are receiving ART at another health facility. Document what facility in the comments section
Declined/Refused	Does not intend to return to care, for a variety of reasons.
Attempted, but not found	Tracing attempts exhausted but client has not been found
No tracing attempt	Client has not been traced. Provide reason in the register comments

Appointment Register Workshop Package

M&E Example Handout

Instructions: Distribute one copy of this hand out along with a blank sample of the Client Tracing Form, Client Tracing List and the monthly report form for reference to each participant. Participants will be prompted throughout the workshop to complete the exercises.

EXERCISE #1

Part 1:

- It is 17/10/16 and you are managing the appointment register in ART clinic.
- As clients check in, you mark that they have appeared "on scheduled date".
- As clients finish seeing the clinician, you enter them in the appointment register on the date of the scheduled follow up appointment.
- Clients AA, CC, DD, EE, FF, GG, JJ, and MM have all come to clinic today. Update the Appointment Register with Patient Attendance now.

Part 2:

- Each day, when you see that someone has come for ART refill but it is not their scheduled date, you note this in the appointment register.
- On 4/11, you review the Appointment Register for two weeks prior. On the 17/10 page, the following information has been added in the appointment register:
 - BB attended clinic on 19/10
 - HH attended clinic on 21/10

What do you do now?

- There is no patient attendance outcome circled for Patients II, KK, and LL.
- Update your appointment register with this information.

Part 3:

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Part 4: Patient Tracing – Use the Client Tracing Forms and Client Tracing Lists to Track all Patients

Appointment Register Workshop Package

M&E Example Handout

Appointment Register Date: ____17/10/2016_____

Complete this Information when Soheduling Appointment											1	_				OMPLETE O	NIV FOR D	ATIENTS WI	тн шеез	EN ADDOINTME	NT > 9 WEEKS	
	vulper us nom	auun mich ouneuu	Se		matt	Δι	ge		Patient Attendance					COMPLETE ONLY FOR PATIENTS WITH MISSED APPOINTME Final Tracing Outcome							HI - Z HLEKO	
			_				J-															
Surname	First Name	ART Number	Male	Female	0-11 mo	1-14y	15 - 24 y	25 + y	On scheduled date	Within 2 weeks of date	Missed appointment > 2 wis	Needs trading (Mark X)	Responsible CHW	PRO	Found, intends to return	Moved	ART at another Fadility	Dedined Refused	Affemped, but not found	No tracing attempt* (Gve	Date attended appointment	Comments
A	A	1048	М	F	A	В	С	D	5	WK	MA	4		D	-	М	AE	R	AT	NT		
В	В	1201	М	F	Α	В	С	D	5	WK	MA	4		D	-	М	AE	R	AT	NT		
С	С	1135	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
D	D	1824	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
E	E	1678	М	F	Α	В	С	D	5	WK	MA	*		D	-	М	AE	R	AT	NT		
F	F	1902	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
G	G	1132	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
н	н	1428	М	F	Α	В	С	D	5	WK	MA.	4		D	-	М	AE	R	AT	NT		
- 1	- 1	1909	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
J	J	1768	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
К	к	1245	М	F	Α	В	С	D	5	WK	MA	*		D	1	М	AE	R	AT	NT		
L	L	1689	М	F	Α	В	С	D	5	WK	MA	*		D	- 1	М	AE	R	AT	NT		
М	М	1356	М	F	Α	В	С	D	5	WK	MA	4		D	1	М	AE	R	AT	NT		
			м	F	Δ	R	r	n	5	we	MA			n	1	м	ΔF	R	ΔΤ	NT		

EXERCISE #2

Use the register from Exercise #1 and the register below to complete the Appointment Register Monthly Report.

Instructions for Facilitation:

- 1. Review each of the questions with the participants using the Training PowerPoint and Facilitator's Guide.
- 2. Break participants up into groups. There should be one group representing each health facility and all members of a health facility should be in the same group.
- 3. Give each group a blank Implementation Guide.
- 4. Allow each group 20 minutes to discuss within their group how they plan to accomplish and work through each of the scenarios. Encourage discussion and brainstorming of possible challenges (and solutions!) they may face in implementation.
- 5. During the discussion, the facilitator should walk around to help provide guidance and answer questions.
- 6. After the designated amount of time, sites should share their challenges and solutions with others.
- 7. Encourage participants to look back on this tool during the first few weeks of implementation as a reminder of their plans and to modify it as necessary.

TINGATHE TOOLKIT 1

Site Name:

Assign Focal Persons:

	Responsibilities	Name	Phone Number
Appointment	Ensuring the roster for completing the Appt Reg at each		
Register	ART clinic day is followed; checking for MAs every Friday;		
Focal Person	assigning CHWs to trace; following up with tracing		
	outcomes; completing the monthly report		
Defaulter	Leading the defaulter audit; assigning CHWs to trace;		
Tracing Focal	following up with tracing outcomes; ensuring that the list is		
Person	complete and returned to the M&E team for reporting		

Adapting the Appointment Register

- Is there already an appointment system in place? If yes, what systems/protocols can you adapt from this workshop to fill any gaps in monitoring and tracing patients with missed appointments?
- Determine a feasible number of patients to schedule each day consider clinician/nurse load and other scheduled clinic days.
- How will you define a missed appointment should it be greater or less than the recommended 2 weeks?

Implementing the Appointment Register

- What protocol will be used to ensure all patients appointments are entered into the appointment register and properly traced? Will you need a roster? Is there a certain place in the clinic for a CHW to sit to complete it?
- Is there already a procedure in place that records client location and contact details? If not, how will you reference those when doing client tracing?
- How will the focal person follow up with CHWs to get tracing outcomes e.g. weekly group meeting, one-on-one follow up, etc?
- What challenges (and possible solutions) do you expect when implementing this procedure?

Defaulter Tracing

- How will you define a defaulter? Is there already a definition in place by the Ministry of Health?
- How often will you complete defaulter tracing? Should the number of tracing attempts be increased or reduced?
- Do you need support from any other program or ministry of health staff to compelte the audit?
- What records can you use to track defaulters? Is there location/contact details attached to those records?
- Do you have any special counselling already in place for defaulters/people with poor adherence?
- What challenges (and possible solutions) do you expect when implementing this procedure?

Client Tracing

- Are there any other teams/groups of people that can help with community tracing?
- How often will tracing happen? Does a roster need to be put in place to ensure there are enough CHWs at the facility while other CHWs perform tracing?
- How will you assign CHWs to patients will you assign clients by region, distance from the clinic, distance from the CHWs home?
- Are there any additional supplies or resources that need to be procured in order for tracing to take place (e.g. airtime, bicycles, phones, etc.)?
- What challenges (and possible solutions) do you expect when implementing this procedure?

TINGATHE TOOLKIT 2

Community Health Worker Exam - Practical

Name:	H	Health Centre:	Date:	Final Score Practical:/
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Instructions: This exam has three different sections: Appointment Register, Client Tracing Form, and Monthly Report. Please complete all sections according to the *instructions in italics* given in each section.

Section 1: Appointment Register

There are 6 patients in the Appointment Register scheduled to come today (September 25th) for ART refill. Complete the register according to the situation of each patient described below.

Patient 1: John Banda – he attended his appointment on the correct date.

Patient 2: Jane Madzi – She did not attend her appointment on her scheduled day. After two weeks, the Appointment Register focal person assigns you as her CHW for follow up. She does not have a cellphone. When you visit her at her home, she says she was away at a funeral and will return to clinic the on Oct. 15. She returns on Oct 15 as she said.

Patient 3: Mercy Phiri – She did not attend her appointment on the scheduled day. After two weeks, the Appointment Register focal person assigns you as her CHW for follow up. You call her phone, but it is a wrong number. You attempt to follow her at her home using the instructions she gave, but was not able to locate the home.

Patient 4: Gladys John – She attended her appointment 3 days after her scheduled appointment.

Patient 5: Obvious Dzidzi – He attended his appointment on the correct date.

Patient 6: Chimwemwe Smith – She did not attend her appointment on her scheduled day. After two weeks, the Appointment Register focal person assigns you as her CHW for follow up. She does not have a cellphone. When you follow her at her home, she says that she is stopping her ART because she is cured through prayer. You return once more with your supervisor and she still does not want to return to clinic.

Appointment Register Date: 25/09/2016

	Complete this Information	on when Schedu	ling App	pointn	nent			_				COMPLETE ONLY FOR PATIENTS WITH MISSED APPOINTMENT > 2 WEEKS											
	Sex Age								Patie	nt Atte	ndance		Final Tracing Outcome										
Surname	First Name	ART Number	<u></u>	Female	0-11 mo	1-14 y	15 - 24 y	6 + y	On scheduled date	Within 2 weeks of date	Missed appointment > 2 wks	Needs tracing (Mark X)	Responsible CHW	Died	Found, intends to retum	Moved	ART at another Facility	Declined/Refused	Attemped, but not found	No tracing attempt* (Give reason in comments)	Date attended appointment	Comments	
Banda	John	1301	M	F	Α	В	С	D	S	WK	MA	*		D	1	М	AE	R	AT	NT			
Madzi	Jane	4325		F	Α	В	С	D	S	WK	MA	+		D	1	М	AE	R	AT	NT			
Phiri	Merci	3927	М	F	Α	В	С	D	S	WK	MA	•		D	-1	М	AE	R	AT	NT			
John	Gladys	7302	М	F	А	В	(c)	D	s	WK	MΑ	+		D	1.	М	AE	R	AT	NT			
Dzidzi	Obvious	9786	M	F	Α	В	С	D	s	WK	мА	+		D	1	М	AE	R	AT	NT			
Smith	Chimwemwe	9917	М	F	Α	В	С		S	WK	мА	→		D	1	М	AE	R	АТ	NT			
																			_				
											A1			B1	B2	В3	B4	B5	B6	B7		ı	

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Section 2: Client Tracing Form

Patient 6: Chimwemwe Smith – She did not attend her appointment on her scheduled day. After two weeks, the Appointment Register focal person assigns you as her CHW for follow up. She does not have a cellphone. When you follow her at her home on 10/10/16, she says that she is stopping her ART because she is cured through prayer. You return once more with your supervisor on 15/10/16 and she still does not want to return to clinic.

1. Fill the Client Tracing Form for this patient.

CLIENT TRACING FORM

TO BE FILLED IN BY	Y THE CHW			
Date client referred	for tracing:	CHW R	esnonsible.	
Date offerit referred	i		Seponsible.	
Reason for tracing:	Linkage to care ——	☐ Positive DNA-PCR ☐ Positive Rapid Test ☐ Known +, not on ART	☐ Missed appointme	ent ☐ Defaulter (missed appt ≥2mo)
	II.	#:	Patient ART/HCC#:	
	EID Infant? ☐ YES	□ NO	EID Infant? ☐ YES	□NO
	☐ Other Reason (Ple	ease Specify):		
Name of Patient: Guardian Name:			Age:	Sex:
Phone number:				
	Descriptive):			
Tracing visits:				
Date	Type of encounter	Notes		
	□Home □Phone			
	□Home			
	□Phone			
	□Home □Phone			
☐ Died ☐ Found, intends appointment) ☐ Declined/ refu ☐ Attempted, but ☐ Moved ☐ ART at another	sed t not found r facility explain)	urn (dd/mm/yy):	(For ART patients, upo	with Outcome late appointment register with client's new
		> 2 weeks since client registered		
		in Linkage Expert program		
	Client ha	s a phone	Client does <u>not</u> have a phone or did not return to care following phone tracing	
	CHW trace		CHW traces client via home visit	
		Client not Client died.		
	Client successfully	Client not Client died, contacted transferred	Client refused Client not available at	Client's home not found

*Note: CHW should stop tracing efforts at this time, but continue to follow the client. If the client does not return to care 2 weeks after tracing, the CHW may make another tracing attempt.

Section 3: Monthly Report

- Total the entries on the Appointment Register from the information you entered from Patients 1-6 in Section 1 Appointment Register.
 Use the entries to complete the Missed Appointment section of the Monthly Report. Note the reporting month is October.

Castian 7 Ann	alutusant Dania	4															
Section 7. App																	
		<u>Miss</u>	sed Ap	point	ments	- Use A	Appoi	ntment	Regis	ster (R	eport	Data fo	or Prev	/ious	Month)		
Instructions: The	following data will	be filled from t	he outo	ome re	porting	month	(ORM)	from th	e Appo	intment	Regist	er. Plea	se see	table b	elow to deter	mine the ORM	1. After determining the
	he reporting month						. ,		•								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec								
		ORM	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov			
			Outc	ome Re	portin	g Mont	h (ORN	1):									
MA1	Total Number	of Clients Reg	gistere	d in OF	RM	App	Appointment Register										
	Number of cl	ients with a M	lissed	appoin	tment												
MA1.1	>2 wks					App	Appointment Register (Box A1)										
MA 2.0	Died					App	Appointment Register (Box B1)										
MA 2.1	Found, intends	to return				App	ointme	ent Reç	jister (Box B2	2)						
MA 2.2	Moved					App	ointme	ent Reg	jister (Box B3	3)						
MA 2.3	ART at another	Facility				App	ointme	ent Reg	jister (Box B4	ļ)						
MA 2.4	Declined/ Refus	sed				App	Appointment Register (Box B5)										
MA 2.5	Attempted, but	not found					Appointment Register (Box B6)										
MA 2.6	No Tracing Atte	empt						ent Reg			'						