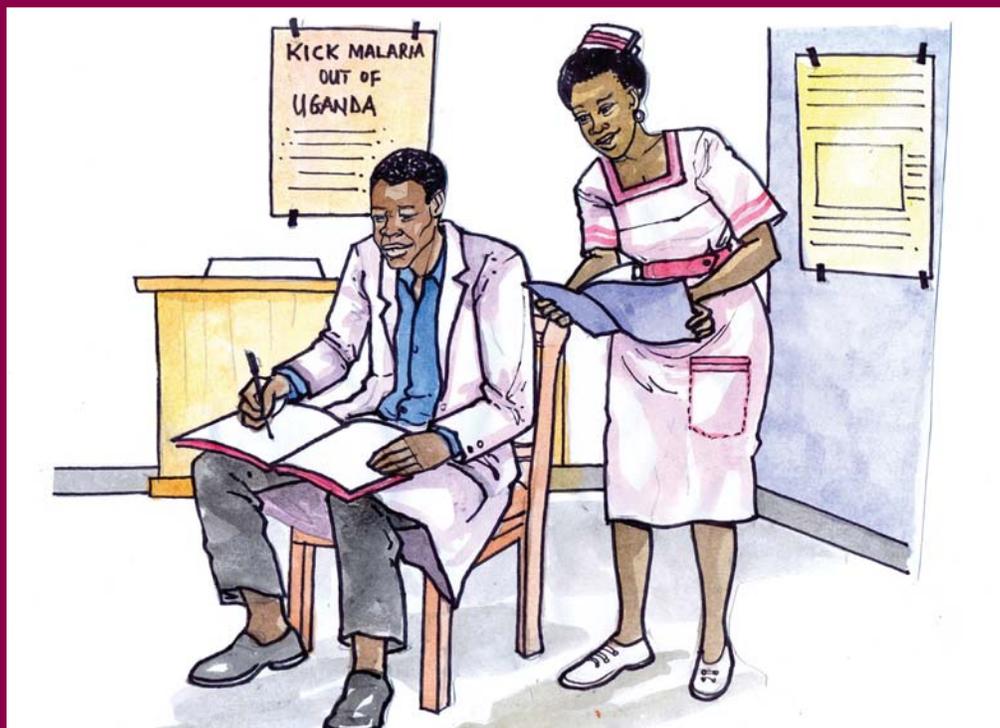


Information Management



The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.



Infectious Diseases Research Collaboration & ACT Consortium, London School of Hygiene & Tropical Medicine (2011). *The ACT PRIME Study Trainer Manual: Health Centre Management – Information Management.*

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Trainer Brief – HCM 03

From October 2009 until February 2010, the Uganda Malaria Surveillance Project / Infectious Disease Research Collaboration conducted research activities in Tororo District. We surveyed households, health workers and community medicine distributors, and talked to groups of community members and health workers to learn more about how health care is provided to sick children in this area, especially at health centres.

Decision-making around health services depends on good quality information from health facilities being available. A good health information system must produce the information, process it and send the information to the District so that it can be used to plan well. Information about health and illness in a community gives a clearer picture to the health facility on how to organize itself and how to plan stocks, staffing, schedules and patient care issues. However, in practice, health information systems often do not work in an orderly way.

This module will focus on what health workers and in-charges can do with the health information they collect and how they can use this information to understand what is happening in the health centre. First in-charges must understand what is 'good information' and how it can be collected, paying attention to accuracy, completeness and timeliness. This quality information can then be used to affect the quality of the decisions made at the health facility by the in-charge and her team. In-charges who understand the benefit of reliable health information management systems are often better motivated to participate in collecting information and ensuring its' quality. Quality information, often results in better decisions which in turn leads to better health for the patients coming to health centres.

The **key learning outcomes** for HCM 03 are as follows:

Topic	Learning Outcomes By the end of this module participants will:
Why quality information matters	<ul style="list-style-type: none"> • Understand why we collect patient information. • Understand the value of quality or good information.
Ensuring Quality Health Information at the health centre	<ul style="list-style-type: none"> • Understand how collecting information can be beneficial to the health centre (drug quantification, predicting future needs). • Understand how collecting information improves patient management. • Understand how to collect quality information and use it in practice.

TRAINING AGENDA

HCM 03 will last 3 hours from start to finish.

Note to Trainer:

- Trainers, please use the table below to complete the start and end times for each training section using the 'Time Allocated' as a guide.
- Keep this agenda visible and as a guide to help you keep track of time.

Today's training will start at ____:____ Today's training will end by ____:____

Topics	Time allocated	Start time (to complete)	End time (to complete)	Total Time	Materials
Introduction to the module					
- Greetings & Review	5 mins	_____	_____	15 minutes	Flip chart Markers & Tape
- Training rationale and Learning outcomes	10 minutes	_____	_____		
TOPIC 1: Why quality information matters					
- Introduction to the topic	5 minutes	_____	_____	60 minutes	Annex A Flip chart Markers Tape
- Thinking about the topic	15 minutes	_____	_____		
- Principles	15 minutes	_____	_____		
- Practice	10 minutes	_____	_____		
- Discussion	15 minutes	_____	_____		
Break				30 minutes	
TOPIC 2: Ensuring quality information at the health centre					
- Introduction to the topic	15 minutes	_____	_____	70 minutes	Flip Chart Markers & Tape
- Thinking about the topic	10 minutes	_____	_____		
- Principles	15 minutes	_____	_____		
- Practice	15 minutes	_____	_____		
- Discussion	5 minutes	_____	_____		
- Planning	20 minutes	_____	_____		
Conclusion	5 minutes			5 minutes	Flip chart Markers
TOTAL		180 minutes = 3 hours			

INTRODUCTION TO THE MODULE



Total Time: 15 minutes

Purpose: To welcome and orient the participants to the training and help them to understand what they can expect of the training and what will be expected of them as participants.

Learning Outcomes: By the end of this session participants will:

- 1) Know the names of co-participants.
- 2) Know the name of the training leader.
- 3) Review a set of ground rules for the training.
- 4) Review the previous module's key learning points.
- 5) Know the learning outcomes and purpose of the module.

Materials required:

- Flip chart
- Markers
- Tape
- Ground rules pre-prepared flip chart

Training methods used:

- Group Discussion



Page 7

Preparation

To be completed before participants arrive:

- 1) Hang up a flip chart and arrange your manual and supplies.
- 2) Write on the flip chart: the name of the module, your name & the organisation you work with.
- 3) Ensure the room is swept & clean.
- 4) Ensure all the chairs are in a friendly well spaced and there are enough chairs for all the participants you are expecting.
- 5) Set the time you will start the training and complete the 'start' and 'end' times on the Training Agenda for each training section. Write the start and end times on the flip chart.
- 6) Hang up the 'Ground Rules' flip chart from PCS 00. If you do not have the flip chart or the ground rules, you may ask one of the participants to help you create the flip chart when he/she arrives – the participants should have the rules written in their Learner Manual.



Room Set up



1. Greetings & Review



5 minutes

Training Steps



Step 1: GREET:

With a friendly smile, welcome all participants as they arrive. Give each person a name tag, learner manual and any supplies and ask them to take a seat anywhere they like.

Note to Trainer:

- Once all of the participants have arrived, or it is the scheduled time to start the training, begin with introductions as described below.



Step 2: EXPLAIN:

My name is _____ and I work with the Uganda Malaria Surveillance Project/Infectious Diseases Research Collaboration (IDRC).

I am going to be leading you today.



Step 3: ASK:



You will remember the ground rules we agreed upon last time – these are noted on the flip chart as a reminder. You can write them on page 7 if you wish.



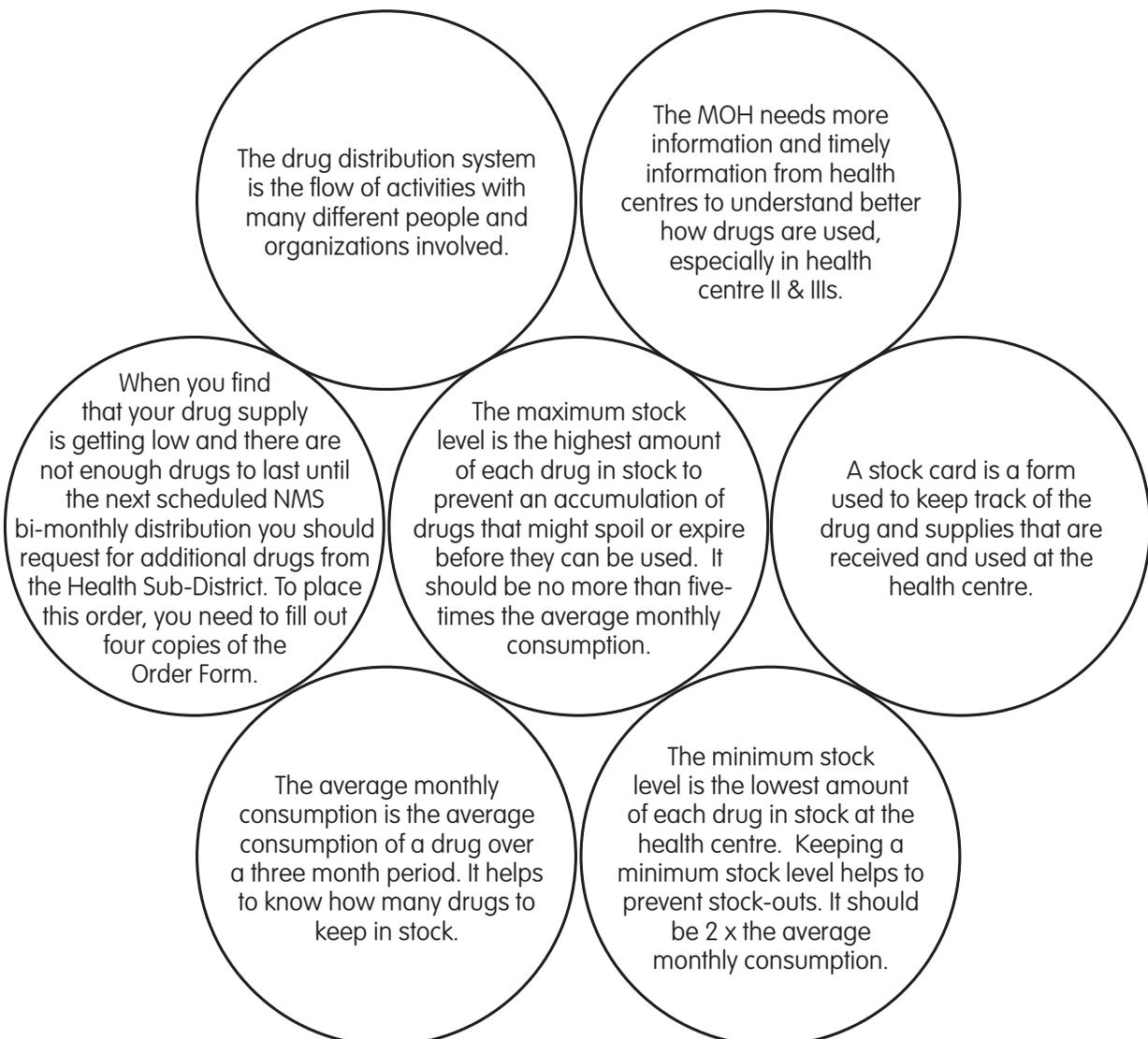
Step 4: REVIEW:

We are going to start with an activity to recall what we covered together in the previous training. Please turn to page 8 of your manuals where there are review circles.

We will move around the circle. Starting with the first circle, each person will read out one of the statements inside the review circles. You can choose any kind of voice – a deep voice, a singing voice – just be sure that you speak clearly so all can hear you! Please start by greeting the person beside you and saying their name of the person beside you, before reading the statement – this will remind us of each others' names.

Note to Trainer:

- Start the process by turning to the person beside you and saying her name.
- The process continues until all the review circles have been read.

Review Circles

2. Training rationale and learning outcomes



10 minutes

Training Steps



Step 1: INTRODUCE THE MODULE:

Note to Trainer:

- Use points from the Trainer Brief on page 2 to introduce the module and explain the rationale and purpose of this module. Similar information in the Trainer Brief is also included in the Learner Manual on page 4 for participants to review.



Step 2: EXPLAIN:

The learning outcomes for the module can be found in your Learner Manual on page 9 and are as follows:



Topic	Learning Outcomes By the end of this module participants will:
Why quality information matters	<ul style="list-style-type: none"> • Understand why we collect patient information. • Understand the value of quality or good information.
Ensuring Quality Health Information at the health centre	<ul style="list-style-type: none"> • Understand how collecting information can be beneficial to the health centre (drug quantification, predicting future needs). • Understand how collecting information improves patient management. • Understand how to collect quality information and use it in practice.



Step 3: ASK:

Does anyone have any questions?

Note to Trainer:

- Receive any questions and answer them if you have time, otherwise write them on your parking lot flipchart and address them at the end.



TOPIC 1: WHY QUALITY INFORMATION MATTERS



Total Time: 60 minutes

Purpose: To understand the purpose of information and the importance of its quality.

Learning Outcomes: By the end of this session participants will:

- 1) Understand why health centres collect patient information.
- 2) Understand the value of quality or good information.

Materials required:

- Flip chart
- Markers
- Tape
- Box with Annex A cut out and ready

Training methods used:

- Group Discussion
- Games



Page 11

1. Introduction to the topic



5 minutes

Training Steps



Step 1: ASK:

Health information includes many different kinds of information. I'd like you to each try to call out something that you think is a piece of health information.

Note to Trainer:

- Receive the responses from the participants.
- Write them on a flip chart.

For example:

- **name**
- **age**
- **where the patient is from**
- **symptoms**
- **diagnosis**

Refer them to page 11.

Kinds of health information



Step 2: EXPLAIN:

- *Health information is information collected about the health of the population.*
- *It includes information from health centres and hospitals and includes records of birth, death, different illnesses, immunization and drug use and distribution as well as diagnostic tests.*
- *Information about health collected at the health centre has a very important purpose and can be used by the health centre almost as soon as it is collected.*
- *The first activity today is to help us to start thinking about why information is important and then why quality health information matters.*

2. Thinking about the topic



15 minutes

Training Steps



Step 1: EXPLAIN:

- *Let us think about your experiences with health information.*
- *There are a lot of forms to complete in your health centres and as in-charges you need to oversee the collection of this health information and understand it and share its importance or value.*
- *Let us think about this more in pairs.*
- *Look at page 12 in your manuals – there are 3 questions. Working in pairs, please choose one question that reminds you of a personal experience you have had working with health information and share that experience with your colleague.*
- *You and your colleague may choose different questions to answer. If none of the questions remind you of an experience you have had; think of an experience you have had dealing with health information and tell your colleague.*



Question 1:

Have you ever been asked to provide health information for the HSD or the DHO and you felt you were not ready to do so?

Question 2:

Have you ever been asked to provide health information for the HSD or the DHO and you have questioned why it was necessary to do so?

Question 3:

Have you ever been asked to pull together a report and you weren't able to find all the information easily – did you manage? If yes, how? If not, what happened?

Question 4:

Can you remember a time when you thought that some specific health information could have been useful for making a decision at your health centre but you didn't have it available? What did you do?



Step 2: EXPLAIN:

Many of you have had experiences around collecting health information. Perhaps you have been confused about how important it is, or overwhelmed by how to bring it together or compile the reports or some of you may have seen the important role health information has, but you were not sure how to use it in a helpful way. Has anyone felt this way?

Note to Trainer:

- Receive any comments or discussion.

3. Principles



15 minutes

Training Steps



Step 1: EXPLAIN:

This module will help you to begin to understand the value of health information, process it in a way that is helpful and not too difficult and use it to benefit your health centre.

This next activity will help us think about what health information is used for.

Step 2:

ACTIVITY A – The role of health information



Activity Steps

- 1) **DIVIDE** the group in groups of 4 - 5.
- 2) **GIVE** each group a flip chart paper and a marker/pen and ask the participants to create a radial diagram or wheel diagram as below.
- 3) **You can illustrate** a wheel diagram on the flipchart in case some are not familiar with it.
- 4) **ASK** the groups to BUZZ around the benefit of collecting health information for the health centre.



- 5) **After 5 minutes - REGROUP** and mount the wheel diagrams on the wall, so all can see the benefits listed.
- 6) **PASS** a basket of cards around (Annex A) and ask each person to draw out a card and to read it out loud and decide if that purpose has been noted already. If not, ask the participant to write it on the wheel diagram.
 - A way of monitoring staffing
 - A way of understanding what services are being used
 - Helps to understand where we should focus attention
 - Helps with planning of supplies & amounts required

Topic 1: Why Quality Information Matters

- Helps to arrange schedules
- Supports the ordering process
- A way of measuring how much illness there might be in the community

7) **GIVE** participants a few minutes to complete the diagram in their manuals on page 13.



Step 3: EXPLAIN:

- *Many of the reasons you have shared for collecting health information are very important.*
- *But the role of health information to improve health services and planning can only be achieved if the information is of good quality.*



Step 4: ASK:

Who can tell me what GOOD QUALITY health information is and what is BAD QUALITY information?'

Please call out your ideas and I will write them down and then we can discuss whether we all agree. Feel free to give me examples. You can write your notes on page 14.



Note to Trainer:

- Record the answers on a flip chart using two columns. For example:



- **Probe** for definitions and examples of how data can be good or bad quality.

Topic 1: Why Quality Information Matters



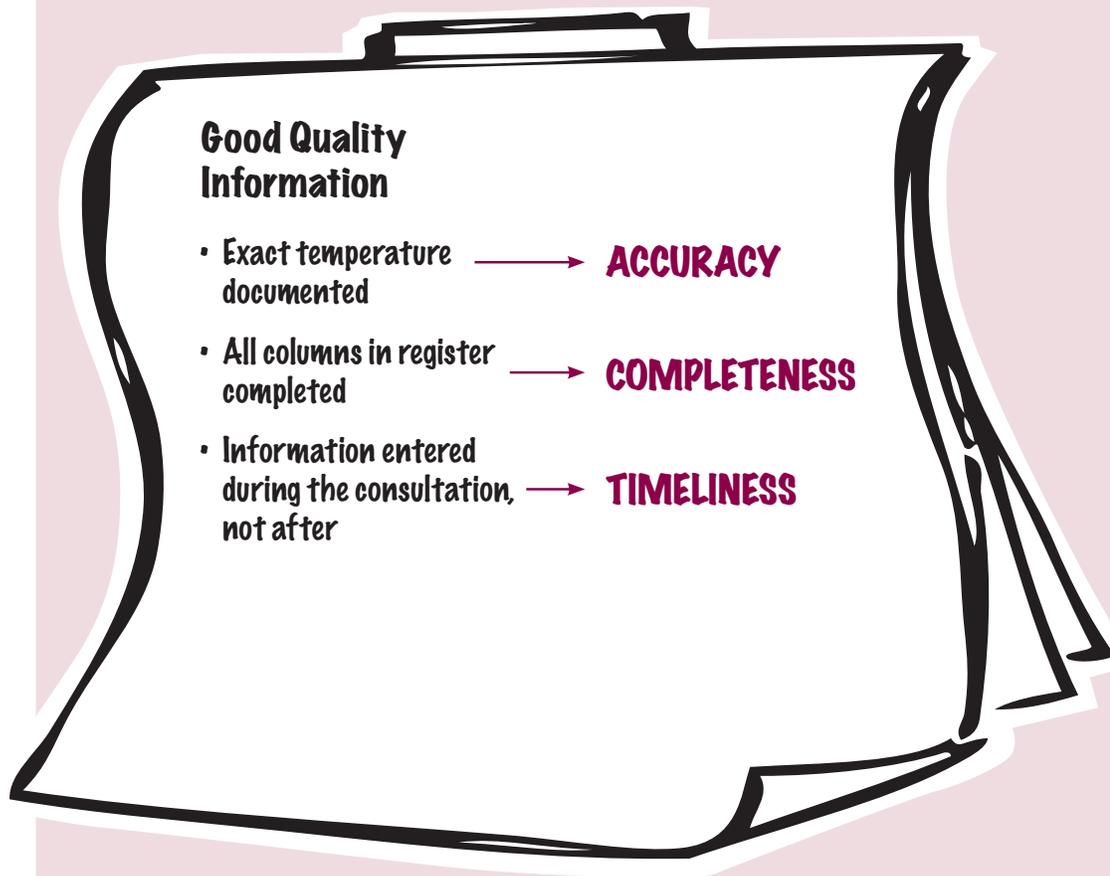
Step 5: EXPLAIN:

We can often identify what good quality information is by thinking about the 3 keywords - **ACCURATE**, **COMPLETE** AND **TIMELY**.

- **Accurate** information is actual patient information that is written as it was observed, like when an exact temperature is written down.
- **Complete** information is when all information is present, for example, all columns are filled in.
- **Timely** information is information that is recorded as it is collected, or done on time, processed on time, sent on time.

Note to Trainer:

- Mark some of the items on the flip chart, under the Good or Bad Quality Information columns with the following words, as exemplified below
 - ACCURACY
 - COMPLETENESS
 - TIMELINESS



ACTIVITY B – Making sure the health information is of the best quality



Activity Steps

- 1) **DIVIDE** into groups of 4 - 5.
- 2) **ASK** the groups to BUZZ around the reasons why health centre staff sometimes find it difficult to record quality information – that is accurate, complete and timely.

The question: “what sometimes gets in the way of your health centre producing quality information?” may help to encourage buzzing.

- 3) **ASK** participants to summarize their ideas on page 15 of their manuals.



Note to Trainer:

- After 5 minutes ask the groups to ask one person to read out their ideas from their buzzing session.
- Record the answers on a flip chart.

Answers may include:

- no book
- no pen
- no time
- patients do not come in with a book so there is no point in recording
- too many registers to complete
- I get called into emergencies and do not think about completing the registers
- writing is illegible
- registries are lost or damaged
- no one does it the same way

- If participants don't come up with all of these – probe to encourage them to think of all possibilities and reasons why health centres may not manage to produce quality information.

Topic 1: Why Quality Information Matters

**Step 7: EXPLAIN:**

- As we have understood, accurate information can sometimes become inaccurate or wrong and bad quality.
- This can happen if the hand writing is difficult to read and the information is misread when being copied or perhaps new staff may misunderstand the forms and leave out the pieces they don't understand. The records may be damaged and the information partially lost due to storage related problems – like a leaking roof or wind. Sometimes the information may be completed after the patient leaves and the health worker forgets the exact information and sometimes information is changed in order to meet a report deadline or a target.

**Step 8: ASK:**

What do you think are the consequences when information is not accurate, complete or timely? What happens when the information does not tell the true story of what is happening in your health centre or to the patients receiving care at your health centre?

**Step 9: EXPLAIN:**

Turn to page 16 of your manuals and in pairs try to complete the boxes – where you can list the consequences or results of bad quality information.

In other words, what could happen if the information recorded at your health centre is of bad quality?

ACTIVITY C – Thinking through consequences of bad quality information



The OPD register was completed by a new staff member who did not understand the form and who also wrote with untidy hand writing. This was not detected by the in-charge until the end of the quarter.

Three large empty boxes labeled **Consequence 1**, **Consequence 2**, and **Consequence 3** are provided for participants to list the consequences of the scenario. Arrows point from the scenario text to each of these boxes.



Note to Trainer:

- After 5 minutes
- Regroup
- Ask each group to call out the consequences they have listed
- Hold a brief 3 minute discussion
- Emphasising the there are small consequences and bigger consequences
- If mistakes are repeated, the consequences get bigger.

Step 11: EXPLAIN:



Knowing the consequences or results of bad quality information is important to motivate you and the staff at your health centre to do your best to collect quality information that is accurate and complete.

Topic 1: Why Quality Information Matters



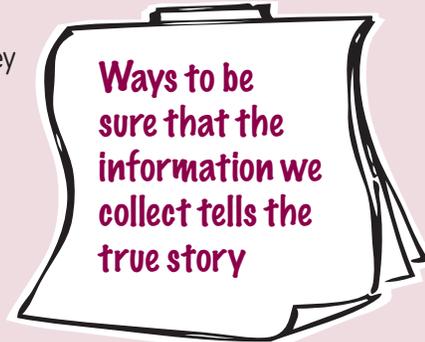
Step 12: EXPLAIN:

- In pairs, please list 3 key ways that you think you can use to make sure that the information you collect and report tells the true story of the patients attending your health centre and is of the best quality, despite the problems you face in your health centre.
- When you have come up with 3 practical ways that you feel can ensure or guarantee quality information and have written them on page 16, one of you can come up and write them on this flip chart and then return to your seat.



Note to Trainer:

- Give each group 3 minutes to Buzz on 3 key ways to manage the quality of information
- While the groups are buzzing, label the flip chart - *Ways to be sure that the information we collect tells the true story*
- Help the participants to write their list using key words
- Review the list as a group when every group has contributed to the flip chart.



Step 13: ASK:

Are you all in agreement with what has been listed on the flip chart or would some of you like to question anything on the flip chart?

Let's discuss this list and then try to prioritise or put numbers 1,2 & 3 next to the items that are the most likely to work in our health centres and that we can most easily make happen or implement.

Note to Trainer:

- Welcome any ideas or comments
- Try to encourage the group to prioritise some key steps for example:
 - careful handwriting
 - no tolerance for changing records
 - counter checking
 - support of colleagues
 - good storage away from environmental hazards



4. Practice



10 minutes

Training Steps



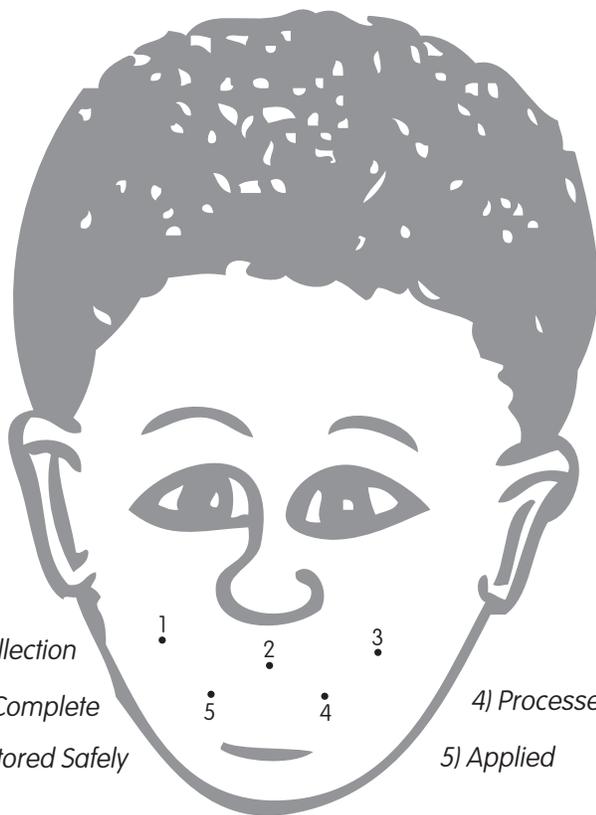
Step 1: EXPLAIN:

Striving for and working towards collecting the best quality health information you can is an important goal for all in-charges and all the health workers in your health centres. The quality of the information you collect will have a very real affect on the quality of the care you provide to patients and their response to care.

Step 2: EXPLAIN:



On page 17 of your manuals you will find 6 steps to quality information at the health centre. Take a few minutes on your own and join the dots between these steps, making sure to follow the numbers and you should end up with a happy patient.



1) Timely Collection

2) Accurate & Complete

3) Stored Safely

4) Processed & Sent

5) Applied

- 1) **Collect Information and document it while with the patient.**
- 2) **Check Information is accurate and complete.**
- 3) **Store Information in a dry, clean safe place.**
- 4) **Manage Information - weekly, monthly, quarterly, annually.**
- 5) **Use the Information at the health centre level.**
- 6) **Remember to join number 5 to number 1 and begin the information cycle again!**

Step 3: EXPLAIN:



If you are patient, follow each step with care and precision – collecting quality information will be a cycle that goes smoothly.

5. Planning



15 minutes

Training Steps



Step 1: EXPLAIN:

Quality information is needed to manage the patients well and diagnose and treat illness correctly, with the right diagnostics and medicine available when you need them. Information is also needed to know if the health facility is meeting the needs and demands of communities.



Step 2: EXPLAIN:

This next activity will be an opportunity for you to begin planning how you and your colleagues can ensure your health centre produces good quality information.

Step 3:



ACTIVITY D – Planning for quality information

- 1) **DIVIDE** the group into two small groups.
- 2) **EXPLAIN** In groups can you brainstorm around the scenario I will assign to your group, which you can find on pages 18 and 19 of your manuals. Focus on how to encourage you staff to complete the registers accurately, completely, and in a timely way.
- 3) **ASSIGN** one scenario to each group.
- 4) **GIVE** each group 5 minutes to read the scenario and to come up with key ways to cope with the situation as an in-charge.
- 5) **REGROUP** and ask two people from each group to read out the scenario and to share their group plan to solve the issue using role play.
- 6) **REMIND** the group to apply their active listening, good questioning skills and constructive feedback skills.
- 7) **ENSURE** each role play only lasts one minute.
- 8) **FACILITATE** a discussion after both groups have role played and ask the other groups to comment or make suggestions.

Scenario 1:

You notice that one of the health workers at your health centre is recording fewer patients than actually attend. You know there were more patients but he has only noted about half of the patients in the register. When you discuss with him, he tells you that he has more important things to do than to complete the register- there are patients to see and their immediate welfare is more important than making sure everything is written in the book. He says that he doesn't see the point in the records because he never hears any feedback after completing the book.

How do you tackle this situation, to motivate the health worker to complete records to provide quality information?

Scenario 2:

You are suspicious about the way one of your staff has completed her register - you are not convinced that she has recorded what she actually did for each patient. In her register, she has recorded all the columns for each patient, and she has recorded that they all have fever, they all have malaria RDTs done and all of the RDT positive patients recorded also have Coartem in their records, whilst for RDT negative patients have no antimalarials in their records. However, you know from your stock reporting that few RDTs have been done, but many Coartem packets have been given to patients. You suspect that she knows what she should do, and is writing that into the register, but in reality she is doing something else.

How do you tackle this situation, to motivate the health worker to complete records to provide quality information?

Step 4: EXPLAIN:



Your problem solving to find solutions to your challenges to collecting quality information is an important part in ensuring quality information. I encourage you to do this with your colleagues, whenever you encounter a challenge.



Summary Box – Why quality information matters?

For reference for trainers and learners

- Health information is information collected about the health of the population.
- It includes information from health centres and hospitals and includes records of birth, death, different illnesses, immunization and drug use and distribution as well as diagnostic tests.
- Information about health collected at the health centre has a very important purpose and can be used by the health centre almost as soon as it is collected.
- But the role of health information to improve health services and planning can only be achieved if the information is of good quality.
- Knowing the consequences or results of poor quality information is important to motivate you and the staff at your health centre to do their best to collect quality information that is accurate and complete.
- Striving for and working towards collecting the best quality health information you can is an important goal for all in-charges and all the health workers in your health centres. The quality of the information you collect will have a very real affect on the quality of the care you provide to patients.
- Your problem solving to find solutions to your challenges to quality information is an important part in ensuring quality information. Problem solve with your colleagues, whenever you encounter a challenge to collecting quality information.

TOPIC 2: ENSURING QUALITY HEALTH INFORMATION AT THE HEALTH CENTRE



Total Time: 70 minutes

Purpose: To understand the purpose of information and the importance of its quality.

Learning Outcomes: By the end of this session participants will:

- 1) Understand how collecting information can be beneficial to the health centre (drug quantification, predicting future needs).
- 2) Understand how collecting information improves patient management.
- 3) Understand how to collect quality information and use it in practice.

Materials required:

- Flip chart
- Markers
- Tape
- Annex B – Energiser questions for information journey
- Annex C – Completed HMIS 031

Training methods used:

- Group Discussion
- Games
- Trainer Explanation



Page 21

1. Introduction to the topic



5 minutes

Training Steps



Step 1: EXPLAIN:

- This topic will focus on health information and how it must both travel, from the health centre to the District and how it must be useful to the health centre to plan and make decisions.
- Health centres are the foundation of good information – all information starts with you and your health centre. You are the beginning and end of the cycle.
- Therefore your important job is to produce quality information that may guide decisions that help you and your patients and those in neighbouring communities.

2. Thinking about the topic



10 minutes

Training Steps



Step 1: EXPLAIN:

- As in-charges there are various pieces of the HMIS puzzle that you are responsible for in order to help create a complete or total picture of health and health services in your district.

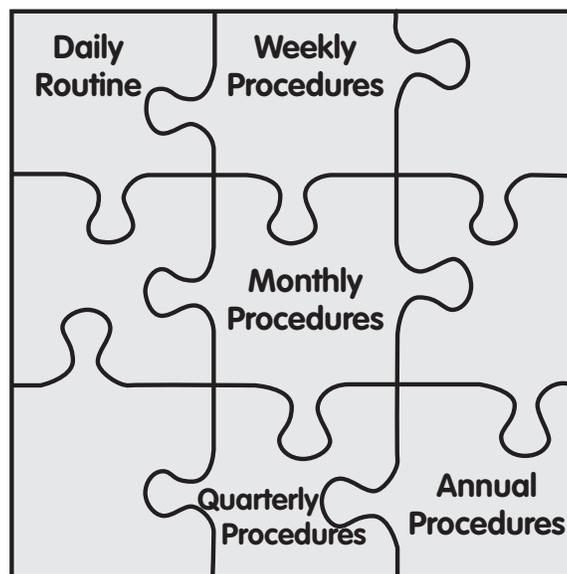


Figure 1: The HMIS – pieces of the puzzle that are the responsibility of in-charges.

Step 2: EXPLAIN:



- Health centres communicate information to the District using standard HMIS forms.
- There are procedures that in-charges must oversee to make sure that the District receives the information from the health centre.
- There are daily, weekly, monthly, quarterly and yearly procedures that ensure that data is being processed and being sent to District.

Step 3: EXPLAIN:



First there is the outpatient register or the HMIS 031, which is used to record detailed information about each outpatient visit. This is the daily routine. The in-charge is responsible to make sure this one is completed accurately and legibly by all the health workers who work with patients. These records can be checked weekly to be sure that all health centre staff are completing the forms in a timely, accurate and complete way. You can also ensure that the registers are being stored safely.

Step 4: EXPLAIN:



Every month, on the 7th day of the month, the Health Unit in-charge must transfer the information from the outpatient register (as well as the other registers) into the Health Unit Outpatient monthly report. This is the monthly procedure. Which also represents an opportunity to check and process the information for the benefit of the health centre. One copy of this report is sent to the Health Sub-District and another to the District Health Office.

Step 5: EXPLAIN:



Finally there are quarterly reports for some registers and Annual Reports for the entire Health Centre.

Step 6: EXPLAIN:



If all the pieces of the puzzle have been completed in a timely, accurate and complete way, then these quarterly and annual reports will tell the true story about your health centre, its work and your patients.

3. Principles



15 minutes

Training Steps

Step 1:

ACTIVITY E – Energiser: The health information journey to the district

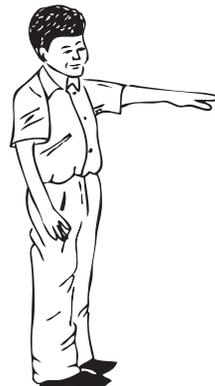


Activity Steps

- 1) **DIVIDE** the bigger group into groups of 4.
- 2) **Ask** the groups to stand about 3 metres away from their box or basket.
- 3) **GIVE** each team one exercise from Annex B and ask them to complete the questions on the paper as quickly and as carefully as possible and when complete to throw the papers into the basket without getting closer to the basket – always staying 3 metres away. Refer them to page 22 if they need further explaining.
- 4) **REMEMBER** they cannot approach the basket or box, they must stay at a distance.
- 5) If the papers land on the floor they must be left on the floor.
- 6) The team that gets all the papers into the basket fastest and with the neatest, clearest and most accurate answers is the winning health information team! It is possible that no group will win on all counts. One group may win in speed but not in orderliness or legible handwriting.
- 7) **AWARD** the winning team if there is one with a round of clapping! If there is no winner, explain why!



Fill out form with care.



Aim and throw forms into basket quickly.

Note to Trainer:

- Ask participants to take their seats.



Step 2: ASK:

If there was a winning team, how did the winning team win? If no one won, why did that happen?

Note to Trainer:

- Use the following probes:
 - Was one person responsible to write or did more than one person write?
 - Did one person lead or did everyone participate?
 - Did you feel bothered if someone interrupted you and did you lose your place?
 - If you made a mistake how did you correct the error?
 - How did you go about aiming for the basket?



Step 3: ASK:

- *Health information management needs great care, patience, concentration and orderliness. It requires you to be systematic and organised.*
- *There is a lot to be done. Always remember that you at the health centre are the foundation or source of all information on health and illness in Uganda!*
- *You are very important and your health information must be complete and accurate.*



Step 4: ASK:

- *But the information you collect is not only important for the HSD and DHO – the information you collect is very important at your health centre.*
- *Health Information should always travel in a cycle –health information should always return back to the patient via the health centre - where it began.*
- *Can anyone tell me why this is so important?*

Note to Trainer:

- Receive answers.

Topic 2: Ensuring Quality Health Information at the Health Centre

**Step 5: EXPLAIN:**

- *All health information collected is gathered in order to improve the care provided to patients – because as we learned in the first module, the patient should be at the centre of everything that we do at the health centre.*
- *Perhaps you may feel that the data requested is not actually absolutely essential to know.*
- *Have any of you ever felt this way – that health information is only for the benefit of the DHO?*

Note to Trainer:

- Receive answers.

**Step 6: EXPLAIN:**

- *If you have felt that way – this is very common and okay.*
- *But, we would like to help you to see the benefit of this health information for you at your health centre.*
- *In this next section, you will get a chance to work with the information to draw out some answers that may help you with your planning as in-charges.*
- *Health centres are in a perfect position to collect information and use it immediately to make decisions.*

4. Practice



15 minutes

Training Steps



Step 1: EXPLAIN:



Please turn to page 37 and 39 in your learner manuals where there is a completed HCM 031 form.



Step 2: EXPLAIN:

The next exercise will be to 'extract' or 'draw out' information from the HCM 031 register that helps you to answer key questions.

Step 3:

ACTIVITY F – Using Health Information to answer key questions



Activity Steps

- 1) **IN PAIRS** look at the questions listed under Activity F on page 24 in your manual.
- 2) **EXPLAIN** Try to work out the answers from the HCM 031 and write the answers in the box provided.
- 3) **REMEMBER** you can use your mobile phone calculators to do some of the simple adding required.

Questions:

- 1) What is the total number of patients seen in that month?
- 2) What is the total number of patients with fever in that month?
- 3) What is the total number of patients with fever and RDT result in that month?
- 4) What is the total number of patients with + RDT who were treated with AL?

Note to Trainer:

- Give the groups 5-10 minutes to get the answers.
- Regroup.

**Step 4: ASK:**

Let us look at the results together.

Which group would like to share their answer to question 1?

Note to Trainer:

- Receive answers. Allow each pair to contribute.

1) What is the total number of patients seen in that month?

The answer to question 1 is: 22 patients.

2) What is the total number of patients with fever at consultation?

Here you need to agree what you will define as fever. A fever is usually anything over 37.5°C

The answer to question 2 is therefore 13 patients have a temperature over 35.5°C.

3) What is the total number of patients with fever who were tested for malaria with the RDT?

In this question, you need to combine two pieces of information – from column 13 & 14 they are: fever in the last 48 hours and an RDT test.

The answer to question 3 is: 21 patients reported fever in the previous 48 hours and all of them were tested for malaria with an RDT.

4) What is the total number of patients with + RDT who were treated with AL?

The answer to question 4 is: 12 patients with a positive RDT were given AL.

5. Discussion



10 minutes

Training Steps



Step 1: EXPLAIN:

Some of you may have also picked up or detected that 2 patients with a negative RDT were given AL and 2 patients with a positive RDT were not given AL.

This is the kind of information that you as in-charge need to act and follow up on. Supporting your health workers in your health centre to ensure that everyone understands the protocols and treatment guidelines and that everyone is recording accurately, completely and in a timely manner.

Reviewing and processing the information from the register can help you to improve the care provided to patients.

Remember that as in-charges you will need the buy-in and cooperation of your colleagues if you want to collect accurate information; this means that everyone has to be motivated to make it work and see the benefit to the information and how it can improve quality.

If your health workers in your health centre see the value of the health information, they are unlikely to complete the outpatient records accurately, completely and at the right time.

6. Planning



20 minutes

Training Steps



Step 1: ASK:

- *In order to prepare to brief the health workers in your health centres, you will need to prepare a summary of the main points learned in the 3 health centre management modules.*
- *You will get a chance to present this during the next module which is PCS 03 training.*



Step 2: ASK:

- *Please move into your cohort training groups (those training in PCS group 1, and those training in PCS group 2).*
- *Prepare three short (5 minute) summaries to present to your colleagues at the health centres.*
- *You will need a summary for:*
 - *HCM 01 PHC Fund Management*
 - *HCM 02 Drug Supply Management*
 - *HCM 03 Health Information Management*

Step 3: EXPLAIN:



1. Think about the key things that you learned and note these down.
2. Think about what is important for the other staff members to know, and select these items from the list of key learning points.
3. You should have a final list of 3-5 points for each module.
4. For each learning point, prepare a description of what you learned AND a description of how this will affect the other staff members.

For example:

- i) How will they be involved?
 - ii) What will you expect from them?
 - iii) How will it change what they are doing?
 - iv) What will be the positive impact for your staff?
5. If you would like to, you can prepare key learning points on flip chart paper either now or during the week, and bring these to the workshop next week.
 6. Decide who will present each module- you may choose to present in pairs.
 7. There will also be a panel for a question-and-answer session in the PCS03 workshop, when you will be taking questions from the rest of the staff in the workshop. You will be asked how these new ideas will work in practice and how they can be sustained.

Note to Trainer:

- Give the cohort groups 15 minutes to prepare their presentations.
- Regroup and receive any questions.
- While the groups are working – move between them and support their planning.

**Summary Box – Ensuring quality health information at the health centre**

For reference for trainers and learners

- Health centres are the foundation of good information – all information starts with you and your health centre.
- There are key pieces of the HMIS puzzle that you are responsible for as an in-charge, in order to help create a complete or total picture of health and health services in your district.
- There are daily, weekly, monthly, quarterly and yearly procedures that ensure that data is being processed and being sent to District.
- Health information that is travelling to the District must be collected, stored, transported, analysed and interpreted.
- Health information can be used at the health centre but health centre in-charges to enhance their knowledge and they can apply that knowledge to improve what they do.
- Health information management needs great care, patience, concentration and orderliness. It requires you to be systematic and organised.
- Health Information should always travel in a cycle - health information should always return back to the patient via the health centre - where it began.
- As in-charges you will need the buy-in and cooperation of your colleagues if you want to collect accurate information; this means that everyone has to be motivated to make it work.

CONCLUSION



Total Time: 5 minutes

Purpose: To close the HCM 03 training and receive any questions or address any questions in the parking lot.

Materials required:

- Flip chart
- Markers
- Tape

Training methods used:

- Trainer explanation



Page 27



5 minutes

Training Steps



Step 1: EXPLAIN:

This is now the end of the session and an opportunity for you to ask any questions and for me to answer any questions in the parking lot.



Step 2: ASK:

Let's look back at our learning outcomes in our Learner Manual on page 9. Does anyone have any comments or questions about what we have covered today?

Please comment on what you think helped you learn well, and which points may still be unclear.



Note to Trainer:

- Make a note of any suggestions or queries in your Trainer Manual and follow up on these for the next module where possible.
- Address any new questions.
- Answer any questions still waiting in the parking lot.

Annex

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Annex A - Purpose of health information

<p><i>Provides information needed to tell us how we are doing and what we still need to do</i></p>	<p><i>Supports evidence based decisions – for example, malaria confirmed by RDT remains prevalent in a particular district</i></p>
<p><i>Provides the proof needed to make decisions</i></p>	<p><i>A way of monitoring staffing</i></p>
<p><i>A way of monitoring scope of services</i></p>	<p><i>A way of evaluating the demand for services</i></p>
<p><i>Helps with setting priorities</i></p>	<p><i>Helps with planning of supplies & amounts required</i></p>



Annex A - Purpose of health information continued

<i>Helps in the budgeting process</i>	<i>Helps to arrange schedules</i>
<i>Supports the ordering process</i>	<i>A way of measuring prevalence of an illness</i>
<i>Tracks progress towards targets (like Millennium Goals)</i>	<i>Helps to decide where to allocate resources</i>
<i>Helps to coordinate services</i>	<i>Supports accountability</i>



Annex B - Energiser: Information journey to the district

<p>1) Malaria Lumartem, 1bd x 3/7 Panadol 250mg tds x 3/7</p>	<p>2) Foot infection Amoxicillin 500mg 8 hourly x 5/7, Panadol 1g tds x 5/7</p>	
<p>3) Urinary tract infection Nitrofurantoin 100mg Qid x 5/7, Panadol 1g tds x 3/7</p>	<p>New Diagnosis</p>	<p>Drug / Treatment</p>
<p>1) Malaria Lumartem, 1bd x 3/7 Panadol 250mg tds x 3/7</p>	<p>2) Foot infection Amoxicillin 500mg 8 hourly x 5/7, Panadol 1g tds x 5/7</p>	
<p>3) Urinary tract infection Nitrofurantoin 100mg Qid x 5/7, Panadol 1g tds x 3/7</p>	<p>New Diagnosis</p>	<p>Drug / Treatment</p>



Annex C - OPD Register 1

OPD register

(1) SER NUM	(2) NAME OF PATIENT	(3) RESIDENCE		(4) NEXT OF KIN	(5) AGE	(6) SEX		(7) WEIGHT	(8) CLASSIFICATION	
		VILLAGE	PARISH			M	F		NEW CASE	RE-ATTD
1	Oboth Michael	Kisia	Sere	Othieno Peter	2	X		10	X	
2	Awor Mary	Biranga	Paya	Nyadoi Teopista	3		X	15		X
3	Owino Alex	Agee	Nawire	Apio Federesi	16	X		58	X	
4	Akisa Flora	Aluka	Barinyang	Abbo Joyce	17		X	53	X	
5	Akongo Martha	Burimwenge	Sop-Sop	Athieno Lucy	60		X	58	X	
6	Arem Zipporah	Naboa North	Naboa	Alipakisadi John	2		X	11	X	
7	Auma Alice	Bere Central	Namwendia	Ofamba James	21		X	65	X	
8	Adikini Joyce	Agumit	Per-Per	Osuna Augustine	1		X	9	X	
9	Otim Jackson	Patewo	Sere	Oriono Bosco	6 MTH	X		7		X
10	Gamisha Madina	Paragang	Paya	Weguli Mark	3		X	14	X	
11	Nyachwo Faith	Maundo	Nawire	Okutta Godwin	20		X	63	X	
12	Lukwago Benoni	Kangori	Barinyang	Mukasa Jerry	13	X		45	X	
13	Anyango Mercy	Maruki B	Sop-Sop	Onyango Tophil	7		X	26		X
14	Obore Patterson	Singisi North	Naboa	Wangalwa Mike	45	X		65	X	
15	Nyafuwono Anne	Naweyo East	Namwendia	Ofwono Moses	1		X	8	X	
16	Owor George	Moruki A	Per-Per	Obbo Augustine	3	X		17	X	
17	Aketch Clare	Sere A	Sere	Oboth Johnson	12		X	35		X
18	Aboth Sicola	Kabosan	Paya	Otim Nape Edwin	11		X	38	X	
19	Ekirapa Monica	Pasule A	Nawire	Okuga Martin	2		X	11	X	
20	Nyaketcho Lucy	Sengo	Barinyang	Ofwono Gerald	4		X	20	X	
21	Odongo Steven	Maruki Rock	Sop-Sop	Elubu Philemon	8	X		27	X	
22	Asinde Peace	Naboa South	Naboa	Akiring Grace	2		X	12	X	

Annex C - OPD Register 2

(9) NEW DIAGNOSIS	(10) DRUG / TREATMENT	(11) REF IN NUMBER	(12) REF OUT NUMBER	(13) FEVER		(14) RDT FOR MALARIA	
				FEVER IN LAST 48H?	TEMP (°C)	DONE?	RESULT
Malaria	Lumartem, 1bd x 3/7 Panadol 250mg tds x 3/7	02/2011		Y	38.0	Y	P
Malaria	Lumartem, 2 bd x 3/7 Panadol 250mg tds x3/7			Y	35.0	Y	P
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	38.5	Y	P
Urinary tract infection	Nitrofurantoin 100mg Qid x 5/7, Panadol 1g tds x3/7			Y	37.0	Y	N
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	36.7	Y	N
Ear infection	Amoxicillin 250mg tds x 5/7 Panadol 250mg tds x 3/7			Y	39.0	Y	N
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x3/7			Y	40.3	Y	P
Malaria	Lumartem, 1 bd x 3/7 Panadol 125mg tds x 3/7			Y	40.5	Y	P
Diarrhea, dehydration	ORS 100mls per loose motion , Amoxicillin 125mg tds x5/7			Y	36.8	Y	N
Severe malaria	Panadol 500mg tds x1/7		03/2011	Y	41.0	Y	P
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	39.2	Y	P
Malaria	Lumartem, 4 bd x 3 days Panadol 1g tds x3/7			Y	36.7	Y	P
Malaria	Lumartem, 3 bd x 3/7 Panadol 500mg tds x 3/7			Y	38.4	Y	P
Foot infection	Amoxicillin 500mg 8 hourly x 5/7, Panadol 1g tds x 5/7		04/2011	Y	36.8	Y	N
Cough	Amoxicillin 125mg tds x 5/7, Panadol 125mg tds x 3/7, Cough linctus 2.5mls tds x 5/7			Y	39.1	Y	P
Malaria	Lumartem, 2 bd x 3/7 Panadol 250mg tds x 3/7			Y	37.2	Y	N
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x3/7			Y	38.4	Y	P
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	38.9	Y	P
Malaria	Lumartem, 1 bd x 3/7 Panadol 250mg tds x 3/7			Y	36.4	Y	P
Conjunctivitis	Gentamycin eye 2 drops x 5/7 Tetracycline eye ointment apply nocte			N	36.9	N	N/A
Malaria	Lumartem, 3 bd x 3/7 Panadol 250 mg tds x 3/7			Y	38.8	Y	P
Malaria	Lumartem, 1 bd x 3 /7 Panadol 250mg tds x 3/7	13/2011	05/2011	Y	38.2	Y	P

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