Rapid Internal Performance Data Audit (RIPDA)

HST conference – May 2016

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Requirements for reliable data

- Compliance with policy and Standard Operating Procedures
- Collect only essential data
- Well-designed data collection tools
- Minimal collation of data
- Data verification and sign-off on a regular basis
- Trained staff
- Data analysis and feedback

Issues that affect quality of aggregated data

Problem Areas	Interventions
No patient record, Incomplete, illegible, undated data	Standardised patient folder being rolled out
Multiplicity of data collection tools, duplication non-standardised	Rationalised registers have been implemented
Inability to collate data accurately	Daily data capturing, eTick registers, eSummary registers
Data capture errors, Incorrect data elements activated, Validation not done	**Use of RIPDA tool to audit accuracy of data, effectiveness of interventions and adherence to policy**
No feedback, Little data analysis and use by program managers	

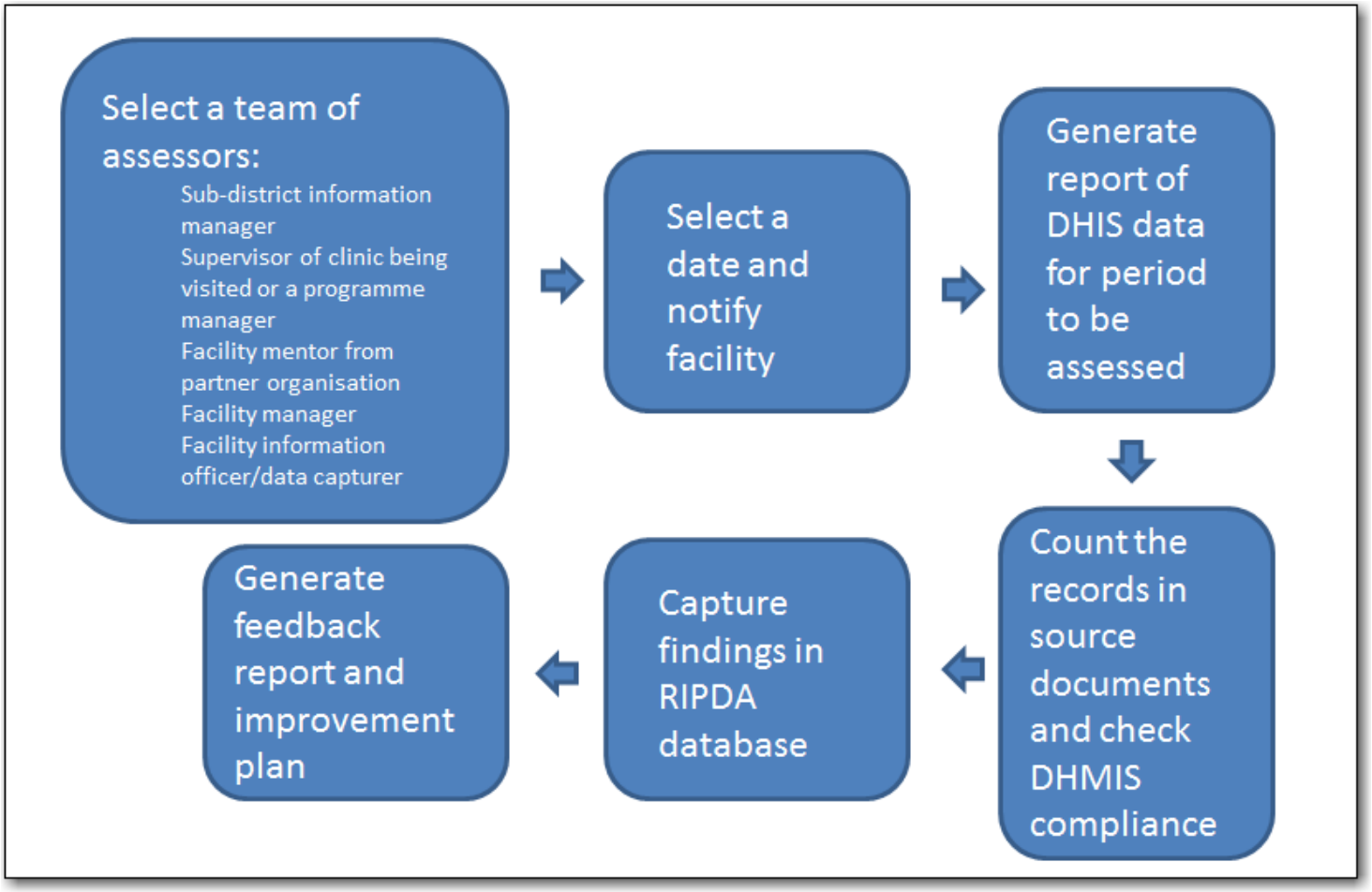
RIPDA strategy to address Data Quality issues

- RIPDA used as national audit tool – already used in the ePHC project to measure impact of interventions
- Institutionalise RIPDA self-assessment
- Conduct baseline RIPDA assessments at all facilities and then repeat assessments 6 monthly:

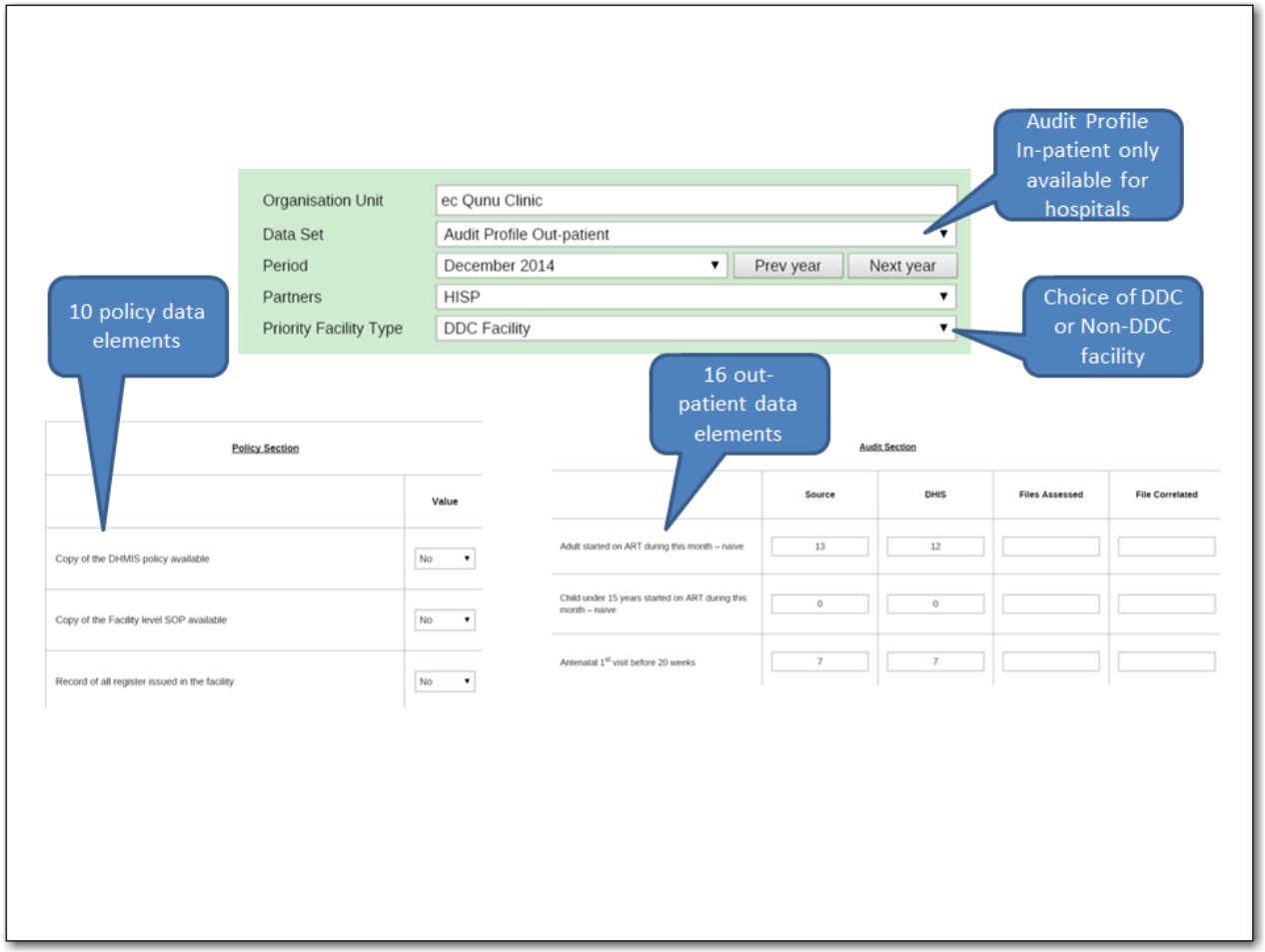
Financial year quarter	Period assessed	Repeat audit done
April - June		
July - September		
October - December		
January - March		

- Monitor the use of Facility Improvement Plans

RIPDA methodology

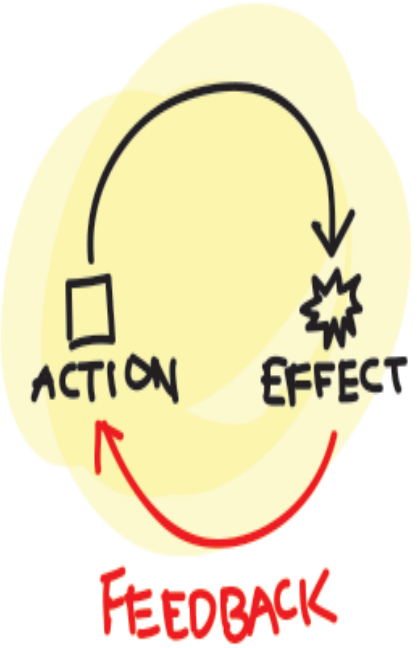


RIPDA methodology cont.



Facility feedback report

- A feedback report can be generated 30 minutes after data has been captured.
  - Calculates % compliance with DHMIS policy questions
  - Calculates % difference between source and DHIS values per data element and overall



Facility improvement plan

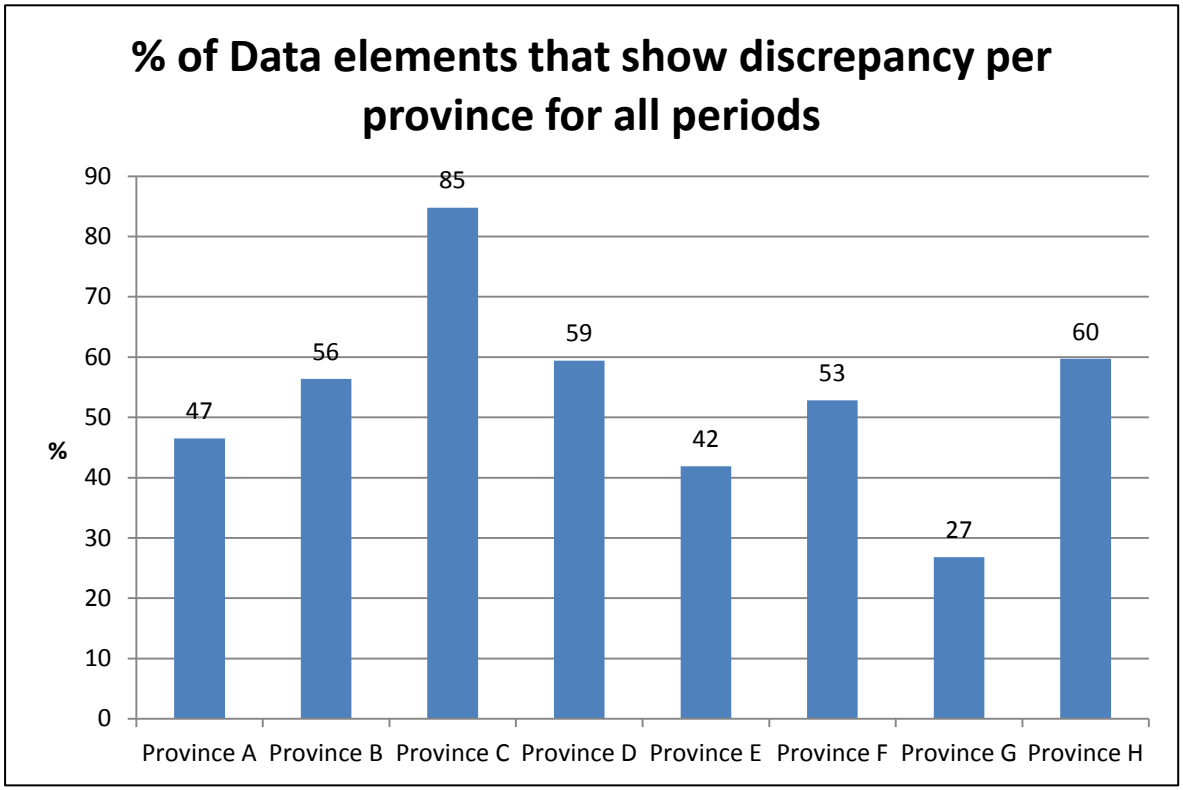
- A facility improvement plan is drawn up with the facility manager and her team
- Progress with implementing the plan is discussed at monthly information meetings at the facility
- A written record is kept as evidence of reporting against the improvement plan
- Facility Manager to be held accountable for implementing the plan

Facility improvement plan

FACILITY IMPROVEMENT PLAN FRAMEWORK								
Facility Manager:				Date:				
Data Elements	Baseline deviation	Target Deviation	Challenges	Activities	Timeframe to reach target	Responsible person	Frequency of reporting	Progress
Adult started on ART during this month - naïve		< 2.5 %						
Antenatal 1st visit 20 weeks or later		< 2.5 %						
Antenatal 1st visit before 20 weeks		< 2.5 %						
Antenatal client HIV 1st test positive		< 2.5 %						
Antenatal client HIV re-test positive		< 2.5 %						
Antenatal client INITIATED on ART		< 2.5 %						
Antenatal client known HIV positive but NOT on ART at 1st		< 2.5 %						

RIPDA data – analysis and deductions

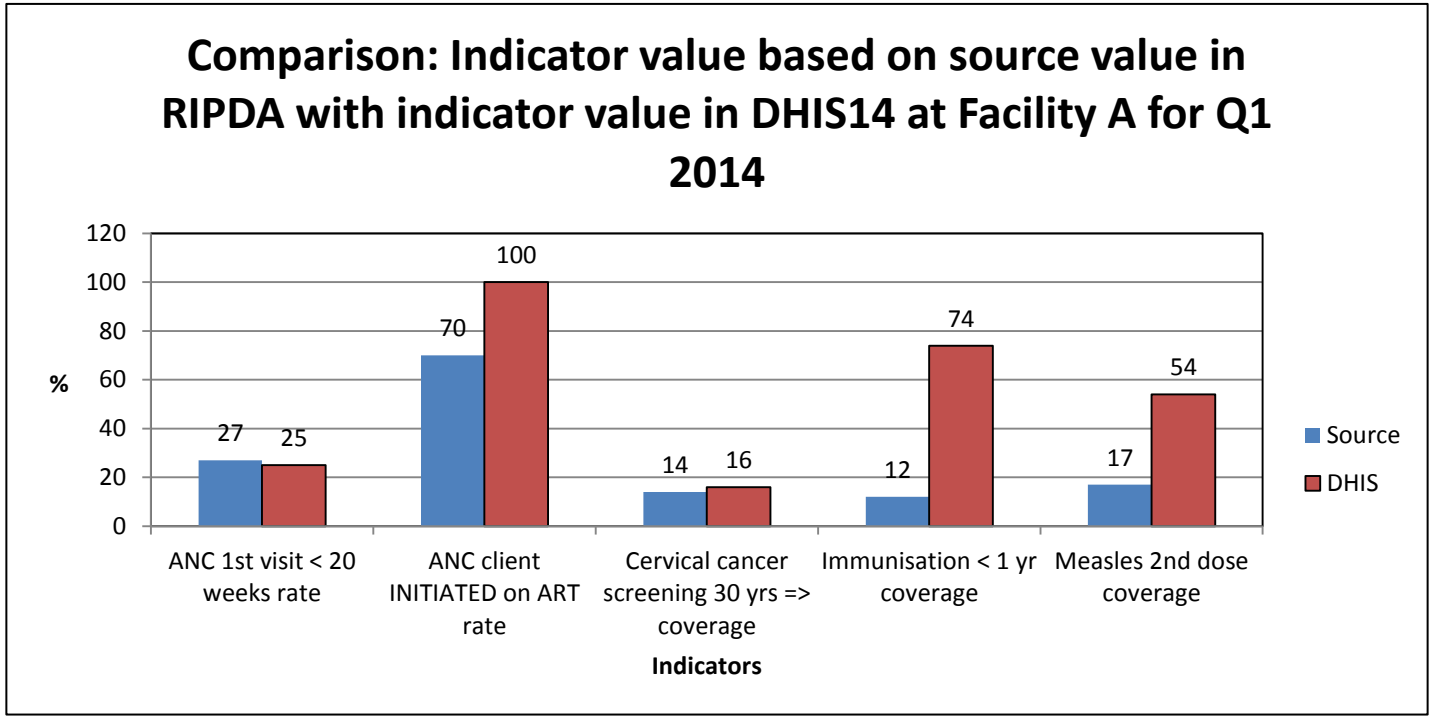
Discrepancies between source and DHIS values is widespread across all data elements assessed – systemic rather than specific problems



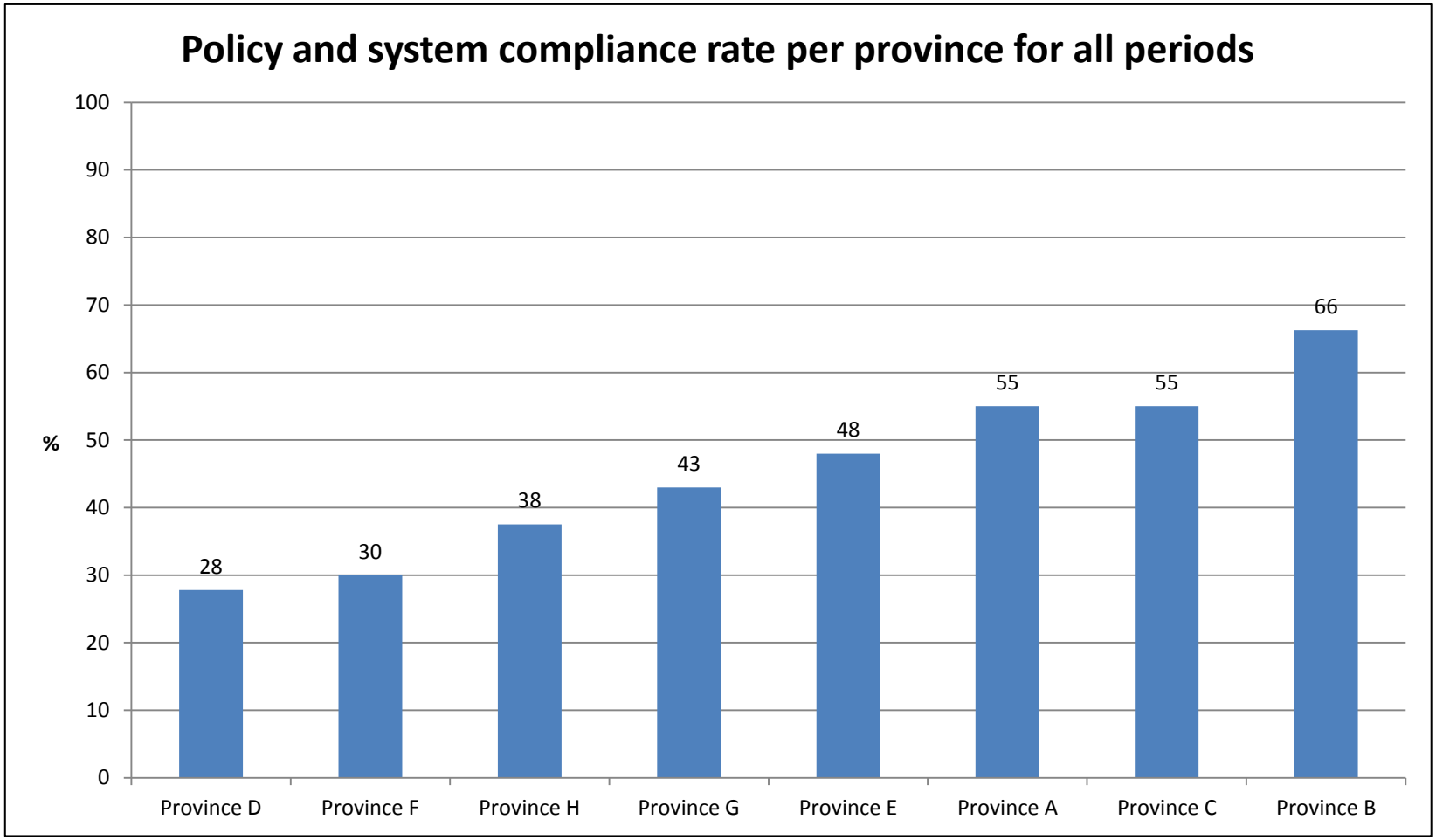
Indicators not reliable measure of performance and can't be used as a basis for management decisions.

Reasons for discrepancies:

- Missing source documents – registers used by outreach teams, not stored safely
- Confusion regarding source documentation – duplication
- Inappropriate data collection tools
- Missing values in DHIS



No province fully compliant with DHMIS policy



Error margin for repeat assessments after implementation of DDC shows some evidence of effectiveness of the intervention

Error Margin at facilities implementing Daily Data Capturing (DDC)

	Non DDC Facility			DDC Facility			
Facility	Q1 2014	Q2 2014	Q3 2014	Q3 2014	Q4 2014	Q2 2015	Q3 2015
Clinic A	-16.5			-9.3	-7.6		
Clinic B		-7.7					5
Clinic C		-10.1			-6.5		
Clinic D		6.7					-13.9
Clinic E		-40				-5.9	
Clinic F		0.16				9.3	

Conclusion

Audit outcomes can be improved by:

- Regularly auditing against a baseline. Findings suggest that 6-monthly intervals are best as it takes time to effect changes
- Reporting against facility improvement plans
- Holding facility managers accountable for implementation of improvement plans


Any
Questions