

# DISTRICT STD QUALITY OF CARE ASSESSMENT DISCA

## SUMMARY OF RESULTS

**This document is to be used to record the results of the DISCA questionnaire from all the clinics in one district. If you supervise more than 6 clinics, you can attach a second booklet.**

**Researched and Written by:**

Dr Nicol Coetzee and Miss Sphindile Magwaza  
Community Health Department  
University of Cape Town  
Anzio Rd, Observatory 7925  
Tel : (021) 406-6300  
Fax : (021) 406-6163

**Province:**.....

**District:**.....

**Date:**.....



These guidelines have been approved by the Department of Health and funded by a grant from the Health System Trust

September 1998

**Date of clinic assessment**

Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name

## ACCESSIBILITY

The facility offers STD treatment at all times between 8 and 4 on all weekdays	Enter yes or no from Question 1						
The facility offers STD treatment after hours	Enter yes or no from Question 2						
The total number of adult consultation rooms in this facility	Enter the number from Question 3						
The total number of adult consultation rooms offering STD treatment in this facility	Enter the number from Question 4b						
Percentage of adult consultation rooms used for STD treatment	$\frac{\text{Number of consultation rooms used for STD care (Question 4b)}}{\text{Total number of consultation rooms (Question 3)}} \times 100$						
Availability of consultation in private; ie consultations cannot be observed by other patients or doctors or nurses	Enter yes or no from Question 5						
Total number of adult patient attendances in one month	Enter the number from Question 6a						
Total number of STD consultation in one month	Enter the number from Question 6b						
Percentage of attendances for STD treatment in one month at this facility.	$\frac{\text{Total number of STD attendances in one month (Question 6b)}}{\text{Total number of adult patient attendances last month (Question 6a)}} \times 100$						
Average number of STD attendances per day	$\frac{\text{Total number of STD attendances last month (Question 6b)}}{20}$						
Total number of clinicians working in one day	Enter the number from Question 20						
Number of clinicians per STD patient per day	$\frac{\text{Average number of STD attendances per day}}{\text{Total number of clinicians working in one day (Question 20a)}}$						

Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name
-------------	-------------	-------------	-------------	-------------	-------------

## PROVISION OF SAFE EXAMINATION

The number of examination couches in the facility	Enter number from Question 7a						
The number of examination couches per consultation room	$\frac{\text{Number of examination couches in the facility (Question 7a)}}{\text{Total number of adult consultation rooms (Question 3)}}$						
The number of examination lights	Enter the number from Question 7b						
The number of examination lights per consultation room	$\frac{\text{Number of examination lights in the facility (Question 7B)}}{\text{Total number of adult consultation rooms (Question 3)}}$						
Availability of sterile speculums in all adult consultation rooms.	Enter yes or no from Question 7c						
The number of STD attendances tested for syphilis in one month	Enter the number from Question 17						
Percentage of STD attendances tested for syphilis in one month	$\frac{\text{Number of STD clients who had blood taken for RPR (Question 17)}}{\text{Total number of STD attendances in one month (Question 6b)}} \times 100$						

## PROVISION OF SAFE TREATMENT

The facility with available current STD syndromic management guidelines	Enter yes or no from Question 8a						
The facility with current STD syndromic management guidelines kept in all adult consultation rooms	Enter yes or no from Question 8b						
The facility with available STD educational materials for clients	Enter yes or no from Question 8c						
The facilities with available STD education materials written in a local language	Enter yes or no from Question 8d						

Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name
-------------	-------------	-------------	-------------	-------------	-------------

## ANTENATAL SCREENING AND STD TREATMENT

Provision of antenatal care	Enter yes or no from Question 18a						
The facility which performs antenatal syphilis (RPR) screening	Enter yes or no from Question 18b						
The facilities which offer treatment of STDs other than syphilis in antenatal patients	Enter yes or no from Question 19						

## STAFF TRAINING

The number of clinicians (nurses or doctors) trained in STD syndromic management, working in one day	Enter the number from Question 20b						
Percentage of clinicians trained in STD syndromic management working in one day	$\frac{\text{Number of clinicians trained in STD Syndromic Management working in one day (Question 20b)}}{\text{The total number of clinicians working in one day (Question 20a)}} \times 100$						
The number of clinicians (nurses or doctors) trained HIV/AIDS counselling, working in one day	Enter the number from Question 20c						
Percentage of clinicians trained HIV/AIDS counselling working in one day	$\frac{\text{Number of clinicians trained in HIV/AIDS counselling working in one day (Question 20c)}}{\text{The total number of clinicians working in one day (Question 20a)}} \times 100$						
The facilities with nurse (or doctor) responsible for STD services	Enter yes or no from Question 21						

Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name
-------------	-------------	-------------	-------------	-------------	-------------

# STD DRUGS AND TREATMENT

The facilities with enough stocks of all named drugs currently	Enter yes or no from Question 22						
The facilities which ran out of named drugs over last month	Enter yes or no from Question 22						
The number of medical records showing correct treatment according to STD syndromic management guidelines	Enter number of correct treatments according to syndromic guidelines from Question 23						
The number of medical records reviewed.	Enter number of records from Question 23						
Percentage of medical records showing correct STD treatment according to the STD syndromic management guidelines	$\frac{\text{Number of medical records showing correct STD treatment (Question 23)}}{\text{The number of medical records reviewed (Question 23)}} \times 100$						
The total number of medical records requesting RPR	Enter the number from Question 23						
Percentage of records which have RPR requested	$\frac{\text{Total number of medical records registered RPR (Question 23)}}{\text{The number of medical records reviewed (Question 23)}} \times 100$						
Clinician volunteered correct syndromic treatment for male penile urethral discharge	Enter yes or no from Question 24						
Clinician volunteered correct syndromic treatment for female discharge	Enter yes or no from Question 24						
Clinician volunteered correct syndromic treatment for genital ulcers	Enter yes or no from Question 24						

Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name
-------------	-------------	-------------	-------------	-------------	-------------


**The main issues  
of note  
(both good  
and bad)  
highlighted  
in this  
assessment**

# RECOMMENDATIONS

Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name	Clinic Name

## Notes:

- Do not forget to complement the staff on the good work you noted
- Ensure you provide feedback to the clinic promptly following your visit.
- Make sure that you follow-up on the actions you recommend.