

THIS Site Visit Task List

Facility name: _____ Visit date: _____

Name of person completing SVTL: _____

Facility THIS implementation status				Last reported TROA	####	Last reported # DS-TB patients	####		
TIER.Net version	v ###	ART module	Ph ###	TB Module		Ph ###			
		Ph6 sign-off date	mm/yyyy	Ph6 sign-off date		mm/yyyy			
Modules currently used in the facility:									
HTS	Y / N	Pre-ART	Y / N	ART	Y / N	TB Identification	Y / N	TB Confirmed	Y / N
If any module(s) are not used, please provide reasons:									
Facility capturing all HIV tests done?					All tests	Y / N	Positive tests only	Y / N	
If all HIV tests are not being captured, please provide reasons:									
Facility capturing all TB tests in the TB identification module?					All tests	Y / N	Positive tests only	Y / N	
All TB tests must be captured. If this is not done, please provide reasons:									

Audit status	Has the facility been audited within the past 3 months, using the Integrated THIS Audit Tool?				Y / N
If no, was an audit conducted today?	Y / N	If no, has an audit been booked for a date within the next 2 weeks?	Y / N	Date:	dd/mm/yyyy

Patient Management Line Lists and Administrative Reports				
Check when <i>each</i> list below was last generated, printed and stored in facility's THIS lever arch file (or, if no working printer, saved electronically). Check that dates are within the expected timeframes and that the lists were actioned per the Integrated TB/HIV Data Management Facility level SOP. Discuss any discrepancies/issues with FM/OM. (Note: if time-constrained, select 1-2 lists per block.). In some instances, the line lists can't be pulled more frequently (those indicated with an *), however the 'expected time frame' listed is the minimum standard of when they should be pulled. Any lists not generated within timeframe must be generated today.				
List	Date last generated?	Within expected timeframe?	Lists actioned?	Findings / comments
HIV - Early Missed Appt	dd/mm/yyyy	(Weekly) Y / N	Y / Partly / N	
HIV - Late Missed Appt	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	
HIV - Unconfirmed LTF List	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	
TB - Early Missed Appt	dd/mm/yyyy	(Weekly) Y / N	Y / Partly / N	
TB - Late Missed Appt	dd/mm/yyyy	(Weekly) Y / N	Y / Partly / N	
TB - Unconfirmed LTF	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	

NB: This form to be completed during every facility engagement, and upon completion, filed in the facility THIS arch lever file.

Viral Load Due	dd/mm/yyyy	(Monthly*) Y / N	Y / Partly / N	
Viral Load Cascade	dd/mm/yyyy	(Monthly*) Y / N	Y / Partly / N	
Two Consecutive Unsuppressed VL	dd/mm/yyyy	(Monthly*) Y / N	Y / Partly / N	
TB Identification Results Outstanding	dd/mm/yyyy	(Weekly*) Y / N	Y / Partly / N	
DS-TB Non-Conversion	dd/mm/yyyy	(Weekly*) Y / N	Y / Partly / N	
DS-TB Conversion Sputa Required	dd/mm/yyyy	(Weekly*) Y / N	Y / Partly / N	
DS-TB Discharge Sputa Required	dd/mm/yyyy	(Monthly*) Y / N	Y / Partly / N	
TB Outstanding Outcome	dd/mm/yyyy	(Monthly*) Y / N	Y / Partly / N	
Data Validation	dd/mm/yyyy	(Weekly*) Y / N	Y / Partly / N	
ART Regimen Validation	dd/mm/yyyy	(Weekly*) Y / N	Y / Partly / N	
Waiting for ART	dd/mm/yyyy	(Monthly*) Y / N	Y / Partly / N	
Waiting for TB Treatment	dd/mm/yyyy	(Weekly*) Y / N	Y / Partly / N	
Facility Management Report	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	
Workload Report	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	
User Access Report	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	
Implementer/Administrator Log Report	dd/mm/yyyy	(Monthly) Y / N	Y / Partly / N	

Turnaround time of capturing and filing	Estimated number of patient folders waiting to be captured:	###	Estimated number of days needed to clear the backlog:	###	
If >1 day, please provide reasons for backlog:					
Date of last entries captured from the following registers:					
TB ID Register	dd/mm/yyyy	HTS Register	dd/mm/yyyy	Adherence Club Register	dd/mm/yyyy
If >1 day, reasons for backlog:		If >1 day, reasons for backlog:		If >7 days after last AC session, reasons for backlog:	
Estimated number of lab results triaged by clinicians, waiting to be captured:		###	Estimated number of lab results triaged and captured, waiting to be filed into patient folders:		###
If capturing and/or filing has a backlog of >1 day, provide reasons:					
Does data entry station have <u>any</u> lab results that have not been triaged by clinicians?		Y / N	If yes, discuss Lab Results Management guidance with FM/OM.		

Tally of Tests Awaiting Results (bulk capturing tool) in TIER.Net:				###
If Tests Awaiting Results shows entries of >1 week ago (>7 weeks for cultures), provide reasons:				
Staffing	Government		District Support Partner	
	Permanent	Contract	Seconded	Roving
Number of admin clerks allocated to registry:	###	###	###	###
Number of admin clerks trained on TIER.Net:	###	###	###	###
Number currently capturing HIV/TB data on TIER.Net daily:	###	###	###	###
Volume of capturing done in the previous week (refer to Workload Report):				
Visits	###	Patients	###	Tests
Please explain if the number of admin clerks allocated differs to what is reported above:				
Confirm if all users are active users. Deactivate any inactive users (refer to User Access Report and the Implementer/Administrator Log Report). Confirm that all users are logging in as normal user, using their own username, and using a unique password.				

Equipment	Number of functional PCs at the data entry station:			###
All PCs at data entry station have TIER.Net installed?	Y / N	If no, provide reasons:		
If >1, PCs with TIER.Net linked to the same database?	Y / N	If no, provide reasons:		
Data entry station has access to a functional printer?	Y / N	If no, provide reasons:		
All PCs running updated antivirus?	Y / N	If no, provide reasons:		
If 'No' to any of the above, the facility must log a call with IT, and follow up until resolved.	Date logged:	dd/mm/yyyy	Reference number:	###
	Date of last TIER.Net backup created:	dd/mm/yyyy	If either is >1 day ago, create back up.	
	Date of last TIER.Net backup saved to external storage device:	dd/mm/yyyy		

Action Items: Please include any items identified that require intervention and follow-up. In addition, ensure that issues identified documented on the previous SVTL were actioned and completed. If not addressed, add to this action list for completion.

Have all action items from the previous Site Visit Task List been adequately resolved?	Y / N
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Identified issue:	Remedial action(s)	Responsible person(s)	Due Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Attendees:

1 _____
 2 _____
 3 _____
 4 _____

Signatures:

FM/OM name: _____

Next Engagement Date: _____