OPD Technical Quality Evaluation

Consultation observation, Cover Sheet

Facility Ownership
Name of Facility   Date
Enumerator
Clinician's Name   Clinician number

Cadre of Clinician MO AMO CO CA OTHER Specify

Years of Experience
Date on which doctor started working at this pos (DD-MM-YY)

Time of first consultation observed First patient seen by clinician?

Time of last consultation observed Last patient seen by clinician?

Total Number of Consultations Observed
Is the following available in this room
At least one table and two chairs?
An examination bed?
A way to wash hands?
A functioning stethoscope?
A functioning thermometer?
A functioning sphygmomanometer
A functioning otoscope?
Some spatula?
A functioning torch?
Gloves?
New patient cards?
Is the room adequately lit?
Note any extra diagnostic tools available to the clinician in the consultation room

Draw a diagram of the layout of the room.

History Taking (continued)

Fever	Check if this is a primary or significant symptom		
3.01	pattern (periodicity) of fever?		
3.02	presence of chills, sweats?		
3.03	presence of cough, sore throat, pain during swallowing		
3.04	presence of diarrhea or vomiting?		
3.05	presence of convulsions	NA	
Cough	Check if this is a primary or significant symptom		
3.06	The duration of cough		
3.07	Sputum production or dry cough	NA	
3.08	Presence of blood in sputum	NA	
3.09	Presence of chest pain	NA	
3.10	Presence of difficulty in breathing		
3.11	If child is under 5, history of vaccinations	NA	
3.12	Presence of fever		
Diarrhea	Check if this is a primary or significant symptom		
3.13	frequency of stools?		
3.14	consistency of stools?		
3.15	presence of blood and/or mucus in stools?		
3.16	presence of vomiting?		
3.17	presence of fever?		
STD symptoms	Check if this is a primary or significant symptom		
3.18	type of discharge, or how ulcer started		
3.19	presence of pain or itching		
3.20	presence of fever		
3.21	pain on urination		
3.22	history of recent sexual contact		
3.23	any previous exposure to STDs		
3.24	any treatment given to sexual partners	NA	
General			
3.25	Take history according to symptoms?		

Note any significant faults in investigation here:

Physical Examination

Does the health worker:

4.01	Perform general physical examination, inspection		
Fever			
4.02	checks temperature with thermometer		
4.03	checks for anemia		
4.04	checks ear/throat		
4.05	palpates for the spleen		
4.06	order a blood slide		
Cough			
4.07	Count respiratory rate		
4.08	Observe breathing for chest indrawing	NA	
4.09	Examine throat		
4.1	Auscultate the chest		
4.11	Take the patient's temperature		
Diarrhea			
4.12	assesses general status (alert or lethargic)		
4.13	examine for sunken front fontanelle\eyes		
4.14	pinches abdominal skin to assess degree of dehydration		
4.15	takes weight (in case of a child below 5 years)		
4.16	takes temperature		
STD symptoms			
4.17	Examines for presence of skin rash		
4.18	Palpates for swollen lymph nodes	NA	
4.19	Examines for lower abdominal tenderness (female)		
4.2	Examine genitalia	NA	
4.21	Takes precautions to minimize exposure to infection		
General			
4.22	Physical Examination is according to the symptoms		

Note any significant faults in examination here:

Laboratory or other investigative tests

If health worker sends patients for lab tests before making diagnosis check here and note time

If patient is returning from lab test, note patient number at bottom of this page cross out page 1 and note time at this new entry here

Diagnosis, Treatment and Explanation

What is the physician's diagnosis? (if known)

Does the health worker:

5.1 Tell the patient his or her diagnosis (any name)
5.2 Explain the diagnosis (in common language)
5.3 Explain the treatment being provided
5.4 Give any health education related to diagnosis?
5.5 Explain whether or not to return for further treatment

Referral

Is the patient referred to another facility/clinician?
(If not skip to last section)

Does the health worker:

6.1 Explain why the patient is being referred
6.2 Explain what the patient must do (get letter, etc.).

Time at end of consultation

7.1 Did the health worker listen to the patient/caregiver?
7.2 Did the health worker allow the patient to talk?
7.3 Ensure patient had understood diagnosis, etc.? NA

If the diagnosis is not according to symptoms presented and this failure could be dangerous to the health of the patient you must ask the patient for his or her "card" and make a mark that identifies you on the card.

Patient number

OPD Technical Quality Evaluation

Consultation observation

Facility   Enumerator   Doctor

Observation

Patient Number

Time at start of consultation

Greeting, Receiving Does the health worker:

1.1 Welcome the patient?
1.2 Greet the patient?
1.3 Look at the patient while he or she is talking?
1.4 Does the patient have a chair to sit on?
Is this consultation a re-attendance?
follow-up   more medication

History Taking **If not go to list of symptoms,**

Does the health worker ask:
2.01 If there is any improvement since the last visit
If there is significant improvement
check this box and end the survey
condition/diagnosis
2.02 If completed the treatment given on the first visit?

Symptoms

Fever
Cough
Diarrhea
genital discharge, ulcers
or sores, scrotal or inguinal swelling,
lower abdominal pain in females.

Patient age:
Under 5
Child
Adult

Skin rash
eye problems
ear problems
abdominal pain
accident/wound/burn
vomiting

headache
backache
other
other

Does the health worker ask:
2.03 Duration of primary symptom?
2.04 Probe regarding symptoms if patient was brief? NA
2.05 If there are other associated symptoms?
2.06 Duration of other symptoms? NA
2.07 If received treatment elsewhere or taken medicines

OPD Technical Quality Evaluation

Nursing evaluation

Facility ____ Date ____ Enumerator ____

Drug Dispensing

Patient number															
Dispense according to prescription															
Correctly label the drug packets															
Explain how to take the drugs															
Discuss side effects															
Explain importance of completing dosage (if app.)															
Make sure the patient has understood															
Show proper politeness towards patient															
Wash hands when changing procedures															

NA Not applicable
S Spoon

OPD Technical Quality Evaluation

Nursing evaluation

Facility ______ Date ______ Enumerator ______

Injections

Patient number															
Load the syringe according to prescription															
Load the syringe correctly															
Give injections correctly															
Use a sterile needle and syringe for each injection															
Disassemble and decontaminate needle and syringe															
Wash hands when changing procedures															

Wound Dressing

Patient number															
Correctly remove and dispose of old dressing															
Use Aseptic technique with new dressing															
Correctly clean the wound															
Correctly dress the wound															

Facility		Date		Enumerator	

Clincian

Is there a waiting room/ veranda?						
Is there a place for patients to sit?						
Is it in good general condition?						
Is it ventilated and well lit?						

put clinicians with shared waiting rooms
next to each other and indicate sharing with a bracket

Is there at least one room for nursing activities?	
Is it in good general condition?	
Is it ventilated and well lit?	
Is there a space or room to get injections in privacy?	
Is there a room for patients to rest?	
Is there at least one latrine?	
Is it in good general condition?	
Is there piped water?	

Are the following available in the health unit?

A functioning scale for weighing?	
A method of determining a patient's height?	
Materials to prepare and administer ORS solution?	
Syringes and needles?	
Sterilizer and a stove?	
Broad spectrum antiseptic?	
Bandages?	
Plaster?	
Scissors?	
Forceps (dressing and dissection)?	
Sutures?	
Needle holder?	
Drug envelopes?	
A working microscope?	

	excellent	acceptable	poor
Is the paint on the building in good condition?			
Is the roof in good condition			
Are the grounds well kept?			

Note here the presence of any extra facilities that would not be characeristic of this level of facility (for example, an ultra sound clinic, or a dental clinic)

OPD Technical Quality Evaluation

Infrastructure Evaluation

Facility ____ Date ____ Enumerator ____

Drugs

Which Malaria Protocol is being followed? New ☐ Old ☐

If new protocol, verify that new protocol literature is present ☐

SP	☐	Chloroquine tablets?	☐
Amodiaquine	☐	Chloroquine syrup?	☐
Quinine Injection	☐	Chloriquine injection?	☐
Quinine tablets	☐	Quinine Injection?	☐
ASA tablets?	☐	Second line anti malarial drug?	☐
Paracetamol?	☐		
ORS sachets?	☐		
Cotrimoxazole Tablets?	☐		
Cotrimoxazole Syrup?	☐		
Penicillin G?	☐		
Penicillin V tablets?	☐		
Ampicillin tablets or capsules?	☐		
Ampicillin syrup?	☐		
Tetracycline?	☐		
Metronidazole tablets?	☐		
Mebendazole tablets?	☐		
Tetracycline eye ointment?	☐		
BBE?	☐		
Multivitamin tablets?	☐		

What was the date of the last delivery of drugs to this facility? ____ (DD-MM-YYYY)

OPD Technical Quality Evaluation — Exit Interview

Facility | Date | Enumerator

Patient Number

Patient
- Age
- Gender

Respondent
- Age
- Gender

Village of residence
Origin when decision to visit this facility was made
Method of Travel
Approximate cost of travel
Fees Paid today (including drugs, etc)
Fees Paid before today for this illness
Did you get a referral **from** this facility
If so, do you know what you are to do?

Have you visited here before today?
If you suffered from this same condition at some future time would you return?
Sababu iliyofanya uchague kutibiwa hapa

- Nimepewa rufaa
- Ni karibu
- Gharama zake nafuu
- Dawa zinapatikana
- Nimezoea kutibiwa hapa
- Watu wengine wamenishauri hivyo
- Namfahamu mtu/watu
- Huduma bora
- Level of facility
- Owner of facility
- Employer arrangement
- (Kama kuna sababu nyingine ziandike)

At this point remind the patient 1) **their opinion is important**, 2) **they should feel free to talk**

Toa maoni yako juu ya yafuatayo kuhusiana na huduma ya leo	vizuri sana	vizuri	vibaya	Vibaya Sana
Daktari alivyokupokea				
Daktari alivyokupima				
Muuguzi alivyokupokea				
Muuguzi alivyokuhudumia				
(Taja aina ya huduma)				

	Kila wakati	Mara nyingi	Mara Chache	Hazipo kabisa	Hajui
Upatikanaji wa dawa					

Are there any other facilities that you frequently visit? List all mentioned and level (disp, HC, hosp)

Are there facilities that are closer to your home that you choose not to visit for ANY condition?

Name	Why not?	When did you last visit?

1) Poor medical quality
2)Wait too long
3) Impolite staff
4) Too expensive
5) Bad personal experience
6) Bad experience of others
7) No drugs available
8)
9)

OPD Technical Quality Evaluation   Exit Inteview

Facility ____ Date ____ Enumerator ____

Patient Number ____

Patient

Age ____

Gender ____

Respondent

Age ____

Gender ____

Village of residence ____

Origin when decision to visit this facility was made ____

Method of Travel ____

Approximate cost ____

Fees Paid today (including drugs, etc) ____

Fees Paid before today for this illness ____

Did you get a referal **from** this facility ____

If so, do you know what you are to do? ____

Have you visited here before today? ____

Would you return for the same condition? ____

Why did you choose to come here

Referred		Quality	
Close		Other	
Inexpensive		Other	
Has drugs		Other	
Experience (personal)		Other	
Experience (other person)		Other	
Know someone here		Other	

Please assess this facility along the following dimensi	Mzuri Sana	Mzuri	Kiasi	Mbaya	Mbaya Sana
Skill of clinicians at diagnosing illness					
Skill of nursing care					
Personal Care (politeness, respect, etc)					
Value of service rendered for money					

	always	most of the time	sometimes	rarely	never
Availability of Medicines					

Are there any other facilties that you frequently visit? (List all mentioned)

____

____

Are there any other facilities that are closer to your home that you choose not to visit?

____

____

History Taking

2.03 **Daktari alikuuliza ni muda gani umekuwa ukiuugu**
2.05 **Daktari alikuuliza kama una tatizo lingine zaidi ya ulilomuelez**
2.06
2.07 **Je daktari alikuuliza kama umetibiwa kwa matatizo ha**
mahala pengine?

Fever Check if this is a primary or significant sympton

3.01 **Alikuuliza unakuwa na joto wakati gani**
3.02 **Alikuuliza kama kuna vipindi unatetemeka au kutoka jash**
3.03 **Alikuuliza kama unakohoa, maumivu ya koo, matatizo ya kume**
3.04 **Alikuuliza kama unaharisha au unatapika**
3.05 *If it is a young child* , **Aliuliza kama mtoto ana degedege** NA

Cough Check if this is a primary or significant sympton

3.06 **Alikuuliza umekohoa kwa muda gani**
3.07 **Alikuuliza kama unatoa makohozi au hapana**
3.08 **Alikuuliza kama makohozi yana damu**
3.09
3.10 **Alikuuliza kama unapata maumivu ya kifua au kifua kinaban**
3.11 *If it is a young child* **Aliuliza hali ya chanjo ya mtoto ikoje** NA
3.12 **Alikuuliza kama una homa** NA

Diarrhea Check if this is a primary or significant sympton

3.13 **Alikuuliza ni mara ngapi unapata choo/ haja kubwa**
3.14 **Alikuuliza choo ikoje?**
3.15 **Alikuuliza kama choo kina damu au kamas**
3.16 **Alikuuliza kama unatapika**
3.17 **Alikuuliza kama una homa** NA

General

3.25 **Je daktari alikuuliza maswali mengi au kidogo kuhusu ugonjwa uliona**
mengi
kidogo

Physical Examination

4.01

Fever

4.02 **Alikuwekea kipimo cha homa**
4.03 **Alikuangalia ulimi, viganja na macho**
4.04 **Je, alikuangalia masikio na koo**
4.05 **Alipapasa tumbo?**
4.06 **Alikutuma kupima damu ya kidole**

Cough

4.07
4.08
4.09 **Aliangalia koo?**
4.1 **Alikupima kifua?**
4.11 **Alikuwekea kipimo cha homa**

Diarrhea

4.12
4.13 *If the child is under two years* , **Alimpapasa utosi?** NA
4.14 **Alivuta ngozi ya tumbo?**
4.15 *If it is a young child* , **Alimpimwa uzito** NA
4.16 **Alikuwekea kipimo cha homa**

General

4.22 **Je, daktari alikupima?**

Ndiyo
Hapana

Health education

5.1 **Alikueleza ugonjwa wako (kwa jina)**
5.2 **Alikueleza ugonjwa kwa lugha inayoeleweka**
5.3 **Alikueleza matibabu utakayopata**
5.4 **Alikuelimisha lolote kuhusiana na ugonjwa wako**
5.5 **Alikueleza urudi au usirudi kwa ajili ya matibabu zaid**

Referral

Je, umepewa rufaa kwenda kituo kingine au kwa daktari mwingin
Ndiyo Hapana if no then follow

6.1 **Alikueleza sababu za rufaa**
6.2 **Alikueleza mambo muhimu ya kufanya**

Tukitaka kuongea na wewe siku nyingine je, inawezakana
Ndiyo Hapana

Jina la Mgonjwa

Jina la Ufuatiliaji

Je, tutakupataje

Mahala unapoishi ni wapi?

Facility ___ Enumerator ___ Patient Number ___

Saa ___

If they do not have a card, **Jina la Daktari/Mganga** ___

Umepita muda gani tangu umetoka kwa daktari

Sasa hivi ___ Muda ___

Una tatizo gani?

Fever ___
Cough ___
Diarrhea ___
genital discharge, ulcers or sores, scrotal or inguinal swelling, lower abdominal pain in females. ___
Skin rash ___
eye problems ___
ear problems ___
abdominal pain ___
accident/wound/burn ___
vomiting ___
headache ___ other ___
backache ___ other ___

Gender M F

Patient age:
< 2 ___
2 to 5 ___
5 to 8 ___
Adult ___

Je ni mara yako ya kwanza kuja hapa kwa tatizo hili au ulishakuja kabla

Mara ya kwanza ___ nilishakuja kabla ___

If they are returning, ask **Umerudi kwa nini?**

Still sick ___	return with results ___	more medicine ___
Fill whole survey	*Fill opinion, mapokezi and from 5.1*	*Fill opinion and mapokezi only*

Toa maoni yako juu ya yafuatayo kuhusiana na huduma ya leo		vizuri sana	vizuri	vibaya	Vibaya Sana
Daktari alivyokupokea					
Daktari alivyokupima					
Muuguzi alivyokupokea	NA				
Muuguzi alivyokuhudumia	NA				
(Taja aina ya huduma)					

Mapokezi

1.1 **Je daktari alikukaribisha?**
1.3 **Ulisikilizwa vizuri shida yako?**
1.4 **Ulipata kiti cha kukalia wakati wa huduma**