

Assessment of STI case management performance and routine data recording in Georgia

Workshop on “Assessment of Clinic Diagnostics, Treatment and Recording performance” 1996.

***Main objective:** to assess the quality of case management and of the medical recording of clinical procedures.*

Workshop on issues and innovations in routine health information, Potomac, MD,
14-16 March 2001

Assessment of STI case management performance and routine data recording in Georgia

	Syphilis	Gonorrhea
1993	653	1562
1994	760	1124
1995	877	1201
1996	868	863
1997	2134	1073
1998	2205	1443

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Specific objectives:

- to improve the quality of care
- to assess current case management performance in selected services as compared to diagnostic and treatment standards;
- to assess the data entered into patient records in terms of its validity, relevance to tasks performed, completeness and usefulness for case management;
- to assess the usefulness and accuracy of summaries in facility reports;
- to identify opportunities to improve the validity and consistency of data, including the use of standard case definitions and nomenclature

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Assessment process:

- initial discussions with national authorities on the desirability and feasibility of undertaking such assessment;
- assessment design workshop;
- data collection field work;
- data processing, analysis and report writing; and,
- presentation of the assessment results

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Problems chosen for assessment:

- *hypertension*
- *STI*
- *Acute respiratory infections in children (ARI)*
- *Diarrhoea diseases in children (DD)*

The following facilities were studied:

- STI** - STI dispensaries, women consultations, maternity houses, blood transfusion stations and medical commissions (special facilities for risk group investigations), total of 31 facilities.
- Hypertension** - country ambulatories, city and country polyclinics, total 9 facilities
- ARI, DD** - children policlinics, total 9 facilities.

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Four study regions:

- Tbilisi – the capital city
- Batumi and Poti – 2 biggest ports
- Zugdidi – centre of refugees
- Kutaisi – second industrial city

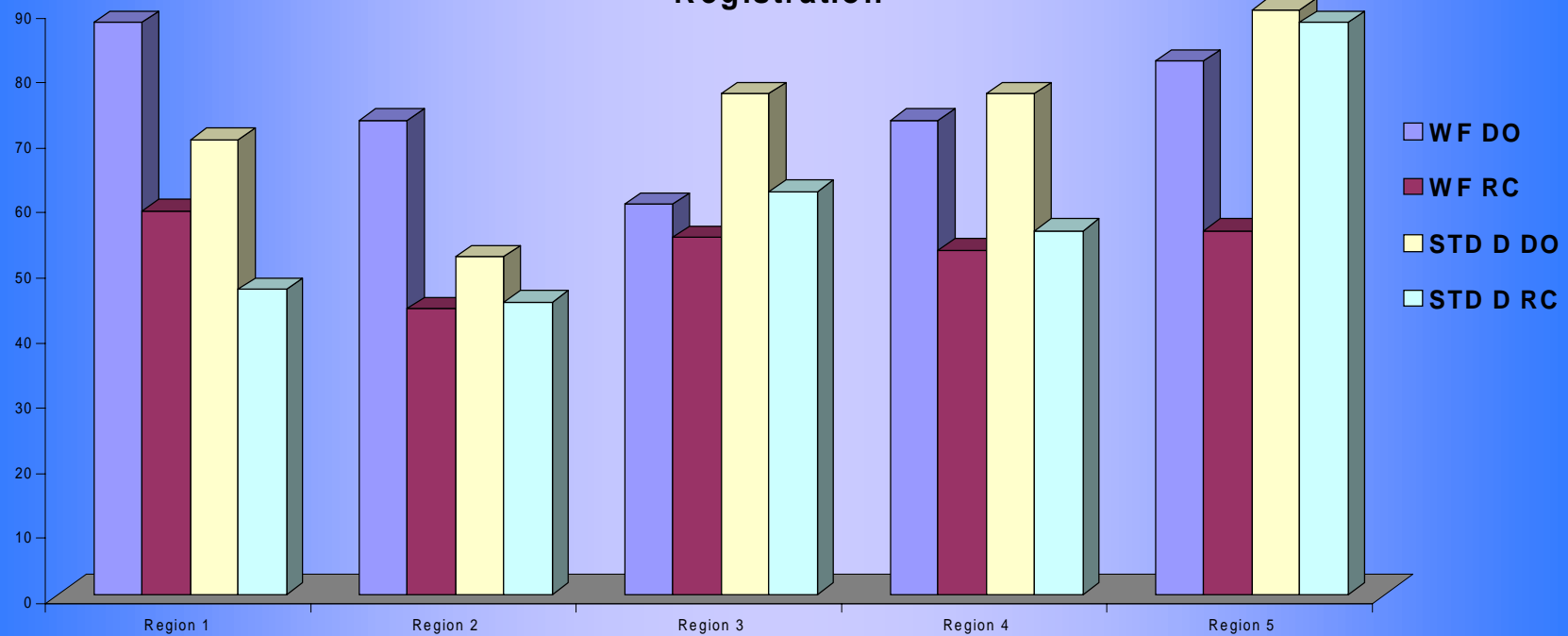
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Units of analysis

- encounter between the health care provider and the patient - for direct observation of performance;
- medical record - for record review;
- health facility - for checking infrastructure, equipment, supplies;
- health staff - for personal characteristics, level of training, experience, status of supervision;
- patient - for inquiring about his/her satisfaction from the encounter with the health worker.

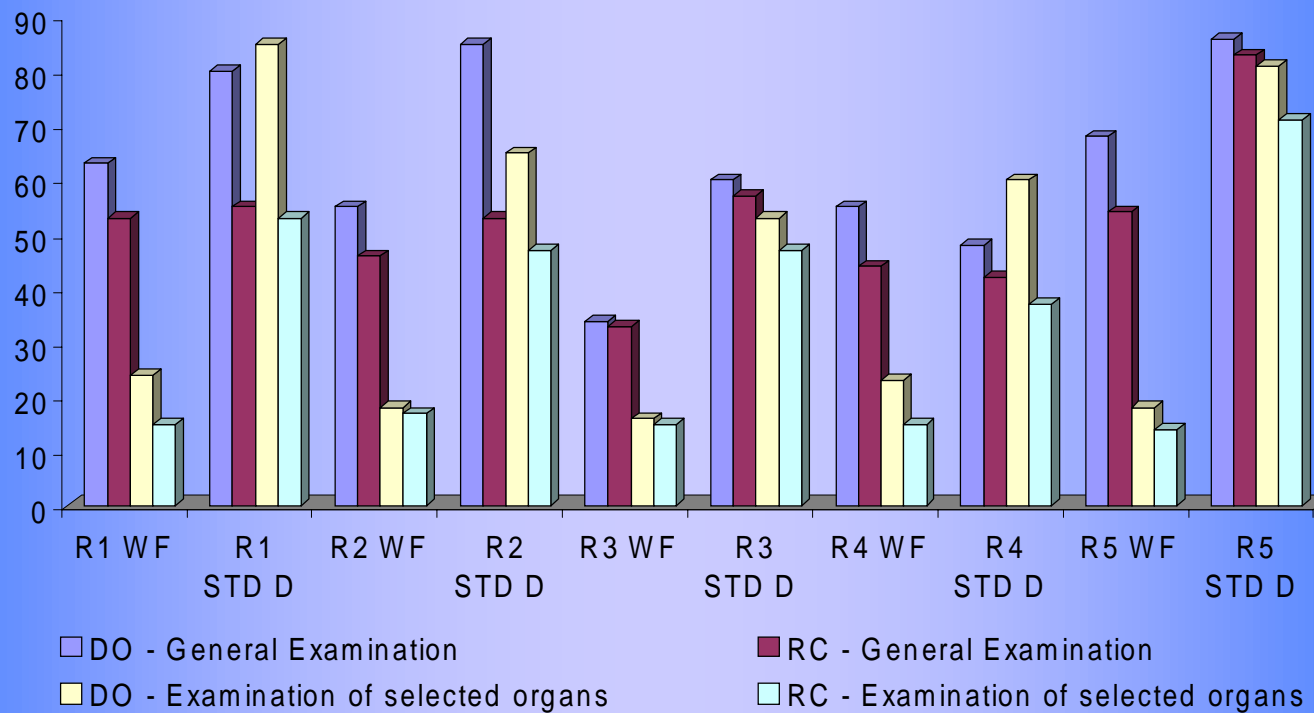
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Fig.1 DO and RC: Comparative Analysis between History Taking and Registration



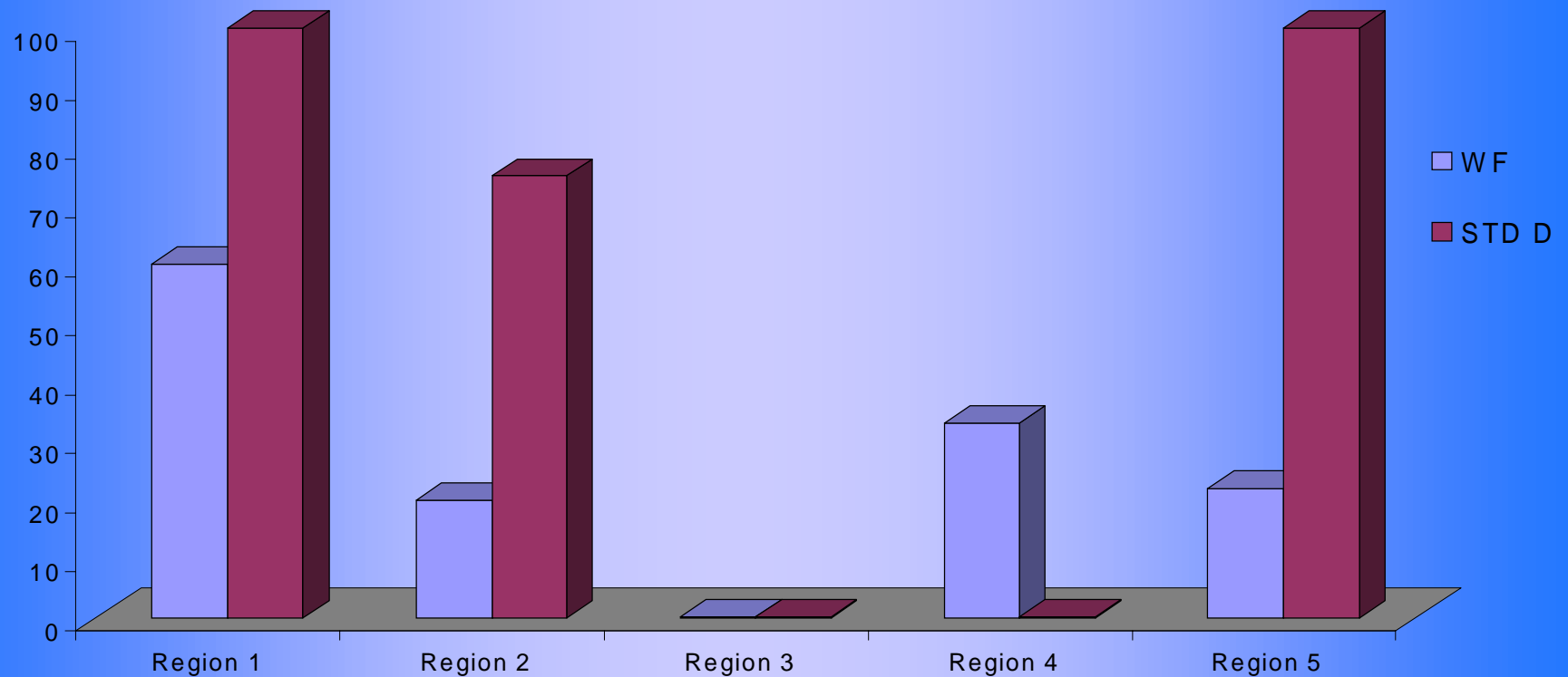
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Fig. 2 DO and RC: Comparative Analysis between General Examination and Examination of Selected Organs



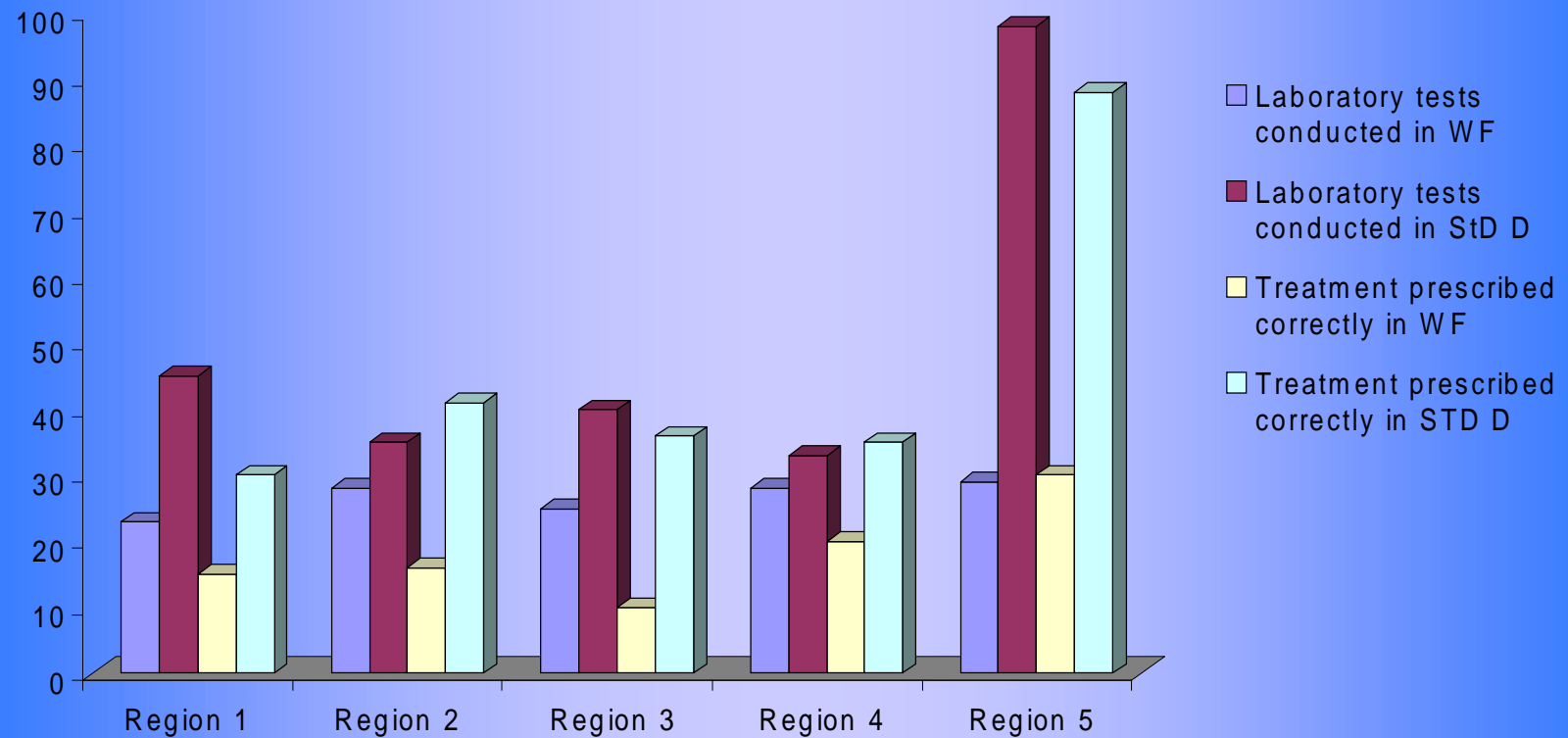
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Fig. 3 Correctness of Smear Taking during Patient Examination



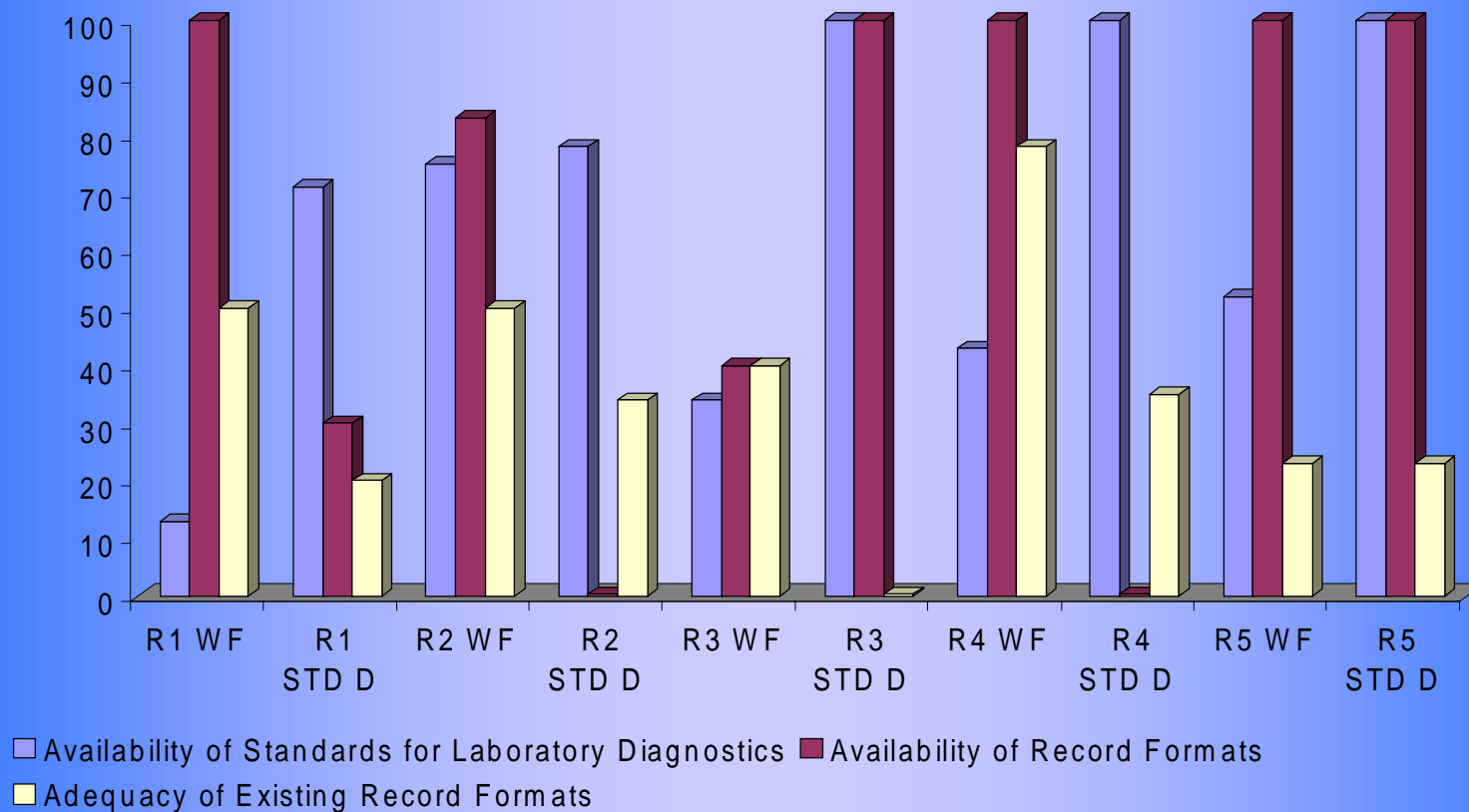
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Fig. 5 Laboratory Investigations and Treatment



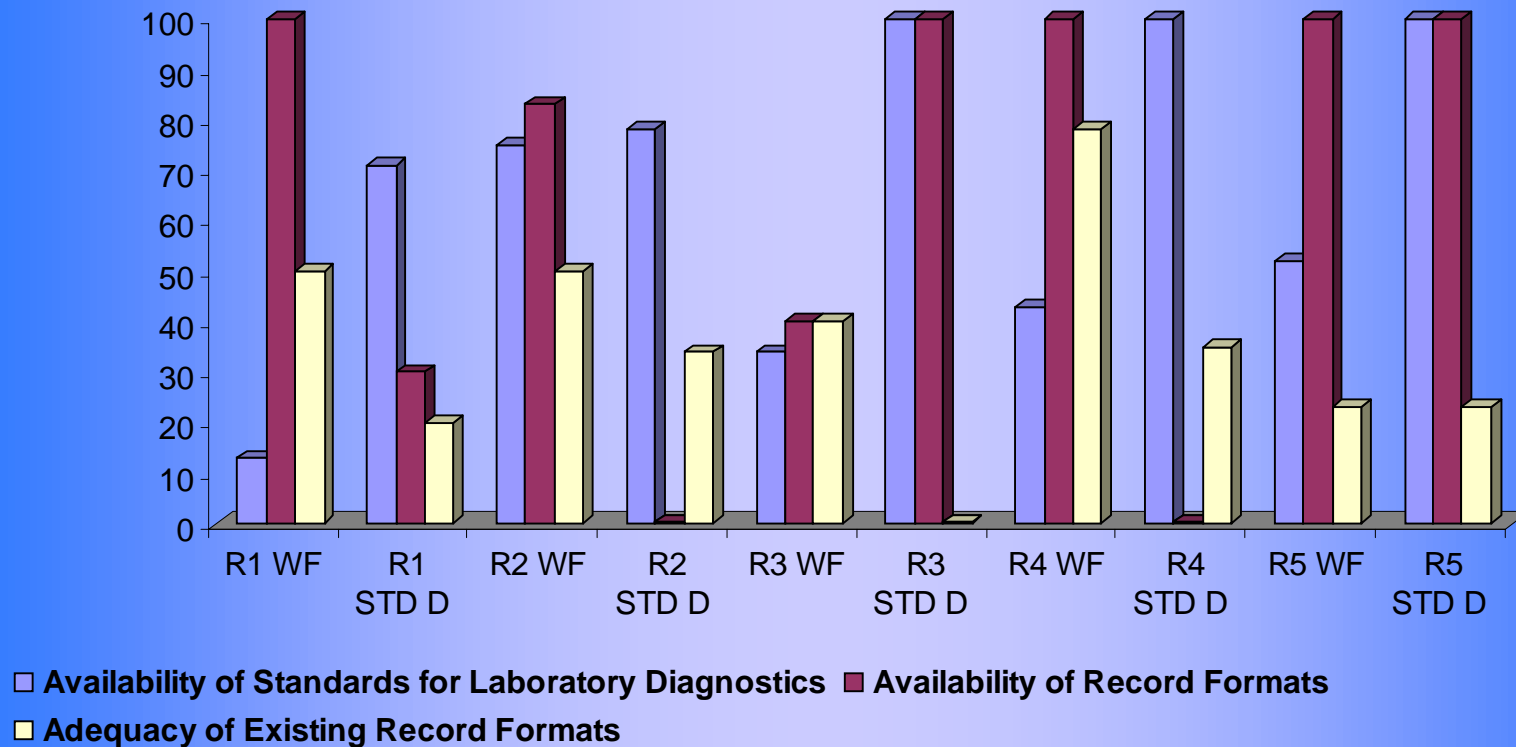
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**Fig. 6 Availability of Standards for Laboratory Diagnostics and Record Formats.
Evaluation of Adequacy of Existing Record Formats**



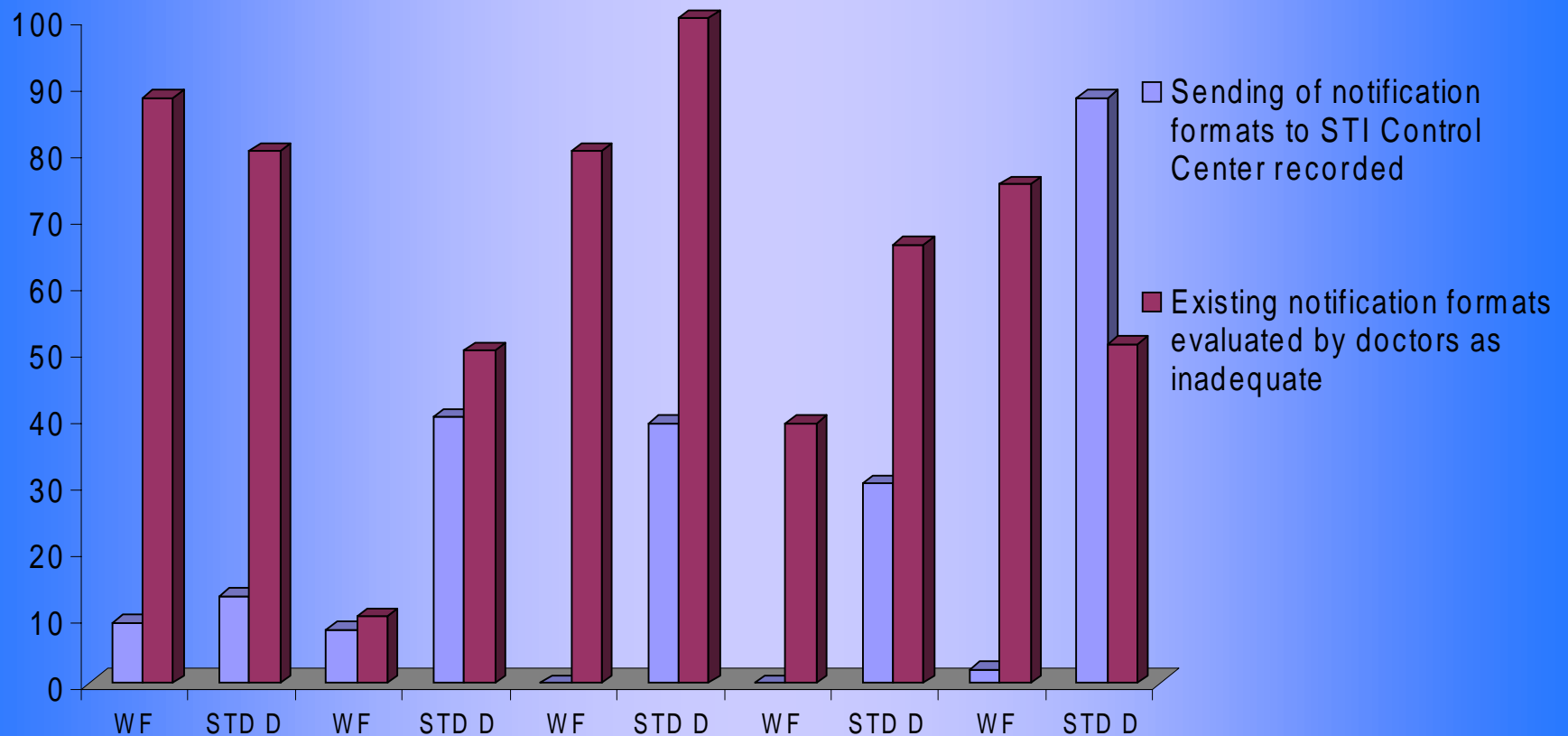
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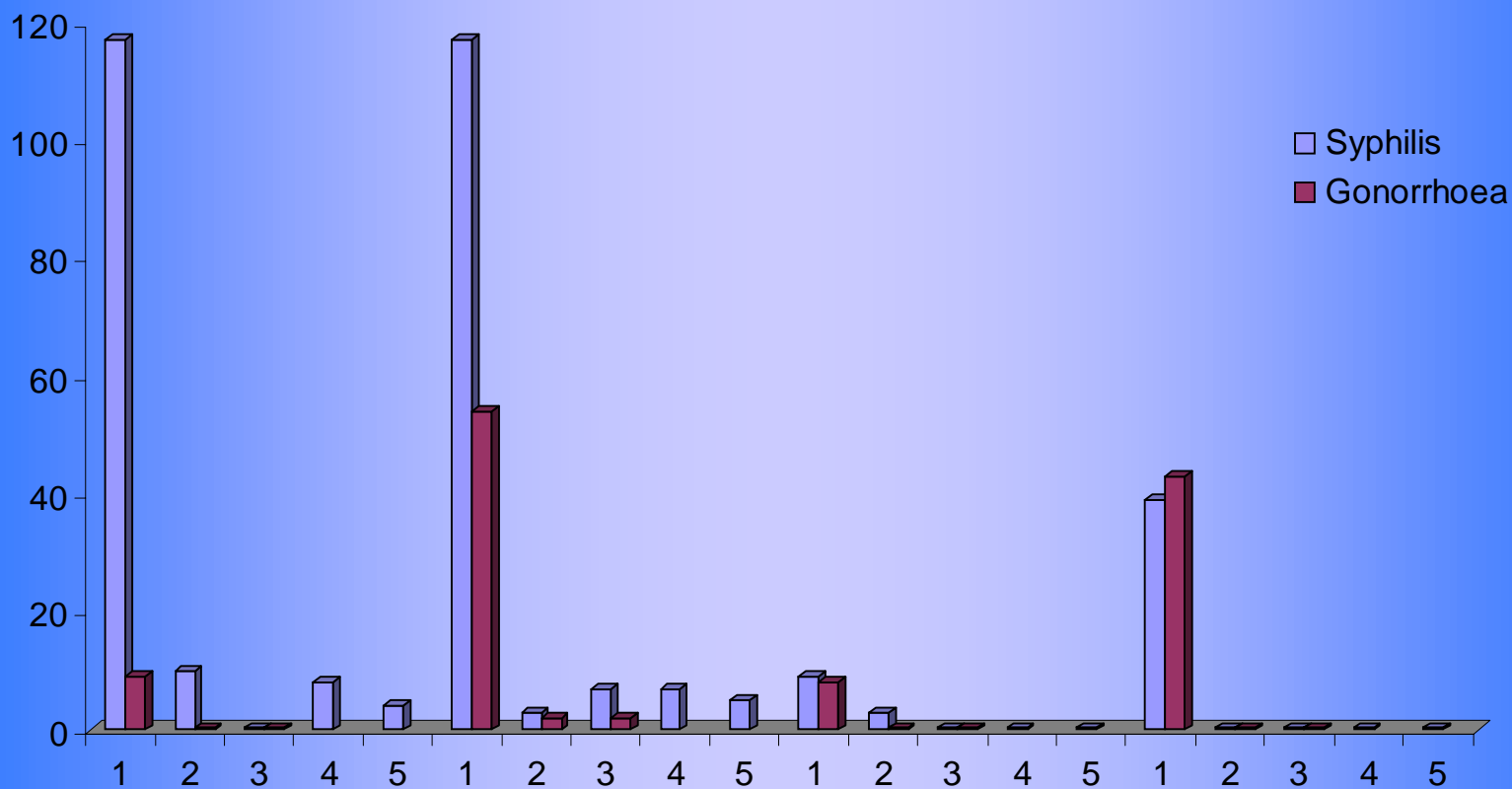
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Fig. 7 Evaluation of Notification



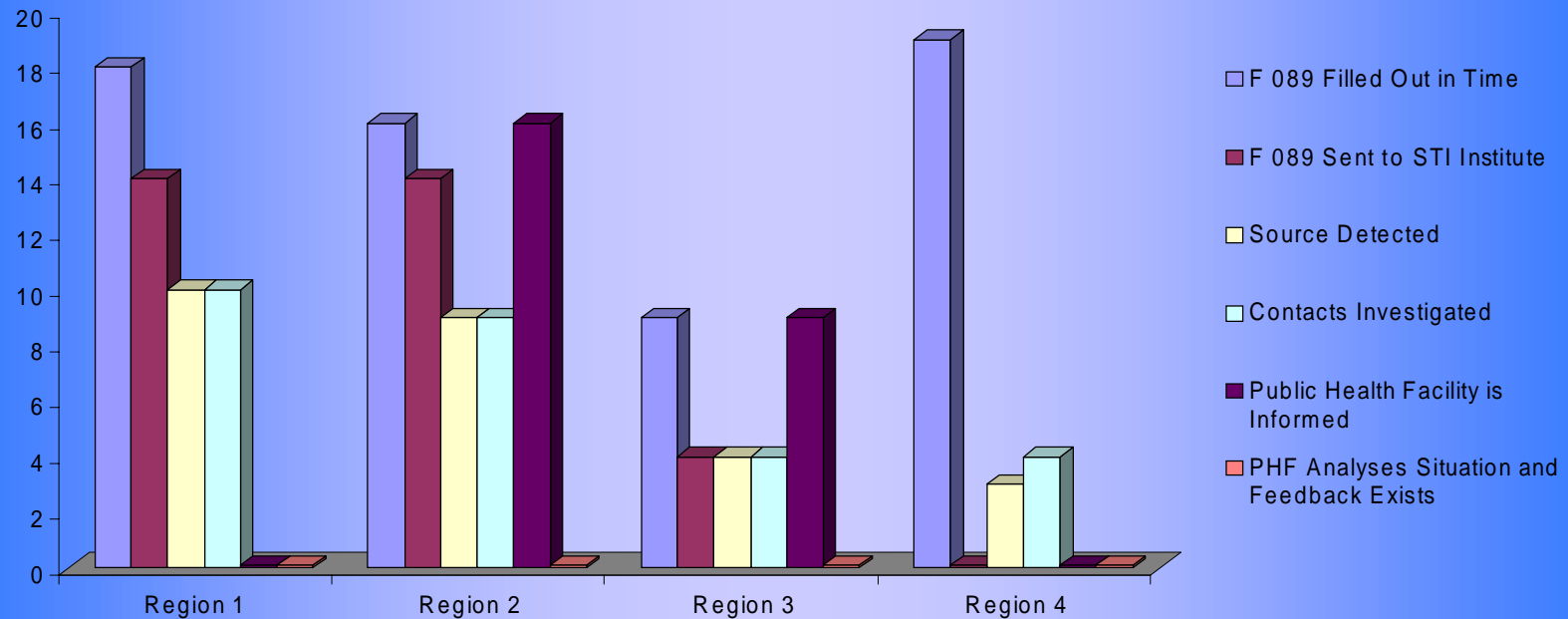
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Fig. 8 Detected Cases of Syphilis and Gonorrhoea (Comparative Analysis between Regions and Institutions)



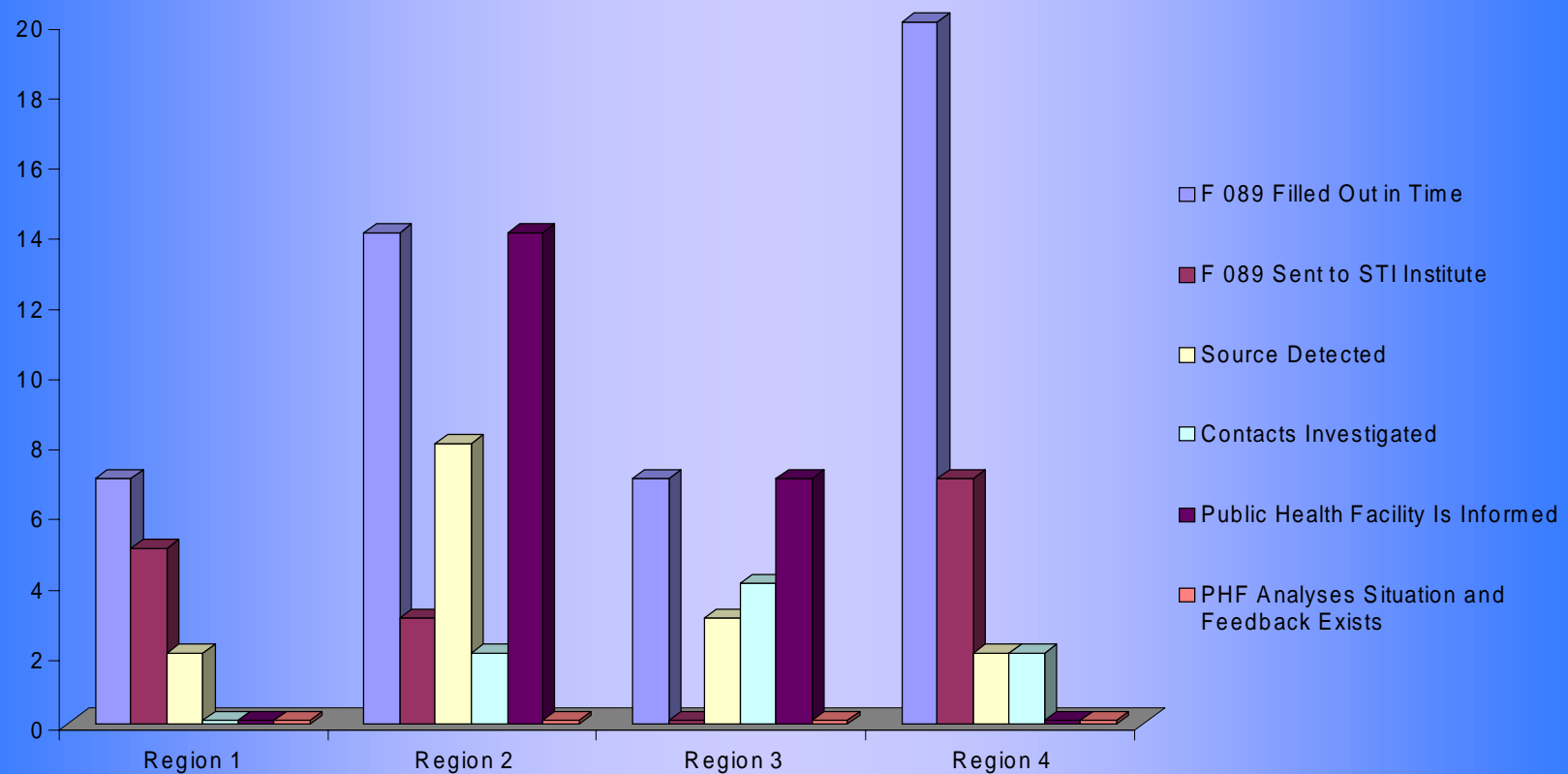
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Fig. 9 Surveillance System for Syphilis in Regions Studied (Comparative Analysis between Regions)



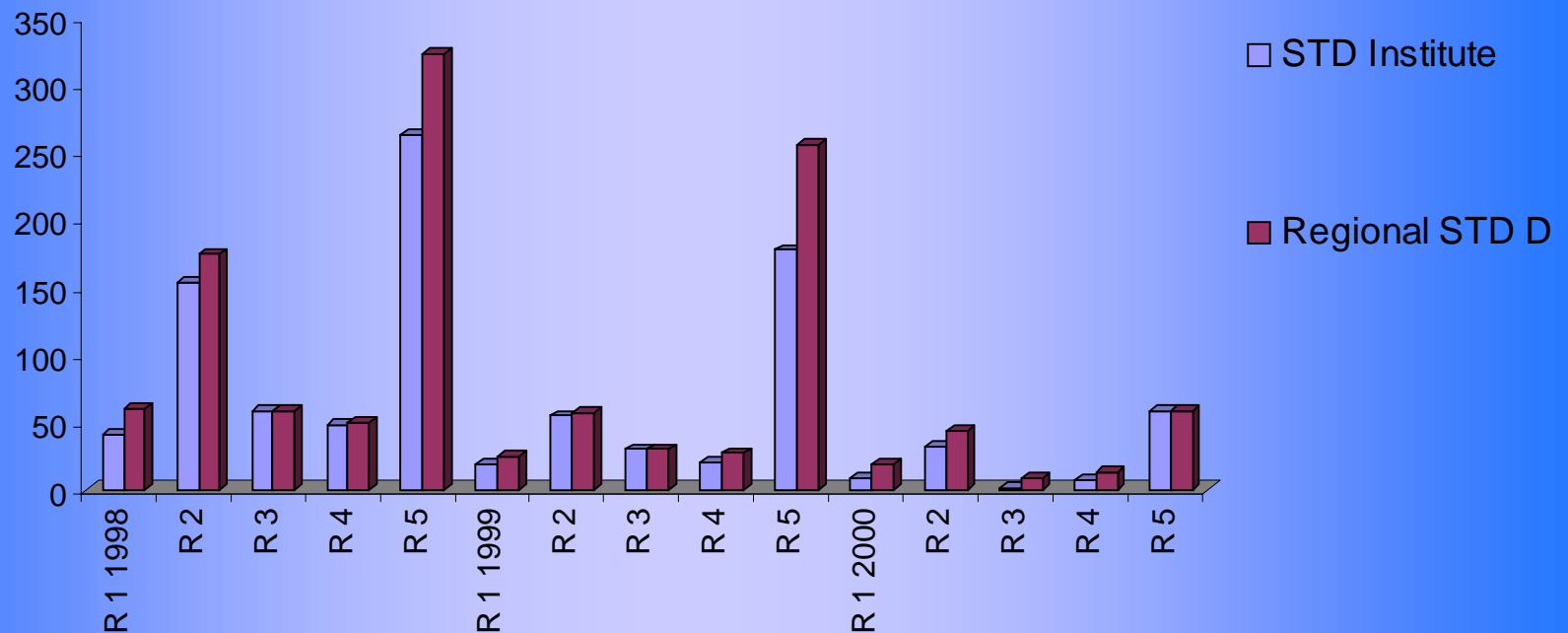
Assessment of STI case management performance and routine data recording in Georgia

Fig. 10 Surveillance System for Gonorrhoea in Regions Studied (Comparative Analysis between Regions)



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Fig. 11 Comparative Analysis between Data of STD Institute and Data of Regional STD Dispanseries (Syphilis)



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	Data from the STD Institute	Data from the CMSI
Syphilis	1176	1253
Gonorrhea	809	834

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Identified Problems:

- Low qualifications, skills and performance of clinical staff
- Inadequate supplies and equipment for essential diagnostics
- Inadequate diagnosis, registration and treatment
- Over-diagnosis and reporting due to payment policies
- Specialized laboratories perform inefficiently
- High risk groups are not detected within general services
- There are different surveillance and notification procedures for the various infectious diseases and there is no surveillance of non-communicable diseases
- Existing disease and service data does not reflect the real situation and is inadequate to serve management needs and service strategy and system revision
- There are various recording and reporting formats in use

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Recommendations:

- Create new registration and report formats
- Carry out regional investigations for strengthening epidemiological surveillance
- Seek funding for supplies and equipment
- Establish diagnostic and treatment standards and prepare guidelines
- Define standard clinic function and prepare guidelines
- Design and conduct innovative, integrated continuing education for health staff;
- Conduct clinical training and then monitor subsequent performance
- Strengthen the health information system
- Integrate and strengthen the public laboratory system
- Strengthen disease surveillance system
- Hold training seminars in epidemiological analysis