

Regional Office of Health and Family Welfare (ROHFW) and RLTRI, RAIPUR (C.G.)

Korea District – RNTCP Report (Checklist) 16th July to 20th July 2012

A. DIAGNOSTIC ASPECTS

Please write "Yes" or "No" in the column "Observations"

(NAp- Not applicable, **- Patient not available during visit)

S.No	Check Points	Manendragarh(DMC)
	Review of Resources	
1	Is at least one trained Medical Officer available in the health facility?	Yes
2	Is a full-time trained Lab Technician (LT) available for sputum microscopy?	Yes
3	Have provisions been made for sputum collection when LT is absent?	Yes
4	Is a functional binocular microscope available?	Yes
5	Is the Binocular microscope stored as per guidelines	No
6	Has the binocular microscope undergone any servicing during last 12 months?	Yes
7	Are all essential lab consumables available adequately?	Yes
8	Is running water available for sputum microscopy?	Yes
9	Is electricity available for the binocular microscope?	yes
10	Have civil works been done in the Lab as per RNTCP guidelines?	No (common LAB)
11	Are printed reference materials on standard operating procedures available?	No
	Review of forms, registers, records and reports	
1	Are the Lab Forms for Sputum Exams filled correctly, completely and legibly?	No
2	Is the Lab Register filled correctly, completely and legibly?	Yes
3	Is it numbered 1 from 1 January?	Yes
4	Are there 2 sputum smears for diagnosis in at least 8/10 patients?	Yes
5	Are there 2 sputum smears for follow-up in at least 8/10 patients?	Yes
6	Are positive results written as scanty, 1+, 2+ or 3+ in red and negative in black/blue?	Yes
7	Are results up-to-date?	Yes
8	Does the Lab register have the summary abstract completed at the end of each month?	No
9	Are copies of supervisory reports of Senior TB Lab Supervisor available with LT?	No
10	Are OSE and RBRC feedbacks available with LT?	No
11	Is there evidence of supervision by STLS on lab register?	Yes
12	Is monthly PHI-level report on sputum microscopy and logistics being submitted?	Yes
13	Is the Lab register consistent with the treatment cards and TB register?	Yes
	Observe the Lab Technician during sputum collection procedure	Manendragarh (DMC)

1	Did the LT check to ensure that the Lab Form was complete and correct?	**
2	Is the sputum container clearly labeled on the side and not on the lid?	
3	Is the Lab Serial Number entered correctly, starting with 1 on 1 January of the year and continuing until 31 December?	
4	Are each set of sputum samples from a single patient given a single Lab Serial Number?	
5	Is the Tuberculosis Number written in the space provided for all patients whose Reason for examination is Follow-up of chemotherapy?	
6	Does the Lab technician demonstrate to patients how to bring up sputum?	
7	Does the Lab technician supervise patients when they provide spot sputum specimens?	
8	Does the Lab technician visually examine the sputum provided to determine if it is sputum or saliva only?	
	Observe the Lab technician preparing smears for examination (No patient, asked question on list)	
1	Does the Lab technician use only new slides?	Yes
2	Does the Lab technician either engrave each slide or label it with a grease marker?	Yes
3	Does the Lab technician use a different broom stick for each sputum smear?	Yes
4	Are the sputum smears made on the slide of the correct size (2 cm X 3 cm) and thickness?	No
5	Does the Lab technician wait for the slide to dry before heating the slide to fix it?	Yes
6	When the Lab technician fixes the slide by heating, does he do it for the proper duration of time?	Yes
7	Is only "freshly prepared" carbol fuchsin being used, instead of ready-made commercially-available solutions?	yes
8	Is the carbol fuchsin free of particles and properly filtered at least every month?	Yes
9	When the Lab technician heats the carbol fuchsin, does s/he do it properly, avoiding boiling and allowing the slides to stand for 5 minutes after heating?	yes
10	Does the Lab technician tilt the slides after rinsing with water to remove excess water?	Yes
11	Is the sulphuric acid allowed to stand on the slide for the appropriate time period (2-4 minutes)?	Yes
12	Is the methylene blue allowed to stand on the slide for the appropriate time period (30 seconds)?	yes

Observe the Lab technician examining slides under the microscope	Manendragarh (DMC)
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1	While placing immersion oil on the slide, does the Lab technician take care to avoid touching the slide with the applicator?	Yes
2	While examining the slide with the x100 lens, does the Lab technician take care to make sure that the lens does not touch the slide?	Yes
3	Does the Lab technician examine negative sputum smear slides for at least 5 minutes?	NAp
4	Does the lab technician have correct knowledge about grading?	Yes
5	Does the lab technician see 100 fields before declaring the smear as negative?	yes
6	Does the Lab technician correctly complete the Lab Form for Sputum Examination and Lab Register?	Yes
7	Does the Lab technician clean the x100 lens with lens paper or fine silk after completing the examination?	yes
8	Are slides correctly cleaned and maintained for review by the supervisor?	Yes
9	Are all smear-positive results recorded in red ink in the Lab Register?	Yes
10	After examining the slides, does the Lab technician put the sputum containers and lids (with lids removed), along with the broom sticks, into a foot-operated bucket containing either 5% phenol?	yes
11	Does the Lab technician dispose previous month slides after the EQA procedure is completed as per bio-waste management guidelines??	No
Internal Quality Control Issues		
1	Is Record of Quality control slides maintained by LT?	No
2	Are QC slides stored in the DMC?	NA
3	Are all reagent labeled with DOE, batch numbers?	No
Interpersonal Communication of service providers with TB suspects/patients		
1	Does the MO/LT advice sputum examination for symptomatic family contacts in smear positive patients	**
2	Does the MO/LT explain sputum negative patients to come back for sputum examination if symptoms persist?	
Exit-interviews of at least 2 patients undergoing sputum microscopy		
1	Do the patients know how to cough out good quality sputum properly?	**
2	Do the patients know when they should return for the next sputum exams?	
3	Do the patients find the timings and location of the Lab convenient?	
4	Do the patients face any difficulties for undergoing sputum microscopy?	

B. TREATMENT ASPECTS

S.No.	Check Points	Manendragarh (DMC)
	Review of TB Register	
1	Is it numbered 1 from 1 January?	Yes
2	Are names and addresses and telephone numbers readable?	No
3	Is the classification and outcome complete, correct and up-to-date?	No
4	Are follow-up and results correct (Lab Number, slash if positive in follow-up) and up-to-date?	Yes
5	Have pulmonary smear-negative patients been examined by sputum microscopy?	Not to all
6	Are all new patients who are smear-positive at the end of 5 months or more categorized as 'Failure' and re-registered in Category II as 'Failure' cases?	No such record in Register
7	Is HIV status record mentioned for all registered patients?	No
8	Are dates mentioned for initiation of CPT and ART in all HIV positive patients?	NA
9	Does the STS complete the summary regularly and timely?	No
	Review of Treatment Cards	Manendragarh (DMC)
	Are the entries correct and legible?	No
	Is the correct treatment regimen prescribed?	Yes
	Is the intensive phase of treatment prolonged for one month for all patients who remain sputum smears positive at the end of the intensive phase?	NAP** Follow up poor
	Are Treatment Cards maintained correctly and up-to-date?	No
	Is DOT administration done correctly?	Yes
	Are details on past history of TB treatment mentioned on the card?	No
	Are follow-up sputum examinations done at the correct time?	No (in few cases)
	Review the treatment of 5 smear-positive patients found to be AFB smear-positive during follow-up examination. Was the treatment correct?	NAP
	Is the TB-HIV block on the treatment card filled for all patients?	No
	Are all under 6 years contacts of sputum positive patients getting chemo prophylaxis?	No

C. Patient Interview of at least 1 patients each among NSP, TB-HIV, and re-treatment /MDR TB case every field-visit day- Patient was not available during time of visit.

D. Interview and observe respective DOT-providers

		Manendragarh (DMC)
1	Is DOT being administered correctly?	***
2	Is retrieval action done within one day during the intensive phase and within one week during the continuation phase?	
3	Are the Tuberculosis Treatment Cards completed at the same time when treatment is given?	
4	Are patient-wise boxes marked for each patient?	
5	Are empty blister packets preserved in the PWB?	
6	Do the amount of drugs in the boxes tally with those mentioned in the Treatment Card?	
7	If community volunteers –did he receive honorarium for all patients treated successfully till date?	

E. Review organization of direct observation of treatment

		Manendragarh
1	Are alternative resources for observation (community volunteers, hospital staff, etc.) being used as necessary?	***
2	Are sufficient stocks of drugs (including CPT) and other consumables available at the Peripheral Health Institution (PHI) level?	

F. Inspect the drug storage area

		Manendragarh (DMC)
1	Is it locked?	No
2	Are the shelves in place?	Yes
3	Is the inventory system in place?	No
4	Are drugs with an early date of expiry placed in the front?*	Yes
5	Are all drugs kept off the floor and away from the wall?	Yes
6	Are there enough drugs and other consumables?	Yes

G. Review ACSM activities

		Manendragarh DMC)
1	Is their visible IEC material in the area/centre?	Yes
2	Is patient information booklet available/used?	No
3	Number of patient provider meetings / community meeting held in the area/centre	NA

GENERAL OBSERVATION

CHC Manendragarh BLOCK:

1. BMO (MOTC) trained in RNTCP and managing RNTCP work.
2. Sputum examination was performed in common laboratory (integrated setup), No separate lab/room for RNTCP.
3. DMC was provided binocular microscope.
4. Microscope was not stored as per guideline in surveyed CHC.
5. X-RAY facility available in CHC.
6. All consumables (Stains/slides/Drugs etc) were available adequately, But as per said by LT: mask, gloves & stationery were not provided by RNTCP.
7. DOTS were administered as per guideline/correctly.
8. Lab register is maintained in CHC but needs regular update.
9. OSE & RBRC feedback not available with LT & copies of supervisory reports of senior TB lab supervisor also not available with LT.
10. Facility of the HIV testing is available at CHC but the coordination is poor in between them. HIV status records were not maintained for all registered patients. TB/HIV block on the treatment card not filled for all patients.
11. Record of Quality control slide was not maintained by LT. The feedback is provided in formally.
12. No patient visited during visit hours day so observation regarding sputum collection was not reviewed by RD team.