

Department	Operations Support
SOP Title	Routine Support and Supervision Visits

Routine Supervision SOP

Purpose

The purpose of this document is to establish a uniform process when a field officer is going for on site supervision visit. A support officer is to carry this form when going to the field and make sure that all fields are completed before leaving the field. The form is to be handed to the Manager for review.

Scope

This standard procedure applies to support activity of all sites. All supervision and support visits will adhere to this procedure from its effective date. To have 98% system uptime it is very critical to define and adhere to a uniform process that are consistent within the department. The standard to achieve uniform process are defined in this standard affected by the SOP may bring forward recommendations for the additions and revision of the SOP.

Roles and Responsibility

- Take a back up before working on the server
- For any unresolved outstanding issues refer to colleague knowledgeable, for assistant
- For any equipment collected from the facility, make sure they are labelled and referred to operations department together with a signed Job card (record in on-line hardware tracking sheet)
- All equipment collected for repair must be returned or replaced within 3 business days.
- All members of the department are responsible for regularly reviewing the SOP

Facility Name:

Baobab Health Trust PO Box 31797, Lilongwe 3, Malawi

Baobab Personnel Name(s):

Date of Visit: _____

Time In: _____

Time Out: _____

Reason for Visit: Supervision Prep ☐ Inventory Check ☐ Issue Resolution ☐

APPLICATION CHECK-LIST

Application	Status	Port Number	Log size (p/d)	Git log	Reports	Number of IDs
	Check if the application is ok in terms of speed, flow	Record the port number of the application	Record size of log and the if its more 1GB delete it	Record the git log of the application	Check all reports	Record number of IDs in DDE
OPD						
ART						
ANC						
HTS						
EBRS						
EVRs						
DDE						

SUMMARY CHECK-LIST

CHECK THE FOLLOWING	CHECKED	COMMENTS
Touchscreen calibration		
Cables and wires are well terminated		
Server/switch is mounted to a wall & working		
Check Server space		
Check data Backup is happening		
Server cabinet condition	dirty <input type="checkbox"/>	
The Case Fan is on		
The Battery Charger / Back-Up System is working		
The Hardware Time & Date / System Time & Date are correct		
Check if all users have login credentials		
Check if all sockets are working (data/ power)		

EQUIPMENT	QUANTITY	DEPARTMENT
Total Workstations		OPD
		ART
		ANC
		EBRS
		HTS
		EVR
Total # of touch screen monitors on-site:		
Number of touch screen monitors not working		
Number of spares on site		
Total # of printers on-site:		
Number of printers not working		
Number of spares on site		
Total # of scanners on-site:		
Number of scanners not working		
Number of spares on site		
CONSUMABLES: If re-ordering, estimate # needed	QUANTITY	RE-ORDER? (Y/N)
Total # of printer label rolls remaining		
Total # of ink cartridges/ ribbons remaining		
Total # of MasterCard remaining		

A) SYSTEM PERFORMANCE

Common system issues that have previously been reported include, system speed, system freezing, unable to pull up application and printing issues. These types of issues should be reported below:

System Name	System Issue	Time Issue Occurred	Issue Description	Action Taken	Any outing issues	System Status (resolved, needs repair, pending)

B) HARDWARE PERFORMANCE

List any hardware (touchscreens, printers, scanners, servers, etc) issues or sub-par equipment conditions

Device (Serial Number)	Description of Issue	Action Taken	Device Status (fixed, broken, taken for repairs)

RECORD TOTAL BATTERY VOLTAGE Here: _____

C) USER FEEDBACK

We need to keep track of user concerns, requests, etc. Record positive or negative comments below.

User Role	Main Duties	Commentary (+/-) (other than those reflected in previous sections)	Justification For Feedback

Use the table below for a new feature request:

User Role	Main Duties	New! Feature Requested / points (description)	Justification for Feature

Use the table below for additional points requested

OPD	ART	Maternity	EVR	EBRS	ANC	HTS

Use the table below to suggest how to improve low morale or maintain user engagement. *(As needed)*

Idea	Description

E) DATA INTEGRITY

You must validate that the records in the system are accurate. All issues below that commonly affect data integrity must be reported. These issues must be resolved/cleaned for cohort reports.

To resolve issues, See *Data Cleaning Tools/Supervision Tools* in the system.

Issue Type	Example	Check Here If Issue Occurred
Duplicate Patients	Patients that have been registered twice. For example, some registration clerks resort to <u>re</u> -registering a patient when they want to correct a spelling mistake for a patients name.	
Incorrect Visit Date	There are some patients that do not have their actual first visit date entered into the system, and as such, have a first visit date that does not match the paper register. During January, with a new year, sometimes the incorrect year is entered. Both cases have the potential of affecting patient totals in cohort reports if that patient's ID number is aligned to the wrong cohort quarter or year.	
Incomplete Patient Record	Some patient records have missing data such as ART visit information, but have vitals information.	
Incorrect Pregnancy Status	Sometimes a woman's pregnancy status is recorded incorrectly at the reception if she does not "appear" pregnant. However, when asked by a healthcare worker later in the work-flow she responds yes.	
Incorrect WHO Stage	Our systems automatically calculates a WHO stage for ART if certain conditions/symptoms are present. However if the person filling out the paper MasterCard does back data entry and is not prudent with aligning symptoms to stages, an incorrect WHO Stage can be assigned and the data will not match the cohort report.	



Baobab Health Trust PO Box 31797, Lilongwe 3, Malawi

BHT Staff Name:_____

Signature:_____

Client/MoH/Partner

Representative:_____

Signature:_____

Date:_____

***Please take this form to your manager for the final review.
Managers, please review each area and address accordingly.***