

Republic of Namibia



Ministry of Health and Social Services

Directorate of Tertiary Health Care & Clinical and Support Services
Division: Pharmaceutical Services
Sub division: National Medicines Policy Coordination

ELECTRONIC DISPENSING TOOL (EDT)

Quick Reference Processes Document

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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Guidelines for getting the best out of the EDT

☐ **Do's**

- ✓ Ensure that the unique number is entered on the EDT when starting or managing patients
- ✓ Before you dispense always make sure the **date of visit** is accurate
- ✓ Reverse the full dispensing done rather than dispensing the difference

☐ **Don'ts**

- x Do not change the EDT computer's **system** time. This will affect the reliability and quality of your facility's data and may corrupt your database.
- x DO NOT enter in-transit patients as NEW patients on your EDT system.

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01 Getting Started

User Manual Chapter 1

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Getting Started, Objectives

By the end of this session you should be able to

- ☐ Understand the processes that take place when the EDT is started
- ☐ Have an overall understanding of the EDT system
- ☐ List the major functions available on the EDT

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Getting Started, cont

Processes that happen at EDT start-up

- ☐ Stock take reminder
- ☐ Automatic status updates:
 - o Active to Lost – 30 days
 - o Transferred-IN to Active – 30 days
 - o Re-start to Active – 30 days
 - o Lost to LTFU – 90 days
- ☐ NOTE: it is important to regularly startup the EDT system as this will ensure that the status changes take place on time. This has an impact on the reliability of your data.

Familiarisation with the EDT menus and functions

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02 Entering Patients in the System

User Manual Chapter 2A

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New on ART

Required

- ☐ Patient's Care Booklet (*Use of the patient's health passport is not recommended as, in many cases, the information on the health passport is not sufficient to fill out all the required fields on the EDT*)

When is this applicable?

- ☐ When dealing with a patient who is being initiated on ART for the first time

Implementation

- ☐ Select "Patient Add" on EDT and fill out all the required details; enter the unique number and CDC number too
- ☐ Save the record

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New on ART (cont.)

Implementation (cont.)

- ☐ When prompted to print label, accept and attach the label on, or in, the patient's passport

Implications

- ☐ Use of patient's care booklet ensures conformity with the ePMS data and enables more complete capturing of information
- ☐ Entering patient's information based on the patient's verbal info is not recommended as some information may be missed out or incorrect information provided inadvertently
- ☐ Capturing the Unique Number from the patient's care booklet facilitates future data quality assessments against the ePMS as well as research studies

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New on ART (PMTCT)

When is this applicable?

- ☐ PMTCT Option B+ to be implemented by MoHSS probably starting in 2013;
- ☐ There will be need to provide some data for program monitoring through the EDT

Implementation

- ☐ Process of adding patients is similar to that for other new patients except for the following:
 - o Select PMTCT B+ as initial status
 - o On selecting this option the patient is marked as pregnant and a pop up asking for the Estimated Delivery Date (EDD) appears; this is a compulsory field

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New on ART (PMTCT)- cont.

Implementation (cont.)

- o Proceed with the other steps as for other new patients
- ☐ The month after the EDD the patient's status will change from PMTCT B+ to Active

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Continuing Patients (Transfer In)

Required

- ☐ Patient's Care Booklet at current facility; OR
- ☐ Patient's Transfer Letter from previous ART site

When is this applicable?

- ☐ When a patient who has been on ART at another facility is formally transferred in to your facility

Implementation

- ☐ Use the patient's existing ART Number- avoid generating a new number. This enables tracking of patients on the NDB e.g. those who transferred out without informing facility staff.

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Continuing Patients (Transfer In)- cont.

Implementation (cont.)

- ☐ If a patient is from another public health facility and does not have their existing ART Number: the naming conversion should be:

PUB.<former_facility_code>.<current_facility_code>.<next_sequence_number>

- o Where **PUB** stands for public patient,
- o For facility codes go to "Admin\Maintenance\Add/Edit Facility").
- o **<next_sequence_number>**; is a 4-digit sequential number from the last given starting with 0001.

E.g.: for the 1st public patient without ART ID transferring from Nyangana DH to KIH, enter: **PUB.112.115.0001**

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Continuing Patients (Transfer In)- cont.

Implementation (cont.)

- ☐ If a patient is from a private health facility and therefore does not have an existing ART Number the naming conversion should be:

PRV.<current_facility_code>.<next_sequence_number>

- o Where **PRV** stands for private patient,
- o **<next_sequence_number>** - is a 4-digit sequential number from the last given starting with 0001.
- o Example: for the first private patient who transferred in to KIH, enter: **PRV.115.0001**

- ☐ In order to track the sequence numbers, the facility should have a note book for recording patients transferred in or in-transit who did not have their ART numbers

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Continuing Patients (Transfer In)- cont.

Implementation (cont.)

- ☐ If a patient had been transferred out from your facility to another facility and has now come back to your facility after several months to resume ART there then that patient's status should be changed from **Transfer Out → Transfer In**
- ☐ If a patient was LTFU on your EDT and then resurfaces at your facility to resume ART, and the patient had not been formally transferred out* from your facility, that patient's status should be changed from **LTFU → Active**; regardless of whether the patient claims to have been taking ARVs at another facility
- ☐ **For therapy start date:** Please enter the date that the patient initiated ART at his/ her original site (this can be obtained from the patient care booklet or the transfer letter). DO NOT enter "today's" date!

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Continuing Patients (In Transit)

Required

- ☐ Patient's previous prescription on health passport

When is this applicable?

- ☐ Dispensing to patients who are registered at other health facilities and want ARV supplies for a brief period of time

Implementation

- ☐ Use the patient's existing ART Number- avoid generating a new number. This enables tracking of patients on the NDB e.g. those who transferred out without informing facility staff

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Continuing Patients (In Transit)- cont.

Implementation (cont.)

- ☐ If a patient does not have their existing ART Number: the naming conversion should be:
PUB.<former_facility_code>.<current_facility_code>.<next_sequence_number>
 - o Where **PUB** stands for public patient,
 - o For facility codes go to "Admin\Maintenance\Add/Edit Facility").
 - o **<next_sequence_number>**; is a 4-digit sequential number from the last given starting with 0001.**E.g.:** for the first public patient without an ART ID who transferred from Nyangana DH to KIH, enter: **PUB.112.115.0001**

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Continuing Patients (In Transit)- cont.

Implementation (cont.)

- ☐ The sequential codes for in-transit and transfer in patients- both from public and private facilities- should be continuous
- ☐ e.g. if the first patient is transferred in- the next_sequence_number is **0001** and if the next patient is in-transit the next_sequence_number is **0002**. If the 3rd patient is transferred in from a private facility the next_sequence_number is **0003**

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Entering Patients on the EDT: Examples

1. A patient- John Musoto- presents at your clinic with a prescription for AZT/3TC/NVP 300/150/200mg FDC. He explains that he started ART at your facility 3 years ago then officially transferred out to a facility at the coast. He is now visiting a relative in your town and he needs ARVs for one month. Describe how you will handle this patient on the EDT.

- ☐ Search for the patient using the “Find” function on the EDT
- ☐ Change the status of the patient from “Transferred Out” to “In-Transit”
- ☐ Dispense to the patient

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Entering Patients on the EDT: Examples

2. Another patient- Jane Katoto- presents at the pharmacy with a prescription for D4T/3TC/NVP 30/150/200mg with NVP dosage of 200mg OD for 15 days. She explains that she started ART at your facility 2 years ago then stopped taking ARVs after visiting a traditional healer. It is now 4 months since her last missed appointment. After her health deteriorated she decided to come back to the clinic where she has undergone adherence counselling and gotten the above prescription. Describe how you will handle this patient on the EDT.

- ☐ Search for the patient using the “Find” function on the EDT
- ☐ Change the status of the patient from “LTFU” to “Re-started”
- ☐ Dispense to the patient

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Entering Patients on the EDT: Examples

3. A third patient- Moses Meno- presents at your clinic with a prescription for TDF/3TC/NVP 300/150/200mg. He tells you that he started ART at your facility 2 years ago then got a job in Windhoek; he started taking her ARVs in Windhoek 1 year ago but he did not inform anyone at your facility. His contract is now over and he has returned to your facility. Describe how you will handle this patient on the EDT.

- ☐ Verify on the patient's passport that he has been on ART during the last 1 year
- ☐ Search for the patient using the "Find" function on the EDT
- ☐ Change the status of the patient from "LTFU" to "Active"
- ☐ Dispense to the patient and caution him that he must formally transfer out of your facility and transfer in at the other facility if the same scenario repeats in future

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**03 Stopping patient management
on the EDT**

User Manual 2B

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Deceased Patients

Required

- ☐ Patient details: ART Number, Name, Unique Number etc.
- ☐ Reliable information from other health workers or relatives on the passing away of a patient OR filled out Facility Routine Data Quality Assessment (FRDQA) form-2 from the data clerk

When is this applicable?

- ☐ When a patient who was collecting ARVs at your facility is reported to have passed away

Implementation

- ☐ If a patient is reported to have died a few months previously, DO NOT back-date the EDT PC date to that month in order to make the status change!

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Deceased Patients- cont.

Implementation (cont.)

- ☐ The EDT will report the deceased patient on the month when the status is changed on the system. Backdating the PC means that:
 - this patient will not be captured as deceased in the month under review
 - if the patient status had already changed to Lost or LTFU on the system after the patient's date of death, the final status of the patient will be Lost or LTFU on the system.

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Patients Whose ART is Stopped

Required

- ☐ Patient details: ART Number, Name, Unique Number etc.
- ☐ Written instructions from physician to stop treatment OR filled out Facility Routine Data Quality Assessment (FRDQA) form-2 from the data clerk

When is this applicable?

- ☐ When a patient who was collecting ARVs at your facility has their ART stopped due to ADRs or other reasons

Implementation

- ☐ If a patient is reported to have been stopped by physician a few months previously, DO NOT back-date the EDT PC date to that month in order to make the status change!

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Patients Whose ART is Stopped (cont.)

Implementation (cont.)

- ☐ The EDT will report the patient's status change on the month when the status is changed on the system. Back-dating the PC means that:
 - this patient will not be captured as stopped by physician in the month under review
 - if the patient status had already changed to Lost or LTFU on the system after the patient's date of therapy stop, the final status of the patient will be Lost or LTFU on the system

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Transferred Out Patients

Required

- ☐ Patient details: ART Number, Name, Unique Number etc.
- ☐ Transfer Out Letter from the data clerk OR filled out Facility Routine Data Quality Assessment (FRDQA) form-2 from the data clerk

When is this applicable?

- ☐ When a patient who was collecting ARVs at your facility is transferred out to another facility

Implementation

- ☐ Ideally, if the ART clinic is using the facility routine data quality assessment form-2 (FRDQA-2), the pharmacy should find out about all transferred out patients within a week or two of their transfer and therefore update the EDT promptly

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Transferred Out Patients (cont.)

Implementation (cont.)

- ☐ In cases where a patient is reported to have been transferred out a few months previously, DO NOT back-date the EDT PC date to that month in order to make the status change!
- ☐ The appropriate intervention will be to ensure continuous use of the FRDQA forms in order to avoid a repeat of this scenario.
- ☐ The EDT will report the transferred out patient on the month when the status is changed on the system. Back-dating the PC means that:
 - o this patient will not be captured as transferred out in the month under review
 - o if the patient status had already changed to Lost or LTFU on the system after the patient's date of transfer out, the final status of the patient will be Lost or LTFU on the system

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Re-starting Patients on the EDT

Required

- ☐ Patient's Prescription from Doctor

When is this applicable?

- ☐ The status RE-START applies only to patients whose therapy had been stopped by the doctor and those who were genuinely LTFU and had stopped taking their ARVs and are now re-started by the doctor.
- ☐ Patients who had transferred out without informing the ART clinic and are verified to have been taking ARVs at another health facility should be changed from LTFU → Active on the system.
- ☐ To avoid cases of patient's ART being stopped by the doctor but the pharmacy staff are not informed (leading to the patient becoming LOST or LTFU on the EDT), regular data verification (using the FRDQA forms) with the data clerk must be done

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04 Patient Management on the EDT

User Manual Chapter 2B

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Patient Management, Objectives

By the end of this session you should be able to

- ☐ Efficiently reflect regimen changes into the EDT based on the patient's prescription from doctor
- ☐ Easily update the EDT after a data quality assessment (DQA) exercise between the EDT and the ePMS
- ☐ Transfer patients from main site to outreach/IMAI site on the EDT
- ☐ List the functions on the EDT that help to manage patient details

Required: Patient's Prescription from Doctor, EDT, FRDQA forms

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Updating the patient's regimen

When is this applicable?

- ☐ The patient's prescription shows a regimen change
- ☐ The prescribed medicines are different from the last medicines dispensed.

Implementation

- ☐ Query the patient's details and click on the Change menu in the Dispensing or Patient View form
- ☐ Indicate reason for change, or Other for reasons including corrections.
- ☐ Specify type of change as Switch or Substitute, and save.

Implications

- ☐ Updating the patient's regimen in a timely manner improves data quality and guides the introduction of evidence based interventions

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Updating other details of the patient

When is this applicable

- ☐ Accurate information about the patient is now available:
 - ☐ patient's status, DOB, or names. e.g. after a DQA exercise
- ☐ Previously missing data is now available:
 - ☐ CDC number, unique number, mobile phone number, etc.

Implementation

- ☐ Using the Patient View form, query patient's details and change into edit mode
- ☐ Update the corresponding field(s) and save your changes

Implications

- ☐ Expected improvement in the quality of data from the EDT

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Transferring patients to an outreach/IMAI site

When is this applicable?

- ☐ Before dispensing, you realise that the patient
 - ☐ is currently attached to the main site on the EDT and
 - ☐ will be / has been seen at an outreach/IMAI site
 - ☐ Vice-versa

Implementation

- ☐ On the EDT, change the Patient View form to edit mode
- ☐ Update the Outreach field and save your changes

Implications

- ☐ Affects the use of the appointment list for outreach services
- ☐ Population distribution on the EDT will become more accurate

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Patient Management, Summary

This session introduced the following EDT processes:

- ☐ How to update patient's regimen using the EDT's Dispense or Patient View form
- ☐ How to update patient details such as patient's status, unique number, mobile number, etc.
- ☐ How to transfer patients from main site to outreach/IMAI site

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Patient Management, Examples

Examples:

- ☐ The patient's prescription shows a regimen change
 - ☐ from AZT/3TC/NVP to AZT/3TC/EFV
 - ☐ from AZT/3TC/NVP to TDF/3TC/LPV/R
- ☐ After a DQA exercise you realise that the patient's
 - ☐ Status is Deceased
 - ☐ Unique number is XXX
- ☐ An adherence intervention using SMS reminders has been introduced and you are required to enter a patient's mobile number on the EDT.
- ☐ A patient has been seen at an outreach site and is currently assigned to the main site. To reflect the change assign the patient to the relevant site using the EDT.

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05 Dispensing on the EDT

User Manual Chapter 2C

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EDT Dispensing, Objectives

By the end of this session you should be able to

- ☐ Differentiate the processes for dispensing to patients in different statuses
- ☐ Know how to dispensing to patients in-transit or restarted
- ☐ Understand the importance of dispensing to patients in-transit using the EDT
- ☐ Understand when to and why it is necessary to cancel dispensing transactions
- ☐ Demonstrate how adherence is calculated using the EDT

Required: Patient's Prescription from Doctor, EDT

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Dispensing to patients other than those in-transit

When is this applicable?

- ☐ New, existing(active, lost, LTFU), restarted, and transferred-in patients

Implementation

- ☐ First verify if the patient's regimen needs to be changed. Refer to the process for updating the patient's regimen, under Patient Management
- ☐ For re-starters:
 - ☐ first update their status using the Patient View form
 - ☐ If the patient isn't on your system, follow the process for adding continuing patients and enter the patient as a transfer-in provided the patient meets the criteria for transferring in
- ☐ Use the dispensing form to enter prescriptions dispensed

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Dispensing to patients other than those in-transit (cont.)

Implementation (cont.)

- o The Date of Visit field must be updated accordingly for dispensing done manually in the past, e.g. at an outreach site, EDT was offline, etc.
- o There is a 3 months limit to how far you can dispense in the past.
- o Future dated dispensing is not allowed on the EDT
- o For patients that are lost or LTFU and the last ARV pick up date is indicated in patient's health passport ensure that this date is entered on the EDT before dispensing.
- o If you dispense a prescription erroneously, the full transaction needs to be cancelled. Refer to section on reversing a dispensing transaction.

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Dispensing to patients other than those in-transit, (cont.)

Implementation (cont.)

- ☐ If a patient comes for additional ARVs within a few days after you dispensed to them, cancel the previous transaction before dispensing afresh. The date of visit however, will be as at the previous transaction.

Implications

- ☐ Good dispensing practices ensure that information derived from the system is reliable and can be used to inform decision making.
- ☐ Ensuring accurate entry of dispensing records affects the quality of reports on: Adherence monitoring; On-time pickup; Stock consumption; Status changes; Regimens dispensed

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Dispensing to In-transit Patients

When is this applicable?

- ☐ Patients from other facilities, who need to refill at your facility

Implementation

- ☐ Before dispensing, verify if the patient is visiting your site for the first time by searching using the Patient View form.
- ☐ If this is their first visit, follow the process for entering continuing patients.
- ☐ It is important that all in-transit patients are dispensed to using the EDT
- ☐ Ensure that the next appointment date and quantity dispensed are recorded in the health passport either with the tracer labels or manually.

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Dispensing to In-transit Patients, cont.

Implications

- ☐ Entering in-transit patients as new affects the quality of the reports produced from the system
- ☐ Entering all records on the EDT, ensures that patients statuses can be reconciled from the national database, and shared to minimise discrepancies.

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Reversing a dispensing transaction (correcting a script)

A dispensing transaction may need to be cancelled or reversed due to any of the following reasons:

- ☐ A patient to whom you dispensed medicines a few days ago, comes back for more medicines due to certain valid reasons, e.g. patient will be away for two months
- ☐ Immediately after dispensing you realise that
 - o you missed one or more medicines
 - o the quantity dispensed is incorrect
 - o the medicine dispensed on the system is different from the one given to the patient.

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Reversing a dispensing transaction, cont.

Implementation

- ☐ Verify that the patient was dispensed to a few days ago, use the view dispensing history function
- ☐ On the Dispensing window, select transaction type Receiving and the last transaction dispensed will automatically be displayed
- ☐ Confirm the reversal by clicking on the Receive button
- ☐ Proceed to dispense afresh to the patient, e.g. for a patient who received 60 pills and requires 120 more pills; enter 180 under quantity dispensed on the EDT, and give the patient the additional 120 pills.

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Reversing a dispensing transaction, cont(2).

Implications

- ☐ Days since last visit is reset to previous visit before the reversed transaction
- ☐ Medicine quantities will be adjusted appropriately
- ☐ Adherence Score will be based on the previous visit before the reversed transaction
- ☐ Date of visit will be the same date as for the cancelled transaction – to avoid flagging patients as late
- ☐ This will ensure that regimens are formulated correctly through the reporting module

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Determining patient adherence

When is this applicable?

- ☐ Adherence is calculated for active patients only and only for medicines for which pill count is done.
- ☐ Pill count is automatically disabled and adherence not calculated for the following:
 - ☐ Patients initiating ART (starters)
 - ☐ Patients transferred-in
 - ☐ Patients in-transit
 - ☐ Patients restarted
- ☐ For patients transferred-in with a few remaining pills (<10), it is recommended to discard the pills, so that the adherence score calculated on the second visit is accurate.

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Determining patient adherence, cont.

Implementation

- ☐ For each ARV medicine (TABS/CAPS) dispensed, the system will require you to indicate whether pill count was done or not.

Implications

- ☐ Patients whose status has changed from LOST or LTFU to Active will exhibit low adherence rates, since the days since previous visit will be high.

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EDT Dispensing, Summary

This session introduced the following EDT processes:

- ☐ Dispensing to patients using the EDT
- ☐ Reversing dispensing done erroneously
- ☐ Determining patient adherence for patients on solid formulations

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EDT Dispensing, Examples

Examples:

- ☐ For the examples below note how the EDT determines adherence
- ☐ You are about to dispense to a patient who is visiting your site for the first time. Follow the process for dispensing to in-transit patients.
- ☐ Dispense to a patient who just initiated ART
- ☐ Dispense to a patient who is active
- ☐ Dispense to a patient who is LTFU
- ☐ Dispense to a patient who is restarted this month
- ☐ Reverse dispensing done to an active patient and re-dispense.

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06 Dispensing at Outreach Sites

User Manual Chapter 4

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Dispensing at Outreach Sites, Objectives

By the end of this session you should be able to

- ☐ Efficiently plan for dispensing at outreach sites
- ☐ Use the EDT mobile to record dispensing details

Required: Patient's Prescription from Doctor, EDT mobile

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Dispensing at Outreach Sites

When is this applicable?

- ☐ Outreach sites where dispensing is done using EDT Mobile
- ☐ Outreach sites that report stock through the main site, and have an EDT computer and do not keep stock locally at the outreach site

Implementation

- ☐ Print out the appointment list for the outreach to be visited
- ☐ Based on this list determine the medicines stock numbers for patients expected, including a buffer for other patients
- ☐ Dispensing at the site is done using the EDT mobile or PC
- ☐ After the visit to the outreach site, dispensing data must be downloaded immediately from the EDT mobile

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Dispensing at Outreach Sites

Implementation, cont.

- ☐ For outreach sites using an EDT computer (e.g. Ones HC, shivelo clinic as at 2012), the stock required for the subsequent visit should be determined in advance using the EDT at the outreach site. The steps above, for using an EDT mobile will be also applicable.

Implications

- ☐ Updating the patient's regimen in a timely manner improves data quality and guides the introduction of evidence based interventions

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Using the EDT mobile

When is this applicable?

- ☐ The EDT Mobile should be updated on a weekly basis with the complete patient list from the EDT. This should be done after downloading data from the device to the EDT.
- ☐ EDT Mobile is used in the following scenarios:
 - ☐ Dispensing at outreach sites
 - ☐ Dispensing at main site, including when the EDT is not working or when you have more pharmacy staff to dispense to patients.

Implementation

- ☐ Preparing the EDT mobile
- ☐ Dispensing using the EDT mobile

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Using the EDT mobile, cont.

Implementation, cont

- ☐ Updating the EDT database with data from the EDT mobile
 - ☐ Upon connection to the EDT computer; dispensing details of all patients on the EDT mobile are downloaded to the EDT computer
 - ☐ After data transfer, run the dispensing history query to confirm that the data was successfully downloaded.

Implications

- ☐ Eliminates duplication of work, and manual data capturing
- ☐ Improves facility ART service efficiency

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Manual data transfer from outreach site to main site

When is this applicable?

- ☐ This is applicable to outreach sites with an EDT computer, where patients are seen periodically by pharmacy staff from the main site.
- ☐ E.g. Oshivelo – Tsumeb, Onesi – Tsandi

Implementation

- ☐ At an outreach site:
 - ☐ Run the script named '**OK.bat**' to copy the outreach site backup to the memory stick
- ☐ At the main site:
 - ☐ Run the script named '**copy to m drive.bat**' to copy the outreach site backup to the EDT at main site.
 - ☐ The database backup of the outreach site will be transferred to the national database together with the mains site's database backup.

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Manual data transfer from outreach site to main site(3)

Implications

- ☐ If data from the outreach site is not copied to the main site, the outreach site's data at the main site's PC will be outdated.

☐ **DEMO**

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07 Dispensing to IMAI Site Patients

User Manual Chapter 4

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Dispensing on the EDT to IMAI site patients

When is this applicable?

- ☐ IMAI sites where dispensing is manually.
- ☐ This guidance applies for IMAI sites with relatively low patient loads (<500 ART patients or ~25 ART patients seen per day)
- ☐ For IMAI sites with >500 ART patients, arrangements should be made by the RMT & DCC to provide the site with an EDT computer and a Pharmacist's Assistant (or train the nurses at the site on use of the EDT)

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Dispensing on the EDT to IMAI site patients (cont.)

Implementation

- ☐ There are 2 options for dispensing to patients at IMAI sites:
 - o **Dispensing in advance** on the EDT and then making any corrections on the EDT when the Daily Dispensing Register (DDR) is obtained from the nurse at the IMAI site
 - o **Dispensing on the EDT based on actual dispensing at the IMAI site:** ARVs are issued to the IMAI site nurse then dispensing on the EDT is done after the IMAI nurse sends back the DDR to the main site

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Dispensing on the EDT to IMAI site patients (cont.)

(1) Dispensing on the EDT based on actual dispensing at the IMAI site *(This is the recommended method)*

1. Print out the appointment list for the whole month from the EDT for the IMAI site in question;
2. Based on this list determine the medicines or stock numbers for patients expected at the IMAI site for the whole month, including a buffer for other patients who may show up
3. Use the above to guide you in the process to prepare medicines required for the IMAI site to be visited.
4. By the next visit to the main site, IMAI site staff should provide the filled out daily dispensing register (DDRs) for the previous period

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Dispensing on the EDT to IMAI site patients

Dispensing on the EDT based on actual dispensing at the IMAI site (cont.)

6. Where possible the IMAI site staff should be requested to fax filled out DDRs as they complete them to avoid accumulation of data to be entered onto the EDT
7. Dispense on the EDT based on the DDRs received
8. Remember to enter the correct date of visit appearing on the DDRs as you dispense.

Implications

- ☐ Following this process ensures that reporting is accurate for IMAI sites, and automatic status changes on the EDT will be more accurate
- ☐ If nurses at the IMAI site are performing pill counts- the adherence data for the IMAI site patients will also be accurate

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Dispensing on the EDT to IMAI site patients (cont.)

(2) Dispensing in Advance on the EDT: *This method should be used only where the recommended method is not feasible for one reason or another*

1. Print out the appointment list for the whole month from the EDT for the IMAI site in question;
2. Dispense to all the patients on the list on the EDT using "today's" date
3. Based on this list determine the medicines or stock numbers for patients expected at the IMAI site for the whole month, including a buffer for other patients who may show up
4. Use the above to guide you in the process to prepare medicines required for the IMAI site to be visited
5. By the next visit to the main site, IMAI site staff should provide the filled out daily dispensing register (DDR) for the previous period

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Dispensing on the EDT to IMAI site patients

Dispensing in Advance (cont)

6. For patients who did not show up at the IMAI site, reverse the dispensing done on the EDT
7. Also make any other necessary dispensing adjustments (e.g. of quantities or regimens dispensed) by reversing the earlier transactions and dispensing the correct medicines/ quantities

Implications

- ☐ This process ensures that reporting on patient numbers is accurate for IMAI sites,
- ☐ However, automatic status changes and adherence scores for IMAI site patients on the EDT will not be accurate if this method is used

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08 Receiving, Issuing and Adjusting stock in the EDT

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Receiving, Issuing and Adjusting stock in the EDT; Objectives

By the end of this session participants should be able to

- ☐ Efficiently post receipts into the EDT
- ☐ Efficiently capture all issues into the EDT and generate a Goods Transferred Note (GTN)
- ☐ Understand the implications of not posting all receipts and issues in the EDT
- ☐ Understand the importance of regular stock take
- ☐ Create and use the Stock Take Summary Sheet (STSS)
- ☐ Update stock details in the EDT

Required: Delivery note, Invoice, Stock cards, Stock take summary sheet (STSS)

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Receiving Stock on the EDT

User Manual Chapter 3.A.

Application / Use Case:

- ☐ Updating of the stock on the EDT takes place after all relevant checks for goods received from Medical Stores have been made, including update of stock cards
- ☐ All delivery notes need to be entered into the EDT system within 5 days to ensure that stock is up to date.
- ☐ Issuing of stock to other sites or specifically to IMAI sites.

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Receiving Stock on the EDT (cont.)

Implementation:

- ☐ The stock received is entered using the Receiving Module under the STOCK Menu
- ☐ Information captured in this process is: Date of Stock Capture, Delivery note number, Medicines received through drop down selection box.
- ☐ Please note: Medicines are captured in units and not according to containers.
- ☐ A goods receiving voucher is generated in PDF, which can be saved and or printed and signed by receiving personnel.

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Receiving Stock on the EDT (cont.)

Implementation (cont.)

- ☐ When issuing medicines, please file the outgoing delivery note.

Implications

- ☐ Timely entry of delivery notes ensures that stock is up to date on the EDT and facilitates use of the quantification module.

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Issuing Stock on the EDT

- ☐ The Issue out module under the STOCK Menu is used for issuing out medicines to other Health Facilities.
- ☐ Information captured in this process are: Date of Stock Capture, Delivery note number, Medicines received through drop down selection box.
- ☐ A goods transfer note (GTN) is generated in PDF, which can be saved and or printed and signed by receiving personnel.
- ☐ When issuing medicines, please file the outgoing delivery note

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Issuing Stock on the EDT (cont.)

NOTE:

- Medicines are captured in units and not according to containers
- Stock issued to other health facilities do not form part of consumption for the facility- therefore not used in the quantification module

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Adjusting stock on the EDT after stock-take

User Manual Chapter 2A

Required:

- ☐ Stock take summary sheet

Application / Use Case/ When is this applicable:

- ☐ Stock take is normally done before placing an order to the Medical Stores
- ☐ Details of the stock take must also be entered into the EDT before proceeding to dispense to patients so that negative stock balances are minimised.

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Adjusting stock on the EDT after stock-take (cont.)

Implementation: Refer to User Manual Chapter 3.D.

1. First print the Stock Take Report (Stock take summary sheet - STSS) which includes the list of medicines on the EDT. This is found under the Stock Take function.
2. Conduct stock-take in the **storeroom**: As you do your stock-take; update the individual stock cards, update the STSS too.
3. After that, conduct stock-take in the **dispensary** and complete the STSS again.
4. After completing stock take, enter the details of the STSS into the EDT using the Stock Take function.

Implications:

- Ensuring data entry of stock data ensures that stock is up to date on the EDT and facilitates use of the quantification module.

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09 Using the Quantification Module of the EDT

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Using the Quantification Module: Objectives

By the end of this session you should be able to

- ☐ Reset Max/Min stock levels on the EDT to reflect prevailing storage space availability at their facility.
- ☐ Understand the various inventory parameters for quantifying medicine need
- ☐ Efficiently use the quantification module for determining order quantities

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Using the Quantification Module: Implementation

- ☐ **NOTE:** This function should be used only after you have done your stock take on the EDT so that correct order quantities are generated
- ☐ **Once-off:** update the min, max, and average values (in months) using the EDT setup menu under global long flags (Admin|Setup|GlobalLong Flags)
- ☐ **Regularly:** Refer to the quantification function to get the EOQ, MAX, AVG, MIN, OHW, OH, RRQ, UFP per medicine

Refer to User Manual Chapter 3.D.

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Using the Quantification Module: Implications

- ☐ The quantification function uses the dispensing history in order to determine the above parameters.
- ☐ If all receipts and issues are captured in a timely manner on the EDT, quantification estimates will be more accurate because they are based on consumption patterns.
- ☐ OHW can be useful in determining the timeframe your stock item will last. By being cognisant of the expiry date of your stock item, and comparing it with the timeframe, you will be able to tell whether you should redistribute some medicines.
- ☐ OHW can also assist you to determine the need for you to place an emergency order.
- ☐ Dispensing against negative stock is an indication for a stock take ASAP

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Using the Quantification Module: Summary

- ☐ The right quantification estimates is dependent upon timeously capturing all transactions into the EDT.
- ☐ Using the quantification menu of the EDT is a quick and efficient way of determining accurate order quantities.
- ☐ Optimal use of the quantification module will reduce losses due to expiry, overstocking and unnecessary emergency orders.

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Using the Quantification Module: Example

1st Scenario

- ☐ The delivery date from CMS is only due on the 15th of September and you think you might be running low on some ARVs because of a recent guidelines change that led to a higher than usual number of new patients on ART. Determine the items and their quantities for which you will place an interim order.

2nd Scenario

- ☐ You are required to place your main order, determine items and order quantities of medicine to be ordered from CMS using the EDT

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10 EDT Reports

User Manual Chapter 5

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EDT Reports, Objectives

By the end of this session you should be able to

- ☐ Understand the different reports produced by the system
- ☐ Use the reports, including populating the monthly ART reporting template
- ☐ Quickly manipulate data from the reporting module

Required: Patient's Prescription from Doctor, EDT mobile

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Using EDT Reports

When is this applicable?

- ☐ When compiling the ART Monthly Report
- ☐ When extracting data from the EDT for facility level analysis and discussions
- ☐ When conducting facility level DQAs

Implementation

- ☐ The following section on the reporting template are completed using the EDT reports
 - ☐ Patient information
 - ☐ Adherence, Lateness for appointment
 - ☐ Distribution of regimens, Stock information
- ☐ The following section on the reporting template are completed using the EDT reports

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Using EDT Reports (cont.)

Implementation (cont)

❑ During report compilation, or detailed analysis, corresponding reports are run and details extracted using the following tips and shortcuts:

- ❑ Switching between windows – ALT+TAB
- ❑ Copy – CTRL+C
- ❑ Paste – CTRL+V
- ❑ Save – CTRL+S

Implications

❑ ART Monthly Report is used to inform decision making at national level (allocation of resources, quantification and forecasting, etc).

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Using EDT Reports, cont(2)

Examples:

- ❑ Adherence
- ❑ On-time pickup / lateness for appointments
- ❑ New patients
- ❑ Active patients
- ❑ etc

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**ELECTRONIC DISPENSING
TOOL (EDT)**

Case Studies

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1. A patient- John Musoto- presents at your clinic with a prescription for AZT/3TC/NVP 300/150/200mg FDC. He explains that he started ART at your facility 3 years ago then officially transferred out to a facility at the coast. He is now visiting a relative in your town and he needs ARVs for one month. Describe how you will handle this patient on the EDT.

- ☐ Search for the patient using the “Find” function on the EDT
- ☐ Change the status of the patient from “Transferred Out” to “In-Transit”
- ☐ Dispense to the patient

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2. Another patient- Jane Katoto- presents at the pharmacy with a prescription for D4T/3TC/NVP 30/150/200mg with NVP dosage of 200mg OD for 15 days. She explains that she started ART at your facility 2 years ago then stopped taking ARVs after visiting a traditional healer. It is now 4 months since her last missed appointment. After her health deteriorated she decided to come back to the clinic where she has undergone adherence counselling and gotten the above prescription. Describe how you will handle this patient on the EDT.

- ☐ Search for the patient using the “Find” function on the EDT
- ☐ Change the status of the patient from “LTFU” to “Re-started”
- ☐ Dispense to the patient

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3. A third patient- Moses Meno- presents at your clinic with a prescription for TDF/3TC/NVP 300/150/200mg. He tells you that he started ART at your facility 2 years ago then got a job in Windhoek; he started taking her ARVs in Windhoek 1 year ago but he did not inform anyone at your facility. His contract is now over and he has returned to your facility. Describe how you will handle this patient on the EDT.

- ☐ Verify on the patient’s passport that he has been on ART during the last 1 year
- ☐ Search for the patient using the “Find” function on the EDT
- ☐ Change the status of the patient from “LTFU” to “Active”
- ☐ Dispense to the patient and caution him that he must formally transfer out of your facility and transfer in at the other facility if the same scenario repeats in future

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4. List all the main steps, including those outside of the EDT, to be followed when preparing the main order for ARVs.

- ☐ Click on "Stock Take" on the EDT and print out the document
- ☐ At the ARV store conduct a physical count of all the ARV medicines and enter this on the Stock Take document
- ☐ At the ARV dispensary, conduct a physical count of the ARVs and indicate these on the Stock Take document
- ☐ Click on "Stock Take" on the EDT and enter the balance for each ARV
- ☐ Use the quantification module to determine the required order quantities; ensuring that the EDT min-max levels are appropriate for your facility

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5. The ART committee at your facility would like to know the number of patients changed from d4T- to AZT- and TDF-based regimens for the first 6 months of 2012 in order to assess compliance to ART guidelines. Briefly describe how you would generate this information using the EDT?

- ☐ Select the period 01 Jan to 30 Jun 2012 on the reporting module
- ☐ Run the "All Regimen Switches" report
- ☐ Press the drill button at the bottom of the screen and identify the switches
- ☐ Copy (ctrl-c) and paste (ctrl-v) these figures to an Excel worksheet
- ☐ Filter the column (FROM) to display only d4T containing regimens and the column (TO) to display only AZT- and TDF-containing regimens

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6. State the factors that could lead to an inflated All Active Patients report generated by the EDT

- ☐ Patients with no dispensing records
- ☐ Duplicates
- ☐ Dispensing in advance to IMAI or outreach sites followed by failure of some patients to pick up their refills

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7. Your outreach site has an EDT computer which you use to dispense to patients when you go to the site. However, the computer has no 3G device to enable transmission of data from that EDT to the NDB in Windhoek. Describe briefly how you can back up EDT data on a memory stick and transfer it to your main site's EDT.

- ☐ Run the script "Ok.bak" on your memory stick on the outreach site's computer
- ☐ At the main site run the script "CopyToMdrive.bat" on your memory stick to transfer the data to the main site's M-drive

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8. A new outreach site - Sarak - has been opened in one of the clinics in your districts and you have been provided with a list of 20 patients who will be seen at the new outreach site starting next month. Describe what actions you need to perform on the EDT to update these patients' details.

- ☐ Contact the ART logistics pharmacist or the Information & Systems Administrator at Div: Ph Ss to guide you on adding the new facility as an outreach site for your facility
- ☐ Find each individual patient using the "Find" function in Patients View
- ☐ Click on the Edit button at the bottom of the page
- ☐ Change the "Outreach" field from Karas to Sarak
- ☐ Save the record and repeat steps 2,3 and 4 for the other 19 patients

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9. Komsberg clinic has been designated as an IMAI site in Karasburg district and it has been agreed that they will be getting ARVs from the district hospital once a month. List down the steps that you would take to check the number of patients expected to come for refills at Komsberg in August 2012 and the measures you'd put in place to ensure that these patients are maintained on the EDT?

- ☐ Click on the "Appointments" menu on the EDT
- ☐ Click on "Find" then enter the date range 01 Aug – 31 Aug
- ☐ Select Komsberg under the field "outreach" and print the list
- ☐ Use the list to prepare ARVs for Komsberg patients for Aug 2012
- ☐ Add a buffer for the commonly used regimens to cater for in-transit/unexpected patients visits
- ☐ Provide the nurse at Komsberg with the Daily Dispensing Register (DDR) (or the EDT mobile) to use when dispensing to the IMAI patients
- ☐ At the end of the month, when the facility nurse comes for their facility's refill, obtain the filled out DDR (or EDT mobile) and update the EDT appropriately

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10. Four days ago, a patient picked up 60 tablets of d4T/3TC 30/150 FDC and 30 tablets of EFV 600mg for one month. He comes back to the facility and requests an additional 2-months' supply as he is travelling to another town for 3 months and the ART committee has agreed that in such cases, patients may get up to 3-months' supply of ARVs. Describe how you would handle this case on the EDT.

- ☐ Find the patient's last transaction where you dispensed one month supply to the patient
- ☐ Note what the pill count was on the date of visit
- ☐ Use the "Receive" function to reverse the entire transaction
- ☐ Dispense afresh for 90 days making sure to use the previous date of transaction and the same pill count as was recorded 4 days ago

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11. The ART Committee at your facility has requested the Pharmacy department to help to (1) understand the adherence patterns of patients at the facility and (2) identify patients with adherence problems using the EDT. They are specifically interested in patients whose adherence is <75% for the month of March 2012. Describe how you would obtain this information and prepare it for presentation to the committee.

- ☐ Select the period 01 Mar – 31 Mar 2012 on the EDT reporting module
- ☐ Run the report 21 Patient Adherence for this period
- ☐ Note down the summary figures for the various adherence levels
- ☐ Drill the report to obtain the patient details
- ☐ Copy the patient details to an Excel sheet
- ☐ Use Excel features (sort or filter) to select patients for whom pill count was done and who had <75% adherence

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12. Your facility has just received a brand new EDT mobile device from Div: Ph Ss for use at outreach sites. You have all undergone training on its use. Describe briefly the main steps of preparing the EDT mobile for dispensing to patients at outreach sites and updating the EDT after the visit. What will you do for patients who are initiated on ART at the outreach site on the date of the visit?

- ☐ Load the EDT data on to the EDT mobile device
- ☐ Dispense using the EDT mobile at the outreach site
- ☐ Back at the main site, upload the data from the EDT mobile to the EDT computer
- ☐ For patients initiated on ART at the outreach site, note all the required details (name, age, DoB, Regimen, medicines dispensed etc. on a paper and enter these on the main site on your return

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