EDT PROCESSES

[1. Entering Patients into the System 2](#_Toc327350678)

[1.1. New Patients on ART 2](#_Toc327350679)

[1.2. Continuing Patients from Other Facilities (Transfer-in) 2](#_Toc327350680)

[1.3. Continuing patients from other facilities (In-transit) 2](#_Toc327350681)

[2. Stopping patient management at site (Deceased, Stopped, Transfer-Out) 3](#_Toc327350682)

[2.1. Deceased 3](#_Toc327350683)

[2.2. Stopped by Physician 3](#_Toc327350684)

[2.3. Transferred Out 3](#_Toc327350685)

[3. Restarting patients on ART 3](#_Toc327350686)

[4. Dispensing to patients 3](#_Toc327350687)

[4.1. Dispensing to Starters, Active, Lost, LTFU, Transfer-in 3](#_Toc327350688)

[4.2. Dispensing to In-transit patients 3](#_Toc327350689)

[5. Reversing a script in full (correcting a script) 4](#_Toc327350690)

[6. Determining patient adherence (exclusions: Starters, Transfer-in, LOST, LTFU, In-transit) 4](#_Toc327350691)

[7. Patients changing from one regimen to another 4](#_Toc327350692)

[7.1. Substitution within the same line (1st - 1st line, 2nd - 2nd line) 4](#_Toc327350693)

[7.2. Switch to another line (1st – 2nd line, 2nd – 3rd line) 4](#_Toc327350694)

[8. Recording details of medicines received at facility 4](#_Toc327350695)

[9. Recording stock take details 4](#_Toc327350696)

[10. Using the EDT Mobile 4](#_Toc327350697)

[10.1. Preparing the EDT mobile for outreach/IMAI services 4](#_Toc327350698)

[10.2. Updating the EDT at main site with data on the EDT mobile after outreach/IMAI services 5](#_Toc327350699)

[10.3. Manual data transfer from IMAI/ Outreach Sites via memory sticks 5](#_Toc327350700)

[11. Using the quantification module? 5](#_Toc327350701)

[12. Completing the ART Monthly Report 5](#_Toc327350702)

[12.1. Completing the ART monthly report using the EDT Reporting Module 5](#_Toc327350703)

[12.2. Data Quality Audit with the ePMS data 5](#_Toc327350704)

## Entering Patients into the System

### New Patients on ART

|  |
| --- |
| **Applicable Section in User Manual: Chapter 2.A** |
| **Required:** Patient’s ART file |
| **Additional Notes:**   * Use of patient’s file 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 * Ensure that you capture the Unique Number from the patient’s file for future data quality assessments against the ePMS |

### Continuing Patients from Other Facilities (Transfer-in)

|  |
| --- |
| **Applicable Section in User Manual: Chapter 2.A** |
| **Required:** Patient’s Transfer Letter from previous ART site OR patient’s file at current facility |
| **Additional Notes:**   * 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. * If a patient does not have their existing ART Number [*what happens?*] * If a transferred in patient has no letter from the previous site [*what happens?*]   NOTE:   * 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[[1]](#footnote-1) 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 |

### Continuing patients from other facilities (In-transit)

|  |
| --- |
| **Applicable Section in User Manual: Chapter 2.A** |
| **Required:** Patient’s previous prescription on health passport |
| **Additional Notes:**   * Use the patient’s existing ART Number- avoid generating a new number. This enables tracking of patients on the NDB. * If a patient does not have their existing ART Number [*what happens?*] * Find out from the patient if s/he will be in transit at your facility for >3 months; if yes, then arrangements should be made with the previous facility to have the patient transferred out to your facility. |

NOTE:

* 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[[2]](#footnote-2) 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

## Stopping patient management at site (Deceased, Stopped, Transfer-Out)

### Deceased

### Stopped by Physician

### Transferred Out

## Restarting patients on ART

|  |
| --- |
| **Applicable Section in User Manual: Chapter XXXX** |
| **Required:** Patient’s Prescription from Doctor |
| **Additional Notes:**   * The status RE-START applies only to patients whose therapy had been stopped by the doctor and not to patients who were LTFU on the system or any other status * To avoid scenarios where a patient’s ART was stopped by the doctor but the pharmacy staff are not informed (thus leading to the patient becoming LOST or LTFU on the EDT), regular data verification with the data clerk must be done. |

## Dispensing to patients

### Dispensing to Starters, Active, Lost, LTFU, Transfer-in

### Dispensing to In-transit patients

## Reversing a dispensing transaction (correcting a script)

*Application:*

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
  + Refer to *Toping up after a few days*
* One or more of the medicines dispensed are incorrect
* After a completing a dispensing you realise that
  + you missed another medicine
  + the quantity dispensed is incorrect

*Implementation:* *Refer to* *User Manual Section C.4.*

* Verify that the patient was dispensed to not long 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 pressing the *Receive* button
* Proceed to dispense afresh to the patient, e.g. top up on what the pills has, while entering the total quantity dispensed on the EDT.

*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

## Determining patient adherence (exclusions: Starters, Transfer-in, In-transit)

*Application:*

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

*Implementation:* *Refer to* *User Manual Section C.1.*

* Key things to remember:
  + For each medicine dispensed, the system will require you to indicate whether pill count was done or not.
  + Dumping of pills

*Implications:*

* Patients whose status has changed from LOST or LTFU to Active will exhibit low adherence rates, since they will automatically not have a pill count of zero.

## Patients changing from one regimen to another

### Substitution within the same line (1st - 1st line, 2nd - 2nd line)

*Application / Use Case:*

*Implementation:* *Refer to* *User Manual Section C.1.*

* Select

*Implications:*

### Switch to another line (1st – 2nd line, 2nd – 3rd line)

*Application:*

*Implementation:* *Refer to* *User Manual Section C.1.*

*Implications:*

Review of

* Program
* EDT process document
* Pre/Post Test
* User manual

## Recording details of medicines received at facility

Pre-data entry processes:

Data entry process:

Post-data entry processes:

## Recording stock take details

Explain the impact of stock take recording on the EDT. Dispensing on negative stock balances is minimised. Highlight the process flow in brief. Detailed steps done thru a demo and referring to user manual.

## Using the EDT Mobile

### Preparing the EDT mobile for outreach/IMAI services

Start lesson with high level process flow, before going to details.

The EDT mobile is connected to the EDT computer; details of all active patients are synced to the EDT mobile; after syncing, the mobile device is disconnected and a trial dispensing is done.

*...from here, we demonstrate, following the steps in the manual.*

### Updating the EDT at main site with data on the EDT mobile after outreach/IMAI services

The EDT mobile is connected to the EDT computer; dispensing details of all patients who picked up medicines at the outreach/IMAI site are synced to the EDT computer; after syncing, the mobile device is disconnected and a dispensing history query is run to confirm that the data was successfully stored.

*...from here, we demonstrate, following the steps in the manual.*

### Manual data transfer from IMAI/ Outreach Sites via memory sticks

## Using the quantification module?

## Completing the ART Monthly Report

### Completing the ART monthly report using the EDT Reporting Module

### Data Quality Audit with the ePMS data

1. Regular data verification with the data clerk is necessary to ensure that the Pharmacy has updated data on all patients who have died, been transferred out, or had their ART stopped by the doctor. [↑](#footnote-ref-1)
2. Note that regular data verification with the data clerk is necessary to ensure that the Pharmacy has updated data on all patients who have died, been transferred out, or had their ART stopped by the doctor. [↑](#footnote-ref-2)