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## Entering Patients into the System

### New Patients on ART

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| **Applicable Section in User Manual: Chapter 2.A** |
| **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* |
| **Additional Notes:**   * 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 * Ensure that you capture the Unique Number from the patient’s care booklet for future data quality assessments against the ePMS |

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

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| **Applicable Section in User Manual: Chapter 2.A** |
| **Required:** Patient’s Transfer Letter from previous ART site OR patient’s care booklet 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 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>     - Where PUB – stands for public patient,     - For facility codes go to “Admin\Maintenance\Add/Edit Facility”).     - <next\_sequence\_number> - is a 4-digit sequential number from the last given starting with 0001.     - Example: for the first public patient without an ART ID, who transferred from Nyangana DH to KIH, enter: **PUB.112.115.0001** * 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>     - Where PRV – stands for private patient,     - <next\_sequence\_number> - is a 4-digit sequential number from the last given starting with 0001.     - 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 who did not have their ART numbers   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)

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| **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:   + the naming conversion should be: PUB.<**former**\_facility\_code>.<**current**\_facility\_code>.<next\_sequence\_number>     - Where PUB – stands for public patient,     - For facility codes go to “Admin\Maintenance\Add/Edit Facility”).     - <next\_sequence\_number> - is a 4-digit sequential number from the last given starting with 0001.     - Example: for the first public patient without an ART ID, who is in transit at KIH and normally attends Nyangana DH, enter: **PUB.112.115.0001** * 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. |

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

### Deceased

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| **Applicable Section in User Manual: Chapter 2.B: Patients View** |
| **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 |
| **Additional Notes:**   * 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! * 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. |

### Stopped by Physician

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| --- |
| **Applicable Section in User Manual: Chapter 2.B: Patients View** |
| **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 |
| **Additional Notes:**   * 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! * 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. |

### Transferred Out

|  |
| --- |
| **Applicable Section in User Manual: Chapter 2.B: Patients View** |
| **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 |
| **Additional Notes:**   * 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 * 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 take steps 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:   + this patient will not be captured as transferred out 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 transfer out, the final status of the patient will be Lost or LTFU on the system. |

## Restarting patients on ART

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| **Applicable Section in User Manual: Chapter 2.B** |
| **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 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 were taking ARVs from another health facility should be changed from LTFU 🡪 Active on the system. * 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 (using the FRDQA forms) with the data clerk must be done. * Patients stopped at another facility who are restarted by a doctor at your facility will require a transfer letter, so they will be entered as transferred-in on the EDT. |

## Dispensing to patients

### Dispensing to patients other than In-transit patients

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| **Applicable Section in User Manual: Chapter 2.C** |
| **Required:** Patient’s Prescription from Doctor |
| **Additional Notes:**   * This process is applicable for new, existing, and transferred-in patients * If the patient’s regimen has been changed, make the change on the system using instructions in the user manual Chapter 2C.3 * To make entries for dispensing that was done manually (e.g. at outreach or IMAI sites) in the past:   + Update the date of visit accordingly as described in the user manual Chapter 2C.3   + The EDT does not allow you to enter a dispensing data more than 3 months old   + **DO NOT CHANGE** the EDT computer system date under any circumstances! Doing this will lead to loss of connection to the SQL server and lead to errors in the software and possible corruption of data * For patients that are lost to follow up 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 on the EDT. * In case you need to add more medicines for a patient after dispensing on the EDT, the complete transaction must be reversed as described in Section 5 of this document. |

### Dispensing to In-transit patients

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| --- |
| **Applicable Section in User Manual: Chapter 2.C** |
| **Required:** Patient’s Prescription from Doctor |
| **Additional Notes:**   * Before dispensing, confirm if the in-transit patient is already captured on the EDT by searching on Patient View – refer User Manual 2B. * If the patient is not found enter the patient to the EDT – refer: Section 1.3 in this document. * 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. * Once the above is in place proceed to dispense   Example: |

## Reversing a dispensing transaction (correcting a script)

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| --- |
| **Applicable Section in User Manual: Chapter 2.C.4** |
| **Required:** Patient’s Prescription from Doctor |
| **Additional Notes:**  *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 * Immediately after dispensing you realise that   + you missed one or more medicines   + the quantity dispensed is incorrect   *Implementation:* *Refer to* *User Manual Chapter 2C.4.*   * 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 pressing 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.   *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   Example: |

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

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| --- |
| **Applicable Section in User Manual: Chapter 2.C.4** |
| **Required:** Patient’s Prescription from Doctor |
| **Additional Notes:**  *Application / Use case:*  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   For patients transferred-in with a few remaining pills (<10), we recommend discarding these pills, so that the adherence score calculated on the second visit is accurate.  *Implementation:* *Refer to* *User Manual Chapter 2C.1.*   * For each medicine 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.   Example: |

## Patients changing from one regimen to another

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| --- |
| **Applicable Section in User Manual: Chapter 2.C.1** |
| **Required:** Patient’s Prescription from Doctor |
| **Additional Notes:**  *Application / Use Case:*  Changes to regimens can be recognised in one of the following ways   * The patient’s prescription shows a regimen change * The prescribed medicines are different from the last medicines dispensed   *Implementation:* *Refer to* *User Manual Section 2C.1.*   * In the *Dispensing* window you will need to press on *Change* * Indicate the reason for change and the type of change * Specify *Other* for any other reasons including corrections * Specify type of change as *Switch* or *Substitute*   *Implications:*   * The EDT reports will be able to categorise regimen changes into switches and substitutes   Example: |

## Receiving and Issuing of stock from the EDT

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| --- |
| **Applicable Section in User Manual: Chapter 3.A** |
| **Required:** Delivery Note from supplier e.g. Central Medical Store |
| **Additional Notes:**  *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.   *Implementation:* *Refer to* *User Manual Chapter 3.A.*   * 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. * When issuing medicines, please file the outgoing delivery note.   *Implications:*   * Ensuring data entry of delivery notes ensures that stock is up to date on the EDT and facilitates use of the quantification module.   Example: |

## Recording stock take details

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| --- |
| **Applicable Section in User Manual: Chapter 3.D** |
| **Required:** Stock take summary sheet |
| **Additional Notes:**  *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.   *Implementation:* *Refer to* *User Manual Chapter 3.D.*   * You first need to 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. * Stock-take is first done in the storeroom. * As you do your stock-take and update the individual stock cards, update the STSS too. * After that, count the stock in the dispensary and complete the STSS again. * 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.   Example: |

## Managing Patient Details on the EDT

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| --- |
| **Applicable Section in User Manual:** |
| **Required:** EDT computer |
| **Additional Notes:**  *Application / Use Case/ When is this applicable:*   * Patient’s details have changed and need to be updated e.g.   + Patient’s status   + Patients who were being seen at the main site transferred to an IMAI or outreach site   + DOB or name had been incorrectly captured and correct information is now available   + Adding details that had not been captured initially e.g. CDC number, unique number etc.   NB: To update the patient’s regimen refer to section on “Patients changing from one regimen to another”  *Implementation:* *Refer to* *User Manual Chapter 2.B.1*   * Follow the instructions in the manual   *Implications:*   * This function facilitates on-going improvement of data quality on the EDT   Example: |

## Dispensing at Outreach sites

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| --- |
| **Applicable Section in User Manual:** |
| **Required:** EDT Mobile, EDT computer |
| **Additional Notes:**  *Application / Use Case/ When is this applicable:*   * Outreach sites where dispensing is done using the EDT mobile. * Outreach sites that report stock through the main site, and have an EDT PC, but do not keep stock locally at the outreach site.   *Implementation:* *Refer to* *User Manual Chapter 3.D.*   * First you print out the appointment list for the outreach to be visited * Based on this list determine the medicines or stock numbers for patients expected at the outreach site, including a buffer for other patients. * Dispensing at the site is done using the EDT mobile. * After the visit to the outreach site, dispensing data must be downloaded immediately from the EDT mobile. * For outreach sites using an EDT computer, 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:*   * Downloading data from the EDT mobile immediately after a visit ensures that patient status is maintained correctly. * Following this process ensures that reporting is accurate for outreach sites, and automatic status changes on the EDT will be more accurate.   Example: |

## Manual dispensing at IMAI sites

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| --- |
| **Applicable Section in User Manual:** |
| **Required:** EDT computer |
| **Additional Notes:**  *Application / Use Case/ When is this applicable:*   * IMAI sites where dispensing is manually.   *Implementation:* *Refer to* *User Manual Chapter 3.D.*   * First you print out the appointment list for the IMAI in question; * 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. * Using the EDT, issue out the medicines rather than dispensing in advance. * By the next visit to the main site, IMAI site staff should provide the filled out daily dispensing register (DDRs) for the previous period. Where possible the IMAI site staff should be requested to fax filled out DDRs as they complete them. * Data from the DDRs should be entered into the EDT, including entering the correct date of visit.   *Implications:*   * Following this process ensures that reporting is accurate for IMAI sites, and automatic status changes on the EDT will be more accurate.   Example: |

## Using the quantification module

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| --- |
| **Applicable Section in User Manual: Chapter 3.D** |
| **Required:** |
| **Additional Notes:**  *Application / Use Case/ When is this applicable:*   * This function should be referenced after you have done your stock take on the EDT to help determine order quantities.   *Implementation:* *Refer to* *User Manual Chapter 3.D.*   * 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   *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 issue out some medicines. * OHW can also assist you to determine the need for you to place an order. * Dispensing against negative stock is an indication for a stock take ASAP   Example: |

## Using the EDT Mobile

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| **Applicable Section in User Manual: Chapter 3.D** |
| **Required:** Stock take summary sheet |
| **Additional Notes:**  *Application / Use Case/ 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:* *Refer to* *User Manual Chapter 3.D.*   * Preparing the EDT mobile * Dispensing using the EDT mobile * 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   Example: |

## Using EDT Reports

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| --- |
| **Applicable Section in User Manual:** |
| **Required:** EDT Reporting Module, ART Monthly Report, Stock cards |
| **Additional Notes:**  *Application / Use Case/ 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:* *Refer to* *User Manual Chapter 3.D.*   * The following section on the reporting template are completed using the EDT reports   + Patient information   + Adherence, Lateness for appointment, Outreach and IMAI   + Distribution of regimens   + Stock information * 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).   Example: |

### Data Quality Audit with the ePMS data

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| --- |
| **Applicable Section in User Manual:** |
| **Required:** FRDQA forms 1, 2, and 3, ART Monthly Report |
| **Additional Notes:**  *Application / Use Case/ When is this applicable:*   * Updating the EDT with data on status changes from the ePMS * Comparison of EDT and ePMS data, e.g. Number of active patients.   *Implementation:*   * DQAs should be done regularly and should precede compilation of the ART Monthly Report * DQA will involve updating the EDT statuses based on the ePMS data (form FRDQA2) * Statuses that may need to be updated on the EDT include:   + Transferred Out   + Deceased   + Stopped by physician. * FRDQA2 is used regularly, e.g. on a weekly basis. * DQA will also involve comparison of EDT and ePMS data in the monthly report – to highlight discrepancies between the systems (form FRDQA3). * DQA feedback should be shared with the ART clinic team. * The ART clinic team should come up with interventions to correct discrepancies identified.   *Implications:*   * The desired outcome is that ART data quality in both systems is improved.   Example: |

## Manual data transfer from outreach site to main site

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| --- |
| **Applicable Section in User Manual: Chapter 3.D** |
| **Required:** Memory Stick with relevant scripts |
| **Additional Notes:**  *Application / Use Case/ 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:* *Refer to* *User Manual Chapter 3.D.*   * 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.   *Implications:*   * If data from the outreach site is not copied to the main site, the outreach site’s data at national level will be outdated.   Example: |

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)