How to use CCMDD dormant and closed lists:-

1. Obtain the list from SEAD through M & E specialist
2. SEAD will sift patients according to CCMDD status (active, inactive, dormant or closed)
3. Start with active patients on CCMDD

* Data capturer verify patients against Tier.net
* Check if the patient is correctly identified on Tier.net (CCMDD box ticked, correct return dates captured (6 months duration). If yes, mark as correct on the list (there are many ways of doing this; you can use markers with different colour codes or ticks)
* If not take out the file – hand it over to the clinician for correct documentation, clinician updates the visits and use the sticker to identify it in the future. (At each visit, when the DC sees the sticker and the patients has not been given 6 months, it should ring a bell, the file must be returned to the clinician for correct documentation.)
* The file gets captured correctly onto Tier.net

1. Inactive patients on CCMDD

* Data capturer verify if the patient is active on Tier.net
* For all the active patients at the facility but inactive on CCMDD -> DC hands them over to the SEAD pharmacist assistant to recall and find out why the patient is no longer active on CCMDD.
* If the patient is no longer interested – PA marks as such for DSV to de-register.
* If the patient is still interested -> the patient file must be taken to the clinician. The clinician must review the eligibility status. If the patient is eligible – the script must be renewed, the visit must be correctly documented on the file and the sticker must be pasted on the file.
* The file must then be taken to the DC to correctly identify and capture the visits correctly on Tier.net.

1. Dormant or closed patients

* The DC must verify if the patient is still attending the facility
* If yes, they must be taken to the nurse clinician who must assess eligibility so that they can be enrolled again if they are interested.
* If not (*attending the facility*)– the list must be handed over to the linkage officer for tracing. The LO must document the tracing results next to the patient name. The LO then hands over the tracing results to the DC for capturing onto Tier.net.
* LO must also classify the tracing results accordingly (how many were TFO, RIP, real LTF and most importantly how many were traced back to care)

1. Unknown patients

* These list have got people who are not classified, DC must check their names against Tier.net to verify whether they are ART patients or not.
* A report must be produced on who is a non-ART patient and who is an ART patient
* For ART patients the same procedure as in number 5 must be followed.

If used correctly, these lists should be able to assist in increasing TROA and decreasing LTF. If they fail to do this at least they should be able to increase the number decanted on CCMDD.