<b>Voluntary Medical Male Circumcision (VMM</b>	1C)	Tool D – Client Record
Review		
External Quality Assurance (EQA)		
Site Name:	Reviewer's Name:	Date:

This Tool (D) is used to verify the maintenance of clinic records.

## **Reviewer Guidance:**

If the site uses a sequential method for numbering charts, use chart numbers rather than physical charts to follow the below directions for choosing charts to review. For example, if charts 1-100 are eligible for review, look for every 4<sup>th</sup> chart number to choose 25 charts. This will give you the opportunity to determine whether some charts are missing. If a chart number is missing, write "MISSING" across its row on the tool.

A systematic sample of client records will be reviewed with 25 being the target number of records reviewed. Some of the SIMS questions at the end of this tool only require reviewing 10 of these charts; this is indicated in the question where applicable.

- If the site changed its record forms longer than 3 months ago, modify the instructions below to restrict your sampling to records filled since the change.
- If this is the first EQA visit to this site: Determine (consult with staff) the number of MCs that have been performed at the site after the beginning of VMMC program, but at least 3 weeks prior to the date of the site visit (to allow time for clients' post-operative follow up visits after procedure.)
  - Divide the number of MCs performed by 25 to calculate the sampling interval, N.
  - Request that staff pull every <u>Nth</u> client record for review.
- If this is a repeat EQA visit to this site: Determine (consult with staff) the number of MCs that have been performed at the site after the last EQA visit to this site, but again at least 3 weeks prior to the date of the site visit. Divide the number of VMMCs performed by 25 to calculate the sampling interval, N.
  - Request that staff pull every Nth client record for review.
- If the site has performed fewer than 25 circumcisions in the target period, then review all available records.

If the site is also implementing ShangRing, review an additional 15 records specific to each device offered on site. If the site has performed fewer than 15 device-based VMMCs, then review all available device records. Consider printing additional copies of tool D to allow for review of records for up to 25 surgical and 15 device-based VMMCs.

Provide comments for any patterns of missing content (for example: no place on client form for cadre of surgeon) and for any section left blank.

Tool D (Dec 2019) Page **1** of **7** 

Please fill out the SIMS questions included below, regardless of whether this visit counts as a SIMS visit. They capture unique information that should be included in this quality assessment.

These items need to be directly observed by the reviewer

D1. Type of site Fixed D2. Type of service Regular

These items need	to be	directl	y c	bsε	rve	ed l	by	the	e rev	/iev	ver																
D1. Type of site	Fixed												servic		F	Regula	r										
(check one)	Mobil Outre	•										•	erved ck one		(	Campa	iign										
D3. Are VMMC client	Yes			4. If Y						١	⁄es					S, are						Yes					
records stored on site	No			cords cure			in a	a		1	No					that fa date d			sy sea	archir	ng by	No					
D6. Has the site changed record	Yes			7. Wh								Fr	om:														
forms during the last 3 months	No		re	view								Тс	):														
D8.What is the national age of consent for VMMC?			DS	). Exp	lain	wh	y tł	nis r	ange	of d	lates	(in C	7) wa	s sele	cted	:											
	•										(	Client	Reco	rds													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	In Yea	ırs																									
D10. Age	No Docur on	mentati																									
D11. What is the	Negat	ive																									
result of the client's	Positi	ve																									
documented HIV test? Documentation may include HIV test	Indete e	erminat																									
results provided outside the VMMC		ocumentati																									
site.	on Testing not done																										

Tool D (Dec 2019) Page **2** of **7** 

	,		 			•				•				
D12. ADULTS (≥ the													l	
national age for	Yes												l	
consent to VMMC)													l	
ONLY. Is the													l	
informed consent														
form signed by the													l	
client? May include	No												l	
thumbprints for													l	
those unable to													l	
write.													l	
D13. MINORS (< the														
national age for	Yes												l	
consent to VMMC)													l	
ONLY. Did the parent														
or guardian sign the			+ +											
informed consent													l	
form? May include	No												l	
thumbprints for	INO													
those unable to														
write.													l	
D13a. MINORS ONLY.	Yes													
Was there	1.03												l	
documentation that														
parental/guardian													<b>.</b>	
identity was	No													
confirmed (e.g. in													l	
person, phone													l	
number called, or													l	
date parent														
contacted)?														
D14. History and	History													
physical (check if	Physical													
present)	Blood												<del></del>	
p. 636/16/	Pressure													
	Weight	-	++		1									
			+ +		1									
D1E Date of surgers	Temperature		++		1									
D15. Date of surgery	Yes													
documented	No													
(DD / MM / YY)													ı	

D16. Is the name of	Yes											
the surgeon												
documented	No											
D17. VMMC surgical	Forceps											
method	Guided											
	Dorsal Slit											1
	Sleeve											1
	Device											
	No											
	documentati											
	on											
	Weight (kg)											
	Lidocaine											
	volume (ml)											
D18. Anesthetic	Lidocaine											
dosing	strength (%)											
	Bupivacaine											
(If device based,	volume (ml)											
answer this question,	Bupivacaine											
and then skip to D22)	strength (%)											
	Topical EMLA											
	Not											
	documented											
	(check)											
D19. Documentation	No AEs											
of intra-operative	Mild											
adverse events	Moderate											
	Severe											
	No											
	Documentati											
	on											
D20. Is at least one	Yes											
follow-up visit by the	No											
client documented?	Documentati											
16	on											
If yes:	Number of											
	days post-op:											

Tool D (Dec 2019) Page **4** of **7** 

	1 -		1	1		ı	1	-					1	ı		ı			T		- 1			
	(First visit																							
	only)																							
If no follow up visit is	Is there																							
documented:	documentati																							
	on of facility																							
	staff actively																							ı
	following up																							
	(by phone																							
	call or visit)																							
	with client?																							
D21. Documentation	No AEs																							
of post-operative	Mild																							
adverse events	Moderate																							
	Severe																							
	No																							
	Documentati																							
	on																							
	T .	1 1	 		1	1	1	1	Dev	ice	1	-		1	1	1		1		1		1	1	
D22. Use of device-	ShangRing																							
based method																								
	Device but																							
	type not																							
	documented																							
D23. Device size used	Yes																							
documented	No																							
D24. Device batch	Yes																							
documented	No																							<u> </u>
D25. Date of	Yes																							
placement documented	No																							
D26. Date of removal	Yes																							
documented	No																							
D27. Name of the	Yes																							
provider documented	No																							
D28. Adverse events	Yes																							
at placement documented	No																							

	1								ı		1	ı	ı	1	ı	1				1 1						
D29. Adverse events	Yes																									
at removal	No																									
documented																										<b></b>
D30. Adverse events	Yes																									
at post removal	No																									
documented																										
D31. If charts were sele	ected by number	: Fo	r any	char	t nun	nber	s you	seled	cted,	were	the o	charts	s miss	sing?	Circ	le on	e:	N/A	4	No	Y	'es: _		_ (nu	mber	.)
SIMS																										
SIMS 5.1 Voluntarism	and Informed Co	onse	nt: E	ach \	/MM	C fac	ility a	ssure	es vol	unta	rism a	and w	/rittei	n info	ormed	d con	sent a	amon	g clie	nts. P	EPFA	R-fui	nded '	VMV	IC	
ervice providers must obtain written informed consent from all clients (or parental/guardian consent for minor clients) before performing VMMC. Informed																										
onsent documentation must be maintained on file and available as needed.																										
D32. Of the records reviewed, what percent of client records reviewed include consent forms signed by the adult client or by the client's																										
guardian if the client is a minor? (SIMS 5.1, Q2)																										
5.3 VMMC Clinical Follow-Up																										
Adherence to post-operative follow up visits is an important component to VMMC service delivery, and it was recently upgraded to a required indicator for																										
PEPFAR. Is it not possible to adequately assess post-operative AEs, AE rates, and overall program safety without providing follow-up care and documenting the																										
post-operative care provided. Sites should strive to improve follow-up rates and actively attempt to contact clients that do not return for follow-up within 14 days of VMMC.																										
D33. Do the client reco	ords (client medi	cal re	ecord	s or \	/MM	C re	gister	colle	ect w	rittei	n doci	umen	ntatio	n abo	out po	ost-o	perati	ve fo	llow-	up vis	its?		Yes			
(SIMS 5.3, Q1)																							No			
If N=Red																										
D34. What percent of client records (client medical records or VMMC register) include documentation of at least one post-operative follow-up																										
								Ū	•								·		•				If <20	)%=Re	ed	
If 20-49%=Yellow														٧												
If ≥50%, then Q3													;													
D35. Among the clients without documentation of at least one post-operative follow-up visit within 14 days of the VMMC procedure, in what																										
percent of client records is there documentation of facility staff actively following up (by phone call or visit) with clients? (SIMS 5.3, Q3)																										
																							If ≥66	5%=Da	ark Gr	een

Tool D (Dec 2019) Page **6** of **7** 

ditional Comments/Notes:	

Tool D (Dec 2019) Page **7** of **7**