

HIV SENTINEL SURVEILLANCE 2012-13
TRAINING OF ANC SENTINEL SITE PERSONNEL
SESSION II: GROUP WORK: KNOW YOUR SENTINEL SITE

Objectives of the Group Work

1. To understand the routine functioning of OPD and ANC clinic at the sentinel site facility
2. To document and review the patient flow of the pregnant woman on a normal OPD day when HSS is not being implemented, including the distance between the steps and documentation involved at each step
3. To identify site-specific issues that may affect implementation of consecutive sampling and UAT under HSS
4. To provide site-specific recommendations and guidance to the sentinel site personnel during the training to ensure proper implementation of HSS at every site
5. To identify sentinel sites that need to be prioritized for supervisory visit during the first 15 days

Instructions to trainers for conducting the Group Work

1. This group work is scheduled for the second session in the training of sentinel site personnel, before elaborating the methodology and principles of HSS.
2. The idea is to understand the functioning of OPD & ANC clinic and patient flow at the sentinel site facility on a normal working day, **when HSS is not being implemented.**
3. Understanding the routine practices at the sentinel site facility is important to identify if any of them may affect or hinder the implementation of key principles of HSS such as consecutive sampling and unlinked anonymous testing.
4. In this exercise, there should not be any mention or discussion of HSS or the principles thereof. Only, information will be captured from the site personnel that will be used for exercise and discussion during the subsequent session on methodology.
5. Before starting the group work, explain to the participants, the objectives and purpose of this group work as outlined above.
6. Classify the participants into groups based on the type of facility – Medical Colleges/ District Hospitals/ CHC/ PHC/ Private hospital etc.
7. Arrange the seating of participants in such a way that personnel from each site sit together so that they can discuss with one another while doing the group work.
8. Provide the format for group work to the personnel of each sentinel site.
9. Orient them to the format that they are supposed to fill and give the instructions outlined below. Read out all instructions with explanation wherever necessary. Keep referring to the format while giving the instructions for greater clarity.
10. Resource persons should sit with the groups, clear their doubts and guide them in correctly filling the formats.
11. After all the sentinel sites finished filling their respective formats, randomly pick one site from each typology and ask them to come and present/ read out the format that they have filled. This will make the session interactive, act as an ice-breaker, will give chance to the participants to interact with one another and will make the resource persons as well as participants aware of different practices at different hospitals. Encourage other participants to ask questions or seek clarifications from the person presenting the site details.
12. At the end of the session, collect the filled formats from all the sentinel sites.

13. During the break between this session and the next session, the resource persons should quickly go through the formats to identify sites where the routine practices may affect the implementation of HSS. This will be useful to initiate site-specific discussion during the next session on methodology. Case discussions and exercise are included in the next session (Session III on methodology) that present the common issues noticed at the sentinel sites and the recommendations to be given to the sentinel site personnel. During this session, format filled by every sentinel site in the group work will be discussed and specific recommendations will be given to each sentinel site, that include
 - a. Any specific action to be taken to ensure consecutiveness in sampling for HSS
 - b. Any arrangements to be made to ensure that filling HSS data form and collecting blood specimen are done close to the ANC clinic
 - c. Sensitisation of any other doctors and staff at the hospital
 - d. Optimal number of pregnant women to be recruited per day
 - e. Any other site-specific recommendations
14. Keep the filled formats securely during the training. **After the training, SACS should ensure that a copy of the filled formats is sent to the respective Regional Institute.** Information collected in this format will also be used for prioritizing sentinel sites for supervisory visits.
15. Regional Institutes should ensure that formats for all the ANC sentinel sites are received by them at the end of state level trainings.

Instructions to ANC Sentinel Site Personnel for filling format of Group Work – Know Your Sentinel Site

1. Please refer to the format for group work given to you.
2. This format has to be filled with information related to your hospital/ facility.
3. The format has four sections.
4. Section-I documents the site identification information.
5. Section-II has some questions related to the functioning of the OPD & ANC clinic in your hospital. Please answer them in the space provided for each question or tick the appropriate one from suggested responses.
6. Section-III is to record the patient flow of a pregnant woman in your hospital.
 - a. Left table is for a new case and right table is for an old case.
 - b. It gives a list of usual steps that a pregnant woman goes through in a hospital when she visits for ANC check-up, such as ANC registration, doctor's consultation, laboratory etc. Against each suggested contact point, there is an empty box.
 - c. Think of the normal steps that a pregnant woman goes through when she visits your hospital for ANC check up. **The order of steps in your hospital may be different from the order mentioned here.**
 - d. Review the list and identify which is the first step for a pregnant woman after entering your hospital. Mention number '1' in the box against that point.
 - e. Then, identify where the pregnant woman goes next. Mention number '2' in the box against the second step.
 - f. Go on numbering each step in serial order till you reach the stage 'Exit from hospital'.
 - g. If any specific contact point in your hospital is not mentioned in the suggested list, please add the same in the blanks given at the bottom and number them accordingly.
 - h. If any step is not applicable to your hospital, leave it blank.
 - i. Repeat the process of numbering the steps for an old case who is already registered with the hospital in the past.
7. Section-IV is to record the distance between successive steps in the patient flow and documentation maintained at each step.
 - a. Under the first column 'Steps', mention the steps as per the order recorded in Section-III.
 - b. For each step, mention the distance from the previous point, documents maintained at that point & who fills the document in the remaining columns.
 - c. Examples of documents are ANC register, OPD/ANC card given to the pregnant woman, Requisition for routine tests, PPTCT register, Lab register, Routine test results/report, HIV test report, etc.
8. The resource persons will come to you to help you in filling the format correctly. If you need any assistance, call any one of the resource persons.
9. After all sentinel sites fill their respective formats, we will randomly select a few sites to come and present what they have filled in the format, so that all of us are aware of different practices at different hospitals.

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FORMAT FOR SESSION II: GROUP WORK: KNOW YOUR SENTINEL SITE

I. SITE IDENTIFICATION INFORMATION

1. State: 2. District: 3. Type of Hospital:
 (Medical College/Tertiary Hospital/District Hospital/Sub-district Hospital/ CHC/PHC/Private nursing home/Other Specify:)
 4. Nature of Site: (Single site/ Sub-site (Part of composite site))
 5. Site Code (8-digits): 6. Sub-site Number (1-digit):
 7. Name of Sentinel Site/Sub-site:
 8. Name of Composite Site: (Not applicable for single site)

II. DETAILS OF ANC OPD FUNCTIONING

1. Number of days in a week that ANC clinic is functional in your hospital:
 2. ANC OPD timings (Mention the timings on each day; If they are different for new and old cases, mention the same. If there is no difference, mention it under all cases)

	New Cases		Old Cases		All Cases	
	From	To	From	To	From	To
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

3. Average daily ANC clinic attendance:
 4. Who conducts the ANC clinic? (Gynaecologist/Other Doctor/Nurse/ANM/Other:)
 5. How many different doctors conduct ANC clinic in a week?:
 6. What are the routine blood tests done for ANC attendees in your hospital? (a) Syphilis: (Yes/ No) (b) Haemoglobin/HB: (Yes/ No) (c) Malaria: (Yes/ No) (d) Any Other tests done (Specify:)
 7. Are these tests done routinely for every pregnant woman or only for those prescribed by the doctor? (All/ Only for those prescribed by Doctor)
 8. When are routine test results returned to the pregnant woman? (Same day/ After day(s)/ During next visit)
 9. How are routine test results issued? (Written on ANC card/ Separate Report/ Both)
 10. Is there a PPTCT centre functioning in your hospital? (Yes/ No) [If yes, answer the following questions. If no, go to section III.]
 11. How is it ensured that every pregnant woman attending the ANC clinic for check-up reaches PPTCT centre and gets tested for HIV? (Tick one or more options below. If any other, describe it in the blank)
 a. Every pregnant woman is referred to PPTCT centre by doctor in ANC clinic, and the doctor verifies and ensures if HIV test results are available during next visit
 b. PPTCT Counselor sits in/close to ANC clinic and ensures that every pregnant woman comes for HIV counseling after ANC check-up
 c. Every pregnant woman is brought to PPTCT centre from ANC clinic by nurse/ out-reach worker/ hospital attendant (accompanied referral)

- d. Every pregnant woman first comes to the PPTCT centre and goes to ANC clinic for check-up only after registration at PPTCT centre
- e. ANC clinic & PPTCT centre work independently. Pregnant women come to PPTCT centre on their own. No specific procedures are employed.
- f. Any other mechanism:

12. How is blood collection for routine tests & HIV done? *(Collected twice separately for HIV & routine tests/ Collected only once and shared between PPTCT centre for HIV & general lab for routine tests/ Collected only once for HIV, no other tests are done/ Any other:)*
13. When are HIV test results returned to the pregnant woman? *(Same day/ After day(s)/ During next visit)*
14. How are HIV test results issued? *(Written on ANC card/ Separate Report/ Both)*

III. PATIENT FLOW OF A PREGNANT WOMAN ON A NORMAL ANC OPD DAY

(Think of the normal steps that a pregnant woman goes through when she visits your hospital for ANC check up. The common steps are listed below. But, the order of steps in your hospital may be different from the order mentioned here. Mention numbers starting with '1' in the empty boxes in the serial order of steps for new and old ANC case as followed in your hospital. If any step is not applicable to your hospital, leave it blank.)

Steps of Patient Flow for a NEW ANC case	Step No.
Entry into the hospital	0
OPD/ANC registration counter/ Point where OPD/ANC card is issued	
ANC Clinic/ Point where doctor conducts antenatal check-up	
PPTCT centre/ Point where HIV counseling is done	
PPTCT centre/ Point where blood is collected for HIV testing	
General testing lab/ Point where blood is collected for routine tests	
PPTCT centre/ Point where HIV test results are issued	
General testing lab/ Point where routine test results are issued	
Any Other:	
Any Other:	
Any Other:	
Exit from the Hospital	

Steps of Patient Flow for an OLD ANC case	Step No.
Entry into the hospital	0
OPD/ANC registration counter/ Point where OPD/ANC card is issued	
ANC Clinic/ Point where doctor conducts antenatal check-up	
PPTCT centre/ Point where HIV counseling is done	
PPTCT centre/ Point where blood is collected for HIV testing	
General testing lab/ Point where blood is collected for routine tests	
PPTCT centre/ Point where HIV test results are issued	
General testing lab/ Point where routine test results are issued	
Any Other:	
Any Other:	
Any Other:	
Exit from the Hospital	

IV. DISTANCE & DOCUMENTATION

(Mention the steps in the order of number you have given in table above. For each step, mention the distance from the previous point, documents maintained at that point & who fills the document. Examples of documents are ANC register, OPD/ANC card given to the pregnant woman, Requisition for routine tests, PPTCT register, Lab register, Routine test results/report, HIV test report, etc.)

Steps	Distance from previous point	Documentation at this step	Who fills the document?
Step 1:	Not Applicable	a. b.	a. b.
Step 2:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.
Step 3:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.
Step 4:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.
Step 5:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.
Step 6:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.
Step 7:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.
Step 8:	a. Same room b. Adjacent room c. 3-4 rooms away in same corridor d. Other part of same building e. Other building f.	a. b.	a. b.

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FORMAT FOR SESSION III: EXERCISE ON METHODOLOGY OF HSS

(In view of the discussions on eligibility, consecutiveness & UAT in session-3, review the formats filled by you in session-2 group work and answer the following questions. Discuss with the resource persons while writing the actions to be taken to avoid the problems.)

1. If there are separate OPD timings for new and old ANC cases, when will you recruit pregnant women into surveillance? *(Only from new ANC cases/ Only from old ANC cases/ Both)*
2. At what step of patient flow will you assess eligibility for HSS?
3. Based on the steps of patient flow and point of assessing eligibility for HSS, is there a possibility of missing any new case or old case from including in HSS, thereby affecting consecutiveness? *(Yes/ No)*
 - a. If yes, elaborate.
 - b. What should be done to avoid this problem?
4. At what step of patient flow will the HSS data form be filled?
5. Who will fill the HSS data form?
6. Based on the steps of patient flow and point of filling HSS data form, is there a possibility of missing any new case or old case from including in HSS, thereby affecting consecutiveness? *(Yes/ No)*
 - a. If yes, elaborate.
 - b. What should be done to avoid this problem?
7. At what step of patient flow will the blood specimen will be collected?
8. Based on the steps of patient flow and point of collecting blood specimen, is there a possibility of missing any new case or old case from including in HSS, thereby affecting consecutiveness? *(Yes/ No)*
 - a. If yes, elaborate.
 - b. What should be done to avoid this problem?
9. Based on distance between the steps of patient flow, is there a possibility of missing any new case or old case from including in HSS, thereby affecting consecutiveness? *(Yes/ No)*
 - a. If yes, between which steps?
 - b. What should be done to avoid this problem?
10. Based on the documentation maintained at different steps of patient flow, is there a possibility of linking the pregnant woman with HSS blood specimen, thereby violating UAT? *(Yes/ No)*
 - a. If yes, elaborate.
 - b. What should be done to avoid this problem?

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11. Based on the way routine tests are prescribed for pregnant women, is there a possibility of missing any new case or old case from including in HSS, thereby affecting consecutiveness? (Yes/ No)
- a. If yes, elaborate?
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- b. What should be done to avoid this problem?
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12. Based on the way pregnant women visit ANC clinic and PPTCT centre and the point of assessing eligibility/filling HSS data form, is there a possibility of missing any new case or old case from including in HSS, thereby affecting consecutiveness? (Yes/ No)
- a. If yes, elaborate?
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- b. What should be done to avoid this problem?
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13. Based on the way HIV test results are issued, is there a possibility of selectively including or excluding known HIV positive cases in HSS, thereby creating selection bias? (Yes/ No)
- a. If yes, elaborate?
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- b. What should be done to avoid this problem?
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14. Based on the average daily ANC clinic attendance, what should be the optimal number of pregnant women to be recruited into HSS every day (not exceeding 20 per day) so that the procedures of assessing eligibility, consecutiveness, filling data form and UAT are strictly followed? (Decide in consultation with resource persons)
15. Does the HSS sentinel site in-charge who is attending this training conduct ANC clinic on all ANC OPD days? (Yes/ No).
- a. If no, what action will you take after going back to your hospital?
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