**TEMPLATE FOR SIX MONTHLY DISTRICT/SUB-DISTRICT CLINICAL PERFORMANCE REVIEW REPORT**



Table of contents

[1. Introduction 3](#_Toc491784829)

[2. Mortality reports 3](#_Toc491784830)

[2.1 Maternal deaths 3](#_Toc491784831)

[2.2 Neonatal deaths (include still births) 4](#_Toc491784832)

[2.3 Under-five year’s death (will include neonatal deaths) 5](#_Toc491784833)

[3. Output indicators for quality of clinical care 6](#_Toc491784834)

[4. Patient safety incidents 7](#_Toc491784835)

[4.2 Classification according to type of incident 8](#_Toc491784836)

[4.3 Patient outcome 10](#_Toc491784837)

[5. Complaints 11](#_Toc491784838)

[6. Clinical audits 12](#_Toc491784839)

**Abbreviations:**

DHIS: District health information system

iMMR: Maternal mortality ratio

iNNMR: Neonatal mortality ratio

iSBR: Stillbirth ratio

PIPP: [Perinatal Problem Identification Programme](https://www.ppip.co.za/)

CHIP: Child Healthcare Problem Identification Programme

MDNF: Maternal Death Notification Form

A&E: Accident and Emergency

SAM: Sever Acute Malnutrition

# Introduction

This template gives guidance to sub-district/district clinical review teams to identify gaps in clinical care provided to patients receiving treatment in primary health care facilities. Four types of data are used to assess clinical care in this report:

* mortality reports,
* output indicators for quality of clinical care,
* patient safety incidents
* complaints
* clinical audits

Districts should collate the data for their district in the templates provided. A section is provided at the end of each set of data to make findings and recommendations. Note if the data is available in other already existing reports the reports can be attached as annexures but findings and recommendations should be made every six month on the data as set out in this template.

1. **Mortality reports**

**2.1** Maternal deaths

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **April to Sept** | | | | | | | | **Oct to Mar** | | | | | | | | **Tot Fin Year** |
| CHC 1 | CHC 2 | CHC 3 | CHC 4 | CHC 5 | CHC 6 | CHC 7 | **TOT** | CHC 1 | CHC 2 | CHC 3 | CHC 4 | CHC 5 | CHC 6 | CHC 7 | **TOT** |
| Numerator (number of deaths) (from DHIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Target limits (disaggregated/allocated from APP) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Denominator (live births) (from DHIS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Case fatality Rates (from DHSI) ( iMMR) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical analysis - from death review programmes (PPIP, CHIP)** | | | | | | | | | | | | | | | | | |
| Causes of death (top 5, ranked) (From PPIP, MDNF) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CD Case Fatality Rates |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Modifiable factors (from MDNF): most common factors by place of occurrence (home, clinic, hospital A&E, ward) for   * Clinical providers * Administrative /managers * Patient/ family / community   Numbers/proportions and description from MDNF, PPIP) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referral system analysis** | | | | | | | | | | | | | | | | | |
| # referrals who died (“transfer deaths”. NB not added twice in totals) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # deaths in transit (EMS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2.2 Neonatal and perinatal deaths**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **April to Sept** | | | | | | | | **Oct to Mar** | | | | | | | | **Tot Fin Year** |
| CHC 1 | CHC 2 | CHC 3 | CHC 4 | CHC 5 | CHC 6 | CHC 7 | **TOT** | CHC 1 | CHC 2 | CHC 3 | CHC 4 | CHC 5 | CHC 6 | CHC 7 | **TOT** |
| Numerator (number of neonatal deaths) ( DHIS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Of Which early/late |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Target limits neonatal deaths (disaggregated/allocated from APP) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Stillbirths |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Denominator (number of live births) (DHIS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Case fatality Rates - iNNMR (DHIS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Case fatality Rates - iSBR (DHIS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical analysis - from death review programmes (PPIP, CHIP)** | | | | | | | | | | | | | | | | | |
| Causes of death (top 5) (from PPIP) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deaths by weight: >250g (# & %) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deaths by weight: 1000 – 2500g (# & %) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deaths by weight: <1000g (# & %) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Modifiable factors most common factors by place of occurrence (home, clinic, hospital A&E) for   * Clinical providers * Administrative * Patient/family/community   Numbers/proportions & description from PPIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Referral system analysis** | | | | | | | | | | | | | | | | | |
| # referrals who died (“transfer deaths”. NB not added twice in totals) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # deaths in transit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Recommendations: First 6 months**

**Monitoring cycle: Responsive plan and implementation in response to review (modifiable factors and actions)**

Commonest modifiable factors listed

Root cause analysis of modifiable factors to determine action and responsibility

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role/ Place of occurrence** | **Caregiver / patient** | | **Administrator / manager** | | **Clinical personnel / provider** | |
| **Factor** | **Action, responsibility** | **Factor** | **Action, responsibility** | **Factor** | **Action, responsibility** |
| Home |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Clinic |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| CHC |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Recommendations: Last 6 months**

**Monitoring cycle: Responsive plan and implementation in response to review (modifiable factors and actions)**

Commonest modifiable factors listed

Root cause analysis of modifiable factors to determine action and responsibility

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role/ Place of occurrence** | **Caregiver / patient** | | **Administrator / manager** | | **Clinical personnel / provider** | |
| **Factor** | **Action, responsibility** | **Factor** | **Action, responsibility** | **Factor** | **Action, responsibility** |
| Home |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Clinic |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| CHC |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Caregiver / patient** | | **Administrator / manager** | | **Clinical personnel / provider** | |
| **Factor** | **Action, responsibility** | **Factor** | **Action, responsibility** | **Factor** | **Action, responsibility** |

**2.3 Under-five year’s death (will include neonatal deaths)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** |
| Numerator (number of deaths from DHIS |  |  |  |  |  |  |  |
| Denominator (number admissions (from DHIS) |  |  |  |  |  |  |  |
| Specific mortality markers (# and % with SAM) |  |  |  |  |  |  |  |
| Case fatality Rates (from DHSI) Under-five institutional death rates |  |  |  |  |  |  |  |
| Target limits (disaggregated/allocated from APP) |  |  |  |  |  |  |  |
| # Deaths from specific diseases: |  |  |  |  |  |  |  |
| DD |  |  |  |  |  |  |  |
| Pneumonia |  |  |  |  |  |  |  |
| SAM |  |  |  |  |  |  |  |
| # admissions from specific diseases |  |  |  |  |  |  |  |
| DD |  |  |  |  |  |  |  |
| Pneumonia |  |  |  |  |  |  |  |
| SAM |  |  |  |  |  |  |  |
| Case Fatality Rates (CFR) or these diseases |  |  |  |  |  |  |  |
| **CLINICAL ANALYSIS** | | | | | | | |
| Causes of death (top 5) (from CHIP) |  |  |  |  |  |  |  |
| Modifiable factors most common factors by place of occurrence (home, clinic, hospital A&E) for   * Clinical providers * Administrative * Patient/family/community   Numbers/proportions and description (from CHIP) |  |  |  |  |  |  |  |
| For referrals in (at next level)  Referring institutions (list ranked by # of referred cases) |  |  |  |  |  |  |  |
| # deaths in cases referred (transfer deaths” for referring institution – NB not counted in totals) |  |  |  |  |  |  |  |
| **FINDINGS AND RECOMMENDATIONS** | | | | | | | |
| Findings |  | | |  | | |  |
| Recommendations |  | | |  | | |  |

1. **Output indicators for quality of clinical care**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** | |
| TB treatment success rate is at least 85% or has increased by at least 5% from the previous year |  |  |  |  |  |  |  | |
| TB (new pulmonary) defaulter rate < 5% |  |  |  |  |  |  |  | |
| Antenatal visit rate before 20 weeks gestation is at least 67% or has increased by at least 5% from the previous year |  |  |  |  |  |  |  | |
| Antenatal patient initiated on ART rate is at least 96% or has increased by at least 5% from the previous year |  |  |  |  |  |  |  | |
| Immunisation coverage under one year (annualised) is at least 87% or has increased by at least 5% from the previous year |  |  |  |  |  |  |  | |
| **FINDINGS AND RECOMMENDATIONS** | | | | | | | | |
| Findings |  | | |  | | | |  |
| Recommendations |  | | |  | | | |  |

1. **Patient safety incidents**

**4.1 Indicators**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Month:** | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** |
| **A** | **# PSI cases** |  |  |  |  |  |  |  |
| **B** | **#PSI cases closed** |  |  |  |  |  |  |  |
| **C** | **% PSI cases closed (Column B/ Column A)** |  |  |  |  |  |  |  |
| **D** | **# PSI cases closed within 60 working days** |  |  |  |  |  |  |  |
| **E** | **% of PSI cases closed within 60 working days (Column D/ Column B)** |  |  |  |  |  |  |  |
| **F** | **# PSI SAC 1** |  |  |  |  |  |  |  |
| **G** | **# SAC 1 incidents reported within 24 hours** |  |  |  |  |  |  |  |
| **H** | **%of SAC 1 incidents reported within 24 hours (Column F/ Column G)** |  |  |  |  |  |  |  |
| **Findings** | |  | | |  | | |  |
| **Recommendations** | |  | | |  | | |  |

**4.2 Classification according to type of incident**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** | | **AVG** | **% \*** |
| **1.Clinical administration** |  |  |  | |  |  |  |  | |  |  |
| Medical procedure performed without consent |  |  |  | |  |  |  |  | |  |  |
| **2. Clinical process/ procedure** |  |  |  | |  |  |  |  | |  |  |
| Not performed when indicated |  |  |  | |  |  |  |  | |  |  |
| Performed on wrong patient |  |  |  | |  |  |  |  | |  |  |
| Wrong process/ procedure/ treatment performed |  |  |  | |  |  |  |  | |  |  |
| Performed on wrong body part/ site/ side |  |  |  | |  |  |  |  | |  |  |
| Retention of foreign object during surgery |  |  |  | |  |  |  |  | |  |  |
| Pressure sores acquired during admission |  |  |  | |  |  |  |  | |  |  |
| Maternal death |  |  |  | |  |  |  |  | |  |  |
| Neonatal death |  |  |  | |  |  |  |  | |  |  |
| Fresh still born |  |  |  | |  |  |  |  | |  |  |
| **3. Health care-associated infections** |  |  |  | |  |  |  |  | |  |  |
| Central line associated blood stream infection |  |  |  | |  |  |  |  | |  |  |
| Peripheral line infection |  |  |  | |  |  |  |  | |  |  |
| Surgical site |  |  |  | |  |  |  |  | |  |  |
| Hospital acquired pneumonia |  |  |  | |  |  |  |  | |  |  |
| Ventilator associated pneumonia |  |  |  | |  |  |  |  | |  |  |
| Catheter associated urinary tract infection |  |  |  | |  |  |  |  | |  |  |
| Communicable diseases |  |  |  | |  |  |  |  | |  |  |
| **4. Medication/ IV fluids** |  |  |  | |  |  |  |  | |  |  |
| Wrong dispensing |  |  |  | |  |  |  |  | |  |  |
| Omitted medicine or dose |  |  |  | |  |  |  |  | |  |  |
| Medicine not available |  |  |  | |  |  |  |  | |  |  |
| Adverse drug reaction |  |  |  | |  |  |  |  | |  |  |
| Wrong medicine |  |  |  | |  |  |  |  | |  |  |
| Wrong dose/ strength administered |  |  |  | |  |  |  |  | |  |  |
| Wrong patient |  |  |  | |  |  |  |  | |  |  |
| Wrong frequency |  |  |  | |  |  |  |  | |  |  |
| Wrong route |  |  |  | |  |  |  |  | |  |  |
| Prescription error |  |  |  | |  |  |  |  | |  |  |
| **5. Blood or blood products** |  |  |  | |  |  |  |  | |  |  |
| Acute transfusion reactions |  |  |  | |  |  |  |  | |  |  |
| Delayed transfusion reactions/ events (including transfusion transmitted infections) |  |  |  | |  |  |  |  | |  |  |
| Errors- wrong blood/ blood products |  |  |  | |  |  |  |  | |  |  |
| **6. Medical devises/ equipment/ property** |  |  |  | |  |  |  |  | |  |  |
| Lack of availability |  |  |  | |  |  |  |  | |  |  |
| Failure / malfunction |  |  |  | |  |  |  |  | |  |  |
| **7. Behaviour** |  |  |  | |  |  |  |  | |  |  |
| Suicide |  |  |  | |  |  |  |  | |  |  |
| Attempted suicide |  |  |  | |  |  |  |  | |  |  |
| Self inflicted injury |  |  |  | |  |  |  |  | |  |  |
| Sexual assault by staff |  |  |  | |  |  |  |  | |  |  |
| Sexual assault by fellow patient or visitor |  |  |  | |  |  |  |  | |  |  |
| Physical Assault by staff |  |  |  | |  |  |  |  | |  |  |
| Physical assault by fellow patient or visitor |  |  |  | |  |  |  |  | |  |  |
| Exploitation, abuse, neglect or degrading treatment by fellow patient or visitor |  |  |  | |  |  |  |  | |  |  |
| Exploitation, abuse, neglect or degrading treatment by staff member |  |  |  | |  |  |  |  | |  |  |
| Wandering/absconding |  |  |  | |  |  |  |  | |  |  |
| Refusal of treatment |  |  |  | |  |  |  |  | |  |  |
| **8. Patient accidents** |  |  |  | |  |  |  |  | |  |  |
| Falls |  |  |  | |  |  |  |  | |  |  |
| **9. Infrastructure/ Buildings/ fixtures** |  |  |  | |  |  |  |  | |  |  |
| Damaged/ faulty/ worn |  |  |  | |  |  |  |  | |  |  |
| Non-existent/ Inadequate |  |  |  | |  |  |  |  | |  |  |
| **10. Other** |  |  |  | |  |  |  |  | |  |  |
| Any other incident that does not fit into category 1 to 9 |  |  |  | |  |  |  |  | |  |  |
| **GRAND TOTAL** |  |  |  | |  |  |  |  | |  |  |
| **List Top 5 categories** |  | | |  | | | | |  | | |
| **Findings** |  | | |  | | | | |  | | |
| **Recommendations** |  | | |  | | | | |  | | |

**4.3 Patient outcome**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** | **AVG** | **% \*** |
| None |  |  |  |  |  |  |  |  |  |
| Mild |  |  |  |  |  |  |  |  |  |
| Moderate |  |  |  |  |  |  |  |  |  |
| Severe |  |  |  |  |  |  |  |  |  |
| Death |  |  |  |  |  |  |  |  |  |
| **GRAND TOTAL** |  |  |  |  |  |  |  |  |  |
| **Findings and recommendations** | | | | | | | | | |
| **Findings** |  | | |  | | |  | | |
| **Recommendations** |  | | |  | | |  | | |

1. **Complaints**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complaints category** | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** | **AVG** | **% \*** |
| Patient care |  |  |  |  |  |  |  |  |  |
| Hygiene and cleanliness |  |  |  |  |  |  |  |  |  |
| Availability of medicines |  |  |  |  |  |  |  |  |  |
| Physical access |  |  |  |  |  |  |  |  |  |
| **GRAND TOTAL** |  |  |  |  |  |  |  |  |  |
| **Findings and recommendations** | | | | | | | | | |
| **Findings** |  | | |  | | |  | | |
| **Recommendations** |  | | |  | | |  | | |

1. **Clinical audits**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority areas** | **Quarter 1** | **Quarter 2** | **Tot : Q1 + Q2** | **Quarter 3** | **Quarter 4** | **Tot: Q3 + Q4** | **Tot Fin Year** | **AVG** |
| HIV/TB |  |  |  |  |  |  |  |  |
| Non communicable diseases (diabetes and hypertension) |  |  |  |  |  |  |  |  |
| Maternal (ANC and PNC) |  |  |  |  |  |  |  |  |
| Well baby |  |  |  |  |  |  |  |  |
| Sick child (IMCI) |  |  |  |  |  |  |  |  |
| **Findings and recommendations** | | | | | | | | |
| **Findings** |  | | |  | | |  | |
| **Recommendations** |  | | |  | | |  | |