POC EID Implementation Site Monitoring Checklist: Spoke Site

Facility name:	
Name(s) of trained sample collectors:	
Date of monitoring visit:	
Name(s) of monitors or supervisors:	

Observe and ask about the activities in the table below. For each activity, check the appropriate box to indicate if the activity is being done (Yes), partially done (Partial) or not being done (No). If an activity is partially or not done, write a brief explanation and describe the assistance or mentoring provided. Provide assistance and mentoring as needed or requested. Enter additional information as required, such as the number of POC EID Testing Forms collected.

Part 1. Clinical Integration	Yes	Partial	No	Comments/Notes
Adherence to testing algorithms: (NOTE: Review patient registers)				
1.1 All infants who qualify for EID testing have a sample drawn the				
same day.				
1.2 All caregivers are given a date or instructions to return for the EID				
result.				
a. When are caregivers instructed to return for results (e.g. the				
next day, in one week, other)? Write the response in the box.				
1.3 All results are conveyed to caregiver on the date the caregiver is told to return.				
1.4 If a caregiver does not return on the assigned date, the follow up				
and tracking SOP is followed.				
1.5 All infants with a positive initial result have a second POC sample				
sent for confirmation the same day that the patient returns for				
their result.				
1.6 All infants who have an initial positive result are initiated on ART				
the same day that they receive the initial result.				
1.7 For all infants who have a positive initial POC test result, but a				
negative second POC test result (i.e. discordant result), a DBS				
sample is sent to a reference lab, and contact information is				
collected from the patient for follow up.				
Patient flow: (NOTE: Discuss with facility staff and review POC EID testing registers)	forms	and patier	it	
1.8 According to health facility staff, over the past two weeks,				
approximately how many days did caregivers typically wait				
between sample draw and return of results to the caregiver?		d	ays	
1.9 The health facility has more than one clinic, ward, or service from				
which HIV-exposed infants can be referred for POC EID testing (e.g.				
PMTCT clinic, nutrition ward, pediatric in-patient ward,				
immunization clinic).				
a. If yes, is the health facility taking actions to increase testing of				
infants from different entry points (e.g. clinics, wards, services)?				
1.10 The health facility is testing infants on POC EID who are referred				
from more than one entry point within the same health facility.				
a. If yes, are infants being tested from PMTCT clinics or services?				
b. From nutrition wards or services?				
c. From in-patient wards?				
d. From immunization clinics or services?				
e. Others (please describe):				
Part 2. SOPs, Job Aids and Documentation	Yes	Partial	No	Comments/Notes
SOPs, job aids, registers, tracking logs, and testing forms: (NOTE: Observ			l .	•
with staff, and review error logs and testing forms)	,	,,		
2.1 SOPs and job aids are available in the appropriate language.				
2.2 SOPs and job aids are available and visible to staff (e.g. job aids are				
hung on the wall, training manuals are near the testing platform).				
2.3 SOPs and job aids are used and adhered to by all staff.				
2.4 ANC, PMTCT and ART Initiation registers from the previous three				
months are properly and completely filled out.				

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2.5	POC EID Testing Forms from the previous three months are properly and completely filled out.				
2.6	POC EID Testing Forms were collected during the monitoring visit for data entry.				
	a. If yes, indicate the number of forms collected:		fc	orms	
Par	t 3. Health Worker Performance	Yes	Partial	No	Comments/Notes
Нес	Ith worker training and sample collection: (NOTE: Discuss with facilit	y staff)			
3.1	All staff drawing samples for POC testing received appropriate				
2.2	training, or refresher training, within the past 12 months.				
3.2	Before sample collection, all caregivers are informed about the purpose of the test, the method of collecting the sample, and the				
	waiting time for return of results.				
3.3	Before taking the sample, all infants' names are verified.				
	All staff drawing samples adhere to universal safety precautions				
	for the handling of human blood (e.g. wear gloves and protective				
	clothing, wash hands, disposes of lancets in puncture resistant				
	containers, change gloves after each specimen).				
Par	t 4. Inventory Management	Yes	Partial	No	Comments/Notes
	gents and Supplies: (NOTE: Observe and discuss with facility staff)	1	1	Г	
4.1	All supplies needed to draw samples for POC testing are available				
	at the facility (e.g. gloves, lancets, capillary tubes, alcohol wipes, gauze, and thermal paper).				
4.2	Stock cards for supplies needed for POC testing are used and kept				
	up to date. (NOTE: For each individual product, stock cards should				
	indicate the quantity of stock received, on hand, and lost/expired				
	as well as adjustments, such as transfers of stock to another				
12	facility). A physical count of supplies needed to perform POC testing was				
4.3	completed within the last four (4) weeks.				
4.4	In the last 90 days, there have been stock outs of supplies needed				
	to perform POC testing. (NOTE: If yes, the reason for stock outs in				
	the comments box.)				
	a. If yes, which products were not available?				
4.5	b. Approximately how long did the stock out last (in days)?		Ī	days	
4.5	If there is any concern about inventory management, and time permits, conduct a physical inventory of POC supplies and cross				
	check the quantities available against those written in the stock				
	cards. Do the quantities match those indicated in the stock cards?				
Par	t 5. Linkage to Care	Yes	Partial	No	Comments/Notes
	Infants diagnosed as HIV-positive on POC instruments are referred				
	the same day to child services within the health facility for linkage				
F 2	to care.				
5.2	Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services at another health facility for linkage				
	to care.				
5.3	In the previous three (3) months, all infants diagnosed as HIV-				
	positive were successfully linked to ART services (NOTE: If possible,				
	cross check positive cases in POC EID Testing Forms or logbooks against the facility's ART register)				
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	t 6. Sample Transport from Spoke to Hub	Yes	Partial	No	Comments/Notes
	All samples for transport to hub are appropriately collected in capillary tubes and labeled.				
	All samples for transport to hub are appropriately packaged for transport (e.g. in cool box for storage and transport at 4 degrees C)				
6.3	·				
	received by the hub site within 24 hours (if kept at room temperature) or within 72 hours (if kept at 4 degrees Celsius).				
C 4					
6.4	There is a transport log book for samples sent to hub sites.	1			-
	a. If you the transport less is assessed tilled and and alexand				
<u> </u>	a. If yes, the transport log is properly filled out and signed.				
6.5	a. If yes, the transport log is properly filled out and signed. Sample transport drivers have appropriate equipment to transport samples.				

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Par	t 7. Mentoring, Training, and Information Sharing
•	List the topics covered and the recipients of mentoring, training and information sharing.
•	List recommendations or plans for future training, mentoring or information sharing.
Dar	t 8. Suggestions for Improving POC EID Implementation
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•	Additional notes, recommendations, or follow-up needed to improve the quality of POC EID services.
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