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| **Voluntary Medical Male Circumcision (VMMC) Tool C – Client Record Review**  **External Quality Assurance (EQA)**  **Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Tool (C) 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 4th 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 Nth 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 PrePex and/or 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 C 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.  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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C1. Type of site (check one) | | | Fixed | |  | | | | | | | | | | | | | | | | | C2. Type of service delivery observed TODAY (check one): | | | | | | | | | | | | | | | | | | | | | | | | Regular | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile/  Outreach | |  | | | | | | | | | | | | | | | | | Campaign | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| C3. Are VMMC client records stored on site | | | Yes |  | C4. If YES, are client records stored in a secure area | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | |  | | | | | | C5. If YES, are client records filed in a manner that facilitates easy searching by name or date of service | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | |  | | | | | | | | | | | |
| No |  | No | | | | | | | | | | |  | | | | | | No | | | | | | | | | | | |  | | | | | | | | | | | |
| C6. Has the site changed record forms during the last 3 months | | | Yes |  | C7. What is the range of dates selected for the client record review | | | | | | | | | | | | | | | | | | | | | | | | | | | | From:  To: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No |  |
| C8.What is the national age of consent for VMMC? | | |  | | C9. Explain why this range of dates (in C7) was selected: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Records** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | 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 | | | | |
| C10. Age | | | In Years | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| No Documentation | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| C11. What is the result of the client’s documented HIV test? Documentation may include HIV test results provided outside the VMMC site. | | | Negative | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Positive | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Indeterminate | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| No documentation | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Testing not done | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| C12. ADULTS (> the national age for consent to VMMC) ONLY. Is the informed consent form signed by the client? May include thumbprints for those unable to write. | | | Yes | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| No | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| C13. MINORS (< the national age for consent to VMMC) ONLY. Did the parent or guardian sign the informed consent form? May include thumbprints for those unable to write. | | | Yes | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| No | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| C14. History and physical (check if present) | | | History | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Physical | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Blood Pressure | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Weight | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| Temperature | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| C15. Date of surgery documented  (DD / MM / YY) | | | Yes | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| No | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | | |  | | | |  | |  | | | | |  | | | | |
| C16. Is the name of the surgeon documented | | | Yes | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | | | | |  | |  | | | | |  | | | | |
| No | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | |  | |  | |  | | |  | | | |  | |  | | |  | | | |  | | | | |  | |  | | | | |  | | | | |
| C17. VMMC surgical method | | | Forceps Guided | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | | |  | | | | |
| Dorsal Slit | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | | |  | | | | |
| Sleeve | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | | |  | | | | |
| Device | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | | |  | | | | |
| No documentation | | |  | |  |  | | |  | |  | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | |  | |  | | | |  | | | |  | | | |  | |  | | | | |  | | | | |
| C18. Anesthetic dosing | | Weight (kg) | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Lidocaine volume (ml) | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Lidocaine strength (%) | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Bupivacaine volume (ml) | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Bupivacaine strength (%) | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Topical EMLA | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Not documented (check) | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| C19. Documentation of intra-operative adverse events | | No AEs | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Mild | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Moderate | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Severe | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| No Documentation | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| *If device based, skip to C22* | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| C20. Is at least one follow-up visit by the client documented? | | Yes | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| No Documentation | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| *If yes:* | | Number of days post-op:  *(First visit only)* | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| *If no follow up visit is documented:* | | Is there documentation of facility staff actively following up (by phone call or visit) with client? | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| C21. Documentation of post-operative adverse events | | No AEs | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Mild | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Moderate | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| Severe | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| No Documentation | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | | |  | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | | | |  | | | |  | | | |  | |  | | | |  | | | |
| **Device** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C22. Use of device-based method | PrePex | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | |  | | | |  | | |
| ShangRing | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | |  | | | |  | | |
| No documentation | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | |  | | | |  | | |
| C23. Device size used | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | |  | | |  | |  | | | |  | | | | |  | |  | | |  | | | |  | | | |
| C24. Device batch documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | |  | | | |  | | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | |  | | | |  | | | |
| C25. Date of placement documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| C26. Date of removal documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| C27. Name of the provider documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| C28. Adverse events at placement documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| C29. Adverse events at removal documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| C30. Adverse events at post removal documented | Yes | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| No | | | |  | |  | | | |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | |  |  |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| C31. If charts were selected by number: For any chart numbers you selected, were the charts missing? Circle one: N/A No Yes: \_\_\_\_\_\_ (number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIMS 5.1 Voluntarism and Informed Consent:** Each VMMC facility assures voluntarism and written informed consent among clients. PEPFAR-funded VMMC service providers must obtain written informed consent from all clients (or parental/guardian consent for minor clients) before performing VMMC. Informed consent documentation must be maintained on file and available as needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C32**.** 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C33. Do the client records (client medical records or VMMC register) collect written documentation about post-operative follow-up visits? (SIMS 5.3, Q1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | | | | |
| No | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If N=Red | | | | | | | | | | | | | | |
| C34.What percent of client records (client medical records or VMMC register) include documentation of at least one post-operative follow-up visit within 14 days of the VMMC procedure? (SIMS 5.3, Q2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_  If <20%=Red  If 20-49%=Yellow  If ≥50%, then Q3 | | | | | | | | | | | | | | |
| C35.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%=Light Green  If ≥66%=Dark Green | | | | | | | | | | | | | | |
| **Additional Comments/Notes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |