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| **Voluntary Medical Male Circumcision (VMMC) Tool H – PrePex Procedures**  **External Quality Assurance (EQA)**    **Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| This Tool (H) aims to objectively assess resources and activities related to:   * Screening patients and preparation for PrePex * PrePex procedures for adults and adolescents * Prevention of infection * Surgical backup and training   **Reviewer Guidance**:  The reviewer will record observations by marking “Y” for Yes (wholly adequate), or “N” for No (not wholly adequate) as noted on the form. In cases where the “N” is checked, the reviewer is asked to explain in the Notes section as appropriate.  Any additional general comments may also be recorded in the Comments/Notes section at the end.  For PrePex services and clinical management there are many considerations for each of the indicators. Several key elements are identified for the reviewer as a guide during observations. An indicator may be judged adequate overall, with comments identifying the strongest areas as well as problematic components, even though the overall performance may be within acceptable standards. When judged partially or not wholly adequate (N) overall, the specific component(s) that require change should be identified, as well as affirmation of those elements that are sound.  Please obtain permission from the clinical staff to observe the procedure. Then obtain verbal consent from the client (and from the parent/guardian if the client is a minor) to observe. | | | | | | | | | | |
| **For each item below, please check the correct box in the first column to indicate whether the provider asked about the item (NOT whether the answer was “Yes”). In the second column indicate whether the provider documented the result.** | | | | | | | | | | |
| **Medical History** | | | | | **Did provider ask about or perform?** | | | | **Did provider document the results correctly?** | |
| Does the client currently have or did he recently have any of the following: | | | **N/A** | | **Y** | | | **N** | **Y** | **N** |
| **For post-pubescent clients only** | H1. **Medical History –** Any discharge from the tip of penis? | |  | |  | | |  |  |  |
| H2. **Medical History –** Any pain or burning on urination? | |  | |  | | |  |  |  |
| H3. **Medical History –** Frequent urination? | |  | |  | | |  |  |  |
| H4. **Medical History –** Any swelling/redness of the foreskin or penis? | |  | |  | | |  |  |  |
| H5. **Medical History –** Any ulcer or warts anywhere on penis? | |  | |  | | |  |  |  |
| H6. **Medical History –** Any problems with sexual function | |  | |  | | |  |  |  |
| H7. **Medical History** – Does the client have allergies to any medication? | | | | |  | | |  |  |  |
| H8. **Medical History** – Has the client had any previous surgeries? | | | | |  | | |  |  |  |
| H9. **Medical History** – If client has had previous surgeries, has he had any complications, including prolonged bleeding? (Please write ‘NA’ if NO previous surgeries). | | | | |  | | |  |  |  |
| H10. **Medical History** – Has the client ever had prolonged bleeding after cuts, dental extractions, or nosebleeds? | | | | |  | | |  |  |  |
| H11. **Medical History** – Does the client have diabetes? | | | | |  | | |  |  |  |
| H12. **Medical History** – Does the client have any history of anemia? | | | | |  | | |  |  |  |
| H13. **Medical History** – Does the client currently have any other serious chronic illness? (It is NOT necessary to ask about HIV status). | | | | |  | | |  |  |  |
| **Physical Exam** | | | | | | | | | | |
| H14. **Physical Exam** – Was the weight obtained? *If NO, skip to H16.* | | | | |  | |  | |  |  |
| H15. **Physical Exam** – What was the weight (kg)? | | | | |  | | | | | |
| H16. **Physical Exam** – Was the temperature obtained? | | | | |  | |  | |  |  |
| H17. **Physical Exam** – Was the blood pressure obtained? | | | | |  | |  | |  |  |
| H18. **Physical Exam** – Was the penis examined, lifting and moving as needed to visualize all sides (done to rule out current STIs and anatomic abnormalities)? | | | | |  | |  | |  |  |
| H19. **Physical Exam** – Was an attempt made to retract the foreskin and visualize the urethra? (For phimosis, adhesions, hypospadias/epispadias). | | | | |  | |  | |  |  |
| H20. **Physical Exam** – Was the scrotum examined, lifting and moving as needed to visualize all sides? (Done to rule out disorders such as hydrocele). | | | | |  | |  | |  |  |
| H21. **Physical Exam** – Was eligibility for VMMC assessed? | | | | |  | |  | |  |  |
| H22. **Physical Exam** – Was eligibility for VMMC assessed CORRECTLY? | | | | |  | |  | |  |  |
| Sources: PEPFAR Operational Guide for Voluntary Medical Male Circumcision Services: *A service guide for site operations*; Uganda Standard MC Record; WHO Manual for Male Circumcision under Local Anesthesia. | | | | | | | | | | |
| **Disinfection** | | **Y** | | **N** | | **Notes** | | | | |
| H23. **Disinfection** – Did staff wash their hands prior to conducting PrePex procedures? | |  | |  | |  | | | | |
| H24. **Disinfection** – Did staff dispose waste safely (medical waste containers available and correct; inner ring cut at removal)? | |  | |  | |  | | | | |
| H25. **Disinfection** – Was disinfection or sterilization of equipment adequate? | |  | |  | |  | | | | |
| H26. **Disinfection** – Were used instruments placed in chemical disinfection? | |  | |  | |  | | | | |
| H27. **For reusable instruments only** – By provider report, has the autoclave been functioning properly (No disruptions in the past 3 months)? (Write N/A in notes if using disposable kits). | |  | |  | |  | | | | |
| **Additional Comments/Notes:** | | | | | | | | | | |
| **Surgical Backup** | | **Y** | | **N** | | **Notes** | | | | |
| H28. **Surgical Backup** – Is skilled surgical backup available within 6 hours of site? **(Discuss plan with staff).** | |  | |  | | **Distance from site: \_\_\_\_\_\_\_\_kms** | | | | |
| H29. **Surgical Backup** – What is the name of the facility used for surgical backup? | |  | |  | |  | | | | |
| H30. **Surgical Backup** – What type of facility (hospital, etc.)? | |  | |  | |  | | | | |
| H31. **Surgical Backup** – What is the distance from this site (km)? | |  | | | | | | | | |
| H32. **Surgical Backup** – What is the duration of availability per day of the surgical backup? | |  | |  | |  | | | | |
| H33. **Surgical Backup** – Is written referral/transport plan in place for surgical backup? **(Discuss plan with staff).** | |  | |  | |  | | | | |
| H34. **Surgical Backup** – Is the surgical backup adequately skilled in performing complex VMMC surgical procedures to address potential adverse events? **(Discuss skill of surgical backup with staff).** | |  | |  | |  | | | | |
| **Comments on the surgical backup plan (specify feasibility and the adequacy of experience of surgical backup):** | | | | | | | | | | |
| **Training** | | **Y** | | **N** | | **Notes** | | | | |
| H35. **Training** – Have the clinical personnel in health facilities in the site’s catchment area been oriented on PrePex? | |  | |  | |  | | | | |
| H36. **Training** – Have the clinical personnel in health facilities in the site’s catchment area been oriented on the recognition of potential complications from PrePex? | |  | |  | |  | | | | |
| H37. **Training** – Have the clinical personnel in health facilities in the site’s catchment area been oriented on Client management and referral policyfor PrePex? | |  | |  | |  | | | | |

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| **All questions should be answered Yes if the item is fully complete, and No if any part is not.** | | | |
| **Pre-Placement Steps** | | | |
| **Client** | **Y** | **N** | **Notes** |
| H38. **Pre-Placement Steps –** Was the client’s name and age verified? |  |  |  |
| H39. **Pre-Placement Steps –** Was consent verified? |  |  |  |
| H40. **Pre-Placement Steps –** Was the client asked whether they were allergic to iodine antiseptic prior to applying povidone‐iodine (7.5% ‐ 10%), and if allergic, was or chlorhexidine gluconate (2% ‐ 4%) used instead? |  |  |  |
| H41. **Pre-Placement Steps –** Was antiseptic applied to client moving outward from the shaft to include the scrotum, lower thighs and suprapubic area, without letting cleaned skin touch uncleaned skin? |  |  |  |
| H42. **Pre-Placement Steps –** Did the provider apply antiseptic three times? |  |  |  |
| H43. **Pre-Placement Steps –** Did the provider wait ≥2 minutes before initiating placement for disinfectant action? |  |  |  |
| H44. **Pre-Placement Steps** – Was the appropriate size selected? |  |  |  |
| H45. **Pre-Placement Steps** – Was marking done? |  |  |  |
| H46. **Pre-Placement Steps** – Was anesthetic cream applied? |  |  |  |
| H47. **Pre-Placement Steps** – Was elastic ring placed on outer placement ring? |  |  |  |
| **Placement Steps** | | | |
| H48. **Placement Steps** – Was the outer placement ring with elastic ring placed on the penis shaft with the Elastic Ring distal to the body? |  |  |  |
| H49. **Placement Steps** – Did one provider hold and stretch the foreskin to dorsal and ventral sides to make room for inner ring placement? |  |  |  |
| H50. **Placement Steps** – Did a second provider insert the inner ring with its flat parts toward the dorsal and ventral penis sides, aligning the ring just below the glans (on the sulcus)? |  |  |  |
| H51. **Placement Steps** – Was the outer placement moved up so that the elastic ring and inner ring were aligned? |  |  |  |
| H52. **Placement Steps** – Was the elastic ring released to rest within the grooves of the inner ring, securely compressing the foreskin? |  |  |  |
| H53. **Placement Steps** – Were placement, alignment of rings and markings verified? |  |  |  |
| H54. **Placement Steps** – Was verification thread removed? |  |  |  |
| H55. **Placement Steps** – Was the outer placement ring discarded? |  |  |  |
| H56. **Placement Steps** – Were AEs assessed and documented, including pain? |  |  |  |
| **PrePex Removal** | | | |
| H57. **Removal** – Were AEs assessed and documented? |  |  |  |
| H58. **Removal** – Was the foreskin prepared for removal (pulled gently upwards to separate from glans)? |  |  |  |
| H59. **Removal** – Was the foreskin removed? |  |  |  |
| H60. **Removal** – Was the elastic ring pierced to remove the device? |  |  |  |
| H61. **Removal** – Was the inner ring cut after it was removed? |  |  |  |
| H62. **Removal** – Were AEs during removal correctly documented, including pain? |  |  |  |
| H63. **Removal** – Was the area cleaned with antiseptic after the device was removed? |  |  |  |
| H64. **Removal** – Was the wound dressed with a sterile non-adherent bandage? |  |  |  |
| **Additional Comments/Notes:** | | | |