Management of data at HLC

Why do we collect data?

To generate information to improve patient care and service delivery.

Generate information

Improve service delivery

Improve patient care.

Data Vs. Information

Data Raw counts such as number of new patients screened at HLC

Information
Made meaningful & useful by comparing with an estimate or a target

When **data** are

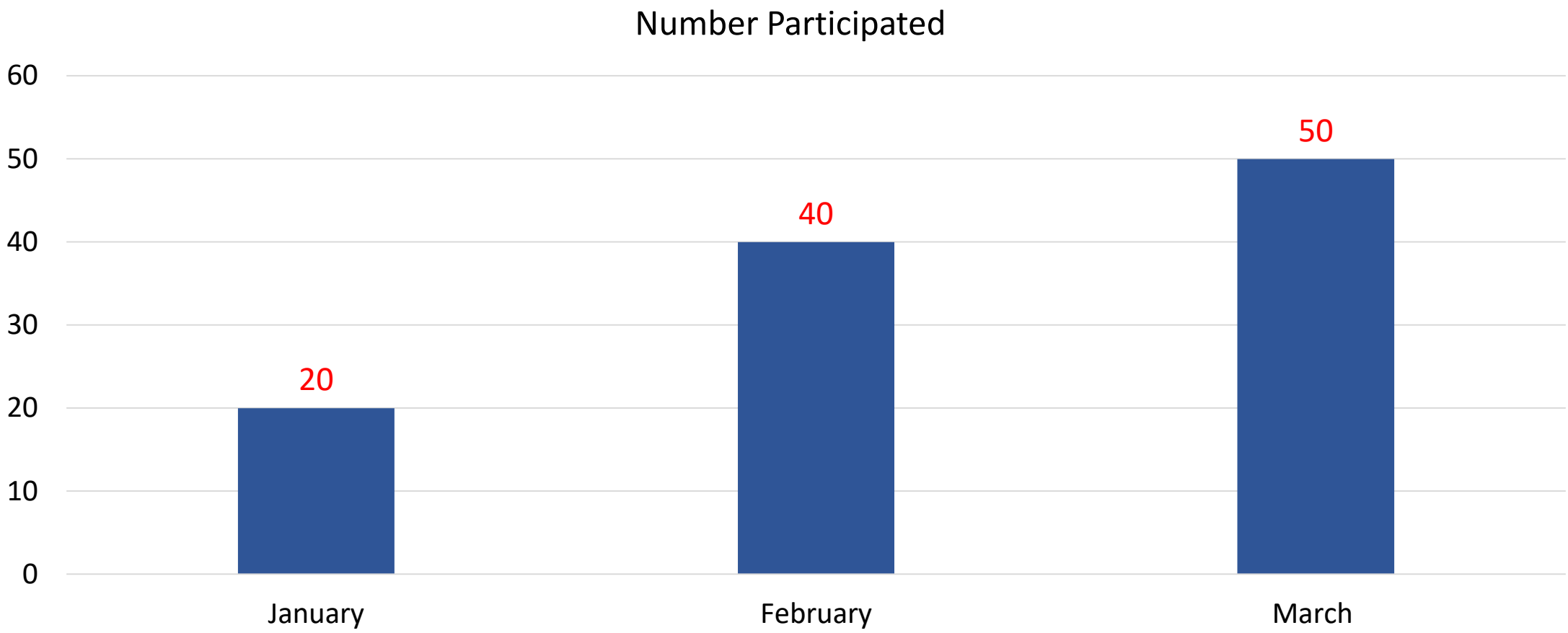
processed, interpreted, organized, structured or presented
so as to
make them meaningful or useful,
they are called **information**

Why do we collect data at HLC?

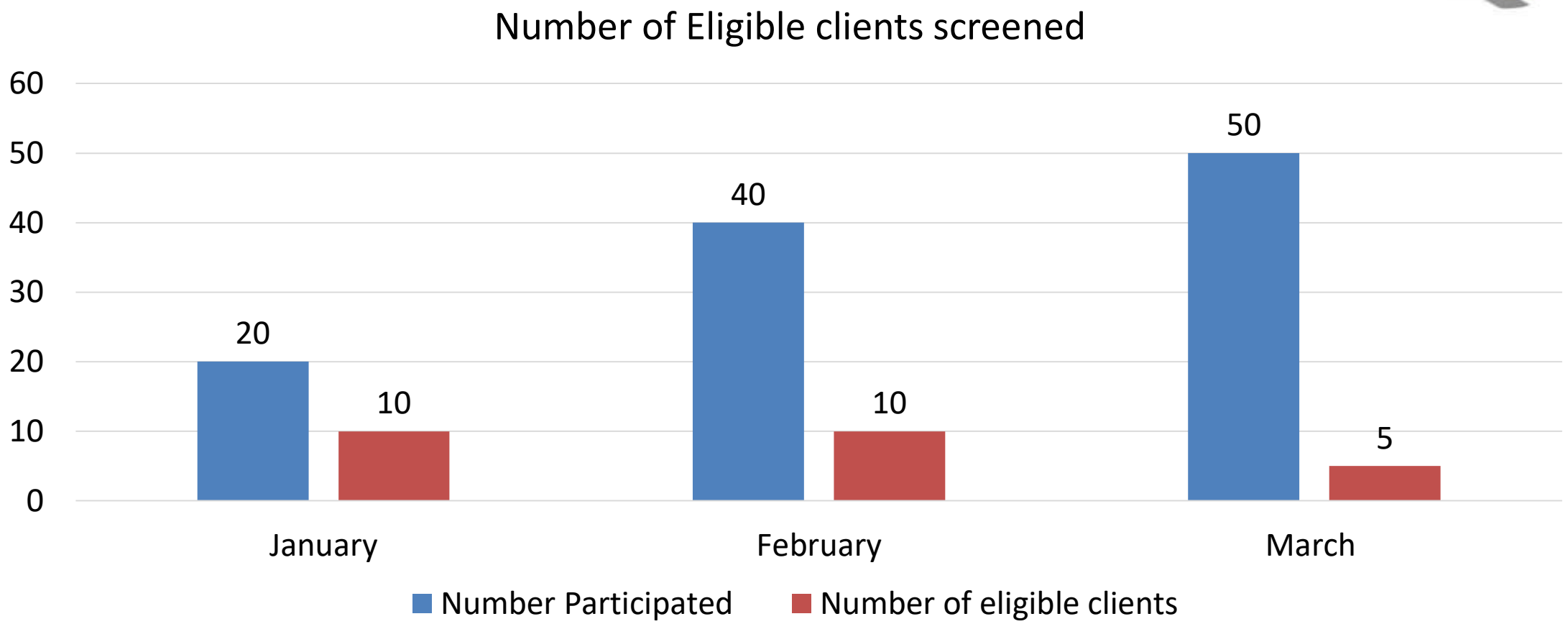
- To identify the current situation of **screening (Coverage, service Quality)**
- To identify **burden of risk factors/disease** condition among the screened
- For **decision making for corrective action**
- Monitor the intervention coverage and **patient's health outcome**s
- To create evidence (logistics,)

"What gets measured, gets done"

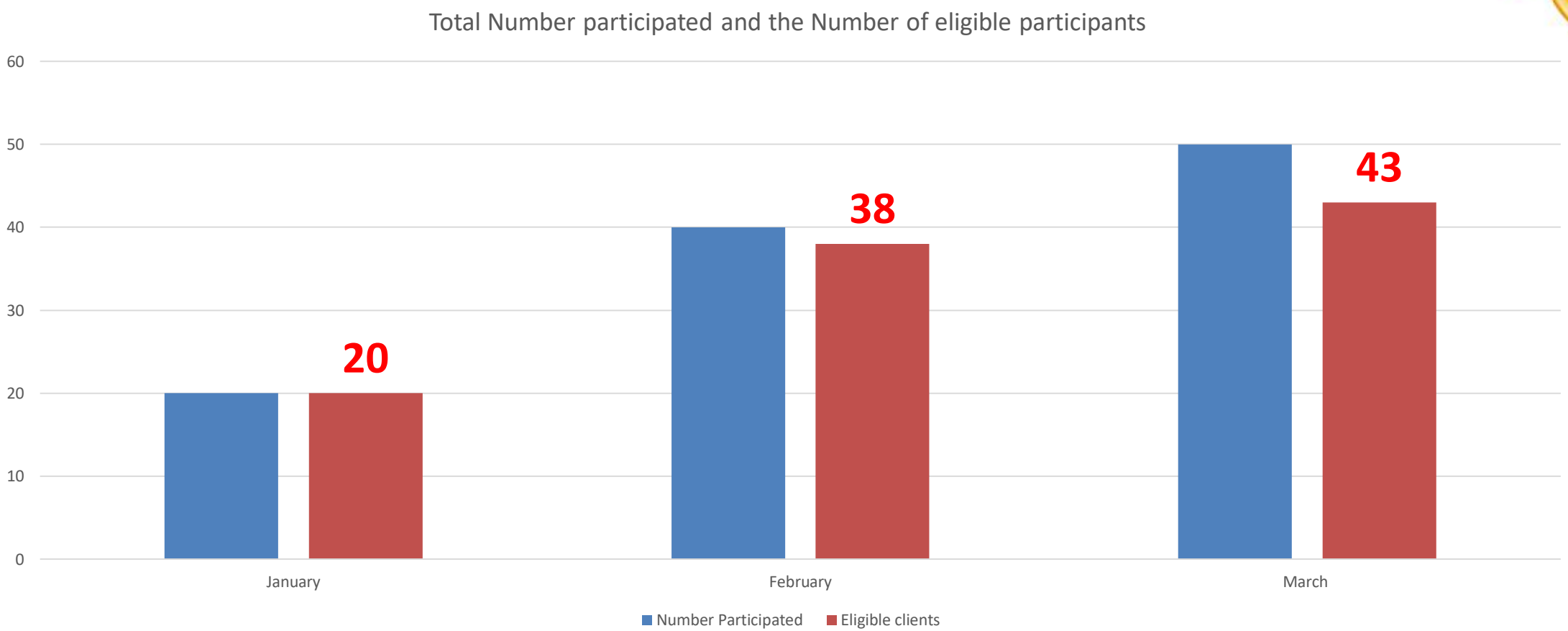
Current situation of screening
e.g : Number screened



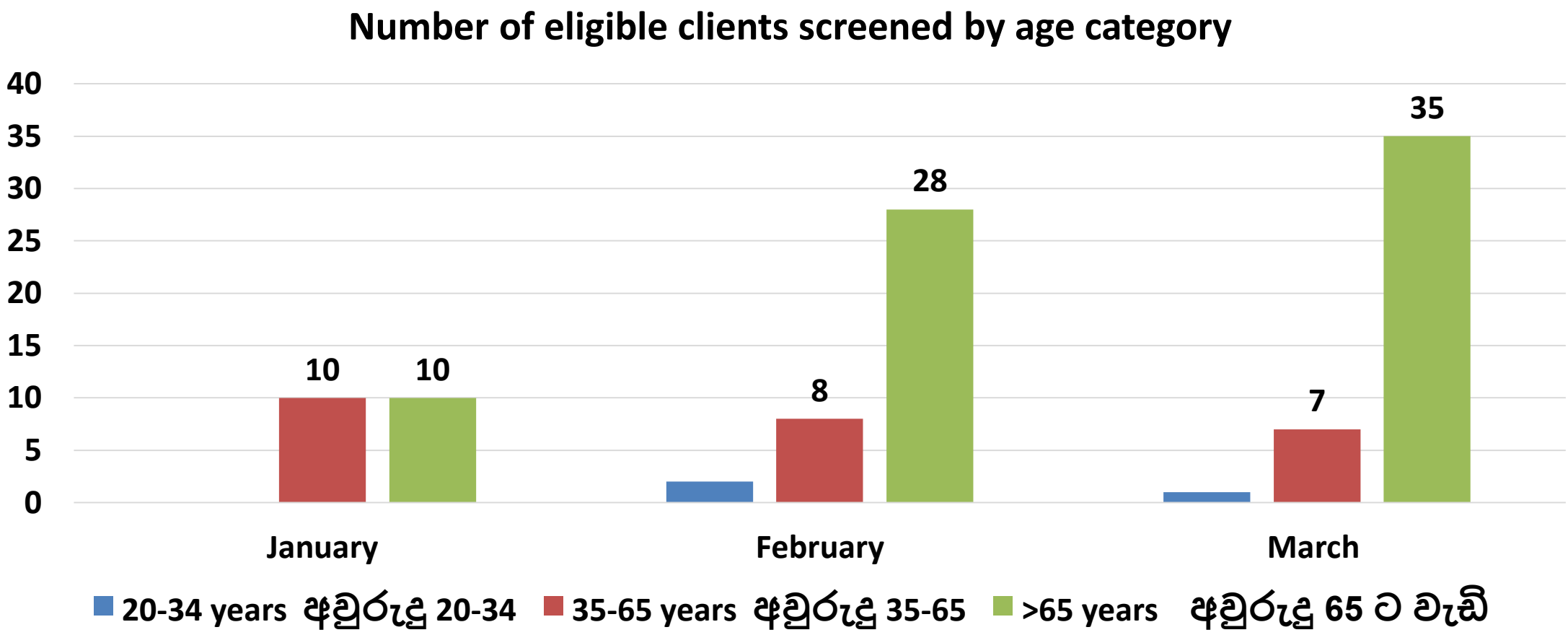
Current situation of screening
Number participated but are they eligible?



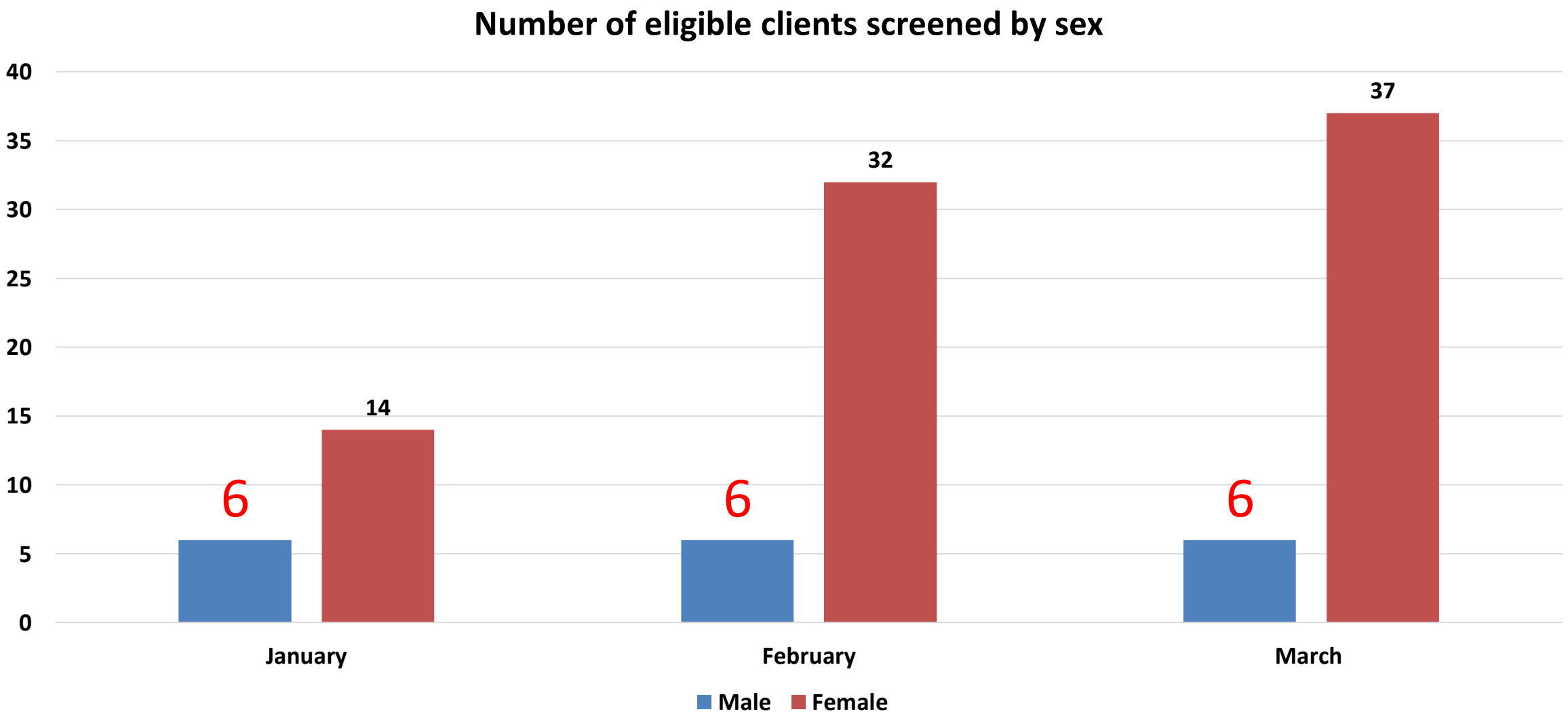
Current situation of screening
Number participated but are they eligible?



Current situation of screening – **(AGE)**

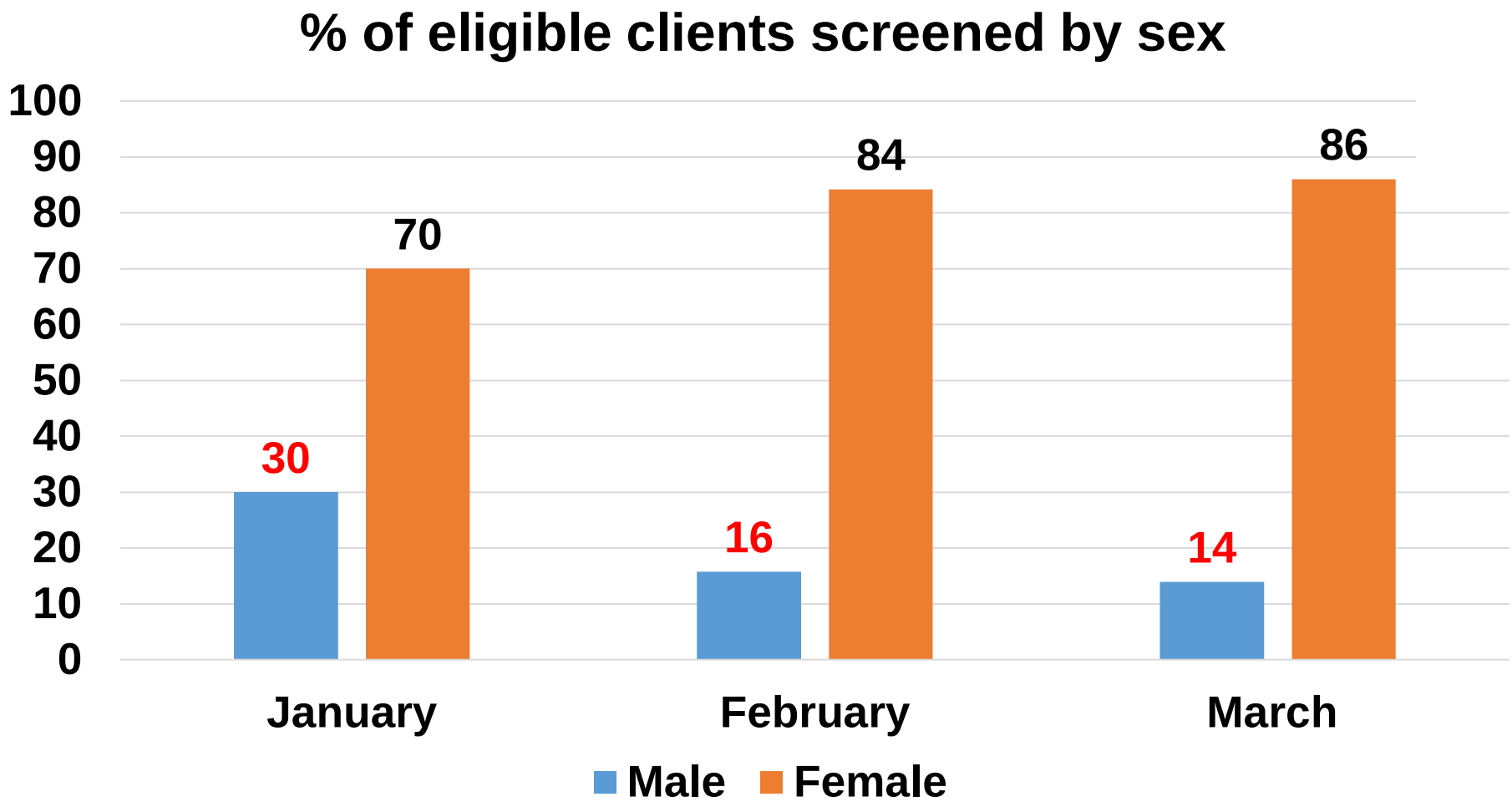


Current situation of screening – (SEX)



Current situation of screening – (SEX)

Is it same as previous?



Indicators

The indicators are required to review the performance, compare with benchmarks, and rectify the deviations in the programme activities if needed.

Hypertension screening coverage rate:

Numerator: Total eligible persons screened for hypertension in the past year
Denominator: Total persons eligible for screening living in a geographical catchment in the past year

Diabetes complications rate:

Numerator: Number of patients with diabetes complications in the past year
Denominator: Number of patients with diabetes in the past year

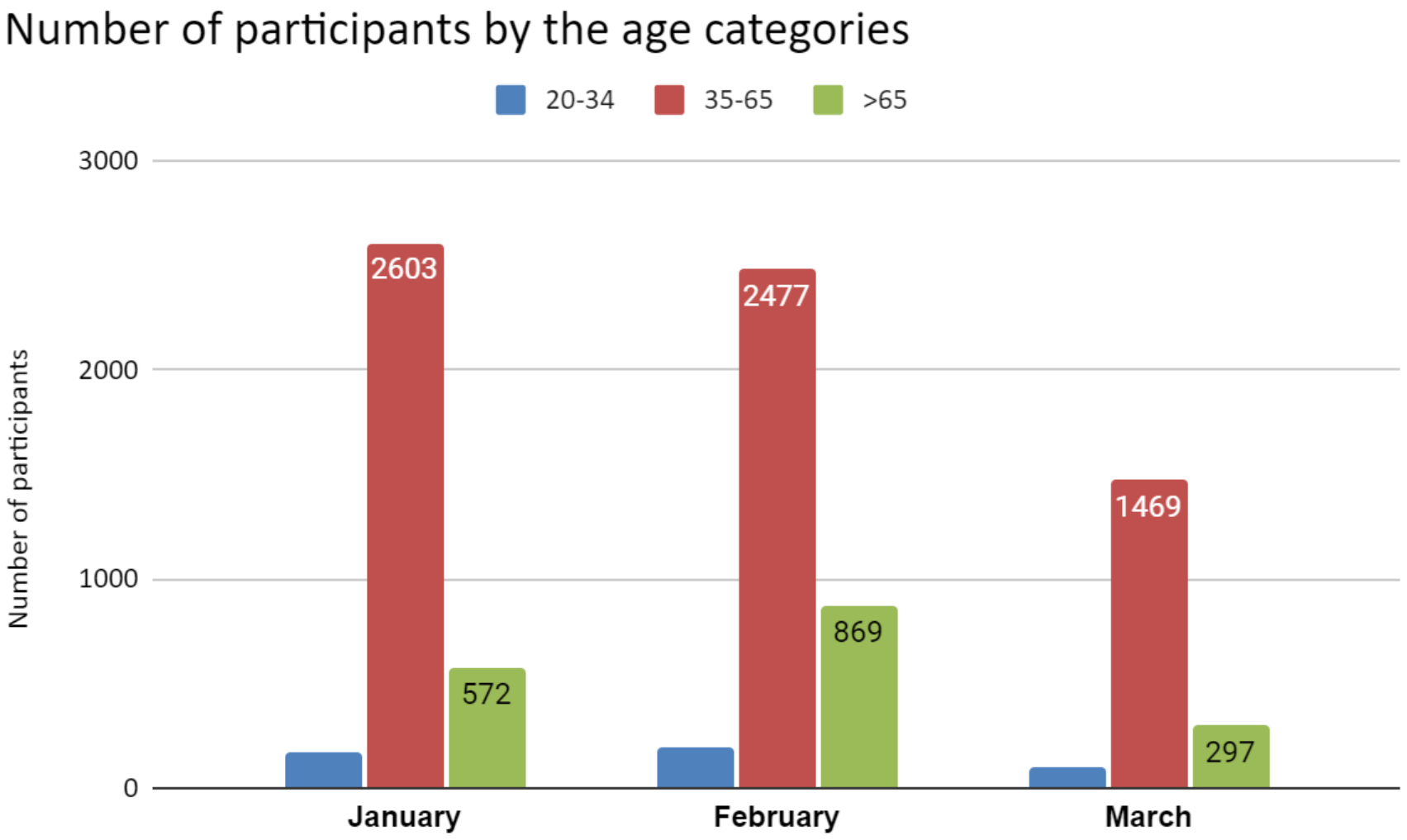
Indicators used at HLCs

% of eligible participants screened out of the target population
% of Currently smoking males
% of Tobacco chewing males
% of current Alcohol users
% of BMI 25-29.9Kg/m2
% of BMI ≥30 Kg/m2
% with elevated BP ≥140/90mmHg
% with FBS ≥126 mg/dl or RBS ≥200 mg/dl
% with Total cholesterol ≥240 mg/dl
% of CVD risk level <10%
% of CVD risk level 10% <20%
% of CVD risk level 20%-<30%
% of CVD risk level ≥30%
No of clients referred to the WWC
No of clients referred to the Dentist
No of clients referred to the medical clinic at PMCI
No of clients referred for specialist care in secondary lev**el hospital**
No of clients visited to HLC for follow up care

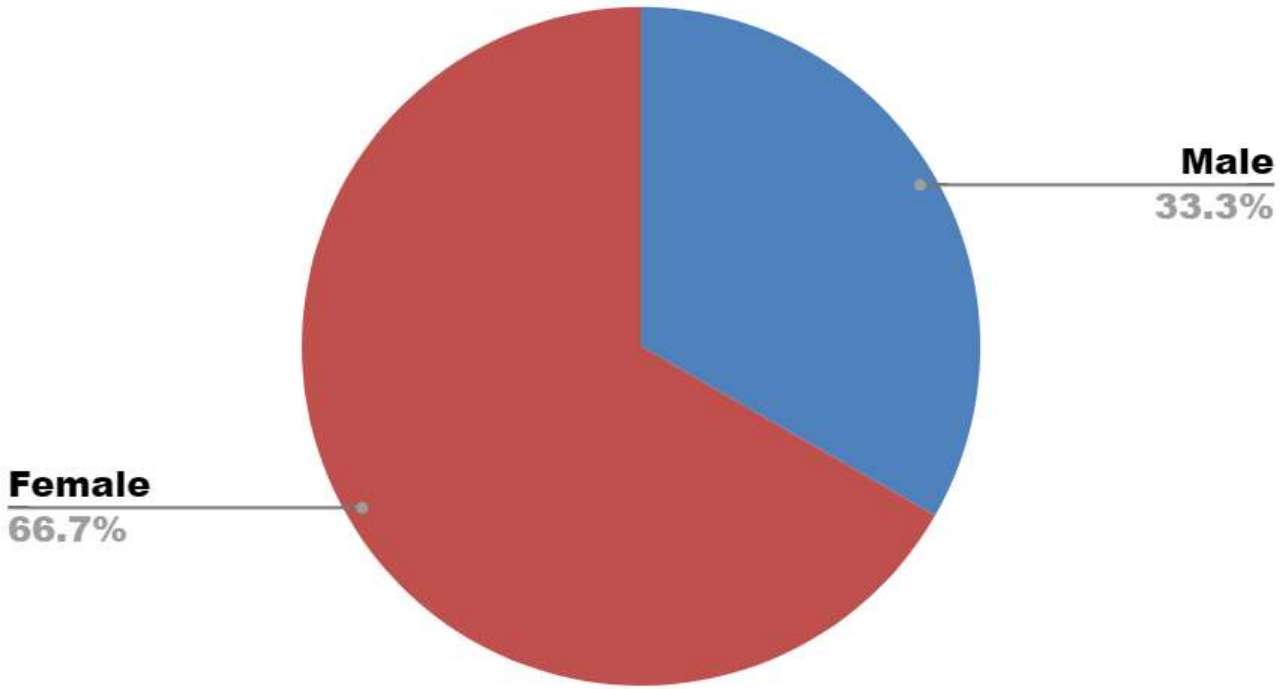
Summary

- *The purpose of collecting data is to generate information to improve patient care and service delivery.*
- *Data should be analyzed and used for actions at each level of healthcare facility.*

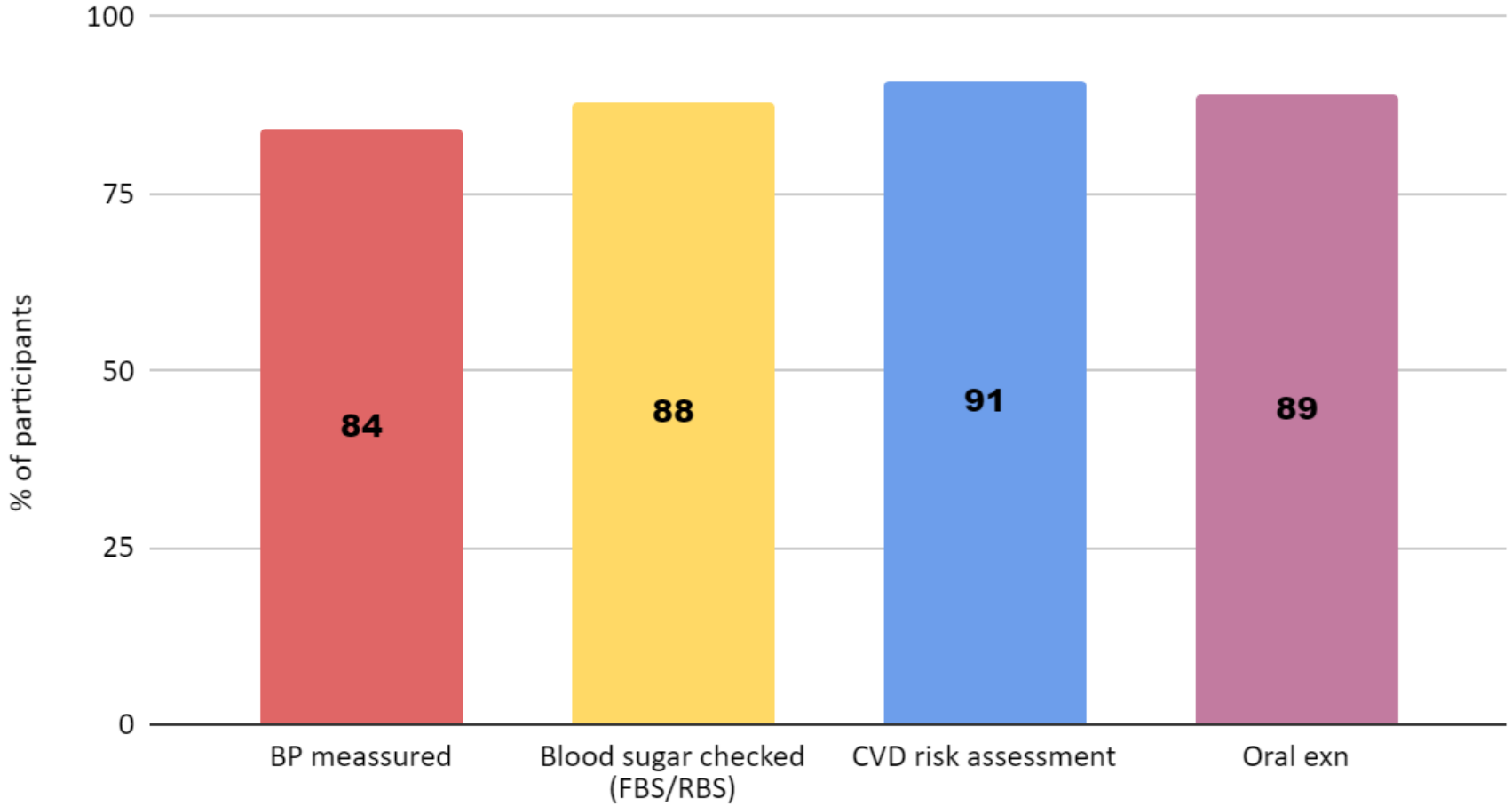
Data presentation

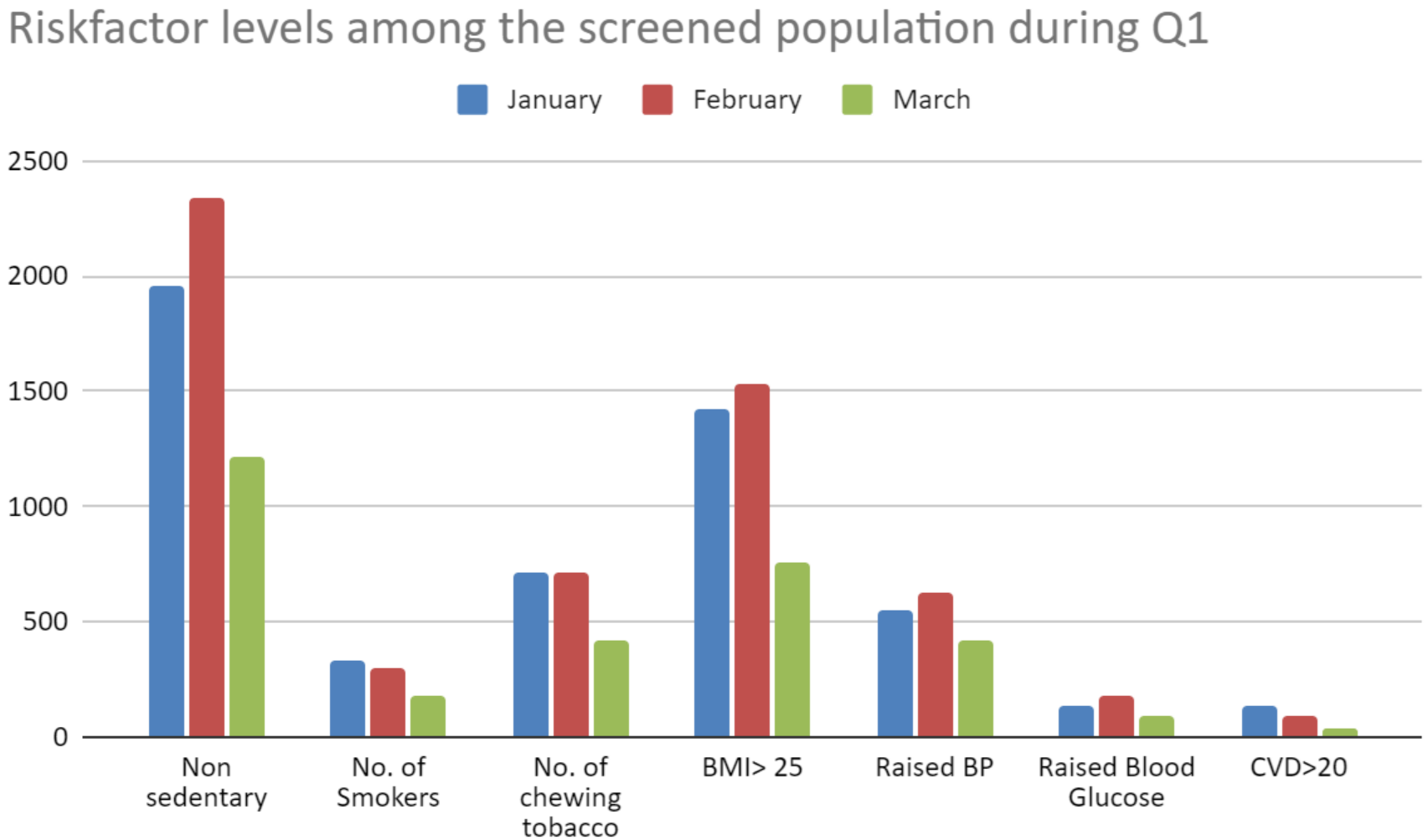


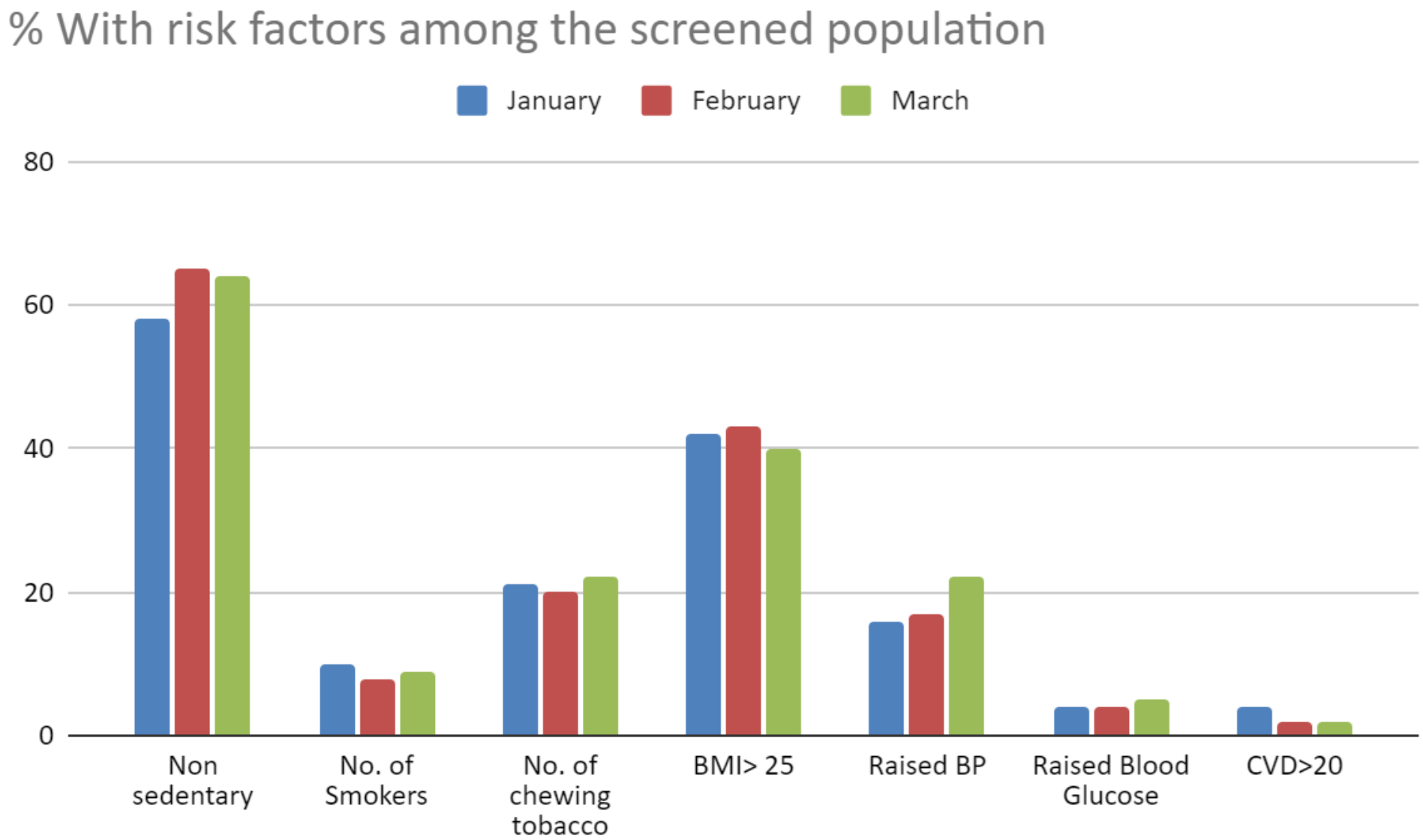
% of Participants for NCD screening at HLC X (Q1 2020)



NCD package delivery at HLC during Q1 2020

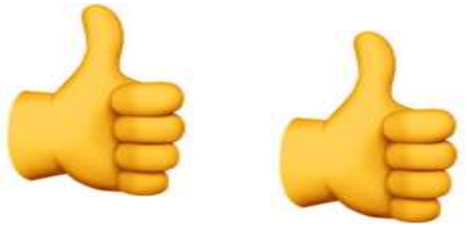



Riskfactor levels among the screened population during Q1
January
February
March
2500
2000
1500
1000
500
0
Non sedentary
No. of Smokers
No. of chewing tobacco
BMI> 25
Raised BP
Raised Blood Glucose
CVD>20


% With risk factors among the screened population
January
February
March
80
60
40
20
0
Non sedentary
No. of Smokers
No. of chewing tobacco
BMI> 25
Raised BP
Raised Blood Glucose
CVD>20

- Number seeking service from the clinic.

- Clinic captured 35-65 age category for screening



- Complete package Not offered to some clients?

- Need to address on improving PA, Obesity prevention

How to plan interventions?

- Male participation is dropping

Find out why

- Apparently healthy
- Not aware
- Not happy about the services

Community referral system

Work place Screening

Opening times

THANK YOU