1. Patient Unique ID code (write on each page): [__][__] [__][__] [__][__]

FACILITY-BASED MORTALITY AUDIT (FBMA) FORM (PART A)

Questions are written in normal font, Interviewer instructions in Italic, <u>Instructions on skip patterns are underlined</u>

2. Facility code:	[__][__]
3. Date of audit:	[__][__]/[__][__]/[__][__]
4. Field worker code:	[__][__]

Demographic and basic clinical data from records or from clinical staff who tended the deceased, the TB clinical records and the TB register

5. Patient Initials	[__].[__].
6. Date of birth	[__][__]/[__][__]/[__][__]
7. Gender	☐ Female ☐ Male ☐ Trans
8. Age of the patient (in years) (if infant, use decimal)	[__][__]

RISK FACTORS AND VULNERABLE GROUPS

9. Which (if any) risk factors did this patient have? Tick all that apply

☐ HIV co-infection
☐ diabetes
☐ child under 5
☐ elderly (>60 yr)
☐ pregnancy/postpartum
☐ mentally ill
☐ alcohol- addicted
☐ drug-addicted
☐ smoking
☐ malnourished
☐ previously treated for TB

☐ miner
☐ factory worker
☐ residence in an urban slum
☐ former prisoner or prison staff
☐ healthcare worker
☐ soldier
☐ refugee or internally displaced (IDP)
☐ contact of a TB case

☐ marginalized man who had sex with men
☐ sex worker
☐ transgender
☐ migrant
☐ indigenous/minority ethnic grp
☐ homeless
☐ orphan or vulnerable child
☐ other (specify)
☐ Not known_____

TIMING OF SYMPTOMS OF TB

10. From the time this patient started feeling ill, what health complaints did he/she have, and when did those start?

(Interviewer: First ask for the symptoms, <u>then probe for the dates</u>. Tick all options mentioned. DO NOT PROBE for symptoms, only for the dates . If exact date unknown- fill in: beginning of month=07, mid month=15, end of month = 22, if part of the month entirely unknown =99)

Symptom	Tick all options mentioned	Date symptom started: dd/mm/yy
a. cough	[__]	[__][__]/[__][__]/[__][__]
b. production of sputum	[__]	[__][__]/[__][__]/[__][__]
c. chest pain	[__]	[__][__]/[__][__]/[__][__]
d. haemoptysis (coughing blood)	[__]	[__][__]/[__][__]/[__][__]
e. fever	[__]	[__][__]/[__][__]/[__][__]
f. night sweats	[__]	[__][__]/[__][__]/[__][__]
g. weight loss	[__]	[__][__]/[__][__]/[__][__]
h. breathlessness	[__]	[__][__]/[__][__]/[__][__]
i. fatigue	[__]	[__][__]/[__][__]/[__][__]

j. loss of appetite	[__]		[__][__]/[__][__]/[__][__]
k. headache	[__]		[__][__]/[__][__]/[__][__]
l. body pains	[__]		[__][__]/[__][__]/[__][__]
m. other, specify …………....………code [__][__]	[__]		[__][__]/[__][__]/[__][__]
n. other, specify ……………......….code [__][__]	[__]		[__][__]/[__][__]/[__][__]

TB DIAGNOSIS AND MANAGEMENT

Date that the patient first sought medical attention for symptoms? 09/09/99 if unknown			[__][__]/[__][__]/[__][__]
11. How many visits to the formal health care system were made before TB was diagnosed?			[__][__]
12. Why was the TB investigation initiated? (choose 1)			[__][__]
1=Patient sought care for TB symptoms	4= active case finding/screening		
2=Routine screening of an HIV+ client	5=Other (specify): ………………………		
3=Referral from other health facility	99=don't know		
13. On what basis was the TB diagnosis made? (tick all that apply)			
a. Physical exam findings	1=yes, 0=no, 99=don't know		[__] [__]
b. Chest X-ray	1=yes, 0=no, 99=don't know		[__] [__]
c. Sputum sample(s)	1=yes, 0=no, 99=don't know		[__] [__]
d. Needle aspirate	1=yes, 0=no, 99=don't know		[__] [__]
e. TST/IGRA	1=yes, 0=no, 99=don't know		[__] [__]
f. Other (specify, below)	1=yes, 0=no, 99=don't know		[__] [__]
g. Specify:			
14. Was TB diagnosis confirmed mycobacteriologically?	1=yes, 0=no, 99=don't know		[__] [__]
15. If yes, how was TB diagnosis confirmed?	(tick all that apply)		
a. Confirmed by smear microscopy	1=yes, 0=no, 99=don't know		[__] [__]
b. Confirmed by liquid or solid culture	1=yes, 0=no, 99=don't know		[__] [__]
c. Confirmed by GeneXpert/Rif	1=yes, 0=no, 99=don't know		[__] [__]
16. Date that the TB diagnosis was made? 09/09/99 if unknown		[__][__]/[__][__]/[__][__]	
17. Type of TB?	1=PTB S+, 2=PTB S-,3=EPTB 99=unknown		[__] [__]
18. New or retreatment case?	1=new, 2=relapse, 3 failure, 4= return after default, 5=other, 99=unknown		[__] [__]
19. Date when the patient was notified of his/her TB diagnosis ? (07/07/77 if not notified, 09/09/99 if unknown)		[__][__]/[__][__]/[__][__]	
20. Date when TB treatment started?		[__][__]/[__][__]/[__][__]	
21. If TB treatment was never started, what was the main reason?	1=Drug stock out, 2=TX Consultations needed, 3=Patient refusal, 4=Early death, 5= contraindication, 6=not authorized to dispense TB TX, 7=waiting list for TB TX, 8=other		[__] [__]
22. What were the other reasons? (if any)			
23. If TB treatment started more than 48hrs after TB diagnosis, what was the main reason?	1=Drug stock out, 2=TX Consultations needed, 3=Patient refusal, 4=Early death, 5= Other		[__] [__]
24. What were the other reasons? (if any)			
25.Did the patient have drug resistant TB?	1=yes, 0=no, 99=unknown		[__] [__]

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26. Which TB Treatment regimen was the patient following?	1= Cat I, 2=Cat II, 3 =Other, 99=unknown, 77=noTX	[__][__]
27. Were sputum samples taken and examined at the appropriate times?(i.e, at 2 months and 5 months)	1=yes, both times 0=no, 3= once only, 77=not applicable	[__] [__]
28. Was the patient started on retreatment regimen if the 5 months sputum was positive?	1=yes, 0=no, 77=not applicable 99=don't know	[__] [__]
29. How was TB treatment	1=Fully adherent (more than 90% of doses taken) 2=Between 70%-90% of doses taken 3=Less than 70% of doses taken 77=not applicable, treatment had just begun 99=unknown	[__] [__]
30. What other patient factors (if any) impacted quality of TB CARE?	1=language barriers, 2= facility abandonment,3= collaboration challenges, 4=lack of family/ supporters, 5=other, 77=not applicable, 99=unknown	[__] [__]

HIV DIAGNOSIS AND MANAGEMENT

31. Under what circumstances was HIV test conducted?	1=PICT of TB patient, 2=VCT, 3=part of clinical work-up, 99=unknown, 5=patient already known to be HIV+ (skip to Q.x)	[__] [__]
32. Date that a blood sample(s) was taken for HIV test		[__][__]/[__][__]/[__][__]
33. What was the HIV test result?	1= HIV positive, 2= HIV negative, (skip to Q. X) 3=indeterminant, 88=not tested, 99=missing result	[__] [__]
34. Date that the HIV diagnosis was made? 09/09/99 if unknown		[__][__]/[__][__]/[__][__]
35. Date of HIV post-test counseling (09/09/99 if unknown)		[__][__]/[__][__]/[__][__]
36. Was anti-retroviral therapy (ART) started in hospital or was the patient on ART when diagnosed with TB?	1=yes, 0=no (skip to #), 3=already on ART, 99=unknown	[__] [__]
37. Date when ART was started?	07/07/77= HIV NEG 08/08/88=not tested 09/09/99= unknown	[__][__]/[__][__]/[__][__]
38. If ART was not started, what was the main reason?	1=Drug stock out, 2=TX Consultations needed, 3=Patient refusal, 4=Early death, 5= contraindication, 6=not authorized to dispense ART, 7=waiting list, 8=other	[__] [__]
39. Other reasons for no ART provision to HIV+ TB patients		
40. How was ART adherence?	1=Fully adherent (at least 90% of doses taken) 2=Between 70%-90% of doses taken 3=Less than 70% of doses taken 77=no ARTs started, 99=unknown	[__] [__]
41. Was Cotrimoxazole (CPT) started?	1=yes, 0=no, 77=not applicable: HIV NEG, 88=not tested, 99=missing (skip to #)	[__] [__]
42. When was Cotrimoxazole started?		[__][__]/[__][__]/[__][__]

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43. If Cotrimoxazole was not started, what was the main reason?	1=Drug stock out, 2=TX Consultations needed, 3=Patient refusal, 4=Early death, 5= contraindication, 6=not authorized to dispense ART, 7=waiting list, 8=other		[__][__]
44. Result and date of latest CD4 count before discharge/ death?	[__][__][__] 999=if unknown	[__][__][__] 999=if unknown	[__][__]/[__][__]/[__][__] (09/09/99 if unknown)
45. Was HIV diagnosed before TB?	1=yes, 0=no (skip to #)		[__] [__]
46. If yes, was client prescribed Isoniazid Preventive Therapy (IPT)?	1=yes, 0=no 77=n/a		[__] [__]
47. If no, why not?			
48. What other factors influenced HIV care?			

CLINICAL CARE IN HOSPITAL

49. Date admission to hospital?			[__][__]/[__][__]/[__][__]
50. Was patient weighed upon admission?	1=yes, 0=no,99=unknown		[__] [__]
51. What was patient's body weight at admission	In kg		[__][__]
52. CD4 count at admission	9999=if unknown		[__][__][__][__]
Indicate the total number of times the following tests were performed between admission and discharge/transfer/death?			
53. Body weight measured			[__][__]
54. Respirations measured			[__][__]
55. Pulse measured			[__][__]
56. Blood pressure taken			[__][__]
57. Temperature Measures			[__][__]
58. Chest Sounds Measured			[__][__]
59. Hemoglobin/Anemia Measured			[__][__]
60. Other Diagnostic Blood Tests	Specify:		[__][__]
61. Liver Function Tests			[__][__]
62. Urine Tests			[__][__]
63. Chest X-Ray Performed			[__][__]
64. How long was the largest time span between clinical assessments by a clinician?	In hrs		[__][__][__]
65. Were signs of worsening condition noted? (tick yes if respiration rate>30/min, pulse>120/min, or temperature >39˚C? or other unstable vital)	1=yes, 0=no, 99=unknown		[__][__]
66. Were actions taken to address the worsening condition?	1=yes, 0=no, 99=unknown		[__][__]

Which actions were taken?	67.		
	68.		
	69.		
	70.		
	71.		
72. How much time elapsed between the time when worsening was noted and when actions were taken?	In hrs		[__][__][__]
73. Were treatment complications identified?	1=yes, 0=no, 99=unknown		[__][__]
74. What treatment complications were found (if any)? (77=none)			
75. In addition to TB, did the patient suffer from any other infectious diseases?	1=yes, 0=no, 99=unknown		[__][__]
76. Did patient receive other treatment/support beyond TB treatment?	1=yes, 0=no, 99=unknown		[__][__]
a. IV fluids	1=yes, 0=no, 99=unknown		[__][__]
b. Corticosteroids	1=yes, 0=no, 99=unknown		[__][__]
c. Diuretics	1=yes, 0=no, 99=unknown		[__][__]
d. Bronchodilatators	1=yes, 0=no, 99=unknown		[__][__]
e. Supplementary food	1=yes, 0=no, 99=unknown		[__][__]
f. Other (describe:……………………………….)	1=yes, 0=no, 99=unknown		[__][__]
77. How long was the largest time span between clinical assessments by a clinician?	In hrs		[__][__][__]
78. Were there delays in provision of medication due to stock outs?	1=yes, 0=no, 99=unknown		[__][__]
79. If yes, which ones?			
80. What was the length of time between when blood was drawn and when test results were acted upon?	In hrs (99=unknown, 77=not applicable if no tests or TX)		[__][__][__]
81. Was there a need for patient financial contributions to cover the costs of tests and/or treatments?	1=yes, tests only, 2= treatment only, 3= tests and treatment, 0=no, 99=unknown, 77=not applicable		[__][__]
82. Did patient's financial constraints contribute to delay in timely testing and/or treatment?	1=yes, 0=no, 99=unknown, 77=not applicable		[__][__]
83. Was the patient discharged from the hospital?	1=yes, 0=no		[__]
84. Date of hospital discharge		[__][__]/[__][__]/[__][__]	
85. What was the main reason for discharge?	1=To receive palliative care 2=Request of patient or relatives 3=Condition allowed ambulatory treatment 4=Transfer to another facility 5= Other (specify)		
86. What was patient's weight at discharge	In kg		[__][__]
87. Where was patient transferred?			
88. Why was the patient transferred?			

MORTALITY

89. Did the patient die?	1=yes, 0=no	
90. If yes, when did the patient die?		[__][__]/[__][__]/[__][__]
91. If no, date of treatment outcome		[__][__]/[__][__]/[__][__]
92. Where did the patient die?	1=at home, 2=in this hospital, 3=in hospice, 4=other health facility 5= other (specify)	[__]
93. What was the direct cause of death?		
94. What is the source of information on cause of patient's death	1= necropsy, 2= verbal autopsy, 3= clinical data, 99=unknown, 77=not applicable	[__][__]
95. What was the underlying cause of death?	1=TB, 2= other opportunistic infection of HIV, 3= other, 99=un-known, 77=not applicable	[__][__]
96. On what basis was this determined?		
97. What were the contributing causes of death?		

98.   Additional details that may be pertinent for performance improvement: