



EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
Linked with
Ending Preventable Maternal Mortality

Data Collector Training Programme Session 1.1:

Overview of Training Syllabus

#EveryNewborn #Endingstillbirths
#maternalhealth



World Health
Organization

unicef 

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

- **Purpose:** Outline overall course details and plans
- **Target Audience:** All data collectors & supervisors
- **Length of session:** 45 mins + 30 mins for quiz
- **Type of session:** (classroom / practical)
- **Resources / tools required:**
Projector, slide deck, training handbook, additional materials/ resource pack.

Structure of this session

- Course Objectives
- Maintaining Data Quality
- Assessment Criteria
- Overview of sessions
- Timetable
- Pre-training knowledge quiz



Primary Training Objective

Participants should be able to competently conduct facility-based observations and data collection using the study tools (both in simulation and in a clinical setting).

Specifics Training Objectives

1. The training will address the following key steps to becoming a competent data collector:
2. Understand the purpose, objectives, plans for this study and the value of your role of data collector.
3. Recognise the value of reliable and high-quality data.
4. Review of data collection tools.
5. Learn how to complete the data collection tools completely and accurately
6. Gain skills in performing clinical observations/ maternal interviews/ data extraction or verification
7. Obtain competency by practising data collection and clinical observation skills.

Data Quality Management

By the end of this training, participants should be able to:

- Explain the importance of objective, standardised observation of clinical service delivery.
- Describe informed consent and why it is important.
- Describe how competency in observation is determined.
- Describe how criteria are used to determine skills performance.
- Describe the process used to develop adequate inter-rater reliability

Assessment Criteria

Demonstrate the ability to conduct clinical observation and use of data collection tools according to protocol

- Course participants should demonstrate the ability to follow study protocols in their use and administration of all tools and checklists, and achieve at least 80% (preferably higher) when evaluated for inter-rater reliability.

Knowledge of the study, observation methods, and related concepts

- Course participant should pass the final knowledge quizz with score of 80% or higher.

Take Pre- course knowledge quiz

Objective: To test participants baseline knowledge

Time: 30 mins

Handouts / Materials: Knowledge quiz question paper; clock; pens

Instructions:

- All course participants should take the quiz as an individual without conferring with others. Participants should complete the quiz in silence and answers should be all their own work. The facilitator should mark and score the quiz results, saving the scores to compare with the post quiz knowledge test.
- No question papers or answer sheets should be removed from the room.

QUESTIONS & DISCUSSION





EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
Linked with
Ending Preventable Maternal Mortality

Data Collector Training Programme Session 1.2:

Introduction to the Study

Add date and place

Hattie, Georgia, Country teams

#EveryNewborn #Endingstilbirths
#maternalhealth



World Health
Organization

unicef 

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

- **Purpose:** Outline background to the study
- **Target Audience:** All data collectors & supervisors
- **Length of session:** 30 mins
- **Type of session:** (classroom / practical)
- **Resources / tools required:**
Projector, slide deck, training handbook, additional materials/ resource pack.

Structure of this session

- Background to the study
- What is the Every Newborn Action Plan?
- What is the purpose of the study?
- How long will it take
- How will the findings be used and disseminated?



A close-up photograph of a woman wearing a grey and white striped headscarf, gently kissing a newborn baby on the forehead. The baby is wrapped in a green blanket with a pattern of orange and yellow flowers. The woman's eyes are closed, and she has a tender expression. The background is a soft, out-of-focus blue.

BACKGROUND TO THE STUDY



**No woman
should die
while giving
life**

303,000 die



**No
baby
stillborn**

2.6 million die



**No
newborn
born to die**

2.7 million die



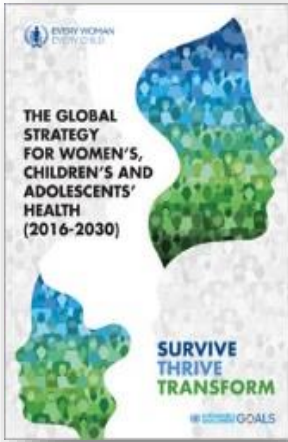
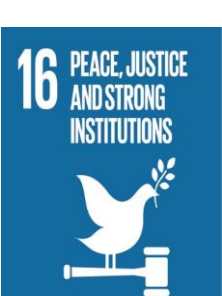
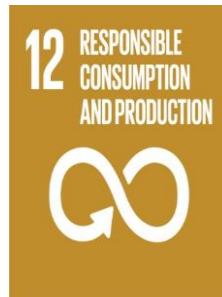
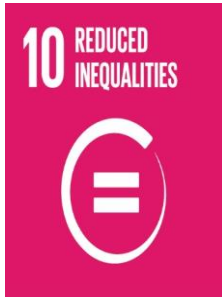
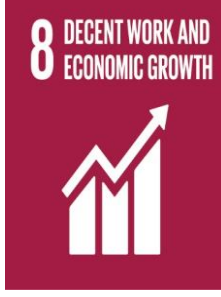
**No child
dying or
stunted**

3.2 million die

Progress slower than
for child or maternal mortality

**Almost 9 million deaths, two-thirds related to birth
Marker of equity, and especially quality of care**

From 8 MDGs to ...17 SDGs



Making the case for health will have to be smarter – economic, environmental

Global Strategy for women, children & ADOLESCENTS (2016-2030)

1. SURVIVE

End preventable deaths for women, newborns, children and stillbirths



2. THRIVE

Realize highest attainable standard of health



3. TRANSFORM

Achieve transformative and sustainable change

Local context

NATIONAL	BANGLADESH (2015)	NEPAL (2015)	TANZANIA (2015)
POPULATION (000)	160,996	28,514	53,470
TOTAL MATERNAL DEATHS	5,200 ('13)	1,100 ('13)	7,900 ('13)
NMR /1000 LIVE BIRTHS	23	22	19
STILLBIRTH RATE /1000 LIVE BIRTHS	36 ('09)	23 ('09)	26 ('09)

What is the Every Newborn Action Plan?

- Based on evidence published in *The Lancet Every Newborn* series
- It is supported by 197 countries through a World Health Assembly resolution.
- It aims to help countries in reaching the Sustainable Development Goal (SDG) **target of fewer than 12 newborn deaths per 1000 live births,**
- **And the ENAP target of fewer than 12 stillbirths per 1,000 total births by 2030.**
- It is also closely linked to the Ending Preventable Maternal Mortality plan
- It aims to encourage government leaders, policymakers and program managers to improve quality of care, and end preventable maternal and newborn deaths, and stillbirths.

REACHING THE EVERY NEWBORN NATIONAL 2020 MILESTONES

COUNTRY PROGRESS, PLANS AND MOVING FORWARD



MAY 2017

What is the Purpose of the Study?

- To assess the quality of maternal and newborn health care in order to provide recommendations to national and global health facility monitoring systems.

Without this, investors (both governments and partners), program managers and advocates lack the reliable information needed to monitor the quality of care, prioritize use of resources, and hold the health system to account.

How will the results be used?

We expect this study to generate a better understanding of the current practices of care at birth, and for small or sick babies.

- To help reduce maternal and newborn mortality, and preventable stillbirths in Tanzania, Bangladesh and Nepal.
- To improve clinical outcomes for mothers and babies, and reduce preventable deaths and stillbirths.
- To improve and prioritise quality of care

These results will also be presented to the World Health Assembly as part of the ENAP, and will inform recommendations to improve the quality of maternal and newborn healthcare across the globe.

Implementation and Communication

How long will it take?

- Facility-based observation data collection completed by March 2018
- Overall research programme including feasibility testing completed by December 2018

How will the results be shared?

- **Local**
Research team: internal webpage, information seminars, team meetings, workshops
Participants: hospital notice board, simple language summary, hospital periodic journal, local news paper etc.
- **National**
Internal webpage, national and regional conferences, webinars, meetings and workshops, policy briefs, national advisory committee.
- **International**
Peer reviewed journals, blogs, news updates, consortium websites, reports, briefing summaries, conferences, webinars, UN events and key global meetings including the World Health Assembly.

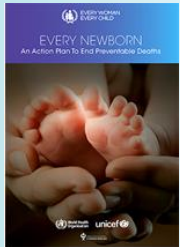
Where to get more information



Lancet *Every Newborn* series: <http://www.thelancet.com/series/everynewborn>

Every Newborn Action Plan (ENAP):

http://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/



BMC Pregnancy and Childbirth series:

<http://www.biomedcentral.com/bmcpregnancychildbirth/supplements/15/s2>

ENAP WHO meeting report:

http://www.who.int/maternal_child_adolescent/documents/newborn-health-indicators/en/



MARCH MOOC:

<http://www.lshtm.ac.uk/study/freeonlinecourses/women-children-health/index.html>

UNICEF: www.childmortality.org

MARCH <http://march.lshtm.ac.uk/>



Healthy Newborn Network:

<http://www.healthynewbornnetwork.org/page/newborn-numbers>



INDEPTH: <http://www.indepth-network.org/>

Thanks to



- This work would not have been possible without more than **80 partners** involved in the Every Newborn Action Plan and particularly those on the ENAP metrics coordination group
- Technical inputs from the Coverage Task teams, participants of the WHO meeting and 33 authors on the paper

Multi-partner plan and will take multi-country, multi partner action to work!



QUESTIONS & DISCUSSION





EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
Linked with
Ending Preventable Maternal Mortality

Data Collector Training Programme Session 1.3

The Data Collection Team

#EveryNewborn #Endingstillbirths
#maternalhealth



World Health
Organization

unicef 

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

- **Purpose:**
Ensure all data collectors understand their roles and responsibilities within the team and how they relate to other team members
- **Target Audience:** Data collectors & supervisors
- **Length of session:**
Presentation 45 mins
Activity B (45 mins)
- **Type of session:** (classroom / practical)
- **Resources / tools required:**
Projector, slide deck, training handbook, supporting materials/
resource pack, marker pens and paper.

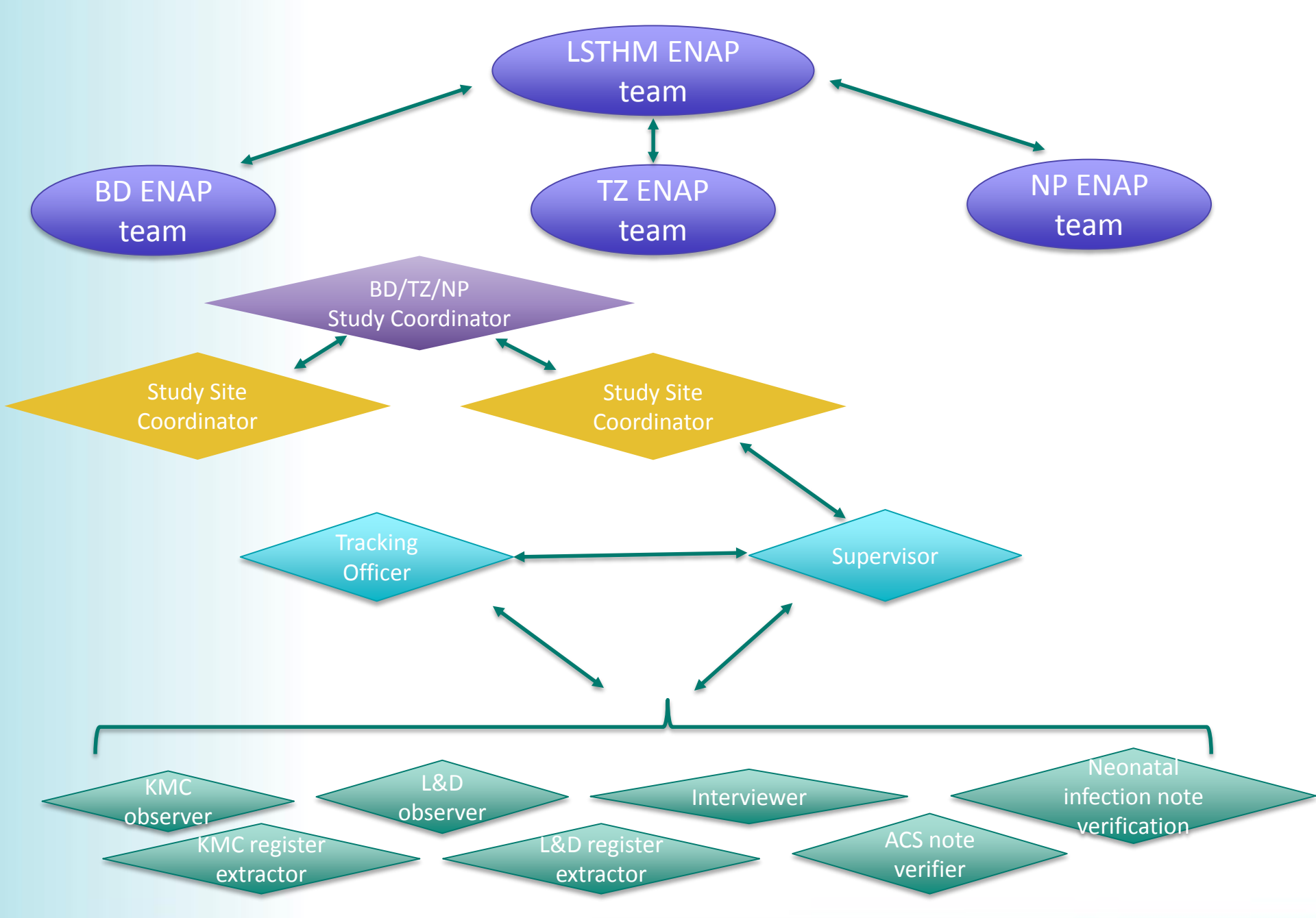
Aims & Learning Outcomes

1. To have a clear understanding of the structure and make-up of the team
2. To have a clear understanding of the roles and responsibilities within the team
3. To understand the flow of mothers and babies through the health facility and how this relates to data collection

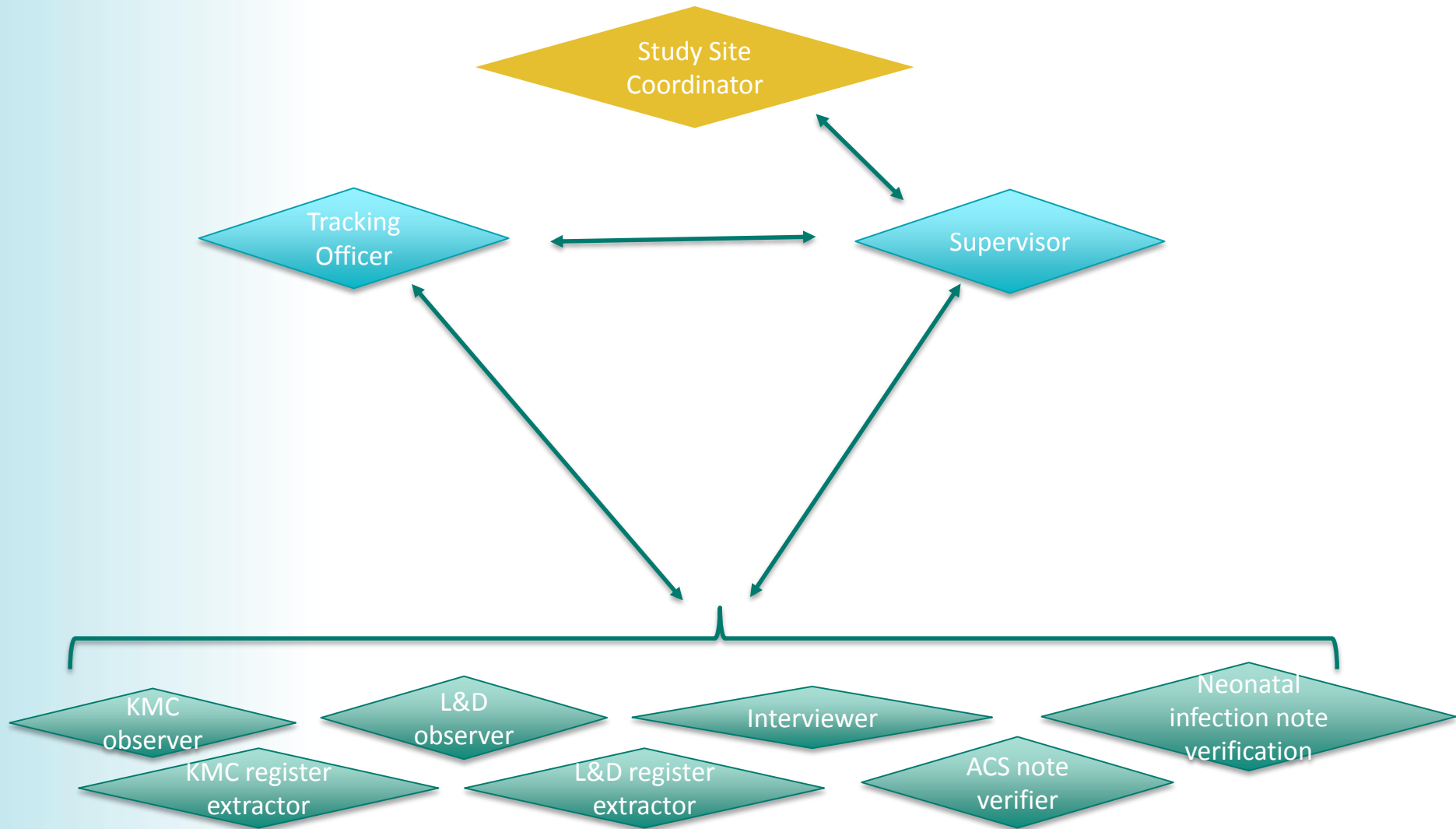


Data collection team

- Study site coordinator
- Supervisors
- Tracking officers (TO)
- L&D ward
- KMC ward observers
- Register data extractors
- Case note verifiers
- Interviewers
- Video data extractors (Nepal)



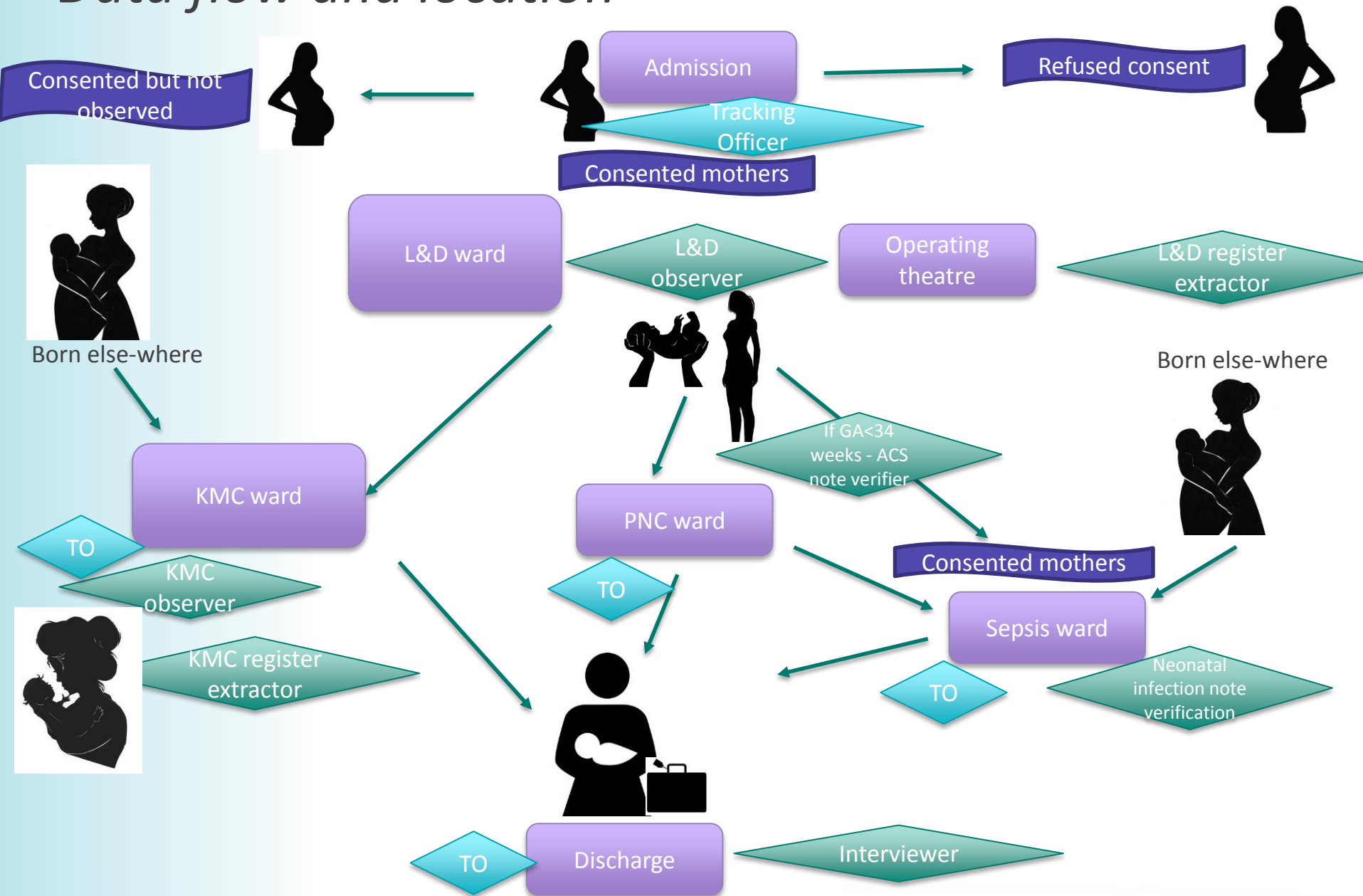
Structure of data collection team



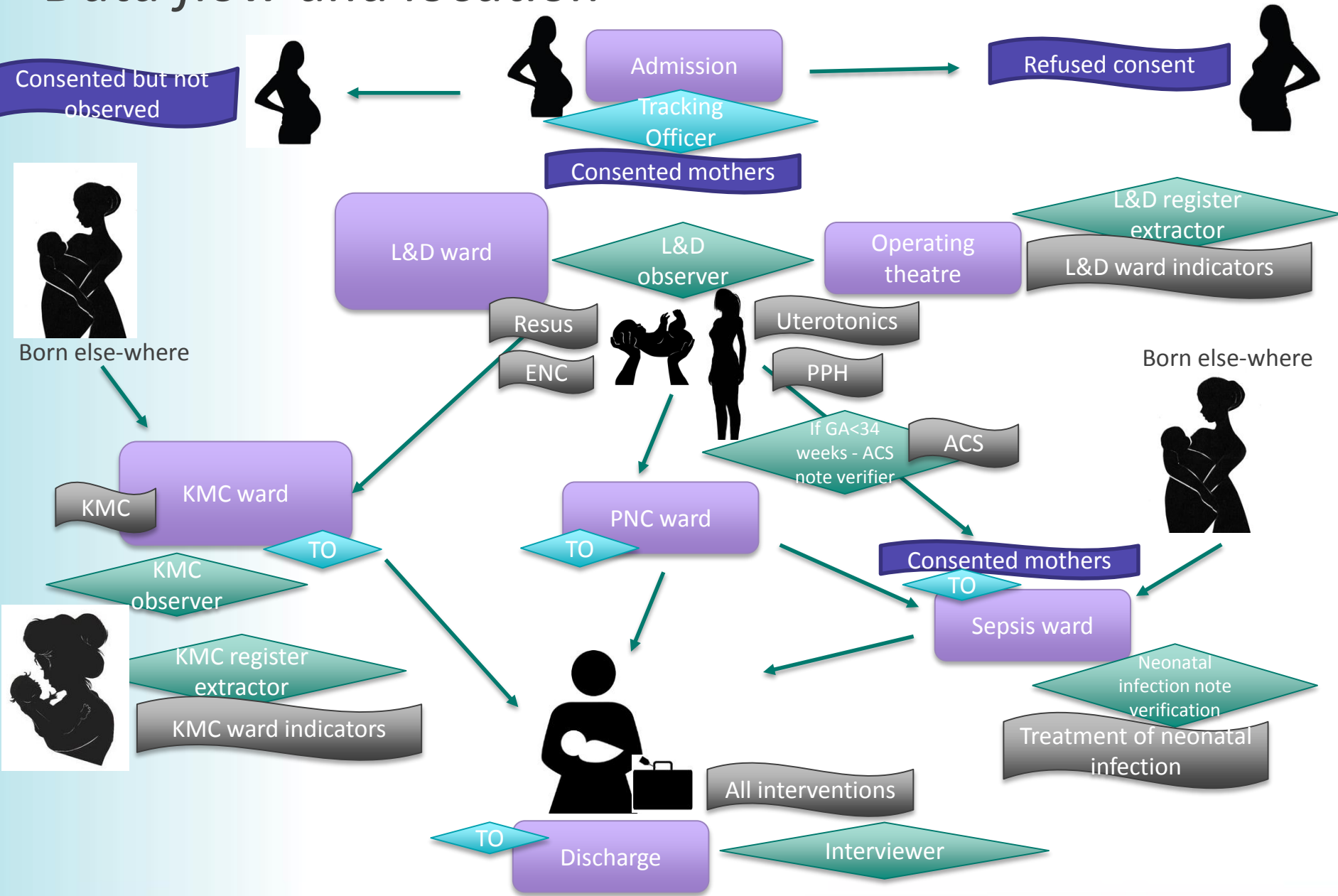
Roles and Responsibilities

Role	Key responsibilities	Location
Supervisors	Ensure all stages of data collection are conducted smoothly and to high quality	Everywhere
Tracking officers (TO)	Enrol mother/babies, collect informed consent, assign to observers, ensure smooth data collection and flow	Admission to L&D ward/OT and admission to KMC ward
L&D ward observers	Observe mothers on L&D ward/OT and collect all relevant data	L&D ward/operating theatre
KMC ward observers	Observe mothers on KMC ward and collect all relevant data	KMC ward
Register data extractors	Complete the L&D/KMC data extraction forms	L&D and/or KMC ward
Case note verifiers	Complete the ACS/neonatal infection verification forms	PNC and sepsis ward
Interviewers	Interview consented mothers pre-discharge	PNC ward
Video data extractors (Nepal)	Extract data from videos	Office..

Data flow and location



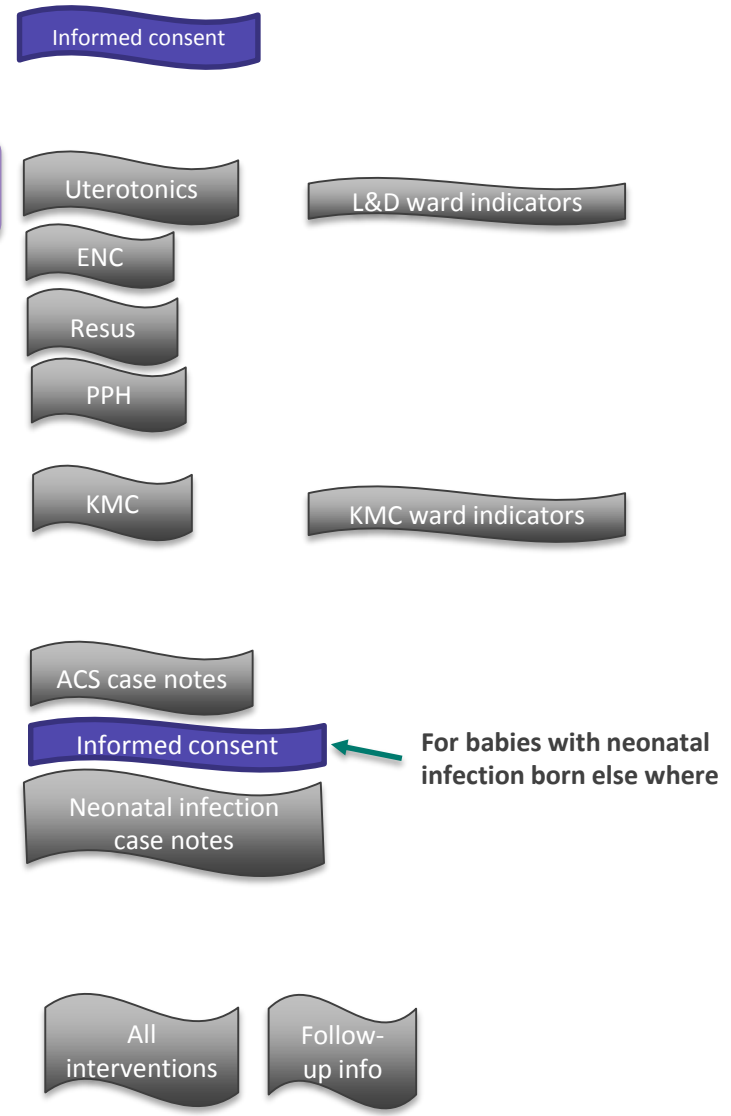
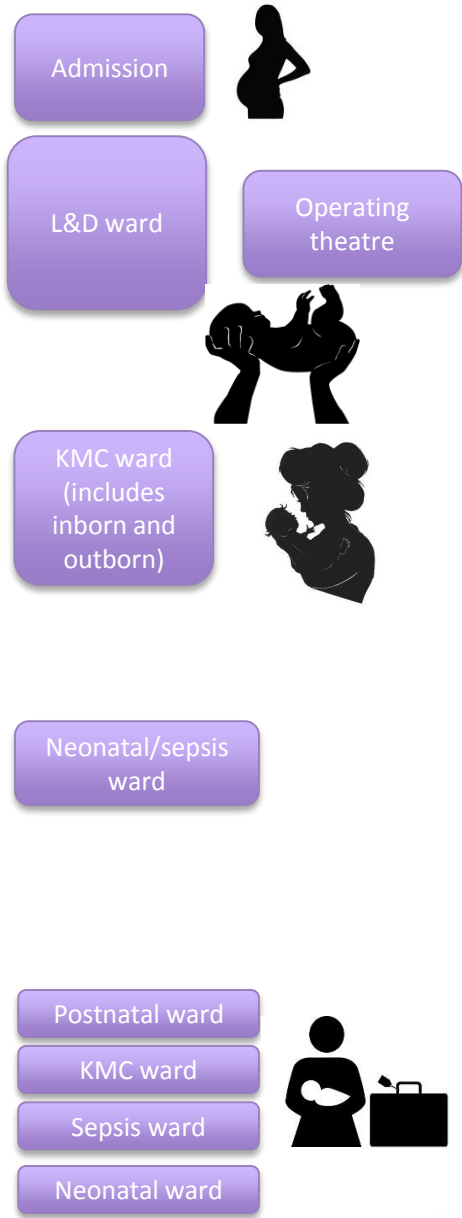
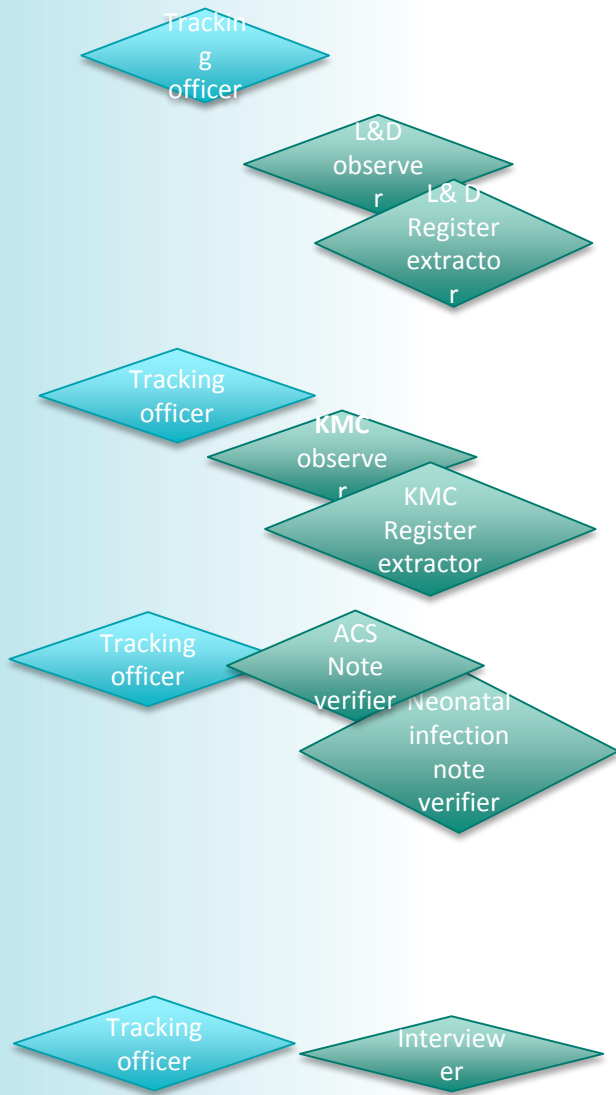
Data flow and location



Data collector

Location

Data collected



Activity B: Overview and Structure of data collection team (45 mins)

The trainers will now lead you through a group work activity to consolidate what you have learnt in this section 3 of the training.

Objective: To give you the opportunity to understand the flow of mothers/babies and location of data collectors through the health facility.

Handouts:

Title badges for each data collector you have in your team e.g. L&D observer, data extractor, tracking office. NB. Tablets are not needed.

Place markers- printed sign for each location of data collection, e.g. “Admission”, “L&D ward”, “KMC ward”, “PNC ward”, “Sepsis ward”

Time: 45 minute (roughly 30 minutes walking through different scenarios and 15 minutes for questions and discussion)

DISCUSSION





EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
Linked with
Ending Preventable Maternal Mortality

Data Collector Training Programme Session 1.4

The Data Collection Team

#EveryNewborn #Endingstillbirths
#maternalhealth



World Health
Organization

unicef 

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

- **Purpose:**
Ensure all data collectors understand what high quality data is and how to collect it. Ensure data collectors are familiar with the steps needed to maintain confidentiality.
- **Target Audience:** Data collectors & supervisors
- **Length of session:**
Presentation 45 mins
- **Type of session:** (classroom / practical)
- **Resources / tools required:**
Projector, slide deck, training handbook, supporting materials/ resource pack, marker pens and paper.

Aims & Learning Outcomes

1. Data collectors will appreciate the value of high quality data and know how to improve the quality of their data collection
2. Data collectors will understand how to ensure confidentiality while carrying out data collection

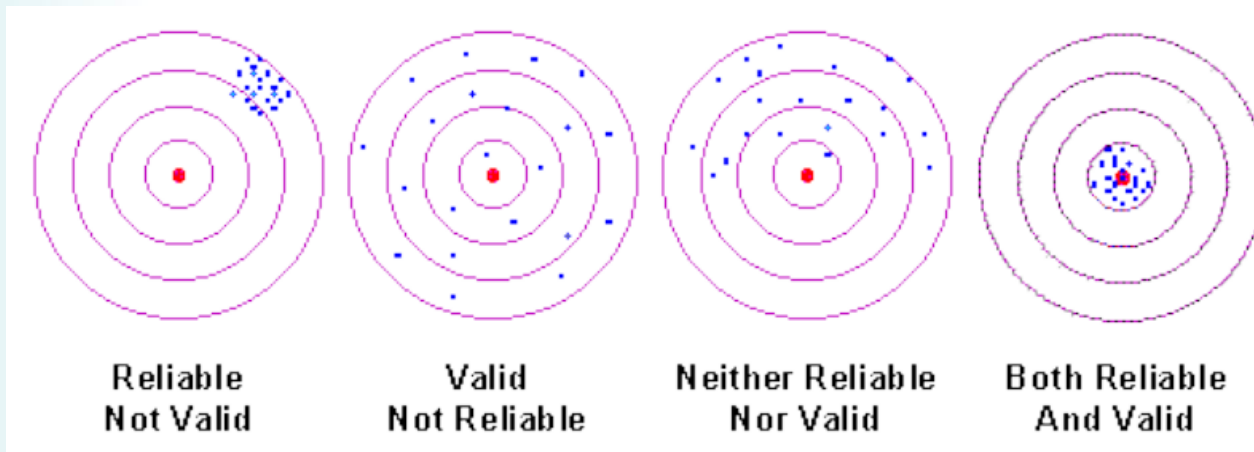


1 Goal:

Observations/interviews/data extraction/data verification is valid and reliable !

Data Quality

- Data are only valuable if they are of high quality
- The quality of the data determines the usefulness of the results
- **Reliability:** in research reliability means “repeatability” or “consistency”
 - A measure is reliable if it would give us the same result over and over again.
- **Validity:** refers to the degree to which data reflects what actually happened



Common Data Collection Errors

- **Misunderstanding the difference between “Didn’t happen” or “Don’t know”** —
“Didn’t happen” is to be used when you observed that an action was not done
e.g. you observe that bag and mask ventilation was not used on a baby who was not breathing
“Don’t know” is to be used when you do not know the answer
e.g. you could not see whether the baby was dried or not
- **Missing/unreadable data**
- **Data entered incorrectly**
- **Delay in data entry**

Can you think of any other reasons for errors in data?

Inter-rater reliability

- Inter-rater reliability is the extent to which two or more data collectors agree
- In an ideal world two data collectors would be present for each data entry so that their data could be compared
- For logistical reasons this isn't possible
- Instead: your supervisor will conduct double entry for 10% of cases

Inter-rater reliability

Goal for observers & interviewers: min.
agreement of 80%

Goal for extractors & verifiers:
min. agreement of 95%

Confidentiality

- **Confidentiality** refers to the **treatment of information** that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission.
- You will be collecting personal and sensitive information on the mother and baby
- Everything you observe, read, hear during data collection should be kept confidential and not shared or discussed with others

Confidentiality

What actions can you think of to ensure confidentiality?

- Do not discuss with other data collectors information about a mother/baby unless you need to for the study.
- If you need to discuss a mother/baby with another data collector, use their study ID not their name
- Find a quiet place with some privacy to discuss a mother/baby with another data collector so that you are not over heard
- If a relative, friend, or someone you know comes to the health facility, please alert the supervisor or tracking officer. You should not collect data on someone you know.
- Do not discuss health workers or their behaviour with other data collectors or outside of the health facility.
- If there has been an event which you are required to report (as per clinical incidence guidelines) you should make sure this is only shared with your supervisor
- Never take pictures/videos or collect any other information unrelated to the study!

Quick Quiz

- What is the difference between reliability and validity?
- What things can commonly cause data errors?
- How will supervisors assess the accuracy of the data you are collecting?
- In the context of this study, why is confidentiality important?
- What will you do if you are asked to observe a mother on KMC and you realise you have met her before at your sister's birthday party?
- You witnessed an clinical event with out appropriate response while on the L&D ward- who will you tell and how will you go about telling them?

DISCUSSION





EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
Linked with
Ending Preventable Maternal Mortality

Data Collector Training Programme Module 1 Section 1.5 & 1.6

Tablet and App use

#EveryNewborn #Endingstillbirths
#maternalhealth



World Health
Organization

unicef

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

1. Purpose:

Ensure data collectors know and understand how to use the tablet and are confident in using ENAP app

2. Target Audience: Everyone

3. Length of session:

Presentation: part i (60 mins)

Presentation: part ii (90 mins)

Activity C (90 mins)

1. Type of session: (classroom / practical)

2. Resources / tools required:

Projector, training manual, tablets with app installed

Aims & Learning Outcomes

1. Understand how to operate the tablet and use the tablet's basic functions
2. Learn how to take care of a tablet on a daily basis
3. Understand how the ENAP data collection system works
4. Learn the basic elements of the ENAP app
5. Practice data collection using ENAP app





PRESENTATION PART I: TABLET USE

(60 MINUTES)

THE LANCET

51

Tablets overview - introduction

- You will use a 10" screen tablet in L&D and 7" in all other locations
- All tablets have some functions that are not necessary for data collection
- You should not use functions of the tablet that are not necessary for data collection. Using extra features will severely reduce the battery life and can interact with the ENAP app functioning, leading to problems
- To respect the privacy of the patients do not use camera or listen to music or record any sounds



Tablets overview

(A) Front Camera - takes self-portraits/videos of yourself (*will not be used during this project*).

(B) Power/Lock Button - turns the device on/off, restarts it, or locks/wakes up the screen.

(C) Volume Buttons - adjusts the volume of your device (*will not be used during this project*).

(D) Memory Card Slot - optional memory card for removable file storage (*will not be used during this project*).

(E) Back Key - Returns to the previous screen, or closes a dialog box, menu, or keyboard.

(F) Home Button - Returns to the Home screen.

(G) Recent Key - Displays recent apps (*will not be used during this project*).

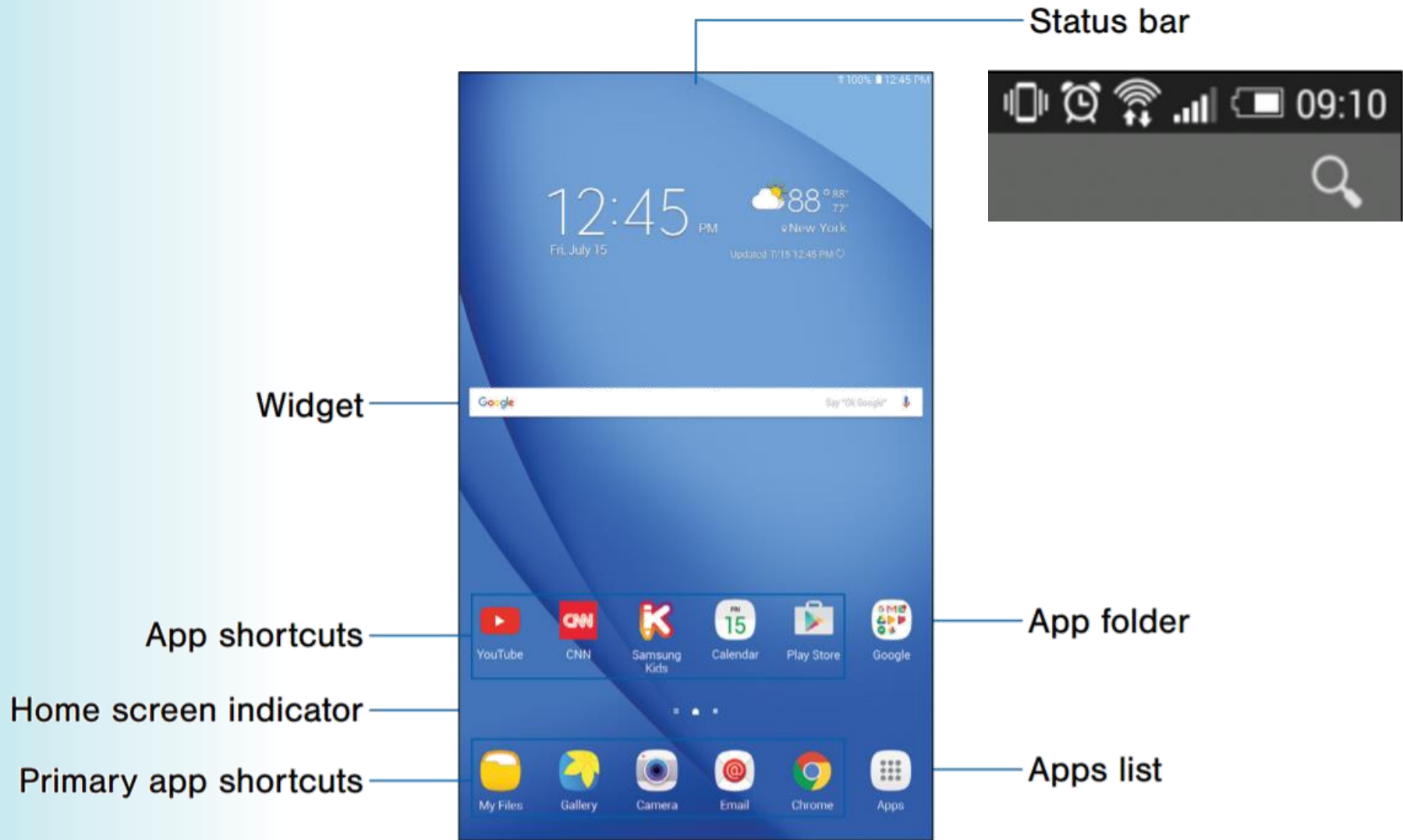


Tablets overview

- (A) **Microphone** - records audio and detects voice commands (*will not be used during this project*).
- (B) **USB Charger/Accessory Port** - connects the USB charger.
- (C) **Headset Jack** - connects a headset (*will not be used during this project*).
- (D) **Rear Camera** - takes pictures and record videos (*will not be used during this project*).
- (E) **Flash** - illuminates subjects in low-light environments when taking a photo or recording video (*will not be used during this project*).
- (F) **Speaker** - plays music and other sounds (*will not be used during this project*).
- (G) **Speaker** -play music and other sounds (*will not be used during this project*).



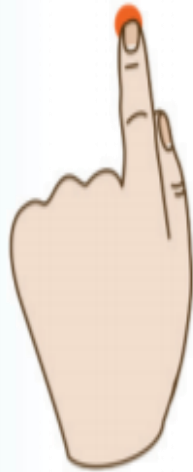
Tablet home screen overview



Tablet – basic gestures



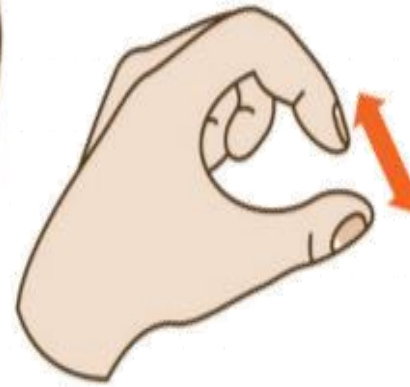
Tap



Tap and hold (and drag)



Swipe



Pinch-to-zoom

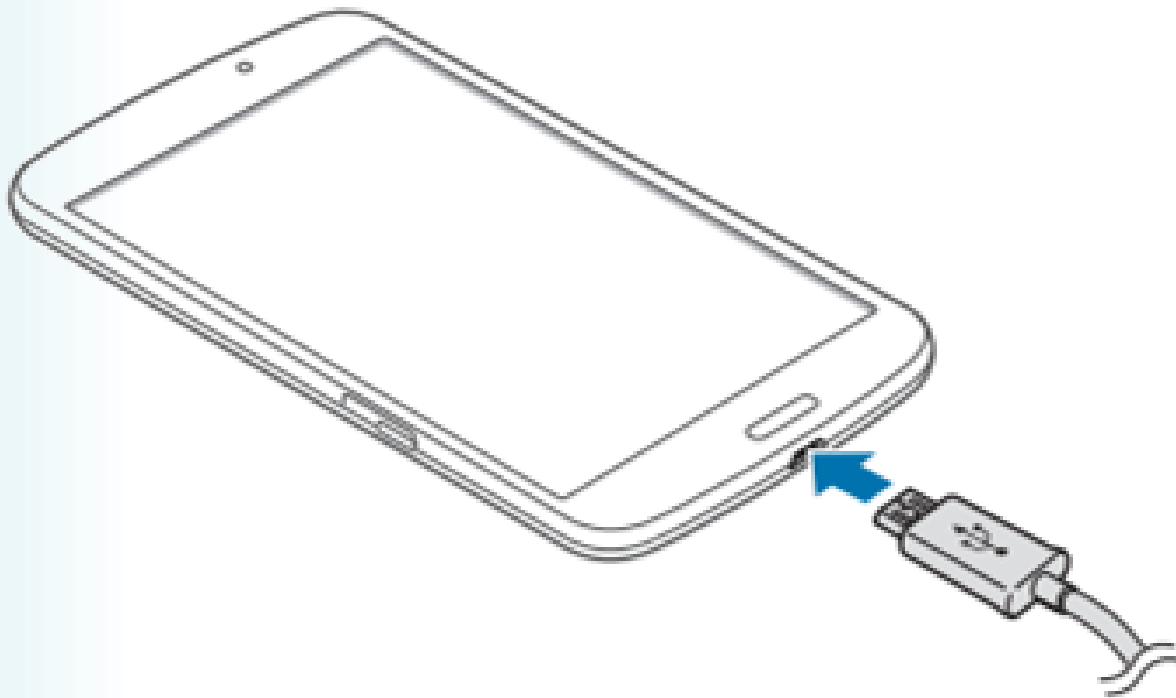


Double tap

Tablet – text and numbers



Maintenance - charging



Maintenance – basic rules

Storage

- Keep it in the dry place, if possible in wooden cabinet. Always store the device in the lockable storage to protect it against theft.

Cleaning

- Clean the screen with a dry soft cloth only. A clean piece of cotton fabric works well.
- Never use any chemicals to clean the screen — especially alcohol, ammonia, or solvents.

Physical protection

- Use a protective case. The case will protect from breaking by fall.
- Dropping your tablet on the floor or hitting it against sharp and dull edges will cause physical damage (break or crack the screen or body of the tablet, battery damage), leading to partial or complete malfunctioning of the device, requiring its full replacement.

Maintenance – basic rules

Digital protection

- Do not attempt to install any additional software.
- As instructed, do not give your log in details (user name and password) to anyone, including your colleagues.
- Your login details are person specific and are assigned on individual basis.
- If you have forgotten your login details, please contact your supervisor.

Device lost or malfunctioning

- If the tablet is lost or stolen, it is your responsibility to notify your manager as soon as possible.
- If your device is malfunctioning, please notify your manager as soon as possible. Your device might require complete reset and reconfiguration, or replacement.
- You can only attempt to reboot device, by turning it OFF and ON. If possible, do not forget to synchronise the data, otherwise, your data might be partially or completely lost.

Basic functions - practice

Turning your device ON and OFF

- To turn on your device, press and hold the **Power key**. To turn off your device, press and hold the **Power key** and select **Power off** → OK.
- When the tablet is ON, press the power button once it is locked and it will be closed. To unlock, first press the power / home button, then the lock / unlock screen will appear on the tablet.
- Unlocking any side of the screen with the finger pressure will be unlocked. If the screen does not work for some time (5 minutes), the screen will close automatically.

Unlocking the device

- When you do not use the device, your device turns off the touch screen and automatically locks the touch screen to prevent any unwanted device operations.
- To manually lock the touch screen, press the Power key. To unlock, turn on the screen by pressing the Power key, tap anywhere on the screen, and then flick your finger in any direction.

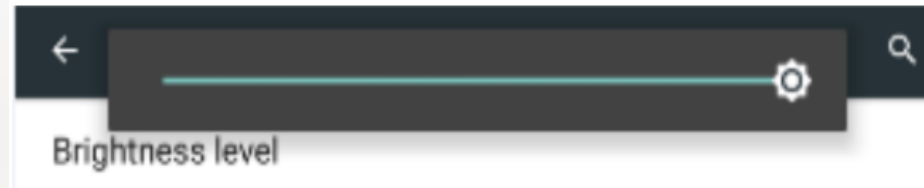
Basic functions - practice

Connecting to Wi-Fi – ON and OFF

- Your device will be configured to use the Wi-Fi or 3/4G connection. In case you have lost connectivity, to connect to Wi-Fi, follow the steps:
 1. Tap the Apps icon in the top right corner of the tablet.
 2. In the list locate the Settings icon (if you can't see it try scrolling left/right).
 3. Tap on Wi-Fi to see the local wireless networks (make sure Wi-Fi is turned on, by sliding the switch at the top on the screen).
 4. Tap the network you want to connect to and enter the wireless key.
 5. Tap on Wi-Fi and turn it OFF

Basic functions - practice

Screen brightness adjustment



Turning off the sound

- To make sure your device is in the silent mode, adjust the device's volume by pressing the Volume key down.
- Alternatively, select and drag the sliders to adjust the volume level to the minimum.

Troubleshooting



Flight mode ON and OFF

- In **Flight mode**, your connection to all wireless networks is disabled.
- The **Flight Mode** is usually being activated in areas where wireless devices are prohibited, such as aeroplanes.
- To synchronise and keep the data up-to-date, your tablet needs to be connected to the network.
- If your network connection is disabled, your device might be in the **Flight mode**.
- To activate or deactivate **Flight mode**, go to Settings → more settings, and then check the check box next to **Flight mode**.

Troubleshooting



Device doesn't turn ON

- If the battery is completely discharged, you cannot turn on the device, even with the USB power adapter connected.
- Allow a depleted battery to charge for a few minutes before you try to turn on the device.
- Always charge the battery only with the original charger provided with the tablet to exclude the possibility of physical damage.

Network or service error message

- When you are in areas with weak signals or poor reception, you may lose reception.
- Move to another area and try again.

Concluding remarks

If you still experience problems...

- Turn your device OFF and ON
- Make sure your tablet is charged
- If that doesn't help, please contact your supervisor

A woman wearing a striped headband is holding a newborn baby wrapped in a patterned blanket. The image is overlaid with a teal gradient. The text is white and positioned on the left side of the image.

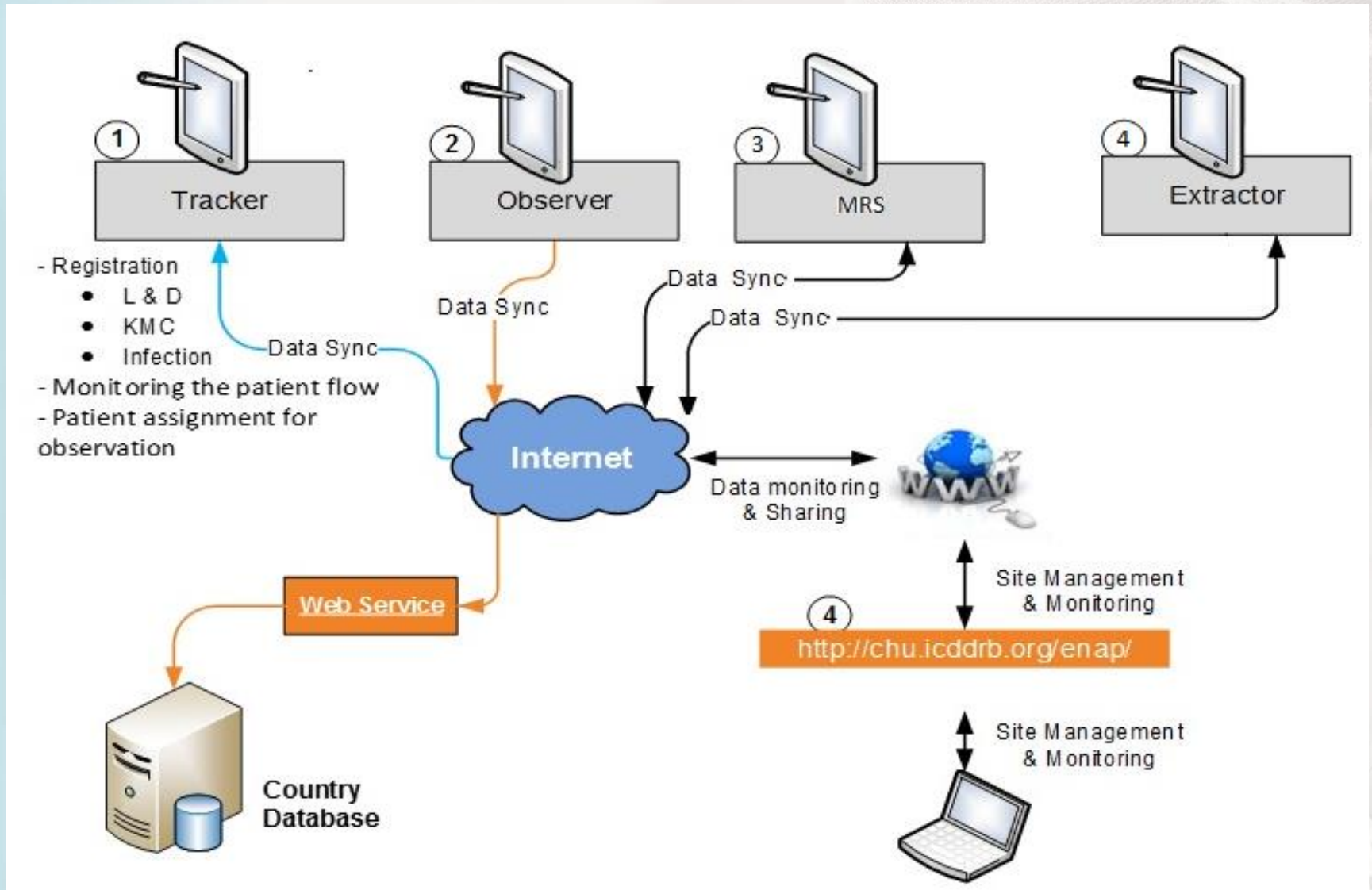
PRESENTATION PART II: ENAP APP USE

(90 MINUTES)

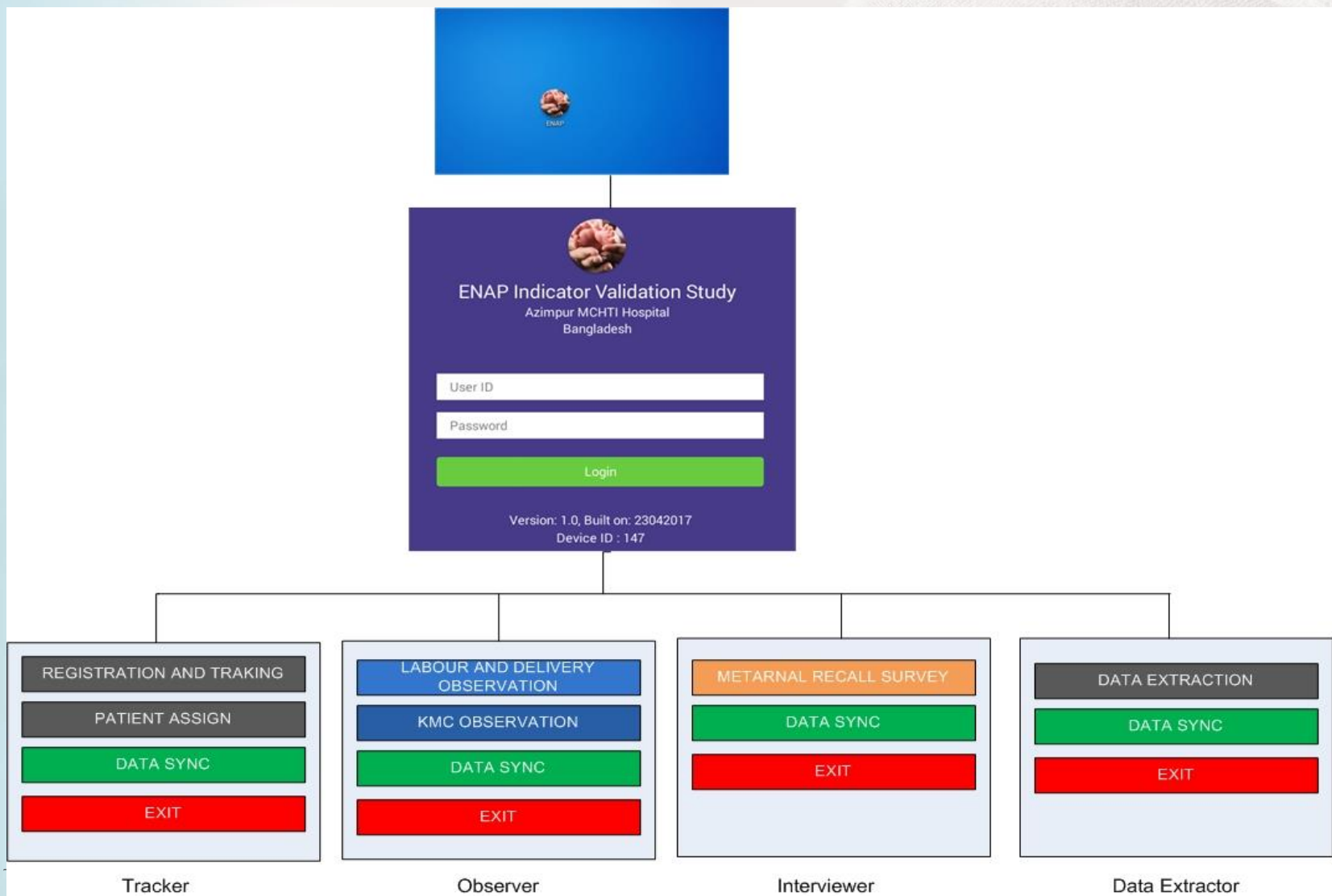
THE LANCET

67

ENAP APP overview – flow



ENAP APP overview – roles



ENAP APP overview – logging in

Logging in

ENAP Indicator Validation Study
Azimpur MCHTI Hospital
Bangladesh

101

Password

Login

Version: 1.0, Built on: 04042017
Unique ID : 104

- Tracker
- Observer
- Interviewer
- Data Extractor and Verifier

ENAP APP overview – data entry

Text box

4. Hospital ID/Registration Number

Radio button

1. Was the data collection team present in the selected cluster as per plan? Yes No

2. Did you meet with the supervisor, inquired about the progress and identified any difficulties in data collection as per plan? Yes No

ENAP APP overview – data entry

Check box

37. Maternal complications diagnosed or known at time of admission

- None/Not Recorded
- Hypertensive disease of pregnancy
- Hypertension
- Pre-eclampsia
- Other Hypertensive disease of pregnancy not specified
- Ante partum haemorrhage
- Not known
- Other complication specify

Drop-down list

11. Religion of the Mother

12. Address

a. District

b. Upazila/Thana

c. Union/Ward

- 1-Muslim
- 2-Hindu
- 3-Buddhist
- 4-Christian
- 7-Others

ENAP APP overview – data entry

Auto-complete field

Medicine type 01-Antibiotic

Antibiotic Type 12-Penicillins

Generic name C

Date Prescribed

S

- Ampicillin and Cloxacilin::004
- Ticarcillin and Clavulonic acid::...
- Cloxacillin::014
- Carbenecillin/ Ticarcillin::016

Date field

2. Date 11/05/2017

Thu, 11 May 2017

May 2017

	M	T	W	T	F	S	S
10 Apr 2016	18	1	2	3	4	5	6 7
11 May 2017	19	8	9	10	11	12	13 14
12 Jun 2018	20	15	16	17	18	19	20 21
	21	22	23	24	25	26	27 28
	22	29	30	31	1	2	3 4
	23	5	6	7	8	9	10 11

Cancel Set

ENAP APP overview – data entry

Time

3. Time 16:05

3:32 PM

2 31 AM

3 : 32 PM

4 33

Cancel Set

Keypad

1 2 3 4 5 6 7 8 9 0

q w e r t y u i o p

a s d f g h j k l

↑ z x c v b n m , ! . ? ↑

SYM English(UK)

1 2 3

4 5 6 Next

7 8 9

0

THE LANCET

Alphabetic

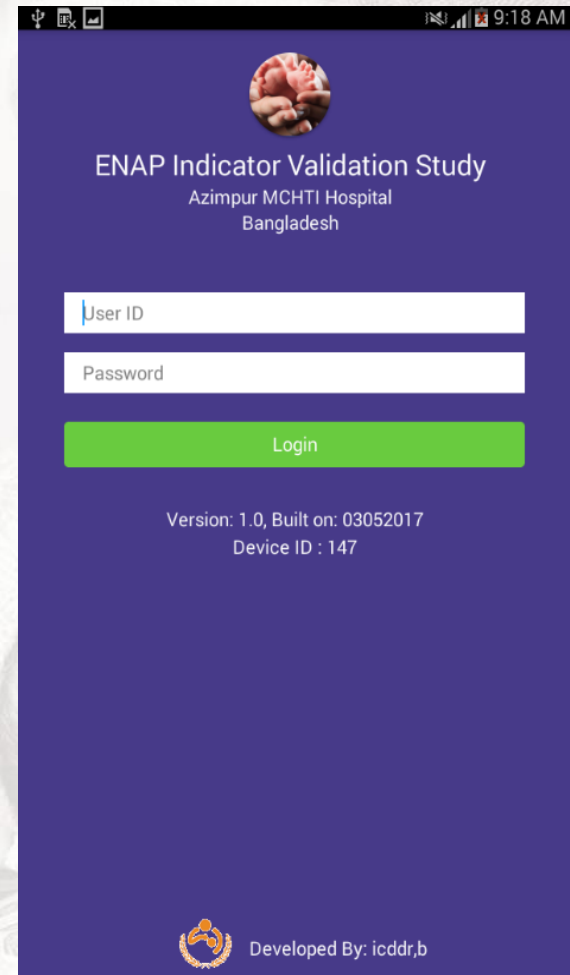
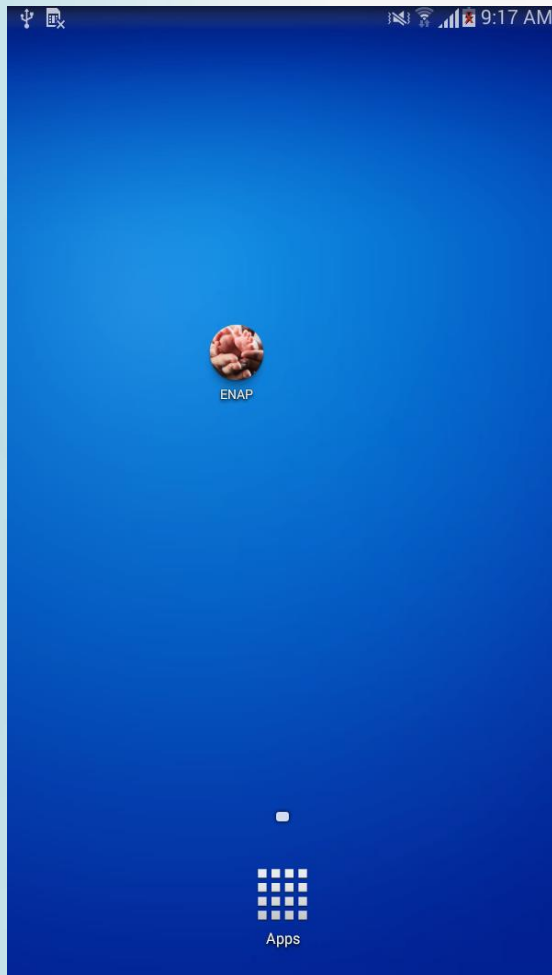
Numeric

74

ENAP APP – colour coding

Color	Used in	Description
Green	OB,MRS,DE,ACS,VER	When required action is completed / Observed-Done
Red	OB,MRS,DE,ACS,VER	When action is incomplete / Observed-Not Done
Orange	Patient	Patient switching button
White	Observation Module	Don't know
Yellow	Observation Module	Selected Tab

ENAP APP – opening the app



ENAP APP – logging in

Logging in

ENAP Indicator Validation Study
Azimpur MCHTI Hospital
Bangladesh

101

Password

Login

Version: 1.0, Built on: 04042017
Unique ID : 104

- Tracker
- Observer
- Interviewer
- Data Extractor and Verifier

Tracker: Logging in

ENAP Indicator Validation Study
Azimpur MCHTI Hospital
Bangladesh

101

Password

Login

Version: 1.0, Built on: 04042017
Unique ID : 104

☰ ENAP Indicator Validation Study

REGISTRATION AND TRACKING

PATIENT ASSIGN

DATA SYNC

EXIT

Tracker: registering and tracking

← Registration (Total: 13)

LABOUR AND DELIVERY KMC INFECTION

Study Id/Name/Phone/Hospital ID SEARCH

Study ID	Asif	INFXN
15000002	Age: 8 days Male	MRS
Hospital ID	DHAKA, x, y, z	VER
5678		
Study ID	Popy	KMC
15000003	Age: 3 days Female	OB
Hospital ID	DHAKA, x, y, z	MRS
6789		DE

1. Labour and Delivery Registration
2. KMC Registration
3. Infection Registration



← Registration (Total: 13)

LABOUR AND DELIVERY KMC INFECTION

Patient List

Labour and Delivery KMC

Observer

Select from list

- Study ID **solima**
150000003 Age: 20 years
Hospital ID DHAKA, x, y, z
1234 Observer: User 2
- Study ID **rekha**
150000002 Age: 20 years
Hospital ID KUSHTIA, x, y, z
1234 Observer: User 2
- Study ID **Lipi**
150000001 Age: 30 years
Hospital ID DHAKA, x, y, z
1234 Observer: User 5
- Study ID **Bindu**
102000006 Age: 25 years
Hospital ID DHAKA, 0001, 0001, 0001
202 Observer: User 5
- Study ID **Faija Banu**
102000004 Age: 20 years

Assign Close

← Registration

Labour and Delivery

1. Data ID: 104000001
2. Date: 12/04/2017
3. Time: 10:43
4. Hospital ID/Registration Number:
5. Consent Given: Yes No

Save -> Continue

Labour and Delivery Registration

← Registration (Total: 13)

LABOUR AND DELIVERY KMC INFECTION

Study Id/Name/Phone/Hospital ID

Study ID: 150000002	Asif Age: 8 days Male DHAKA, x, y, z	INFXN MRS VER
Study ID: 150000003	Popy Age: 3 days Female DHAKA, x, y, z	KMC OB MRS DE

← Registration

INFECTION

1. Data ID: 104000001
2. Date: 12/04/2017
3. Time: 10:43
4. Hospital ID/Registration Number:
5. Consent Given: Yes No

Save -> Continue

Infection Registration

← Registration

KMC

1. Data ID: 104000001
2. Date: 12/04/2017
3. Time: 10:43
4. Hospital ID/Registration Number:
5. Consent Given: Yes No

Save -> Continue

KMC Registration

Registration (Total: 13)

LABOUR AND DELIVERY KMC INFECTION

Study Id/Name/Phone/Hospital ID

Study ID	Name	Age	Sex	Category
15000002	Asif	8 days	Male	INFXN
Hospital ID: 5678				
				MRS
				VER
15000003	Popy	3 days	Female	KMC
Hospital ID: 6789				
				OB
				MRS
				DE



Registration

INFECTION

- Data ID: 15000007
- Date: 24/04/2017
- Time: 13:08
- Hospital ID/Registration Number: 5678
- Consent Given: Yes No
- Study ID: 15000002
 - Mother Registered: Yes No
 - a) Mother's Study ID: 15000001
 - Re-Type: 15000001
 - b) Mother's Hospital ID: 1234
- Name of Mother: Halima
- Date of Birth of the Mother:
 - Don't Know
- Age of the Mother (Years): 30
- Ethnicity of the Mother: 888-Not Applicable

Registration (Total: 13)

LABOUR AND DELIVERY KMC INFECTION

Study Id/Name/Phone/Hospital ID

Study ID	Name	Age	Sex	Category
15000002	Asif	8 days	Male	INFXN
Hospital ID: 5678				
				MRS
				VER
15000003	Popy	3 days	Female	KMC
Hospital ID: 6789				
				OB
				MRS
				DE

Registration (Total: 14)

LABOUR AND DELIVERY KMC INFECTION

Study Id/Name/Phone/Hospital ID

Date From: 12/04/2017 To: 12/04/2017

Options

- 1-All Patient
- 2-Completed
- 3-Incomplete
- 4-Labour and Delivery Patient
- 5-KMC Patient
- 6-Infection Patient

Tracker: patient assign

ENAP Indicator Validation Study

REGISTRATION AND TRACKING

PATIENT ASSIGN

DATA SYNC

EXIT

Patient List

Labour and Delivery KMC

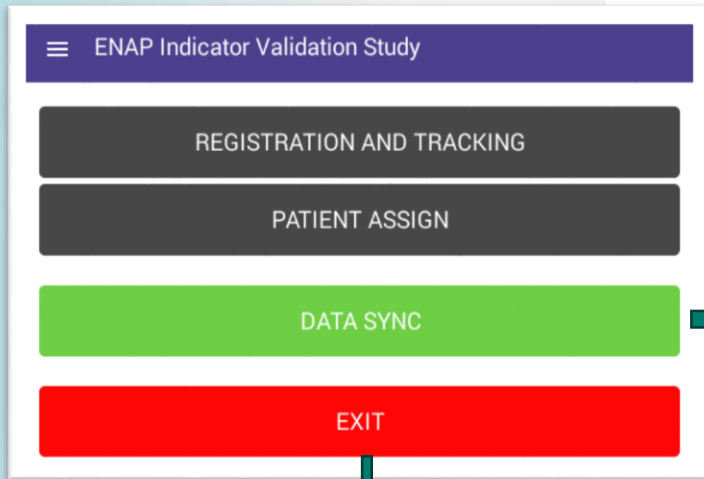
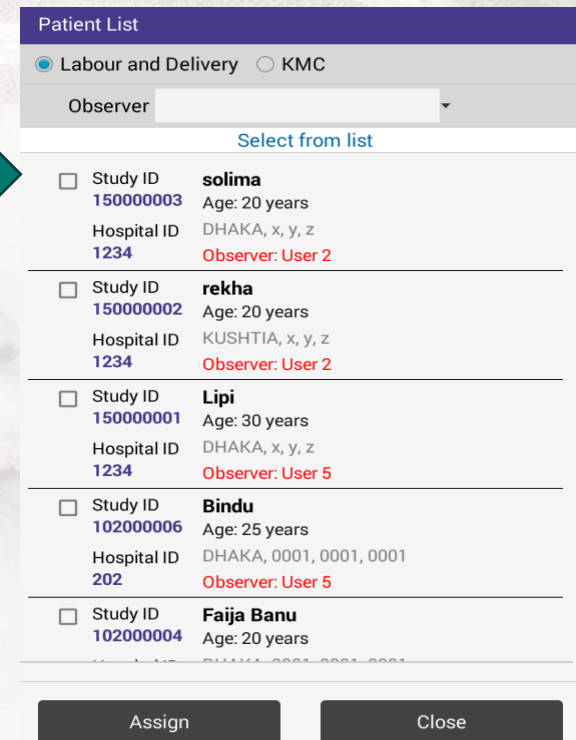
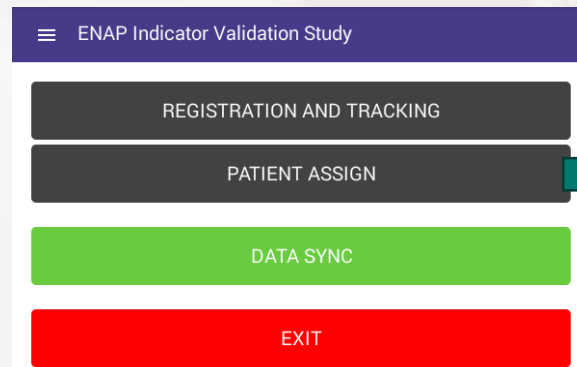
Observer

Select from list

<input type="checkbox"/>	Study ID 15000003	solima Age: 20 years
	Hospital ID 1234	DHAKA, x, y, z Observer: User 2
<input type="checkbox"/>	Study ID 15000002	rekha Age: 20 years
	Hospital ID 1234	KUSHTIA, x, y, z Observer: User 2
<input type="checkbox"/>	Study ID 15000001	Lipi Age: 30 years
	Hospital ID 1234	DHAKA, x, y, z Observer: User 5
<input type="checkbox"/>	Study ID 10200006	Bindu Age: 25 years
	Hospital ID 202	DHAKA, 0001, 0001, 0001 Observer: User 5
<input type="checkbox"/>	Study ID 10200004	Faija Banu Age: 20 years
		DHAKA, 0001, 0001, 0001

Assign Close

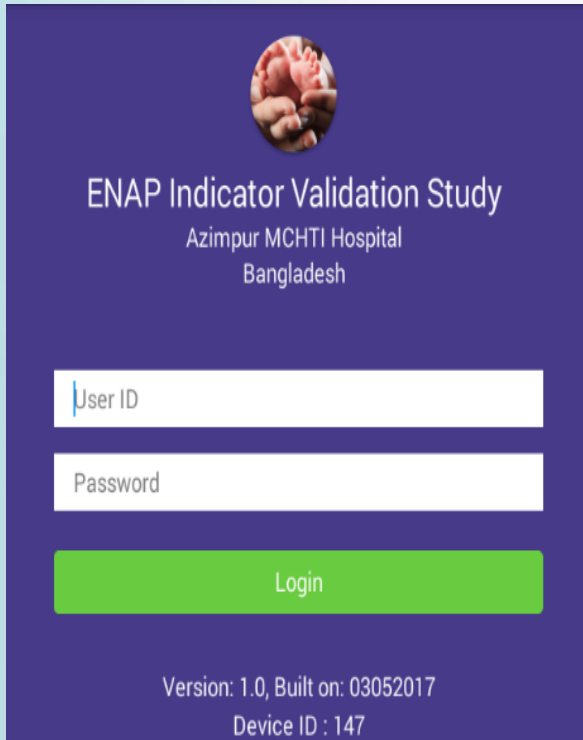
Tracker: patient assign



1.3. By clicking on **DATA SYNC** button, he/she can able to sync registered patient information into the country specific server. To do this, make sure that internet connection is available.

1.4. By clicking on **EXIT**, you can exit from ENAP application.

Observer: L&D observation



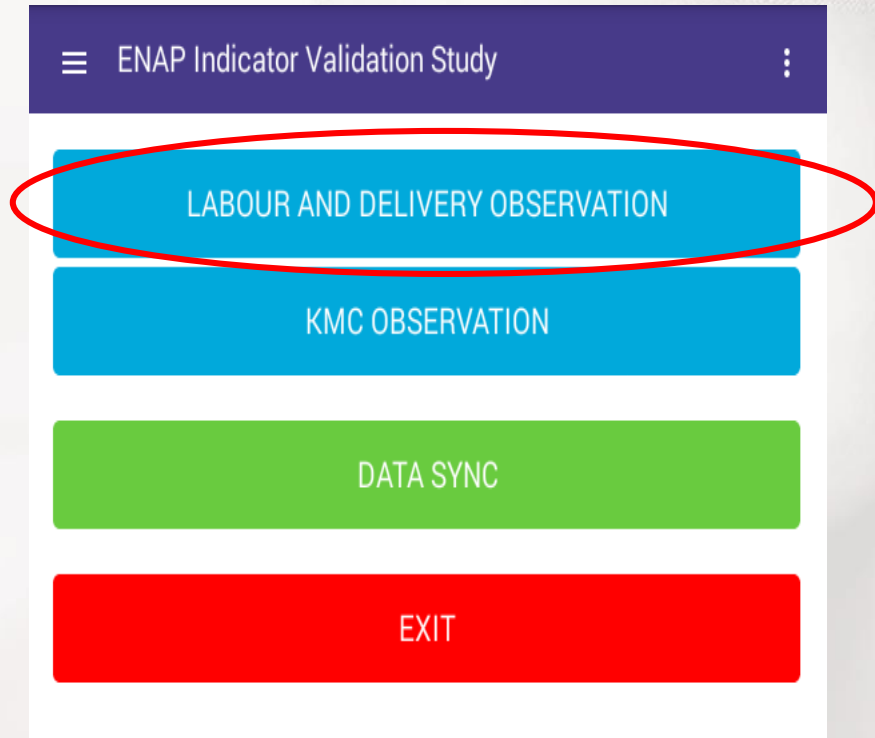
ENAP Indicator Validation Study
Azimpur MCHTI Hospital
Bangladesh

User ID

Password

Login

Version: 1.0, Built on: 03052017
Device ID : 147



ENAP Indicator Validation Study

LABOUR AND DELIVERY OBSERVATION

KMC OBSERVATION

DATA SYNC

EXIT

Observer: L&D observation

← Registration (Total: 5) ASSIGN

Labour and Delivery

Study Id/Name/Phone/Hospital ID + SEARCH

Study ID **rahima** L & D
15000004 Age: 28 years OB
Hospital ID DHAKA, x, y, z MRS
1234 DE

← Registration (Total: 5) ASSIGN

Labour and Delivery

Study Id/Name/Phone/Hospital ID SEARCH

Date From 08/05/2017 To 08/05/2017

Options

- 1-All Patient
- 2-Completed
- 3-Incomplete
- 4-Labour and Delivery Patient

Study ID 15000004
Hospital ID 1234

← Registration (Total: 5) ASSIGN

Labour and Delivery

Study Id/Name/Phone/Hospital ID + SEARCH

Study ID **rahima** L & D
15000004 Age: 28 years OB
Hospital ID DHAKA, x, y, z MRS
1234 DE

Registration

Labour and Delivery

1. Data ID 15000004
2. Date 24/04/2017
3. Time 10:50
4. Hospital ID/Registration Number 1234
5. Consent Given Yes No
6. Study ID 15000004
7. Name of Mother rahima
8. Date of Birth of the Mother 21
 Don't Know
9. Age of the Mother (Years) 28
10. Ethnicity of the Mother 888-Not Applicable
11. Religion of the Mother 1-Muslim
12. Address
a. District 26-DHAKA


Patient Details

Observer: L&D observation

← Observation **OB** **MRS** **DE**

Labour and Delivery

Study ID **rahima**
15000004 Age: 28 years
Hospital ID DHAKA, x, y, z
1234

Patient  →

Pause


Stop

L&D 1ST & 2ND STAGE	NEWBORN	RESUS	3RD STAGE & PPH	L & D DISCHARGE &
---------------------	---------	-------	-----------------	-------------------

Don't Know **Observed-Done** Observed-Not Done

Observation Start

Observation Place: Labour Roo..

Observation Place (Other): a 

Oxytocin Given Before Delivery

Patient Switching

Labour and Delivery Patient

Select from list

Study ID	solima
15000003	Age: 20 years
Hospital ID	DHAKA, x, y, z
1234	

Study ID	rekha
15000002	Age: 20 years
Hospital ID	KUSHTIA, x, y, z
1234	

Study ID	Fajja Banu
102000004	Age: 20 years
Hospital ID	DHAKA, 0001, 0001, 0001
56467	

Study ID	omqqr basnet
102000004	Age: 25 years
Hospital ID	DHAKA, 0001, 0001, 0001
12345	

Close

← Registration (Total: 5) **ASSIGN**

Labour and Delivery

Study Id/Name/Phone/Hospital ID  **SEARCH**

Study ID	rahima	L & D
15000004	Age: 28 years	OB
Hospital ID	DHAKA, x, y, z	MRS
1234		DE

Observer

Registration (Total: 5) ASSIGN

← Labour and Delivery

Study ID/Name/Phone/Hospital ID + SEARCH

Study ID **rahima** L & D

15000004 Age: 28 years OB

Hospital ID DHAKA, x, y, z MRS

1234 DE

L&D 2nd Stage

← Observation OB MRS DE

Labour and Delivery Patient

Study ID **rahima** Pause

15000004 Age: 28 years Stop

Hospital ID DHAKA, x, y, z

1234

L&D 1ST & 2ND STAGE NEWBORN RESUS 3RD STAGE & PPH L & D DISCHARGE &

Don't Know Observed-Done Observed-Not Done

*Observation Start Observation Place Labour Roo... Observation Place (Other) a Oxytocin Given Before Delivery

Newborn

← Observation OB MRS DE

Labour and Delivery Patient

Study ID **rahima** Pause

15000004 Age: 28 years Stop

Hospital ID DHAKA, x, y, z

1234

L&D 1ST & 2ND STAGE NEWBORN RESUS 3RD STAGE & PPH L & D DISCHARGE &

Don't Know Observed-Done Observed-Not Done

Child Serial 1 -

*Baby Delivered Place of Birth Labour Roo... Mode of Birth Normal VD Outcome at Birth Live Birth

RESUS

← Observation OB MRS DE

Labour and Delivery Patient

Study ID **rahima** Pause

15000004 Age: 28 years Stop

Hospital ID DHAKA, x, y, z

1234

L&D 1ST & 2ND STAGE NEWBORN RESUS 3RD STAGE & PPH L & D DISCHARGE &

Don't Know Observed-Done Observed-Not Done

Child Serial 1 -

*Resus Start Resus Table Shift Provider Call for Help

3rd Stage & PPH

← Observation OB MRS DE

Labour and Delivery Patient

Study ID **rahima** Pause

15000004 Age: 28 years Stop

Hospital ID DHAKA, x, y, z

1234

L&D 1ST & 2ND STAGE NEWBORN RESUS 3RD STAGE & PPH L & D DISCHARGE &

Don't Know Observed-Done Observed-Not Done

*Uterotonic Given After Delivery Type Oxytocin Route IM

L&D Discharge

← Observation OB MRS DE

Labour and Delivery Patient

Study ID **rahima** Pause

15000004 Age: 28 years Stop

Hospital ID DHAKA, x, y, z

1234

L&D 1ST & 2ND STAGE NEWBORN RESUS 3RD STAGE & PPH L & D DISCHARGE &

Observer: pause and stop and reassign

← Observation **OB** **MRS** **DE**

Labour and Delivery Patient

Study ID **rahima**
150000004 Age: 28 years

Hospital ID **DHAKA, x, y, z**
1234

Pause
Stop

L&D 1ST & 2ND STAGE	NEWBORN	RESUS	3RD STAGE & PPH	L & D DISCHARGE &
---------------------	---------	-------	-----------------	-------------------

Don't Know Observed-Done Observed-Not Done

*Observation Start

Observation Place **Labour Roo..**

Observation Place (Other) **a**

Oxytocin Given Before Delivery

← Registration (Total: 5) **ASSIGN**

Labour and Delivery

🔍 Study Id/Name/Phone/Hospital ID **SEARCH**

Study ID **rahima** **L & D**
150000004 Age: 28 years **OB**
Hospital ID **DHAKA, x, y, z** **MRS**
1234 **DE**

Patient List

Labour and Delivery KMC

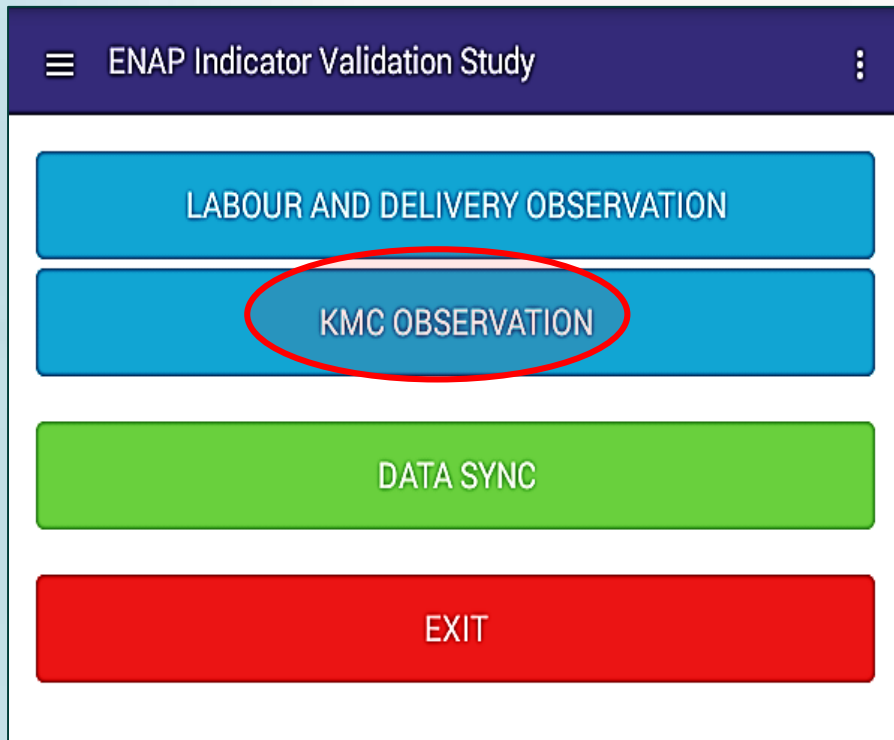
Observer

Select from list

- Study ID **solima** Age: 20 years
Hospital ID **DHAKA, x, y, z**
1234 Observer: User 2
- Study ID **rekha** Age: 20 years
Hospital ID **KUSHTIA, x, y, z**
1234 Observer: User 2
- Study ID **Lipi** Age: 30 years
Hospital ID **DHAKA, x, y, z**
1234 Observer: User 5
- Study ID **Bindu** Age: 25 years
Hospital ID **DHAKA, 0001, 0001, 0001**
202 Observer: User 5
- Study ID **Faija Banu** Age: 20 years
Hospital ID **DHAKA, 0001, 0001, 0001**
202 Observer: User 5

Assign **Close**

Observer: KMC



Observer: KMC observation

← Registration (Total: 5) ASSIGN

Labour and Delivery

Study Id/Name/Phone/Hospital ID + SEARCH

Study ID **rahima** L & D
15000004 Age: 28 years OB
Hospital ID **DHAKA, x, y, z** MRS
1234 DE

← Registration (Total: 5) ASSIGN

Labour and Delivery

Study Id/Name/Phone/Hospital ID SEARCH

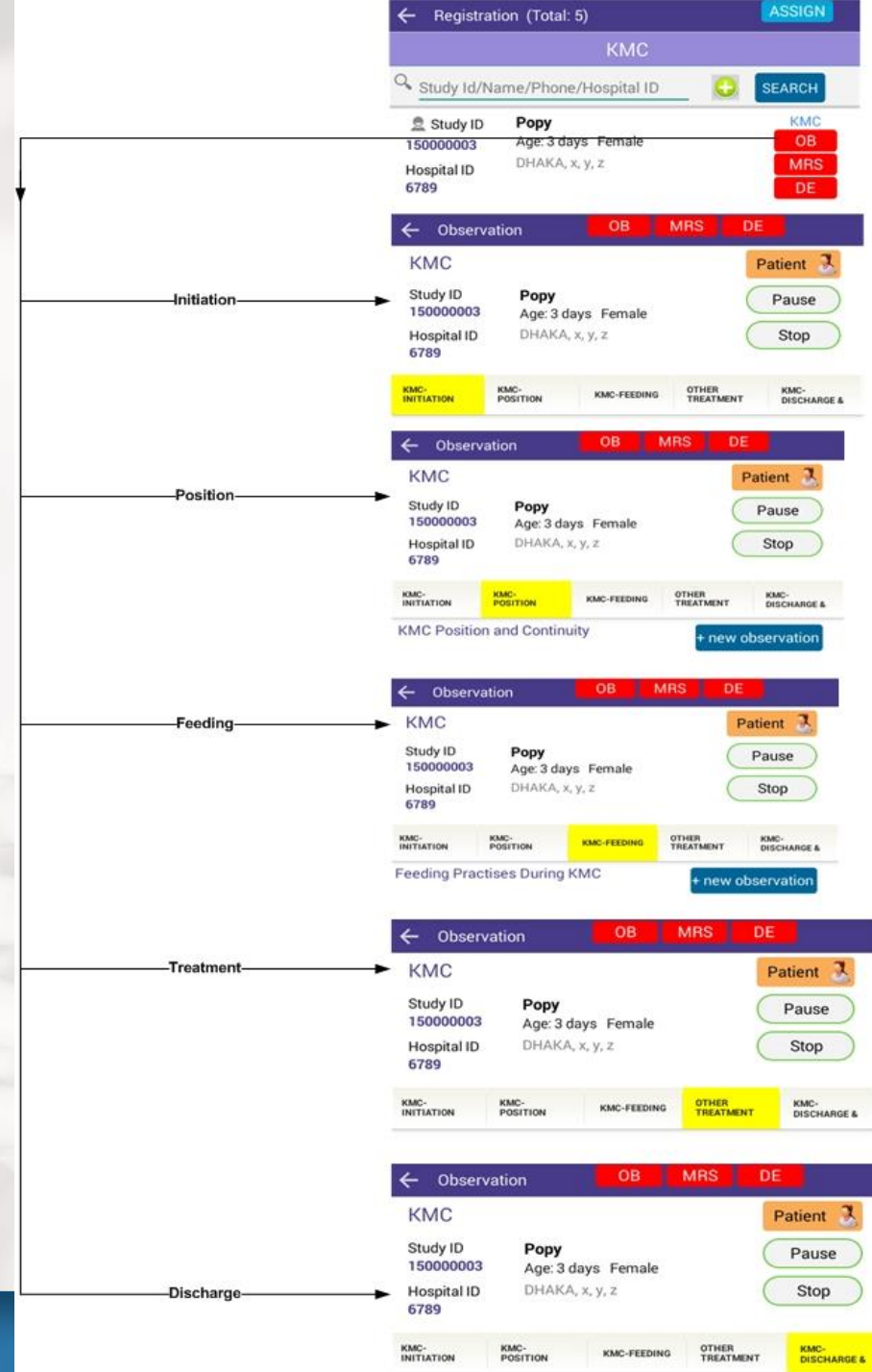
Date From To

Options

- 1-All Patient
- 2-Completed
- 3-Incomplete
- 4-Labour and Delivery Patient

Study ID **15000004** OB
Hospital ID **1234** MRS

Observer: KMC



Interviewer



ENAP Indicator Validation Study

Azimpur MCHTI Hospital
Bangladesh

Login

Version: 1.0, Built on: 03052017

Device ID : 147

☰ ENAP Indicator Validation Study

MATERNAL RECALL SURVEY


DATA SYNC

EXIT

Interviewer

← Registration (Total: 13)


Recall Survey

Study Id/Name/Phone/Hospital ID  SEARCH

Study ID **Asif** INFXN
150000002 Age: 8 days Male **MRS**
 Hospital ID DHAKA, x, y, z **VER**
5678

← Registration (Total: 13)

Recall Survey

Study Id/Name/Phone/Hospital ID  SEARCH

Date From 08/05/2017 To 08/05/2017


Options

- Study ID 1-All Patient
- 150000002 2-Completed
- Hospital ID 3-Incomplete
- 5678 4-Labour and Delivery Patient
- Study ID 5-KMC Patient
- 150000003 6-Infection Patient
- Hospital ID 6789

DE

← Registration (Total: 13)

Recall Survey


Study Id/Name/Phone/Hospital ID  SEARCH

Study ID **Asif** INFXN
150000002 Age: 8 days Male **MRS**
 Hospital ID DHAKA, x, y, z **VER**
5678



← Registration

INFECTION

- Data ID 150000007
- Date 24/04/2017
- Time 13:08
- Hospital ID/Registration Number 5678
- Consent Given Yes No
- Study ID 150000002
 - Mother Registered Yes No
 - a) Mother's Study ID 150000001 [List](#)
 - Re-Type 150000001
 - b) Mother's Hospital ID 1234
- Name of Mother Halima
- Date of Birth of the Mother 
 - Don't Know
- Age of the Mother (Years) 30
- Ethnicity of the Mother 888-Not Applicable

Interviewer

← Registration (Total: 13)

Recall Survey

Study Id/Name/Phone/Hospital ID

Study ID: 150000002, Name: Asif, Age: 8 days, Male, Hospital ID: 5678

INFXN, MRS, VER

← Recall Survey

Labour and Delivery

Study ID: rahima, 150000004, Age: 28 years, Hospital ID: DHAKA, x, y, z, 1234

COVER SHEET, L & D, NEONATAL INFECTION, KMC, SOCIO-ECONOMIC, FINAL STATUS

← Recall Survey

Labour and Delivery

Study ID: rahima, 150000004, Age: 28 years, Hospital ID: DHAKA, x, y, z, 1234

COVER SHEET, L & D, NEONATAL INFECTION, KMC, SOCIO-ECONOMIC, FINAL STATUS

← Recall Survey

Labour and Delivery

Study ID: rahima, 150000004, Age: 28 years, Hospital ID: DHAKA, x, y, z, 1234

COVER SHEET, L & D, NEONATAL INFECTION, KMC, SOCIO-ECONOMIC, FINAL STATUS

← Recall Survey

Labour and Delivery

Study ID: rahima, 150000004, Age: 28 years, Hospital ID: DHAKA, x, y, z, 1234

COVER SHEET, L & D, NEONATAL INFECTION, KMC, SOCIO-ECONOMIC, FINAL STATUS

← Recall Survey

Labour and Delivery

Study ID: rahima, 150000004, Age: 28 years, Hospital ID: DHAKA, x, y, z, 1234

COVER SHEET, L & D, NEONATAL INFECTION, KMC, SOCIO-ECONOMIC, FINAL STATUS

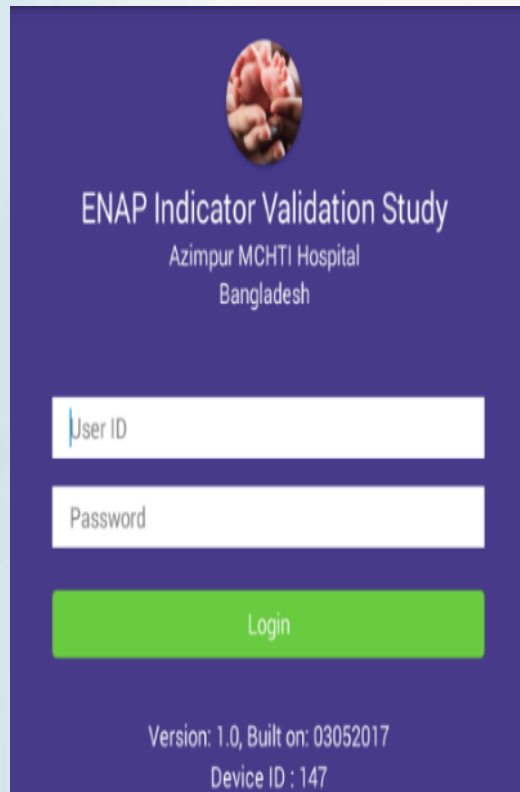
← Recall Survey

Labour and Delivery

Study ID: rahima, 150000004, Age: 28 years, Hospital ID: DHAKA, x, y, z, 1234

COVER SHEET, L & D, NEONATAL INFECTION, KMC, SOCIO-ECONOMIC, FINAL STATUS

Data extractor



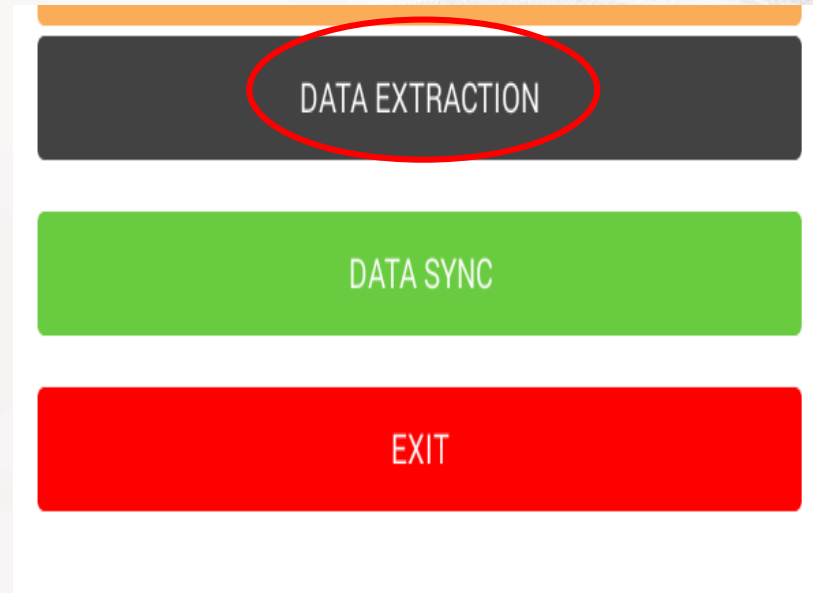
ENAP Indicator Validation Study
Azimpur MCHTI Hospital
Bangladesh

User ID

Password

Login


Version: 1.0, Built on: 03052017
Device ID : 147



Data extractor


← Registration (Total: 13)

Data Extraction

Study Id/Name/Phone/Hospital ID  SEARCH

Study ID **Asif** INFXN
 15000002 Age: 8 days Male MRS
 Hospital ID DHAKA, x, y, z VER
 5678

Study ID **rahima** L & D
 15000004 Age: 28 years OB
 Hospital ID DHAKA, x, y, z MRS
 1234 DE



← Registration (Total: 13)

Data Extraction

Study Id/Name/Phone/Hospital ID SEARCH

Date From 08/05/2017 To 08/05/2017

Options

- 1-All Patient
- 2-Completed
- 3-Incomplete
- 4-Labour and Delivery Patient
- 5-KMC Patient
- 6-Infection Patient

Labour and Delivery: Data Extraction

FORM A3: DATA EXTRACTION FORM- LABOUR and DELIVERY REGISTER

Data ID 150000004

1. Date of data extraction 08/05/2017

2. Gestational age (completed weeks)

○ Not readable
○ Not recorded

3. Antenatal corticosteroids use documented as administered?

○ Yes
○ No
○ Not readable
○ Not recorded
○ Not possible to record

4. Estimated date of delivery (solar calendar)

○ Not readable
○ Not recorded

5. Uterotonic administered for active management of the 3rd stage of labour?

○ Yes
○ No
○ Not readable
○ Not recorded

6. Number of Birth ○ One ○ Two ○ Three

8. Estimated blood loss in ml

Activity C: Initial practise using the tablet and app

- **Instructions:**

The trainer will now lead you through exercises that allow you to practice using the tablets and app, these exercises may not reflect the roles you will go on to do but they provide practice in app use.

- **Objective:** to ensure data collectors understand how to use the tablet and app for data collection.

- **Time:** 90 mins total

- **Handouts / Materials:** fully charged tablets with the ENAP app installed

- **Exercise 1 (30 minutes):** practicing tablet and app basics
- **Exercise 2 (20 minutes):** role playing as a tracking officer and a mother
- **Exercise 2 (20 minutes):** data entry as an observer on the LD ward
- **Questions and discussion session (20 minutes)**

DISCUSSION





EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
Linked with
Ending Preventable Maternal Mortality

Data Collector Training Programme Session 1.8:

Procedure for Life Threatening
Events where no appropriate
action is being taken

#EveryNewborn #Endingstillbirths
#maternalhealth



World Health
Organization

unicef 

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

- **Purpose:** Outline background to the study
- **Target Audience:** All data collectors & supervisors
- **Length of session:** 45 mins
- **Type of session:** classroom
- **Resources / tools required:**
Projector, slide deck, training handbook, additional materials/ resource pack, critical incident forms, copy of the algorithm (last slide)

Aims & Structure of this session

- Define what is a life threatening event & what is meant by *'no appropriate action being taken'* in this context
- Outline the procedure:
 - when to intervene
 - how to intervene
 - what next within the clinical setting & for patient safety
 - follow up & next steps required for data quality & research agenda
- Discussion: *ethical, legal, clinical & data quality issues*
- Role play activity: *some example events to run through*
- Identify and address any concerns, challenges or questions from the data collection team



What is a Clinical Alert?

- You will find clinical alert integrated into the KMC and, Labour and Delivery observer checklist app.
- They are automatically triggered on input of related clinical observations and will pop up on your screen.
- The flag will remind you of your responsibility during life threatening events directly associated with your observation.
- Once you are sure patient safety is not compromised, you can clear or resolve a clinical alert and continue your observation by.....

What is a life threatening event in this context?

This is any life threatening clinical incident that occurs in the absence of direct and appropriate care from facility healthcare providers.

- **To who do you have a duty of care?**
 - research study participants
 - other patients admitted to the study facilities
- **What is direct and appropriate care?**

Care should be given by qualified registered healthcare providers and in accordance with local clinical guidelines

(these will be agreed at facility level ahead of commencing data collection)

Events with no Clinical Alert

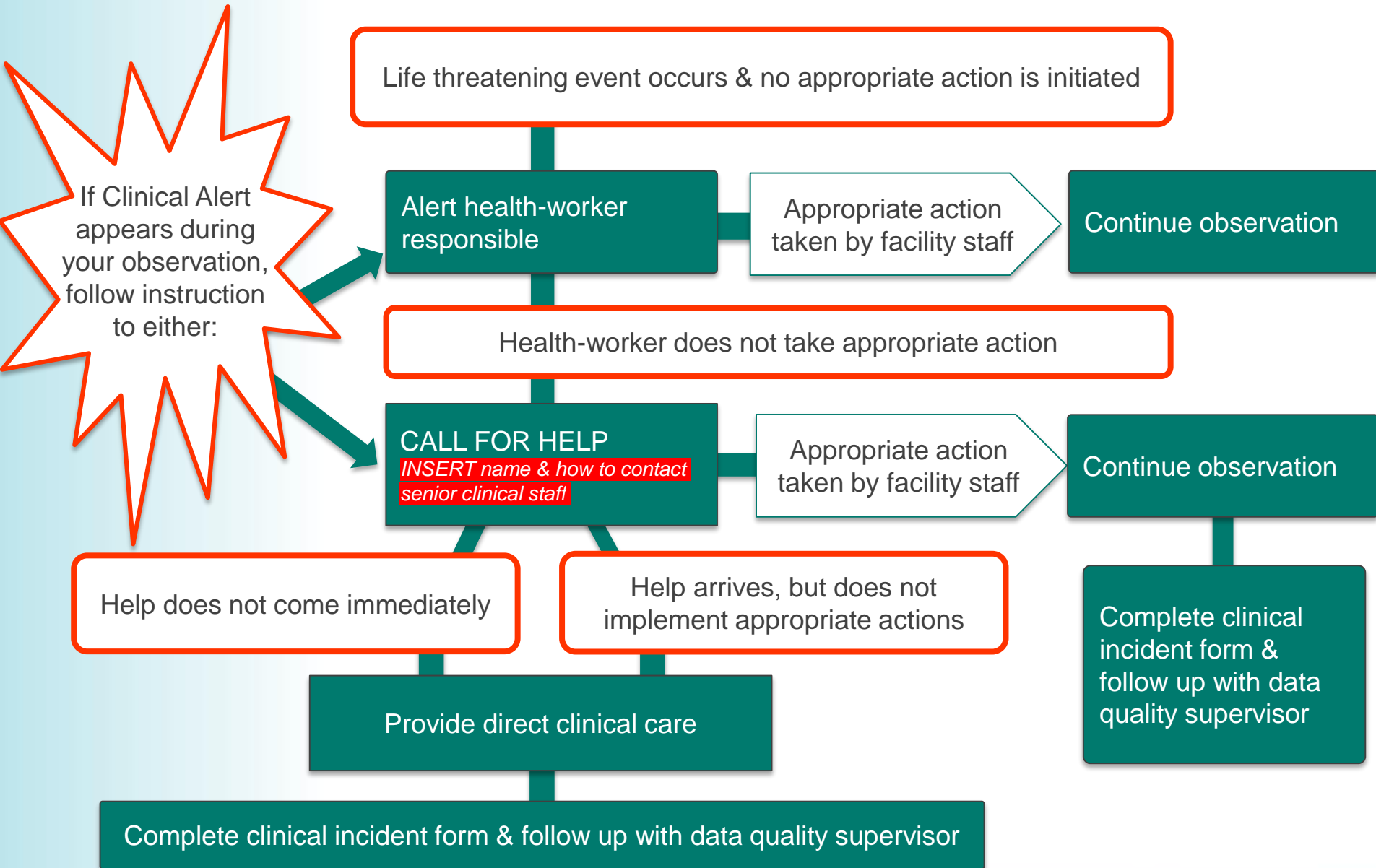
Discussion / group activity (10 mins):

Please discuss and provide examples of when and why you may wish to intervene in the absence of a clinical alert flag?

Example answers to be revealed following discussion:

- *All cases of clinical shock not receiving appropriate care: obstructive (e.g. PE), cardiogenic, disruptive (anaphylaxis, septicemia), hypovolemic (hemorrhage, severe dehydration)*
- *Any failure to initiate resuscitation actions (adult or newborn) where required.*
- *Any undiagnosed or untreated obstetric or newborn emergency. (e.g APH, placenta previa, eclampsia / pre-eclampsia, hellp syndrome, cord prolapse, obstructed labor, fetal bradycardia, shoulder dystocia, mal-presentation, PPH, retained placenta, tears / trauma, etc.)*
- *Where clinical action may cause serious harm (e.g. wrong drug or overdose)*

Procedure



Clinical incident forms

- **What is it and where can I find it?**

This is a mandatory form that should be completed with support from your supervisor and in all cases indicated by the procedures.

- **How do you complete it?**

Paper-based form (from your supervisor)

- **What next?**

Contact the named responsible from hospital management team and ensure they have a copy of the clinical incident form

- **What happens with this information?**

This information should be escalated to country and LSHTM level and will form the basis of monthly case reviews

CLINICAL INCIDENT FORM

Please complete all fields noting that these details are not part of your observation. They will be collected after any life-threatening incident where SOP was initiated in the failure of facility staff to act in accordance with agreed procedures. You may use notes from your observation or the patient records (inpatient notes and drug charts etc) if required.

Section I Patient's details		Write or circle when applicable	
Tracker/data extractor	Name _____ ID _____		
Facility	Name _____ ID _____		
Participant ID	_____		
Mother observed during labour & delivery or KMC?	L & D	1	
	KMC	2	
Patient's name	_____		
Patients' age	__ __ years		
Patient's Date of birth	DD/MM/YY		
Section II Time of Incident Events			
Date of clinical incident	DD/MM/YY		
Time health worker responsible alerted to problem	HH:MM		
Time incident escalated to senior clinical staff as identified in the local SOP	HH:MM		
Time observation stopped	HH:MM		
If relevant, time observer initiated provision of direct clinical care	HH:MM		
Section III Facility staff in attendance			
Health worker Responsible	Name _____		
	ID _____ Time of arrival _____		
Role _____	Name _____		
	ID _____ Time of arrival _____		
Role _____	Name _____		
	ID _____ Time of arrival _____		
Role _____	Name _____		
	ID _____		

Activity E: Role Play

Objective: To give students the opportunity to practice using the procedure algorithm / clinical incident forms.

Instructions (30 mins):

1. Break into teams of three.
2. Identify one person to be the data collector, one to be the research subject, and one person to watch. Each participant will have the opportunity to play each of the three roles: data collector, research subject, watching.
3. Conduct a role play using the algorithm and testing different clinical scenarios you have experienced in your own practise.
4. Work together to identify any clinical or ethical challenges you may face and potential solutions.

Discussion (30 minutes)

- Ethical issues (ie. Patient safety)
- Legal issues (ie. permit to practice)
- Data quality issues (ie. Introducing bias)
- Etc.

Summary:

Life-Threatening Event where no appropriate action is being taken

- **When should I intervene?**

During any life threatening scenario where local staff are not taking the appropriate action, or when instructed by a clinical alert.

- **What should I do?**

You should follow the procedure algorithm for these events, instructions provided by a clinical alert will direct you to the correct part of the algorithm.

- **What is a clinical incident form?**

This is a mandatory form that should be completed with support from your supervisor and in all cases indicated by the procedure algorithm.

- **What next?**

Your supervisor will contact the named responsible from hospital management team and ensure they have a copy of the clinical incident form. This form will also be used as part of incident review management at facility, country and international level.

QUESTIONS & DISCUSSION

