



REPUBLIC OF UGANDA

MINISTRY OF HEALTH

PATIENT APPOINTMENT BOOK

HEALTH FACILITY NAME: _____

TYPE OF CLINIC: _____

DATE OPENED: _____

DATE CLOSED: _____

JOB AIDE: Completing the HIV Care Patient Appointment Book

This job aide will guide you through the process of completing the HIV Care Patient appointment book. This can be used in the ANC, EID Care point or ART clinic.

Each health facility will appoint a follow up focal point person that will assign a Health Care Worker or pharmacist the responsibility for giving patients appointments at the end of their visits. The follow up focal point person will be responsible for ensuring that the book is properly filled at the end of each clinic day.

This book can be placed at either the Triage or Dispensing area within the ANC, EID Care point or ART clinic.

General instructions on the use of the appointment book:

- Appointments will be given to HIV-positive patients at the end of their visit.
- SMS reminders **MUST** be sent out to patients the day before their next visit.
- All patients that miss their appointment **MUST** be followed up by phone. If a patient is not reachable by phone, they should be referred for community-based follow up.
- Each appointment date **MUST** be filled on a separate page. If one day is full start a new page with the same date

How to fill the appointment book:

- Patients' details **MUST** be filled in the appointment book:

PATIENT APPOINTMENT BOOK										
DAY	MONTH	YEAR	PATIENT NAME	PATIENT FILE NUMBER	PATIENT PHONE NUMBER	TYPE OF CARE (please tick)	NUMBER OF VISITS AFTER ENROLLMENT (please tick)	PATIENT ATTENDED?	IF NO, PATIENT FOLLOWED UP?	REASON/ NOTES FROM FOLLOW UP (why patient missed appointment?)
			1	2	3	4	5	6	7	
						<input type="checkbox"/> ART <input type="checkbox"/> PMTCT <input type="checkbox"/> EID <input type="checkbox"/> Pre-ART	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:

1	Patient's name	Both the <u>surname</u> and <u>first name</u> of the patient MUST be clearly written
2	Patient's file number	This number should correspond to the number that is written on top of the patient's file folder or the patient's clinic ID number (in either the Pre-ART, ART, ANC or EID register)
3	Patient's phone number	This phone number should be either the patient's telephone number or a care giver's telephone number
4	Type of care	This refers to PMTCT, EID, Pre-ART or ART. It is important to identify which type of care the patient is receiving in order to: <ul style="list-style-type: none"> • Ensure that patients under each type of care are followed up based on the National ART/PMTCT guidelines. • Improve tracking of patients within the HIV care cascade and ensure patients are initiated into the right type of care
5	Number of visits after enrollment	Ask the patient how many times they have visited the clinic. To verify the patient's answer, refer to the patient's care card. Clarify any discrepancies with the patient.
6	Patient attended	If the patient shows up on their appointment date, tick YES and if the patient has misses their appointment date, tick NO .
7	If No, Patient followed up	If the patient <u>misses</u> their appointment date (see #6 above), he or she MUST be followed up. If the patient is followed, tick YES and if not, tick NO . Patients that miss their appointments have a high rate of transmitting HIV.
8	Reasons/ Notes from follow up	You MUST write the method of follow up used. It could be via phone call, Expert Client (EC) or Village Health Team (VHT) Once the patient has been contacted, please write down the reason why the patient missed their previous appointment. It is also important to schedule a new appointment date for that patient. The patient's name and details MUST thereafter be added to the list of those scheduled to attend on the new date.

Recommended duration before next visit:

NEXT APPOINTMENT	REASON
Two (2) weeks	<ul style="list-style-type: none">• Patients who meet the threshold for ART initiation and are in adherence counseling• Patients that have just been initiated on ART• Patients with poor adherence• Patients with serious illnesses or new infections• In cases where the patient is given drugs that will last <u>only</u> two (2) weeks
Thirty (30) days or one (1) month	<ul style="list-style-type: none">• Patients in their first 6 months after initiation on ART• HIV-exposed infants under 6 months of age MUST be followed up monthly• HIV-exposed infants that got a DBS test but did not receive their result.• Patients that need monitoring• In cases where the patient is given drugs that will last <u>only</u> thirty (30) days or one (1) month
Sixty (60) days or two (2) months	<ul style="list-style-type: none">• Patients with stable health• Patients with good adherence• In cases where the patient is given drugs that will last <u>only</u> sixty (60) days or two (2) months
Ninety (90) days or three (3) months	<ul style="list-style-type: none">• HIV-exposed infants between 6 - 18 months of age MUST be followed up every 3 months• Patients with good adherence• In cases where the patient is given drugs that will last <u>only</u> ninety (90) days or three (3) months

Exceptions to the above guidelines:

- In case there are too many patients on an appointment day, the patient will be allocated a different day. But this should not be after their drugs run out.

For example: A patient is given drugs that will last 30 days and appointment day 30 is full.

Solution: This patient **MUST** be given an earlier appointment date before day 30 but **NOT** after day 30.

- Appointments should be given such that each day has a manageable number of patients.

Patient Follow up

Loss to follow up is a key weakness in HIV Care. This will result in patients not receiving lifesaving treatment and all studies suggest that this increases the spread of the disease or in some cases this will lead to drug resistance.

All patients must be followed up so as to remind them of their appointment dates and to ensure that patients are adhering to their treatment.

There will be three methods of follow up:

METHOD OF FOLLOW UP	PROCESS
Step 01: <u>TEXT MESSAGE REMINDER</u> BEFORE SCHEDULED VISIT	<ul style="list-style-type: none">• The follow up point person assigns an HCW or Expert Client responsibility for sending text message reminders the day before patients are scheduled for return appointments• Using the patient phone numbers in the appointment book and the airtime provided, the assigned person sends a simple pre-programmed message “Reminder: Appointment Tomorrow” to each patient in the appointment book.
Step 02: <u>PHONE CALL FOLLOW UP</u> IF PATIENT MISSES THEIR APPOINTMENT	<ul style="list-style-type: none">• The follow up point person assigns a Health Care Worker or Expert Client responsibility for following up patients who have missed their appointments.• Using the patient phone numbers in the appointment book and the airtime provided, the assigned person calls all patients who have missed appointments on a given day at the end of the day. If daily calling is not possible, calls should be made every Friday for patients missing appointments.• Patients who cannot be reached by phone should be registered on follow up cards and followed up with community health workers where possible• All lost patients should be followed up monthly until they have been identified as transferred, deceased, or returning. Patients that cannot be contacted or found after two months of follow up, will be considered lost
Step 03: <u>COMMUNITY FOLLOW UP</u> IF PATIENT CANNOT BE REACHED BY PHONE	<ul style="list-style-type: none">• For those patients that are not able to be reached by phone, highest priority patients must be followed up in person.<ul style="list-style-type: none">○ We identify “high priority” patients as those in their first 3 visits of pre-ART or ART, those with TB or another serious OI, and those needing to initiate ART.• After all phone follow-ups are made, the follow up point person should create the referral forms for each patient to be followed up in person.• Working with the facility’s expert clients and the Village Health Teams (VHTs) in the community, we need a formal referral system so that highest priority lost patients can be followed up and tracked.

PATIENT APPOINTMENT BOOK



DAY _____ MONTH _____ YEAR _____

	PATIENT NAME	PATIENT FILE NUMBER	PATIENT PHONE NUMBER	TYPE OF CARE (please tick)	NUMBER OF VISITS AFTER ENROLLMENT (please tick)	PATIENT ATTENDED?	IF NO, PATIENT FOLLOWED UP?	REASON/ NOTES FROM FOLLOW UP (why patient missed appointment?)
1				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
2				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
3				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
4				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
5				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
6				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
7				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
8				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
9				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
10				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
11				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
12				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
13				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
14				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
15				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
16				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
17				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:
18				<input type="checkbox"/> Pre-ART <input type="checkbox"/> ART <input type="checkbox"/> ANC <input type="checkbox"/> EID	<input type="checkbox"/> 1 - 3 VISITS <input type="checkbox"/> 4 or MORE VISITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF FOLLOW UP: RE-SCHEDULED DATE:

1 - 3 VISITS	For newly enrolled clients on their 1st, 2nd or 3rd visit to the Health centre
4 or MORE VISITS	For newly enrolled clients on their 4th or more visit to the Health Centre