2.6 Secondary/Tertiary Facility Patient Health Services Utilisation

Limited Retrospective Report

Subject ID Number:

Number of Clinic Visits in last 12 months:

This visit:

- ☐ Patient received outpatient services only
- ☐ Patient received inpatient services only
- ☐ Patient received both in and outpatient services
- ☐ Patient received cardiac surgical services for RHD-related condition at a referral facility. If yes, please provide details:

Number of Routine RHD Follow-up Visits in last 12 months:

- ☐ Clinic visits only:
- ☐ For medication:
- ☐ For ECG:
- ☐ For Echo:
- ☐ For Chest Xray:
- ☐ For INR (Patient on warfarin):
- ☐ For additional test:

  Please describe:

Other non-RHD-related Visits in last 12 months:

- ☐ Other Outpatient Clinic, Please describe:
- ☐ Other Inpatient Admission, Please describe:

Urgent/Emergent Care Visits in last 12 months:

1. Date: DD / MM / YYYY

   Complaint:

   Diagnosis:

2. Date: DD / MM / YYYY

Complaint:

Diagnosis:

3. Date: DD / MM / YYYY

Complaint:

Diagnosis:

4. Date: DD / MM / YYYY

Complaint:

Diagnosis:

If more than 4 visits, please provide additional information below, including dates, complaints and diagnoses.

Secondary Prophylaxis

Is there a plan for secondary prophylaxis?

- ☐ Yes If yes, what? (Type/Dosage):
- ☐ No
- ☐ Unknown/Not Available

- ☐ BPG Injections
  - No prescribed past 12 months?
  - No received past 12 months?
- ☐ Oral Pen VK
  - No of prescriptions given past 12 months?
  - No prescriptions filled past 12 months?
- ☐ Other
  - Details:

Problems with secondary prophylaxis during the past 12 months?

☐ Yes ☐ No ☐ Unknown

If yes, please tick all that apply

- ☐ Stock-outs
- ☐ Pain
- ☐ Bleeding
- ☐ Anaphylaxis
- ☐ Cost/No money
- ☐ Other(please describe):

If yes, is patient back on a secondary prophylaxis regime?

Yes No Unknown/Not Available

Please describe if and how the problem(s) were resolved, if known:

RHD Past medical history		Comments
History of sore throat	No Yes Unknown/ Not Available	
ARF	No Yes Unknown/ Not Available	
Stroke	No Yes Unknown/ Not Available	
Infective endocarditis	No Yes Unknown/ Not Available	
Heart failure	No Yes Unknown/ Not Available	
Atrial fibrillation	No Yes Unknown/ Not Available	
Systemic embolism	No Yes Unknown/ Not Available	
NYHA classification	I II III IV Unknown	
Procedures:		**Comments**
Heart catheterisation?	No Yes Unknown/ Not Available	
If yes, procedure date:	Unknown/ Not Available	
If yes, facility where performed:	Unknown/ Not Available	
Heart valve surgery?	No Yes Unknown/ Not Available	
If yes, procedure date:	Unknown/ Not Available	
Valve repair? Detail of procedure:	No Yes Unknown/ Not Available	
Valve replacement? Detail of procedure:	No Yes Unknown/ Not Available	
If yes, facility where performed:	Unknown/ Not Available	

Patient Outcome:		Comments
Was the patient referred to another hospital during the past 12 months?	No Yes Unknown/ Not Available	
If yes, name of hospital:	Unknown/ Not Available	
Discharged Home?	No Yes Unknown/ Not Available	
Other? Please specify.		

Mortality:		Comments
Did the patient die during the record review period?	No Yes Unknown/ Not Available	
Cause of Death	ICD Codes for admission/ discharge	Date of Death
1.	Unknown/ Not Available	
2.	Unknown/ Not Available	
3.	Unknown/ Not Available	
Unknown/ Not Available		
Was patient pregnant at the time of death?	No Yes Unknown/ Not Available	
Was patient within 42 days of delivery at time of death?	No Yes Unknown/ Not Available	

Data Collector Name
Date

Data Collection