# 2.8
# Primary Care Facility Survey

Person Conducting Interview:

Date(s) of Interview:

**Facility Name and Country:**

**Facility Type**
- Public/government
- Private for-profit
- Private not-for-private
- Philanthropic/Charity/ NGO/faith-based
- Dispensary (Chemist)

**Population Served** (as defined by each country)
- Rural
- Urban
- Other. Please describe

**Service Area**
- Village
- District
- Regional
- Other, please describe

| | |
|---|---|
| IEC/IRB Approval Number and Date | |
| Name of Person Providing Information: | |
| Title: | |
| Email (Primary): | |
| Email (Secondary) | |
| Mailing Address: | |
| Physical Address: | |
| GPS coordinates of facility: | |
| Phone (Office): | |
| Phone (Cell): | |
| Alternate Contact Person Name: | |
| Title: | |
| Email (Primary) | |
| Phone (Office) | |
| Phone (Cell): | |
| Other Comments: | |

| How much* do patients typically pay out of pocket for: | Sore throat | ARF/secondary prevention | RHD outpatient care |
|---|---|---|---|
| Clinic Visits | / visit _____ Comments:** | / visit | / visit _____ Comments:** |

| Medications | | Comments: |
|---|---|---|
| Oral penicillin tablets | /month | |
| BPG | /month | |
| Oral penicillin syrup | /month | |
| Warfarin | /month | |
| Aspirin | /month | |
| ACE inhibitor (e.g., captopril, enalapril, lisinopril) | /month | |
| Beta blocker (e.g., atenolol, carvedilol, propranolol) | /month | |
| Spironolactone | /month | |
| Furosemide | /month | |
| Digoxin | /month | |
| Comments:** | | |

| Diagnostics | | Comments: |
|---|---|---|
| Chest Xray | /test | |
| Electrocardiogram | /test | |
| Full blood count | /test | |
| INR | /test | |
| Electrocardiogram | /test | |
| Comments:** | | |

* May list in local currency or as a percentage of total costs, whichever is available.

** Please comment on any common exemptions, i.e., under-5, pregnant, HIV-positive.

## Please describe the staffing structure at this Clinic:

- ☐ Physician
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Clinical Officer (Mid-level Provider)
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Nurse
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Medical/Nursing Assistant
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Community Health Worker
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Pharmacist
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Laboratory Personnel
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Administrative Manager
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Administrative Personnel
  - ☐ Full time    ☐ Part-time    ☐ _____ Days per week
- ☐ Other.  Please specify.

Clinic Days and Hours of Operation:

Number of patients seen in typical month:

Are follow-up patients given advance appointment dates and times?

☐ Yes          ☐ No

Do patients typically present in this clinic for sore throat treatment?

☐ Yes          ☐ No

Where else do people go for sore throat treatment?

- ☐ Government health centers
- ☐ Private health centers
- ☐ Philanthropic/Faith-based  centers
- ☐ Private pharmacies
- ☐ Traditional healers
- ☐ Other.  Please specify.

Who would most commonly treat sore throat?

- ☐ Community health workers
- ☐ Nurses
- ☐ Doctors
- ☐ Other.  Please specify.

How common a problem is sore throat in primary care clinics for children?

Please describe any regular communications (formal or informal) between health clinic personnel and local schools on health issues.

| Diagnosis and Management of Sore Throat | |
|---|---|
| Do you have a clinic protocol for sore throat management? | ☐ yes  ☐ no |
| How was the protocol or guideline developed? | |
| ☐   Developed locally | |
| ☐   Adapted from international guideline – please name: | |
| ☐   International guideline – please name: | |
| How do you identify which sort throats should receive treatment? | ☐ yes  ☐ no |
| ☐   GAS throat swabs | |
| •   Where are the swabs sent? | |
| •   Is there a streptococcal reference laboratory? | ☐ yes  ☐ no |
| ☐   Clinical criteria for identifying likely streptococcal guidelines | ☐ yes  ☐ no |
| •   What are the criteria? Please attach | |
| ☐   Clinical judgment, no guidelines | |
| What is the recommended treatment for GAS sore throat? | |
| ☐   Oral antibiotics | |
| •   antibiotic | |
| •   duration of therapy | |
| •   dose frequency | |
| ☐   Intramuscular antibiotics | |
| •   antibiotic | |
| •   duration of therapy | |
| •   dose frequency | |
| Do you give penicillin at this clinic for any indication? | ☐ yes  ☐ no |
| ☐   If yes, what route(s) do you administer it? | |
| ☐   Injection? | |
| ☐   Oral? | |
| ☐   Other?  Please describe | |
| What are the indications? ( please list in detail) | |
| 1. _____ | |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |
| Where are the guidelines used? | |
| ☐   Government health centers | |
| ☐   Private health centers | |
| ☐   Philanthropic centers | |
| ☐   Other, please describe: | |

Please comment on how often guidelines are used in practice:

| | |
|---|---|
| Does this facility record cases of sore throat? | ☐ yes ☐ no |
| Do you keep a record of patients referred for further treatment? | ☐ yes ☐ no |

Clinic Medical Record Format

☐ Paper Only

☐ Electronic Only

☐ Electronic and Paper

Additional comments:

| | |
|---|---|
| Are any Death Records recorded or maintained at this clinic? | ☐ yes ☐ no |

If no, please describe nearest access to local death records.

| | |
|---|---|
| Is there a register for ARF/RHD secondary prophylaxis at this clinic? | ☐ yes ☐ no |

If yes, when was the register started?

By whom?

What form is your register?

☐ Paper

☐ Electronic

☐ Paper and electronic in different places

Name:

Role of Key Informant for this section:

Date: DD / MM / YYYY

| | |
|---|---|
| Have you received any training on identifying or treating ARF? | ☐ yes ☐ no |
| If yes, please describe what, by whom and when training was provided: | |
| What are the symptoms of ARF? | ☐ Don't know _____ _____ _____ _____ |
| Have you seen any patients with ARF? | ☐ No ☐ Yes ☐ Unknown/ Not Available |
| What would you do if you saw a patient you think may have ARF? | ☐ Don't know _____ _____ |
| Where would you send them? | ☐ Don't know _____ _____ |

What happens when people:

- Move away and need to be referred to another register?
  - ☐ Don't know

  _____

- Move away and need to be referred to another register?
  - ☐ Don't know

  _____

- Can't be contacted?
  - ☐ Don't know

  _____

  - Are they removed from the register?
    - ☐ Yes          ☐ No
    - ☐ Don't know

    _____

- Die?
  - ☐ Don't know

  _____

  - Are they removed from the register?
    - ☐ Yes          ☐ No
    - ☐ Don't know

    _____

- Are there registers for other diseases? i.e., tuberculosis, diabetes or others?
  - ☐ Yes          ☐ No
  - ☐ Don't know

  _____

  If yes, please list:

  _____

  _____

| Secondary Prophylaxis for RHD Patients | | Comments: |
|---|---|---|
| Is secondary prophylaxis for ARD/RHD usually available at this clinic?" | ☐ No    ☐ Yes<br>☐ Don't know | |
| Do you keep a list of RHD patients who are on secondary prophylaxis? | ☐ No    ☐ Yes<br>☐ Don't know | |
| What proportion of RHD patients are on secondary prophylaxis? (Estimate) | _____% | |
| Proportion of patients on Injection Prophylaxis: | _____% | |
| Proportion of patients on Oral Prophylaxis: | _____% | |

How do people access secondary prophylaxis?

| | | |
|---|---|---|
| ☐ Provided by Clinic<br>• Who do you notify when more stock is needed? | ☐ No    ☐ Yes | |
| ☐ Provided to patient at no charge | | |
| ☐ Purchased by patients at the health center | | |
| ☐ Purchased by patients from other pharmacies | | |

Approximately how often do patients miss out on secondary prophylaxis because medication is out of stock?

What happens when medication is out of stock or can't be provided?

☐ Patients told to return later

☐ Oral alternative offered

☐ Patients told to buy supply privately and bring in for administration

☐ Other: please outline

| Are any strategies in place to encourage adherence?<br>Please describe | ☐ No    ☐ Yes<br>☐ Don't know |
|---|---|
| Are there guidelines on the frequency of secondary prophylaxis injections | ☐ No    ☐ Yes<br>☐ Don't know |
| ☐ Two weekly | |
| ☐ Three weekly | |
| ☐ Four weekly | |
| ☐ Other: please describe | |
| Is the dose of Benzathine Penicillin (BPG) altered for children?<br>Please describe how | ☐ No    ☐ Yes<br>☐ Don't know |
| Who delivers secondary prophylaxis injections? | |
| ☐ Community health workers | |
| ☐ Registered nurses | |
| ☐ Doctors | |
| ☐ Other: please describe | |

| Is training provided on: | | |
|---|---|---|
| Intramuscular injection technique | ☐ No  ☐ Yes ☐ Don't know | |
| Diagnosis and emergency management of anaphylaxis | ☐ No  ☐ Yes ☐ Don't know | |
| Are any techniques used to minimise the pain of injection? | ☐ No  ☐ Yes ☐ Don't know | |
| Are any techniques used to encourage / incentivise attendance? | ☐ No  ☐ Yes ☐ Don't know | |
| Are patients also able to access secondary prophylaxis at | ☐ Don't know | |
| ☐ As part of an outreach programme in homes | ☐ No  ☐ Yes ☐ Don't know | |
| ☐ In schools | ☐ No  ☐ Yes ☐ Don't know | |
| ☐ Other: please describe | | |
| Are injections recorded when they are given | ☐ No  ☐ Yes ☐ Don't know | |

- Where are they recorded?  ☐ Don't know
  - ☐ Patient held injection books
  - ☐ Injection books at the clinic
  - ☐ Notified to the register

What is your most common formulation of BPG?  ☐ Don't know

☐ Premixed liquid

- Do you have problems with
  - ☐ Maintaining a cold chain
  - ☐ Anaphylaxis or adverse drug reactions
  - ☐ Other, please describe

☐ Powder for reconstitution

- Do you have problems with
  - ☐ Difficulty reconstituting powder
  - ☐ Breakthrough episodes of ARF on prophylaxis
  - ☐ Intermittent supply of powdered BPG
  - ☐ Anaphylaxis or adverse drug reactions
  - ☐ Other, please describe:
- What is the powder mixed with?
  What volume?

| | | |
|---|---|---|
| Have you had any problems with reactions to penicillin | ☐ No  ☐ Yes ☐ Don't know | |
| If so, do you know how to deal with penicillin reactions? | ☐ No  ☐ Yes ☐ Don't know | |
| Do you have a supply of adrenaline to manage anaphylaxis? | ☐ No  ☐ Yes ☐ Don't know | |
| Has your programme had any deaths from anaphylaxis or adverse drug reaction in the last 12 months? | ☐ No  ☐ Yes ☐ Don't know | |

- How many?
- Please describe events, community and staff reactions in as much detail as possible

| Additional Clinic Pharmacy Resources | |
|---|---|
| Which of these drugs are regularly stocked in your clinic? | ☐ Don't know |
| ☐ Oral furosemide | ☐ Don't know |
| ☐ IV furosemide | ☐ Don't know |
| ☐ Spironolactone | ☐ Don't know |
| ☐ Any beta blocker (e.g., atenolol, carvedilol, propranolol) | ☐ Don't know |
| ☐ Any ACE inhibitor (e.g., captopril, enalapril, lisinopril) | ☐ Don't know |
| ☐ Aspirin | ☐ Don't know |
| *Anticoagulants and vitamin K outlined in Anticoagulation section | |
| What forms of contraception are freely available? | |
| ☐ Oral contraceptive pill | |
| ☐ Intrauterine Device (IUD) | |
| ☐ Implantable subdermal implants | |
| ☐ Barrier contraception | |
| Who orders supplies of BPG? _____ | ☐ Don't know |
| Who are they purchased from? _____ | ☐ Don't know |
| Who pays for them? _____ | ☐ Don't know |
| How is stock tracked and new stock ordered? _____ | ☐ Don't know |
| What brand(s) of BPG do you use? _____ | ☐ Don't know |
| Cost of BPG per vial (to the clinic) _____ | ☐ Don't know |
| Any other antibiotics used? _____ | ☐ Don't know |
| Challenges in accessing supply? (ie transport, ordering, stock level monitoring) _____ _____ | ☐ Don't know |

Name: 

Role of Key Informant for this section: 

Date: DD / MM / YYYY

Photographs of BPG vials, count total number, record expiry date, collect samples for analysis.

| Laboratory Services | | | Comments: |
|---|---|---|---|
| Does your facility have access to throat swabs and culture? | ☐ No | ☐ Yes | |
| | ☐ Don't know | | |
| Does your facility have access to rapid GAS throat swabs? | ☐ No | ☐ Yes | |
| | ☐ Don't know | | |
| Are the swabs sent for emm typing? If so, where? | ☐ No | ☐ Yes | |
| | ☐ Don't know | | |
| Are records of invasive streptococci kept? If yes, please describe record-keeping process. | ☐ No | ☐ Yes | |
| | ☐ Don't know | | |

**Do you have access to these other laboratory services? (Tick as many as apply)**

| | | |
|---|---|---|
| ☐ Antistreptolysin O Titre (ASOT) | ☐ C Reactive Peptide (CRP) | ☐ Full blood count |
| ☐ Available on site | ☐ Available on site | ☐ Available on site |
| ☐ Sent to off-site laboratory | ☐ Sent to off-site laboratory | ☐ Sent to off-site laboratory |
| Days for results: _____ | Days for results: _____ | Days for results: _____ |
| ☐ Anti DNase B (ADB) | ☐ Erythrocyte Sedimentation Rate (ESR) | ☐ International Normalised Ratio (INR) |
| ☐ Available on site | ☐ Available on site | ☐ Available on site |
| ☐ Sent to off-site laboratory | ☐ Sent to off-site laboratory | ☐ Sent to off-site laboratory |
| Days for results: _____ | Days for results: _____ | Days for results: _____ |

How are results communicated to clinicians?

_____

_____

Other comments:

_____

_____

_____

_____

_____

_____

| INR Management | | | Comments: |
|---|---|---|---|
| How many of your clinic patients are on warfarin? | ☐ No ☐ Yes ☐ Don't know | | |
| Is there access to other anticoagulants? | ☐ No ☐ Yes ☐ Don't know | | |
| ☐ Aspirin | | | |
| ☐ Heparin by infusion | | | |
| ☐ Low molecular weight heparin (ie enoxaparin, clexane) | | | |
| ☐ Thienopyridine antiplatelet agents (plavix, clopidogrel) | | | |
| Do patients on warfarin have their INR monitored? | ☐ No ☐ Yes ☐ Don't know | | |
| • Where can people get their INR checked? | | | |
| ☐ At this clinic | | | |
| ☐ Local pharmacy | | | |
| ☐ Local laboratory | | | |
| ☐ Local INR clinic | | | |
| ☐ Only in secondary or tertiary settings | | | |
| • Are the tests | | | |
| ☐ Venous blood samples | ☐ No ☐ Yes ☐ Don't know | | |
| • Where are blood tests sent? | ☐ Don't know | | |
| • How are results reported (ie: phone, electronic, paper) | ☐ Don't know | | |
| • How many days does it take for results to come back | ☐ Don't know | | |
| ☐ Finger prick point-of-care machines | ☐ No ☐ Yes ☐ Don't know | | |
| Who is responsible for altering the dose of warfarin? | | | |
| Do you have access to Vitamin K for warfarin reversal? | ☐ No ☐ Yes ☐ Don't know | | |
| Is there record book of INR results? | ☐ No ☐ Yes ☐ Don't know | | |
| Do patients keep their own copy of INR records? | ☐ No ☐ Yes ☐ Don't know | | |
| Do patients pay for INR testing? | ☐ No ☐ Yes ☐ Don't know | | |
| • How much does one INR test cost? | ☐ Don't know | | |
| Approximately how often do stable patients have their INR checked? _____ /year | ☐ Don't know | | |

### Nearest Referral Facility

Name and address of nearest referral facility:

Distance/Travel Time to nearest referral facility:

**Nearest Facility Type**

- ☐ Public
- ☐ Private for-profit
- ☐ Private not-for-private
- ☐ Philanthropic/Charity/ NGO

- ☐ Health Center
- ☐ District Hospital
- ☐ Central/referral Hospital
- ☐ Specialty Hospital

- ☐ District
- ☐ Regional
- ☐ Provincial
- ☐ Other, please describe

**Nearest Referral Facility Services:**

- ☐ Cardiologist/Cardiology Clinic
- ☐ CT/MRI
- ☐ Echocardiography
- ☐ Cath lab
- ☐ Interventional Cardiology

- ☐ Pediatric Cardiologist/Cardiology Clinic
- ☐ Cardiac Surgery
- ☐ Intensive Care
- ☐ Screening facilities for prosthetic valves
- ☐ Other

Other comments:

| | |
|---|---|
| Are cardiac surgical follow-up services provided? | ☐ No  ☐ Yes |
| Typical Bed Availability/Inpatient Bed Wait Time? | |
| Average Clinic Appointment Wait Time? | |
| Is public patient transport to referral facility available? | ☐ No  ☐ Yes |
| If yes, please describe mode of transport, frequency, wait time, cost to patient. | |

### Post Cardiac Surgical Services and Follow up Care

| | |
|---|---|
| Have you provided care for anyone who has received heart surgery for RHD? | ☐ No  ☐ Yes |
| Did you receive post-operative instructions and advice? | ☐ No  ☐ Yes |
| Did you know who to contact if you were worried about the patient? | ☐ No  ☐ Yes |

### Clinic Personnel Knowledge of Surgical Options

| | |
|---|---|
| Are you aware of a waiting list of people who would benefit from surgical intervention for RHD? | ☐ No  ☐ Yes |
| Who decides which people would benefit from surgery? | |
| Please describe any clinical criteria used if known. | |

| | |
|---|---|
| What restrictions apply to someone considered suitable for surgery? (For example: adherence to previous therapy, geographic location, women of reproductive age.) | |
| Please describe the process of a patient being put on the waiting list. | |
| How many people are on the waiting list if known? As of what date? | |
| What is the estimated average time to be on the waiting list (in months)? | |
| Who decides which people would benefit from surgery? | |
| Please describe any clinical criteria used if known. | |