

COMPAC

Sneak Preview...

Due for release in April 2006

COMPrehensive **Ab**ortion **Care**

COMprehensive **PostAb**ortion **Care**

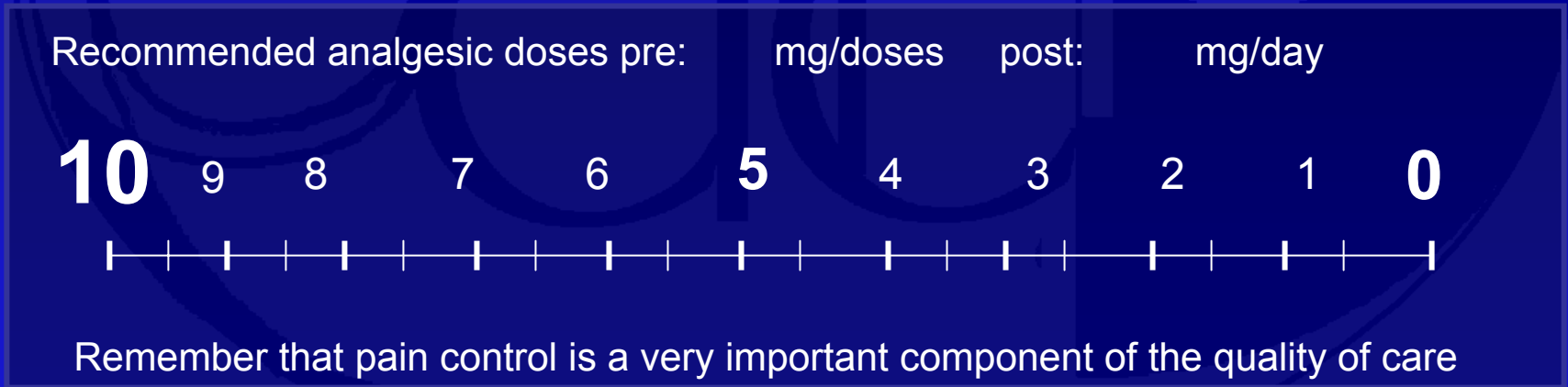
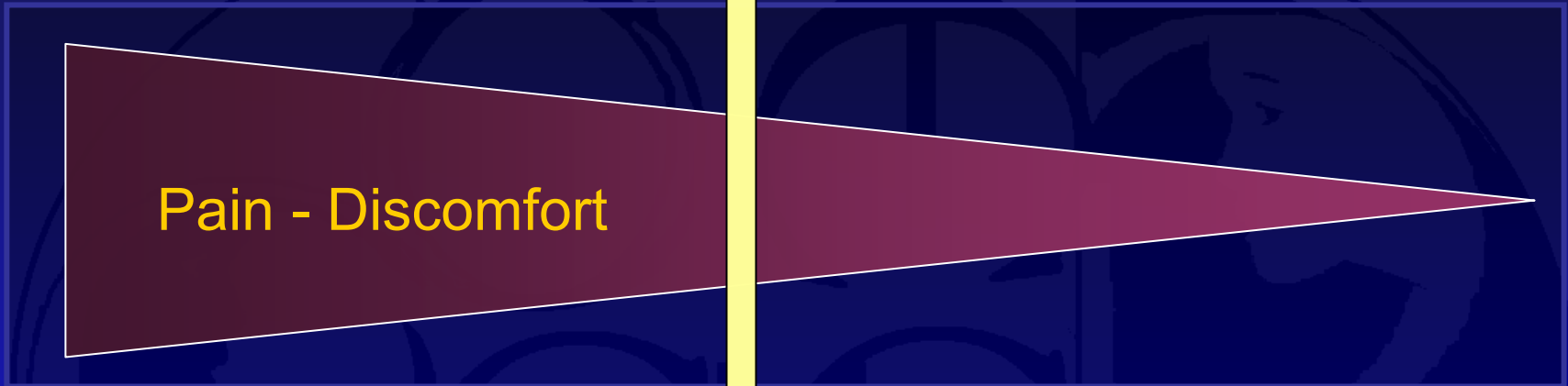
The total COMPAC system

- ✓ Paper forms and guide
- ✓ Software & manual:
 - Patient record-keeping
 - Analysis of services
- ✓ Technical support
 - Online support and resources
 - Training and technical assistance

Clinical record form

- ✓ Referrals / Transfers / Re-admissions & Patient Reference Code
- ✓ Demographics, medical and obstetric history
- ✓ Contraceptive use: Pre and post
- ✓ Pain score (continuous monitoring of pain control)
- ✓ Treatment and complications
- ✓ Administered fluids & medications
- ✓ Counseling / Information

Pain Control (Analogic scale)



Software design

- ✓ Low-tech
- ✓ “Intelligent”
 - Validation of chronology
 - Automatic calculation of gestational age
 - “Suggested” diagnosis coding (ICD-10)
- ✓ “Scaleable”
 - Additional variables for custom analysis (using external software)
 - Ability to aggregate facility data “upwards” (facility → global?)
- ✓ Secure
 - Specified access for changing/seeing selected data
 - “Censored” all identification data at export

Identified needs

- ✓ More user-friendly
- ✓ More/modifiable reports useful to “managers”
- ✓ More search/sort capabilities
- ✓ More reports useful for monitoring interventions; summary across facilities
- ✓ Ability to “share”/export information

Reports

1. Summary report
2. Detailed report
3. Time trend graphs
4. Custom reports

Variables

- ✓ # of cases
- ✓ # and proportion of adolescent patients
- ✓ % of adolescents experiencing a complication
- ✓ # and proportion of cases that resulted from failed contraception
- ✓ # and proportion of cases with multiple abortions
- ✓ # and proportion of illiterate patients
- ✓ % of illiterate patients experiencing a complication
- ✓ % of patients without partner support experiencing a complication
- ✓ % HIV+ patients experiencing a complication

Variables: Treatment/procedures

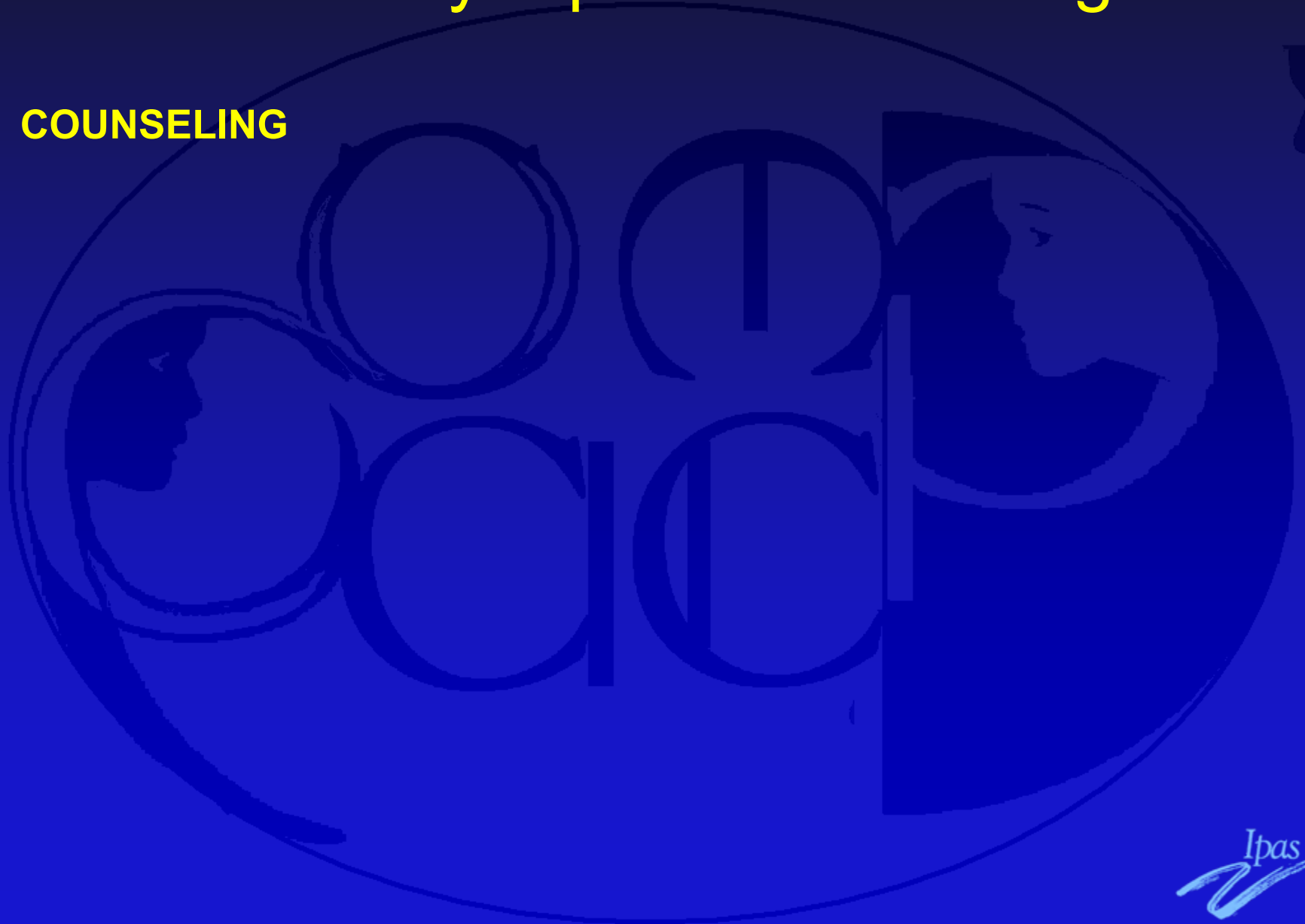
- ✓ Case complication rate
- ✓ Case fatality rate
- ✓ # and proportion of cases that received any analgesia/anaesthesia
- ✓ Distribution of total patient stay

Variables: Contraceptive services

- ✓ # and % of cases started contraceptive method at discharge or *at follow-up*
- ✓ # and % of cases that requested & received a contraceptive method at discharge
- ✓ # and % of cases that requested & received a contraceptive method at *follow-up*

Summary report : Counseling

COUNSELING



Summary report : **COMMUNITY AND SERVICE-PROVIDER LINKS**

- ✓ # and proportion of cases that were readmissions
- ✓ # and proportion of cases referred FROM other facility/service
- ✓ # and proportion of cases transferred FROM other facility/service
- ✓ # and proportion of cases by transportation type
- ✓ Distribution of first delay (time to admission)
- ✓ Distribution of second delay (transit time)
- ✓ Distribution of transit time of patients transferred by ambulance/emergency service
- ✓ Distribution of third delay (time to treatment)

Detailed report

TIME TREND ANALYSIS

- ✓ Partial and Total length of stay (Admission to discharge)

DIAGNOSIS

- ✓ # and % of cases by abortion status; ranked

COMPLICATIONS

- ✓ # and % of cases that had a complication upon admission
- ✓ # and % of cases by complication presented pre,intra,post procedure and in follow-up
- ✓ # and proportion of cases that received blood tranfusion
- ✓ # and proportion of cases that received blood platelets

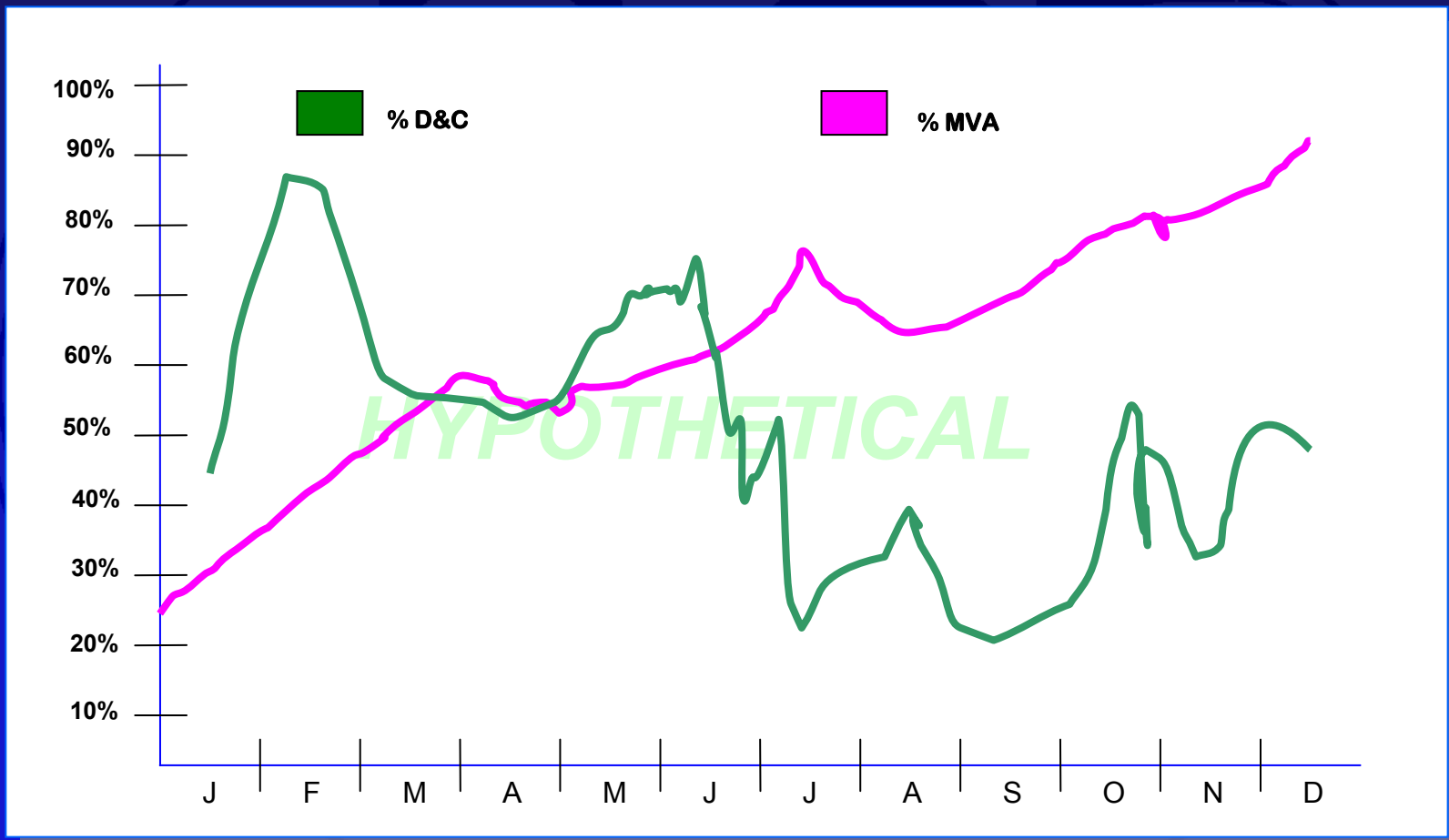
COUNSELING

- ✓ # and % of cases that received information on basic care, warning signs contraception and follow-up care

Type of UE procedure over time

Uterine evacuation methods

Total Cases = 176 Period = 01/01/2006 – 31/12/2006, by month

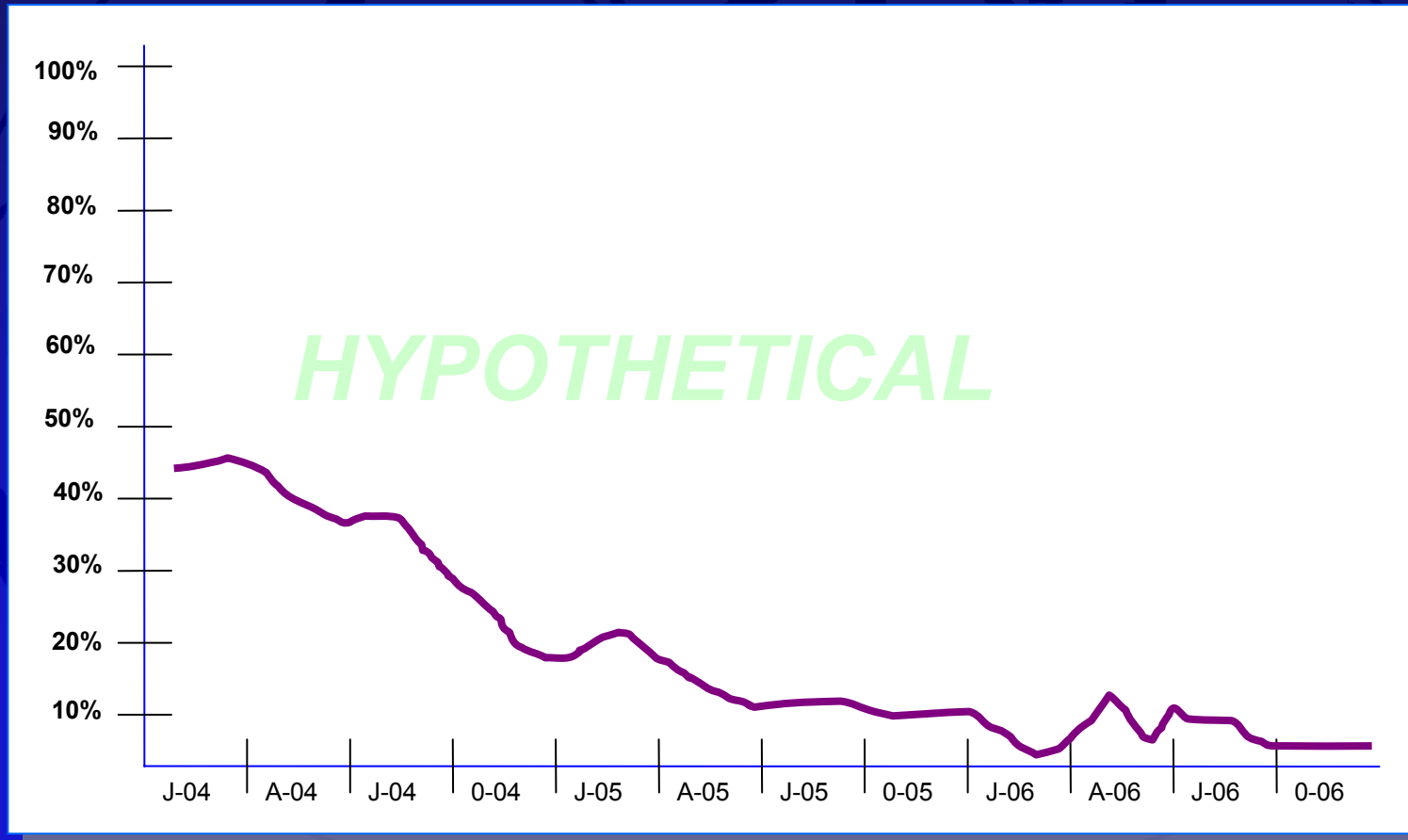


Percent of contraceptive acceptors over time

Acceptors

Cases = 176

Period = 01/01/2004 – 31/12/2006, by quarter

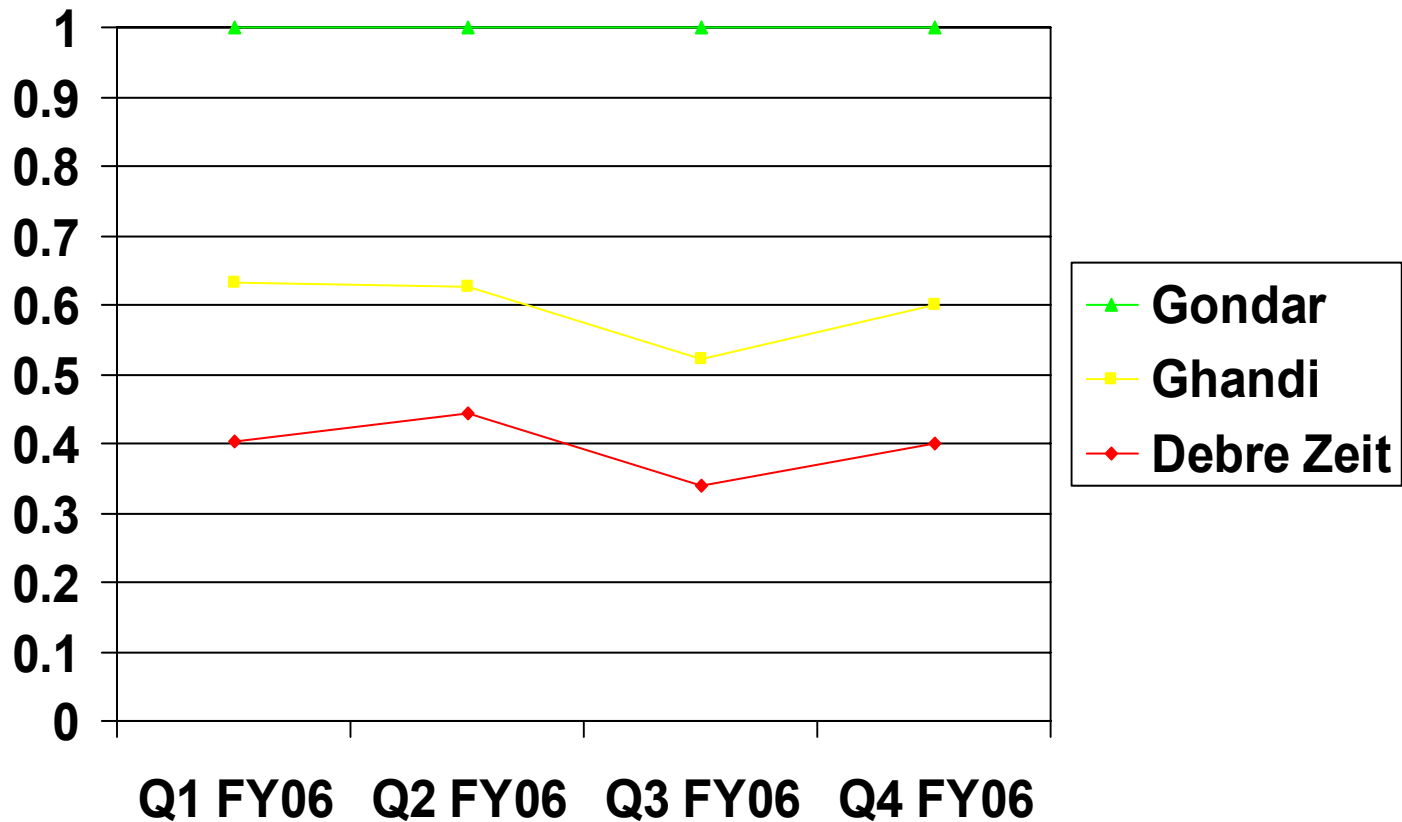


Waiting time by facility

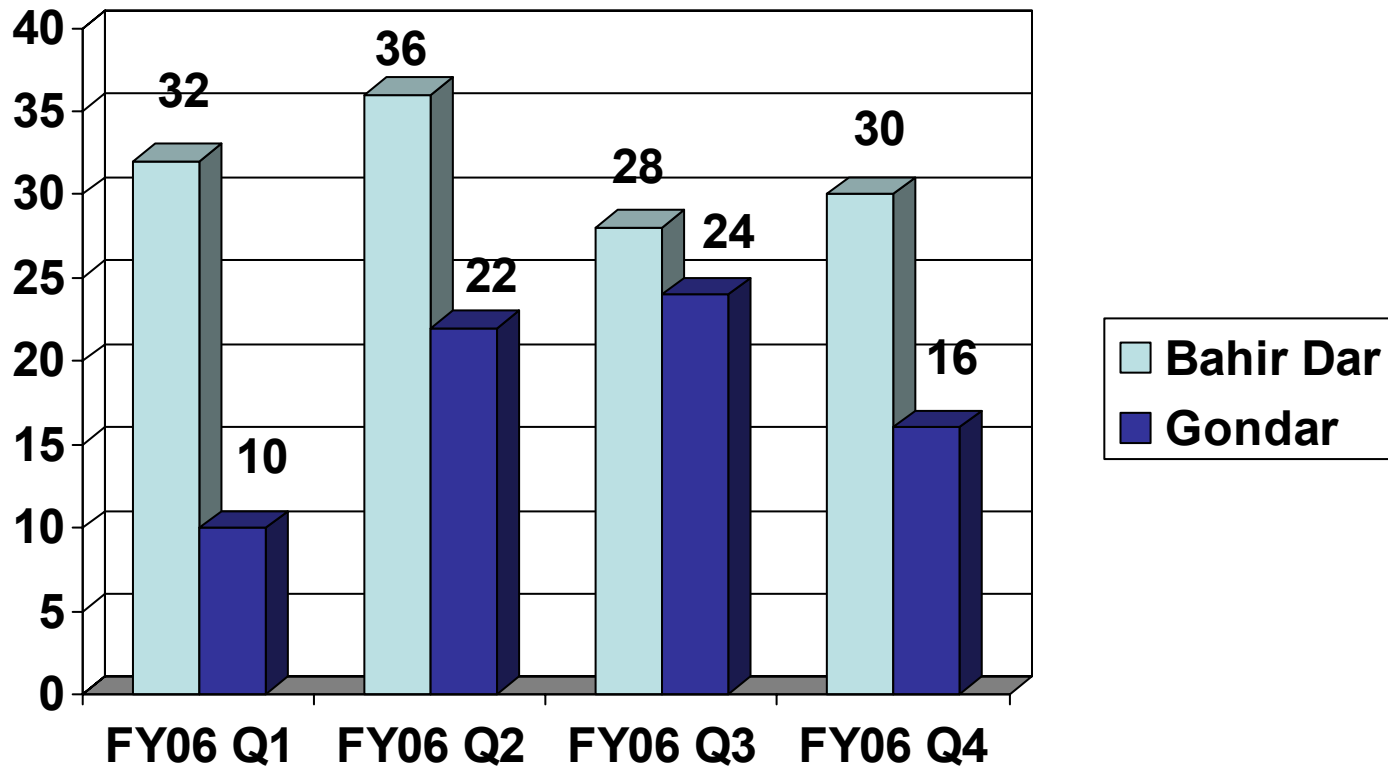
Waiting time in tenths of an hour

Mean procedures per SDP = 8.2

Period = FY06, by quarter



Percent of cases with severe complications



Pros and cons

- ✓ Comprehensive
- ✓ Information is created by the end-user
- ✓ Re-enforces positive care-giving behaviors
- ✓ Creates complete patient record-keeping
- ✓ Lengthy
- ✓ Vertical HMIS system may not be acceptable to ministries
- ✓ Every facility may not have technology required for data entry or analysis