

CIRCULAR H 61 / 2020

**TO: ALL HEADS OF DIVISIONS/DIRECTORATES/CHIEF DIRECTORATES/INSTITUTIONS/DISTRICTS/SUB-DISTRICTS  
IM UNITS**

**COVID-19 Information Management**

**1. TARGET AUDIENCE:** All officials, and their supervisors, who currently record, capture or manage patient data related to COVID-19.

**2. PURPOSE:** To inform all users about the standard processes to administer COVID-19 patient information.

**3. PROBLEM STATEMENT:** Administration and monitoring of screening, testing and admissions for patients either confirmed or suspected of having COVID-19 in facilities and communities must be appropriately recorded for public health management and strategic decision making. This circular should be read in conjunction with:

- Circular H57 of 2020: Hospital Patient administration (*revision of H40/2020*)
- Circular H60 of 2020: CST Reporting via Sinjani

**4. COMMUNITY: REFER TO CIRCULAR H60 OF 2020: CST REPORTING VIA SINJANI FOR MORE DETAIL**

- 4.1. Community screening and testing/ referral for testing: manual tools are currently being used which are then aggregated and captured on Sinjani daily per team per suburb.
- 4.2. This may be replaced by a mobile application called CMORE, when it comes on line.

**5. PHC FACILITIES:**

- 5.1. Large scale screening without testing, of people for COVID-19 who do not receive any other service (e.g. all staff, visitors) will **not** be counted as a screening or a headcount, does not need a PMI number, does not need a label or a folder and is not recorded on any system. This was decided to alleviate the administrative burden on clinical staff due to the large volume of screening done.
- 5.2. Screening at PHC facilities as part of normal service: this is screening that happens as part of clinical services at PHC facilities i.e. a patient arrives at the EC or PHC facility for other services and simultaneously gets screened for COVID-19 and tested if necessary. All these patients should be head counted as per the normal data flow. No additional data capturing is required for the screening and/or testing service. Patient folders should be created/updated accordingly.
- 5.3. At some PHC facilities, specially designated high throughput screening and testing venues may be set up to deal with large volumes of people who are coming for screening and testing. These sites are part of the PHC facility but located outside to prevent contamination. In these instances, only the headcount for those clients who are **tested** will be recorded using the standard headcount tally register (attached for your convenience) and incorporated into the facility headcount. Patients who are only screened and not tested, will not be recorded on any system or counted as a headcount.

Computers, label printers and scanners are provided when these units are set up, so data can be scanned onto PHCIS to digitise the headcount of those tested. No folders need to be opened for these patients. The tally register is the only data record that is required.

- 5.4. Patient folders: It is **not** necessary to open and/or record in the physical patient folder patients who are screened and/or tested with no other services provided: Folders need not be withdrawn from registry and a new folder does not need to be opened for these patients. The register becomes the record of attendance at the facility and should be safely stored accordingly.

5.5. Headcount reporting: Where possible all attendances (except screening only) should be scanned into PHCIS as a headcount which will be included in your electronically harvested headcounts for the month. If this is not possible, the data can be manually counted and added to the facility non-digitised headcounts, with an appropriate comment.

**6. HOSPITALS: Refer to Circular H57 of 2020: Hospital Patient administration (revision of H40/2020) for more detail, but in summary:**

- 6.1. Patients who are screened for COVID-19 will not be captured as an attendance on Clinicom at hospitals i.e. there will be no visit or headcount for these screenings. This was decided due to the vast numbers and administrative burden.
- 6.2. EC or OPD patients who are screened as part of their normal service will be captured as per normal on Clinicom in the clinic/s where the service was rendered. i.e. If any patients receive services over and above screening, they should be recorded in Clinicom as per normal.
- 6.3. Hospitals with dedicated screening and testing centres - Some hospitals have designated screening and testing areas set up outside their hospitals. Patients who are only screened should not be captured on Clinicom, do not create a PMI number or open a folder. Only patients who are tested for COVID-19 must be captured as an attendance on Clinicom. If these patients do not have an existing folder number on Clinicom, create a PMI, but do not open a physical folder.
- 6.4. Patients (suspect and confirmed) who require admission will be admitted into COVID-19 designated beds/wards using the new sub-specialties Infectious Disease-CVD19 or Paed Infectious Disease CVD-19 and if tested negative will be transferred out to an appropriate ward and speciality.

**7. LABORATORY TESTING**

It is not required for facilities to capture any detail regarding the number of laboratory tests done or their results. Laboratory tests conducted and test results will be provided by NHLS and incorporated into Provincial Health Data Centre where they will also be linked to patient records in the Single Patient Viewer (SPV). We therefore stress the importance of recording correct patient information (name, surname, folder number, accurate address etc) when submitting samples for testing to facilitate the linking of lab results to individual patient records.

**8. DASHBOARDS**

A dashboard for monitoring COVID-19 has been developed in BI. As more data becomes available, the dashboard will be expanded. Sharepoint Online Site:

<https://westerncape.sharepoint.com/sites/dohhi/SitePages/COVID-19%20Patient%20Stats.aspx>

If you don't have access to the dashboard, please contact Faizel Adonis [Faizel.Adonis@westerncape.gov.za](mailto:Faizel.Adonis@westerncape.gov.za)

We recognise that as the pandemic evolves, circumstances may change and if necessary, we will review these processes and inform you accordingly.

Your co-operation is appreciated.



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Director: Health Impact Assessment

DATE: 24 April 2020



**Dr. Krish Vallabhjee**

Chief Director: Strategic Cluster

DATE: 25 April 2020