

Data Quality Check

Municipality/City: _____

Checked by: _____

DQC Form A: Assessing DATA COMPLETENESS**A.1. ITIS-Data**

Recording Forms	No. of patients in Register	No. of patients in ITIS	Remarks (provide details on missing data)
1. Form 6a. Drug Susceptible TB Register	2015 – 34 2016- 30	2015 – 28 2016-15	6 cases not encoded in 2015 and 15 cases in 2016 from DSTB register (current quarter and same quarter 1 year ago)

A.2. Paper-based records

Recording Forms	No. of Patients w/ COMPLETE data	No. of patients w/ INCOMPELETE data	Remarks (provide details on missing data)
2. Form 1. Presumptive TB Masterlist	120	20	No outcome of referral indicated in remarks from Presumptive TB masterlist (current quarter)
3. Form 3. NTP Laboratory Register	89	10	No signature of Microscopist from NTP Laboratory register (current quarter)
4. Form 4. NTP Treatment Card			Treatment cards (current quarter and same quarter 1 year ago)

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DQC Form B: Assessing DATA ACCURACY (paper-based records)

Labeling of TB cases [col. 1]	No. of patients with Accurate entries	No. of patients with Inaccurate entries	Remarks [col. 4]
1. Classification	26	2	2 patients with history of treatment but treated as NEW from DSTB register (current quarter)
2. Registration Group	26	2	2 patients with history of treatment but treated as NEW from DSTB register (current quarter)
3. Treatment outcome	30	5	5 patients completed treatment but incomplete record of drug intake from DSTB register (same quarter 1 year ago)
4. Check if Presumptive DRTB are screened	No. identified	No. Screened	Remarks
a. Retreatment cases (Cat 2)	5	5	from DSTB register (current quarter)
b. Non-converters (positive at 3 rd month)	1	0	from DSTB register (current quarter)
c. Cases with Failed Outcome	2	0	from DSTB register (same quarter 1 year ago)
d. Identified as Presumptive DRTB from Presumptive TB Masterlist	8	4	from Presumptive TB masterlist (current quarter)

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DQA Form C: Assessing CONSISTENCY OF DATA

C.1. ITIS DATA

NTP Forms	Consistent		Remarks
	Yes	No	
1. Qtr. Report on Case Finding	/		From DSTB register (current quarter)
2. Qtr. Report on Treatment Outcomes	/		From DSTB register (same quarter 1 year ago)

C.2. Paper-based data

NTP Forms	Consistent		Remarks
	Yes	No	
1. Treatment Card with TB Register			
2. Qtr. Report on Lab. Activities			

DQC Form D. Assessing Timeliness

NTP Forms	Updated		Remarks
	Yes	No	
1. Updating of DSSM follow-up			
2. Assignment of Treatment Outcomes			
3. Turnaround time (TAT)	9 days for CD 2 days for BC		

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DQC Form E: SUMMARY FORM

1) What are the important findings in the DQC that you would like to address?

	FINDINGS (include quantitative findings)
Completeness	
Accuracy	
Consistency	
Timeliness	

2) Which program indicator target did you not reach? What do you think is the major reason for not reaching the target?

	Accomp.	Reasons for Variance
1. Case Notification Rate (all forms)		
2. TB Case Detection Rate (all forms)		
3. Treatment Success Rate (all forms)		
4. Cure Rate (New Bacteriologically-confirmed)		