

COVID-19 Facility Assessment Resources

The complete directory can be accessed here: https://path.box.com/s/p96ff2i0vkjt0twlerq6r0t8fse73dko The directory was developed by PATH and CHAI as part of the COVID-19 Respiratory Care Response Coordination project

Resources described in this document:

| (1) | | Biomedical Equipment for COVID-19 Case Management (Word) |
|------|-----|--|
| (2) | PDF | Biomedical Equipment for COVID-19 Case Management (PDF) |
| (3) | X | Biomedical Equipment for COVID-19 Case Management (Excel) |
| (4) | | COVID-19 Health Facility Phone Survey Guidance |
| (5) | X | Biomedical Equipment SurveyCTO Guide |
| (6) | | SurveyCTO for COVID-19 Inventory Tools: Data Manager Guide |
| (7) | | Using SurveyCTO for COVID-19 Inventory Tools (support guide) |
| (8) | P | Setting up 'SurveyCTO Collect' on Tablets and Mobiles |
| (9) | | SurveyCTO Training Aide for WHO COVID-19 Oxygen Therapy Assessment |
| (10) | | Showcards |
| (11) | XI | Data Quality Checks-Guide for Data Mangers |

About COVID-19 Respiratory Care Response Coordination consortium

PATH, the Clinton Health Access Initiative (CHAI), and the Every Breath Counts (EBC) coalition are leading the **COVID-19 Respiratory Care Response Coordination** project to support country decision-makers in the development and execution of a comprehensive respiratory care plan to meet the demands of COVID-19. The project is also pursuing strategies to help prioritize and improve access to oxygen therapy and other essential equipment involved in respiratory care as an integral part of health systems strengthening, beyond the pandemic response. For information: oxygen@path.org.

| (1) | Biomedical Equipment for COVID-19 Case Management: Inventory tool for facility readiness and equipment re-allocation | | | | | |
|------------|--|--|---|----------------|-----------------------------|--|
| Author | World Health Organization | | | | | |
| Audience | health facility administrators, health care workers, procurement officers, planning officers, biomedical engineers, infrastructure engineers | | | | | |
| | biomedical equipment fo printed and completed by which are images to help Information from the cor directory) for aggregation | This facility-based survey is designed for rapid deployment and assessment of biomedical equipment for COVID-19 treatment and response. The paper survey can be printed and completed by hand and comes with "showcards" (#10 in this directory), which are images to help data collectors correctly identify devices and products. Information from the completed surveys are then entered into the Excel form (#3 in the directory) for aggregation and sharing. The facility-based survey is available in two different formats for country adaptations and ease of data collection – Word document | | | | |
| | | Generator | r Stabilizer (Y | r/N) U | PS (Indicate Inverter (Y/N) | |
| | If electrical generator(s) at the facility, please complete the following details for those functional | facility, please complete the following details for those | | | | |
| | Please list all wards that have dependable voltage stabilization; double conversion uninterruptible power supply | Emergency room Intensive care Surgery Hospitalization Laboratory Imaging | | | | |
| | Does Facility have any emergency transport vehicles or | ~ | xygen → If yes, how mai thout oxygen → If yes, h | * | | |
| | | □ □ Yes No | If yes, what is their job Title | o title: | Number | |
| | Is there a clinical staff at your facility that has experience in invasive mechanical ventilation / intubation | □ □ Yes No | If yes, what is their job | o title: | Number | |
| | SECTION IIIa: VITAL SIGN M | ONITORING | DEVICES | | | |
| | Instructions: Count the number of | f patient vital si | ign monitoring devices at | t the facility | by functionality and type. | |
| | Туре | Numbe | r Functional | | Number Non-functional | |
| Access | Via Box: https://path.box. Via WHO web site: https:, 19_medequipment/en/ | | • | | • | |
| File type: | Word document (1) Biomedical Equipment | t for COVID-: | 19 Case Management: | Inventory t | cool for facility | |

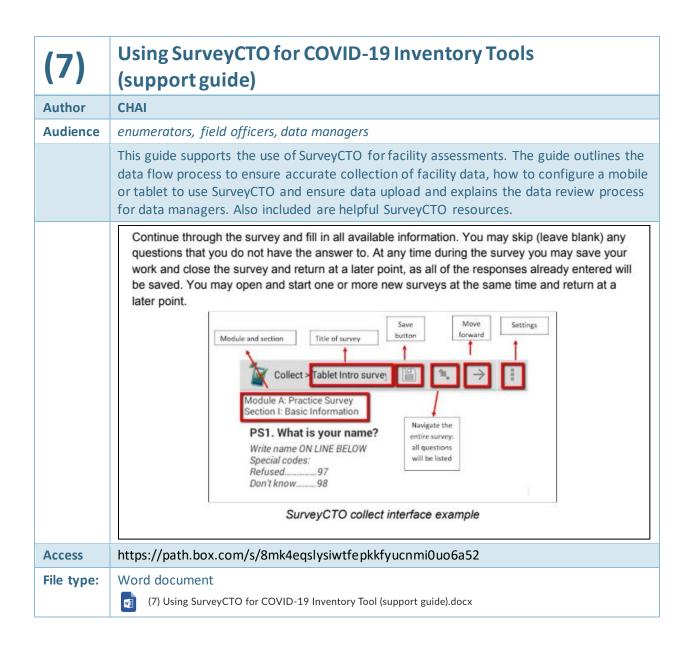
| (2) | Biomedical Equipment for COVID-19 Case Management | | | | | | |
|------------|---|--|--|--|--|--|--|
| Author | World Health Organization | | | | | | |
| Audience | health facility administrators, clinical decision makers, procurement officers, planning officers, biomedical engineers, infrastructure engineers | | | | | | |
| | This facility-based survey is designed for rapid deployment and assessment of biomedical equipment for COVID-19 treatment and response. The paper survey should be printed and completed by hand and comes with "showcards" (#10 in this directory) which are images to help data collectors correctly identify devices and products. The facility-based survey is available in two different formats for country adaptations and ease of data collection – Word document (#1 in this directory) and PDF file (#2 in this directory). | | | | | | |
| | Generator Stabilizer (Y/N) UPS (Indicate Inverter (Y/N) | | | | | | |
| | If electrical generator(s) at the facility, please complete the following details for those functional Capacity (kVa) Capacity) | | | | | | |
| | Please list all wards that have | | | | | | |
| | Does Facility have any □ Yes, with oxygen → If yes, how many? emergency transport vehicles or □ Yes, but without oxygen → If yes, how many? ambulances? □ No | | | | | | |
| | Is there a staff at your facility dedicated to the management, installation, and maintenance of medical equipment? | | | | | | |
| | Is there a clinical staff at your facility that has experience in Ves No Vintubation No Title Number | | | | | | |
| | SECTION IIIa: VITAL SIGN MONITORING DEVICES | | | | | | |
| | Instructions: Count the number of patient vital sign monitoring devices at the facility by functionality and type. | | | | | | |
| | Type Number Functional Number Non-functional | | | | | | |
| Access | https://path.box.com/s/0qx3gz6gk77v6fqqaa6w6wga18d2ul59 | | | | | | |
| File type: | PDF file (2) Biomedical Equipment for COVID-19 Case Management (pdf)_2020_05_07.pdf | | | | | | |

| (3) | Biomedical Equipment for COVID-19 Case Management | | | | | | | | | | | | |
|------------|---|---|----------------|--------------------|------------------------|----------------------------|--------------------|-----------------------------|---------------------------------------|---|---------------|----------------------------------|--------------------|
| Author | World Health Organization | | | | | | | | | | | | |
| Audience | data coll | ectors, da | ata mana | agers, dat | a entry a | operators | | | | | | | |
| | in tander Each faci | This excel-formatted version of the biomedical equipment survey tool may be deployed in tandem with the paper version of the survey as required by stakeholders and users. Each facility occupies one row of the excel sheet. This form can be used for data entry of paper forms. | | | | | | | | | | | |
| | ECTION IIID PULSE DXIMETERS | | | | | | | | | | | | |
| | | | | Instructio | ns: Count the number o | f pulse oximeters at the f | acility by functio | nality and type. | | | | | |
| | | | ı | IYPE | | | | | | | | | |
| | Table-top pu | lse oximeter | Portable handh | eld pulse oximeter | Self-contained fin | ertip pulse oximeter | IF NON-FUN | ICTIONAL FOR | | I, PLEASE IND ON FUNCTION | | ISON(S) THE DE | /ICES ARE |
| | FUNCTIONAL | NON-FUNCTIONAL | FUNCTIONAL | NON-FUNCTIONAL | FUNCTIONAL | NON-FUNCTIONAL | No spare parts | No funds for maintenance | No training to use or to repair | No consumables (cables, sensors) | Not installed | No distributor in the country | Other (specify) |
| | | | | | | | | · · | | | | | |
| | | | | | | | * | v | * | | | * | |
| | | | | | | | | | | | | | |
| | | | | | | | * | * * | * * | | | * * | |
| | | | | | | | * | Ŧ | * | - | Ŧ | Ŧ | |
| Access | https://path.box.com/s/f2tgysbqmmjecl34etpm3ia3dv749t82 | | | | | | | | | | | | |
| File type: | Excel doo | | quipment f | for COVID-19 | Case Man | agement (ex | cel)_202 | 20_05_0 | 07.xlsx | | | | |

| (4) | COVID-19 Health Facility Phone Survey Guidance |
|------------|--|
| Author | РАТН |
| Audience | enumerators, field officers |
| | If conducting a health facility assessment over the phone, it is important to standardize the data collection process to ensure accuracy of facility data. This document outlines a protocol for conducting assessment surveys by phone as an example of all elements to be included and can be adapted for your country context. Procedural information starts from before a phone conversation begins, walks through potential scenarios and responses, discusses potential challenges and how to properly complete your survey work at the end of the day. |
| | COVID-19 Health Facility Phone Survey GuidanceThis document is intended to provide guidance for enumerators or field officers to conduct a health facility phone survey as part of COVID-19 assessment work. It outlines three key steps involved in conducting a survey, as well as various scenarios and suggested responses.Step 1: Prepare to conduct a phone surveyAs a general rule, phone surveys should start in the morning (e.g. 8.30 AM every day, unless there are scheduled earlier appointments). Prior to the start of the survey work, teams should hold daily debriefs to address any issues from the day before. |
| | Be prepared Before starting every call, each enumerator should run through the following check list to ensure they are ready: • You have a fully charged tablet (or other data collection device) with the pre-installed correct version of the survey. If unsure about which version of the survey should be used, please clarify with your team leader. • You have a fully charged phone, loaded with enough <u>airtime</u> and subscribed minutes to be able to reach all the participants you plan to call for the day. • You have a printed tracking sheet with the list of respondents you need to call that day. This list should have the Household ID, the respondents names, and phone numbers. • You have a notebook and a pen. • You have a charging facility near you, i.e. an extension cable and a charger. |
| Access | https://path.box.com/s/5rxwu2r1tr3nzn4nea4l9ccpdy17fwii |
| File type: | Word document (4) COVID-19 Health Facility Phone Survey Guidance.docx |

| (5) | Biomeo | dical Equipr | nent S | urvey | CTO Guide | | |
|------------|-------------------------|--|-----------------------|--------------------------------------|---|----------------------|------------------------------------|
| Author | РАТН | | | | | | |
| Audience | data collec | ctors, data manag | gers, dat | a entry or | perators | | |
| | electronic | (SurveyCTO) vers , explains how re | ion of th | e tool. Th | the use of the Biomedical E he excel file defines the var , and how to handle data fi | ious fields u | ised in |
| | A type | В Туре | C Option list name | variable name | Question label | F Additional desc | G |
| | start | Auto-fill (metadata) | | starttime | n/a | Automatically fill | ed: time the su |
| | end | Auto-fill (metadata) | | endtime | n/a | Automatically fill | ed: time the su |
| | username | Auto-fill (metadata) | | username | n/a | Automatically fill | ed: username f |
| | deviceid | Auto-fill (metadata) | | deviceid | n/a | Automatically fill | ed: data collec |
| | subscriberid | Auto-fill (metadata) | | subscriberid | n/a | Automatically fill | ed: data collect |
| | simserial | Auto-fill (metadata) | | simid | n/a | Automatically fill | |
| | phonenumber | Auto-fill (metadata) | | devicephonenum | n/a | Automatically fill | |
| | calculate | Auto-fill (metadata) | | duration | n/a | Automatically fill | ed: total duration |
| | select_one country | Multiple choice (one selection) | country | country | Country | | |
| | text | Free text | | admin1 | Admin 1 | | |
| | text | Free text | | admin2 | Admin 2 | | |
| | text | Free text | tune. | facility_name | Name of facility | | |
| | select_one type text | Multiple choice (one selection) Free text | type | facility_type facility_type_other | Type of facility Other facility type (specify) | Write-in answer | if "other encelf |
| | text | Free text | | collector name | Name of data collector | write-in answer | outer, specify |
| | text | Free text | | collector phone | Data collector's phone number | | |
| | text | Free text | | facility head | Name of head of facility | | |
| | text | Free text | | facility_phone | Phone number of head of facility | | |
| | integer | Integer | | beds | What is the total bed capacity in this facility? | | |
| | integer | Integer | | beds_icu | Of the total beds, how many can be used for intensive care? | | |
| Access | https://pat | h.box.com/s/6c0 |)4xgdqylc | hvzqgz40 | drqh952zu72pas | | |
| File type: | Excel docu | ment omedical Equipment Su | urvey CTO (| Guide.xlsx | | | |

| (6) | SurveyCTO for COVID-19 Inventory Tools: Data Manager Guide | | | | |
|------------|--|--|--|--|--|
| Author | CHAI | | | | |
| Audience | data managers | | | | |
| | This guide should support data managers as they access and use SurveyCTO the Biomedical Equipment Facility Assessment. This document clarifies the roles and responsibilities of the data manager, how to perform data review and approval on SurveyCTO, how to download data, review paper-based assessments and respond to suspicious data. | | | | |
| | Image: Survey Using Survey CTO Image: Survey Using Survey Using Survey CTO Survey Is uploaded to Survey CTO cloud server when network or Wifi is available Image: Data manager reviews Survey Submissions If there is survey Using Survey | | | | |
| | If there is survey issues If there is survey issues If there is survey issues After data manager corrects the survey issue After data manager corrects the survey issue Data manager corrects the issue on SurveyCTO web platform. | | | | |
| Access | https://path.box.com/s/5x2tekguf9nuky87cgm6diud53swkvlo | | | | |
| File type: | Word document | | | | |
| | (6) SurveyCTO for COVID-19 Inventory Tools: Data Manager Guide.docx | | | | |



| (8) | Setting-up 'SurveyCTO Collect' on tablets and mobiles | | | | | |
|------------|---|--|--|--|--|--|
| Author | PATH | | | | | |
| Audience | Data collectors, enumerators, data managers | | | | | |
| | This training tool walks through how to download the "SurveyCTO Collect" app for mobiles and tablets, as well as how to select and download country specific facility assessments. The training uses screengrabs of the app interface to clearly show the process step-by-step. | | | | | |
| | Image: Problem: Pro | | | | | |
| Access | https://path.box.com/s/wb5ey59jxcrw7lxe5w9ovad96jgicb53 | | | | | |
| File type: | PowerPoint file | | | | | |
| | (8) Setting-up 'SurveyCTO Collect' on tablets and mobiles.pptx | | | | | |

| (0) | SurveyCTO Training Aide for WHO COVID-19 Oxygen | | | | |
|------------|--|--|--|--|--|
| (9) | Therapy Assessment | | | | |
| Author | РАТН | | | | |
| Audience | data collectors, enumerators, data managers | | | | |
| | This training guide supports the use of the "SurveyCTO Collect" app to conduct facility assessments for oxygen equipment in health facilities. The training describes patterns and formatting within the survey "app", as well as the various question types and how to navigate within the app. | | | | |
| | Count the number of patient vital sign monitoring devices by functionality and type. Give a number answer. | | | | |
| | FUNCTIONAL - Patient monitor with integrated ECG | | | | |
| | 10 | | | | |
| | NON-FUNCTIONAL - Patient monitor with integrated ECG | | | | |
| | 2 ,4 | | | | |
| | FUNCTIONAL - Patient monitor without integrated ECG | | | | |
| | ь. | | | | |
| | NON-FUNCTIONAL - Patient monitor without integrated ECG | | | | |
| | 0 | | | | |
| | Ned > | | | | |
| | | | | | |
| Access | https://path.box.com/s/70anur6akqlkxofltqc184cxukqs9128 | | | | |
| File type: | PowerPoint file | | | | |
| | (9) SurveyCTO Training Aide for WHO COVID-19 Oxygen Therapy As | | | | |

| (10) | Showcards | | | | | |
|------------|---|--|--|--|--|--|
| Author | РАТН | | | | | |
| Audience | data collectors, enumerators, data managers | | | | | |
| | Showcards are pictures that correspond to the respiratory care equipment discussed within the facility survey assessments. These photos should help survey users understand what equipment is being asked about and may help in accurate data collection. | | | | | |
| | Oxygen delivery interface | | | | | |
| | Nasal cannula Nasal Catheter Face mask Venturi Mask (nasal prongs) | | | | | |
| | | | | | | |
| | | | | | | |
| Access | https://path.box.com/s/1ir4wfqfoutwy0ok5ia73y3yy2rp9lzj | | | | | |
| File type: | PNG image files | | | | | |
| | (10) Showcards | | | | | |

| (11) | Data Quality Checks - Guide for Data Mangers | | | | | | |
|------------|--|--|--|--|--|--|--|
| Author | РАТН | | | | | | |
| Audience | data managers | | | | | | |
| | Part of the responsibility of data mangers, as described in the SurveyCTO for COVID-19 Inventory Tools: Data Manager Guide (#6 in this directory), is to review biomedical equipment surveys for COVID-19. This guide describes the types of data errors that could be made by data collectors, and how a data manager can review surveys to identify potential mistakes. Also included are descriptions of automated data quality checks, which are programmed within SurveyCTO to flag potential data errors and simplify the data review process. | | | | | | |
| | A B C D E F G H | | | | | | |
| | 1 Type variable name Question label (as it appears in surveyC Automate Quality check type Conditions of quality check | | | | | | |
| | 2 Free text admin1 province/region 3 Free text admin2 district/country name 5 Free text admin4 district/country code 6 Free text admin5 town/city 7 Free text admin5 town/city 8 Free text facility_name Name of facility 9 Free text facility_code Facility code 10 Free text facility_type_other Other facility 11 Free text facility_code Facility code 12 Free text facility_phone Other managing authority (specify) 13 Free text facility_name Name of head of facility 14 Free text facility_cenail email address of manager of facility 15 Free text collector_phone Data collectors email address N 16 Free text collector_role Data collector's position or role N ally to make sure fields are 16 Free text electricity_other Specify the other source of electricity Value is to high, value is 10>X>500 | | | | | | |
| Access | https://path.box.com/s/4cteqn0z0qo8lqa2icqbb6t8vp0zc8de | | | | | | |
| File type: | Excel document Image: state of the stat | | | | | | |