SERHA REGIONAL SURVEILLANCE AUDIT GUIDELINES[1]

Preamble

This tool was designed to assist health facilities in meeting the requirements for compliance with the various standards for Epidemiology and Surveillance as outlined by the National Surveillance Manual, the Infection Control Manual and the various Operational and Service Level requirements.

The tool aims to assess the following parameters:

1. **Management and Governance:** To assess the management structure and the levels of supervision of the programme
2. **Knowledge:** To identify the level of knowledge of surveillance, infection prevention and control principles amongst clinical staff
3. **Compliance:** To assess compliance with the standard operating procedures as outlined in the previously stated manuals
4. **Equipment and Material:** To assess access to and maintenance of essential equipment and material relevant to the Surveillance and Infection Control Programme

Rationale

This audit process ensures the validity and reliability of surveillance data collected from Health Departments, Sentinel Sites, and Hospital Active Surveillance (HAS), while also evaluating the availability of necessary supplies and the staff's knowledge to effectively conduct surveillance

[1] South East Regional Health Authority, Ministry of Health and Wellness. *Regional Surveillance Audit Guidelines V1.10*. Kingston (November 2024).

activities. By doing so, it strengthens surveillance mechanisms for the timely identification and management of potential health threats. The findings are then shared with key stakeholders to guide the implementation of strategies that address and eliminate data inaccuracies.

Responsibility

It is the responsibility of the parish health departments, with the assistance of the region, to carry out audits of HAS and Sentinel Sites at least once per year. Audits can also be randomly done at any site throughout the year by either the health department or regional team.

Audit Team

The audit team should be composed of at least three persons. This should ideally include but is not limited to the:

- Medical Officer (Health)
- Public Health Nurse (Surveillance / Surveillance / another representative)
- Surveillance Officer
- Public Health Inspector
- Regional Representative

Period of Review

Hospital Active Surveillance

- One Epidemiological Week

Sentinel Surveillance

- One Epidemiological Week or
- One Day in larger facilities

Basic Preparation

1. Discuss and assemble a suitable audit team
2. Note last date of previous audit and the audit findings and recommendations that were documented.
3. Select type of audit and period to be reviewed
4. Select a date for the audit
    a. *Give institutions enough time to share the notice of the intention to audit, and pull the

       dockets. Larger institutions may need up to two months' notice.
5. Write formal letters of notice to the CEO/Parish Manager and SMO/MO(H) In Charge of the facility
    a. CC the Regional Health Records Administrator (applicable to regional audits)
    b. Be prepared to have to do reminders as the date nears
6. Print the necessary documents
7. Agree on meeting place and start time with audit team

Methodology

a. Hospital Surveillance Audit (HAS)

- Audits are to be conducted at HAS Sites at least once per year.
- One epidemiological week should be randomly selected for review, based on the number of weeks, year to date.
- Members of the audit team will review the case definitions for all class 1 notifiable diseases in preparation for the audit (See Appendix 5 of National Surveillance Manual)
- Before each audit the team should meet and have an internal briefing session (Appendix A)
- On the day of the audit, the team should announce themselves and conduct a pre-audit briefing with the SMO/Medical Officer in-charge of the facility
- HAS Audits should include
    - Wards (Medical & Paediatric)
    - Accident and Emergency/Casualty
    - Medical Records

- These records will be reviewed to identify any notifiable disease conditions (Class 1), or any other condition or event deemed a priority of the MOHW seen in the facility for the period under review.
    - Laboratory Department and Death Registries
        - Death records are also to be surveyed. This can be at the mortuary or at the death registry.
- The number of cases for each condition identified will be compared with the reports to the Health Department or Regional office for the same period.
- Each site will also be assessed based on staff awareness, presence of class 1 notification books and critical surveillance supplies as stated in the Surveillance Unit HAS Monitoring Tool for Parish Health Departments, Health Centres and Hospitals (Appendix B)
- Upon conclusion of the audit, the audit team will meet internally to discuss findings and recommendations as per Appendix E
- At the end of this meeting, the audit team lead should conduct a debriefing session with site managers to give preliminary feedback on the rating of the site and recommendations for areas of non-conformance.
- A formal report is to be prepared and submitted to senior management of the region/parish/site being audited, to include recommendations and follow-up actions/work plans.

b. Sentinel Site Audit

- Audits are to be conducted at Sentinel Sites (Appendix G) at least once per year.
- One epidemiological week or one day should be randomly selected for review, based on the size and workload of the facility
- Members of the audit team will review the syndromic case definitions as stated in National Surveillance Manual

- Before each audit the team should meet and have an internal briefing session (Appendix A)
- On the day of the audit, the team should announce themselves and conduct a pre-audit briefing with the SMO/Medical Officer in-charge of the facility
- The audit team will review the patient log or register for the period being audited and dockets (pre-pulled prior to the arrival of the audit team) for the date(s) randomly selected. The cases will be classified based on the syndromic case definitions.
- The number of each syndrome will be tallied and then compared to:
    1. The official Sentinel Report submitted to the Health Department for the corresponding week/date
    2. Communicable Disease Surveillance Log for relevant period under review
- Each site will also be assessed based on staff awareness, presence of class 1 notification books, posters (Appendix 6) and critical surveillance supplies as stated in the Surveillance Unit Monitoring Tool for Parish Health Departments, Health Centres and Hospitals (Appendix D)
- Upon conclusion of the audit, the audit team will meet internally to discuss findings and recommendations as per Appendix E
- At the end of this meeting, the audit team lead should conduct a debriefing session with site managers to give preliminary feedback on the rating of the site and recommendations for areas of non-conformance.
- A formal report is to be prepared and submitted to senior management of the region/parish/site being audited, to include recommendations and follow-up actions/work plans.

c. Health Department Audit

The audit of the Parish Health Department aims to assess its capacity to effectively support the monitoring of the parish's surveillance system. Key individuals to be interviewed include the Medical Officer of Health, Programme Coordinators, Surveillance Nurse, Surveillance Officer, and Epidemiology Clerks. The audit will also involve reviewing relevant monitoring documents and

databases, assessing the availability of critical surveillance supplies and equipment, and conducting a brief knowledge survey of staff.

Completion

Once the audit is completed, the data should be collated, sorted and compared with the numbers reported for the EW or date under audit. The official report should include results, non-conformances identified and recommendations for addressing these non-conformances with timelines Included. Attention should be paid to the audience and jargon excluded from this section. Consider having an executive summary if the audit writing is a long one.

The report should be shared with:

- Regional Technical Director/Regional Medical Epidemiologist
- Chief Executive Officer/Parish Manager responsible for site audited
- Senior Medical Officer or Medical Officer (Health) responsible for site audited

The Briefing for the Audit

The audit team is to meet internally to discuss the recommended talking points listed below. Note that some of these are best done with live examples, making the briefing less a pre-audit talk, and more a 'rolling' one.

1. The type of audit: HAS vs Sentinel vs. Health Department
2. Total number of medical records to be audited
3. Total number of medical records currently available
4. The EW or day under review. Clarify the date(s).
5. Tasks to be accomplished
6. Delineation of tasks
7. Docket review
    a. Diseases or events being audited for
    b. How to look beyond the presenting complaint (PC) or assessment/diagnosis
    c. Keeping count of the medical records
    d. Suggest they make note of any recurrent issues identified
    e. Presence and use of surveillance stamps
8. Interviews
    a. Areas for interviews and staff category
    b. Prompting the interviewee for answers (e.g. nearby class one posters)
    c. Making sure the audit staff know the answers to the audit tools
    d. Suggest they make note of any recurrent issues identified
9. Identify any early issues that may change the audit plan

MONITORING AND DATA COLLECTION TOOL

- HOSPITALS

Name of Facility	
Health Region	
Parish	
Date of Evaluation	
Signature	
Date	

This tool has 6 pages inclusive of this page.

HAS AUDIT DATA COLLECTION INSTRUMENT

Period of Review	
Date of Audit	
Name of Auditors	

Notifiable Disease (HAS)	**#Reported to HD**	**#Reported from HAS Audit**	**Difference**	**% of cases reported**	**Comments**
Accidental Poisoning					
AFP/Polio					
Congenital Rubella					
Congenital Syphilis					
Death					
Diphtheria					
Encephalitis					
Hansen's Disease					
Hepatitis B					
HIV/AIDS					
Malaria					
Maternal Death					
Measles					
Meningitis					
Ophthalmia Neonatorum					
Pertussis-like Syndrome					
Rheumatic Fever					
Tetanus					
Tuberculosis					

Typhoid Fever					
Admitted LRTI/SARI					
Respiratory Related Death					
Leptospirosis					
Cholera					
Total					

Scoring is narrative.

MONITORING TOOLS FOR HOSPITALS

The recommended persons to be interviewed are:

- Physician
- Registered Nurse
- Public Health Nurse/ Infection Control Nurse
- Health Records Clerk
- Laboratory Personnel
- Medical Records Staff

Key personnel interviewed or consulted during the audit

	Name	Position
1.		
2.		
3.		
4.		
5.		
6.		

7.		
8.		
9.		
10.		

	Indicator	**Rating**			**Remarks**
		Medicine	Surgery	Specialty	
	Staff awareness of surveillance				
	DOCTORS:				
1	State the case definitions for: AFP (1), ILI (1), Dengue without warning signs (1), TB (1), Cholera (1), Gastroenteritis (1). *Scoring: Inadequate: 1-3/Adequate: 4-6*				
2	List 5 diseases that should be reported immediately. *Scoring: Inadequate: 1-2/Adequate: 3-5*				
3	List 2 resources you can access for more information *Scoring: Inadequate: 0/Adequate: 1-2*				
4a	What sample should be sent for fever and maculopapular rash cases: (answer: serum sample OR a red top tube) *Scoring: Inadequate:<1/Adequate: 1*				
4b	What is the ideal timeline for testing of fever and maculopapular rash cases (answer: within 7 days of the onset of rash) *Scoring: Inadequate:<1/Adequate: 1*				

	Indicator	Rating			Remarks
4c.	What proportion of fever and maculopapular rash cases are to be sampled (answer: 100% or everyone) *Scoring: Inadequate:<1/Adequate: 1*				
5a	What proportion of cases seen should be routinely tested/sampled for the following conditions: ILI (1 in 10 or 10%) *Scoring: Inadequate:<1/Adequate: 1*				
5b	What proportion of cases seen should be routinely tested/sampled for the following condition: GE (answer is 100% of admitted patients, 1 in 10 for ambulatory patients) *Scoring: Inadequate:<1/Adequate: 1*				
6	What sample is to be taken for suspected leptospirosis cases (answer: purple top tube) *Scoring: Inadequate:<1/Adequate: 1*				
	NURSES:				
8	State the case definitions for: AFP (1), SARI (1), MDRO (1), TB (1), Cholera (1), Dengue with warning signs (1). *Scoring: Inadequate: 1-3/Adequate: 4-6*				
9	What type of cases require the following samples: *Scoring: Inadequate: 1-2/Adequate: 3-5*				
9a	Nasopharyngeal swab				
9b	Stool swab				
9c	Sputum sample				
9d	Serum sample				
9e	Blood sample				

	Indicator	Rating			Remarks
		Medicine	Surgery	Specialty	
10	List 5 diseases that should be reported immediately on suspicion *Scoring: Inadequate: 1-2/Adequate: 3-5*				
11	List 2 resources you can access for more information *Scoring: Inadequate: 0/Adequate: 1-2*				
12	What investigation forms do you use for a patient with:				
12a	Acute Flaccid paralysis in someone under 15 (Polio). *Scoring: Inadequate:<1/Adequate: 1*				
12b	Fever and maculopapular rash (MOH Fever and Rash/measles form). *Scoring: Inadequate: 0/Adequate: 1*				
	MEDICAL TECHNOLOGISTS **(for some sites)** **Ask the frequency of visits if a rotating medical technologist visits the health centres**				
13	What forms are necessary for:				
13a	Reporting class one diseases *Scoring: Inadequate: wrong or no answer*				
14	List the media and storage temperature for: *Scoring: Inadequate: media and/or storage wrong. Adequate: media AND storage correct*				
14a	Blood for malaria				
14b	Swab for influenza				
14c	Serum for fever and rash				
14d	Stool for cholera				

	Indicator	Rating			Remarks
14e	Blood for AFP				
15	What diseases should the **laboratory** itself report?				
	ACTIVE OBSERVATION (Question staff and actively look for these items/information)				
16	Availability of Notification booklet *Scoring: Present - adequate, absent - inadequate*				
17	Class 1 Disease Chart *Scoring: Present - adequate, absent - inadequate*				
18	Infection Control Officer assigned *Scoring: Present - adequate, absent - inadequate*				
19	Frequency of staff meetings *Scoring: Adequate - at least 11, Inadequate <11 per y*				
20	Guidelines re: treatment of specific communicable diseases / job aids to help treatment of specific diseases *Scoring: Present - adequate, absent - inadequate*				
		Medicine	Surgery	Specialty	
21	Area designated for disease control/isolation *Scoring: Present - adequate, absent - inadequate*				
22	Guidelines for the collection, storage and transportation of samples *Scoring: Present - adequate, absent - inadequate*				
23	Availability of investigation forms e.g. Fever and Rash *Scoring: Present - adequate, absent - inadequate*				
24	Availability of Laboratory form *Scoring: Present - adequate, absent – inadequate*				
	SUPPLIES (on ward, on compound or in laboratory)				

	Indicator	Rating			Remarks
	Scoring: Present - adequate, absent – inadequate				
25a	Red top blood tubes (check expiration date)				
25b	Purple top blood tubes (check expiration date)				
26	Universal sterile container (for sputum and stool testing, etc.)				
28	Sample storage / transport Igloos				
29	Ice packs for sample storage / transport				
30	Transport media for bacterial/viral samples (note if room temp or cold storage)				
31	Sample Thermometer				
	HEALTH RECORDS OFFICERS				
32	What proportion of Health records personnel can produce the weekly sentinel report? (50% =adequate)				
33	What diagnoses may be recorded as unspecified fever (case definition)				
34	What diagnoses may be recorded as fever and respiratory? (**Ans:** Any case with fever and cough; 'Asthma' is not, and such an answer denotes an "Inadequate" assessment)				
35	What is the definition of fever and neurological (case definition)				
36	What diagnoses may be recorded as fever and rash (case definition)				
37	What diagnoses may be recorded as gastroenteritis (case definition)				
		Tally			

	Indicator	Rating			Remarks
		Overall Score			
		Overall Rating			

Scoring

Adequate	1
Inadequate	0

1. Tally all the 'adequate' ratings: Ad
2. Tally all the possible indicators: PI
3. Tally all the 'not applicable': NA
4. Note the number of category staff you got a response from: *x*
    a. You can also do this for just one category at a time, in which case *x*=1
5. Perform the following calculation

$$\frac{Ad}{(PI-NA)*x} * 100 = Y\%$$

This gives Y, the overall score.

6. Assign the overall score thus:

≥60%	Adequate
< 60%	Inadequate

to get the overall rating.

MONITORING AND DATA COLLECTION TOOL

– SENTINEL SITES

Name of Facility	
Health Region	
Parish	
Date of Evaluation	
Signature	
Date	

SENTINEL DATA COLLECTION INSTRUMENT

Period of Review	
Date of Audit	
Name of Auditors	

Fever and Rash	A person presenting with fever of 38°C (100.4°F)† or greater, or feels warm to the touch, or gives a history of feeling feverish and generalized maculopapular rash		
Fever <5	A person presenting with a body temperature of 38°C (100.4°F) or greater, or feels warm to the touch, or gives a history of feeling feverish.		
Fever ≥5			
GE <5	A person presenting with 3 or more loose stools within 24 hours.		
GE ≥5			
Accidents <5	Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.		
Accidents ≥5			
Violence <5	Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.		
Violence ≥5			
Fever and Respiratory/ ILI <5	History of fever of 38°C (100.4°F)† or greater and cough; with onset within the last 10 days.		
Fever and Respiratory / ILI 5-59			
Fever and Respiratory / ILI ≥60			
ILI tested	# of ILI cases sampled/tested		
Fever and Haemorrhagic	A body temperature of 38°C (100.4°F)† or greater (or recent history of fever) in previously healthy person presenting with at least one haemorrhagic(bleeding) manifestation with or without jaundice.		
Fever and Jaundice	A body temperature of 38°C (100.4°F)† or greater (or recent history of fever) in a previously healthy person presenting with jaundice.		

Fever and Neurological	A body temperature of 38°C (100.4°F)† or greater (or recent history of fever). The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except Acute Flaccid Paralysis (AFP)).		
Total cases seen			

Records Reviewed	Syndromic Stamps Seen	Syndromic Stamps Used

OTHER CLASS 1 CONDITIONS – write in other class 1 conditions seen

Class 1 Condition	Definition	# Reported from Sentinel Audit	Line List (name, DOB, date seen)
Accidental Poisoning	Susp poisoning, regardless of route of exposure, considered to have occurred by accident		
AFP/Polio	Acute onset of flaccid paralysis in the absence of trauma		
Cholera	Profuse, watery, diarrhea rapidly leading to dehydration or death, especially in persons 5 yo or older		
COVID-19	Acute onset fever and cough (ILI) or acute onset of three or more signs and symptoms (see table)		
Dengue	Acute onset of fever plus at least 2 of vomiting, nausea, rash, headache, retroorbital pain, arthralgia/myalgia, haemorrhagic tendences, leukopenia		
Diphtheria	Acute pharyngitis or laryngitis with a tonsillar or laryngeal pseudomembrane		
Hansen's Disease/Leprosy	Sharply demarcated anesthetic skin patches		
Hepatitis B + C	Anorexia, abdominal pain, nausea, vomiting, jaundice		
HIV/AIDS	Severe weight loss (> 10% of body weight), fever, diarrhoea (>1 month duration), lymphadenopathy, oral thrush, other sign immunosuppression		
Malaria	Intermittent fever with chills and headache, especially in those who recently travelled to malaria endemic		
Maternal Death	Any death of woman while pregnant or within 42 days of term of pregnancy (early) or 1 year of pregnancy (late)		
Measles	Fever (>38°C or 101°F) and generalized maculopapular rash		
Meningitis	Sudden onset of fever with signs and symptoms of meningeal involvement		
Ophthalmia Neonatorum	Purulent conjunctivitis in any neonate		
Pertussis-like Syndrome	Paroxysms of coughing, characteristic high pitched inspiratory whoop		
Rheumatic Fever	Recurrent inflammatory disease affecting multiple areas (see table below) occurring as sequalae of streptococcal upper resp infection		
Tetanus	Children: difficulty in sucking, opisthotonus Adults: difficulty swallowing, followed by muscle spasm and rigidity		
Tuberculosis	Persistent cough (>3 weeks), fever, night sweats, and weight loss		

Typhoid Fever	Insidious onset of sustained fever, headache, malaise and anorexia		
Total			

SENTINEL MONITORING TOOL

The recommended persons to be interviewed are:

- Physician
- Registered Nurse
- Public Health Nurse/ Infection Control Nurse
- Health Records Clerk
- Laboratory Personnel*
- Medical Records Staff

**may not be present at some sites*

Key personnel interviewed or consulted during the audit

	Name	Position
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

	Indicator	Rating			Remarks
		Medicine	Surgery	Specialty	
	Staff awareness of surveillance				
	DOCTORS:				
1	State the case definitions for: AFP (1), ILI (1), Dengue without warning signs (1), TB (1), Cholera (1), Gastroenteritis (1). *Scoring: Inadequate: 1-3/Adequate: 4-6*				
2	List 5 diseases that should be reported immediately. *Scoring: Inadequate: 1-2/Adequate: 3-5*				
3	List 2 resources you can access for more information *Scoring: Inadequate: 0/Adequate: 1-2*				
4a	What sample should be sent for fever and maculopapular rash cases: (answer: serum sample OR a red top tube) *Scoring: Inadequate:<1/Adequate: 1*				
4b	What is the ideal timeline for testing of fever and maculopapular rash cases (answer: within 7 days of the onset of rash) *Scoring: Inadequate:<1/Adequate: 1*				
4c.	What proportion of fever and maculopapular rash cases are to be sampled (answer: 100% or everyone) *Scoring: Inadequate:<1/Adequate: 1*				
5a	What proportion of cases seen should be routinely tested/sampled for the following conditions: ILI (1 in 10 or 10%) *Scoring: Inadequate:<1/Adequate: 1*				
5b	What proportion of cases seen should be routinely tested/sampled for the following condition: GE (answer is 100% of admitted patients, 1 in 10 for ambulatory patients) *Scoring: Inadequate:<1/Adequate: 1*				

	Indicator	Rating			Remarks
6	What sample is to be taken for suspected leptospirosis cases (answer: purple top tube) *Scoring: Inadequate:<1/Adequate: 1*				
	NURSES:				
8	State the case definitions for: AFP (1), SARI (1), MDRO (1), TB (1), Cholera (1), Dengue with warning signs (1). *Scoring: Inadequate: 1-3/Adequate: 4-6*				
9	What type of cases require the following samples: *Scoring: Inadequate: 1-2/Adequate: 3-5*				
9a	Nasopharyngeal swab				
9b	Stool swab				
9c	Sputum sample				
9d	Serum sample				
		Medicine	Surgery	Specialty	
9e	Blood sample				
10	List 5 diseases that should be reported immediately on suspicion *Scoring: Inadequate: 1-2/Adequate: 3-5*				
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12a	Acute Flaccid paralysis in someone under 15 (Polio). *Scoring: Inadequate:<1/Adequate: 1*				
12b	Fever and maculopapular rash (MOH Fever and Rash/measles form). *Scoring: Inadequate: 0/Adequate: 1*				
	MEDICAL TECHNOLOGISTS **(for some sites)**				

	Indicator	Rating			Remarks
	Ask the frequency of visits if a rotating medical technologist visits the health centres				
13	What forms are necessary for:				
13a	Reporting class one diseases *Scoring: Inadequate: wrong or no answer*				
14	List the media and storage temperature for: *Scoring: Inadequate: media and/or storage wrong.* *Adequate: media AND storage correct*				
14a	Blood for malaria				
14b	Swab for influenza				
14c	Serum for fever and rash				
14d	Stool for cholera				
14e	Blood for AFP				
15	What diseases should the **laboratory** itself report?				
	ACTIVE OBSERVATION (Question staff and actively look for these items/information)				
16	Availability of Notification booklet *Scoring: Present - adequate, absent - inadequate*				
17	Class 1 Disease Chart *Scoring: Present - adequate, absent - inadequate*				
18	Infection Control Officer assigned *Scoring: Present - adequate, absent - inadequate*				
19	Frequency of staff meetings *Scoring: Adequate - at least 11, Inadequate <11 per y*				
20	Guidelines re: treatment of specific communicable diseases / job aids to help treatment of specific diseases				
		Medicine	Surgery	Specialty	
	Scoring: Present - adequate, absent - inadequate				
21	Area designated for disease control/isolation *Scoring: Present - adequate, absent - inadequate*				

	Indicator	Rating			Remarks
22	Guidelines for the collection, storage and transportation of samples *Scoring: Present - adequate, absent - inadequate*				
23	Availability of investigation forms e.g. Fever and Rash *Scoring: Present - adequate, absent - inadequate*				
24	Availability of Laboratory form *Scoring: Present - adequate, absent – inadequate*				
	SUPPLIES (on ward, on compound or in laboratory) *Scoring: Present - adequate, absent – inadequate*				
25a	Red top blood tubes (check expiration date)				
25b	Purple top blood tubes (check expiration date)				
26	Universal sterile container (for sputum and stool testing, etc.)				
28	Sample storage / transport Igloos				
29	Ice packs for sample storage / transport				
30	Transport media for bacterial/viral samples (note if room temp or cold storage)				
31	Sample Thermometer				
	HEALTH RECORDS OFFICERS				
32	What proportion of Health records personnel can produce the weekly sentinel report? (50% =adequate)				
33	What diagnoses may be recorded as unspecified fever (case definition)				
34	What diagnoses may be recorded as fever and respiratory? (**Ans:** Any case with fever and cough; 'Asthma' is not, and such an answer denotes an "Inadequate" assessment)				
35	What is the definition of fever and neurological (case definition)				
36	What diagnoses may be recorded as fever and rash (case definition)				

	Indicator	Rating			Remarks
37	What diagnoses may be recorded as gastroenteritis (case definition)				
		Tally			
		Overall Score			
		Overall Rating			

Scoring

Adequate	1
Inadequate	0

1. Tally all the 'adequate' ratings: Ad
2. Tally all the possible indicators: PI
3. Tally all the 'not applicable': NA
4. Perform the following calculation

$$\frac{Ad}{(PI-NA)} * 100 = Y\%$$

This gives Y, the overall score.

5. Assign the overall score thus:

≥60%	Adequate
< 60%	Inadequate

to get the overall rating.

The session is held internally with the members of the audit team and is meant to collate the numbers, scores and identify challenges of the day.

1. Get total medical record count from each member of the audit team
2. Get the total numbers of each disease/event identified and collate
3. Discuss if discrepancies are great
4. Discuss interview findings
5. Solicit recommendations for corrections of institution failings from the team
6. If necessary, plan a part 2 if the audit cannot be completed in one day
7. Identify challenges to the audit's process and propose solutions for future audits