



CHILD PIP IN X HOSPITAL, Y PROVINCE

TIME PERIOD

Use this pro forma to organise, interpret and present your hospital's Child PIP data in a meaningful way. Data comes from the reports as found in the Data Analysis section in Child PIP v3.1

INTRODUCTION (BRIEF)

- Geography, Population estimate in catchment area / Demography (rural / periurban / metropolitan)
- Overview of hospitals and clinics in province
- Staffing in paediatric wards, especially regarding Drs
- Ward type (medical or mixed medical and surgical)
- Methods of data collection (time period; type of data i.e. medical and/or surgical admissions/deaths)
- Audit meetings: describe briefly frequency of meetings, duration, participation etc

RESULTS

- Use comparative data if you have been using Child PIP for more than a year
- Preferably include numbers (n) as well as percentages (%)

BASELINE DATA (report 101)

Hospital name	Time period	Time period
Total admissions		
Total deaths		
In-hospital mortality rate/IHMR (%)		
Audited deaths		
Total modifiable factors		
Modifiable factor rate per death		

INFORMATION ABOUT CHILDREN WHO DIED

Demographics

		Time period		Time period	
		No. (n)	%	No. (n)	%
Age distribution (311)	0-28 days				
	28 days-1 yr				
	1-5 yr				
	5-13 yr				
	13-18 yr				
	Unknown				
	Total				

Social context

		Time period		Time period	
		No. (n)	%	No. (n)	%
Primary caregiver (343)	Mother				
	Grandmother				
	Father				
	Other				
	Unknown				
Mother's wellbeing (341)	Alive and well				
	Dead				
	Sick				
	Unknown				
	Total				

Health context**Nutrition**

		Time period		Time period	
		No. (n)	%	No. (n)	%
Weight distribution (351)	Overweight				
	Normal				
	UWFA				
	Kwashiorkor				
	Marasmus				
	Marasmic-Kwash				
	Unknown				
	Total				

HIV & AIDS

		Time period		Time period	
		No. (n)	%	No. (n)	%
HIV Lab category (361)	Negative				
	Exposed				
	Infected				
	Unknown				
	Total				
HIV Clinical stage (362)	Stage I				
	Stage II				
	Stage III				
	Stage IV				
	Not staged				
	Unknown				
	Total				

Perinatal ARV (PMTCT)

		Time period		Time period	
		No. (n)	%	No. (n)	%
Perinatal ARV (363)	Prophylaxis given				
	Proph not given				
	Mother negative				
	Unknown				
	Total				

Feeding practice

		Time period		Time period	
		No. (n)	%	No. (n)	%
Feeding practice (364)	Exclusive breast				
	No breast, ever				
	Mixed				
	Unknown				
	Total				

PCP prophylaxis

		Time period		Time period	
		No. (n)	%	No. (n)	%
Cotrimoxazole proph (365)	Current				
	Ever				
	Never (but indic.)				
	Never (not indic.)				
	Unknown				
	Total				

ART

		Time period		Time period	
		No. (n)	%	No. (n)	%
ART - child (366)	Current				
	Ever				
	Never (but indic.)				
	Never (not indic.)				
	Unknown				
	Total				

In-hospital mortality rates

		Admissions (no.)		Deaths (no.)		IHMR (%)	
		Period	Period	Period	Period	Period	Period
Age (report 201)	0-28 days						
	28 days-1y						
	1-5y						
	5-13y						
	13-18y						
	Unknown						
All admissions	Total						
Weight: < 5yrs only (202)	< 3 rd centile						
Illness: < 5yrs only (203)	ARI						
	DD						
Under-5 admissions	Total						

Causes of child deaths

		Time period			Time period		
		Total (no.)	% of deaths	% of causes	Total (no.)	% of deaths	% of causes
All diagnoses: top 5 (406)	1						
	2						
	3						
	4						
	5						

INFORMATION ABOUT QUALITY OF CHILD HEALTHCARE**Records**

		Time period		Time period	
		No. (n)	%	No. (n)	%
Records (501)	Folder not available				
	Folder available: incomplete and/or inadequate				
	Folder available: OK				
	Unknown				
	Total				

Modifiable factors

		Time period		Time period	
		No. (n)	%	No. (n)	%
MFs: Where? (512)	Ward				
	A&E				
	Ref Fac & Transit				
	Clinic				
	Home				
	Total				

		Time period		Time period	
		No. (n)	Rate/death	No. (n)	Rate/death
MFs: Who? (513)	Clinical personnel				
	Administrator				
	Caregiver				
	Total				

Comment on the most prevalent individual modifiable factors in your institution, by place and/or person responsible.

DISCUSSION

Use the following headings to **interpret** the data as recorded in the previous section. Take care NOT to simply repeat the results in text form.

In keeping with the growing emphasis on the continuum of antenatal, perinatal and postnatal care, try and link the problems identified into these areas.

What does this information tell us about children who died?

Demographics

Social context

Health context

Inpatient mortality

Causes of death

What does this information tell us about quality of child healthcare? (with particular emphasis on any changes in child healthcare, especially positive, that have been identified in the data)

Where modifiable factors occur

Who is responsible

Recommendations

If appropriate, try and identify levels for implementation (i.e. Policy; Administration; Clinical Practice and Education) for each recommendation, and who is responsible.

CONCLUSION

Concluding remarks about the Child PIP death audit process, the findings and the future, and what this all means for the children in your area and the health personnel (clinical and administrative) in your institution.

REMEMBER that simply to have begun the Child PIP process in your institution is an achievement of note, as is giving feedback from the Child PIP audit process to the relevant role-players (healthworkers/managers).