UGANDA HEART INSTITUTE - RESEARCH STUDIES	
Study Title:	Accelerating Delivery of rheUmatic heart disease preventive iNterventions in Uganda (ADUNU)
Funding:	National Institutes of Health
Principal Investigator:	**Dr. Emmy Okello** Uganda Heart Institute, P.O.Box 37392, Mulago Hospital Complex,, Kampala, Uganda; emmyoks@gmail.com

Time and motion observation tool for health care workers

Data Collection Information *PLEASE FILL OUT THIS SECTION AT THE BEGINNING OF THE DAY, BEFORE BEGINNING OBSERVATIONS.*	
1. Date	|__|__| |__|__|__|__| Day Month Year
2. Time arrived at facility	|__|__|:|__|__|
3. Data collector initials	|__|__|__|
4. Facility region	☐ Kitgum ☐ Amuru
5. Facility	
a. Kitgum	☐ health center II ☐ health center III ☐ health center IV ☐ district hospital
b. Amuru	☐ health center II ☐ health center III ☐ health center IV ☐ district hospital

Consent	
6. Did health care worker provide consent to participate?	☐ Yes. Proceed with data collection. ☐ No. STOP.

AFTER CONSENT, INTRODUCE SELF TO HEALTH CARE WORKER: Thank you for agreeing to participate in this full-day observation. My name is _____. Today, I'd like to follow you to observe you providing health services to clients. I am interested in particular in how much time you spend providing care for rheumatic heart disease secondary prevention as compared to other services. We will document the task you are performing, where you are performing it, and document the start and end time of each task. **We are not assessing your performance**, we just want to better understand the order of the daily work and the amount of time it takes. If you could please do your work today as you usually would, that would be most useful for us. We will not speak and do our best to stay out of your and your clients' way so as not to be disruptive.

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Health Care Worker Information	
7. Health care worker ID	|__| |__|__| 2nd letter of first name Birth month
8. Provider type	☐ Nurse ☐ Midwife ☐ Other (please explain): _____
9. Length of time at this facility	☐ <1 year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years
***10.* Name of medical /nursing school and graduation year**	_____ |__|__|__|__| a. Name of nursing school (Put "9999" if don't know) b. Graduation year (Put "9999" if don't know)
***11.* Main role TODAY**	☐ RHD secondary prevention ☐ Mix of RHD secondary prevention and other services ☐ Only health services other than RHD secondary prevention ☐ Other (please explain): _____

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Location Codes

Location Code	Meaning
CNSLT	Consultation room
COUN	Counselling room
DAT	Data management room
EXT	Exit area
LAB	Laboratory room
OTH	Other, please explain.
PHARM	Pharmacy and Medicine dispensing room
REG	Registration area/desk
TRI	Triage Room
WAIT	Waiting area

Activity Codes

Activity Code	Meaning	Tasks
ADH	Adherence counseling	a. Adherence counseling, individual b. Adherence counseling, group
ADM	Administrative tasks (non-client specific tasks)	a. General paperwork (non-client specific) b. Preparing room c. Restocking supplies d. Cleaning e. Other
BRK	Break	a. Taking a break (incl. chatting/socializing with staff & others)
CLIN	Clinical assessment and care	a. Screen for disease signs and symptoms b. Any opportunistic care (screen, diagnose, treat, refer) c. Other
DOC	Documentation	a. Review client file b. Any client-related documentation, including for new clients c. Schedule next visit
EDU	Education	a. Health education, individual b. Health education, group
LAB	Lab tasks	a. Lab results given b. Other lab-related tasks
LVP	Leave permanently from facility	a. Health care worker has PERMANENTLY left the facility for the day
OTH	Other	a. Other activities/tasks not listed, please explain.
PHARM	Pharmacy visit	a. Drug(s) given to client

		b. Explanation of drug(s) given to client (but not adherence counseling) c. Other pharmacy-related tasks
PSY	Psychosocial assessment and counseling	a. Assessment of psychosocial readiness to start treatment b. Assessment of gender-based violence (GBV) c. Assessment of substance use d. Disclosure counseling
REG	Registration	a. Collect appointment b. Locate client file c. Deliver client file d. Sort cards
TRI	Triage	a. Health history b. Measure weight, height, calculate body mass index c. Take vitals (blood pressure, pulse) d. Other
TRK	Client tracking	a. Identifying loss to follow-up clients b. Tracking/contacting loss to follow-up clients
WAIT	Waiting	a. Waiting for something to happen or someone to do something before being able to continue

Time and Motion Observations (page 1 of 3)						
Time period		**Location code (please refer to code book)**	**Activity code (please refer to code book)**	**Patient encounter by visit type** (please number each patient by visit type)		**Comments/Notes**
Start	**End**			**RHD secondary prevention**	**other**	
08:34	*08:42*	*COUN*	*ADH*		1	*HIV counseling*
08:42	*08:52*	PHARM	CLIN	1		*Giving injection*
08:52	*09:05*	PHARM	CLIN	2		*Giving injection*
:	:					
:	:					
:	:				

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Time and Motion Observations (page 2 of 3)						
Time period		**Location code (please refer to code book)**	**Activity code (please refer to code book)**	**Patient encounter by visit type** (please number each patient by visit type)		**Comments/Notes**
Start	**End**			**RHD secondary prevention**	**other**	
:	:					
:	:					
:	:			

Time and Motion Observations (page 3 of 3)						
Time period		**Location code (please refer to code book)**	**Activity code (please refer to code book)**	**Patient encounter by visit type** (please number each patient by visit type)		**Comments/Notes**
Start	**End**			**RHD secondary prevention**	**other**	
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Closing *PLEASE FILL OUT THIS SECTION AT THE END OF THE DAY*	
12. Time finished with observations	|__|__|:|__||__|
13. Time left facility	|__|__|:|__||__|

This is the end of the survey. Thank you very much for your time!