Surveillance Data Quality Audit of Kingstown Clinic, St. Vincent and The Grenadines, June 2022

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Abstract

Background: Effective health surveillance systems provide high quality data that can be used for public health action to prevent and control the spread of disease. The health surveillance system in Saint Vincent and the Grenadines (SVG) is based on data collection from 50 clinics (frontline/sentinel sites) spread over six districts, with subsequent reporting to the national level. The Kingstown district, in which the capital city is located, has an estimated population of 12,375, which accounts for coverage of approximately 11% of the population of SVG. The Kingstown clinic is the sole clinic in its district and it was selected with the objective to identify surveillance data quality issues and provide recommendations for resolving the latter. **Population and Methods:** An institutional based cross-sectional study design was applied. Key personnel at the Kingstown clinic were interviewed using a data quality audit questionnaire and pertinent documents were reviewed. A Strength, Weaknesses, Opportunities and Threats (SWOT) qualitative analysis was performed and recommendations developed to help with achieving high-quality and timely surveillance. **Results:** The major weaknesses identified, which reduced timeliness of reporting (range 60% - 80% annually), included lack of a site surveillance oficer, late feedback to the site, insuficient paper-based surveillance forms, lack of certain IT infrastructure, absence of updated case definitions, and new staff with limited surveillance knowledge. In terms of strengths, the site consistently adhered to zero reporting. Data completeness for syndromic surveillance was at a high level (> 75%) on an annual basis. Opportunities included the availability and willingness of staff to participate in training and threats involved low availability of external resources to support site improvements. **Conclusion:** Several gaps in collection and reporting were noted that impacted surveillance data quality at this site. Specific, timed interventions were formulated. In the immediate/short term, surveillance forms should be consistently provided to the site. In the medium to long term surveillance training should be carried out, IT infrastructure put in place, and regular feedback provided to the site by a surveillance oficer. As this site serves a significant portion of the SVG population, implementing these recommendations would increase the performance level of this site.