

CBRM Best Practice Guide: Efficient Filing and Retrieval

It's important that the benefits of CBRM are delivered without placing unnecessary time burdens on busy providers. Filing efficiency is critical – providers should be able to **retrieve a client's record in about 30 seconds**.

The goal: efficient filing and retrieval

Poor filing systems and practices can result in providers spending precious minutes searching for and retrieving an existing client's card. This can, quite understandably, undermine provider commitment to CBRM.

A provider should ideally be able to **retrieve an existing client record in around 30 seconds or less**.

Best practice to achieve this goal

1. Store all files in a single, accessible location, and sorted alphabetically by UIC

This is a core CBRM principle: each clinic should have a single set of files, easily accessible to the provider, and sorted only by UIC. Client cards must not be grouped by anything else (eg by year), as the provider will then need to search in multiple places for a card, which is not practical in a busy clinic.

2. Ensure filing cabinets hold client cards neatly, to make flipping through them easy

In order to speed up retrieval, cards should be stored in a way that lets providers easily flip through them while still in the cabinet. Filing cabinets should be tailored to fit the exact card size, and client cards should ideally have the UIC visible at the very top of the card. If cards become tangled, or a provider needs to lift cards out of the cabinet while searching, this dramatically slows down search times; improvements such as wooden frames within the filing cabinet, which neatly hold the cards upright, can help resolve this.

3. Use detailed, multi-letter alphabetical dividers within the filing cabinet

It is common for simple letters to be used as dividers within the filing cabinet – A, B, C etc. However, this means the provider often has to search through hundreds of client cards under a single letter.

In order to help providers retrieve files faster, more detailed alphabetical dividers should be used (for example Aa-Af, Ag-Am, An-Am, Ap-Az), giving providers much smaller batches of cards to search.

In order to ensure dividers are as evenly-spaced as possible, you should ideally analyse the distribution of UICs in each clinic, and adjust these alphabetical dividers accordingly. To help you do this, we have developed an [Excel tool](#) that analyzes your UIC data, and suggests optimum dividers for each clinic (it also provides a template for automatically printing out labels for these dividers).

Measuring Success

Before implementing these new techniques, time how long it takes providers to retrieve client cards for 3 random UICs; repeat this exercise afterwards, and calculate the average time it now takes – this should ideally be 30 seconds or less. (In pilots undertaken in Uganda, retrieval times of 2-5 minutes have been successfully reduced to 20-30 seconds.)

Repeat this test routinely during CBRM supervision, and review filing practices if times are consistently over 30 seconds.