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PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

LIMPOPO PROVINCE IDEAL CLINIC PRESENTATION

Presented

By

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Background

- The Ideal Clinic Realization and Maintenance framework brought a paradigm shift to the provision of quality health care in our facilities
- The introduction of 3 streams of care paved a way for the reduction of long waiting time and complaints.
- However, the introduction of the model demanded more human resources, which the department struggled to cater for.

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1.Ideal Clinic status Progress from 2015 to 2021

District	2015/16	2016/ 17	2017/18	2018/ 19	2019/ 20	2020/ 21	2021/22
Capricorn	6	37	19	24	12	6	26
Waterberg	10	5	8	20	20	15	19
Sekhukhune	8	9	40	46	42	5	2
Mopani	0	0	0	23	8	4	5
Vhembe	11	13	39	48	11	11	16
Province	**35**	**64**	**106**	**161**	**93**	**41**	**68**

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2.Critical success factors

- Positive attitude of Operational Managers towards the program and Team work
- Some facilities procuring consumables and medicines out of their personal pockets, whilst others cross to other provinces
- Downloading documents and making them available electronically e.g. SOP's, Guidelines etc.
- Consistent allocated PPTICRM teams
- District Management Teams support
- Channelling financial resources to procurement of equipment according to Ideal clinic check list , maintenance plan and infrastructure refurbishment
- Applying principles of Ideal clinic framework as routine practice, and not only for assessment
- Tasking each staff member with a particular portion of the framework , e.g. Pharmacy, emergency room, etc.

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3.Establishment and continuous functionality of PPTICRM

- PPTICRM team was allocated in the districts with appointment letters and terms of reference
- Functionality not always continuous as most of the team members are also having other programs to concentrate on
- PPTICRM is the overseer of the project and on monthly basis report facilities progress to District Management Team.
- The team conduct Status determination as per Ideal Clinic prescripts and assist facilities in drawing quality improvement plans
- PPTICM conduct workshops on the new Ideal clinic dashboard per improved versions

4.Challenges and strategies

Challenges	Strategies
PPTICRM teams also involved in different other programs rendering them unable to fully focus on Ideal support	Allocate/designate dedicated district ICRM coordinator. Integrate ICRM implementation and monitoring into Local Area Manager description and performance review.
Lack of dedicated transport for PPTICRM team	Allocate dedicated car/s for the team
Patient records not according to ICSM guidelines	Implement standardized patient records for the country
Storage for Health Care Risk waste not appropriate	Implement standardized Health Care Risk waste areas in all health facilities
Rotation of staff to conduct peer reviews in Districts	Allocate 2 permanent staff members per team with 1 new team member per year for learning experience
Unavailability of NNV medicines and equipment	Re-visit checklists for specific facilities e.g. 8 hour, 12 and 24 hour facilities Prioritise medicines and equipment that can be utilised by Nurses at the clinics

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5.SUSTAINING THE PROGRAM

- Constant support of the facilities by Local Area Managers ,Feeder hospital pharmacists ,implementing partners and District Management team.
- The District PPTICRM to support the facilities throughout the SD cycles
- Aligning the pharmaceutical supplies with the Ideal Clinic check list
- Items that are not a necessity to the PHC facilities without a permanent Dr, to be re-classified from NNV
- The expectation of some equipment needed in each consulting room e.g Patellar hammer, diagnostic sets and Bp machines to be reduced to at least 1 or 2 in a facility depending on the number of consulting rooms.
- Aligning all Monitoring and evaluation tools for Program managers and Local Area Managers with Ideal clinic framework

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6.Factors leading to dropping Ideal Clinic status

- Tracer and emergency trolley medication that is out of stock up to Depot level e.g. Activated charcoal, Thiamine etc.
- Basic medical supplies (NNVs)that are out of stock e.g. Foley's catheters, Feeding tube, chromic 0/0, etc.
- Cleaning materials that are not according to Ideal Clinic specifications e.g. Color coded mops, buckets, cloths and brooms. *Staff used to procure this from their own pockets
- New Ideal clinic version per financial year with added elements and items on checklists especially on Non Negotiable Vital elements .
- Staff from PHC utilized during Covid-19 vaccinations, leading to facilities functioning with skeleton staff and unable to prepare their facilities properly

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6.1Key lessons learned

- Committed and dedicated OPM's are very important in sustaining Ideal Clinic status
- In clinics where all the staff are involved in the Ideal Clinic Realization, those clinics are retaining their Ideal clinic status
- Where PPTICRM team members are very active the clinics are kept up to date with all relevant documents, policies and SOP's
- Assisting facilities to draw up Quality Improvement Plans plays a key role in achieving ideal clinic status.
- Inter-district peer reviews needs to be done by experienced staff
- It is important that everybody understand and implement the Ideal Clinic framework in the same manner

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6.2 Critical role players

- Operational manager and all clinic staff need to have buy in, in Ideal Clinic concept
- Area managers
- PHC manager
- Maintenance
- Procurement
- Program managers
- ICRM champions
- Feeder hospital CEO, Nurse manager and QA coordinators and Pharmacists
- Provincial PHC

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Critical role players cont..

- Emergency medical services
- Laboratory services.
- Environmental health officers at Municipalities.
- Security companies.
- Partners and NGOs e.g.ANOVA.
- Ward based Outreach teams.
- Community stakeholders e.g. clinic committees, ward councilors etc.

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6.3 Clinics that never reached status but improved

- 68 Facilities in the province never reached status mainly due to their infrastructure but managed to gradually improve their scores with each year.

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6.4 Ensuring objectivity

- Ensure that everyone understands the key objective of Ideal Clinic.
- Inter-facility and sub-district peer reviews is also a good way of ensuring objectivity
- Footnote remarks for reviewers on ideal clinic manual.

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6.5 Relationship between ICRM and OHSC

- ICRM is the stepping stone towards us being ready for when OHSC comes to assess us
- ICRM and OHSC should work together so that in the end we reach the same goal and that is to be ready for NHI implementation
- Inspection tools for OHSC and Ideal clinic framework have been aligned since the inception of version 19.
- OHSC grading model is categorized by the following : excellent, good, satisfactory and unsatisfactory while ideal clinic grading model is silver ,gold or platinum.

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Thank you