

# IDEAL CLINIC PROGRAMME



## NATIONAL ICRM STATUS UPDATE

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24 - 25 NOVEMBER 2021

## ICRM INDABA - WAYFORWARD

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Ideal Clinic South Africa



## What is an **Ideal Clinic**?

An Ideal Clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, and sufficient adequate bulk supplies. It uses applicable clinical policies,

# Provinces



## Summary

- The full participation by all provinces



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# Summary



- The participation of the provinces
- This can be an annual conference of the ICRM to reflect on the year past and planning for the year ahead.
- The NDoH will work on the mechanisms for the provinces to take over the ICRM in 2023-2024 financial year.
- Use the ICRM as an enabler for implementation of the NHI and NHQIP.
- Ensure that the clinics that attain Ideal status get better scores from the OHSC following the alignment of the assessment tools
- ICRM must translate into improve health services, hence the Patients Experience of Care as one of the elements, otherwise ICRM status it will be meaningless to the user

# Provinces



## Way Forward: Provinces

- Prepare for decentralisation of ICRM Management, coordination and institutionalisation of ICRM programme. e.g. Include ICRM activities in PMAs and complete management of the ICRM Cycle
- Develop strategies related to address IT and connectivity challenges
- Close monitoring of the following National Programs
  - COVID Vaccination is a PHC Program :
  - Continuity of essential services ( develop of a plan for continuity of services amidst COVID
  - Readiness to work on the recovery of the Health system

# Provinces



## Way Forward: Provinces

- Procurement of essential equipment through In-Kind Grant ICRM conditional grant
- Advocate for the clinics to be the cost centres inline with Operation Phakisa resolutions
- Strengthen the multi-sectoral collaboration-
- Maintain the prescribed dress code for all service providers
- Accreditation of EC EMS College by American Heart Association lead in order to support the BLS training of 18 (2 per district) Master trainers that will provide continuous training in their districts

# Provinces



## Way Forward: Provinces

- Strengthen supervision and continuous QIPs
- Provinces should not view ICRM as extra work but rather look at the bigger picture (The improvement in the quality that will be achieved.)
- Give recognition for IC-status, and when there is an increase in the IC-score, even if the facility doesn't reach IC-status. This will serve as a motivation.
- Monitor functionality of PPTICRM at all levels (for example: Revival of established PPTICRMs at all levels by meeting quarterly).
- Capacitate Operational Managers on policies and procedures of financial management and control and define the specific role they have to play
- Allocation of adequate Ideal Clinic grant, to cater for all the identified resources, including signage, furniture, cleaning equipment and material, etc. The provinces must also dedicate some budget for the ICRM intervention

# Provinces



## Way Forward: Provinces

- Update the 5yr maintenance plan to accommodate maintenance needs.
- Continuous engagement with municipalities and other stakeholders to support with the provision of services to meet Ideal clinic status
- Orientation of all staff members- for continuity for ICRM
- BTC Manager to facilitate training of district master trainers



## Way Forward:

- Enabling legal framework created for the implementation of NHI Bill which will serve as a trigger for the aggressive implementation of the ICRM
- NDOH to prioritize finalization of relevant policies and MOUs e.g. (MOU with SAPS), but allow the provinces to involve the local SAPS as a stakeholder in service delivery
- Develop a comprehensive policy and legislative framework to mitigate the risks related to medical litigation
- Develop and implement an HRH strategy 2030 and HRH plan 2020/21-2024/25 to address the human resources requirements, including filling critical vacant posts for full implementation of universal healthcare
- The matter of an array of challenges related to BLS training are referred to NDOH DHS for further discussions and resolution

## Day 2: Maintaining Continuity of Essential Health Services during COVID-19; Interim Guidance



- Continuity of EHS during COVID-19 requires wider attention and actions at National and provinces
- Need to institutionalize CEHS mechanisms during COVID-19, rather than ad-hoc approaches
- The draft guidance paper circulated amongst NDoH programmes and being updated
- Inputs and feedback from provinces are very welcome
- Once strategic directions agreed in principle:
  - Expand the guidance e.g.: risk adjusted package
  - Monitoring indicators
  - Identification of the services to be suspended and those that must be protected
- Final guidance to be updated and signed off by DG-NDoH
- Meanwhile, the Initial guidance can be used to instigate / further discussions on maintaining CEHS in provinces

## Day 2: National Health Quality Improvement Plan



- Following the “**Training on OHSC Standards and Quality Improvement**” there will be dissemination of training within facilities (inspection tool training completed in some facilities)
- Self-assessments (completed in most CHCs and clinics, and some hospitals)
- Identification of participants for the pilot training
- Development of bespoke QI training package (in collaboration with UAB, SMU; Pilot: Jan 2022)
- Commencement of QI training – Apr 2022
- Inspection of facilities by OHSC – 4<sup>th</sup> Quarter 2021/22
- Engagement with relevant stakeholders to address bottlenecks hindering progress towards certification
- Establishment of 2nd and subsequent generation QLCs
- Analysis of data collected and reporting to NHC Tech
- Completion date: March 2023

## Day 2: Experience of working with AGSA iro ICRM Records



- The need to develop a cycle of “from Planning to Audit” framework
- A decision on the use of both the paper based and electronic records and the choice of the one that is reliable.
- Direct engagement with the AGSA at planning and as part of the M&E through quarterly reviews
  - This will ensure understanding of the workings of each side
- Tabling the matter at policy structures of the department such as NHISSA, NDHSC and TechNHC
- Adoption of the proactive approach in preparation for the AGSA engagement
- Improve capacity in terms of resources and understanding by the managers on the ground
- Build the culture improved data management and data quality of readiness for the AGSA.
- The provinces to submit 6 slides capturing their experience and how they solved the problems experienced with AGSA
- NDoH to facilitate the meeting with AGSA with the provinces in attendance on the discussions. .



**NGIYA THOKOZA!**      ro livhuwa!  
 dankie!      ke a leboga!      ENKOSI!  
    thank you!      udo livhuwa!  
    inkomu!      ngiyabonga!  
    ke a leboha!  
**siyabonqa!**



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