Province of the EASTERN CAPE HEALTH

NATIONAL IDEAL CLINIC INDABA

IDEAL CLINIC REALISATION AND MAINTENANCE (ICRM) PROGRAMME INDABA 2021

DATE : 24 – 25/11/2021

VENUE: PROTEA HOTEL OR. TAMBO

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Eastern Cape

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PRESENTATION OUTLINE

1. PURPOSE
2. BACKGROUND/INTRODUCTION
3. PROGRESS FROM 2015 TO DATE
4. CRITICAL SUCCESS FACTORS
5. ESTABLISHMENT FUNCTIONALITY OF PPTICRM
6. CHALLENGES AND INTERVENTIONS
7. KEY LESSONS THAT WERE LEARNT
8. ICRM AND NHI

PURPOSE OF THE PRESENTATION

- To reflect on the successes, failures and future plans of ICRM Programme in the Eastern Cape Province.

INTRODUCTION

- ICRM – Health system strengthening program and quality improvement for better health outcomes.
- The province started to implement the ICRM program in 2015/16 financial year,
- The year 2016/17 had highest number of facilities that turned ideal,
- The later years were left with facilities with most challenges, and were hard to turn Ideal
- Out of 773 PHC facilities, 42% (328) PHC facilities obtained Ideal status to date.
- The sixth year 2020/21, ICRM QIPs were challenged by the covid -19 pandemic,
- Despite these challenges baseline assessments were conducted as well as PPTICRM SD.

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Progress from 2015/16 to 2020/21

District	No. of facilities	2015/16	2016/17	2017/18	2018/19	2019/2020	2020/21	TOTAL	%
Alfred Nzo	74	0	2	2	4	0	**0**	8	11%
Amathole	148	2	25	15	14	4	**4**	64	43%
BC Metro	79	0	2	6	10	3	**0**	21	26.5%
Chris Hani	159	0	24	9	7	1	**10**	51	32%
Joe Gqabi	52	3	17	9	4	0	**N/A**	33	63%
NMB Metro	48	3	13	5	11	2	**4**	38	79%
OR Tambo	153	2	34	14	17	1	**1**	69	45%
Sarah Baartman	62	2	24	4	12	2	**0**	44	71%
Total	**775**	**12**	**141**	**64**	**79**	**13**	**19**	**328**	**42%**

2030 NDP

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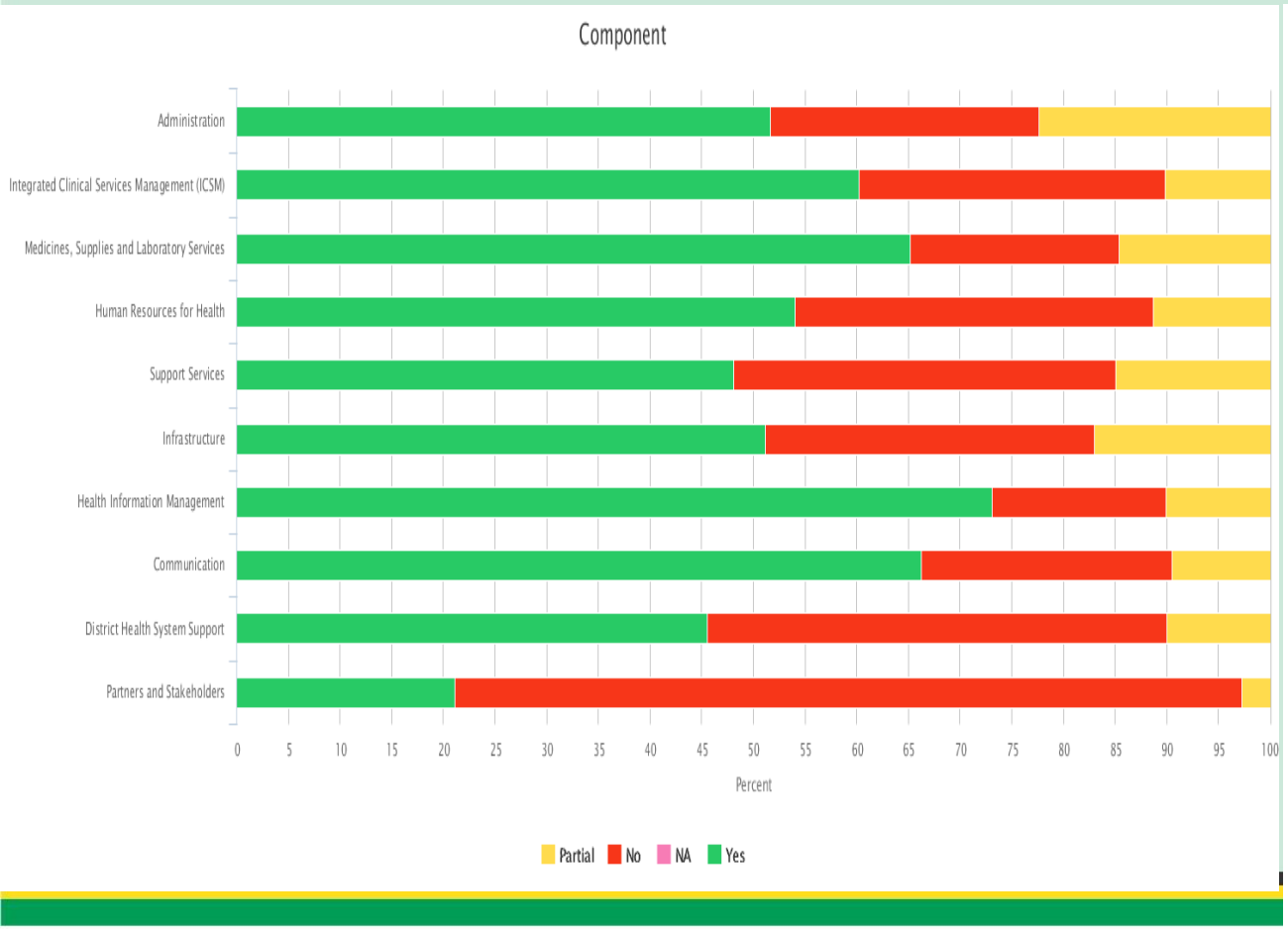
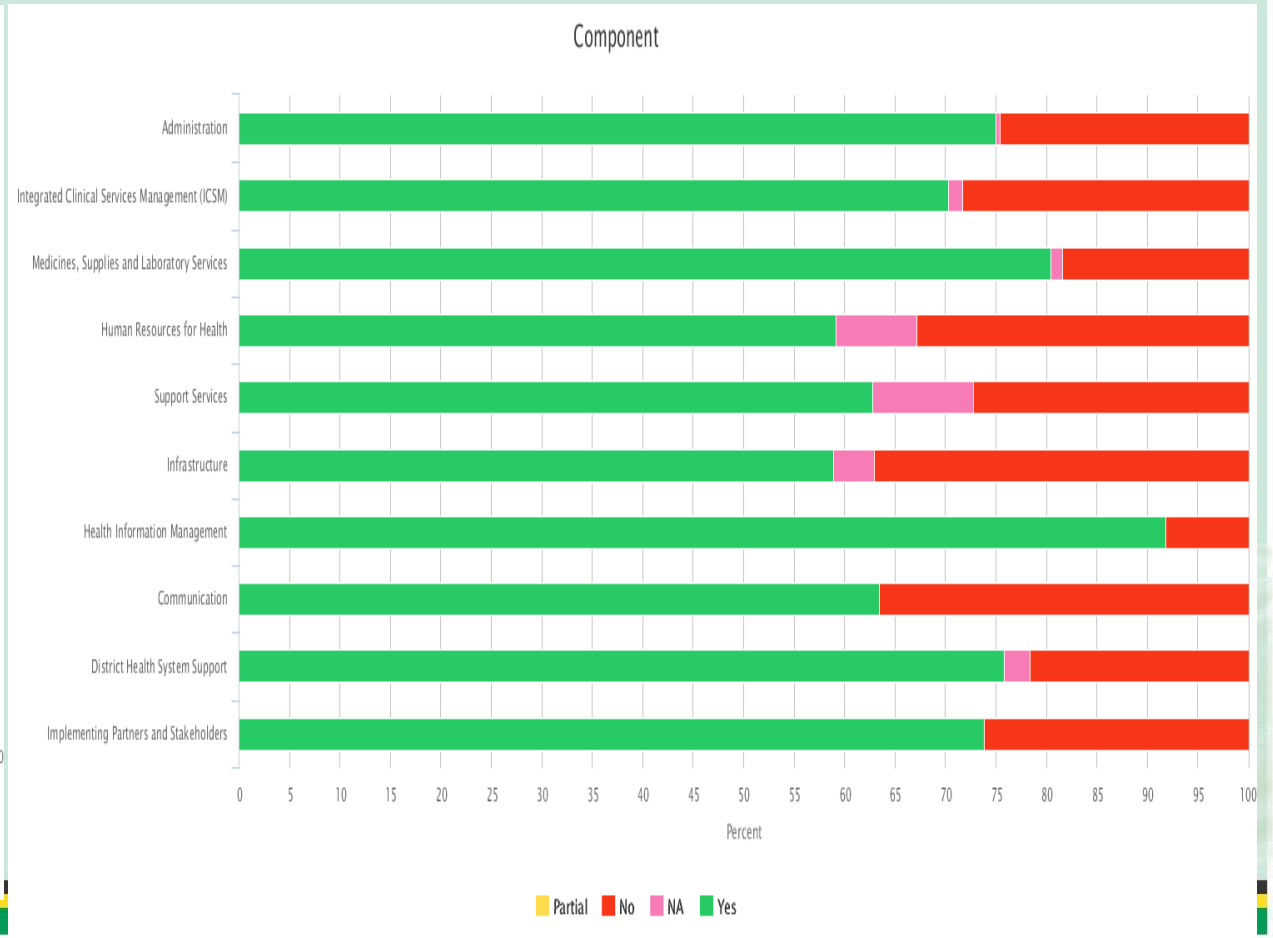
COMPONENT ANALYSIS COMPARISON BETWEEN 2015 AND 2020





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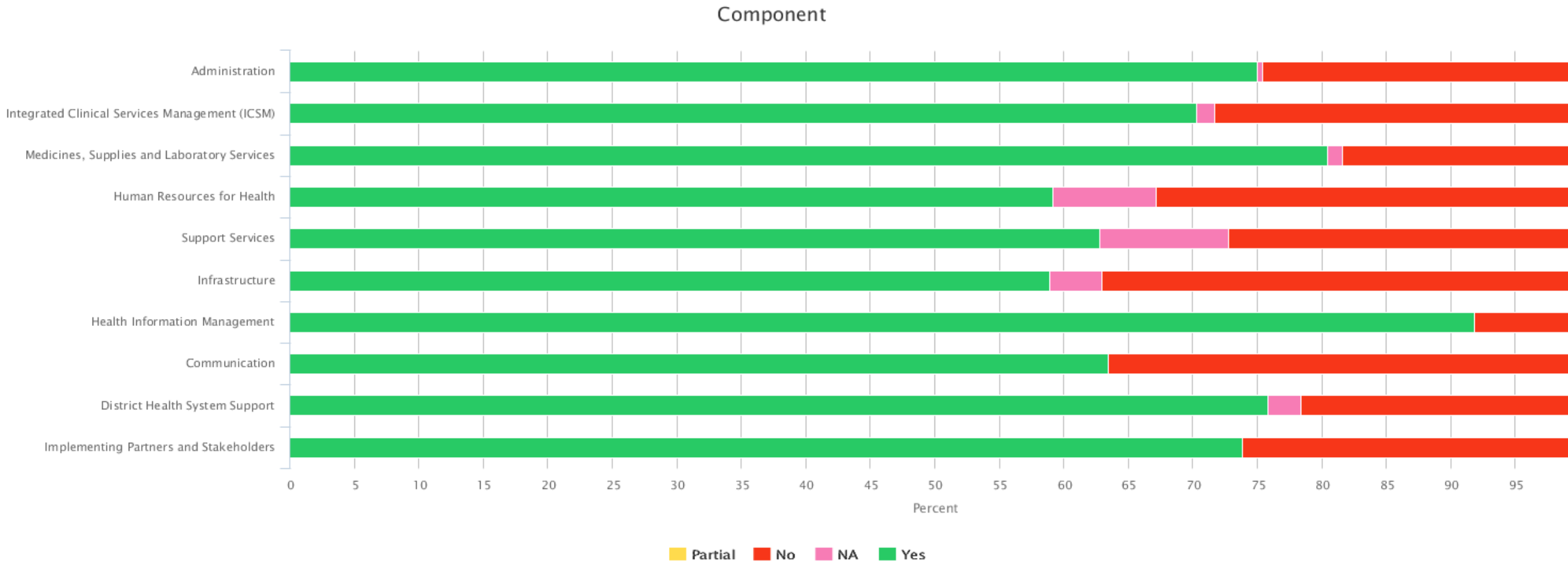
10 ICRM COMPONENT ANALYSIS



CRITICAL SUCCESS FACTORS

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- Consistent ICRM provincial quarterly performance reviews with PPTICRM
- Integration of supervision tool with ICRM QIPs to ensure also maintenance
- Targeted operational managers small group virtual QIP meetings with provincial champion supporting supervisors.
- BLS training centre established – Training of trainers for each district.
- Piloting of the implementation of PHC Comprehensive e-tick register in facilities.
- Integrated planning and implementation of PHC projects e.g. HPRS (document management, infrastructure, ICT, information and & Clinical.
- Decentralised prioritised budget for ICRM initiatives in the districts.
- Health technology support to districts in medical equipment procurement
- Targeting facilities with bad infrastructure for new structures e.g. Flagstaff clinic , built to be a New CHC and others detected through ICRM assessments

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NEWLY BUILD NHI FLAGSTAFF CHC

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GENGQE CLINIC AND NURSES HOME

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PPTICRM Establishment and Continuous functioning

Establishment of PPTICRMs at the start of the ICRM program

- One Provincial – composed of various program representatives
- One per district – composed of district and sub district various programs and supervisors
- Both clinical and non clinical managers are participating.
- Coordination of ICRM at the province resides with DHS unit
- Coordination at district level is lead by the quality assurance managers who are champions.
- Overall responsibility for the functioning of PPTICRM is with the District manager.
- District PPTICRM conduct SD, Peer reviews, PRUs as well as facilitate QIPs.
- Covid 19 pandemic, weakened PPTICRM as other members were refocused in other roles.
- PPTICRM are currently busy conducting Peer Reviews across the districts for the remaining facilities.

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Challenges and Interventions

CHALLENGES	INTERVENTIONS
• **Challenges are more on infrastructure and Human Resources.**	▪ **Integrated infrastructure plan based on ICRM assessment outcomes**
▪ Interrupted bulk supplies – Water & electricity ▪ Lack of external signage ▪ Aging infrastructure and small buildings.	▪ Participation in IDP engagements and DHP integration ▪ Procurement of water tanks and electricity backup is prioritized. ▪ IGR with Public Works, SANRAL and Municipality on road signage ▪ Provincial Infrastructure plan in place/budget constraints.
▪ Inadequate human resources ▪ Facilities without Operational Managers ▪ Poor quality of care	▪ Revise recruitment strategy for operational managers. ▪ Institutionalize induction of Community Service PNs on. ▪ Strengthening mentoring program.
▪ Training on BLS – has been a huge change training.	• Accreditation of EC EMS College by American Heart Association lead to BLS training of 18 (2 per district) Master trainers that will provide continuous training in their districts
▪ Facilities loosing Ideal Status	▪ Strengthen supervision and continuous QIPs

Role of Clinic Supervisors, Sub DMs and Quality Assurance

- Key role in PPTICRM planning implementation and monitoring of the ICRM program
- To facilitate implementation of SD by Facility manager and PPTICRM
- Monitor and guide development of QIPs after assessment and updating the status of each facility
- Availability of SOPs, policies and guidelines and ensure compliance thereof
- Supporting the facility regarding procurement processes
- Ongoing training of staff on ICSM
- Integration of ICRM and OHSC

Key lessons learnt

- Systems view in program ICRM management
- Leadership and management is key to success – facilities loosing status when operational managers left the facility.
- Support, mentoring and coaching of facility OMs yield positive results
- Consistent ICRM performance reviews motivate the PPTICRM, sharing best practices and benchmarking.
- Active involvement of National Champion, Provincial and District PPTICRM motivates the facility staff
- Partner support contribute to ICRM achievements in areas of training and workshops.
- Objectivity in conducting Baseline SD, PR and PRUs, assist the facility to achieve Ideal status and the OHSC
- ICRM improve facilities even if a facility did not achieve ideal status.

Factors led to facilities dropping their status

- Lack of supervision and change of leadership in facilities
- High turnover of trained staff
- Lack of commitment in continuous improvement by facility managers
- Lack of institutionalizing the Ideal Clinic model to all the Clinic staff members
- Maintenance plan not implemented
- Poor response to failed elements as indicated in the QIPs
- Lack of objectivity by Facility Managers, PPTICRM, PR and PRUs when conducting assessments may lead to facility easily dropping the status

Relationship of ICRM/OHSC/ NHI

- Alignment of Ideal clinic tools with OHSC since 2020 has reinforced the relationship.
- The Ideal clinic realization and maintance strengthen the health system and improve the quality of services rendered by implementing quality improvement for the facilities to be ready for accreditation by the OHSC.
- The OHSC assesses the extent of compliance with set standards to ensure quality health service is rendered by the facility.
- The OHSC rate the performance of the facility and issue accreditation certificate or disqualify the facility.
- Only facilities with accreditation certificate issued by OHSC would be able to access the NHI fund, therefore the Ideal clinic program prepares facilities for NHI and maintain the facilities to remain accessing NHI fund.

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Critical role players for the success of ICRM

Provincial Level

- EMT
- Provincial Champions- DHS
- Provincial PPTICRM
- Program Managers

District level

- District Manager
- DMT members
- District Champions
- District PPTICRM
- DCSTs
- PHC Supervisors
- Facility Managers
- Governing structure
- Supporting Partners

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Conclusion

- The ICRM has indeed yielded positive results as a guidance to the team on the critical issues that need prioritization in ensuring excellent quality care since its inception in 2015 hence ongoing monitoring and support is vital in ensuring that even though the facilities do not attain the status but at least they improve immensely in their score and the actual quality of services.

THANK YOU