

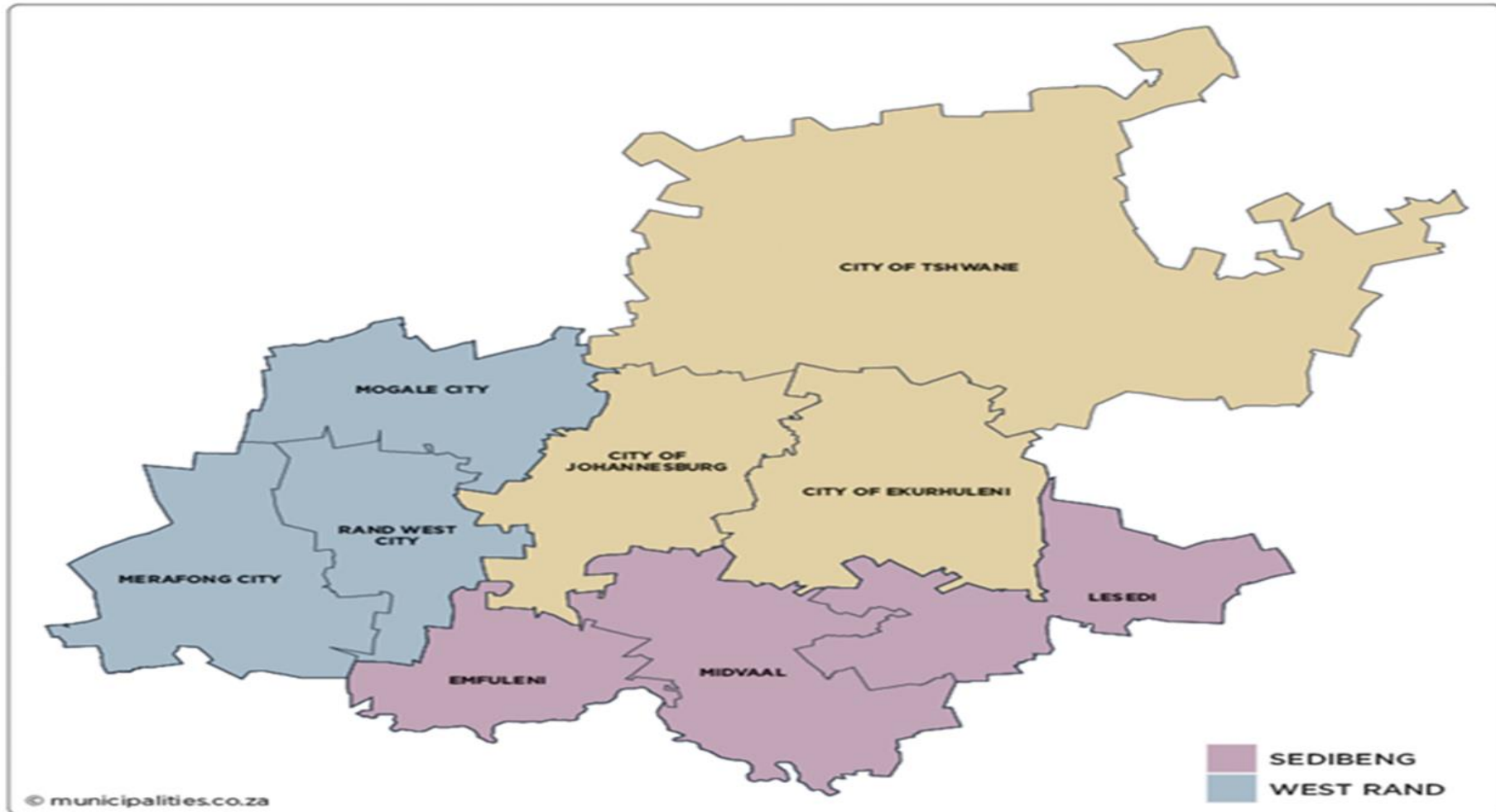
**Ideal Clinic 6 years progress
2015 to 2021
Gauteng Province
24 November 2021
Presenter: Ms Morwa Molebatsi**



GAUTENG
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



Gauteng Map



The Map of Gauteng Provincial Health

Gauteng Demographics



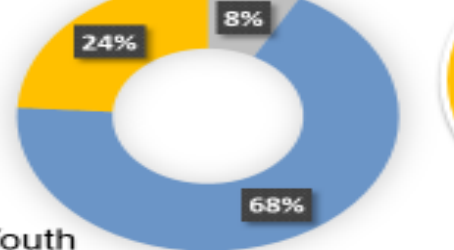
Total population
15,7m

Mid-year population estimates,
StatsSA, 2019

25,8% of SAs
population
reside in GP

Largest increase
in population
numbers

Children
<15 years



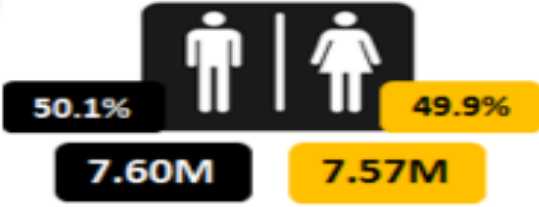
Gauteng
has the 2nd
highest life
expectancy
at 63,8
years

574 314
interprovincial migrants
over last 5 years

GP received +/- 50% of all
international migrants into SA

1,5m in-migrants
between 2011 to 2016

Youth
and
Adults



Graphic Profile of Gauteng Provincial Health

Total population of Gauteng is 15 810 388

The uninsured population as calculated per 83% is 13,122,622

The number of fixed PHC clinics 330

Community day centres is 5 operating 12hrs a day for 7days

Total of CHCs is 33

Number of clinics operating for 24hrs is 36

The number of mobile clinics is 27

The number of district hospitals 12

The number of Regional hospitals 9

The number of Tertiary hospitals 3

The number of Academic Hospitals 4

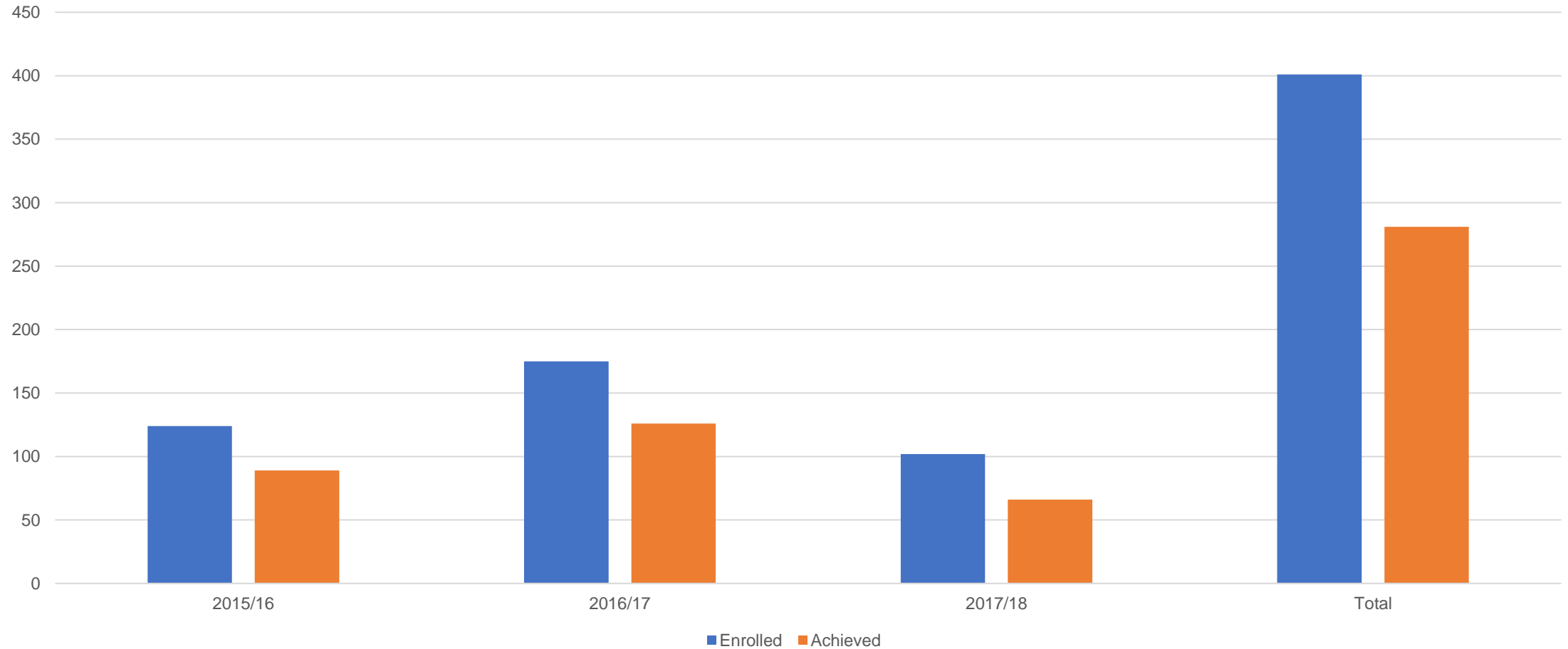
Progress 2015 to date

- Gauteng Department of Health has 368 PHC clinics. The Ideal clinic Realisation and Maintenance programme has been implemented in the Province starting in April 2015/16 financial year. Gauteng enrolled 124 facilities on scale-up plan 2015/16 to be realised as ideal. Gauteng achieved 89 (79%) ideal clinics from 124 enrolled on scaleup plan.
- In 2016/17 Gauteng health increased the number of clinics to 175 enrolled in the National scale-up plan . A total number of 126 clinics attained ideal clinic status making Gauteng to have a grand total of 215 clinics realised as ideal at the end of 2016/17 financial year.
- In 2017/18 a total number of 102 clinics were enrolled in the National scale-up plan and 66 clinics attained status, 10 clinics updated their status increasing the total number of facilities with status to 291 as at end March 2018.



Progress 2015 to date

Ideal Clinic Status 2015/16 - 2017/18

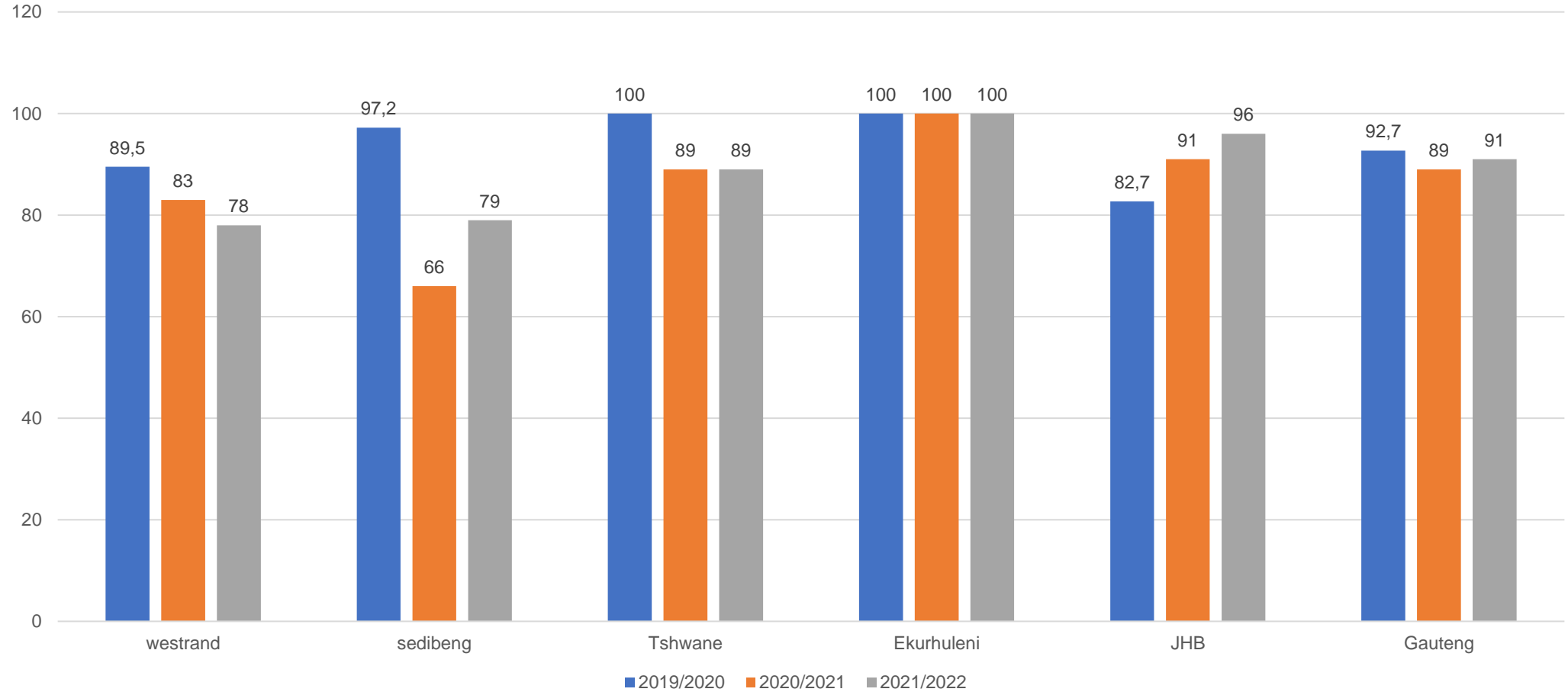


Progress 2015 to date

- In 2018/19 year Gauteng increased the number of ideal clinics to 330(91%) out of a total of 363 number assessed.
- In 2019/2020 Gauteng increased the number of ideal clinics from 330 (91%) to 334 with a percentage of 92,7
- In 2020/2021 Gauteng status of ideal clinic dropped from 92,7% to 89% due to negative effects of covid 19 to staff and closure of 2 clinics that were damaged by floods
- In this financial year of 2021/2022, Gauteng completed its PPTICRM and attained 91% of clinics with status (337/369 attained status)
- Proudly to say that 49 of PHC clinics received certificates of compliance norms and standards from OHSC for period of 2019/2020 and 2021/2022. Still awaiting the certificates for 2020/2021 that will be increasing our number



Graphic average score 2019/2020, 2020/2021,





SD/PPTICRM Status summary report per district 2021

Districts	Total number facilities	Total assessed	Not assessed	Silver	Gold	Platinum	Total status attained	Not achieved	% status attained (October)
Westrand	49	47	Badirile for relocation Land for wealth clinic new	22	9	7	38	11	78%
Sedibeng	38	37	1 Johan Deo under construction	6	15	9	30	8	79%
Tshwane	73	72	1 M Shiceka under construction	2	12	51	65	8	89%
Ekurhuleni	93	93	0	3	35	55	93	0	100%
JHB	116	113	3 LSCHC Florida, Orchards under construction	22	36	53	111	5	96%
Gauteng	369	362	4 1 district hospital 1 clinic new	55	107	175	337	32	91%

Critical success factors

- PPTICRM teams in Gauteng were appointed immediately after the introduction of 2015/16 ideal clinic framework version 15 by district managers and became actively involved in clinic support
- Teams include a joint staff from Province and local government especially in metros
- Provincial champion conducts a calibration workshops of the new released or updated version of ideal clinic framework for the 5 districts teams including ops managers, for same interpretation of the elements and understanding of the manual
- The QIPs are introduced and used as a working tool to correct the challenges on daily basis
- Each service area in the clinics has a checklist posted on the wall to use on daily basis
- Teams actively supports clinics especially those with poor performance to correct managing the challenges
- Districts programme managers are allocated specific clinics to support implementation of quality improvement initiatives
- Developmental Partners supported the clinics through procurement of medical equipment where budgets were exhausted
- Ideal clinic is a standing agenda item at DHCTC Committee
- There are clinics that works together with Ward Councillors in assisting with cleanliness and provion of chairs and tents

Critical success factors

- The involvement of Supply chain, Pharmacy and infrastructure management in district and Provincial meeting contributed a greater improvement in the status of the clinics
- The attendance of Provincial champion to stakeholder meetings such as NHLS, IDPs also contributed to the improvement in the status of the clinics

Functionality of PPTICRM

- Facilitate self assessment of SD facility
- Conduct PPTICRM of all the clinics in their districts
- Validate the ticks on the tools and do the capturing
- There is a joint cooperative LG and Provincial PPTICRM in the metros,
- The PPTICRM review the appointment of the teams on annual basis and submit to Provincial office
- The Provincial meeting with the teams takes place twice a year.
- Benchmarking of districts PPTICRM with each other to support, learn and implement the best standards practices
- PPTICRM having a relationship with hospitals within their clusters for support



Challenges and Strategies

Challenge	Mitigating factors	Strategies
External signages	Delay from Municipalities to install signages as their core function	Involvement of Infrastructure and Communication directorates
Infrastructure	Increasing volumes of patients that are unable to be accommodated in clinics and processes Unavailability of land in clinics makes it difficult to expand the clinics	Adherence to infrastructure 5 year plan. Ongoing meetings Engagement of the LG to allocate land is ongoing
ICSM implementation/documents	Laziness to fill up the whole information on the document provided	Enforcement through penalties File audits Consequence management
BLS Training 80% expectation per clinic	1 training institution for the whole of Gauteng Able to take a few number of students	Agreement between National and OHSC to allow the Family medicine and DCST to train clinicians.

Challenges and Strategies

Challenge	Mitigating factors	Strategies
Shortage of clinic staff	<p>Increasing covid 19 infection in clinics</p> <p>Closure of the clinics</p> <p>Redeployment of clinic staff to vaccination, testing and tracing sites</p>	Gauteng has appointed a number of retired nurses and data capturers to vaccination and testing sites on contract
Budget allocation vs demands	<p>Increasing volumes of patients in clinics exceeding allocation per headcounts with consideration of catchment population</p> <p>All patients, documented or not, are supposed to be given consultation</p> <p>Budget allocation for covid equipment instead of stripping the clinic of its own equipment</p>	There is a register developed to document all foreign nationals that are visiting our clinics for statistical purposes
IT challenges in clinics	<p>Unavailability of network</p> <p>Computer illiterate managers</p>	<p>Capturing of tools done at the sub-district</p> <p>Use of data capturers to assist with capturing</p>

Sustainability of the programme

- Strengthening of the implementation of Quality Improvement plans as a clinic working document/tool
- Intensive support from district and Provincial managers
- District PPTICRM benchmarking with each other
- Initiation of intra district PPTICRM assessments
- Continuation of a monthly inter-stakeholder meetings
- Quarterly Provincial meeting with districts PPTICRM and sub-district managers
- Once a year unannounced drills by Provincial QA managers at health institutions
- Each district has either appointed or made an allocation of QA coordinators that has been allocated a number of clinics to support, monitor and report on
- Strong leadership at all 3 levels of spheres is needed to give support, monitor and mostly assist with the challenges experienced at operational level
- Strengthening the cluster system, adoption of clinics by hospitals linked to it



Key issues

1. Clinics dropping their status

- Poor clinic management due to rotation of ops managers
- Clinics without appointed operational managers
- Lack of delegation and use of ICRM framework as a working document by clinic managers
- Delay in the supply of stock ordered from supply chain
- Lack of support from district and sub-district managers
- Covid 19 pandemic that took away the clinic staff from their posts to do outreach covid related activities
- Staff absence due to covid infections
- Poor implementation of consequence management by Ops managers
- Shortage of staff in high volume clinics, manager does the consultation of patients
-

Key issues cont.

2. Key lessons learned

- The use of ICRM as a daily, monthly clinic checklist as a working tool
- Improvement of the clinics to adherence of norms and standards since the inception and implementation of ICRM framework
- The reduction in complaints
- The reduction in patient safety incidents

3. Critical role players

- Provincial QA and ICRM managers
- District managers
- Sub-district managers
- District QA and PPTICRM
- Ops managers
- Infrastructure management
- Supply Chain
- Pharmacy
- NHLS

Key issues cont.

4. Objectivity ensure in conducting Baseline SD, PR, PRU

- Baseline SD of self assessment showed unauthentic scores, however it could be objective if the manager thinks not only about the scores but the quality of services being provided
- Intra district PPTICM assessment during Peer reviews very objective
- Inter Provincial assessment played an objective role

5. Relationship between Ideal clinic and OHSC

- The relationship was not good prior the merger of 2 assessment tool with different interpretations and demands
- Clinics were confused, frustrated and overwhelmed for using 2 tools with different interpretations
- OHSC opened the line for complaints and concerns and this altered the attitudes of some of the inspectors
- It has improved greatly after the merger of 2 tools, and the use of 1 ideal clinic framework as preparation for OHSC inspection
- Prior the merger, there were no clinics that attained the certificates of compliance
- The clinics whose standards are good, are now given an opportunity to improve their scores for certification within a period of 20days



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GGT2030
GROWING GAUTENG TOGETHER

THE END

THANK YOU