



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA



KWA ZULU - NATAL ICRM LESSONS LEARNT SINCE 2015/16

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GROWING KWAZULU-NATAL TOGETHER



Presentation Outline

1. ICRM Progress from 2015/16 to 2018/19
2. Progress in 2019/20
3. Current status 2020/21
4. Critical success factors
5. Establishment and continuous functionality of PPTICRM
6. Challenges and strategies to address challenges
7. Sustainability of the Programme
8. Facilities that never turned green but have improved
9. Factors leading to facilities dropping their status
10. Key lessons that were learned
11. Critical Role players for the success of Ideal clinic
12. How was the objectivity ensured in conducting baseline SD, PR and PRUs
13. Relationship between the Ideal clinic and OHSC
14. How ICRM can be used to prepare for the implementation of the first phase of NHI?

KwaZulu Natal Profile

- KwaZulu-Natal is the second most populous province in South Africa with an estimated 11.3 million people.
- The Province has eleven districts with eThekweni Metro being the densely populated with 33.5% of the total KZN population
- The population is fairly young, with 54.89% under the age of 25 years. (Stats SA, 2016)
- The life expectancy is 56,1 and 63,7 for males and females, respectively, as in 2019

KwaZulu-Natal Health Districts



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ICRM Progress from 2015/16 to 2018/19

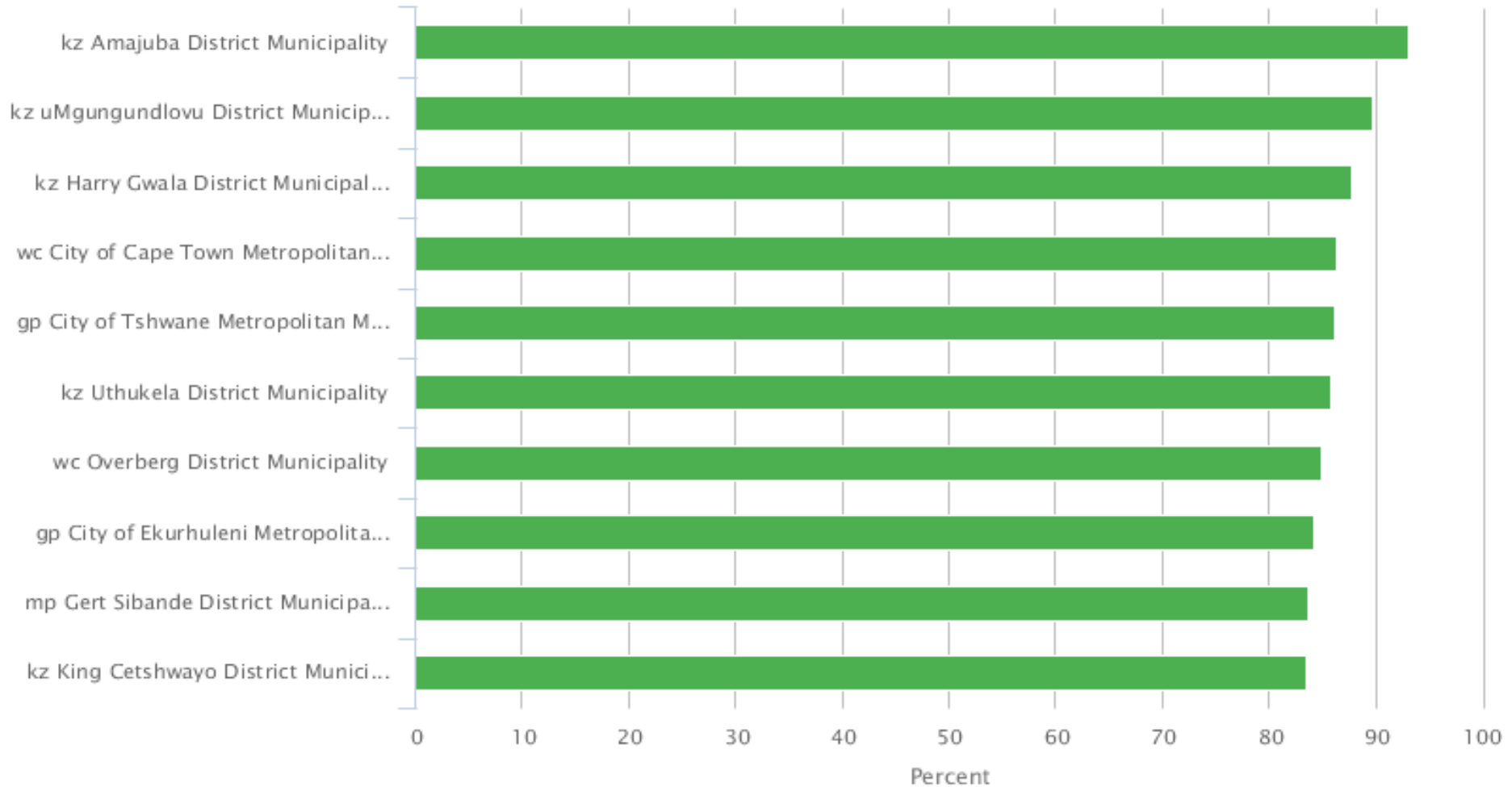
Province	Total # of fixed PHC facilities	# ICs in 2015/16	# ICs of 2015/16 that remained Ideal in 2017/18	% ICs of 2015/16 that remained Ideal in 2017/18	# ICs in 2016/17	# ICs in 2016/17 that remained Ideal in 2017/18	% ICs of 2016/17 that remained Ideal in 2017/18	ICs in 2018/19(PR)	%ICs in 2018/19(PR)	Total # ICs 2018/19	% ICs 2018/19
KwaZulu-Natal	605	141	127	90%	193	176	91%	77	91%	560	92.6%

ICRM Status in 2019/20 to 2020/21

Kwa Zulu Natal	# of Facilities	# Facilities that conducted SD	AVG % scored	# of Facilities with an AVG score of $\geq 80\%$	# Facilities with IC status	# of Facilities with Silver status	# of Facilities with Gold status	# of Facilities with Platinum status
KwaZulu Natal	607	604	79%	587	464	44	121	299

National status

Best performing districts



Critical success factors

- A good buy-in and support by the District Directors
- Involvement of Allied workers (viz; Therapists and Pharmacists)
- Inter-sub district peer reviews.
- Establishment and appointment of the District PPTICRM with Terms of reference.
- Creation of Ideal clinic files in all PHC facilities.
- Adopt - a clinic concept by the District officials- to monitor and support on an ongoing basis

Critical success factors

- Districts adopted a strategy of comparing facility performance on monthly and quarterly basis.
- Capacity building to the OMNs on Leadership and management with a measure on performance being the ICRM achievement.
- Weekly monitoring of sub - district SCM Procurement processes for equipment.
- Infrastructure and Maintenance Teams established to prioritise and ensure implementation of projects

Critical success factors

- Established committees for the development of Standard Operating Procedures (SOPs)
- PPTICRM visiting and supporting facilities monthly, identifying gaps and monitoring QIP implementation.
- Development of an integrated ICRM and PHC Supervision tool



Establishment and continuous functionality of PPTICRM

- Appointment of PPTICRM with clear TORs
- Adopting facilities by PPTICRM members for support-promoting continuity of assessment.
- Award excellent performance (District Service Excellent awards)
- Recognise and award quality at all levels, including Provincial level (MEC's Service Excellence Awards)
- Peer assessments conducted by OMNs across the sub- districts
- ICRM progress reports, monthly and quarterly
- Provision of user credentials to access Ideal clinic website for duplication of statuses.

Challenges and Strategies to address the challenges

Challenges	Strategy
<p>Infrastructure</p> <ul style="list-style-type: none"> • Waste storage areas not complaint with ideal clinic requirements • Some clinics are within the municipal structures where no alterations are acceptable. • Non -availability of electricity, fire and building compliance certificates. • Guard rooms still not complaint 	<ul style="list-style-type: none"> • Update the 5yr maintenance plan to accommodate maintenance needs. • Continuous engagement with municipalities to support with improvisation to meet Ideal clinic status . • District and Provincial Infrastructure components working on accessing compliance certificates

Challenges and Strategies to address the challenges

Challenges	Strategy
<p>Maintenance issues</p>	<ul style="list-style-type: none"> • Strong support by ‘mother” institutions on maintenance issues, required • Establish maintenance hubs for all districts
<p>Human Resources</p> <ul style="list-style-type: none"> • High staff turnover, especially of OMNs • Backlog on the training of PNs on BLS 	<ul style="list-style-type: none"> • Facilitate institutionalisation of Ideal clinic. • Orientation of all staff members- for continuity • RTC Manager to facilitate training of district master trainers

Challenges and Strategies to address the challenges

Challenges	Strategy
<p>Finance and SCM processes</p> <ul style="list-style-type: none"> • Delay in SCM processes 	<ul style="list-style-type: none"> • Appoint SCM managers as PPTICRM members
<p>Record management</p> <ul style="list-style-type: none"> • Limited space to accommodate high density filing cabinets in some facilities. • Duplicated patient records, viz; Maternity Case Records, TB records and Child Health (RTHB) vs. New patient files 	<ul style="list-style-type: none"> • Identify a suitable space within the facility for installation of high density filing • Explore electronic clinical records. (expand HPRS)



Sustainability of the Programme

- Establishment of ICRM teams at facility and sub district levels
- Integrate ICRM teams with Facility Implementing Teams (FITs)
- Sub- district peer reviews conducted quarterly
- All Quality meetings should include ICRM as an agenda item
- Institutionalise Ideal clinic- should not be treated like a project with a start and end date
- Sustainability plan should be implemented and monitored at all levels
- Progress reports on ICRM monitored monthly and quarterly



Facilities that never turned green but have improved

District	Number of facilities
Amajuba	0
EThekweni	7
Harry Gwala	1
ILembe	2
King Cetshwayo	7
uGu	6
uMgungundlovu	0
uMkhanyakude	5
uMzinyathi	0
uThukela	2
Zululand	0
Total	30

Factors leading to facilities dropping their status

- Treating ideal clinic as a project (driven by the selected few)
- Lack of onsite supervision by OMNs
- High attrition rate (worse when the OMNs leave)
- High staff infections leading to long sick leave (particularly in 2019/20)
- Delayed SCM processes
- Lack of support by “ mother” institutions
- Non -involvement of some Quality Managers in ICRM processes
- Sub -standard quality of equipment
- Aging infrastructure in some facilities
- National supplier problems with medicine stock outs

Key Lessons that were learned

- Team work is crucial
- Involvement of Allied workers (therapists and pharmacists) and support staff, including SCM, HR and Systems Managers, is critical
- Inclusion of ICRM in Induction and Orientation programmes
- ICRM should not be managed vertically to other programmes as this creates lack of accountability for others.
- ICRM should be managed within the Quality Directorate/ Component at all levels as it is a quality programme.
- Where there is strong management support, ICRM is realised.
- Overall, ICRM has contributed positively to systems strengthening (Infrastructure, Information management, Referral system, Drug availability, etc.)

Critical Role players

- CEOs and executives of the supporting facilities should embrace ideal clinic (Systems Managers- Maintenance officers, Finance Managers, SCM, HR Managers, M&E Management]
- Sub District Managers/ PHC Managers and Development and Training Managers
- All District Programme Managers
- Provincial Managers- including IT and infrastructure, Budget office
- Other government Departments, including Department of Transport (for road signages) and Local municipalities
- Governance structures, e.g. Clinic Committees



Objectivity when conducting baseline SD, PR and PRUs

- Adhering to the guidelines and steps in the Ideal Clinic Manual
- Using the correct Version- Manual and Checklists.
- Pre- assessment meetings to agree on standards.

Recommendations

- ✓ SD- FM should be conducted by Sub-District Peers within the Sub -districts.
- ✓ PRU should be conducted by the sub- district PPTICRM [led by the PHC Managers]

N.B. The processes should be aimed at provision of quality services rather than achieving high scores

Relationship between the Ideal clinic and OHSC

- Ideal clinic and OHSC are both quality oriented
- Ideal clinic is a stepping stone for achieving accreditation by OHSC

ICRM and preparation for the implementation of NHI

- Ideal clinic is a building block for NHI implementation
- PHC facilities will be contracted to provide services and therefore ideal clinic prepares them such that they will be ready for this activity.
- PHC facilities are being assessed and accredited to be NHI compliant



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5. District PPTICRMs
6. Sub- District CEOs and executive committees
7. PHC Managers
8. All Operational Managers
9. Facility ICRM teams

THANK YOU

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