MPUMALANGA DEPARTMENT OF HEALTH

IDEAL CLINIC REALISATION AND MAINTENANCE (ICRM) PROGRAMME INDABA

Reflection on the success, failures future plans of ICRM Programme

24-25 NOVEMBER 2021

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

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PRESENTATION OUTLINE

1.Brief background

2.Progress from 2015 to date

3. Critical success factors

4.Establishment and continuous functionality of PPTICRM

5.Challenges and strategies to address the challenges

6. Sustainability of the Programme

7. Key Highlights :

Facilities that never turned ideal since inception, Critical role players,

Success of the Ideal Clinic & Relationship with NHI

8. Conclusion

1. BRIEF BACKGROUND

- The Ideal Clinic initiative has been implemented in Mpumalanga since 2015 following the operation Phakisa laboratory sitting and subsequent launch by the President on the 18 November 2014.

- The ICRM Programme was received with much enthusiasm, Political will, buy in from Managers at all levels, PPTICRM teams were established etc

- ICRM Implementation plan was developed taking into cognisance the 8 Streams (Waiting Time, Infrastructure, HRH, Service delivery, Financial Mx, Supply Chain, Sustainability, Institutional Arrangements)

- Mpumalanga contributed 96/290 Ideal PHC facilities in 2020/21 financial year. The progress made to date is highlighted in the slides to follow:

2.Progress from 2015 to date (numbers of facilities that attain IC status each year)

2. PROVINCIAL SCALE UP PLAN 2015- 2021

Province	Total # of faciliti es	Total # of Ideal Facilitie s in 2015/1 6	Total # of Ideal Facilitie s in 2016/1 7	# Facilities that remained Ideal in 2017/18 from 2015/16 and 2016/17 financial year	# Facilities with IC status in 2017/18 (PR and PRU SDs only)	Total # of Ideal Facilities in 2017/18	Total # of Ideal Facilities in 2018/19	Total # of Ideal Facilities in 2019/20	Total # of Ideal Facilities in 2020/21
Mpumalanga	**290 (2020/ 21)**	**19/287 (6.6%)**	**67 (46) 21 fell off**	**46/287 (16%)**	**41/287 (14.3%)**	**87/287 (30.3%)**	**133/287 (46.3%)**	**160/290 (55.1%)**	**96/290 (33%)**
Ehlanzeni	123	4/121 (3.3%)	9 (2) **7 fell off**	(1.7%)2/121	8/121 (6.6%)	10/121 (80.3%)	26/121 (21.5%)	35/123 (28.4%)	27/123 (21.9%)
Gert Sibande	76	11/76 (14.4%)	37 (37)	37/76 (48.7%)	18/76 (23.6%)	55/76 (72.3%)	69/76 (90.7%)	71/76 (93.4%	52/76 (68.4%)
Nkangala	91	4/90 (4.4%)	21 (7) **14 fell off**	7/90 **(7.7%)**	15/90 **(60.6%)**	22/90 **(24.4%)**	38/90 (42.2%)	54/91 **(59.3%)**	**17/91** (18.6%)

3. CRITICAL SUCCESS FACTORS

- Budget is allocated annually to procure equipment and for maintenance of PHC facilities.
- OPMs and Program Coordinators appointed as part of District PPTICRM to take ownership of the ideal clinic programme and to benchmark with Peers.
- OPMs committed and striving for excellence.
- Pockets of good leadership and governance.
- Strong sense of accountability at sub-district and facility level.
- Working on and monitoring implementation and quarterly update of quality improvement plans.
- Procurement of medical equipment with the support of the Provincial Health Technology Unit.

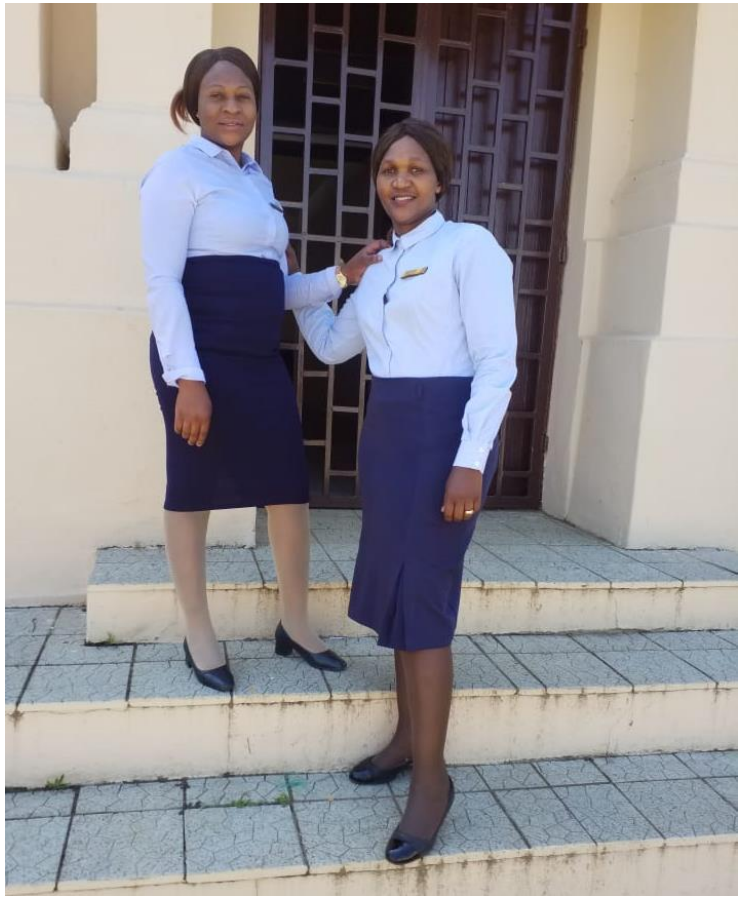
3. CRITICAL SUCCESS FACTORS CONT..

- Working on and implementing effective Quality Improvement Projects within the health facilities.
- Annual Provincial and District Calibration sessions on the ICRM tool.
- District asset management teams support with monitoring and fast track procurement of medical equipment.
- Involvement of Quality Assurance Managers and PHC Managers in District Acquisition Committee.
- Support provided by implementing partners.
- Filing system installed in 95% of facilities in Gert Sibande.

3. CRITICAL SUCCESS FACTORS CONT…

- Network connection in all PHC facilities in Gert Sibande.
- Functional HPRS and e-tick registers.
- Newly built facilities are fully equipped and operationalized with staff that is according to the catchment population.
- Staff trained on integrated clinical Health services management.
- Consistency in the coordination and management of the QA programme and by extension, the ICRM programme.
- Being receptive to coaching by the assigned QA coordinators and PHC Supervisors.
- Standardization of documentation i.e. Audit tools, SOPs and guidelines

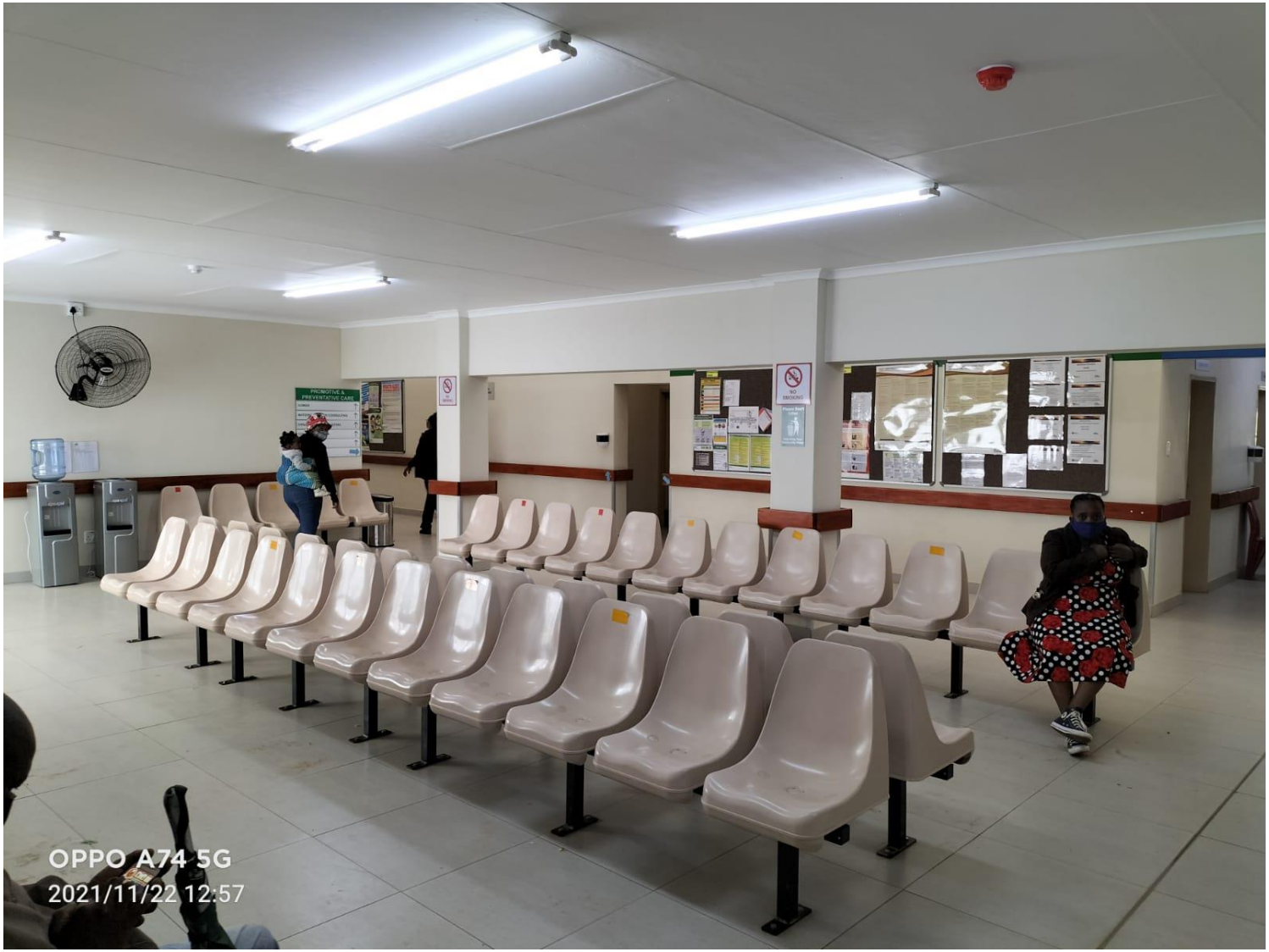
3. CRITICAL SUCCESS FACTORS: DRESS CODE



Admin Clerks / Data Capturers

Professional Nurses

3. CRITICAL SUCCESS FACTORS: WAITING AREA



3. CRITICAL SUCCESS FACTORS – 3 STREAMS

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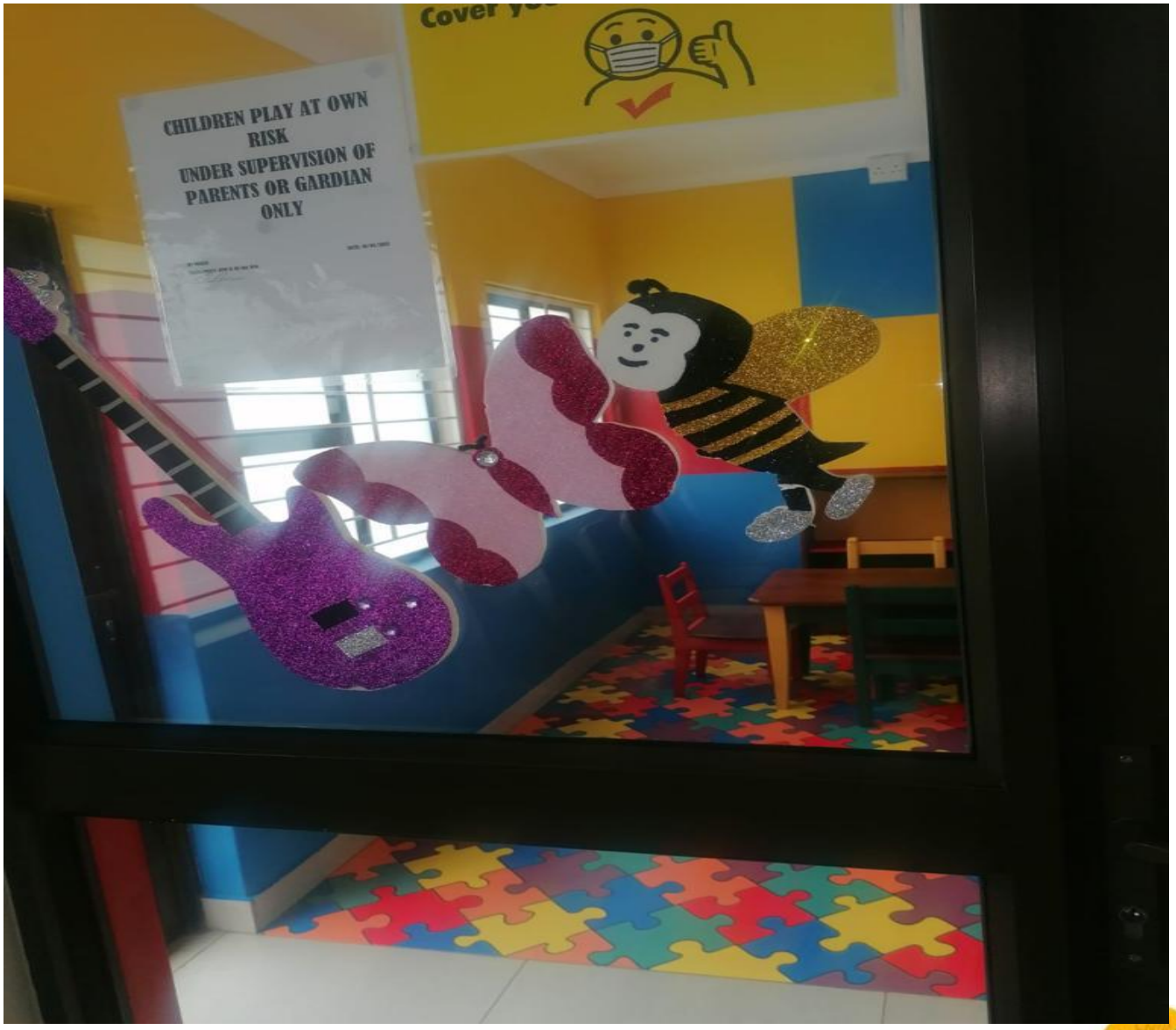
3. CRITICAL SUCCESS FACTORS: PLAY AREA



3. CRITICAL SUCCESS FACTORS : EXTERNAL ENVIRONMENT

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4.ESTABLISHMENT AND CONTINUOUS FUNCTIONALITY OF PPTICRM - KEEPING ICRM TEAMS MOTIVATED

- District PPTICRM established with clear terms of reference, and consist of all members of the DHMTs, and all meetings were integrated.
- Established PPTRICRM participate as part of routine annual assessments.
- Strengthen functionality of established Provincial and district PPTICRMs.
- Continuous support of PHC facilities by Districts and Provincial management.
- Involvement of PHC managers ,PHC supervisors and OPMs as team members, thereby providing opportunity to benchmark at other facilities.
- Conducting sub-district peer reviews.
- ICRM being a standing agenda item in the district and sub-district PHC meetings.

4.ESTABLISHMENT AND CONTINUOUS FUNCTIONALITY OF PPTICRM - KEEPING ICRM TEAMS MOTIVATED CONT…

- Continuous monitoring of the ideal clinic quality Improvement plans and reinforcement of compliance to promote change.
- Acknowledgement of good performance
- Peer assessments conducted by cross sub-districts.
- Having debriefing sessions after assessments to strengthen teams through building on good practice and working on challenges.
- Access to Ideal clinic website granted by the provision of credentials.
- Inclusion of PPTICRM assessments in PMDS.

5.CHALLENGES AND STRATEGIES TO ADDRESS THE CHALLENGES

Challenges	Strategies to address the challenges
Inadequate functionality of PPTICRMs	-Revival of established PPTICRMs at all levels by meeting quarterly. -Monitor functionality of PPTICRM at all levels
Inadequate management of PHC facilities, some PHC facilities have acting OPMs.	-Prioritize appointment of OPMs for identified PHC facilities. -Provide support and monitor performance of OPMs.
Shortage of staff, mostly lower category of staff, like, Enrolled Nurses, Enrolled Nursing Assistants, Data capturers, pharmacists Assistants, Grounds men and Cleaners.	Implementing WISN/ organizational structure by prioritizing filling of critical vacant posts.
High staff turn over	-Constant recognition of excellence and provision for team building sessions -Prompt filing of vacant posts

5.CHALLENGES AND STRATEGIES TO ADDRESS THE CHALLENGES CONT…

Challenges	Strategies to address the challenges
Dilapidated infrastructure	Infrastructure upgrading / renovation / construction of Infrastructure to address the needed space as per Ideal Clinic tool.
Inadequate maintenance of infrastructure and equipment	Develop and implement Maintenance Plans for infrastructure and equipment.
Poor records management.	-Continuous training of personnel on record management at all levels. -Prioritize space for filing of patient records. Implementing partner providing support with infrastructure to improve filing in Ehlanzeni.
Shortage of stationary e.g integrated Patient File	Budget allocation foe stationary
Management of general waste- municipality lacking capacity	Municipality to provide support with management of general waste in rural areas

5.CHALLENGES AND STRATEGIES TO ADDRESS THE CHALLENGES CONT…

Challenges	Strategies to address the challenges
Outdated / non availability of NDOH Policies.	NDOH to prioritize finalization of relevant policies and MOUs e.g. (MOU with SAPS)
Inadequate transport for PHC supervision	Procurement of additional vehicles as per identifies need, e.g. for PHC supervision, mobile clinic, school health services and ward-based outreach teams.
Inadequate PHC supervision due to inadequate number of PHC supervisors	Prioritize appointment of PHC supervisors/ rationalize available staff for efficient use of available resources.
Late delivery of procured equipment/goods by suppliers.	Contract management, that is to reinforce adherence to the schedule for delivery of procured goods as stipulated in the contracts.
Inadequate budget for non-negotiables, e.g. pest control and cleaning material.	Provision of adequate Ideal Clinic grant, to cater for all the identified resources, including signage, furniture, cleaning equipment and material, etc.

5.CHALLENGES AND STRATEGIES TO ADDRESS THE CHALLENGES CONT…

Challenges	Strategies to address the challenges
Facilities failing on quick wins, especially in vital and essential areas.	Assisting facilities to analyze results and focus on quick wins in areas that will make the biggest difference and then to continue to other elements that will take longer to achieve.
Limited funding for Ideal Clinic Realisation and maintenance.	Increase budget to cover other aspects, e.g. maintenance and additional infrastructure space as well as road signage.
Inadequate Training of staff e.g. BLS	National to support with additional BLS Trainer of Trainers
Some Defibrillators are nonfunctional due to batteries that are not rechargeable	Procure defibrillators with rechargeable batteries.
Frequent revision of tools, results in changes in elements	Develop one standardized tool.

6.SUSTAINABILITY OF THE PROGRAMME: KEY ACTIONS THAT WILL BE TAKEN TO SUSTAIN THE PROGRAMME

- PHC supervision according to the supervision policy and monitoring of quality improvement plans by all OPMs, Supervisors and PHC Managers at all levels.
- Annual training of OPMs and Supervisors on ICRM dashboard and checklists.
- Enforcement of accountability at all levels.
- Implementation of consequence management.
- Reviewal of the organogram and finalization of the DHMO model to implement the determined workload indicator staffing norm (WISN).
- Sustained Political will and adequate provision of resources (human and material) for the ICRM initiative.
- Compliance to ideal clinic norms and standards.
- Team spirit.
- Recognition of excellence.

6.SUSTAINABILITY OF THE PROGRAMME: KEY ACTIONS THAT WILL BE TAKEN TO SUSTAIN THE PROGRAMME

- Integration of PPTICRM teams with all health programmes.
- Sub-district peer reviews conducted quarterly.
- All quality meetings to include ICRM as a standing agenda item.
- Institutionalise ideal clinic to be treated like a programme not a project.

7.Some of the key Issues to be highlighted, which are:

FACILITIES THAT NEVER TURNED IDEAL SINCE INCEPTION BUT HAVE IMPROVED FROM THEIR INITIAL SCORES)

District	Sub-district	PHC facility	Improved from initial score %	Improved to%
Ehlanzeni (16)	City Of Mbombela	Zwelisha Clinic	52%	68%
	City Of Mbombela	Legogote Clinic	48%	68%
	BBR	Dingledale	64%	72%
	BBR	Edinburg	73%	78%
	BBR	Hluvukani	58%	61%
	BBR	Justicia	64%	68%
	BBR	Kildare	75%	76%
	BBR	Marite	54%	69%
	BBR	Moreipuso	66%	70%
	BBR	Oakley	56%	67%
	Nkomazi	Malelane	60%	78%
	Nkomazi	Steenbok	60%	72%

FACILITIES THAT NEVER TURNED IDEAL SINCE INCEPTION BUT HAVE IMPROVED FROM THEIR INITIAL SCORES)

District	Sub-district	PHC facility	Improved from initial score %	Improved to%
Ehlanzeni	Thaba Chweu	Glory hill	66%	84%
	Thaba Chweu	Pilgrims	55%	69%
	Thaba Chweu	Simile	51%	64%
	Thaba Chweu	Elandsfoein	54%	58%

FACILITIES THAT NEVER TURNED IDEAL SINCE INCEPTION BUT HAVE IMPROVED FROM THEIR INITIAL SCORES)

District	Sub-district	PHC facility	Improved from initial score %	Improved to%
Gert Sibande (4)	Chief Albert Luthuli	Arhemburg clinic	19%	75%
	Goavn Mbheki	Langverwacht Clinic	45%	80%
	Msukaligwa	New Scotland clinic	41%	64%
	NB:			
	Dipaleseng	Greylingstad Clinic	41%	55% **(Closed due to infrastructural challenges).**

FACILITIES THAT NEVER TURNED IDEAL SINCE INCEPTION BUT HAVE IMPROVED FROM THEIR INITIAL SCORES)

District	Sub-district	PHC facility	Improved from initial score %	Improved to%
Nkangala (11)	Dr JS Moroka	Allemansdrift CHC	67%	63%
		Lefisoane Clinic	45%	61%
		Troya Clinic	50%	73%
		Valschfontein	61%	69%
	Thembisile	Boekenhouthoek	51%	65%
		Empilweni	52%	76%
		Goederede	32%	58%
		Kwaggafontein A	31%	69%
		Tweefontein A	52%	60%
		Tweefontein H	42%	68%
		Vriesgewagte	27%	60%

-FACTORS THAT LED TO FACILITIES DROPPING THEIR STATUS (WHAT IS THE ROLE OF CLINIC SUPERVISORS/ AREA MANAGERS/SUB-DISTRICT MANAGERS/QA MANAGERS IN ICRM) CONT...

- Inadequate maintenance of equipment and infrastructure.
- Poor implementation and monitoring of quality improvement plans.
- Non filling of vacant funded posts- shortage of staff.
- Inadequate supervision and support due to poor leadership (acting OPMs) and inadequate number of appointed PHC supervisors.
- Poor quality equipment, which is not durable.
- Ideal clinic being treated as a project that starts and ends.
- COVID-19 which took all attention away from ICRM.

FACTORS THAT LED TO FACILITIES DROPPING THEIR STATUS (WHAT IS THE ROLE OF CLINIC SUPERVISORS/ AREA MANAGERS/SUB-DISTRICT MANAGERS/QA MANAGERS IN ICRM) CONT...

- Annual revision of the tool, adding vital and non-negotiable vital elements that are cost driven.
- Community health centres (CHCs) dropped status due to the new CHC (Version 1) tool that is requiring additional equipment, HR, infrastructure space etc. than the previous tool; which are not available in CHC's in the district (e.g. the sections on Rehabilitation Services, Oral Health Services etc.)

KEY LESSONS THAT WERE LEARNED

The following are lessons learnt:

- Buy-in of OPM and staff in the facilities is of crucial importance.
- Inter-sectoral collaboration in each district is necessary (involving all divisions in the district).
- Inadequate monitoring of the implementation of the Ideal Clinic Realization and maintenance initiative results in poor maintenance of the status.
- HPRS , ICSM and CCMDD has reduced congestion and waiting time at health facilities.
- Ideal clinic is a comprehensive tool that covers all areas of service delivery. Its proper implementation will improve service delivery in all aspects, which will lead to improved health outcomes and increased positive patient experience of care.

KEY LESSONS THAT WERE LEARNED CONT..

- Working as a team.
- Benchmarking from peers.
- Commitment should be from all stakeholders.
- Accountability.
- Continuous supervision and support.
- Recognition of good work improves the system.

THE CRITICAL ROLE PLAYERS FOR THE SUCCESS OF THE IDEAL CLINIC.

- The Provincial and District PPTICRM.
- District Managers.
- Sub-district Managers.
- PHC Supervisors.
- Facility or Operational Managers.
- PHC facility Staff.
- Quality Assurance Managers.
- Infrastructure and Health Technology units.
- Finance and Supply Chain Management.
- Health Programme Managers at Provincial, District and Sub-district Level.
- Governance structures (clinic committees)

ENSURING OBJECTIVITY WHILE CONDUCTING BASELINE SD, PR AND PRUS

- Cross District and Sub-districts PR ,PRU and PPTICRM assessments.
- Use of correct version, checklist and manual of the Ideal Clinic during assessments for adherence.
- Meeting before audits to agree on the standard.
- Redress after assessments, providing objective support and decision making should facility managers feel that they were not objectively assessed.
- SD and PRU to be conducted by the sub-district peers led by the PHC manager.

ENSURING OBJECTIVITY WHILE CONDUCTING BASELINE SD, PR AND PRUS

- Calibration and thorough training of assessors,
- Regular reference to the Ideal Clinic manual during assessments.
- Assessors must be part of the District PPTICRM team to be familiar with the process
- Fairness, integrity is to be observed by assessors at all times.
- The Peer Review (PR) team must be balanced and include members from different districts / Provinces if possible(e.g., 1 team must have 1 representative from the other district / Province)
- Screen assessors – must be knowledgeable , good role models, dress code, communication skills, respect etc.

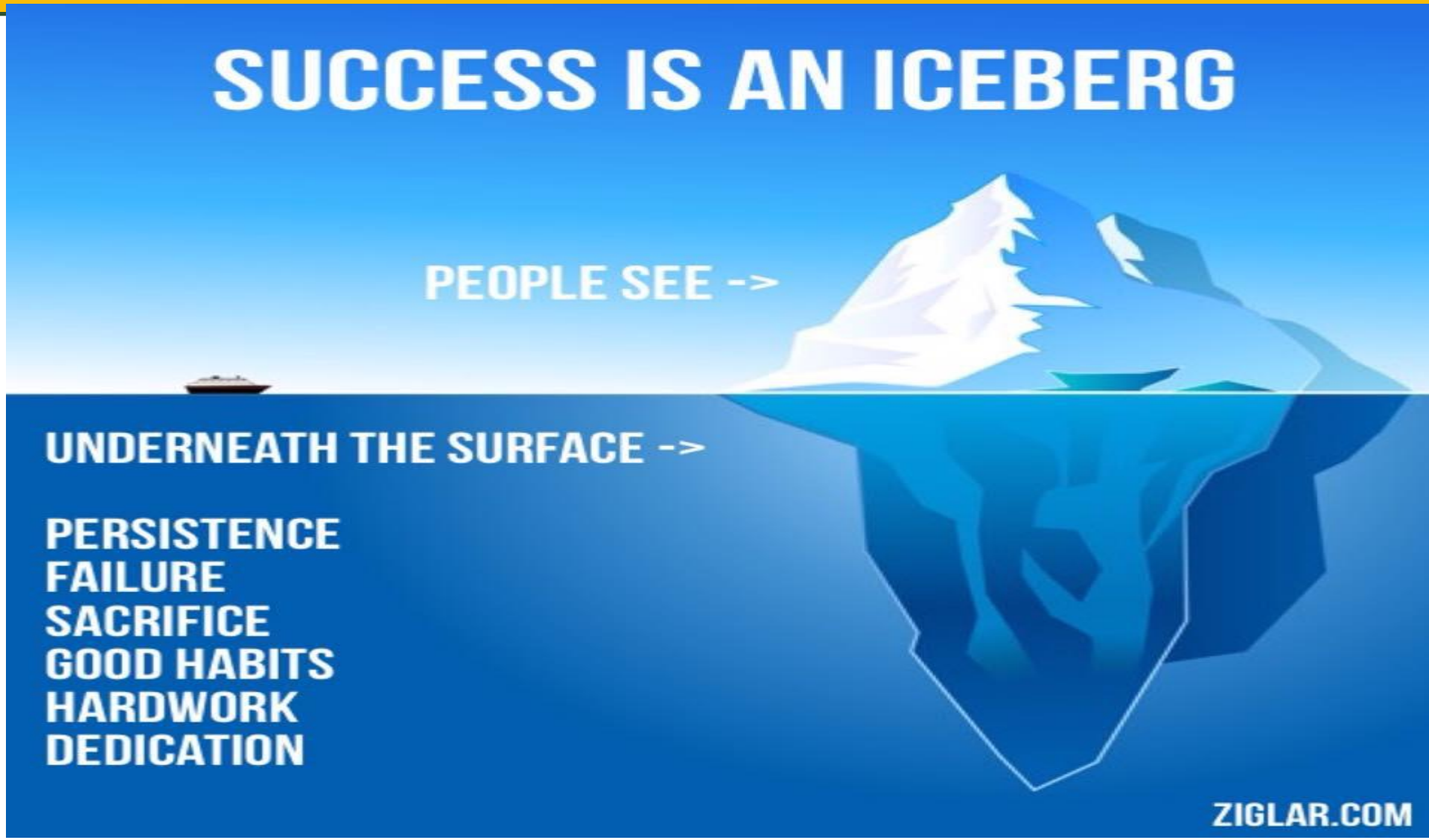
  - Both tools have been synchronized.
  - Integration of Quality Improvement plans.

- ICRM initiative is self assessment (internal) in preparation for accreditation by the OHSC, which is an external assessment.
- Both initiatives are aimed at quality improvement.
- It is complementing the Ideal Clinic assessment but needs additional and more in-depth elements.

USING THE ICRM PROGRAM (AS A QUALITY IMPROVEMENT PROGRAM) TO PREPARE FOR THE IMPLEMENTATION OF THE FIRST PHASE OF NHI.

- The ICRM program builds up towards NHI
- It can be used to provide guidance and the process to achieve NHI, which is the ultimate goal.
- The Ideal Clinic initiative assists facilities to prepare for OHSC accreditation in preparation for NHI.
- PHC facilities will be contracted to provide services and therefore the ideal clinic program prepares them in such a way that they will be compliant for implementation of NHI.

CONCLUSION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UNDERNEATH THE SURFACE ->
PERSISTENCE
FAILURE
SACRIFICE
GOOD HABITS
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