



Western Cape
Government

FOR YOU

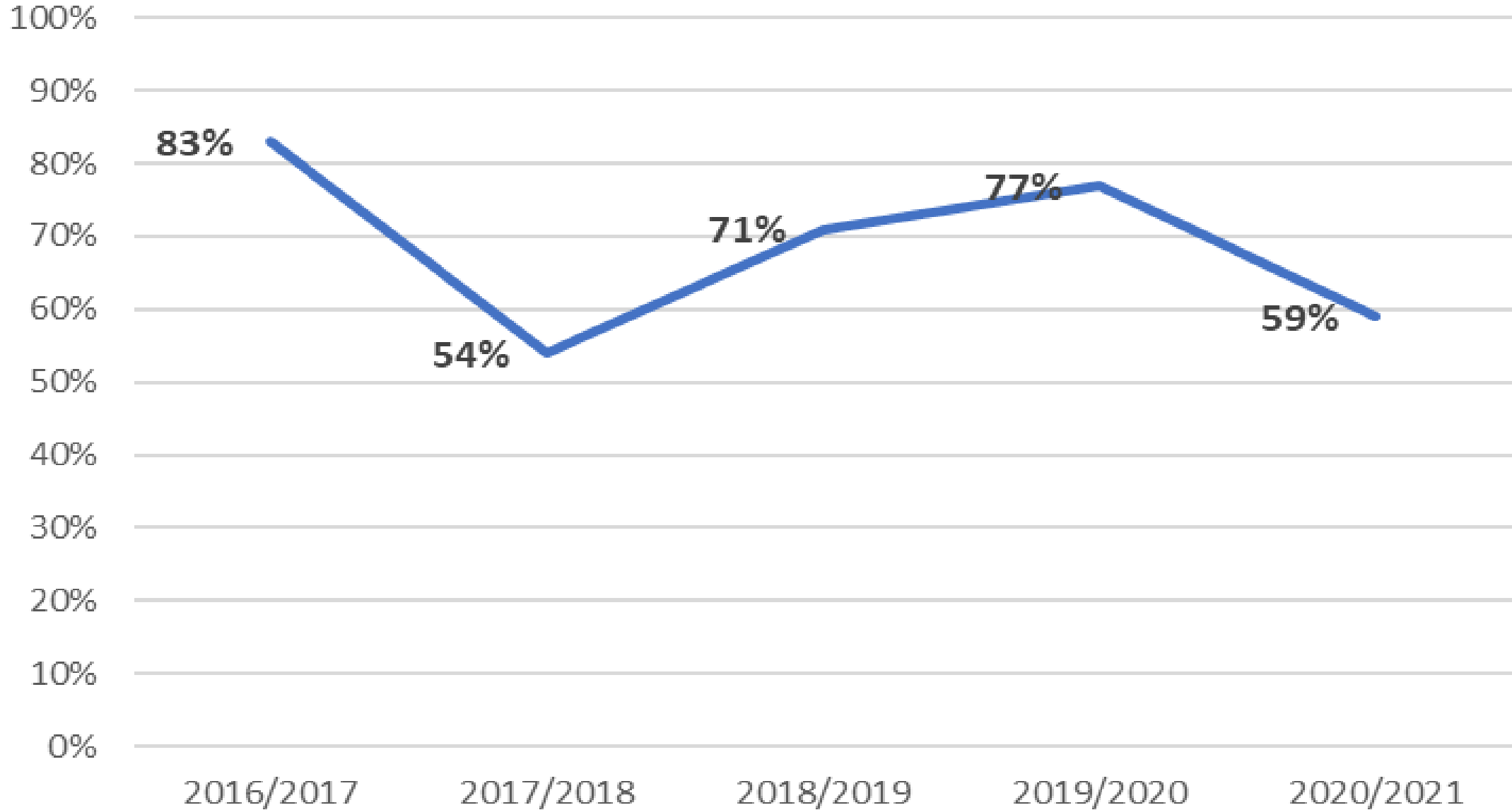
Health

Reflection on the past 5 years of ICRM Programme 2016 - 2021

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November 2021

Percentage of Facilities with IDEAL Status



Facilities with IC Status					
DISTRICT	2016/17	2017/18	2018/19	2019/20	2020/21
Cape Winelands (CW)	6	17	27	30	27
Central Karoo (CK)	3	7	9	7	3
Garden Route	10	24	22	29	25
Overberg (O)	9	13	19	15	8
West Coast (WC)	4	12	13	11	7
City of Cape Town (Metro and CoCT)	16	90	103	111	93
TOTALS: Western Cape Province	48	163	193	203	163

ICRM achievement status

2016/2017

- Silver 36, Gold 12, Platinum 0

2017/2018

- Silver 108, Gold 43, Platinum 12

2018/2019

- Silver 88, Gold 91, Platinum 14

2019/2020

- Silver 82, Gold 101, Platinum 20

2020/2021

- Silver 6, Gold 22, Platinum 125





Critical success factors

- A strong district coordination and support of the programme.
- OPM took ownership of the process & involved all staff.
- Involvement of other sub-directorates e.g. pharmacy, HR, finance, info mx etc. in conducting status determinations and training.
- Identify facility-level ICRM champions who take responsibility & are accountable for their specific area in IC
- Team effort- District office level to facility level.

Critical success factors

- Monthly QA meetings
- Reporting at the quarterly district reviews promoted accountability, while celebrating success & acknowledging good performance; helped with motivating facility managers and their teams.
- Policies, guidelines and SOPs available on shared network site
- Developed reviewers guide to assist with understanding requirements for the criteria elements

IDEAL COMMUNITY HEALTH CENTRE REALISATION AND MAINTENANCE COMPONENTS, SUB- COMPONENTS AND ELEMENTS - VERSION 1

Component	Sub Component	ELEMENTS	Weight	MM	Level of responsibility	Check list	Performance	Definition	Reviewer's Guide
1. Signage and notices: Monitor whether there is communication about the facility and the services provided									
	1	All external signage in place	I	☹️	P	 Checklist 1.xlsx Y		External signage must be clearly visible within the facility indicating waste storage areas, staff and patient parking areas, ambulance loading and off-loading zones and helicopter landing pads, emergency assembly points, and healthcare and general waste storage areas	Observe that the external signage in the facility is clearly visible and indicates waste storage areas, staff and patient parking areas, ambulance loading and off-loading zones and helicopter landing pads, emergency assembly points, and healthcare and general waste storage areas. Checklist
	2	Facility information board displayed at the entrance of the premises reflects	E	☹️	D	 Checklist 2.xlsx Y		The facility information board must be on the wall next to the main entrance of the facility building or on a freestanding board approximately 500mm	Observe that the facility information board is available at the facility entrance and has at minimum name of Facility, contact details, operating hours, and emergency contact details

PPTICRM

- Assigned PPTICRM but not dedicated
- Teams well managed with competent assessors, trained on Ideal Clinic Manual and used Manual throughout the assessment
- Uses all staff categories
- Ongoing process
- Offer support to facilities and support them when challenges are identified.
 - Provide a vision, show appreciation for hard work, motivate teams
- Functionality affected by COVID-19 pandemic
 - staff is overburden, staff shortages.
- Composition and activities need to be reviewed.
- Communication to be strengthened

Challenges

- Buy-in of Managers (HR, SC, pharma, Finance, medical).
 - Sub-directorates pull out their staff due to competing interests which negatively affect multidisciplinary approach to assessments
- Lack of ownership of the programme by the facility
- OHSC & ICRM criteria sometimes different & not in same order making it difficult to align the two monitoring/ inspection components; & the systems/processes required by the compliance criteria.
 - Review the ICRM tools to ensure alignment with regulatory norms and standards.

Challenges

- National policies not readily from national site and/or in draft format for a prolonged time
- Timeous communication of new policies, guidelines and SOPS for staff
- Infrastructure challenges
 - Maintenance, renovations
 - New facilities under construction, others under planning
 - Others may remain with status quo until lease expires.

Lessons learnt

- Management should be involved otherwise a void is created that over time will be difficult to close.
- Leave the reviewers to do their work
- Do the best you can to get things in place and work hard on the QIP's
- Do not view ICRM as extra work but rather look at the bigger picture (The improvement in the quality that will be achieved.)
- Not one person's responsible for IC status, but a team of all staff categories
- Don't spoon feed OM's & staff: rather motivate and make them part of discussions, support when there is a need.
- Give recognition for IC-status, and also when there is an increase in the IC-score, even if the facility doesn't reach IC-status.

Key Issues to be highlighted

- Critical role players for the success of the IC:
 - Team work, management
- Ensuring objectivity in conducting Baseline SD, PR and PRUs:
 - Continuous training and conversations about the tools to reduce subjective interpretation, especially in elements that cannot be quantified.
 - District overarching support. Inter-district peer reviews. To align and standardize the meaning of different elements.
- Relationship between the ICRM and OHSC:
 - Complementary. The IC is an internal continuous improvement programme, the OHSC is an external body that ensures that standards are maintained and that there is accountability for standards maintenance.
 - Regulation usually sets precedence- so we need to align Ideal to OHSC so that it doesn't show as a extra. Implement work- smart systems

Sustainability of the programme

- Create accountability mechanisms across all levels and all directorates.
 - Must have clear roles for province/district so that they are providing on their mandate.
- Provide dedicated QA resources
- Strong support mechanisms from all levels of management (provincial, District, sub-district, facility) and by all the directorates.
- Must not be a QA only intervention but rather be seen to be a system strengthening intervention.

Conclusion

- Gives clear targets for what facilities should aim for
- Creates a greater degree of standardization between clinics.
- Staff like implementing it & are committed to the programme
- Pride upon achieving ideal clinic status, particularly for gold or platinum.
- Excellent support from National: R Steinhobel
- More support from provincial office needed

Thank you