



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA



IDEAL CLINIC REALISATION AND MAINTENANCE (ICRM) INDABA 2021

REPORT ON AUDITOR GENERAL AUDITS

GROWING KWAZULU-NATAL TOGETHER



IDEAL CLINIC STATUS RATE

Audit comment: I was unable to obtain sufficient appropriate audit evidence for the achievement of 77, 8% reported against target of 100% in the annual performance report, due to the lack of accurate and complete records. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievement.



RESPONSE BY DISTRICT

- Facility disagreed with the use of the reference of the National guideline on conducting Patient Experiences of Care Survey in the Public Health establishment that was approved in October 2017 in confirming the credibility of the Ideal Clinic status determination (PPTICRM) results.
- Facility agreed with discrepancies that were noted below, however areas of concerns are not included in the Ideal Clinic framework which serves as guidance for assessments.
- For patients and staff interviewed, the related surveys/questionnaire checklist are completed and acknowledged by the assessor only.
- Surveys/questionnaire checklists are not supported by the signed consent forms or contains unique identifiers such as a name or patient number or signature of patient, which can then be used in confirming the credibility of such result.
- In cases where a patient record is assessed, the assessment did not document the detail of the record that was used in the assessment to facilitate the re-performance during the audit



AUDIT IMPROVEMENT PLAN TO CORRECT THE IDENTIFIED GAPS

| Audit findings/Focus | Actions/corrective measure/task details | Action owner/responsible person | Completion date |
|---|---|--|------------------------|
| 1. Assessments checklist were not supported by the pre-determined pre numbered signed consent form/ unique identifier | Engage Provincial QA Director with improvement and redesign of the Checklists / audit tools | District QA- | 10.08.2021 |
| 2. Pictures for observations taken during assessments were not found | Include dated pictures on the feedback report to the facility as an evidence | District DCST- | 17.08.2021 |
| 3. Questionnaire checklist were not numbered to ensure that all completed forms are accounted and reported accordingly | Engage Provincial QA Director with improvement and redesign of the Checklists / audit tools | District QA- | 10.08.2021 |



DISCREPANCIES NOTED BY THE AUDITOR

The following were the differences that were noted between the DHIS and the totals per the registers for **HIV test positive 15-24 years (excl ANC)** (Numerator for HIV prevalence among 15-24 year olds (excl ANC))

| HIV positive 15-24 years | REGISTER TOTAL | DHIS | DIFFERENCE |
|--------------------------|----------------|-----------|------------|
| Apr-20 | 9 | 6 | 3 |
| May-20 | 6 | 15 | -9 |
| Jun-20 | 8 | 9 | -1 |
| Jul-20 | 11 | 8 | 3 |
| Aug-20 | 3 | 1 | 2 |
| Oct-20 | 6 | 4 | 2 |
| Nov-20 | 10 | 11 | -1 |
| Dec-20 | 2 | 7 | -5 |
| Jan-21 | 10 | 4 | 6 |
| Feb-21 | 12 | 11 | 1 |
| Mar-21 | 7 | 8 | -1 |
| Total | 84 | 84 | 0 |



RESPONSE BY DISTRICT

- Management of CHC will ensure adequate application of standard operating procedures by M&E, Quality Assurance Manager, facility Information Officer by reviewing register through data verification on weekly basis
- Deputy Manager Nursing, Assistant Manager Nursing and PHC supervisors will conduct Monthly data verification
- Operational managers to conduct data verification on daily basis before capturing into WEB DHIS
- Management will conduct bimonthly test checks on all facilities by ensuring that data is verified by second person on daily basis before submission for capturing
- Management will ensure that the facility conduct Health information meetings on monthly basis to discuss data error issues
- Operational managers to apply consequence management to those staff members not complying with the Data Management SOP

THANK YOU

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