



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA



KWA ZULU –NATAL IDEAL CLINIC REALISATION AND MAINTENANCE (ICRM) (NDoH SEMINAR)

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Holiday Inn Hotel- Boksburg- GAUTENG

GROWING KWAZULU-NATAL TOGETHER

Presentation Outline

1. Number of facilities that attained status in the past 7 years (2015/16- to date)
2. Proposed measures to sustain the Ideal Clinic status
3. Reasons for facilities dropping or regressing
 - 3.1 What has the District done/doing about regression?
4. Main or stubborn problems identified for facilities to attain and sustain Ideal Clinic status
5. Explain how the low scoring facilities made progress to reach higher scores even if they are not ideal – from 2015- to date

Presentation Outline cont...

6. Functionality of District PPTICRM– composition, appointments, frequency of meetings, minutes/ report of the meeting. (Extract PPTICRM Guidelines and attach it) if available.
7. District Budget for Ideal Clinic (Overall)
 - 7.1 Infrastructure plan – routine maintenance
 - 7.2 Transport management –(Support/monitoring visit).



KwaZulu- Natal Map

KwaZulu Natal Profile

- KwaZulu-Natal is the second most populated province in South Africa with an estimated population of 11.3 million people
- The eThekweni Metro is the most populous with 33.5% of the total KZN population.
- UMgungundlovu and King Cetshwayo districts are considered the economic hubs in the Province.
- The population is expansive and young, with 54.89% under the age of 25 years, and almost 90% under the age of 55 years.
- The life expectancy is 61.5 for males and 67.7 for females for 2019

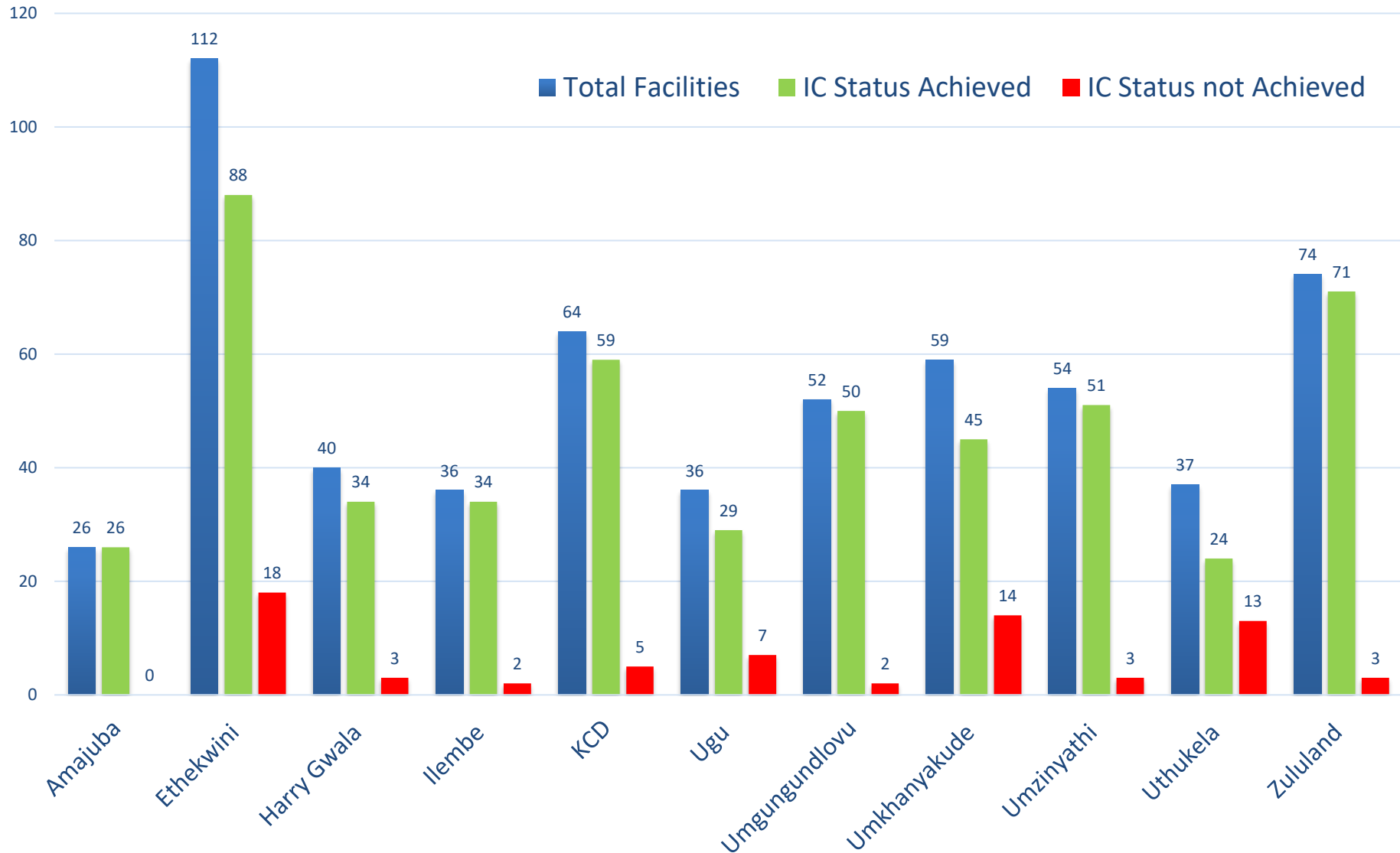
ICRM Progress from 2015/16 to 2018/19

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

Province	# of Facilities	# Facilities that conducted SD	AVG % scored	# of Facilities with an AVG score of $\geq 80\%$	# Facilities with IC status	% Facilities with IC status
KwaZulu Natal	607	604	79%	587	464	77%

Number of facilities that attained status in the past 7 years (2015/16-to date)



Proposed measures to sustain the Ideal Clinic status

- Regular Interfacility / Sub district cross assessments.
- Quarterly sub-district ICRM performance Review
- EXCO,DHMT members, PHC Managers to prioritize NNV and Vital measures
- ICRM agenda item at all DHMT forums
- Matching results against OHSC outcomes
- Mentor facility OM, PHC, QAs on monitoring implementation of sustainability strategy and reporting
- Conduct formal training/ Orientation of all new staff on Ideal clinic Framework and Manual.

Proposed measures to sustain the Ideal Clinic status cont...

- Conduct onsite mentorship and coaching to staff in poor performing facilities.
- Include ICRM status in all Managers KRAs.
- Monitor progress of QIPs by Managers at all levels
- Operational Manager to allocate components of ICRM to all staff members within the facility who should report on progress, weekly.
- Recognition and awarding of good performance during Quality

Reasons for facilities dropping status or regressing

- Lack of ownership of the programme by Management and facility staff
- Poor adherence to IPC guidelines/policies and protocols
- Stock out of pharmaceutical items from PPSD which cut across NNV and Vital measures
- Turnover of Operational Managers
- Slow progress on BLS training as there is one accredited service provider
- Delays in Supply chain processes.

What has the District done/doing about regression?

- OMs posts are filled.
- Peer support is established
- ICRM is every Manager's business and be part of the KRAs
- Additional waiting areas have been erected.
- Maintenance hubs have been established in some Districts.

Main or stubborn problems identified for facilities to attain and sustain Ideal Clinic status

- Waste storage areas not meeting specifications as per ICRM framework
- Security rooms without kitchenettes.
- Maintenance plan for essential equipment and grounds not available in most facilities
- Fire and electricity certificates not available
- BLS training – low output
- Infrastructure challenges- e.g. hand washing facility in pharmacy room
- Limited space for patients records
- Clinic committee not appointed in all PHC facilities
- Turnover of OMs.



Facilities that never achieved but have progressed

District	Number of facilities
Amajuba	0
EThekweni	7
Harry Gwala	4
ILembe	2
King Cetshwayo	7
uGu	4
uMgungundlovu	0
uMkhanyakude	5
uMzinyathi	0
uThukela	2
Zululand	4
Total	35

Explain how the low scoring facilities made progress to reach higher scores even if they are not ideal – from 2015- to date

- Following the Facility manager SD, Sub district review meetings are conducted, focusing on the elements that were not achieved.
- Relevant Managers provide support to the facilities
- QIPs are actioned and monitored closely by Sub district PPTICRM, led by the PHC Manager
- Improvement and renovations in some clinics as per Infrastructure budget.
- Filling of the critical post, more especially the OMs.

Demonstrate/ explain how the low scoring facilities made progress to reach higher scores even if they are not ideal – from 2015- to date

- Clinics were supported frequently by the ICRM Champion and the PPTICRM.
- Tailored targeted interventions were implemented to improve performance
- Allocated champions for each component to ensure buy in from all staff members
- In-service training on the Framework & Manual done for all staff including Peer reviews with mother facility's support

Functionality of PPTICRM district – composition, appointments, frequency of meetings, minutes/ report of the meeting. (Extract PPTICRM Guidelines and attached it).

PPTICRM FUNCTIONALITY	PPTICRM COMPOSITION	PPTICRM APPOINTMENTS	PPTICRM FREQUENCY OF MEETINGS, MEETINGS	REPORTS OF MEETINGS
<ul style="list-style-type: none"> PPTICRM TEAM is fully functional at the District level 	<ul style="list-style-type: none"> Quality Assurance Coordinators DCST-PHC PHC Supervisors Infection Prevention Control Coordinators Pharmacy Manager Finance Manager Systems manager Chief Artisan DD NHI District PM&E District PHC Trainer CEO HR DNM 	<ul style="list-style-type: none"> The Team were appointed with terms and references 	<ul style="list-style-type: none"> The meetings are held prior the planned assessments and post assessments 	<ul style="list-style-type: none"> Reports are done with each and every assessment and shared to management during DHMT meeting

District Budget for IC (Overall)

- **Infrastructure Plan – routine maintenance**

The budget is not specifically allocated for ideal clinic but all the infrastructure projects are aligned to ideal clinic standards and the legislative framework

- **Transport Management (Support/ monitoring visits).**

The pool transport is utilised



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Ideal clinic branding

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