LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

LIMPOPO PROVINCE IDEAL CLINIC PRESENTATION

Presented

By

Dr Phaka TJ

05 December 2022

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

PRESENTATION OUTLINE

1. Introduction
2. Number of facilities that attained status in the past 7 years.
3. What are the reasons for the facilities to drop or regress and what has the Province or District done.
4. What are the main or stubborn problems identified for facilities to attain Ideal Status and to sustained the achievements.
5. Demonstrate/ explain how the low scoring facilities made progress to reach higher scores even if they are not ideal – from 2015- to date
6. Functionality of PPTICRM Province and District – composition, appointments, frequency of meetings, minutes/ report of the meeting. (Extract PPTICRM Guidelines and attached it).
7. Budget for IC for each province (Overall)

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

1.INTRODUCTION

- The Ideal Clinic Realization and Maintenance framework brought a paradigm shift to the provision of quality health care in our facilities
- The introduction of 3 streams of care paved a way for the reduction of long waiting time and complaints.
- However, the introduction of the model demanded more human resources, which the department struggled to cater for.

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

2.Ideal Clinic status Progress from 2015 to 2021(PR/PRU)Commulative)

District	2015/16	2016/ 17	2017/1 8	2018/ 19	2019/ 20	2020/ 21	2021/2 2	TOT AL	% TARGET 45%
Capricorn	0	22	19	24	12	6	14	97	97/101 96%
Waterberg	10	5	4	10	0	3	4	36	36/64 56.2%
Sekhukhune	6	5	13	9	0	0	4	37	37/89 41.5%
Mopani	0	2	9	7	0	0	15	33	33/105 31.4%
Vhembe	11	4	27	4	0	10	7	63	63/123 51.2%
Province	**27/480 5.6%**	**38/480 7.9%**	**72/480 15%**	**54/480 11.2%**	**12/480 2.5**	**19/482 3.9%**	**44/482 9%**	**266**	**266/482 55%**

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

2.Ideal Clinic status Progress from 2015 to 2021(PR/PRU)Commulative)

District	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	TOTAL
Capricorn	0	28	21	66	17	7	96	235
Waterberg	10	5	9	20	4	3	19	70
Sekhukhune	8	8	40	46	7	4	9	122
Mopani	0	2	19	34	7	6	18	86
Vhembe	11	13	39	48	9	11	25	156
Province	**29**	**56**	**128**	**214**	**44**	**31**	**167**	**669**

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

3.Reasons for dropping IC status

Reasons for dropping IC status	Province/district interventions	Measures to sustain IC status
The introduction of new versions every year lead to facilities becoming confused and demotivated	-The Province and the District conducted trainings on the new versions as far as possible	New versions to be introduced timeously for provinces to train and also effect changes needed in facilities according to the latest version
OPM's not only concentrating on management of the clinic due to staff shortage	Conducted interviews and appointed staff	OPM's to do 80% management and 20% clinical work in the facility
Maintenance(Equipment and infrastructure) backlogs due to budget constraints	Develop and implementation of the district maintenance plans. PHC facilities are now grouped and aligned to respective referral hospitals for technical support.	-Increase budget for infrastructure maintenance as the backlog is huge. -Equip all maintenance hubs with enough skilled personnel across all trades. -Maintenance plan to be monitored and adhered to at all times.

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Reasons for dropping IC status

Reasons for dropping IC status	Province/district interventions	Measures to sustain IC status
Shortage of essential basic medical equipment, medication and consumables e.g. oropharyngeal airways and urinary catheters: 8F, 10F, 12F	Prioritize, budget and procure essential basic medical equipment. Rotate stock between facilities.	Ensure regular maintenance on essential basic medical equipment. All non-negotiable items to be available at the Depot and referral hospitals.
COVID 19 pandemic resulted in facilities not being visited and supported as PPTICRM members were deployed to other responsibilities and vaccinations	Utilising Assistant managers as they visit facilities regularly. Program managers incorporated in the team since most of them also have own MMS transport,	Ensure that assistant managers and program managers plan together to visit and support facilities. Through these supports, Quality Improvement Plans to be completed

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

4. Stubborn challenges identified

The introduction of the Non-negotiable vital elements in particular **"Emergency trolley is refilled daily and after each use"** is the major cause of facilities failing to achieve IC status.

Common challenges are around the following:

- Shortage of some emergency trolley medications and consumables :
  - oropharyngeal airways, especially sizes 00 and 5
  - Urinary catheters size 8F, 10F and 12F
  - Suction catheters sizes 8F -14F
  - Nasogastric tubes sizes
  - Emergency drugs like Diazepam 5mg/mil
  - Paediatric Broselow tape OR PAWPER TAPE
- No geographic location signage from main road
- Incomplete recording in the patient files
- Training of nurses on Basic Life Support not at 80%
- National audit guideline not signed
- National Policy for the Management of Waiting times not signed
- Lack of building and equipment maintenance.
- Shortage of staff
- Inconsistent water supply at facilities

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

5. How low scoring facilities managed to reach higher scores

- All OPM's were trained on the Ideal Clinic framework.
- Local areas are assisting each other (Internal peer reviews)
- The implementation of quality improvement plans that are developed every quarter is the main reason why facilities are scoring above **70%** but without IC status.
- Quarterly reviews were conducted after each status determination conducted. Reviews served as the motivation to facilities' operational managers as it provided them an opportunity to learn from each other.
- Facilities were advised to create files, one for each component that must contain all relevant documents as required in the IC manual that must be updated regularly.
- Small facilities that could not accommodate all service areas were encouraged to combine streams according to space availability as in the ICSM manual.
- The key principle being, as long as one is called a clinic, all Primary health care package services needs to be provided.

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

6. PPTICRM functionality

- PPTICRM was appointed and functional in all districts.
- Comprising of Programme Managers from the district, Local Area Managers and OPMs.
- As OPMs often cover for staff shortages and coordination of other activities, PPTICRM not given priority.
- Program managers are also having their own programs and PPTICRM is not given priority
- Program managers are seeing PPTICRM as the function for Quality Assurance.
- PPTICRM is the overseer of the project and on monthly basis report facilities progress to District Management Team
- The team conduct Status determination as per Ideal Clinic prescripts and assist facilities in drawing quality improvement plans
- PPTICRM should be an integrated program for it to function properly
- Other sections like finance, maintenance and pharmacy not coming to the party.
- Provincial PPTICRM yet to be integrated into one of the many committees that exist within the department
- For MMS to travel for PPTICRM, there need to be approval granted from Head Office(DDG)

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

7. Budget for IC

- Budget for IC provincially is incorporated within Healthcare service branch budget.
- Whatever is needed has to be requested from that fund.
- Districts only have budget for main accounts like electricity, NHLS ad other basic day to day running of facilities. Any other equipment needed, it should be requested from Health Care services Branch.

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Thank you