

ICRM Presentation

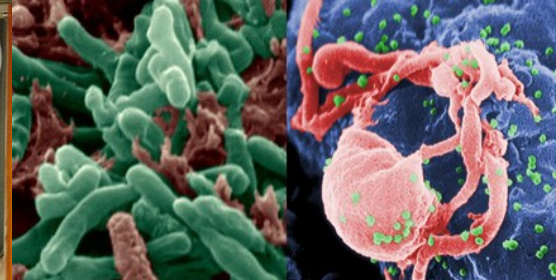
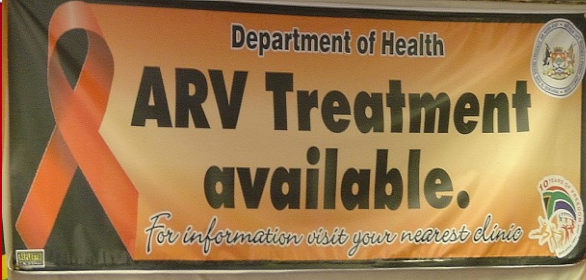
05 December 2022- Holiday Inn Gauteng

Presented by: Ms PN Ndlovu

NORTHERN CAPE PROVINCE



Northern Cape Department of Health



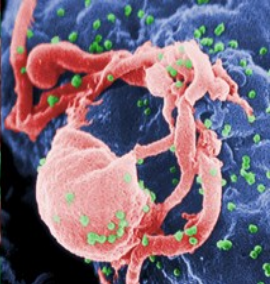
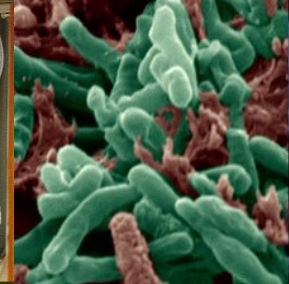
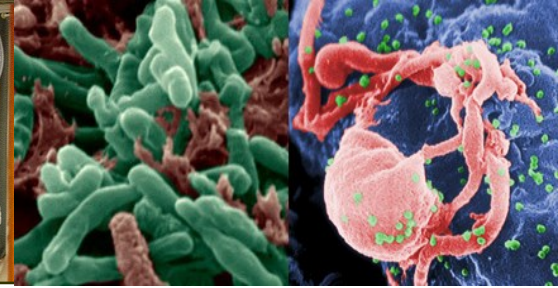
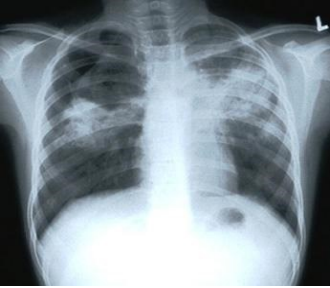


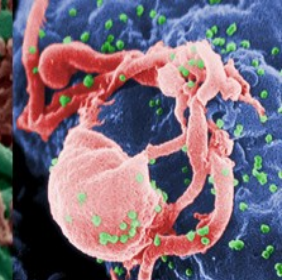
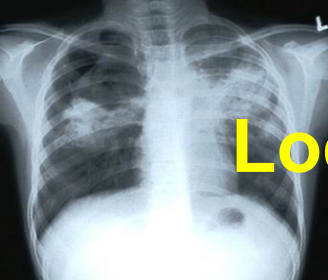
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Overview

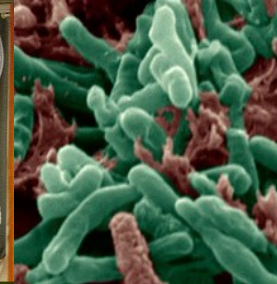
- Northern Cape is the largest and most sparsely populated province but has the least number of inhabitants, with a population of approximately 1,31 million people (2,2%). The Northern Cape is bordered by Namibia and Botswana to the north, and also by the North West, Free State, Eastern Cape and Western Cape provinces. The cold Atlantic Ocean forms the province's western boundary.
- The land is mostly desert, including Namaqualand, great parts of the Karoo and parts of the Kalahari desert. These deserts were the home of many Khoikhoi and San groups, and there are still examples of San Rock Art.
- The province is divided into five districts (namely: Frances Baard, JT Gaetsewe, Namakwa, Pixley ka Seme and ZF Mgcawu) and is further subdivided into 26 local municipalities.



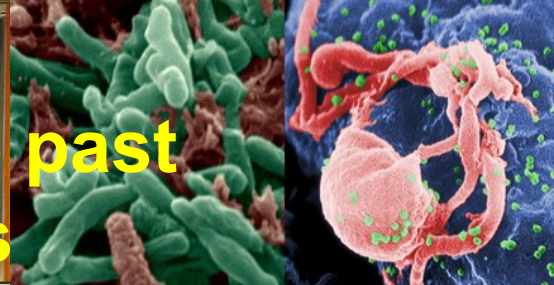
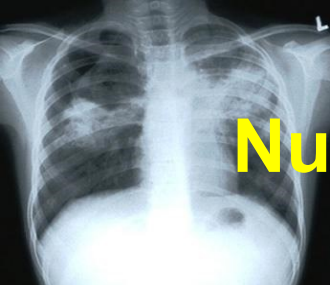
Local Municipalities in the Province

MULTIDIMENSIONAL POVERTY HEADCOUNT HOTSPOTS IN THE NC MUNICIPALITIES (2016)





Organisation unit / OrgUnitType	Clinic	Community Health Centre	Mobile Service	Satellite Clinic	Health Post	District Hospital	Regional Hospital	Provincial Tertiary Hospital	ICRM facilities
nc Frances Baard District Municipality	27	4	4	5		2		1	30
nc John Taolo Gaetsewe District Municipality	38	5	3	1		2			43
nc Namakwa District Municipality	22	10	1	8	15	2			32
nc Pixley ka Seme District Municipality	28	8	1	4		3			36
nc Zwelentlanga Fatman Mgcawu District Municipality	14	6	22	16		2	1		21
nc Northern Cape Province	129	33	31	34	15	11	1	1	162



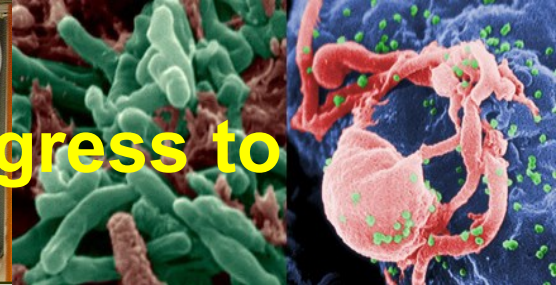
Number of Ideal facilities for the past 7yrs vs Regressed facilities

Ideal facilities-Target 40%

Regressed facilities

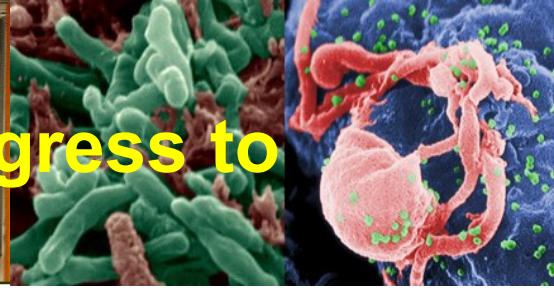
	2015	2016	2017	2018	2019	2020	2021	2022	% 2021/22
Frances Baard	0	7	17	19	6	7	6	5	
JTG	0	13	12	29	3	1	1	2	
Namakwa	1	2	15	11	8	5	5	1	
Pixley ka Seme	1	16	27	23	23	6	21	11	
ZF Mgcawu	0	0	6	13	13	2	2	6	
Province	2	38	77	95	53	21	35	25	15%

	2015	2016	2017	2018	2019	2020	2021	2022
Frances Baard	N/A	0	0	0	13	12	13	14
JTG	0	0	8	2	24	3	1	1
Namakwa	N/A	1	5	6	6	8	0	6
Pixley ka Seme	0	0	0	4	0	17	0	6
ZF Mgcawu	N/A	7	0	1	2	16	3	3
Province	0	8	13	13	45	56	17	30



Low scoring facilities that made progress to date

	Total number	Names of facilities	Current scores
Frances Baard	4	<ul style="list-style-type: none"> Mapule Matsepane Clinic <ul style="list-style-type: none"> Ma-Doyle Clinic Ikhutseng Clinic Pampierstad CHC 	<ul style="list-style-type: none"> 29% - 81% 49% - 63% 43% - 72% 27% - 78%
ZF Mgcau	6	<ul style="list-style-type: none"> Boegoeberg clinic <ul style="list-style-type: none"> Kalksluit clinic Raaswater clinic Kakamas clinic Lennertsville clinic Kenhardt clinic 	<ul style="list-style-type: none"> 34-79% 49-85% 59-79% 18-76% 47-84% 66-96%
JTG	14	<ul style="list-style-type: none"> Perth Clinic Gothusamang WM Clinic <ul style="list-style-type: none"> Tsineng Clinic Maruping Clinic Logobate Clinic Jan Witbooi Clinic Dingleton Clinic Olifantshoek CHC <ul style="list-style-type: none"> Laxey Clinic Gasehunelo Wyk 5 Clinic <ul style="list-style-type: none"> Kathu Clinic Deerward Clinic Kamden CHC Bendel Clinic 	<ul style="list-style-type: none"> 75,25 82,73 88,38 65,62 78,9 82,98 80,86 78,16 81,1 78,14 84,03 66,29 63,49 82,52



Low scoring facilities that made progress to date

	Total number	Names of facilities	Current scores
Pixley ka Seme	6	Douglas CHC Lowryville clinic Montana clinic Hopetown CHC Victoria West CHC	M (81,5) (H) 88,1
Namakwa	4	Komaggas Bergsig Calvinia clinic Niewoudtville clinic	79% 85% 94% 74%

Assigned each team member their responsibilities in their facilities for evaluating specific areas or activities of Ideal clinic concept during their facility assessment

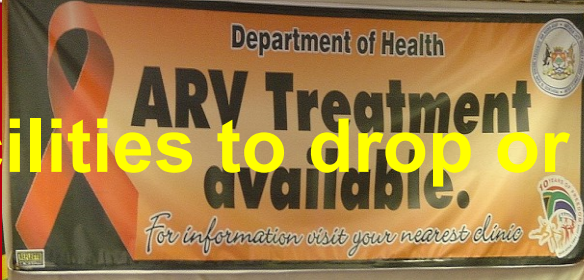
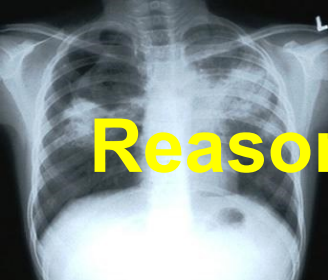
Conducting quality check on the tools that have been completed.

Assisting the assessors at facility level to correctly score measures in which view points differ and to use the tools provided for such circumstance.

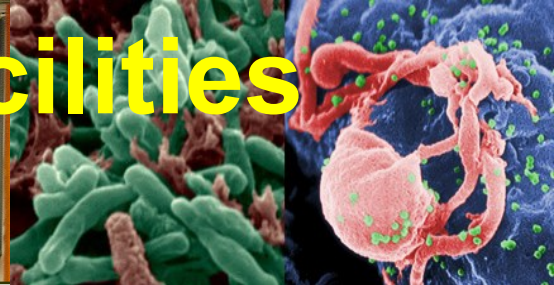
Supporting the data capturer whenever necessary



Reasons for the facilities to drop or regress



	Reason for regress	Proposed measures for achievements and sustainability
Leadership and Governance	<ul style="list-style-type: none"> - Expired policies and MOU's - Non functional Clinic committees - Non delegation of focal person at facility level - Lack of accountability and ownership-managers 	<ul style="list-style-type: none"> -Review policies and MOUs regularly -Process underway, fast track the appointment of governance structures -Have dedicated sub district and district teams/managers.
Health Workforce	<ul style="list-style-type: none"> -Shortage of staff -Negativity towards the strategy 	<ul style="list-style-type: none"> Appointment of critical staff (WISN, DHMO) -Reward/Appraisal system
Finance	<ul style="list-style-type: none"> -Centralized budget (maintenance budget) -SCM Bottlenecks 	<ul style="list-style-type: none"> -Infrastructure maintenance budget allocated for routine maintenance and repairs -Unblock SCM processes
HIS	<ul style="list-style-type: none"> -ICT infrastructure -Computer literacy amongst clinicians -ICRM reports used for compliance -Self Assessments documents not retained at facilities (PoE for audit purpose-ICRM) -Data not reviewed, verified, signed off. 	<ul style="list-style-type: none"> -Fixed Telkom network -Capacitate clinicians and regular refresher trainings -Retain documents for audit purposes -Use information for effective management



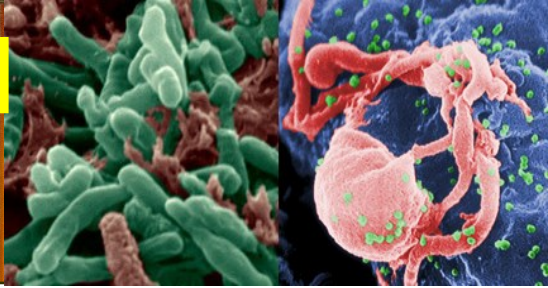
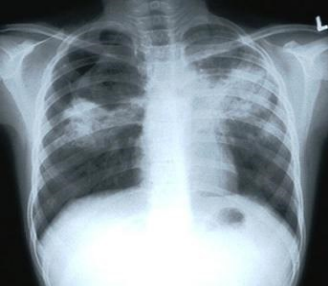
Cont...Reasons for the facilities to drop or regress

	Reason for regress	Proposed measures for achievements and sustainability
Service Delivery	<ul style="list-style-type: none"> -Non Integration (Programmes) -Monitoring of QIPs -Infrastructure and maintenance (external signage) -No sufficient white fleet for regular support visits -Non adherence to the ISCM strategy -Prolonged waiting time, records management 	<ul style="list-style-type: none"> -Integration (Health Programmes & ICRM) -Conduct clinical review after every assessment -IDP plans to reflect the ICRM strategy (assist with signage) -Conduct surveys regularly , (PEC) to improve service delivery, patient experience of care and health outcomes -Review of the Table B5 -Finalization of subsidized cars policy -ICSM strategy (capacity building, revive strategy) -Implementation of the HPRS ecosystem, integrated patient files
Medical products, Surgicals	<p>Expiry stock or supplies on the emergency trolley e.g. certain sizes of airways which is not feasible for one small clinic to procure, due to the number supposed to be ordered on the tender</p> <ul style="list-style-type: none"> -Non negotiables -No checking of the Emergency trolley regularly -Poor reporting on SVS 	<ul style="list-style-type: none"> -Regular monitoring of stocks -Emergency trolley register to be reviewed daily

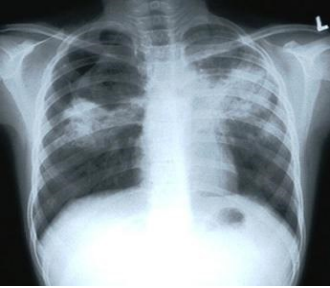


Main or stubborn problems identified for facilities to attain Ideal Status and to sustained the achievements

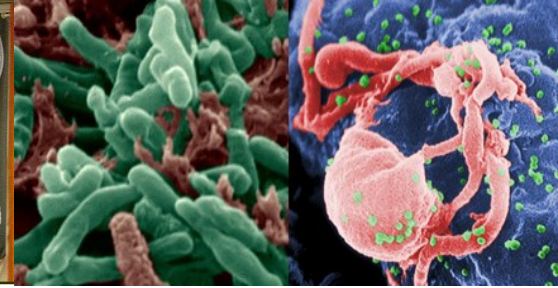
- Non adherence to policies and protocols
- Functional essential equipment mostly not available or not serviced
- Non compliance on Emergency Preparedness.Updating the Emergency trolley register
- Functional governance structures
- Infrastructural limitations (dilapidated, old, structure)
- ICSM strategy not adhered to (appointment system)
- Lack of training e.g BLS training
- Medical technicians not readily available



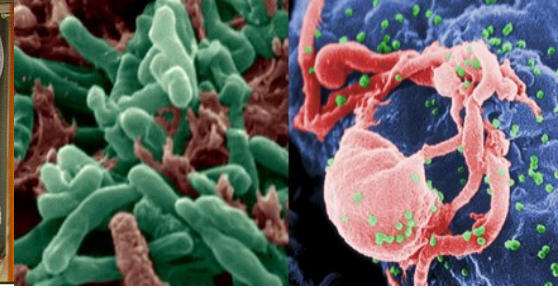
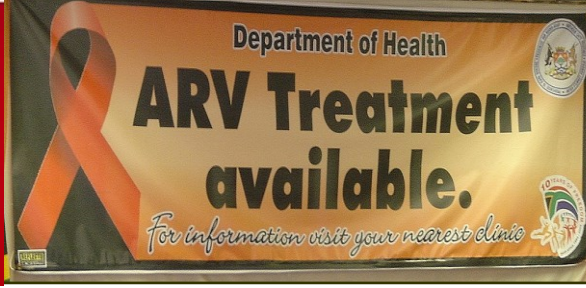
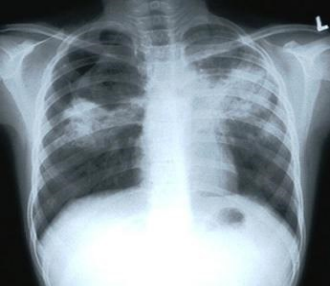
- Functional District PPTICRM
- PPTICRM ToRs revised and signed
- Signed Letters for appointing PPTICRM members
- PPTICRM standing agenda on the DMT meetings
- PPTICRM meetings conducted quarterly in the districts



Budget

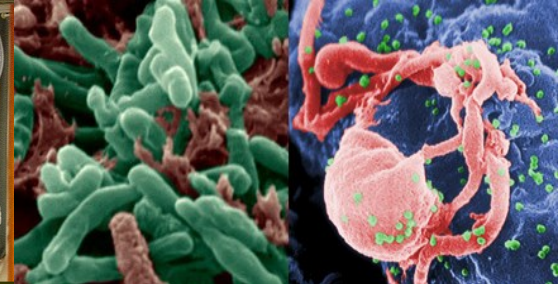


- No dedicated budget for the ICRM



IMPROVEMENT/IMPLEMENTATION METHODS

- Conduct Status determination as per cycle
- Available resources and documents to be properly channelled through
- Regular Clinical audits as stipulated in guiding policy to reduce/prevent errors
- Supply Chain, HR and Finance Related Issues must be reported on as it might have a direct influence on health care issues and health outcomes.
- Managers to be Change Agents for the success of the ICRM (Change management strategy)
- Regular Capacity Building
- Data review and verification
- Regular monitoring of QIPs (ICRM/OHSC)
- Alignment of the ICRM plans with the budget
- Integration of services throughout the province



***** END OF PRESENTATION *****

QUESTIONS / COMMENTS