



Western Cape
Government

FOR YOU

Health

Reflection on the past 7 years of ICRM Programme 2016 - 2022

5-6 December 2022

Overview

- 1. Statistical Analysis - Total Number of Facilities with Ideal Status: 2016-2023**
- 2. Percentage of Facilities with IDEAL Status**
- 3. ICRM achievement status**
- 4. The reasons for the facilities to drop or regress and what has the province or district done**
- 5. What measure to propose to sustain these achievements**
- 6. Functionality of PPTICRM Province and District**
- 7. Budget for IC for each province (Overall)**
- 8. OHSC Compliance Certificates Issued**
- 8. Conclusion**

1. Total Number of Facilities with Ideal Status : 2016-2023



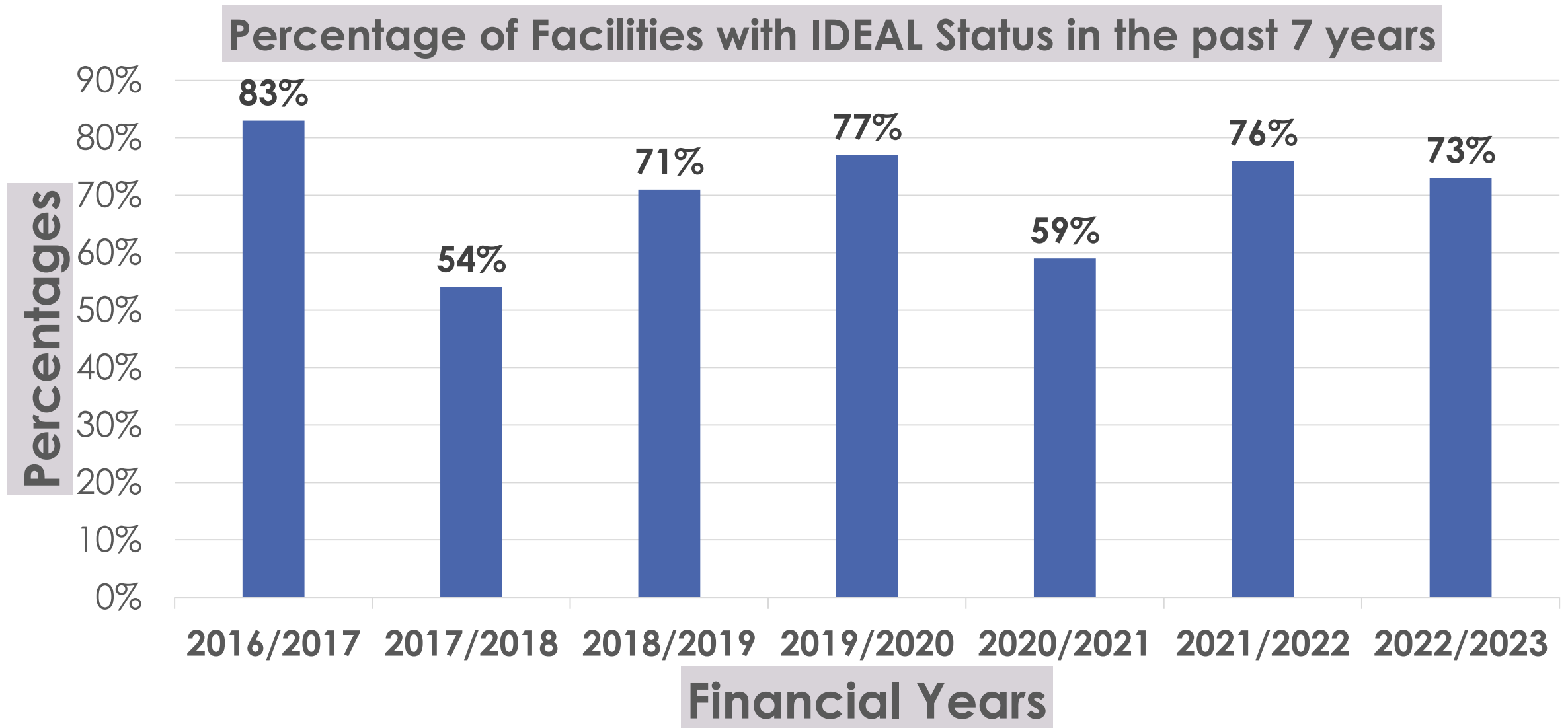
health

Department:
Health
REPUBLIC OF SOUTH AFRICA

* SD = status determination

Province	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Western Cape Province	16%	56%	71%	79%	60%	78%
Cape Winelands	13%	36%	60%	67%	56%	69%
Central Karoo	33%	78%	100%	78%	0%	33%
City of Cape Town	10%	68%	80%	96%	84%	91%
Garden Route	20%	48%	55%	73%	35%	95%
Overberg	42%	68%	100%	79%	16%	74%
West Coast	15%	37%	41%	41%	56%	33%

2. Percentage of Facilities with IDEAL Status



3. ICRM achievement status

FY	Silver	Gold	Platinum
2016/17	36	12	0
2017/18	108	43	12
2018/19	88	91	14
2019/20	82	101	20
2020/21	6	22	125
2021/22	11	23	166
2022/23	3	12	172
Grand Total	334	304	509

4. What are the reasons for the facilities to drop or regress and what has the province or district done

What are the reasons for the facilities to drop or regress

- Non- negotiable vitals
- Lack of ICRM programme implementation monitoring and evaluation systems
- Lack of staff interest in training interventions
- Lack of multi sector and collaboration approach to effectively implement the programme
- Lack of recognition to staff dedicated to robust programme implementation
- Infrastructure challenges- Buildings, CoC's, Building Ownership
- Outdated MOU's

What has the province or district done

- Strengthen compliance to Non-Negotiable Vitals
- Develop and implement effective Monitoring and Evaluation Systems -Regular internal audits to be done by staff/QA Coordinators
- Strengthen established governance structures
- Motivate relevant official and encourage to participate in training capacity interventions

ICRM Problem Areas identified

- Compliance to Non- negotiable vitals
- Effective ICRM Strategic oversight and data analysis

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

- Analysis of performance data, development of QIP's ,Implementation of QIP's and Monitoring of QIP's

5. What measure to propose to sustain these achievements

Provincial Office & Districts :

- To monitor data and compilation of reports
- Oversight and governance
- Support to sub-district
- Develop policies and guidelines
- Focus on failed elements
- Create a culture of patient centeredness and quality of care

Sub-district:

- Strengthening working relationships and work with the facilities
- Management teams to implement quality improvement plans/strategies
- Focus on change management
- Create a culture of quality governance and oversight
- Provide refresher trainings
- Let the facilities take lead in their decision-making processes
- Provide support where necessary

6. Functionality of PPTICRM Province and District

- 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

7. Budget for IC for each province (Overall)

Overall Programme 2 Budget- No dedicated IC Budget

Infrastructure plan – routine maintenance

- Programme 8 Health Facilities management Global Budget Routine maintenance is done on contract basis, on manufactory instructions e.g., Fire extinguishers and generators etc.
- Maintenance is done on request via District Offices(Hub and SPOKE approach)
- Maintenance Plan maintained by District with support of Provincial office
- User Asset Management Plan- Planning ,Buildings and Maintenance
- Electronic Portal- Tracks activity/Progress of projects

City Health

- There is a dedicated budget for IC
- Allocated per subdistrict

Challenges in relation to infrastructure

Infrastructure challenges-Compromised Infrastructure Integrity, Heritage Buildings, Building Plans, CoC's i.e. . Electricity, Fire Clearance and Building Ownership(Municipality, Church etc.)

Continuation

Transport management – Province and District (Support/monitoring visit)

- Pool of GG vehicles(Province District) that are managed by Transport on need/request basis
- Permanently allocated GG to Directorate/Sub-directorate or individual based on the nature of their work
- DD level- Make use of their own vehicles and claim back fuel expenditure on official travel
- City Health- All programme support employees have car allowance

Challenges in relation to Transport

- Appropriate vehicles for the terrain e.g., 4x4
- Mobile vehicles on constant repairs due to rough terrain
- Healthnet services/Patient transport- Challenges with long waiting time

9. OHSC Compliance Certificates Issued

Service Area	2020/21	2021/22	2022/23
RHS	10	22	N/A
MHS	N/A	4	N/A
City	1	3	10

8. Conclusion

- Gives clear targets for what facilities should aim for
- Creates a greater degree of standardization between clinics.
- Staff are dedicated to implementing ICRM & 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