

# IDEAL CLINIC REALISATION AND MAINTENANCE SEMINAR



## NATIONAL ICRM OVERVIEW: OPERATION PHAKISA LABORATORY REFLECTION

HOLIDAY INN HOTEL  
GAUTENG PROVINCE

*M.Y. Mokgalagadi*

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# OUTLINE



ICRM OPERATION PHAKISA LABORATORY

ICRM SUSTAINABILITY FRAMEWORK

IDEAL CLINIC ACHIEVEMENT BY PROVINCE 2015/16 -2021/22

ICRM RELATED PARLIAMENTARY QUESTIONS SYNOPSIS



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# ICRM OPERATION PHAKISA LABORATORY



- Laboratory 12 October to 21 November 2014 (8 work - streams)
- Forty-six initiatives with corresponding implementation plans to be completed by **2018/19**
- Improvements to service delivery in the PHC of South Africa are needed: **accessibility of services, quality and range of the services offered and patient experience**
- **Long waiting time** was one of the major causes of poor patient experiences
- Less than 20% of the public health clinics had infrastructure that is **fit for purpose** (physical structure, medical and non-medical equipment, ICT, security and bulk services)



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# ICRM OPERATION PHAKISA LABORATORY



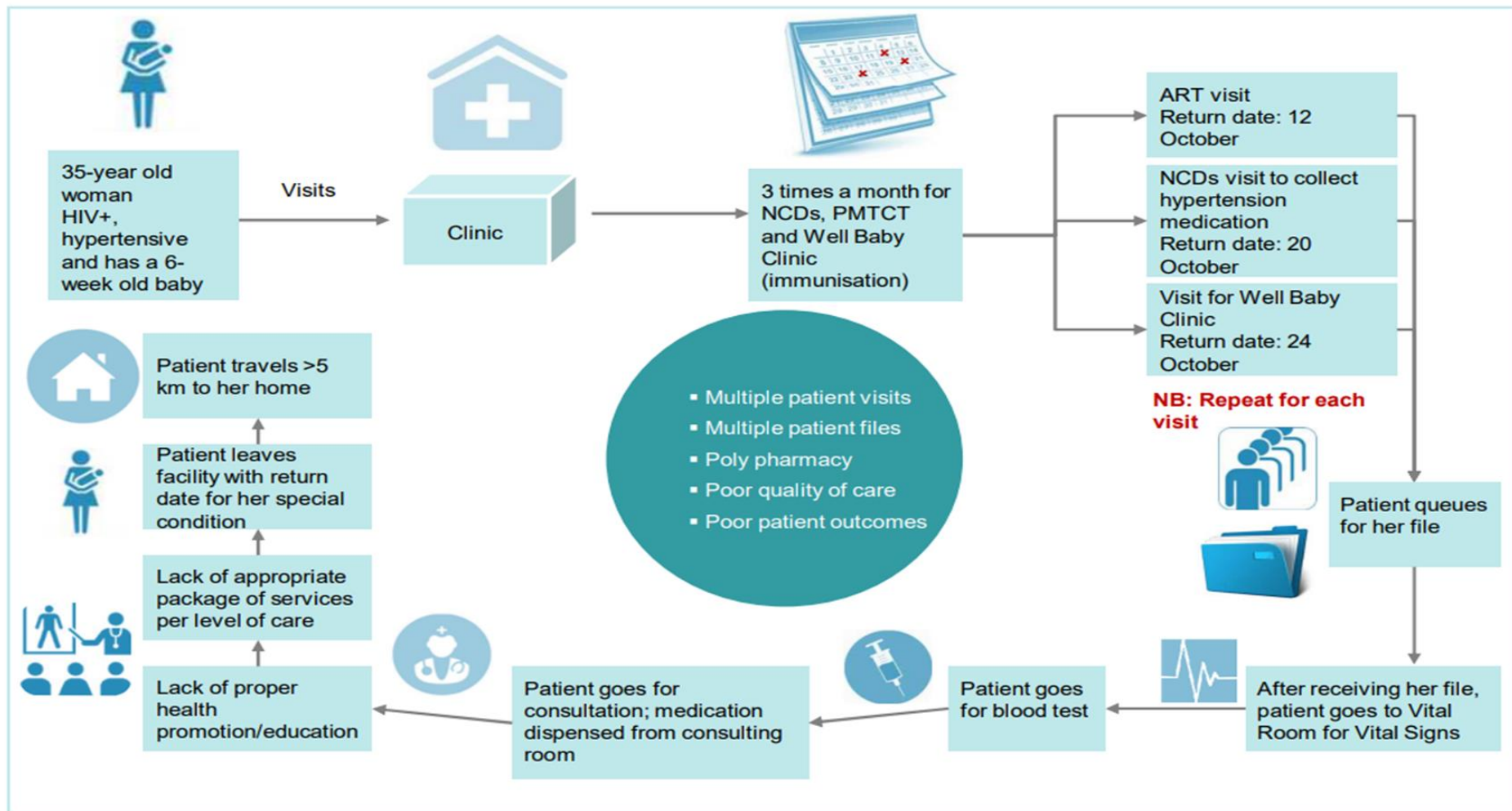
- Twenty-one percent (21%) of clinics in 2012 had **no manager**, and 47% of clinics had no visits from doctors with the National Treasury estimated that the system had 46,000 vacancies
- Essential (medical) supplies were often missing at clinic level, because of a poorly responsive **supply chain**. For example, requisition for a non-standard stock item (NSSI) may take up to 63 days.
- A lack of strong **financial management** caused many PHC facilities to run out of funds early in the year.
- Implementation of improvement initiatives was uneven, partly as a result of inadequate **institutional arrangements** between provinces and national government.



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# PATIENT'S JOURNEY : SERVICE DELIVERY



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# 1. SERVICE DELIVERY



ASPIRATION(S)	TARGET(S)/ OUTPUT	INITIATIVES
All PHC facilities in South Africa deliver optimal quality healthcare from the perspective of both the patient and healthcare provider by 2018/19	All clinics will provide uniform, comprehensive, holistic and integrated clinical care through a defined package of services	Improve and integrate health services: facility re-classification, revised package of services and referrals
	All 52 districts in the country will provide an enabling environment that supports the delivery of care, including community engagement and intersectoral collaboration, to improve access and awareness	Integrate district service delivery platform and promote uniformity of District Management Teams' structure and profile
	All clinics will have 100% availability of medication, supplies, essential equipment and essential laboratory tests	Implement innovative medicine dispensing
	All clinics will provide health services in a clean and safe environment	Roll out cleaning guidelines and IPC protocols
	All clinics will be supported by an integrated HMIS	Roll out standardised and integrated HMIS



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## 2. WAITING TIMES



ASPIRATION(S)	TARGET(S)/ OUTPUT	INITIATIVES
Patients will spend less time in total at the clinic.	Three hours maximum spent at the clinic	<ul style="list-style-type: none"> <li>✓ Establish provincial health call centres to provide advice and reduce unnecessary burden on clinics</li> <li>✓ Implement an electronic queue management systems</li> </ul>
Patients will be satisfied with waiting times.	90% patients will be satisfied with their waiting time at the clinic	<ul style="list-style-type: none"> <li>✓ Improve efficiency of patient flow</li> </ul>
Patients will report a positive experience of care	80% will report a positive experience	<ul style="list-style-type: none"> <li>✓ Support clinics to adjust hours/days of operation</li> <li>✓ Standardise paper filing processes</li> </ul>
	A consistent mechanism for patients to report on their experience, which will lead to transparency throughout the system.	



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# 3. INFRASTRUCTURE



AIM: The key drivers to ensure continuous improvement with a specific focus on planning, construction, maintenance and implementation		
ASPIRATION(S)	TARGET(S)/ OUTPUT	INITIATIVES
To design and roll-out “100% fit-for-purpose” facilities by 2018/19	<ul style="list-style-type: none"> <li>✓ A clearly-defined infrastructure roll-out plan underpinned by national technical specifications for the Ideal Clinic facility</li> <li>✓ Within the overall layout and technical specifications, there will be a focus on increased medical access, improved infection control and optimal patient experience</li> </ul>	Create and implement a detailed roll-out plan of Ideal Clinic infrastructure programme
To ensure that all public health clinics sustain world-class standards by defining world-class maintenance measures and monitoring standards which will inform both the implementation plan and maintenance strategy	Utilising appropriate and robust materials with minimum maintenance requirements	<ul style="list-style-type: none"> <li>✓ Update standards for the shape, size and quality of public health clinics</li> <li>✓ Establish clinic maintenance hubs (CMHs) – dedicated roving clinic maintenance units – for each district</li> </ul>



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# 4. HUMAN RESOURCES FOR HEALTH



ASPIRATION(S)	TARGET(S)/ OUTPUT	INITIATIVES
An equitable distribution of well-trained health workers with the required capabilities that will ensure the professional, efficient, effective, cost-effective and sustainable delivery of health care	No patient goes home unattended due to a lack of staff	<ul style="list-style-type: none"> <li>✓ Redistribution of staff</li> <li>✓ Task shifting and sharing (amending job descriptions)</li> <li>✓ Contract clinical staff from the private sector</li> <li>✓ “Bring back” South Africa’s health professionals to the public sector</li> <li>✓ Ensure facilities have the minimum numbers of essential non-clinical staff</li> <li>✓ Develop more effective community service policy and practices to supply more clinical practitioners to rural areas</li> <li>✓ Lean and effective recruitment process</li> <li>✓ Empower FMs to support scale-up to the Ideal Clinic</li> <li>✓ Enhance non-clinical staff competencies in front-line customer-care services</li> </ul>
	No employee feels that going the extra mile is not worthwhile	
	All workers are engaged and ready to perform at their best	
	No clinical professional is overburdened with administrative tasks	



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# 5. FINANCIAL MANAGEMENT



ASPIRATION(S)	TARGET(S)	INITIATIVES
To achieve a realistic budgeting process that creates an accurate forecast of the funding required by different facilities to provide the PHC package, adherence to budget and improved accountability	Achieve equitable funding, with no more than 10% discrepancy between spend per uninsured capita between districts	Move to an equitable and activity-based budgeting process.
	Limit accruals to under 2% in 95% of districts	Include FMs in the budgeting process.
	Keep discrepancies between budget and actual to under 5% in 95% of districts	Align planning and budgeting cycle to ensure funding of new directives
	Decrease unauthorised expenditure by 80%	Enforce adherence to national directive on the funding of “non-negotiables” such as medicines and vaccines
	Achieve an unqualified audit in 100% of provinces	



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# 6. SUPPLY CHAIN MANAGEMENT



ASPIRATION(S)	TARGET(S)	INITIATIVES
Improving access to Standard Stock Items (SSIs) and medical supplies	To achieve 100% continuous availability of medical supplies and SSIs in all clinics	Standardised catalogue for supplies and services
Procuring SSIs, medical supplies and standard services at low cost	To reduce the costs of procurement and distribution by 10%	Improved contract management through transversal contracts to capture procurement savings
Creating world-class SCM that will reduce the work burden for clinics	To lower the work burden at clinic level, no longer requiring demand forecasting from the FMs, and providing visibility on delivery times to the FMs	Sound demand forecasting to push standard supplies to clinics
Increase speed with quick turnaround of and Non-Standard Stock Items (NSSIs) and speed up requisition and reconciliation	To speed up the turn-around time of NSSIs, with real time reconciliation of every requisition against budget	Rationalised distribution through direct delivery, cross-docks and warehouses



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# 7. INSTITUTIONAL ARRANGEMENTS



ASPIRATION(S)	TARGET(S)	INITIATIVES
To build effective institutional arrangements and mechanisms to realise and maintain the Ideal Clinic	Agreement on norms regarding the quality of service delivery and the implementation of national health policies by provinces	Consistently implement national policies.
	Measurement and monitoring of adherence to such norms	Bring provincialisation to completion.
	Effective use of political and administrative oversight structures	Improve public accountability and transparency by establishing PHCos, DHCos and committees in all provinces.
	Functioning intersectoral structures(intersectoral, intergovernmental and interdepartmental)	Increase responsiveness at the point of service delivery through review and implementation of standardised delegations to the lowest possible level of management.
	Consequence management by leadership if targets of signed intergovernmental agreements are not met	



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# 8. SCALE-UP & SUSTAINABILITY



**AIM: The Ideal Clinic initiatives to be implemented fully to strengthen district health and sustain change throughout the implementation period.**

ASPIRATIONS	TARGET	INITIATIVES
Developing a comprehensive plan to implement and sustain system-wide change, ensuring success of the Ideal Clinic initiative.	Increased health promotion and prevention at the primary level, resulting in reduced morbidity and mortality across South Africa.	✓ Development of a fully costed scale-up plan, including identification of improvements quickly achievable at clinic level
Ensuring that the DoH and key stakeholders embrace a culture of quality service delivery.	Every staff member to understand what is required to implement and sustain Ideal Clinic status by mid-2015 and to subscribe to Ideal Clinic ideals	✓ Sustainability framework to prevent regression and to ensure that the momentum of the Ideal Clinic is sustained
Improved health outcomes through transformation and maintenance of Ideal Clinic status in all PHC facilities.		✓ Stakeholder engagement plan to drive engagement and ensure on-going support ✓ Branding and communication plan to create awareness and excitement for the Ideal Clinics ✓ Change management plan to achieve successful transformation



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# ONGOING WORK ON SUSTAINABILITY



Status	Ideal Clinic	District/Province	<p>The <b>Ideal District</b> and <b>Ideal Province</b> recognition will encourage these key players also to participate</p>  <p><b>Presidential certification</b></p> <ul style="list-style-type: none"> <li>▪ A clinic that maintains 80%+ for 3 consecutive years</li> <li>▪ A district/province that maintains 80%+ of clinics for 3 consecutive years</li> </ul>
<b>Bronze</b> 	Maintained ICRM status for a consecutive <b>12 months</b>	<b>60-69% Ideal Clinics</b> in the district/province	
<b>Silver</b> 	Maintained ICRM status for a consecutive <b>18 months</b>	<b>70-79% Ideal Clinics</b> in the district/province	
<b>Gold</b> 	Maintained ICRM status for a consecutive <b>24 months</b>	<b>80%+ Ideal Clinics</b> in the district/province	

**District managers in each district will be in charge of tracking and recommending winners**



SOURCE: Operation Phakisa Health Lab –Scale-up and Sustainability Lab



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# ICRM COORDINATION STRUCTURES



Implementation unit Further detailed on next pages

## Roles and responsibilities

- **Create an enabling environment for Ideal Clinic realisation and maintenance**
- Administrative oversight
- Mobilize resources for implementation
- Address bottlenecks
- Monitoring and evaluation

- **Drivers for implementation**
- 2-3 Full-time team reporting to DG
- Oversee implementation
- Support implementation at other levels
- As for national level

- As for National Delivery Unit

- **Play a gate-keeper role**
- Mobilizes resources
- Support implementation in facilities
- Monthly reporting to province
- Address bottlenecks
- Assist with initial/quarterly peer reviews
- Support implementation of facility improvement plans
- Provide roving support teams

- **Facilitate peer review sessions**
- Initial and bi-annual assessments;
- Support preparation and implementation of facility based improvement plans
- Assist with initial/quarterly peer reviews

### NHC-Tech

- Chair:** DG
- Members:**
- HOD's Provinces
  - DDG PHC
  - Co-opted officials
  - Other stakeholders nominated by DG

### National Delivery Unit (NDU)

### Provincial SteerCo

- Chair:** HOD
- Members:**
- District Managers
  - DDG: Health Services
  - Chief Dir PHC/DHS
  - Co-opted officials
  - Other stakeholders nominated by HOD

### Provincial Delivery Unit (PDU)

### District Management Team (DMT)

- Chair:** District Manager
- Members:**
- Sub-district managers
  - Managers QA: PHC, Finance, HR, Infrastructure

### District Delivery Unit (DDU)

### Sub-district Management Team

- Chair:** Sub-district Manager
- Members:**
- Facility Managers

Facilities

### Main implementing units

Roving support teams

Supported by Accelerator Agents selected from participating Facilities

SOURCE: Operation Phakisa Health Lab –Scale-up and Sustainability Lab

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## IDEAL CLINIC ACHIEVEMENT BY PROVINCE 2015/16 - 2021/22 FINANCIAL YEARS



Province	Total # of fixed PHC facilities	# ICs in 2015/16	ICs 22015/2016	# ICs in 2016/17	# ICs in 2017/18	% ICs in 2017/18	# ICs in 2018/19	% lcs in 2018/19	# IC in 2019/2020	% ICs in 2019/20	# IC in 2020/21	% ICs in 2020/2021	# ICs in 2021/2022	% lcs in 2021/2022
Eastern Cape	768	14	1.8 %	127	157	20%	236	30.70%	251	32%	100	13%	178	23.18%
Free State	222	22	9.9%	58	114	51%	163	73.40%	153	69%	94	43%	143	64.41%
Gauteng	370	89	24.1%	131	291	79%	325	87.80%	335	91%	322	88%	341	92.16%
KwaZulu-Natal	605	141	23.3%	193	383	64%	560	92.60%	449	74%	450	74%	511	84.46%
Limpopo	480	27	5.5%	38	121	25%	175	36.50%	139	29%	72	15%	167	34.79%
Mpumalanga	288	19	6.58%	48	87	30%	129	44.70%	147	51%	86	30%	173	60.06%
Northern Cape	161	3	1.86%	64	89	55%	106	65.80%	56	35%	19	12%	35	21.74%
North West	308	7	2.27%	86	121	39%	151	49%	173	56%	147	47%	180	58.44%
Western Cape	265	0	0%	41	144	54%	190	71.70%	203	77%	154	59%	200	75.47%
<b>TOTAL</b>	<b>3467</b>	<b>322</b>	<b>9.29%</b>	<b>786</b>	<b>1507</b>	<b>44%</b>	<b>1935</b>	<b>55.80%</b>	<b>1906</b>	<b>55%</b>	<b>1444</b>	<b>42%</b>	<b>1928</b>	<b>55.61%</b>



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# ICRM RELATED PARLIAMENTARY QUESTIONS SYNOPSIS



- ✓ What is the waiting times in clinics per province
- ✓ Why there is shortages of (a) medicines, (b) equipment and staff at clinic xxxxx
- ✓ Why are so many clinics in province zzzzz closed due to inhabitability and what interventions are in place
- ✓ Why are the following clinics in province X, Y and Z not opening 24 hours and or over weekends
- ✓ Why is clinic M turning patients away at 15:00



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# THANK YOU



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