



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



NORTH WEST DEPARTMENT OF HEALTH

IDEAL CLINIC REALISATION AND MAINTENANCE vs OFFICE OF HEALTH STANDARD COMPLIANCE TOOLS

25 MARCH 2024

TOTAL NO OF IC AS AT 3rd QTR 2023/2024 PER DISTRICT PER GRADING

District	# Facilities	# assessed	Platinum	Gold	Silver	Performance
BOJANALA	119	117	102	15	0	117 (98%)
DR KK	42	42	28	14	0	42 (100%)
DR RSM	62	62	45	13	1	59 (95%)
NMM	86	85	56	28	1	85 (98.8%)
TOTAL NWP	309	306	239	62	2	303(98%)



OHSC COMPLIANCE REPORT AS AT FEB 2024

District	# Facilities	#inspected by OHSC	Compliant
BOJANALA	120	108	63
DR KK	42	25	14
DR RSM	62	49	28
NMM	86	85	57
TOTAL NWP	310	267	162

IHFRM vs OHSC

COMPARISON	REMEDIAL ACTIONS	STRENGTHS
<ul style="list-style-type: none"> ▪ Waiting time ▪ During inspections inspectors will request monthly waiting time survey evidence instead of six monthly 	<ul style="list-style-type: none"> ▪ OHSC to inspect following approved National Guideline on waiting times 	<ul style="list-style-type: none"> ▪ Merging of the tools make it easy for facilities to be compliant both for OHSC and IHFRM ▪ Facilities that are OHSC inspected become compliant to IHFRM. ▪ OSHC does not only monitor availability of SOPs but implementation as well. ▪ Facilities take OHSC seriously than IHFRM ▪ OHSC document not too big and only two to three inspectors are required per clinic.
<ul style="list-style-type: none"> ▪ OHSC still monitors adverse events, IHFRM monitors PSI. During inspections evidence of PSI is not accepted as they look for adverse events monitoring evidence 	<ul style="list-style-type: none"> ▪ Both systems to use PSI as is the current national guideline 	
<ul style="list-style-type: none"> ▪ Record of needle stick injuries is a measure in OHSC tool not in IHFRM 	<ul style="list-style-type: none"> ▪ Record of needle stick injuries to fall under occupational health and safety register 	

CHALLENGES	REMEDIAL ACTIONS	STRENGTHS
<ul style="list-style-type: none"> ▪ OHSC checks for determination of linen needs while IHFRM checks for availability 	<ul style="list-style-type: none"> ▪ Merging of elements 	
<ul style="list-style-type: none"> ▪ Different risk ratings between the two tools 	<ul style="list-style-type: none"> ▪ Merging should include same risk ratings 	
<ul style="list-style-type: none"> ▪ Some elements in IHFRM not included in OHSC tools e.g. MOUs, external signage, reorganization of services 	<ul style="list-style-type: none"> ▪ Revisit tools and reorganize ICRM tool per functional area 	

INPUTS TO IHFRM

- Element 15 – update JACCOL to JACCOLDNP (Jaundice, Anemia, Cyanosis, Clubbing, Oedema, Lymphadenopathy, Dehydration, Nutritional status, Polycythemia)
- Element 29 (CHC) & 21 (PHC) – remove for boys and girls
- Element 57 (CHC) – stagnant water and littering to include inside the yard
- Element 107 (CHC) – CCS – add evidence that users have been informed about complaints procedure in the past 3 months
- Element 109 (PHC) & 136 (CHC) – Tracer medicines – update list according treatment guidelines
- Element 126 (CHC) – provide N/A in the checklist
- Element 129 (CHC) & 102 (PHC) – temperature of the medicine room is maintained within safety range – change risk rating to NNV.
- Element 142 (CHC) – basic surgical supplies - remove catheter size 20 & 22, remove old HB meter
- Checklist assessing three areas to be separated
- Element 211 (CHC) - laundry and services confusing – relook at the element.
- Measure on emergency trolley (OHSC) – lubricating jell – replace with remicaine jell

THANK YOU/DANKIE/REALEBOGA



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