



IDEAL CLINIC REALISATION AND MAINTENANCE (ICRM) PROGRAMME WORKSHOP

PROGRESS STATUS UPDATE



25 - 26 MAR 2024



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Date of Report: 2024-03-24



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ICRM

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ICRM



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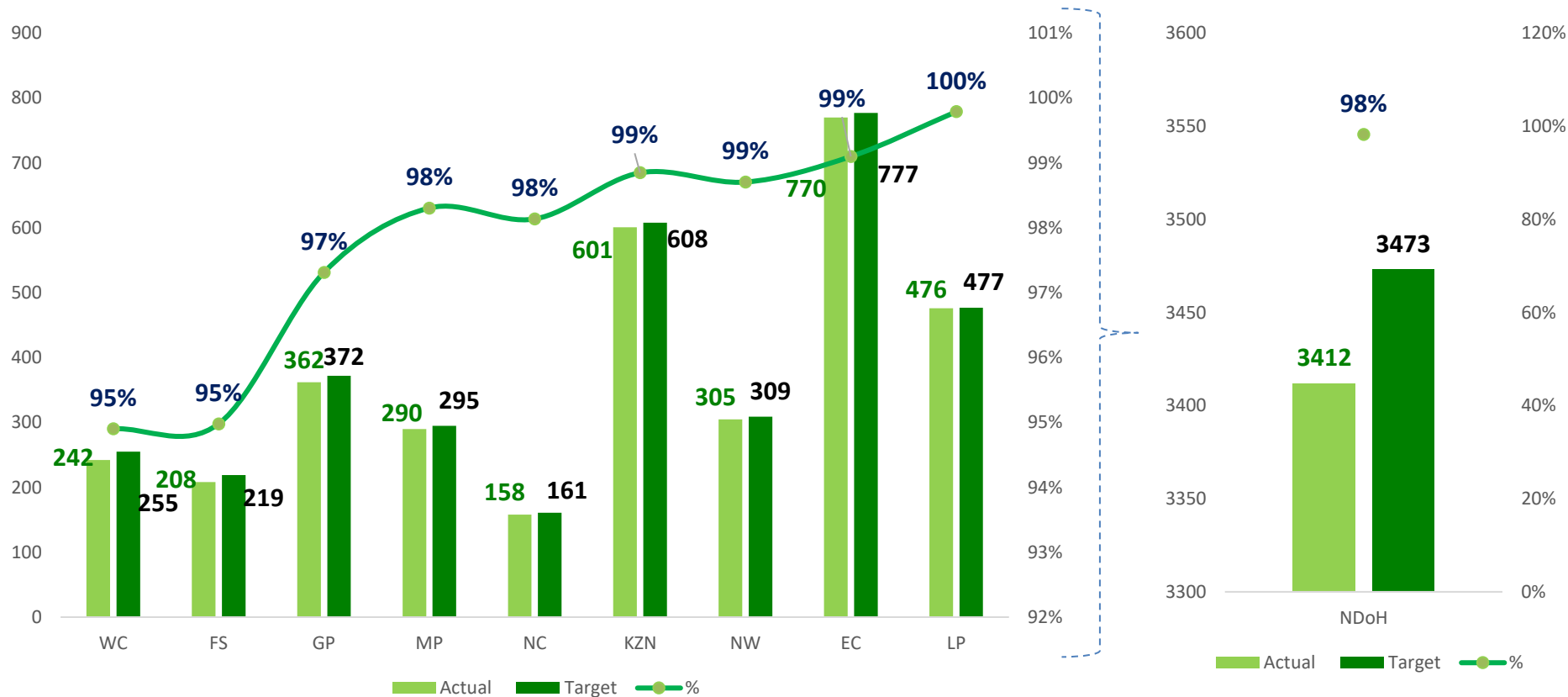
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Multiple Items

☐ (Select All)
☐ SD Facility Manager
☒ SD PPTICRM
☒ SD PPTICRM PR
☒ SD PPTICRM PRU

Status Determinations Conducted



- ICRM managed to achieve a total of 98% overall status determination at National. Only LP reached 100% for status determination.
- The following three provinces (WC, FS, and GP) were the lowest performing provinces (95% for both WC and FS and 97% respectively) concerning the Status Determination Conducted.

SD PPTICRM P

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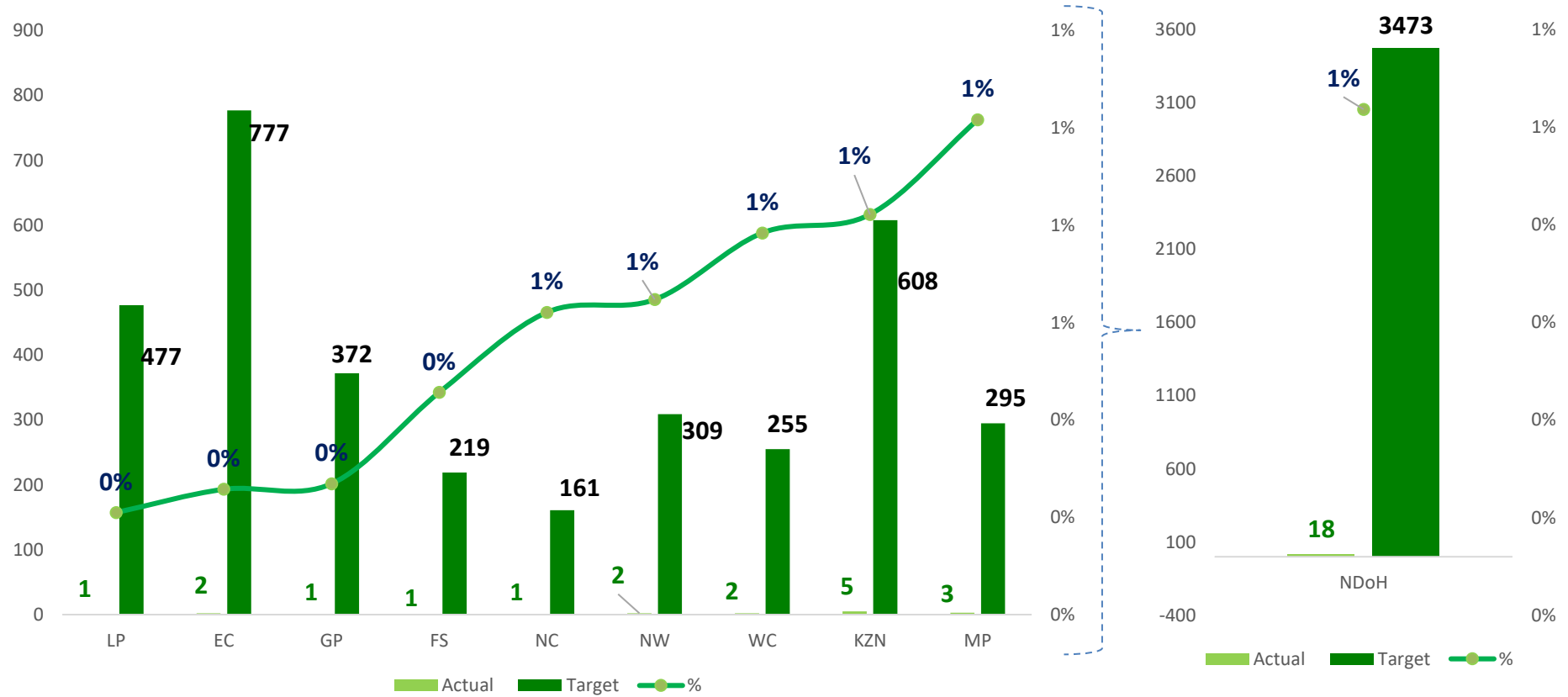
SD Facility Manager

SD PPTICRM

☒ SD PPTICRM PR

SD PPTICRM PRU

Status Determination Conducted (PPTICRM PR)



- The SD PPTICRM PR only achieved 1% (18/3473) at the National.

SD PPTICRM P

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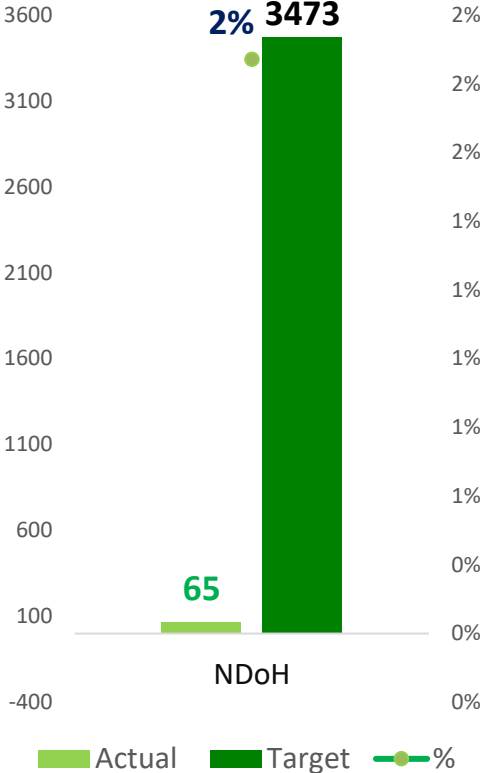
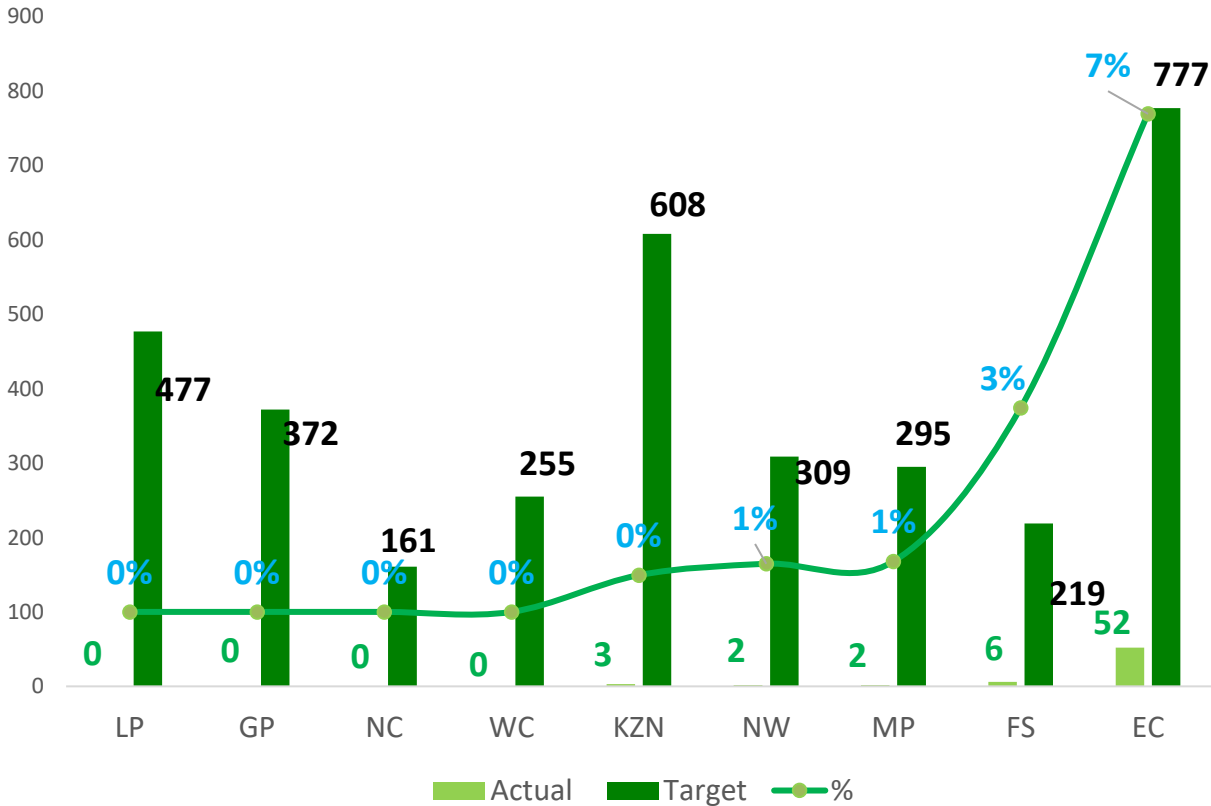
SD Facility Manager

SD PPTICRM

SD PPTICRM PR

☒ SD PPTICRM PRU

Status Determination Conducted (PPTICRM PRU)



- The SD PPTICRM PRU only achieved 2% (65/3473) at the National.



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Progress Update (SD)



District	# of Facilities	# Facilities that conducted SD	Difference (Total #Facilities - #Facilities Conducted SD)	% of Clinics that conducted SD	# Facilities with IC status	# of Facilities with Silver Status	# of Facilities with Gold Status	# of Facilities with Platinum Status
ec Eastern Cape Province	777	774	3	100%	384	13	64	307
fs Free State Province	219	212	7	97%	206	3	23	180
gp Gauteng Province	372	364	8	98%	359	0	21	338
kz KwaZulu-Natal Province	608	604	4	99%	586	6	35	545
lp Limpopo Province	477	476	1	100%	206	9	25	172
mp Mpumalanga Province	295	291	4	99%	268	0	25	243
nc Northern Cape Province	161	159	2	99%	74	7	16	51
nw North West Province	309	307	2	99%	303	2	58	243
wc Western Cape Province	255	245	10	96%	218	2	11	205
Average / Total	3473	3432	41	99%	2604	42	278	2284

There is 42 total number of facilities with Silver status, there is 278 facilities with Gold status, and 2284 facilities with Platinum status. There is a total of 41 facilities that were not able to conduct their status determination. Most facilities that did not conduct their status determination came from WC (10), followed by GP (8), and FS (7).



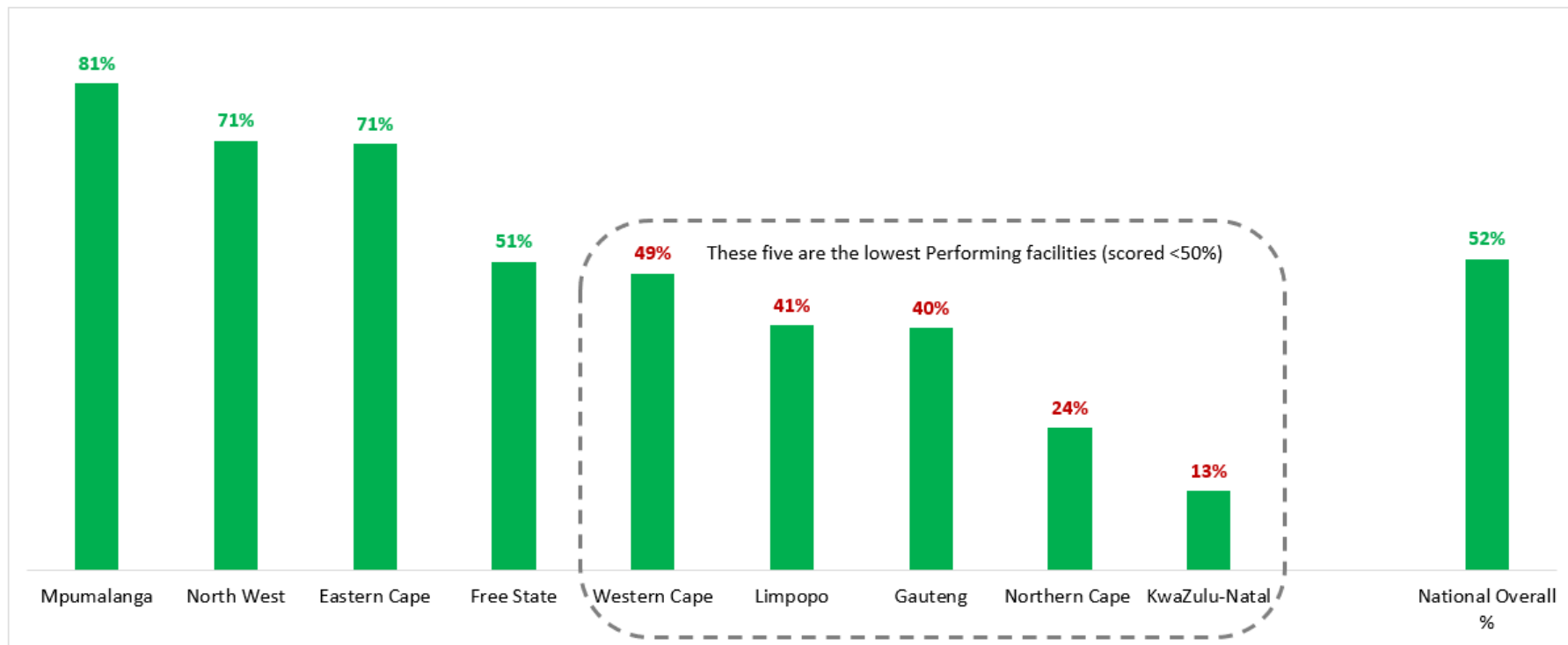
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Functional clinic committees



The current national score is 52% for functional clinic committees in South Africa.

The top three well performing provinces are MP (81%), NW (71%), and EC (71%).

The following provinces are the lowest performing provinces WC (49%), LP (41%), GP (40%), NC (24%), and KZN (13%).



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NNV Performance: National (Clinics)



Elements: NNV's	EC	FS	GP	KZN	LP	MP	NW	NC	WC	Overall %
193: Emergency trolley is stocked with the medicines, medical supplies and equipment	93%	100%	100%	100%	93%	100%	100%	94%	99%	97%
196: Functional oxygen cylinder with pressure gauge is available in resuscitation/ emergency room	97%	100%	100%	100%	98%	100%	100%	98%	100%	99%
197: Oxygen available in the cylinder is above the minimum	98%	100%	100%	100%	98%	100%	100%	98%	100%	99%
232: Emergency trolley is stocked with medicines, medical supplies and equipment	95%	97%	100%	99%	86%	99%	99%	88%	99%	97%
236: Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment	95%	100%	100%	99%	86%	99%	99%	87%	100%	96%
238: Functional oxygen cylinders with a pressure gauge is available	98%	100%	100%	97%	95%	99%	100%	97%	99%	98%
239: Oxygen available in the cylinder is above the minimum level	98%	100%	100%	97%	89%	99%	99%	96%	100%	98%
Average	96%	100%	100%	99%	92%	99%	100%	94%	100%	98%

- There are four provinces that have performed well with an average score of 100% namely, GP (100%), FS (100%), NW (100%), and WC (100%). The following three provinces failed to score 100% on the NNV's and only managed to score an average below 95% namely, LP (92%), NC (94%), and EC (96%).
- While the following two provinces need technical assistance to achieve an average score of 100% namely, KZN, and MP both scored an average score of 99%.
- There are three elements that are challenging for most provinces namely, "236: Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment", "232: Emergency trolley is stocked with medicines, medical supplies and equipment", and "193: Emergency trolley is stocked with the medicines, medical supplies and equipment".



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Recommendation (ICRM)



Based on the data presented above, it's evident that while there have been significant achievements in overall status determination by ICRM, there are notable disparities among provinces in South Africa. The distribution of facility statuses reveals a substantial number with platinum status (2284 facilities), followed by gold (278 facilities) and silver (42 facilities), indicating a generally high level of compliance. However, the challenge lies in addressing the 41 facilities that failed to conduct their status determination, particularly in provinces like WC, GP, and FS. Furthermore, the national score of 52% for functional clinic committees indicates room for improvement in governance and operational efficacy across the country.

To address these disparities and improve overall performance, a multifaceted approach is necessary. Provinces like MP, NW, and EC should be recognized for their exemplary performance and could potentially serve as models for others. Technical assistance should be prioritized for provinces like KZN and MP, which have shown promise but need support to reach a consistent 100% average score. Moreover, addressing common challenges such as ensuring emergency trolleys are stocked with medicines, supplies, and equipment (as outlined in elements 236, 232, and 193) is crucial for enhancing the quality of care nationwide. By focusing on targeted interventions, sharing best practices, and providing necessary resources, South Africa can work towards achieving more equitable healthcare standards across all provinces.

Conclusion (ICRM)



In conclusion, the data underscores both achievements and challenges within South Africa's healthcare system. While certain provinces have demonstrated commendable performance in areas like status determination and committee functionality, others lag behind, highlighting disparities that need urgent attention. It's imperative for stakeholders to leverage successful models from provinces like MP, NW, and EC while providing targeted assistance to those struggling to meet standards, such as KZN and MP. Additionally, addressing common obstacles like ensuring stocked emergency trolleys can enhance overall healthcare quality and preparedness.

Moving forward, a collaborative and targeted approach is essential to bridge the gaps and ensure equitable healthcare access and quality across all provinces. By fostering partnerships between high-performing provinces and those in need of support, and by prioritizing interventions to tackle common challenges, South Africa can work towards a more uniform healthcare landscape. Ultimately, these efforts can lead to improved health outcomes and better overall well-being for all citizens, fulfilling the nation's commitment to providing accessible, high-quality healthcare services for every individual.



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District Hospitals



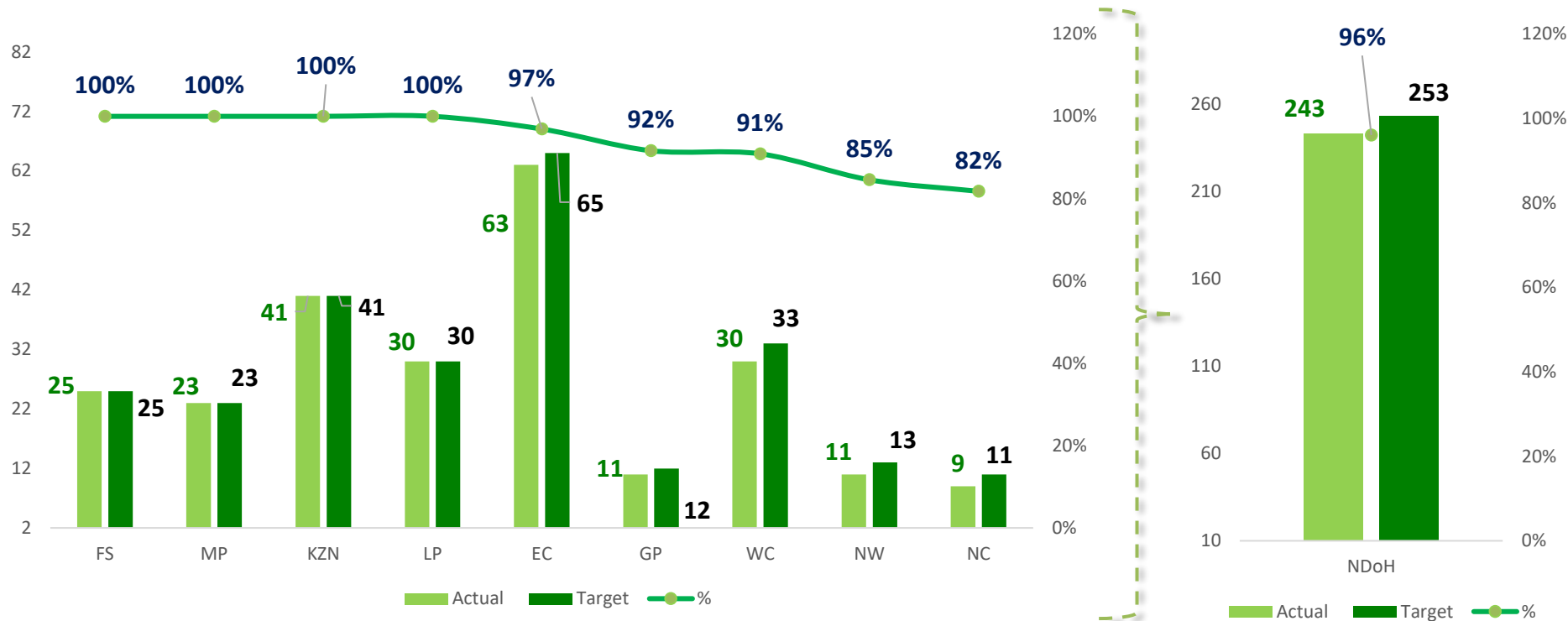
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Status Determinations Conducted – District Hospitals



- District Hospitals have managed to achieve a total of 96% overall status determination at the National (NDoH).
- Four provinces have reached 100% for their status determination (FS, MP, KZN, and LP).
- The following four provinces (GP, WC, NW, and NC) were the lowest performing provinces in the Status Determination Conducted (92%, 91%, 85%, and 82% respectively).



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Status Determinations Conducted – District Hospitals (Follow-up Feedback)



Province	Provincial baseline	Date	Target	Actual	% Performance	Feedback from the province	Date	Current Status	Date
EC	63 District Hospitals submitted; target was 65	09-Jan-24	65	63	97%	These 2 facilities are in Chris Bani district. The challenge is lack of connectivity. However, the challenge is being attended to. In Marje Venter there is a newly employed CEO who have been supported by the District and Province. The assessment is being conducted and will ensure that capturing will be conducted where there is network specifically the district office	10-Jan-24	Martjie Venter is capturing, and the status is in progress. The second hospital is St Francis and technically there is no physical structure, as the patients were evacuated to Aliwal North hospital.	09-Feb-24
WC	29 District Hospitals submitted; target was 33	10-Jan-24	33	29	88%	Facilities form part of NHI infrastructure projects set to commence approximately mid-April 2023. Nature of expected work varies from minor to major construction.	26-Jan-24	The province - indicated due to construction at these facilities - no change on the reporting	09-Feb-24
NW	11 District Hospitals submitted; target was 13	09-Jan-24	13	11	85%	Thusong District Hospital has been decommissioned Christiana District Hospital has burnt	16-Jan-24	No change due to the feedback in the previous column	09-Feb-24
NC	09 District Hospitals submitted; target was 11	09-Jan-24	11	9	82%	Apologies for this oversight. I should think it is due to our systems challenges as I do not recall seeing the email bellow. However, I have received it now and commit to investigate the matter and communicate further.	31-Jan-24	No change due to the feedback in the previous column.	09-Feb-24



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National: NNV's – District Hospitals



ELEMENTS: NNV's Performance	EC	FS	GP	KZN	LP	MP	NW	NC	WC	Overall
296. Emergency trolley is stocked with medicines and equipment	73%	85%	96%	88%	79%	73%	85%	71%	85%	82%
298. Unit has access to an emergency trolley within three minutes of a patient requiring emergency resuscitation	89%	97%	99%	90%	83%	85%	93%	85%	99%	91%
330. Emergency power supply is available	96%	94%	99%	98%	99%	97%	100%	99%	98%	97%
333. Emergency power supply is available in the units in the event of a power disruption	93%	100%	94%	100%	100%	100%	100%	100%	98%	97%
338. System to monitor oxygen levels in the bulk oxygen plant is in place	85%	100%	100%	97%	94%	86%	94%	86%	100%	93%
340. Functional system is in place to supply piped oxygen to all clinical areas	87%	94%	97%	95%	90%	91%	85%	90%	96%	92%
341. Oxygen cylinder with pressure gauge is available	95%	98%	99%	97%	96%	89%	98%	88%	98%	96%
342. Oxygen available in the cylinder is above the minimum level	95%	99%	99%	95%	96%	90%	97%	92%	98%	96%
Average	89%	96%	98%	95%	92%	89%	94%	89%	97%	93%

- All other provinces did not manage to score 100% to reach Ideal Health facilities (Overall Score).
- The two provinces that are better performing is GP (98%), and WC (97%) on average compared with other provinces.
- Three provinces that are lowest performing facilities (lowest average score) are EC, MP, and NC all have scored 89% (on average) for NNV's District Hospitals.
- The following three elements are the lowest performing elements namely: "296. Emergency trolley is stocked with medicines and equipment", "298. Unit has access to an emergency trolley within three minutes of a patient requiring emergency resuscitation", and "340. Functional system is in place to supply piped oxygen to all clinical areas".



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Governance Structures: District Hospitals



National: Governance Structures Performance for District Hospitals	EC	FS	GP	KZN	LP	MP	NW	NC	WC	Overall I
361. Appointment letters for members of the governance structure are signed by the relevant authority in terms of the National Health Act	95%	97%	100%	52%	98%	83%	100%	54%	88%	85%
362. Governance structure has clear TOR	85%	97%	94%	53%	97%	94%	99%	38%	82%	82%
363. Governance structure meetings are held in accordance with the TOR	85%	97%	85%	45%	73%	72%	94%	31%	86%	75%
364. Minutes of meetings of the governance structure indicate that strategic plan and/ or Annual Performance Plan of the hospital are discussed regularly and monitored	88%	100%	85%	53%	85%	66%	94%	23%	86%	78%
365. Remedial action is implemented to ensure achievement of strategic targets where it has been identified that the targets may not be met	91%	94%	82%	56%	86%	63%	94%	15%	76%	77%
366. Minutes of meetings of the governance structure indicate that quality of care in the hospital is discussed regularly and monitored.	89%	100%	88%	55%	83%	76%	100%	15%	84%	79%
Average	89%	98%	89%	52%	87%	76%	97%	29%	84%	79%

- Only two provinces (KZN, and NC) did not manage to achieve the average score on the above elements, while other provinces reached the average (green) scored District Hospitals' governance structures.



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Governance Structures: District Hospitals (Cont...)



As per the report, almost half do not have appointment letters in KZN province, “Appointment letters for members of the governance structure are signed by the relevant authority in terms of the National Health Act”.

NC province only has managed to score positively on two elements (Governance Structure has clear TOR and Appointment letters for members of the governance structure are signed by the relevant authority in terms of the National Health Act), while all other performance elements – are under-scored.

The majority of KZN, District Hospitals do not discuss the “External audit reports with the governance structure” as a result, they have scored 46%.

Followed by “Hospital has received an unqualified or emphasis-of-matter audit result from the Auditor General” scored 45%.



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Recommendation (IHRM)



- District Hospitals across South Africa have made significant strides in achieving high overall status determination, with an impressive 96% total at the national level.
- Notably, four provinces - Free State, Mpumalanga, KwaZulu-Natal, and Limpopo - have achieved a perfect 100% status determination, showcasing exemplary performance.
- However, challenges persist in certain provinces, particularly Gauteng, Western Cape, North-West, and Northern Cape, which reported lower scores ranging from 82% to 92%.
- Despite these variances, Gauteng and Western Cape stand out as the better-performing provinces, boasting average scores of 98% and 97%, respectively.



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Recommendation cont... (IHRM)



- A closer examination reveals specific areas of improvement, particularly in emergency preparedness and governance structures.
- Elements such as the stocking of emergency trolleys, access to emergency resuscitation within three minutes, and functional systems for supplying piped oxygen emerged as the lowest performing aspects.
- Moreover, governance issues, such as the absence of appointment letters and inadequate discussion of external audit reports, were notable concerns, particularly in KwaZulu-Natal and Northern Cape.
- Addressing these deficiencies through targeted interventions and capacity building initiatives can enhance the overall effectiveness and quality of healthcare services in District Hospitals across South Africa.



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Conclusion (IHRM)



- In conclusion, while District Hospitals in South Africa have made commendable progress in overall status determination, disparities persist across provinces, highlighting the need for targeted interventions to address specific challenges.
- The exemplary performance of Free State, Mpumalanga, KwaZulu-Natal, and Limpopo underscores the potential for success through effective governance structures and emergency preparedness.
- Moving forward, it is imperative for DoH (Provincial and Districts – supported by NDoH) and partner organisations to prioritize capacity building initiatives and targeted interventions aimed at addressing the identified deficiencies (such as governance structures and achieving 100% scores for NNV's).
- By enhancing emergency preparedness, strengthening governance structures, and fostering collaboration between provinces, South Africa can work towards achieving equitable healthcare delivery across all District Hospitals, ultimately improving health outcomes for all citizens.



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Thank You



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