

IDEAL CLINIC PROGRAMME

Training module IV part I for Ideal Clinic software

INTRODUCTION TO SOFTWARE

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health

Department:
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Table of Contents

1. BACK GROUND ON IDEAL CLINIC PROGRAMME	2
1.1 IDEAL CLINIC PROGRAMME.....	2
1.2 DEFINITION	2
1.3 COMPOSITION OF THE IDEAL CLINIC DASHBOARD.....	2
1.4 WEIGHING OF ELEMENTS	3
1.5 METHOD OF MEASURING.....	3
1.6 RESPONSIBILITY.....	3
1.7 SCORING	4
2. CONDUCTING STATUS DETERMINATIONS.....	5
3. CAPTURING OF DATA.....	6
4. OBTAINING ACCESS TO IDEAL CLINIC SOFTWARE.....	7
4.1 ACCESSING THE WEB-BASED (LIVE) SOFTWARE	7
4.2 ACCESSING THE WEB-BASED (LIVE) TEST SITE	8
4.3 ACCESSING THE OFFLINE MODULE	8

1. Back ground on Ideal Clinic programme

1.1 Ideal clinic programme

The Ideal Clinic (IC) initiative commenced in July 2013 by the National Department of Health as a way of systematically improving the deficiencies in Primary Health Care clinics in the public sector. The initiative is also supported by the Department for Planning Monitoring and Evaluation (DPME) through the Operation Phakisa programme.

1.2 Definition

An Ideal Clinic is a clinic with good infrastructure¹, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organizations to address the social determinants of health. PHC facilities must be maintained to function optimally and remain in a condition that can be described as the “Ideal Clinic”. Integrated clinical services management (ICSM) will be a key focus within an Ideal Clinic.

1.3 Composition of the Ideal Clinic dashboard

The Ideal Clinic dashboard (see example below) is the tool that is used to measure the status of the clinic, determining whether the health facility is Ideal or not. The dashboard comprises of 10 components and 32 Sub components. Within each sub component there are various elements that speak to quality and safety. There are 185 elements. Some elements are further defined by checklists with measurements.

National Core Standards		IDEAL CLINIC REALISATION AND MAINTENANCE DASHBOARD						
Component	Sub Component	ELEMENTS	Weight	MM	Level of responsibility	Comments	Check-list	
PATIENT RIGHTS	1. Signage and Notices: Monitor whether there is communication about the facility and the services provided	1 All way-finding signage in place	1	⊖	P		Y	
		2 Display board reflecting the facility name, service hours, physical address, contact details and service package details is visible displayed at the entrance of the facility	1	⊖	D			
		3 The NO WEAPONS, NO SMOKING, NO ANIMALS (except for service animals) and NO HAWKERS sign is clearly sign posted at the entrance of the facility	1	⊖	D			
		4 Display board indicating a disclaimer on searches is visibly sign posted at the entrance of the facility	1	⊖	D			
		5 The Vision, Mission and Values of the district must be visibly displayed	1	⊖	D			
		6 The facility organogram with the contact details of the manager is displayed on a central notice board	1	⊖	HF			
		7 All service areas within the facility are clearly signposted	1	⊖	HF			

¹ Physical condition and spaces, essential equipment and information and communication tools




1.4 Weighing of elements

Each element is weighted as vital, essential or important. The definitions for each weight are as follows;

- Vitals - Extremely important (vital) elements that require immediate and full correction. These are elements that affect direct service delivery and clinical care to patients and they may have immediate and long-term adverse effects on the health of the population.
- Essentials - Very necessary (essential) elements that require resolution within a given time period. These are process and structural elements that indirectly affect the quality of clinical care given to patients.
- Important - Significant (important) elements that require resolution within a given time period. These are process and structural elements that affect the quality of the environment in which health care is given to patients.

1.5 Method of measuring

The method of measuring each element is indicated with a symbol. See table below for explanation of each method of measuring

Key	Method of Measurement
	a) Check applicable documents e.g. policies, guidelines, standard operating procedures, data, etc
?	b) Ask staff members and or clients for their views or level of understanding
	c) Observations and or conclusion
	d) Test the functionality of equipment/systems


1.6 Responsibility


The responsibility to achieve each element lies with four levels within the government structure. The four levels are set out in the table below


Key	Description
NDoH	National Department of Health
P	Province
D	District
HF	Health Facility

1.7 Scoring

Each element is scored as;

Green (G)  = achieved

Amber (A)  = partially achieved

Red (R)  = not achieved

Some elements are further defined by checklist with measures. The measures are scored as 'Yes' or 'No'.

When conducting a status determination (SD), refer to the Ideal Clinic Manual for clear instructions on what needs to be assessed.

The average score according to the weights assigned to the 185 elements determines whether Ideal Clinic status is achieved or not. The majority of elements are weighted as Vital (15 elements), Essential (88 elements), and Important (82 elements). In order for a facility to obtain Ideal Clinic status, the facility must at a minimum score 100% for elements weighted as Vital, 70% for elements weighted as Essential, and 65% for elements weighted as Important. This will give the facility silver status. Depending on how a facility performs in a status determination, it will be scored and subsequently categorised as no category achieved, silver (70-79%), gold (80-89%), platinum (90-99%) and diamond (100%). The category will only be achieved when the minimum average percentages for Vital, Essential and Important elements have also been achieved. It is therefore important to note that a facility can obtain a high average score (70% to 99%) but still fail to obtain an Ideal Clinic category as they have failed to obtain the minimum average score for per weight category. The table below set out the percentages required per category to achieve the various Ideal Clinic categories.

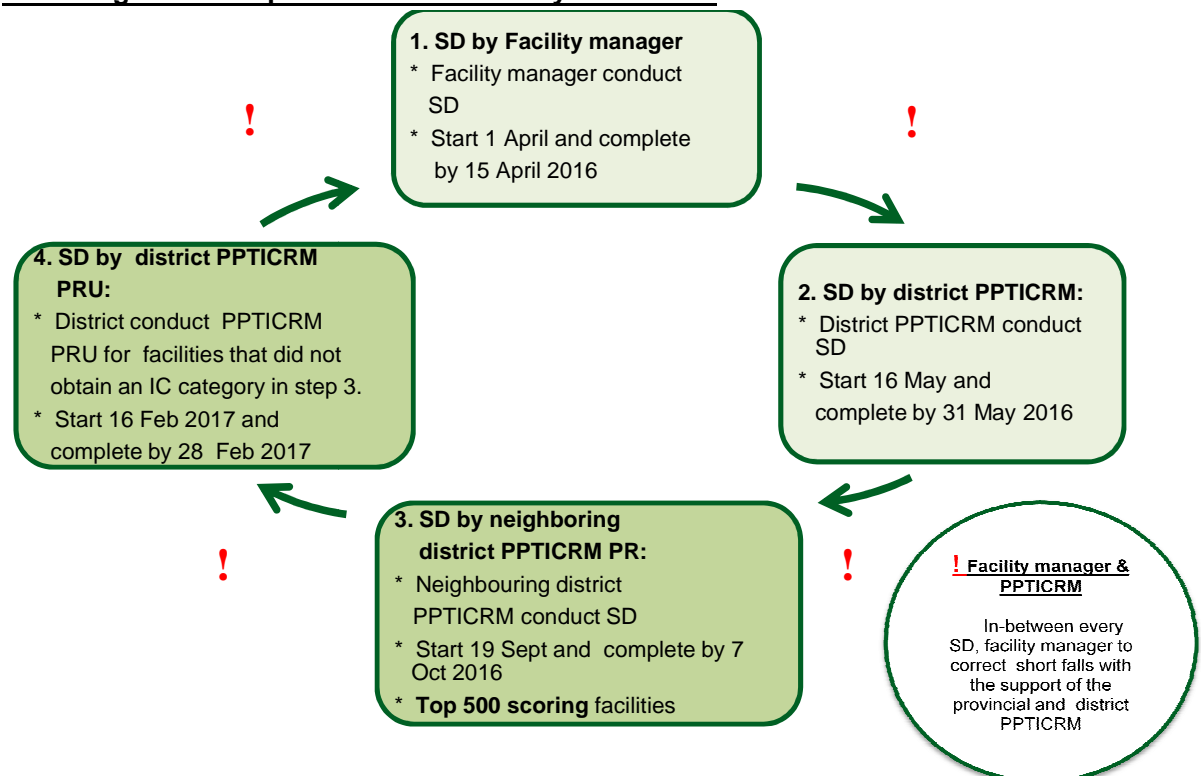
	Silver	Gold	Platinum	Diamond
Weights				
Vital	100%	100%	100%	100%
Essential	70%	80%	91%	100%
Important	65%	76%	87%	100%
AVERAGE	70%	80%	90%	100%

2. Conducting Status Determinations

There are four different types of status determinations that can be conducted. The type of status determination is determined by the status determination role of the staff that will conduct the status determination as explained below.

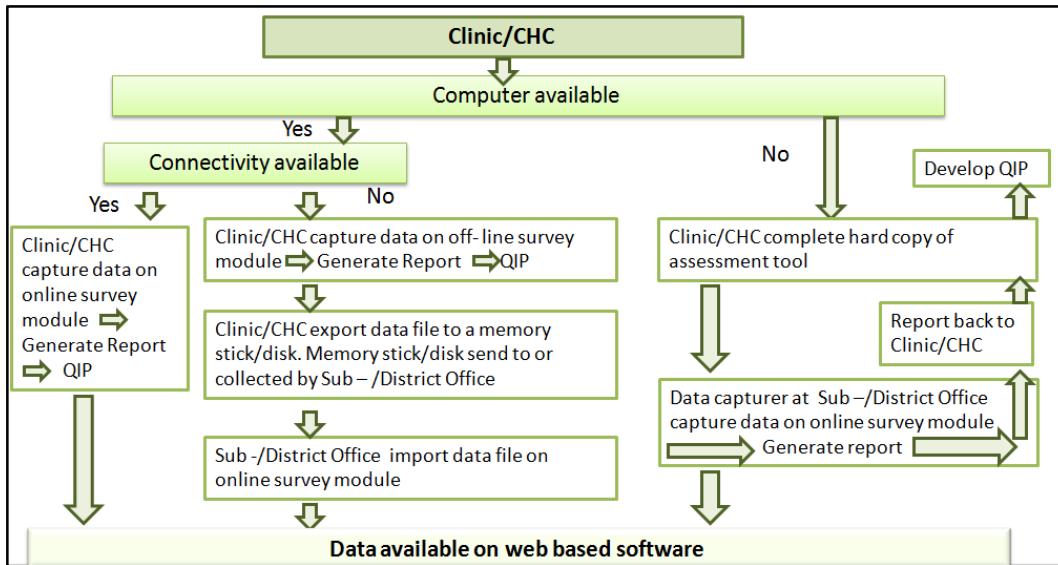
- SD by the Facility manager
A SD by the Facility manager is recommended to prepare the facility for the SD by the Perfect Permanent Team for Ideal Clinic Realization and Maintenance (PPTICRM). Once conducted, short fall must be corrected before the district PPTICRM SD takes place.
- SD by the district or provincial PPTICRM
The SD by the PPTICRM is compulsory and must be conducted once in a financial year. The first SD must be conducted at the start of the financial year, before the end of May. Short fall must be corrected before the district peer PPTICRM SD takes place.
- SD by district peer reviewer's PPTICRM Peer Review (PR)
Only the top scoring 500 facilities will be selected for this review. The SD by the PPTICRM PR is conducted by the PPTICMR of a neighbouring district within the same province. The PPTICRM PR must commence on 19 September and be completed by 7 October.
- SD by neighbouring PPTICRM Peer Review Update (PRU)
Only facilities that did not obtain an Ideal Clinic category during the peer reviews must be reassessed by the district itself once shortfalls in those clinics were corrected.

Flow diagram of SD process for Financial year 2016/17:



3. Capturing of data

A web based application (<https://www.idealclinic.org.za>) was designed to monitor and evaluate the implementation of the IC Initiative. The software can also be installed as a standalone application should connectivity to the web-based interface not be available. The standalone application can be downloaded from the IC website. See flow diagram of data flow below.



The reporting tool will present the information in a meaningful way that will support analysis, findings and recommendations effectively. The reporting system will allow for individual facility reports, aggregated reports at sub-district, district, provincial and national levels. These reports will assist facilities, sub- districts, districts, provincial and national departments to monitor and evaluate the quality of services in PHC facilities and to develop quality improvement plans accordingly to close the identified gaps.

All request for creation of user accounts must be sent to the provincial or districts Ideal Clinic coordinators. They will approve the requests and forward the form to the National Department of Health to the Ideal Clinic e-mail address, idealclinic@health.gov.za. **All forms must be submitted electronically, no hand written or scanned forms will be processed.**

Once the account has been created the user will receive an e-mail on the e-mail address that was used to register the account. See example below:

"From: <idealclinic@asqworld.co.za>
Date: Tue, Feb 24, 2015 at 9:44 AM
Subject: Password Reset: Ideal Clinic Monitoring System
To: susan.botha@gmail.com

Hi, Susan Botha,

Please use the following details to login to the Ideal Clinic Monitoring System:

Link: <https://www.idealclinic.org.za/>
USERNAME: SBotha
PASSWORD: eNMku@0P

4.2 Accessing the web-based (live) test site

Staff from the provincial office, PPTICRM or District office that will be responsible to train staff on the IC software can access the test site on <https://test.idealclinic.co.za> to train staff to capture assessments ect as this cannot be done on the live site (<https://www.idealclinic.org.za>) as all data that is saved on this site will be permanent and cannot be removed

The details to log onto the test site are as follows:

Username: Test
Password: password

4.3 Accessing the Offline module

Users that work on the off line module do not need to have a user account. A generic account that is 1234 is used to access the Offline module.