Setting the scene

Context for Integrated Clinical Services Management

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Acknowledgements

- **Dr Shaidah Asmall**
  Senior Technical Advisor - NDoH
- **Dr Ozayr Mahomed**
  Public Health Medicine Consultant - UKZN
- **Ms Jeanette Hunter**
  DDG Primary Healthcare - NDoH

fhi360
THE SCIENCE OF IMPROVING LIVES

Funded by:

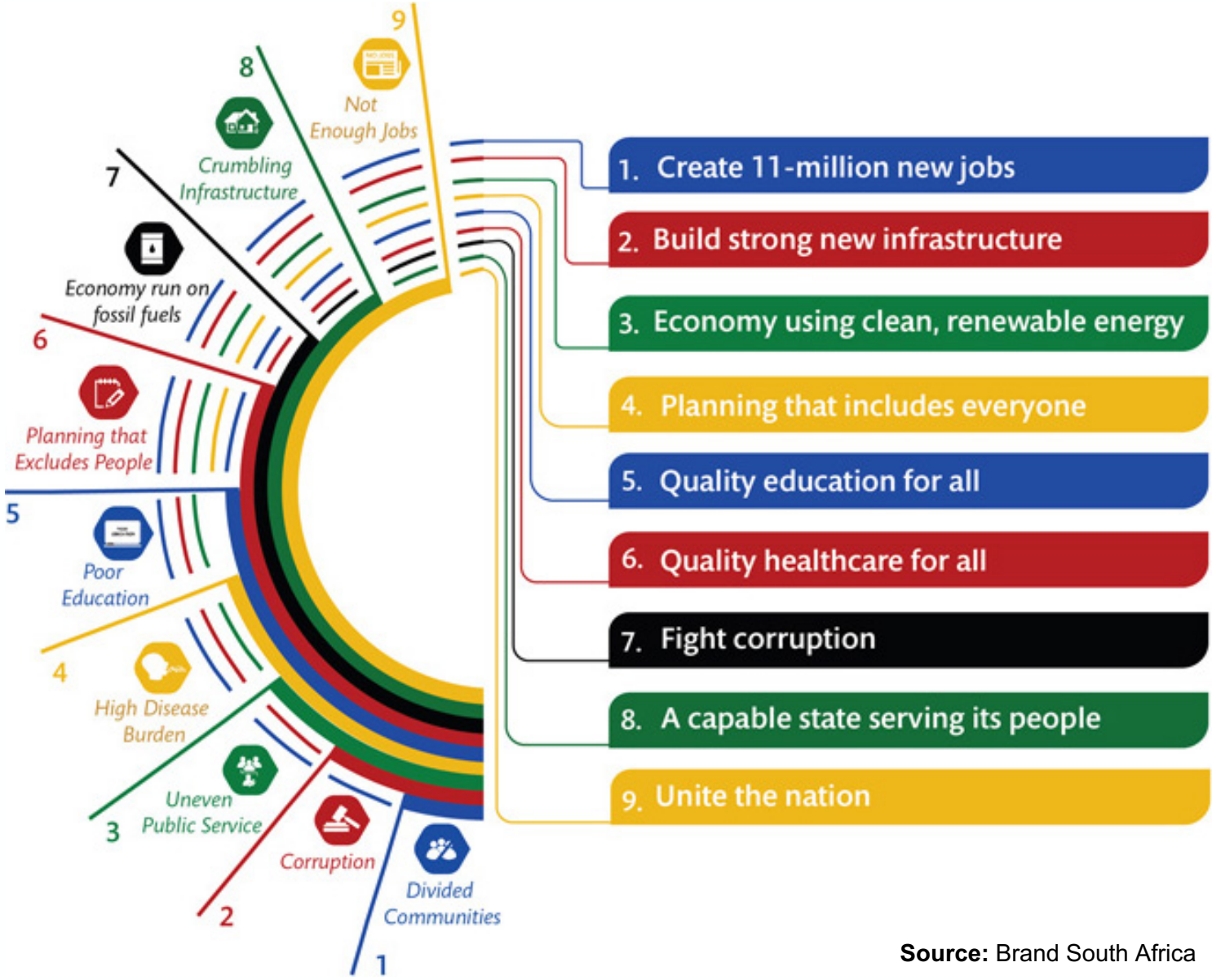
USAID
FROM THE AMERICAN PEOPLE

PEPFAR

Context

- **Policy environment**
  - National Development Plan
  - Strategic Plan of National Department of Health
  - National Health Insurance
  - Universal Health Coverage: PHC Re-engineering Framework
- **Public health expenditure**
- **Progress in achieving health outcomes**
- **Challenges in health sector**
  - Burden of disease
  - Health system challenges
  - Quality of care
- **Health sector reforms**
  - Ideal Clinic realisation

National Development Plan (2030)



Source: Brand South Africa

National Development Plan (2030)

Government spends approximately R922 per month per family of four, roughly 17% of government spending.

By 2030, South Africa's health system will work for everyone and produce positive health outcomes – it is possible to raise the life expectancy of South Africans to at least 70 years.

National Development Plan (2030)

By 2030, South Africa should have:

- Raised the **life expectancy** rate to at least 70 years for men and women
- Produced a generation of under-20s that is largely **free of HIV**
- **Reduced** the burden of disease
- Progressively **improved TB prevention** and **cure**

National Development Plan (2030)

- Achieved **an infant mortality rate** of fewer than 20 deaths per thousand live births, including an under-five mortality rate of less than 30 per thousand
- Achieved a significant shift in the **equality, efficiency, effectiveness** and **quality** of health care provision
- Achieved **universal health coverage**
- Significantly reduced the risks posed by the **social determinants of disease** and adverse ecological factors

National Service Delivery Agreement (2014-2019)

- **Signed by the Minister of Health with the President**
- **Includes four outputs:**
  - Increasing life expectancy
  - Decreasing maternal and child mortality
  - Combating HIV and AIDS and decreasing the burden of diseases from TB
  - Strengthening health system effectiveness

NDoH Strategic Goals (2014-2019)

Vision

- A long and healthy life for all South Africans

Mission

- To improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability

NDoH Strategic Goals (2014-2019)

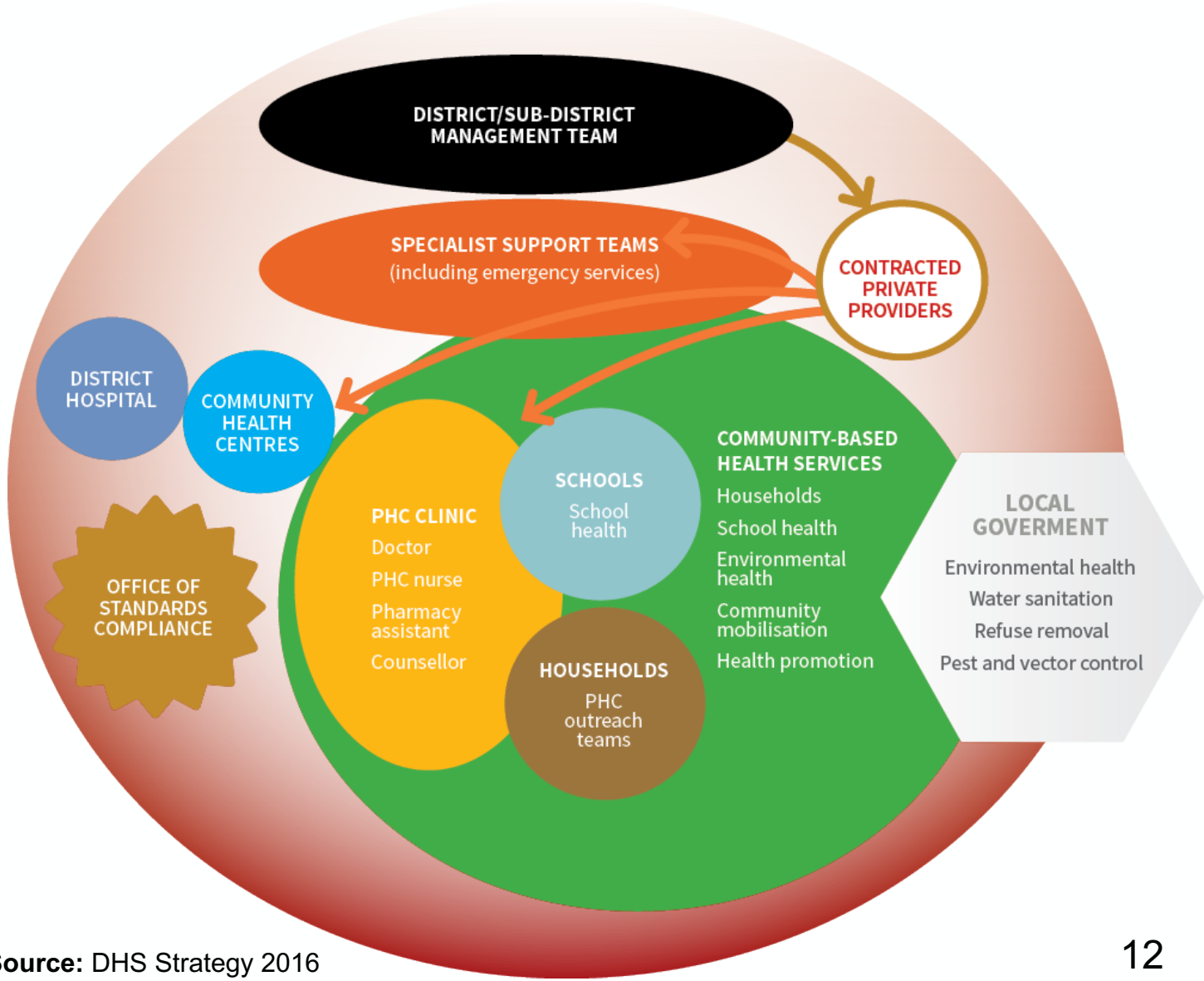
- **Prevent** disease and the reduce its burden, and promote health
- **Improve** quality of care
- **Re-engineer** primary healthcare
- **Universal** health coverage

NDoH Strategic Goals: 2014-2019

NDP Goals 2030	NDP Priorities 2030	NDoH Strategic Goals 2014-2019
Average male and female life expectancy at birth increased to 70 years Tuberculosis (TB) prevention and cure progressively improved Maternal, infant and child mortality reduced Prevalence of non-communicable diseases reduced Injury, accidents and violence reduced by 50% from 2010 levels	a. Address the social determinants that affect health and diseases d. Prevent and reduce the disease burden and promote health	Prevent disease and reduce its burden, and promote health
Health systems reforms completed	b. Strengthen the health system	Improve health facility planning by implementing norms and standards
		Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms
	c. Improve health information systems	Develop an efficient health management information system for improved decision making
	h. Improve quality by using evidence	
Primary healthcare teams deployed to provide care to families and communities		Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services
Universal health coverage achieved	e. Financing universal healthcare coverage	Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation
Posts filled with skilled, committed and competent individuals	f. Improve human resources in the health sector g. Review management positions and appointments and strengthen accountability mechanisms	Improve human resources for health by ensuring adequate training and accountability measures

Primary healthcare (PHC) re-engineering

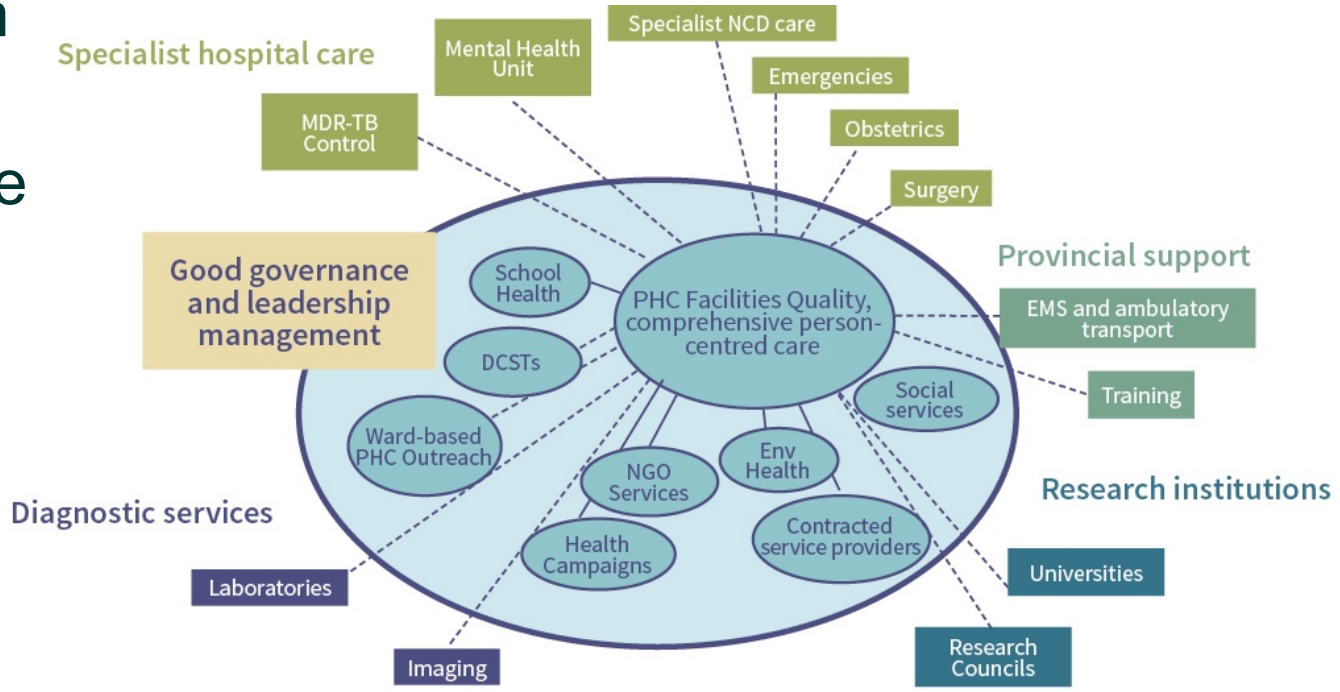
District Health System model with **PHC** as a platform for delivery of health services is the **main implementation mechanism**



Source: DHS Strategy 2016

Primary healthcare clinics

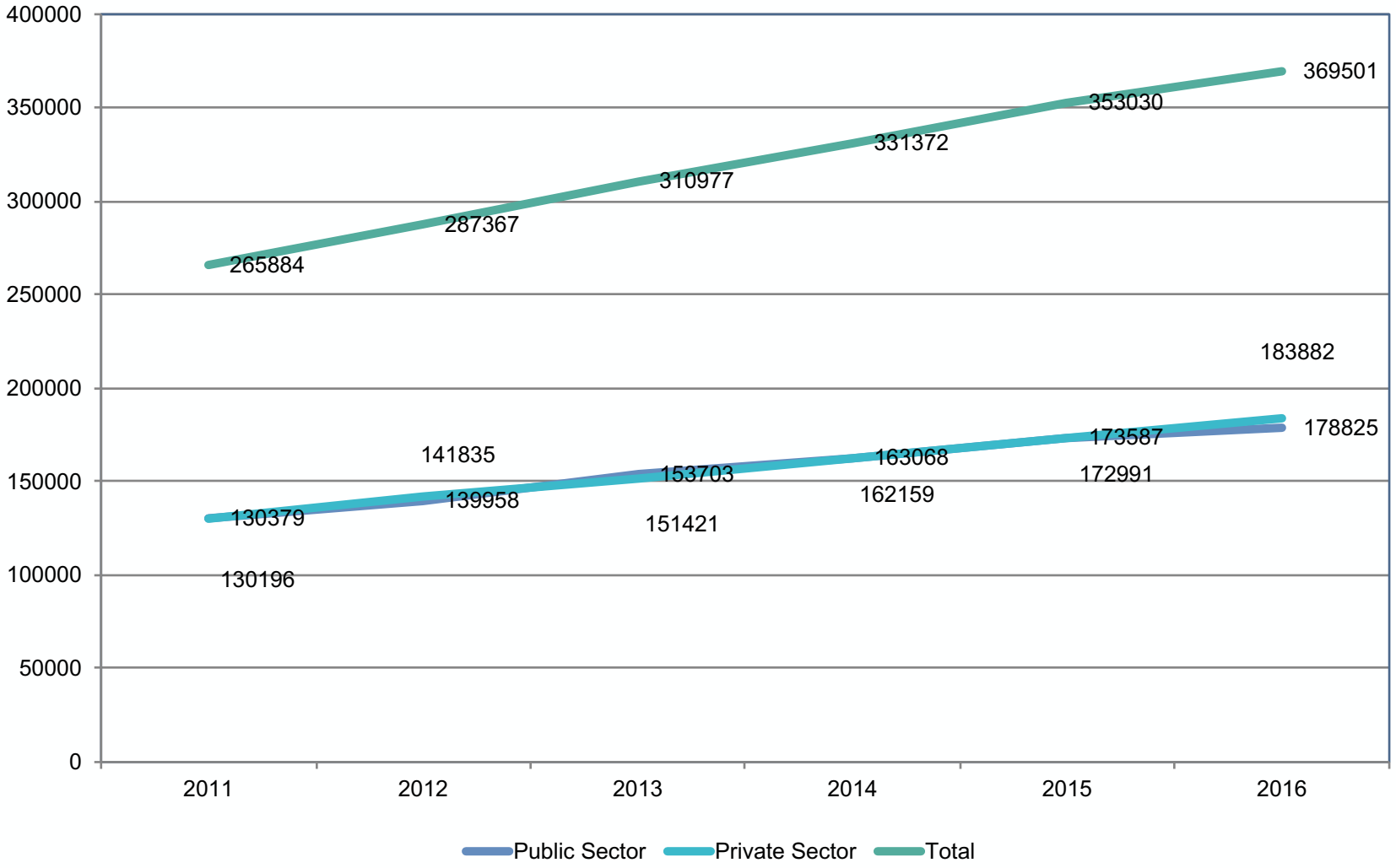
- **First point of contact** between the population and the health system
- **Act as a gatekeeper** to higher levels of care
- Need to **promote good health outcomes**, rather than just serve ill-health by offering a curative service



Refer to **Slide 43**

Health expenditure in South Africa (2011-2016)

Health expenditure in billion



Source: National Department of Health: Ideal Clinic Framework

Total public health & primary healthcare expenditure

Total public health sector expenditure - **R 178 billion** in **2016/17 (7.9%)** annual increase

15% of total government expenditure

Provincial health expenditure = **R154 billion**

District health services = **47.8%** of all programs at provincial level

Primary healthcare = **R33.4 billion** in **2016/17**

Primary healthcare services = **21.7%** of total provincial health expenditure

Data: Treasury: Intergovernmental Fiscal Review

Progress achieved

Free primary health care

Since 2006, >40 million South Africans have access to free health care

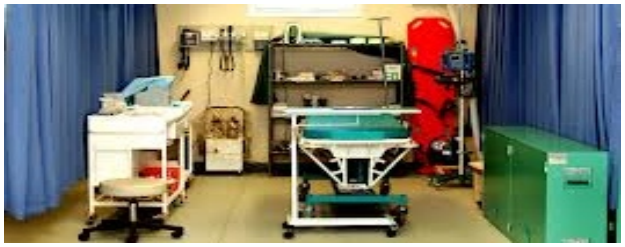
Access to antiretrovirals

Largest ART program in the world leading to dramatic increases in life expectancy and a reduced mother-to-child transmission: 30% to below 3%.

Choice of termination of pregnancy

Choice on termination of pregnancy laws introduced in 1996, reducing abortion related deaths by ~ 90%

Hospital revitalisation program



Hundreds of hospitals rehabilitation, 11 new district and regional hospitals built since 1998

Improved immunisation program

Coverage across provinces equalised, from variations of as much as 40% in 1992 to all provinces now above 70%

Improved malaria control

Reduction in reported cases of malaria from as high as 60 000 people in 2001 to under 10 000 in 2009

Source: An overview of Health and Health Care in South Africa 1994 -2010: Priorities, Progress and Prospects for New Gains

Progress has been made

HIV & AIDS

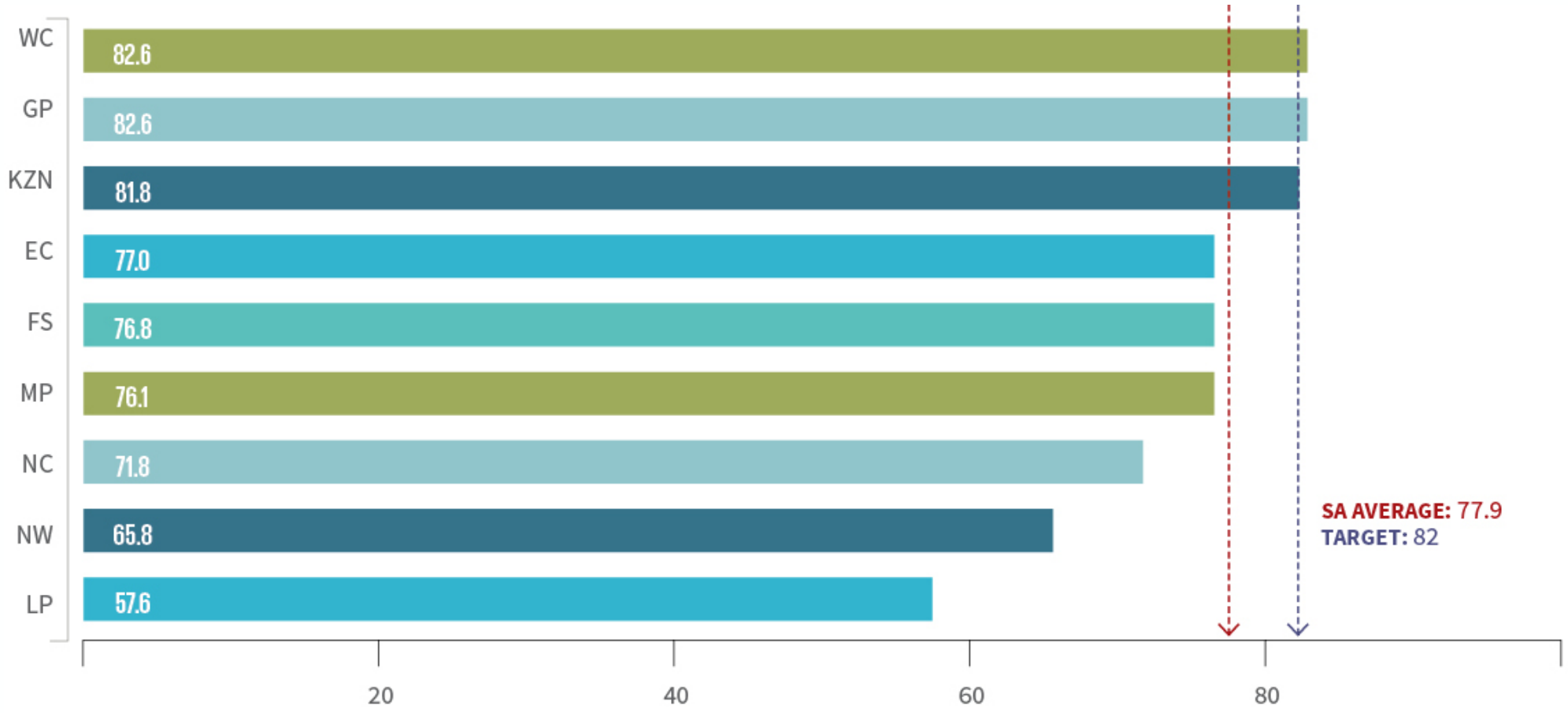
- Between March 2011 and March 2014, the **number of people on antiretroviral treatment (ART) grew** from 1.69 million to 2.68 million, an increase of about 278 660 patients per year.
- By 2016/17, the number is expected to be 4.2 million
- Introduction of the **90/90/90 universal test and treat strategy**

Source: Operation Phakisa

Progress has been made

- **Mother to child transmission** (MTCT) of HIV declined from 8% in 2009 to 2.7% in 2012.
- In 2015, more than 95% of **HIV-positive pregnant women** received antiretroviral medicine to reduce the risk of MTCT.
- **MTCT** of HIV in South Africa has fallen to 1.5% - meeting the current National Strategic Plan target

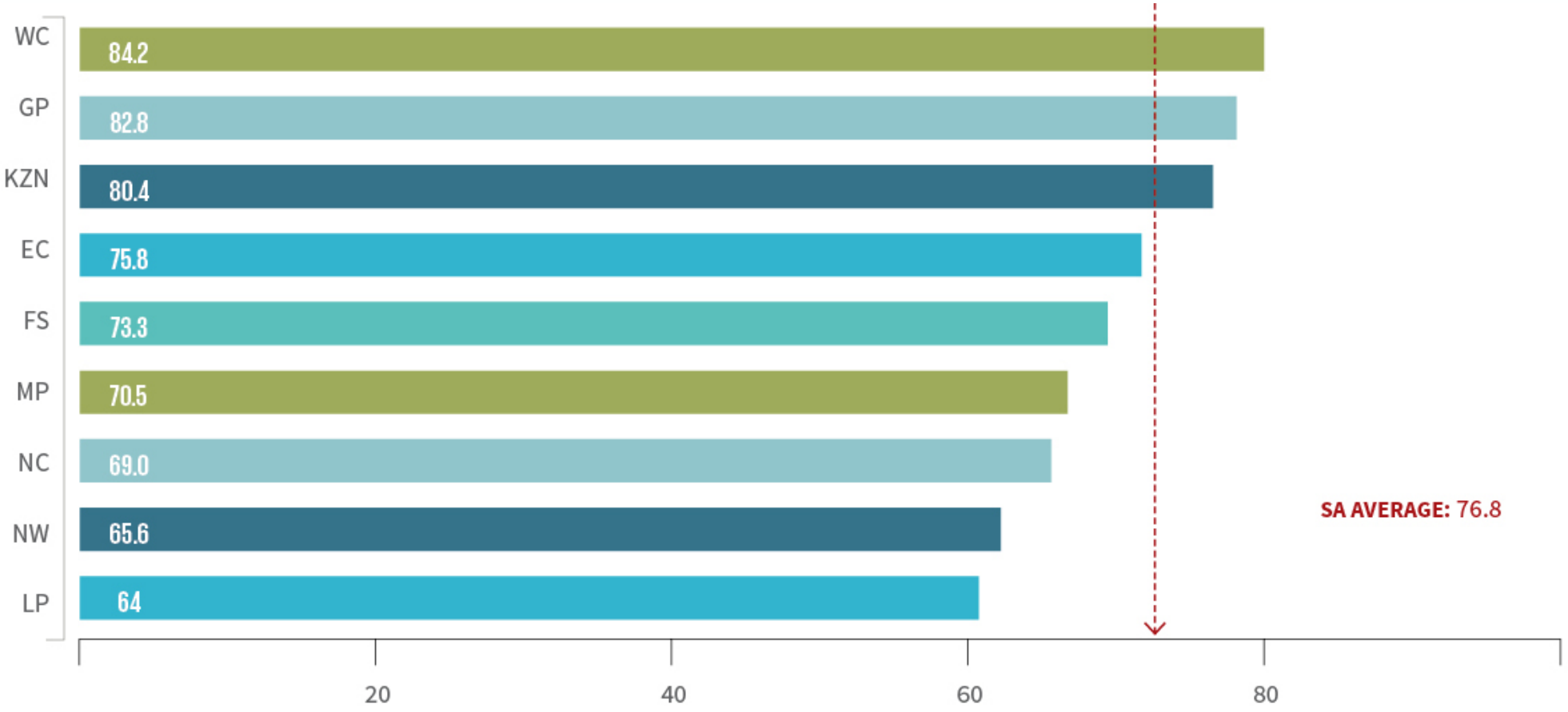
Tuberculosis treatment rate



Increase from **76,1%** in **2012**
WHO target **85%**
BRICS target **90%**

Source: District Health Barometer- Health System Trust

Tuberculosis cure rate



Increase from **61,6%** in **2006**
to **74,2%** in **2011**
75,8% in **2012**

Source: District Health Barometer- Health System Trust

Progress has been made

	2011	2013	2016
Life expectancy (females)	54.6 years	61,4 years	65.1 years
Life expectancy (males)	50.2 years	57.7 years	59.7 years
Crude birth rate	23.5	22.9	21.6
Infant mortality rate (per 1000 live births)	39.7	37.7	33.7
Under-5 mortality rate (per 1000 live births)	55.6	51.3	44.4
Crude death rate	11.7	10.2	9.7
HIV prevalence	11.8	12.2	12.7
Incidence of HIV	1.59	1.39	1.27

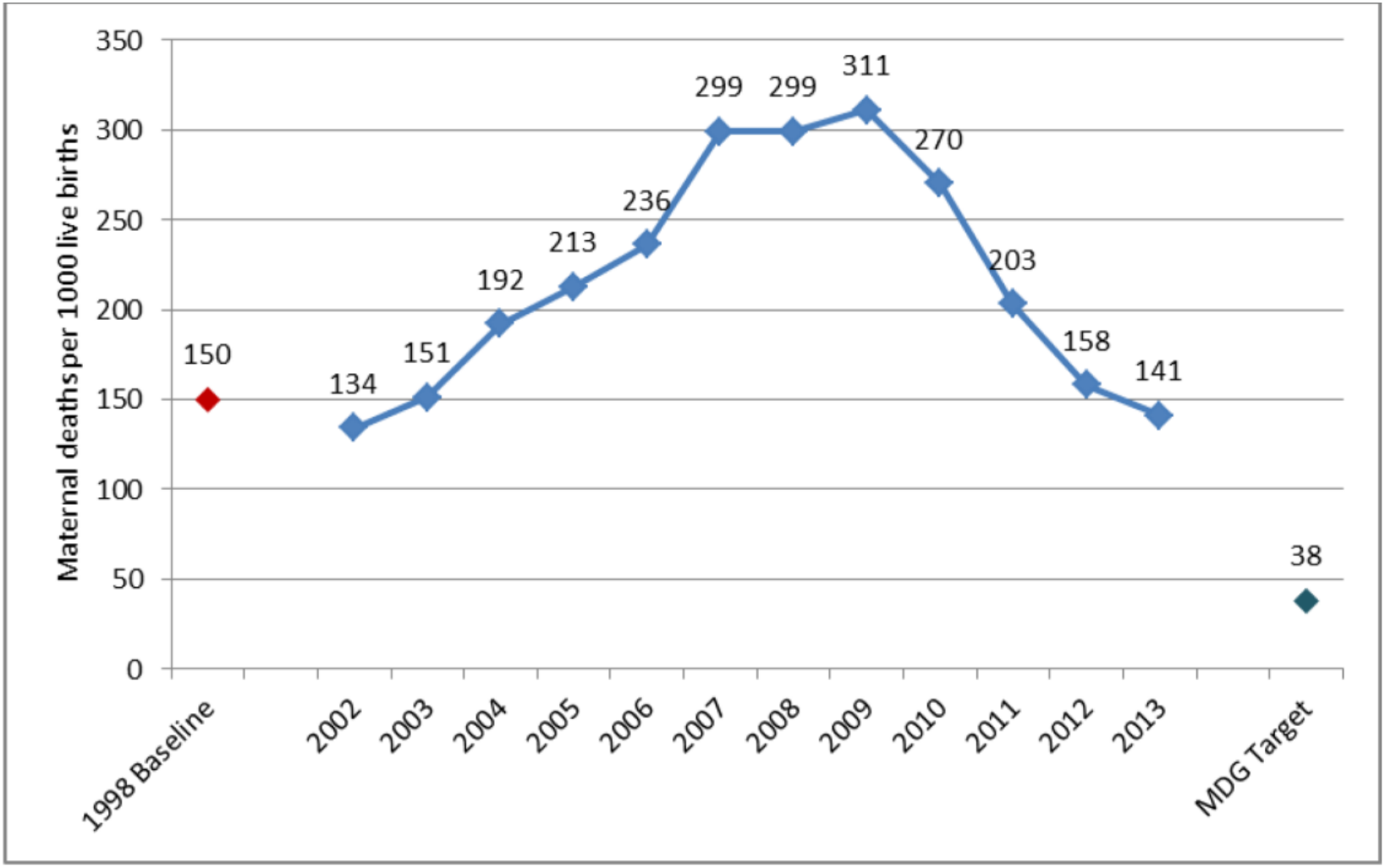
Source: District Health Barometer- Health System Trust

Progress has been made

	2011	2013	2016
Life expectancy (females)	54.6 years	61,4 years	65.1 years
Life expectancy (males)	50.2 years	57.7 years	59.7 years
Crude birth rate	23.5	22.9	21.6
Infant mortality rate (per 1000 live births)	39.7	37.7	33.7
Under-5 mortality rate (per 1000 live births)	55.6	51.3	44.4
Crude death rate	11.7	10.2	9.7
HIV prevalence	11.8	12.2	12.7
Incidence of HIV	1.59	1.39	1.27

Source: District Health Barometer - Health System Trust

Maternal mortality ratio



Source: 1998 DHS, Stats SA

Challenges in the health sector

- Ineffective and inefficient **health system**
- Impact of **social determinants of health**
- Complex **quadruple burden** of disease
- **Quality** of public health services

Inefficient and ineffective health system

Insufficient prevention and control of epidemics
Limited effort to curtail HIV/AIDS
Emergence of MDR-TB and XDR-TB
Lack of attention to the epidemic of alcohol abuse

Persistently skewed allocation of resources between public and private sectors
Inequitable spending patterns compared to health needs
Insufficient health professionals in public sector

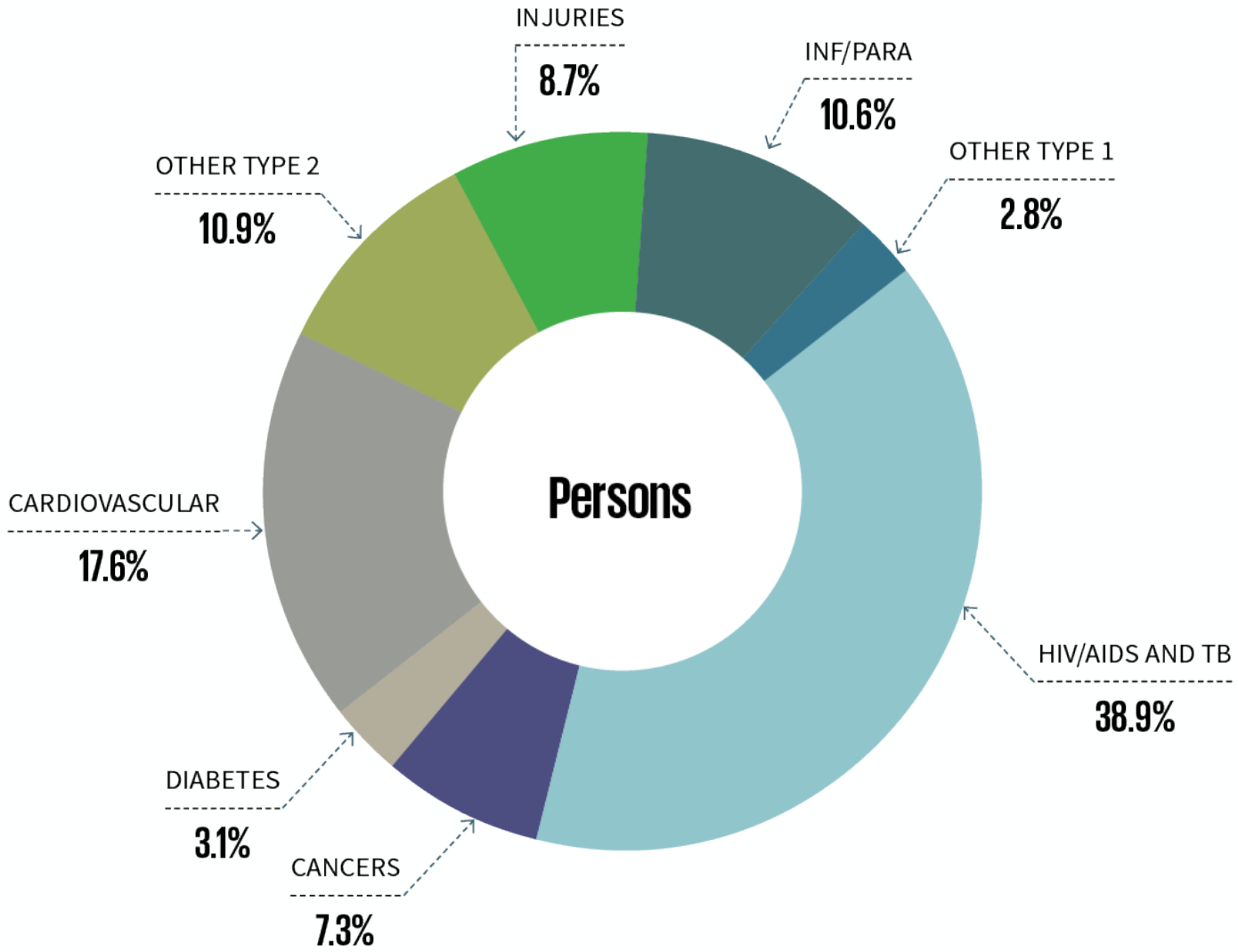
Weaknesses in health systems management
Poor quality of care in key programmes
Operational inefficiencies
Insufficient delegation of authority
Persistently low health worker morale
Insufficient leadership and innovation

Social determinants of health

Rank	Risk Factor	DALYS
1	Unsafe sex	31.5
2	Interpersonal violence	8.4
3	Alcohol harm	7.0
4	Tobacco smoking	4.0
5	Excess body weight	2.9
6	Childhood and maternal underweight	2.7
7	Unsafe water, sanitation and hygiene	2.6
8	High blood pressure	2.4
9	Diabetes (risk factors)	1.6
10	High cholesterol	1.4

Source: Norman R, Bradshaw D, Schneider M et al (2007). A comparative risk assessment for South Africa in 2000: towards promoting health and preventing disease. South African Medical Journal 97:637-41

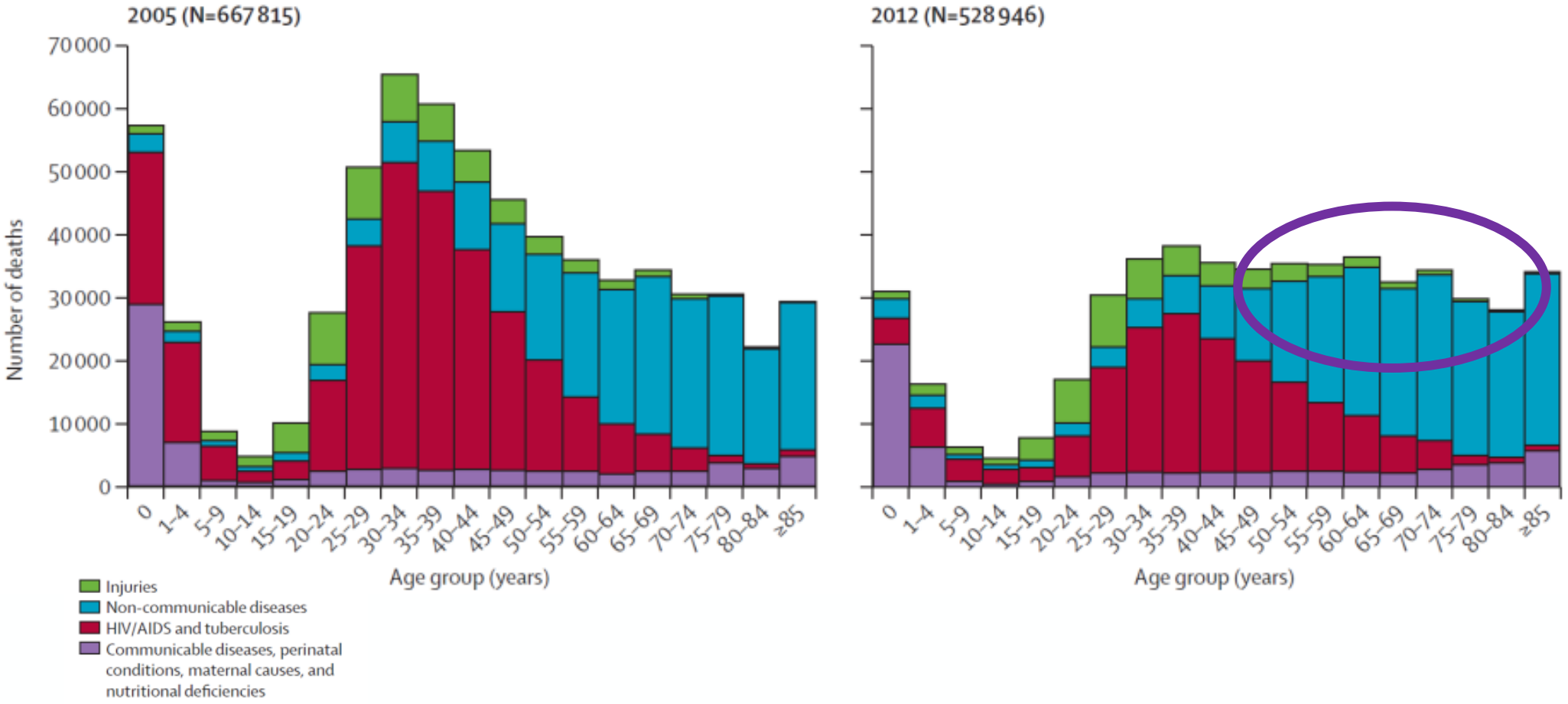
Burden of disease



Source: Second National Burden of Disease Study for South Africa: Cause of death profile 1997-2010

Burden of disease by age group

Deaths by broad cause and age for persons 2010, N=594.071



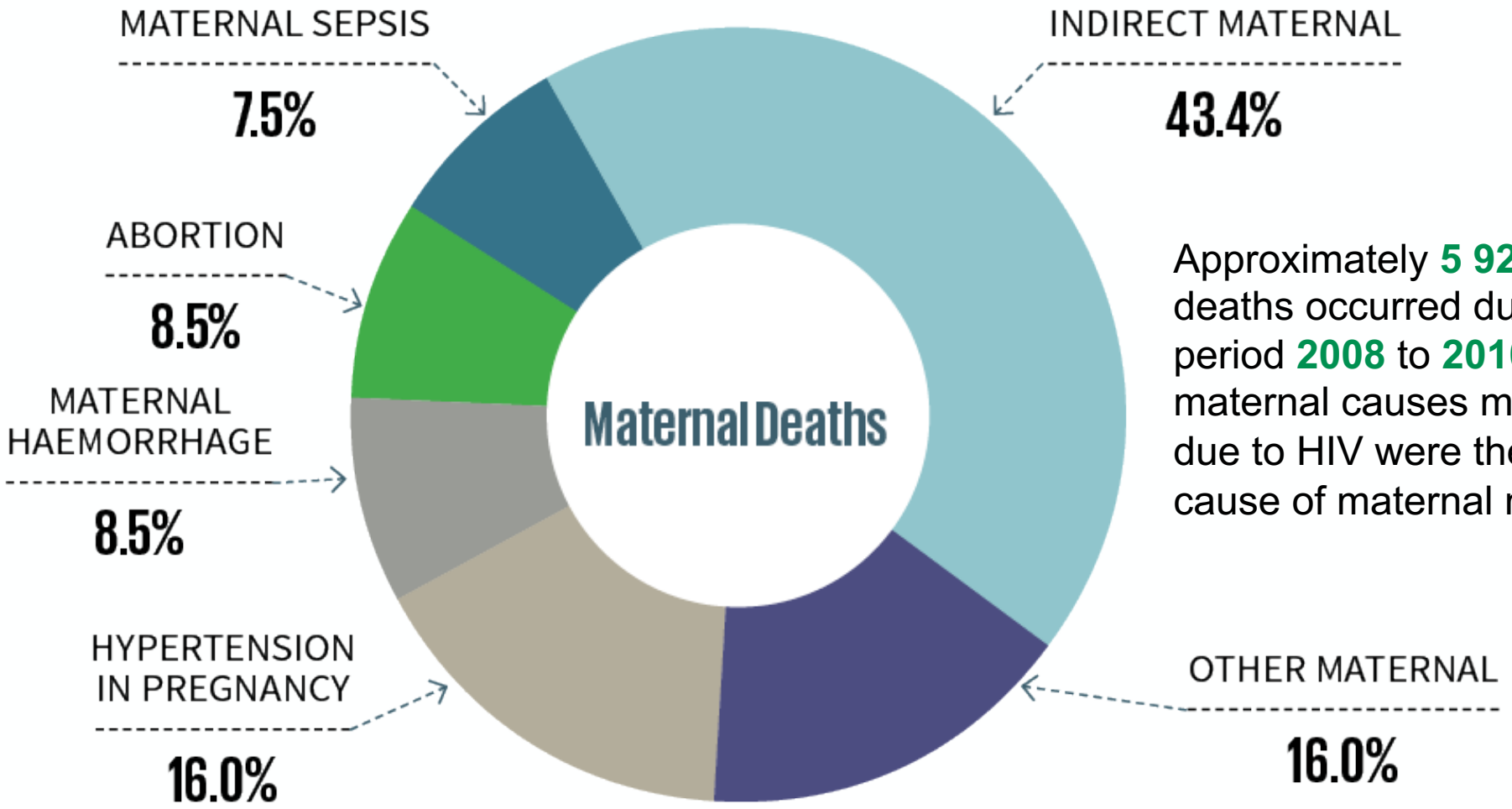
Source: Second National Burden of Disease Study for South Africa: Cause of death profile 1997-2010

Top 10 single-causes of deaths across all the age groups (2010)

RANK	AGE 0-4 YEARS	AGE 5-14 YEARS	AGE 15-44 YEARS	AGE 45-59 YEARS	AGE 60+ YEARS	ALL AGES
1	HIV/AIDS 27.8%	HIV/AIDS 49.1%	HIV/AIDS 58.7%	HIV/AIDS 39.2%	Cerebro-vascular disease 15.4%	HIV/AIDS 35.0%
2	Diarrhoeal diseases 18.9%	Road injuries 11.2%	Interpersonal violence 7.0%	Cerebro-vascular disease 6.1%	Hypertensive heart disease 9.4%	Cerebro-vascular disease 6.8%
3	Lower respiratory infections 11.7%	Meningitis/encephalitis 4.5%	Road injuries 5.5%	Tuberculosis 5.5%	Ischaemic heart disease 9.3%	Lower respiratory infections 4.4%
4	Preterm birth complications 10.4%	Lower respiratory infections 3.9%	Tuberculosis 4.1%	Ischaemic heart disease 4.6%	HIV/AIDS 8.7%	Ischaemic heart disease 4.3%
5	Birth asphyxia 5.2%	Diarrhoeal diseases 3.7%	Self-inflicted injuries 2.4%	Diabetes mellitus 3.7%	Diabetes mellitus 6.4%	Hypertensive heart disease 4.0%
6	Protein-energy malnutrition 4.4%	Drowning 3.5%	Meningitis/encephalitis 2.4%	Hypertensive heart disease 3.5%	Lower respiratory infections 6.0%	Tuberculosis 3.9%
7	Sepsis/other newborn infectious 2.8%	Interpersonal violence 2.0%	Lower respiratory infections 1.9%	Road injuries 2.8%	COPD 3.8%	Diarrhoeal diseases 3.4%
8	Septicaemia 1.7%	Epilepsy 1.9%	Cerebro-vascular disease 1.3%	Lower respiratory infections 2.8%	Tuberculosis 3.7%	Interpersonal violence 3.1%
9	Meningitis/encephalitis 1.5%	Tuberculosis 1.9%	Renal disease 1.1%	Interpersonal violence 2.1%	Diarrhoeal diseases 2.6%	Diabetes mellitus 3.1%
10	Road injuries 1.5%	Fires, hot substances 1.5%	Diarrhoeal diseases 1.0%	COPD 1.9%	Renal disease 2.4%	Road injuries 3.1%

Source: SAMRC

Maternal deaths

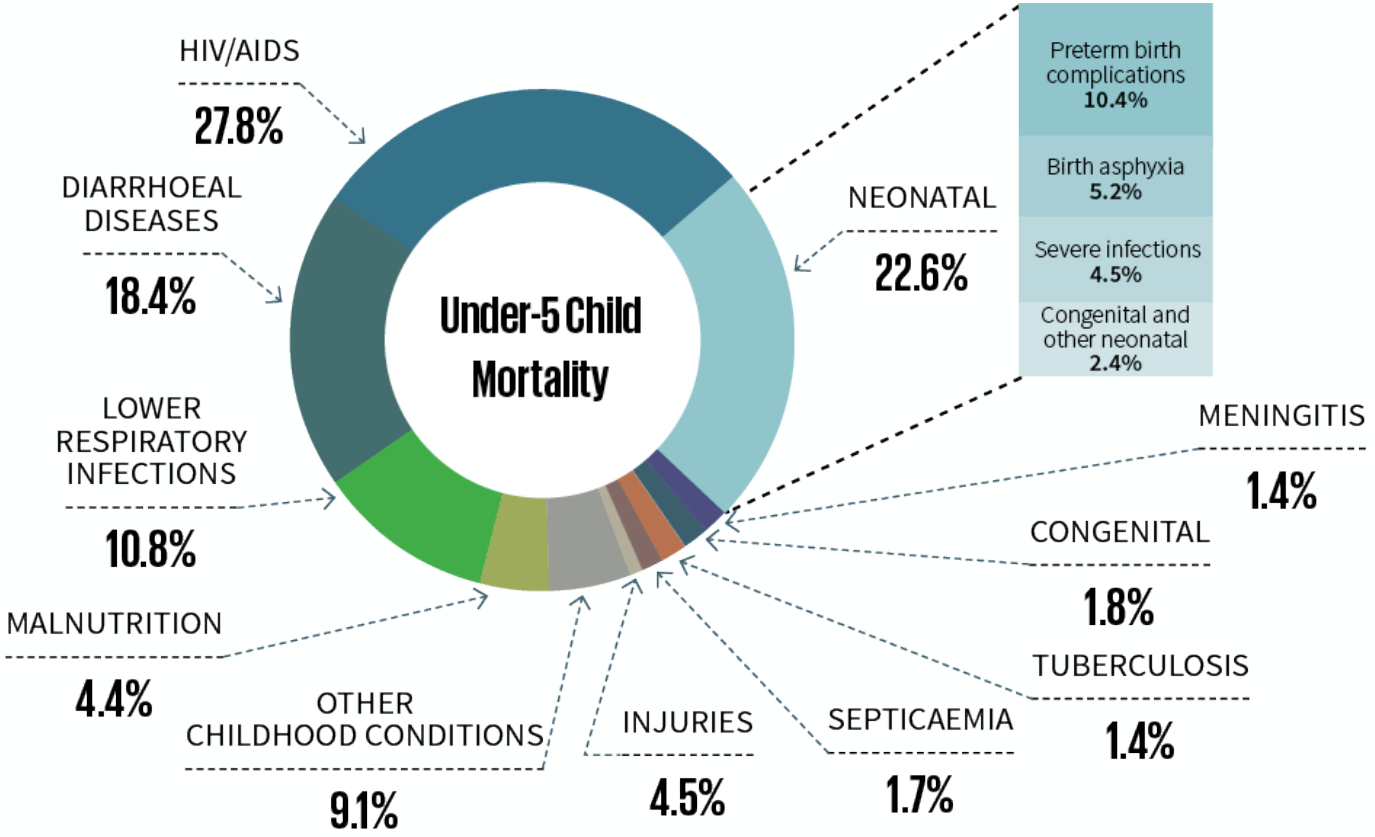


Approximately **5 929** maternal deaths occurred during the period **2008** to **2010**. Indirect maternal causes most likely due to HIV were the main cause of maternal mortality

Source: Second National Burden of Disease Study for South Africa: Cause of death profile 1997-2010

Children under 5 mortality

- **HIV& AIDS** was the leading cause of death, followed by neonatal causes of death, diarrhoeal diseases and lower respiratory tract infections

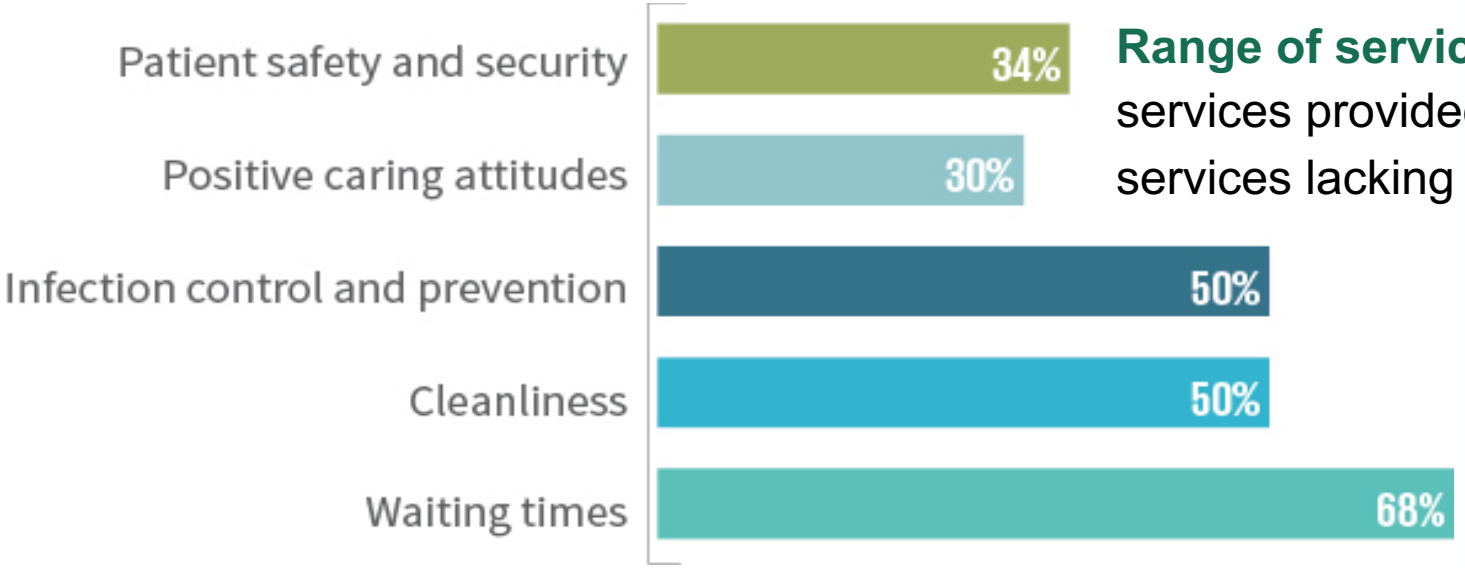


Source: Second National Burden of Disease Study for South Africa: Cause of death profile 1997-2010

Quality of Services: Findings from the National Health Facilities Baseline Audit (2012)

Facilities are functioning outside of their classifications due to unclear package of services and correct facility classification

Quality of services: Facilities (hospitals and PHC) scored poorly in compliance with vital measures against priority areas

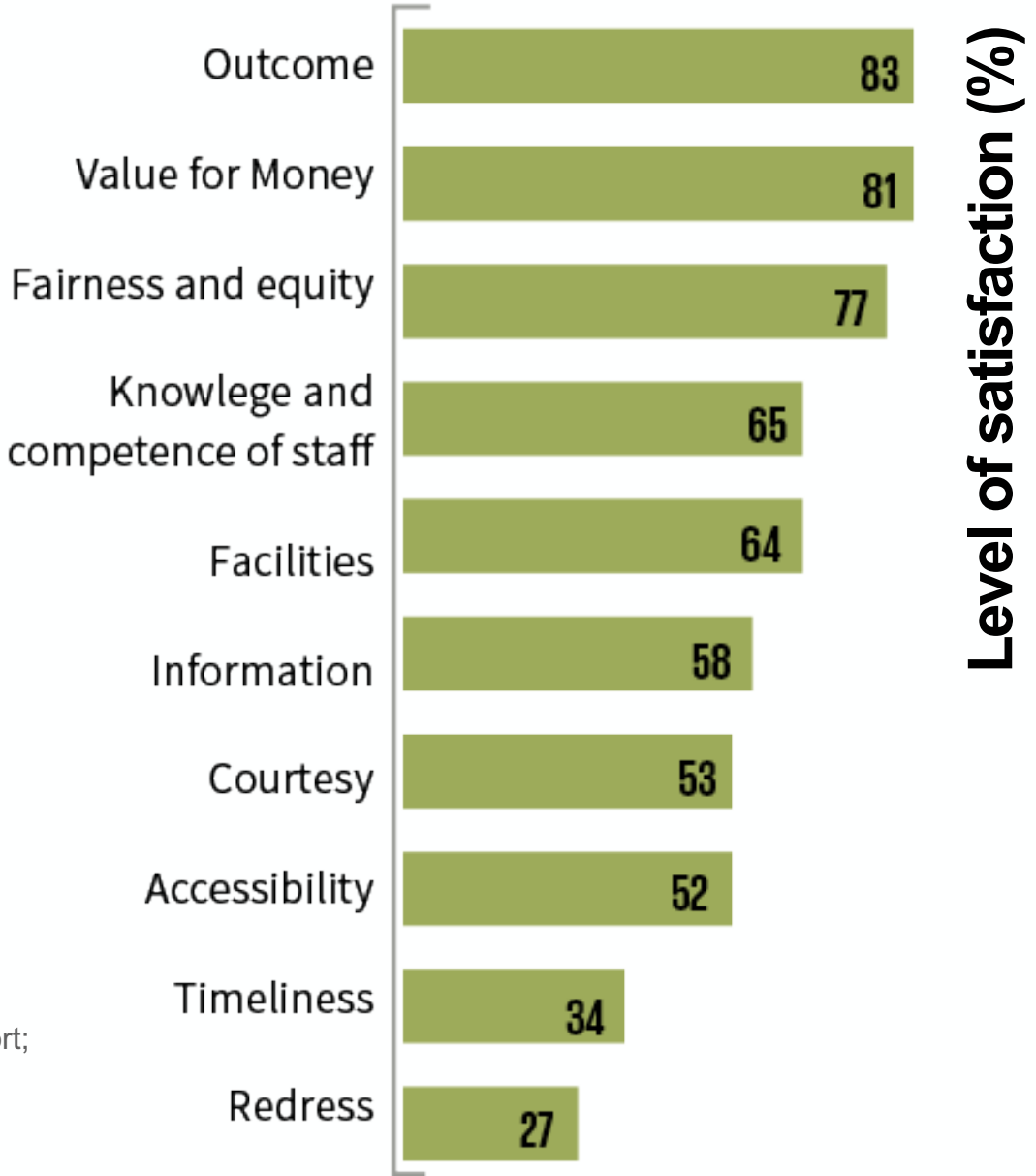


Primary care facilities on average scored lower than hospitals in all priority areas

Functionality of services: Clinical services scored poorly compared to other functional areas (38%) i.e., infrastructure, management, patient care, support services and clinical care

Range of services: Limited PHC services provided e.g. oral health services lacking across the board

Citizen satisfaction survey



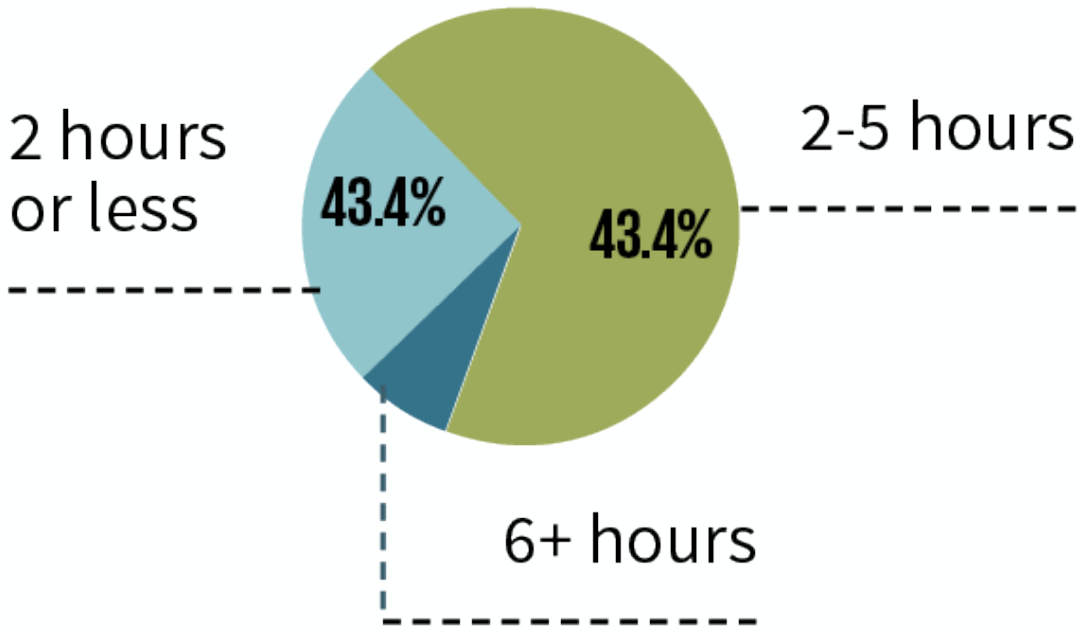
Source: Public Service Commission, July 2011, Citizens Talk: A Citizen Satisfaction Survey Report; Lean Diagnostic in Ideal Clinic Pilot Sites; Lab Analysis

Citizen satisfaction survey

IDEAL CLINIC PILOT SITE

There is a huge variance in waiting times

Percentage of patients seen in x hours



Source: Public Service Commission, July 2011, Citizens Talk: A Citizen Satisfaction Survey Report; Lean Diagnostic in Ideal Clinic Pilot Sites; Lab Analysis

Citizen satisfaction survey

IDEAL CLINIC PILOT SITE #1

Some patients wait almost 7 hours in the clinic

Source: Public Service Commission, July 2011, Citizens Talk: A Citizen Satisfaction Survey Report; Lean Diagnostic in Ideal Clinic Pilot Sites; Lab Analysis

Citizen satisfaction survey

IDEAL CLINIC PILOT SITE #2

Some patients wait almost 7 hours in the clinic

Number of hours

Source: Public Service Commission, July 2011, Citizens Talk: A Citizen Satisfaction Survey Report; Lean Diagnostic in Ideal Clinic Pilot Sites; Lab Analysis

PHC faces numerous challenges

Patients experience low-quality service delivery, with **non-integrated care that is not aligned with the patient's needs**

Patient waiting time in clinics is **2-5 hours**, with on average **79%** of time in clinic spent waiting

80% of clinics are not **'fit for purpose'**, with obsolete or inadequate infrastructure

Essential (medical) supplies are often missing at clinic level, because of a broken and unresponsive supply chain

Lack of strong financial management causes PHC facilities to run out of funds early into the year

Uneven implementation of initiatives caused by inadequate institutional arrangements between provinces and national

With **46 000 vacancies**, human resources in PHC are lacking, with shortages of key personnel in the clinics

Scaling up and sustaining a major PHC transformation will be challenged by the fragmented health government structure

Source: Operation Phakisa

Operational inefficiencies

Baseline assessment findings: ICDM (2013)

- **Vertical** services
- Specific date for consulting chronic NCD patients or EPI/ ANC (e.g. service was not offered daily yet called **'supermarket approach'**)
- **Inefficient process flow** at all facilities:
  - All patients wait in one area for vital signs monitoring, resulting in bottlenecks and extending patient waiting times
  - No signage directing patients to appropriate area for waiting
  - No patient scheduling mechanism in place (patients only given return dates for follow-up, thus inappropriate staff allocation)
- No mechanism for **tracing defaulters**
- Poor quality of **clinical records**/multiple records for same patient
- Very little **health promotion**

Patient's journey

35 year old woman HIV positive, hypertensive and has a 6 week old baby

Clinic

3 times a month for NCDs, PMTCT and well baby clinic (immunisation)

ART Visit
Return Date: 12 October

NCDs visit to collect hypertension medication
Return date: 20 October

Visit for Well baby clinic
Return date: 24 October

Repeat for each visit

Patient queues for her file on each visit

After receiving her file, patient goes to vital room for vital signs

Patient goes for blood test

Patient goes for consultation. Medication dispensed from consulting room or goes to pharmacy

Lack of proper health promotion/ education

Lack of appropriate package of services per level of care

Patient leaves facility with return date for the special condition

Patient travels >5km to her home

Vertically Delivered Service:

-Multiple patient visits
-Multiple patient files
-Poly pharmacy
-Poor quality of care
-Poor patient outcomes

Current economic and social burden: patient productivity lost and negative experience

A 35 year old female domestic worker, who is hypertensive and HIV+ with a 6 week old baby, visits the clinic 3 times per month for ART, hypertension medication and well-baby services.

Assumptions: A basic salary of R2420 (R110 p/d based on 22 working days per month) and a cost of R40 for roundtrip transport per visit

	Current
Months	12
Number of visits per month	3
Visits per annum	36
Average waiting time per visit (hours)	6
Total waiting time per year (hours)	216
Economic costs	
Salary loss (days)	36
Annual salary loss	R3960
Annual transport loss	R1440
Total annual cost	R5400

Productivity Loss: 36 days
Economic Loss: R5400

Source: Operation Phakisa Ideal Clinic Lab 2014: Service Delivery Stream

Problem statement

- **Many patients bypass the clinics to attend hospitals** for their initial contact visits and often receive primary level care at expensive tertiary institutions.
- The most often cited reasons for **patients bypassing the primary point of care** include:
  - Overcrowded facilities
  - Long waiting times
  - Medication stock out
  - Insufficient and inappropriately trained human resources with poor attitudes
  - Poorly structured
  - Inaccessible PHC clinics

Ideal Clinic Realisation and Maintenance (ICRM)

ICRM is a systems response to initial National Curriculum Statement (NCS) assessment findings and challenges

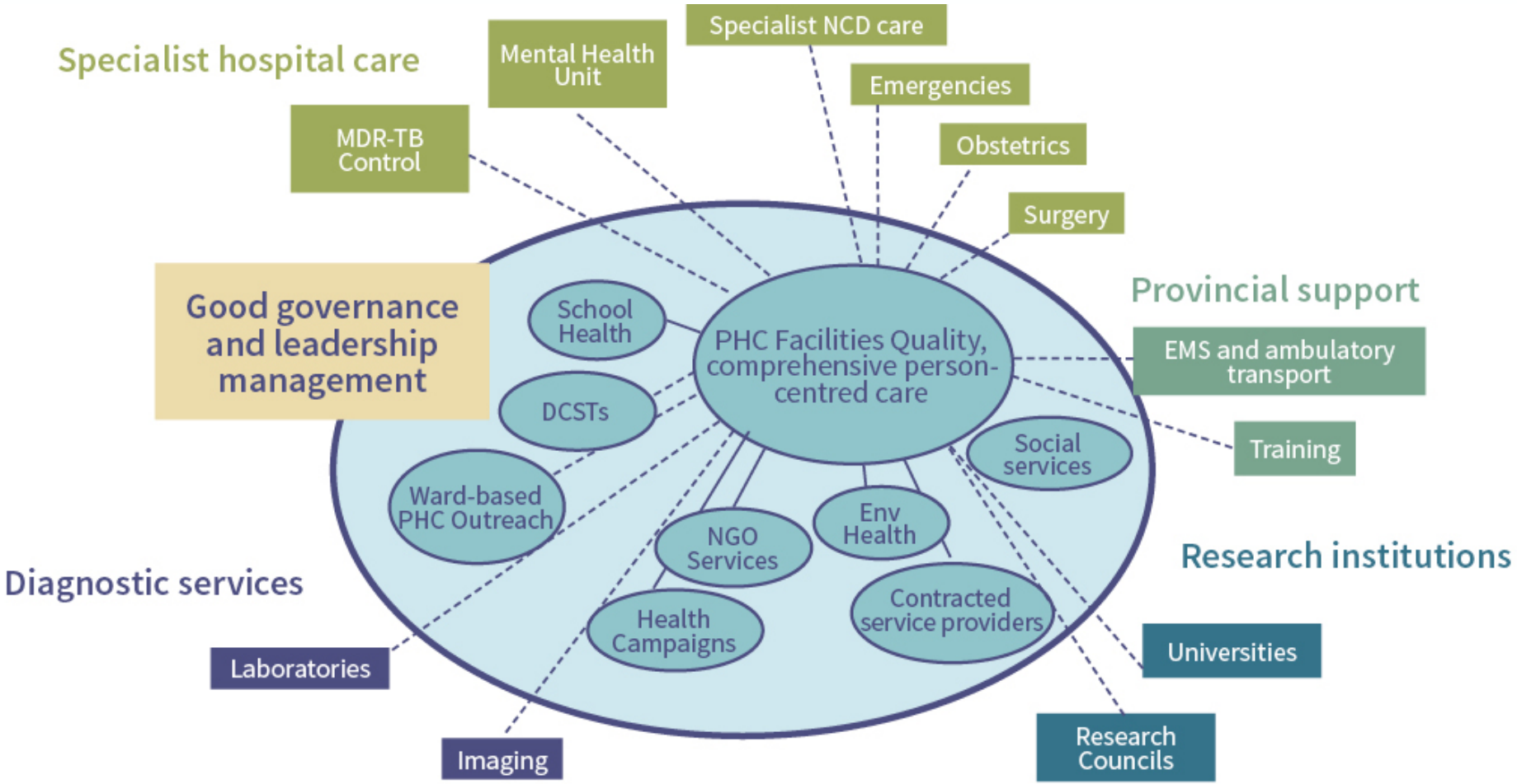
Key findings focussed on:

- Facility classification
- Health technology
- Physical infrastructure
- Medicines and supplies management
- Quality of care
- Functioning of services

Ideal Clinic

- **Range** of services
- Provision of good **quality integrated health services** to the community
- A clinic with good **infrastructure**
- Adequate **staff**
- Adequate **medicine** and supplies
- Good **administrative processes** and adequate bulk supplies
- Use applicable clinical **policies, protocols, guidelines** as well as partner and stakeholder support

Ideal clinic concept



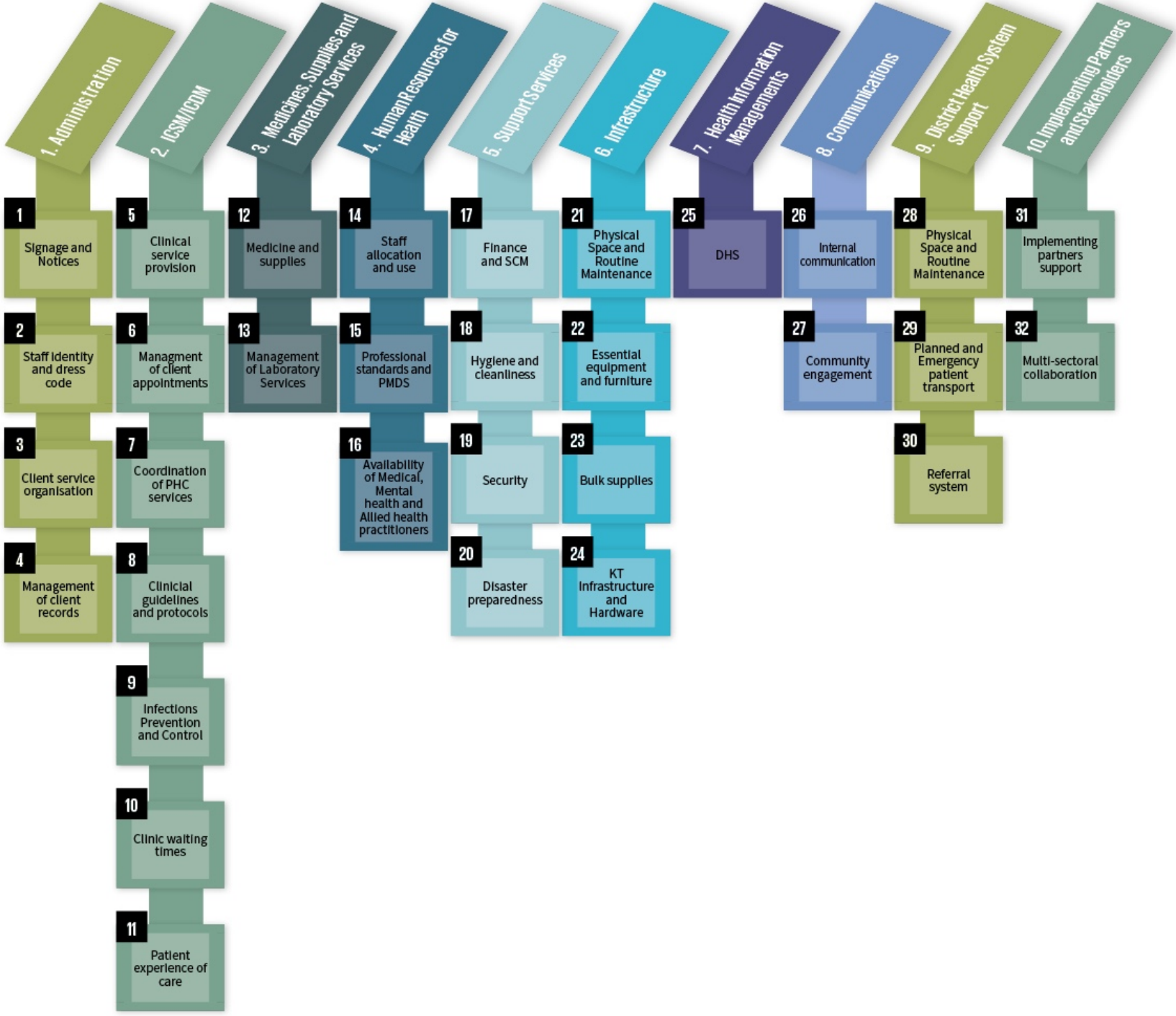
DCST: District-based clinical specist teams EMS: Emergency medical services ENV: Environmental MDR-TB: Multi-drug-resistant tuberculosis NCD: Non-communicable disease NGO: Non-governmental organisation PHC: Primary health care

Source: SAHR: 2014/15-Chapter 2-page 25

Ideal Clinic Realisation and Maintenance (ICRM)

- The **Ideal Clinic dashboard** uses an analogy of a set of traffic lights
- The **dashboard** includes:
  - 10 components
  - 32 sub-components
  - 207 elements
  - All of which are aligned with/embedded in NCS
- Implementation of ICSM will assist the facilities in achieving other sub-components of the Ideal Clinic dashboard

National Core Standards			DASHBOARD	VERSION 19.05.2014										
			DEC '13 TO MARCH"14											
				Breyten	Efaye	Garankuwa	Jack Hindon	K T Motubatse	Ladybrand	Mamelodi West	Nthoroane	Phatheni	Richmond
	Component	Sub Component	Element										
Domain 1: Patient Rights	Administration		1. SIGNAGE, BRANDING AND CORE VALUES										
		1	External signage in place	PP	YP	YP	YP	YP	YP	YP	PP	YP	YP
		2	Internal signage in place	Y	Y	P	P	Y	Y	P	P	Y	Y
		3	Core Values of Public Service on display	YP	YP	YP	YP	YP	YP	YP	YP	YP	YP
			2. SERVICE ORGANISATION										
		4	Emergency evacuation drills annually	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA
		5	Reception/Information staff available and on duty	Y	Y	P	Y	Y	Y	Y	Y	Y	Y
		6	Staff receive, greet, help and inform patients	Y	Y	P	P	Y	Y	Y	Y	Y	Y
		7	Compliments/Complaints boxes in place	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Domain 6: Operational Management		8	Patient Records filed in one place at the facility	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA
		9	SOP for archiving and disposal of patient records	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA
		10	Patient Records integrated	P	Y	P	N	Y	Y	P	P	P	Y
		11	Clinic stationery available	P	Y	P	P	Y	P	Y	P	Y	Y
		12	Appropriate and acceptable disability access	Y	Y	Y	Y	Y	Y	Y	P	Y	Y
			3. FINANCE AND SCM										
		13	Financial Delegations in place	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
		14	Clinic Budget and Expenditure data available	Y	N	Y	N	Y	Y	N	P	N	N
		15	SCM agreed turnaround times adhered to	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA	TBA


1. Administration
2. ICSM/ICDM
3. Medicines, Supplies and Laboratory Services
4. Human Resources for Health
5. Support Services
6. Infrastructure
7. Health Information Managements
8. Communications
9. District Health System Support
10. Implementing Partners and Stakeholders
1 Signage and Notices
2 Staff identity and dress code
3 Client service organisation
4 Management of client records
5 Clinical service provision
6 Managment of client appointments
7 Coordination of PHC services
8 Clinicial guidelines and protocols
9 Infections Prevention and Control
10 Clinic waiting times
11 Patient experience of care
12 Medicine and supplies
13 Management of Laboratory Services
14 Staff allocation and use
15 Professional standards and PMDS
16 Availability of Medical, Mental health and Allied health practitioners
17 Finance and SCM
18 Hygiene and cleanliness
19 Security
20 Disaster preparedness
21 Physical Space and Routine Maintenance
22 Essential equipment and furniture
23 Bulk supplies
24 KT Infrastructure and Hardware
25 DHS
26 Internal communication
27 Community engagement
28 Physical Space and Routine Maintenance
29 Planned and Emergency patient transport
30 Referral system
31 Implementing partners support
32 Multi-sectoral collaboration

Ideal Clinic dashboard indicators

DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE	2. Integrated Clinical Services Management (ICSM)								
		5. Clinical service provision: Monitor whether clinical integration of clinical care services allowing for three discrete streams (acute, chronic and MCWH) of service delivery is adhered to as per service package and whether this results in improvements in key population health and service indicators						
		22	The facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions and preventative health services.	E	😑	HF		
		23	Patient are consulted, examined and counselled in privacy	I	😑	HF		
		24	TB treatment success rate is at least 85% or has increased by at least 5% from the previous year	E	🕮	HF		
		25	TB (new pulmonary) defaulter rate < 5%	E	🕮	HF		
		26	Ante-natal visit rate before 20 weeks gestation is at least 67% or has increased by at least 5% from the previous year	E	🕮	HF		
		27	Ante-natal patient initiated on ART rate is at least 96% or has increased by at least 5% from the previous year	E	🕮	HF		
		28	Immunisation coverage under one year (annualised) is at least 87% or has increased by at least 5% from the previous year	E	🕮	HF		
		29	At least 35% of patients visiting the clinic are screened for mental disorders	E	🕮	HF		
		30	Quality Improvements plans are signed off by the facility manager and updated quarterly	I	🕮	HF		
		31	Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors available	E	🕮	D		
		6. Access to medical, mental health, allied health practitioners, pharmacists and adolescent friendly services: Monitor patient and staff access to clinical expertise at PHC level						
		32	Patients have access to a medical practitioner	E	🕮	HF		
		33	Patients have access to oral health services	I	🕮	D		
		34	Patients have access to occupational therapy services	I	🕮	D		
		35	Patients have access to physiotherapy services	I	🕮	D		
		36	Patients have access to dietetic services	I	🕮	D		
		37	Patients have access to social work services	I	🕮	D		
		38	Patients have access to radiography services	I	🕮	D		
		39	Patients have access to ophthalmic service	I	🕮	D		
		40	Patients have access to mental health services	E	🕮	D		
		41	Patients have access to speech and hearing services	I	🕮	D		
		42	Staff dispensing medicine have access to the support of a pharmacist	I	🕮	D		
		43	Adolescent and youth friendly services are provided	I	🕮	D	Y	
		7. Management of patient appointments: Monitor whether an ICSM patient appointment system is adhered to						
		44	An ICSM compliant patient appointment system for patients with chronic health conditions and MCWH patient is in use	I	🕮	HF		
		45	The records of booked patients are pre retrieved not later than the day before the appointment	I	😑	HF		
		46	Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/or patients are enrolled on the CCMDD programme	E	? 😑	HF		
		8. Coordination of PHC services: Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, community-based and environmental health services						
		47	Facility does referrals to and receive referrals from school health services in its catchment area	I	🕮	D		
		48	The facility refers patients with chronic but stable health conditions to home- and community-based services for support	E	🕮	HF		
		49	Facility refers environmental health related risks to environmental health services	I	🕮	D	Y	

Ideal Clinic dashboard indicators

DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE

2. Integrated Clinical Services Management (ICSM)

9. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being appropriately applied							
	50	The ICSM compliant package of clinical guidelines is available in all consulting rooms	E	🕮	HF	Y	
	51	National guidelines on priority health conditions are available in the facility	I	🕮	HF	Y	
	52	80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit	E	🕮	D		
	53	80% of professional nurses have been fully trained on Integrated Management of Childhood illness	E	🕮	D		
	54	Resuscitation protocol is available	E	🕮	HF		
	55	80% of professional nurses have been trained on Basic Life Support	E	🕮	D		
	56	The National Guideline for Patient Safety Incident Reporting and Learning is available	E	🕮	NDoH		
	57	The patient safety incident records show compliance to the National Guideline for Patient Safety Incident Reporting and Learning	E	🕮	HF	Y	
	58	The National Clinical Audit guideline is available	E	🕮	NDoH		
	59	Clinical audits are conducted quarterly on priority health conditions	E	🕮	HF		
	60	Clinical audit meetings are conducted quarterly in line with the guidelines	E	🕮	HF		
	61	National guidelines are followed for all notifiable medical conditions	I	?🕮	HF		
10. Infection prevention and control: Monitor whether prescribed infection prevention and control policies and procedures are adhered to							
	62	The National Policy on Infection Prevention and Control is available	E	🕮	NDoH		
	63	Facility has a designated staff member who is assigned the with the infection prevention and control role	E	🕮	HF		
	64	Standard Operating Procedure on infection control standard precautions is available	I	🕮	HF		
	65	All staff has received in-service training on infection control standard precautions that is in-line with the Standard Operating Procedure in the last two years.	E	🕮	HF	Y	
	66	Poster on hand washing is displayed above the hand wash basin in every consulting room	I	🕮	HF		
	67	Annual awareness day on hand hygiene is held	I	🕮	HF		
	68	Poster on cough etiquette is displayed in every waiting area	I	🕮	HF		
	69	Staff wear appropriate protective clothing	E	?😐	HF	Y	
	70	The linen in use is clean	E	😐	HF		
	71	The linen is appropriately used for its intended purpose	E	😐?	HF		
	72	Waste is properly segregated	E	😐	HF		
	73	Sharps are disposed of in impenetrable, tamperproof containers	V	😐	HF		
	74	Sharps containers are disposed of when they reach the limit mark	V	😐	HF		
	75	Sharps containers are placed on work surface or in wall mounted brackets	E	😐	HF		
	76	An annual risk assessment for infection prevention and control compliance is undertaken by the designated staff member assigned with the infection prevention and control role	I	🕮	HF		

Ideal Clinic dashboard indicators

DOMA IN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE

2. Integrated Clinical Services Management (ICSM)

11. Patient waiting time: Monitor whether the facility's prescribed waiting times are adhered to							
	77	The National Policy for The Management Of Waiting Times is available	I	🕮	NDoH		
	78	The national target of not more the three hours for time spent in a facility is visibly posted	I	😐🕮	HF		
	79	Waiting time is monitored using the prescribed tool	E	🕮	HF		
	80	The average time that a patient spends in the facility is no longer than 3 hours	E	🕮	HF		
	81	Patients are intermittently informed of delays and reasons for delays in service provision	I	?	HF		
12. Patient experience of care: Monitor whether an annual patient experience of care survey is conducted and whether patients are provided with an opportunity to complain about or compliment the facility and whether complaints are managed within the prescribed time							
	82	The National Patient Experience of Care Guideline is available	E	🕮	NDoH		
	83	The results of the yearly Patient Experience of Care Survey are visibly displayed at reception	E	🕮	HF		
	84	An average overall score of 70% is obtained in the Patient Experience Of Care Survey	E	🕮	HF		
	85	The results obtained from the Patient Experience Of Care Survey are used to improve the quality of service provision	E	🕮	HF		
	86	The National Guideline To Manage Complaints/Compliments/Suggestions is available	E	🕮	NDoH		
	87	The complaints/compliments/suggestions records show compliance to the National Guideline to Manage Complaints/Compliments/Suggestions	E	🕮	HF	Y	
	88	90% of complaints received are resolved	E	🕮	HF		
	89	90% of complaints received are resolved within 25 working days	E	🕮	HF		
	90	Complaints/compliments/suggestions boxes are visibly placed at main entrance/exit	E	😐	HF		
	91	Official complaint/compliment/suggestion forms and pen are available	E	😐	HF		
	92	A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is clearly sign posted next to the complaints/compliments/suggestions box, in at least two local	E	😐	HF		