



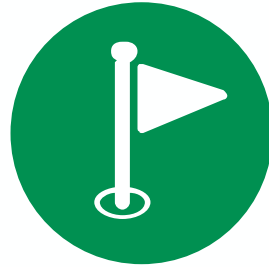
# What is Integrated Clinical Services Management?

..... ICSM .....



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



Recognised as an important strategy  
for enhancing the **efficiency, quality**  
and **cost effectiveness** of  
healthcare delivery



## WHO defined integrated service delivery as...

‘the organisation and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money’.

# What is integration?



## at the micro level...

### **Clinical integration is:**

- Person-focused
- Ensures that service users experience continuous care

### **Professional integration:**

Health professionals have to take proper account of the needs of individuals to ensure that the services provided are matched (both horizontally and vertically) to the needs of the individual






## For the *user* integration means...

- Health care that is **seamless, smooth** and **easy** to navigate
- The services offered to the user are **co-ordinated**
- There is a **reduction** number of stages in an appointment and the number of separate visits required to a health facility
- Want health workers to be aware of their **health as a whole** (not just one clinical aspect) and want **continuity of care**

# Integrated Clinical Services Management



 <b>Patient</b>	 <b>Facility</b>	 <b>Health System</b>
<ul style="list-style-type: none"><li>• Reducing number of facility visits to improve the patients social and economic productivity</li><li>• Improved quality of care will be received due to continuity of care being provided</li></ul>	<ul style="list-style-type: none"><li>• Improved working environment due to the reduction in the overflow of patients</li><li>• Decreased patient waiting times</li><li>• Improvement in quality of care provided through standardised documentation and care guided by protocols</li></ul>	<ul style="list-style-type: none"><li>• Improved coordination of care between clinics and community</li><li>• Improved efficiency in services delivered</li><li>• Decreased costs</li><li>• Strengthening of up and down referral system</li><li>• Improved capacity of human resources</li></ul>

# Integrated care



Integrated clinical services adopts a **supermarket approach** in the organisation and delivery of services.

**The supermarket approach refers to the following...**



All services offered daily



Services are organised in different streams (like aisles in the supermarket)



Staff are clearly identifiable



Standard operating procedures and clinical guidelines guide the services offered



Customer satisfaction is the central goal of the services



# A 'gemors'





# Organised system



**Supermarket  
approach**



# Integrated care



## For example...

- A mother requiring services and a child attending the facility will receive services on the **same day** and not be provided with different dates
- A patient attending for family planning and also requiring a cervical smear will be provided the cervical smear on the **same date** and not be given a return appointment for a different date for the cervical smear.

# What is ICSM?



## A health **system strengthening** model...

- Builds on the **strengths** of the HIV programme
- To deliver **integrated care to all patients** – either with chronic diseases, minor ailments or requiring maternal and child health and, sexual reproductive health services (preventive and promotive)
- Takes a **patient-centric view** that encompasses the full value chain of continuum of care and support

# Purpose of the ICSM



To achieve **optimal clinical outcomes for all patients** – either with chronic diseases, minor ailments or requiring maternal and child health and, sexual reproductive health services (preventive and promotive):

- Ensuring the **co-ordination of care** and transitioning to self-management at a community level
- Using the health system **building block framework**, to improve the efficiency and decrease the strain on the health care system
- Maintaining the **economic productivity** of the patient

# Anticipated benefits of ICSM



Enhanced  
**operational  
efficiency**



Improved **quality  
of care**



Better **patient  
outcomes**

# ICSM model



## Why?

- Improve patient health outcomes
- Improve the operational efficiency
- Patient satisfaction with health services

## What?

- A health system strengthening approach
- Adopts a patient-centric view to achieve operational efficiency at facility level, improved patient clinical outcomes and an informed population that takes individual responsibility for their health

## Where?

- A seamless integration of services for patients between different levels of services (school, household, community, facility and hospital) and the continuum of care (prevention, promotion, treatment, rehabilitation)

## How?

- Health Service Re-organisation
- Clinical Support Management
- 'Assisted' Self-management
- Population Health Awareness & Screening

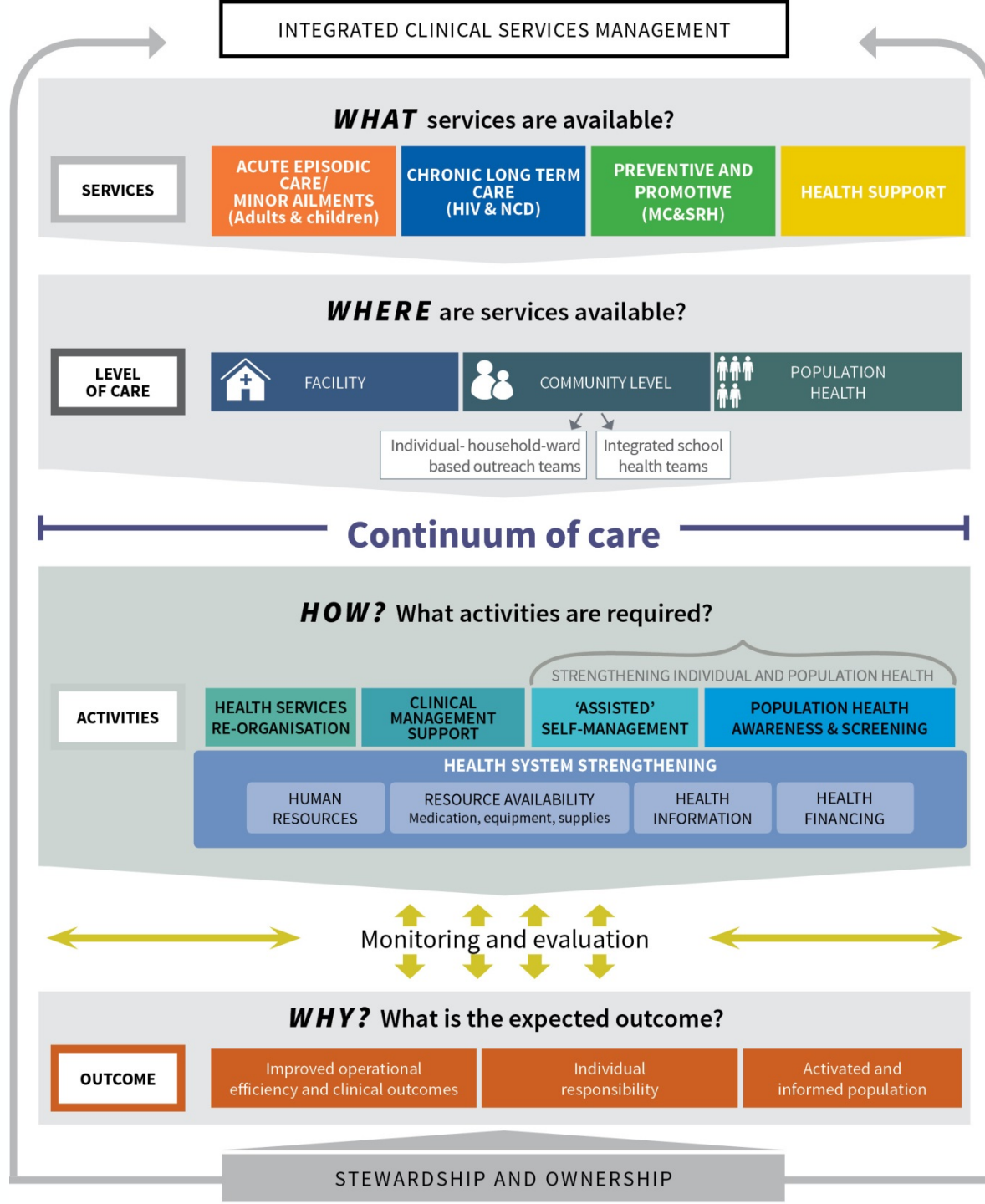
## Who?

- Patient as central focus
- Facility level - multisectoral team
- community level - community health workers, health promoters, adherence clubs

## When?

- Primordial prevention
- Primary prevention
- Secondary prevention
- Tertiary prevention





# ICSM model components



## HEALTH SERVICE RE-ORGANISATION

- Single administrative point
- Pre-appointment retrieval of clinical records
- Appointment scheduling
- Re-organisation of patient flow based on streams of care
  - Integration of care
    - Designated waiting areas
    - Designated vital signs station
    - Designated consultation rooms
- Pre-dispensing of medication/ CCMD



## CLINICAL MANAGEMENT SUPPORT

- Clinical guidelines and tools
- Clinical stationery & patients' records
- Clinical training
- Supervision and support by district clinical specialist teams (DCST)



## 'ASSISTED' SELF-MANAGEMENT

- Health promotion and education at community level
- Identification of at-risk patients within the household
- Point of care testing and screening
- Support groups and adherence clubs
- Medication delivery (courier service)



## POPULATION HEALTH AWARENESS & SCREENING

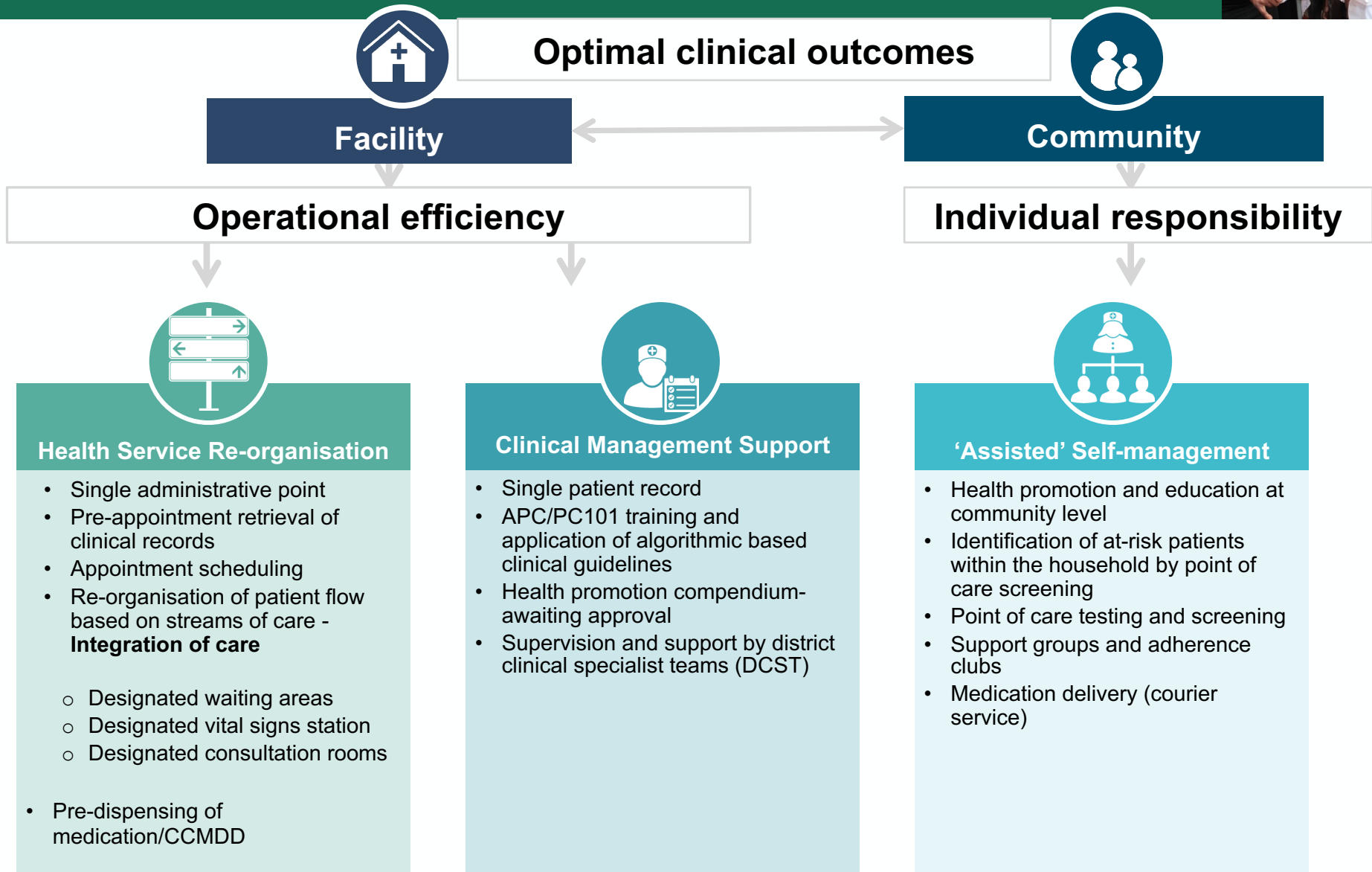
- Health awareness campaigns
- Universal test and treat
- Social marketing.
- Screening services
- Integrated School Health Teams



## HEALTH SYSTEM STRENGTHENING

- Human resources – capacity building and scheduling
- Medicine supply – stock management
- Equipment – essential equipment List
- Health information
- Advocacy and leadership

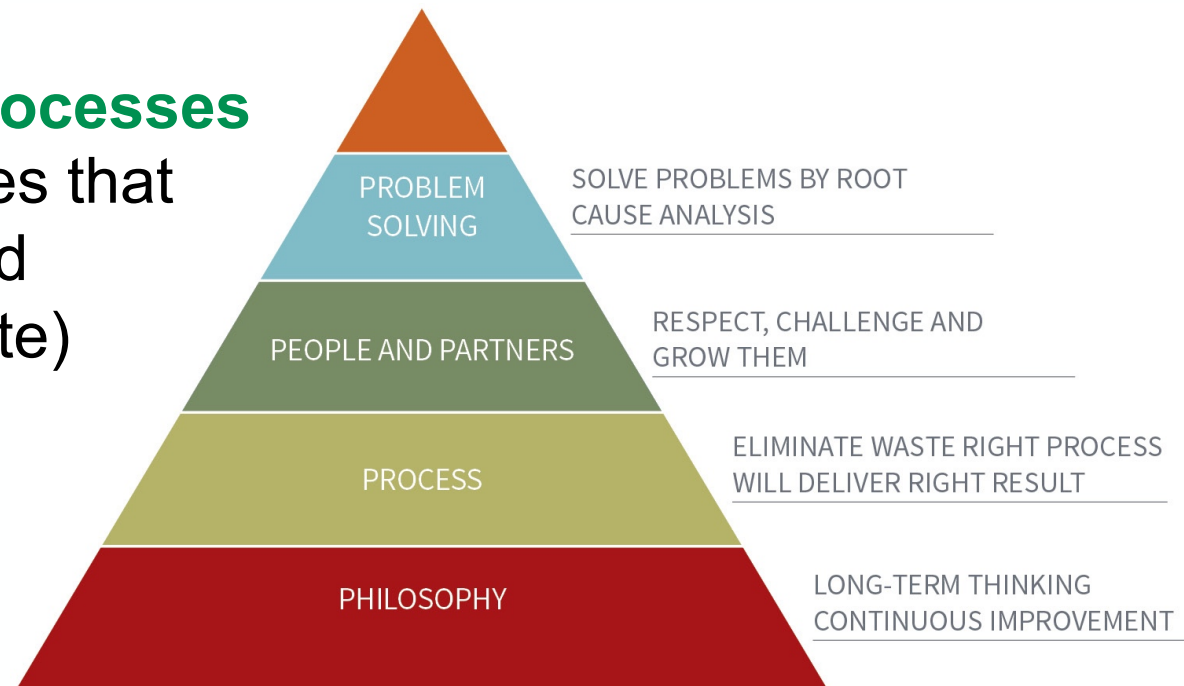
# Integrated Clinical Services Management (ICSM)



# Health Service Re-organisation



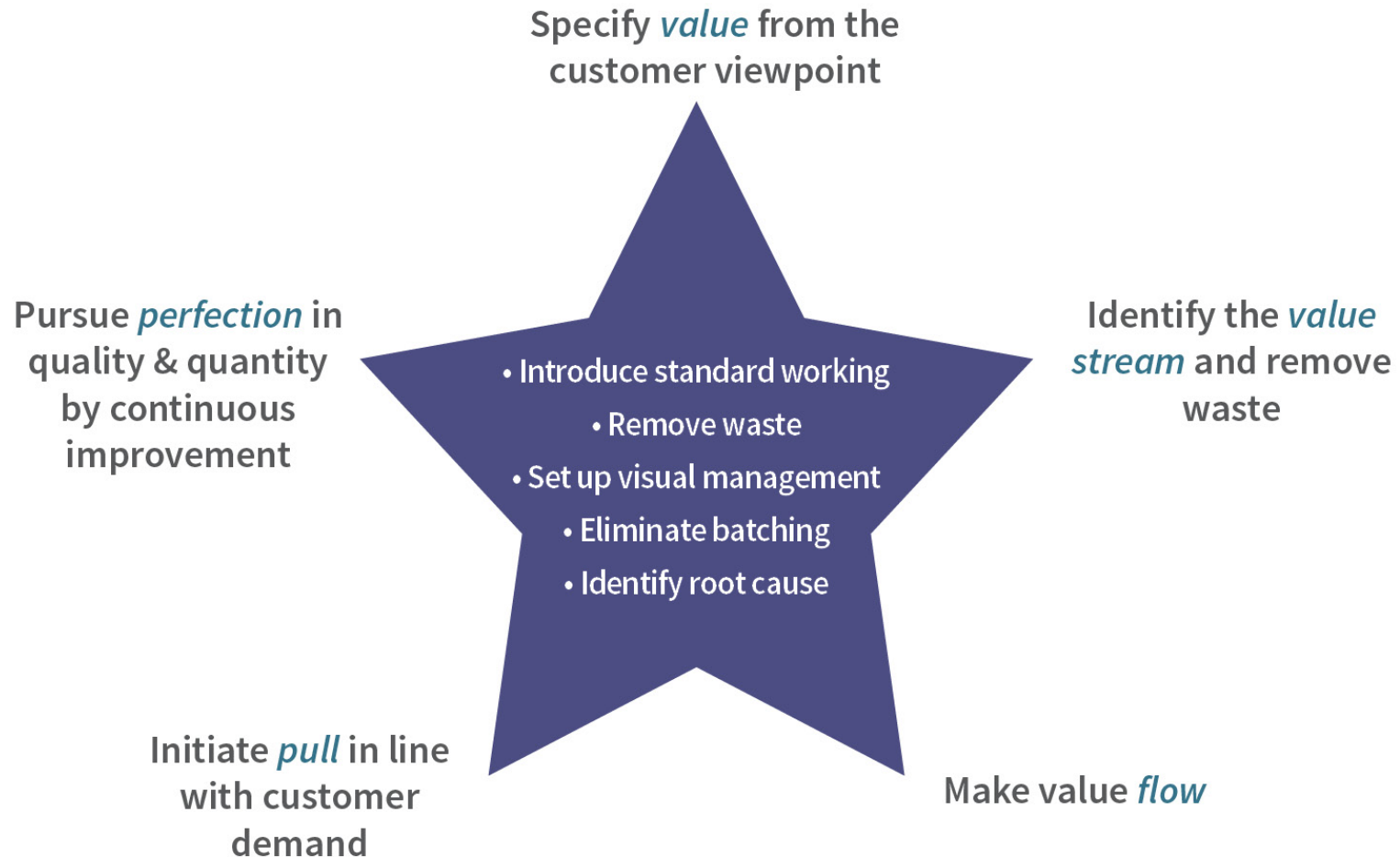
- Premised on **lean thinking**
- Lean thinking is a process of **eliminating waste**
- Goal of **adding value** by the identification of customer needs
- Aims to **improve processes** by removing activities that are non-value-added (also known as waste)



# Health Service Re-organisation



## Lean is based on five principles:



# Health Service Re-organisation



## The 5-S system



When in  
doubt, move  
it out –  
RED TAG  
TECHNIQUE



A place for  
everything  
and  
everything in  
its place



Clean and  
inspect or  
inspect  
through  
cleaning



Make up the  
rules, follow  
and enforce  
them



Part of daily  
work and it  
becomes a  
habit



# Health Service Re-organisation



## EIGHT LEAN THINKING PRINCIPLES OF WASTE REDUCTION

**1.**

REDUCTION OF  
ERRORS

**8.**

EXCESS  
TRANSPORTATION

**2.**

EXCESS  
INVENTORY

**7.**

OVER  
PRODUCTION

**3.**

WAITING

**6.**

EXCESS PEOPLE  
MOTION

**4.**

DOING  
UNNECESSARY  
THINGS

**5.**

UNDERUTILIZED  
PEOPLE

# Health Service Re-organisation outputs



1

## Administrative re-organisation

- a. Appropriate signage for patients.
- b. Development of an appointment scheduling system for planned patient visits.
- c. Integration of clinical records into a single filing system with the appropriate stationary.
- d. Pre-appointment retrieval of patients clinical records and pre-dispensing of medication for planned patient visits.

2

## Service re-organisation

- a. Establishment of the four streams of care with designated waiting and service areas.
- b. Designation of consulting room/s for attendance of scheduled and unscheduled patients.
- c. Addition of a designated vital sign monitoring station for patients in the respective service areas and/or the completion of vital signs within the consulting rooms.
- d. Pre-dispensing of medication including use of CCMD services.
- e. Down referral of stable patients.

# From ICDM to ICSM: Integrated Clinical Services Management



**Acute Episodic  
Care/Minor  
Ailments**

**Chronic Care**

**Preventive/  
Promotive Care  
(MC&SRH)**

**Health  
Support**

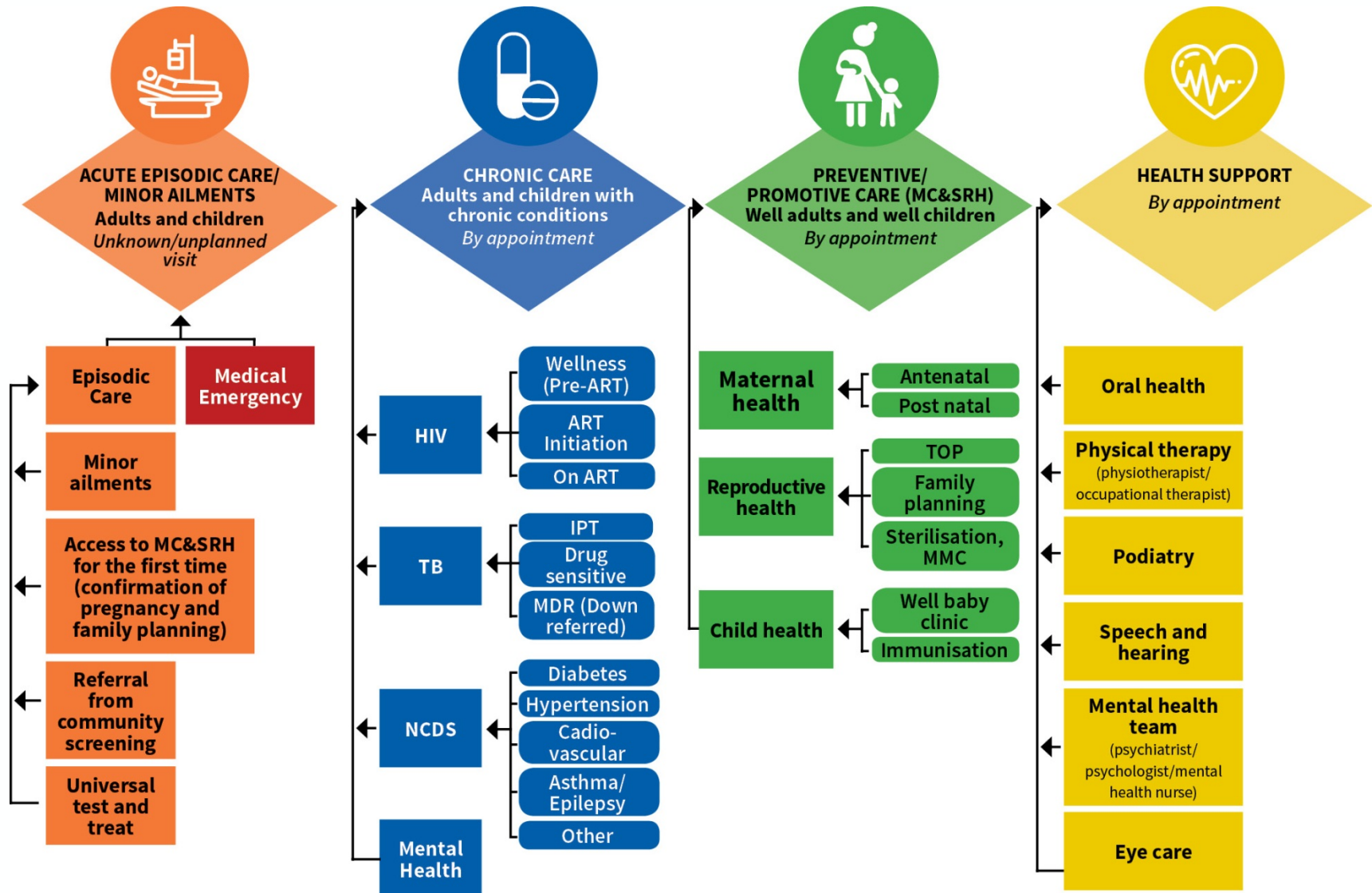
**Orange**

**Blue**

**Green**

**Yellow**

# Primary health care service streams



# ICSM - Streams of care



Acute  
episodic  
care/Minor  
ailments  
patient flow  
marked as  
**ORANGE**

Unplanned  
appointment



Chronic care  
services  
patient flow  
marked as  
**BLUE**

Planned  
appointment



Preventative/  
Promotive  
care (MC&SRH)  
patient flow  
marked  
as  
**GREEN**

Planned  
appointment



**Health  
Support  
Services flow  
marked as  
YELLOW**

Planned  
appointment



The flowchart illustrates the patient journey through the clinic, starting from the entrance and moving through various service areas. The pathways are color-coded: red for acute care, green for family planning/ANC/immunisation, and blue for chronic patient care. The journey begins at the entrance, leading to the Reception area. From Reception, patients are directed to either the Acute Episodic Care/Minor Ailments area or the Family Planning/ANC/Immunisation area. The Acute care pathway involves a Vital Sign Station (Acute) and a Consultation Room, leading to the Emergency Room. The Family Planning/ANC/Immunisation pathway involves a Vital Sign Station (MC&SRH) and a Consultation Room, leading to the Medication Room/Pharmacy. The Chronic Patient pathway involves a Vital Sign Station (Chronic) and a Consultation Room, leading to the Medication Room/Pharmacy. The Medication Room/Pharmacy leads to the Health Support Services and the Adherence Clubs/CCMD Point. The journey concludes at the Reception area for Appointments & Exit. A dashed orange line indicates the path for non-chronic follow-up.

```

graph TD
    Entrance((Entrance)) --> Reception1[RECEPTION]
    Reception1 --> Acute[ACUTE EPISODIC CARE/MINOR AILMENTS]
    Reception1 --> FP[FAMILY PLANNING/ANC/IMMUNISATION FIRST VISIT  
FAMILY PLANNING/ANC/IMMUNISATION SUBSEQUENT VISITS]
    Reception1 --> Chronic[CHRONIC PATIENT UNSTABLE & STABLE FOR REVIEW]
    Acute --> VSA[VITAL SIGN STATION ACUTE]
    VSA --> ER[EMERGENCY ROOM]
    VSA --> CR1[CONSULTATION ROOM]
    FP --> VSMC[VITAL SIGN STATION MC&SRH]
    VSMC --> CR2[CONSULTATION ROOM]
    VSMC --> CR3[CONSULTATION ROOM]
    Chronic --> VSC[VITAL SIGN STATION CHRONIC]
    VSC --> CR4[CONSULTATION ROOM]
    CR4 --> MR[MEDICATION ROOM/PHARMACY]
    CR2 --> MR
    CR3 --> MR
    MR --> HSS[HEALTH SUPPORT SERVICES]
    MR --> AC[ADHERENCE CLUBS/CCMD POINT]
    HSS --> Reception2[RECEPTION APPOINTMENTS & EXIT]
    AC --> Reception2
    Reception2 --> Exit((Exit))
    CR1 -.-> Exit
    CR2 -.-> Exit
    CR3 -.-> Exit
    CR4 -.-> Exit
    
```



# Clinical management support



## AIM

- To improve the **quality of clinical care** provided to patients through the application of evidence based guidelines and standardised tools
- **Outcome** intended is **improved clinical outcomes** of patients as evidenced by **decreased complications** associated with the respective condition

## WHAT

- **Application of clinical tools and evidence-based guidelines** in order to reduce the variation in the quality of service provided to clients
- **How:** Each service provider should have a copy of these guidelines that are accessible during the patient's consultations either in hard copies or electronically

# Clinical guidelines and tools



All Consulting Rooms	Doctors Consultation Room
<b>Adult Primary Care (APC/PC101) - 2017</b>	<b>Standard Treatment Guidelines and Essential Medicine List for Hospitals - 2012</b>
<b>Standard Treatment Guidelines and Essential Medicine List for Primary Health Care - 2014</b>	<b>Standard Treatment Guidelines and Essential Medicine List for Paediatrics - 2013</b>
<b>Integrated Management of Childhood Illness - 2014</b>	<b>Newborn Care Charts - Management of sick and small newborns in hospitals - 2014</b>
<b>Health for All - Health Promotion tool for use by healthcare professionals</b>	

# Guides to be in operational manager's office



- Primary Healthcare Laboratory Handbook
- National Consolidated Guidelines for the Prevention of Mother-to-Child Transmission of HIV and the Management of HIV in Children, Adolescents and Adults, **2015**
- National Tuberculosis Management Guidelines, **2014**
- National Guidelines for the Management of Tuberculosis in Children, **2013**
- National Management of Drug-Resistant Tuberculosis. Policy Guidelines, **2013**
- Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB

# 'Assisted' Self-management



- **Self-management** refers to 'the ability of the individual, in conjunction with family, community, and healthcare professionals, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences of health conditions'.
- **Optimal self-management** entails the ability to monitor the illness and to develop and use cognitive, behavioural, and emotional strategies to maintain a satisfactory quality of life .



# ‘Assisted’ Self-management



- The majority of patients that attend the public primary healthcare facilities do not have the economic ability to be able to monitor their disease conditions and are **dependent on the health service**
- All services are only available from a health service facility
- The patients will be assisted in the management of their illnesses via the Ward Based Primary Healthcare Outreach Team (**WBPHCOTs**), that will provide health promotion, point of care testing, screening for complications, identification of high risk patients, adherence monitoring and may even serve as a medicine courier



# Population health awareness



- **Primary prevention** is most successful if be conducted at a population level to increase awareness about the social determinants of health and their direct impact on the development of chronic diseases
- Tobacco use, unhealthy diet, physical inactivity, the excessive use of alcohol and the use of illicit drugs are common risk factors for the **four priority non-communicable diseases**
- **Health awareness campaigns** may be organised to coincide with specific events within the health calendar
- **Universal test and treat**

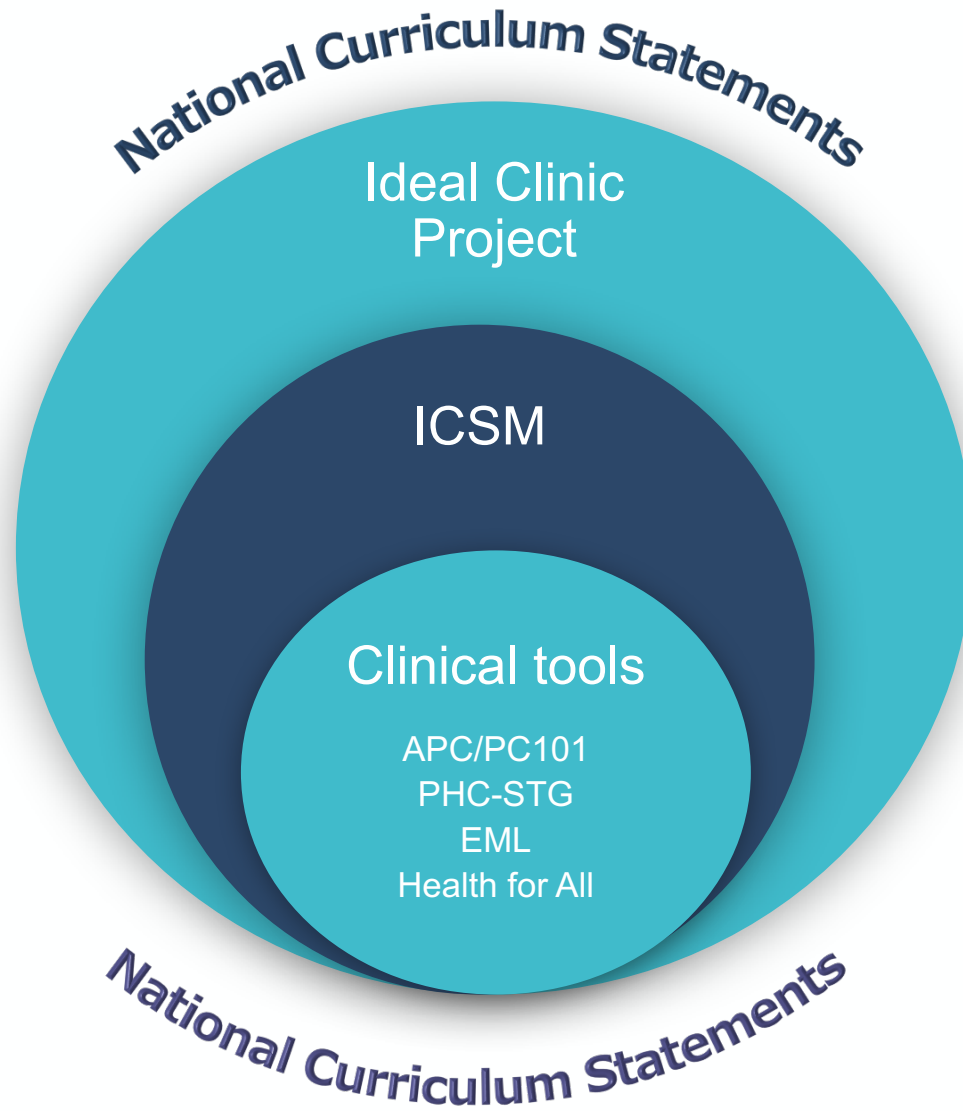


# Population health awareness



- **Social marketing** should be used at sports and religious events to raise awareness about chronic conditions.
- **Screening services** should be provided during special events or at strategic points to identify asymptomatic patients or to identify at risk individuals and refer them appropriately.
- The **Integrated School Health Teams** will primarily conduct health education and awareness campaigns at school level and provide screening services to assist with the early detection of chronic diseases and the appropriate referral of these high-risk patients.

# Linking the pieces



# Group Tasks



- **Please answer the following in small groups?**
- **What are some of the main obstacles you see in implementing the ICSM. Use the following criteria:**
  - Service delivery
  - Human resources
  - Infrastructure
  - Medicine supply and equipment
  - Information

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