



Monitoring and evaluation



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Monitoring and evaluation



Introduction



- Monitoring and evaluation (M&E) is an **essential** part of any program, large or small.
- The practice of M&E can contribute to **sound governance** in a number of ways:
 - ✓ Improved evidence based policy making (including budget decision making)
 - ✓ Policy development
 - ✓ Management and accountability

M&E: Why and when?



Monitoring	Evaluation
Why?	
<ul style="list-style-type: none">✓ Observe, check✓ Record, account✓ Day-to-day decisions✓ Provide info for evaluation	<ul style="list-style-type: none">✓ Judge and value✓ Assess major decisions✓ Provide info for planning
When?	
<ul style="list-style-type: none">✓ During implementation✓ Continuous	<ul style="list-style-type: none">✓ Before or after✓ Periodic

Difference between monitoring and evaluation?



What
are we
doing?



Monitoring

What
have we
achieved?



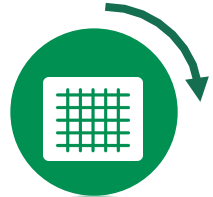
Evaluation

What is monitoring?

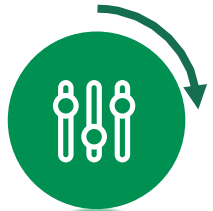


- The systematic **collection and analysis** of information as a project progresses
- Forms an integral part of day-to-day operational management to **assess progress against objectives**
- It is aimed at **improving the efficiency and effectiveness** of a project or organisation and is based on targets set and activities planned during the planning phases of work

Monitoring the ICSM



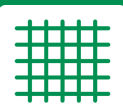
The **Ideal Clinic dashboard** focusing on component two should be audited on a monthly basis



Review of the essential data set of indicators for the Ideal Clinic should be conducted



A repeat patient **waiting time survey** should be conducted quarterly



DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE

2. Integrated Clinical Services Management (ICSM)

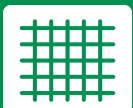
5. Clinical service provision: Monitor whether clinical integration of clinical care services allowing for three discrete streams (acute, chronic and MCWH) of service delivery is adhered to as per service package and whether this results in improvements in key population health and service indicators

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

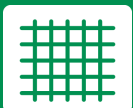


DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE

2. Integrated Clinical Services Management (ICSM)

9. Clinical guidelines and protocols: Monitor whether clinical guidelines 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			

Ideal Clinic dashboard












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 complaint/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 languages	E		HF			

Review of District Health Information System (DHIS) indicators

TB treatment success rate is at least 85% or has increased by at least 5% from the previous year	E		
TB (new pulmonary) defaulter rate is <5%	E		HF
Antenatal visit rate before 20 weeks gestation is at least 62% or has increased by at least 5% from the previous year	E		HF
Antenatal patient initiated on ART rate is at least 95% or has increased by at least 5% from the previous year	E		HF
Immunisation coverage under one year (annualised) is at least 92% or has increased by at least 5% from the previous year	E		HF
Screening of patients for high blood pressure has increased by 5% since the previous financial year	E		HF
Screening of patients for raised blood sugar has increased by 5% since the previous financial year	E		HF
At least 35% of patients visiting the clinic are screened for mental disorders	E		HF

Repeat waiting times



- Waiting time must be **monitored** quarterly.
- **Select a day in the month** of the quarter in which the waiting time will be monitored (*pre-determined for specific clinic*)
e.g. Second Monday of the month
- Select the **first 100 patients** attending the facility, irrespective of diagnosis, on the day that the quarterly waiting time survey will be conducted
- In small clinics continue the survey over **two to three days** until 100 patients have been surveyed



Do not
select the least
busy day of
the week!

Waiting times



National Policy on Management of Waiting Time in Outpatient Departments



Waiting time tool



Acute		Chronic				Mother and Child		
Minor Ailments	Children (IMCI)	HIV	TB	NCD	Mental health	Well-baby/ EPI	Family planning	ANC /PNC
	Adult							
24 hour Emergency Unit	24 hour MOU							

Area	Enter time			
Time patient enters clinic ¹	Hours		Minutes	
Time patient registers at reception desk	Hours		Minutes	
Time patient is allocated patient record	Hours		Minutes	
Time patient completes vital signs	Hours		Minutes	
	Start time		End time	
1 st consultation	Hours	Minutes	Hours	Minutes
2 nd consultation (² if referred)	Hours	Minutes	Hours	Minutes
3 rd consultation (if referred)	Hours	Minutes	Hours	Minutes
The Pharmacy (if applicable)	Hours	Minutes	Hours	Minutes
Time patient departs clinic ³	Hours		Minutes	

- 1 When the patient enters the door of the facility, the queue marshal (or designated staff member) should **record the time**
- 2 If referred from doctor or nurse to lay counsellor or allied health services (rehab, social worker, nutritionist, etc.)
- 3 The last point of contact with service provision



Monitor patient outcomes:

- A **client experiences survey** as per the National document should be conducted
- **Adherence** to appointments
- Control for **chronic** patients
- **Quality** of care

Patient experience of care surveys



National Guideline on conducting Patient Experience of Care Surveys in Public Health Establishments

Patient experience of care surveys



All eligible patients seen at the health establishment during the week of the survey should be considered for participation in the survey (sample population).

These patients are as follows:

- All patients who are able to represent themselves i.e. can legally give informed consent for care or patients whose severity of their health condition has not affected in any way their ability to think clearly or be in control of and responsible for their actions – compos mentis
- All patients who are available during the day of data collection and who have experienced care through the healthcare processes performed by the health establishment

Patient experience of care surveys



Patients that are to be excluded from participating in the survey are as follows:

- Patients regarded by law, as not having capacity to represent themselves in health related decisions
- Patients who are too ill or in severe pain, unless they insist to participate
- Patients who are not mentally fit to properly understand and respond to questions
- Patients who are able to read and write are allowed to complete the questionnaires on their own while those that are unable to do so are interviewed by a properly skilled data collector using the same tool

Patient experience of care surveys



The sample size is determined using the historical data as follows:

- Obtain the **annual headcount** per facility
- Determine the **quarterly headcount** by dividing annual headcount by four.
- Multiply the **dividend** by 0.15 (15%) to obtain the sample size for the quarter
- The **product** is in turn divided by three to obtain the sample size per month.
- The **quotient** may further be divided by four to obtain the sample size per week
- The **daily sample size** is determined by dividing the **quotient** with five, six and seven in facilities that operate for five, six or seven days per week respectively
- Acknowledging that the **quotient** may be comprised by patients that are seen during the day and during the night, the estimated daily headcount is further divided by 40% so as to exclude the numbers that are seen during the night



Patient experience of care survey tool



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QUESTIONNAIRE ON PATIENTS' EXPERIENCE OF CARE FOR OUT-PATIENTS

(To be completed by patients at Primary Healthcare facilities and Out-Patient Departments only)

NB! Patients who are exempted by any legislation or are having a health condition that impedes their ability to represent themselves may be represented by their parents / guardians / family members. Completion of questionnaire should commence from **SECTION 1** while **A** is completed by data collectors.

A IDENTITY OF A HEALTH FACILITY			
Name of Health Facility:			
Type of Health Facility:			
Province:			
District Name:			
Sub-District Name:			
GENERAL INSTRUCTION		PLEASE MARK THE APPROPRIATE ANSWER WITH X	
SECTION 1		BIOGRAPHICAL DATA	
1.1	How old are you?		
1.2	Your Sex?	Male	Female
1.3	Have you visited this health facility in the past 12 months?	Yes	No
1.4	It takes me more than two hours travelling in a car, taxi, bus, etc. to get to this health facility.	Yes	No
SECTION 2		ACCESS TO CARE	
2.1	Were you ever turned away from this facility without receiving the service you came for?	Yes	No
2.2	Are service times of this facility acceptable to you?	Yes	No
2.3	Were you ever supposed to be transferred from this health facility to another?	Yes	No
If your answer is "No" to Question 2.3, please proceed (go) to Section 3, Question 3.1			
2.4	Were you given an opportunity to recommend the health facility you preferred to be transferred / referred to?	Yes	No
2.5	Were you happy with the transfer / referral arrangements made for you?	Yes	No
2.6	At the entrance of the health facility, was there a staff member showing people where to access the health service they required?	Yes	No
2.7	Was there a chair/bench for you to sit on while waiting to be attended to?	Yes	No
2.8	Were there notices informing of the location of various health services which are provided by this health facility?	Yes	No



Patient experience of care survey tool

SECTION 3		AVAILABILITY AND USE OF MEDICINES	
3.1	Was medicine / treatment prescribed for you today?	Yes	No
If your answer is "No" to Question 3.1, please proceed (go) to Section 4, Question 4.1			
3.2	Did you receive all your prescribed medicines today?	Yes	No
3.3	Were you informed of how to take medicines / treatment?	Yes	No
SECTION 4		PATIENT SAFETY	
4.1	Do you have any form of a disability for which you required assistance?	Yes	No
If your answer is "No" to Question 4.1, please proceed (go) to Question 4.3			
4.2	Has the health facility assisted you with your disability?	Yes	No
4.3	Were there notices / signage to warn you of obstructions or dangers in the walk-ways?	Yes	No
SECTION 5		CLEANLINESS	
5.1	Was drinking water with clean disposable cups available in the waiting area?	Yes	No
5.2	In your opinion, was the health facility generally clean?	Yes	No
5.3	Were there waste disposal bins in which you could toss waste while at any of the service areas you went / passed through?	Yes	No
5.4	Did you use the toilet while in this health facility?	Yes	No
If your answer is "No" to Question 5.4, please proceed (go) to Question 5.7			
5.5	Did the toilet facilities have the following?		
5.5.1	Toilet paper	Yes	No
5.5.2	Running tap water	Yes	No
5.5.3	Hand wash basin	Yes	No
5.5.4	Liquid soap dispenser containing liquid soap	Yes	No
5.5.5	Disposable paper towel	Yes	No
5.5.6	Waste disposal bin with lid	Yes	No
5.6	Were toilets in good working order (flushing well)?	Yes	No
5.7	Did you see any of the following pests anywhere while at this facility: cockroaches, rodents, flies, mosquitoes, lice?	Yes	No



Patient experience of care survey tool

SECTION 6		VALUES AND ATTITUDES	
6.1	Did staff members introduce themselves to you before attending you?	Yes	No
6.2	Was your permission asked before you were treated?	Yes	No
6.3	Were you given an opportunity to ask questions about your health condition / illness?	Yes	No
6.4	Were you provided with health care services in private where other people could not see or overhear?	Yes	No
6.5	Were staff members generally respectful to patients?	Yes	No
6.6	Do you know how to lodge a complaint?	Yes	No
SECTION 7		WAITING TIMES	
7.1	Was there a staff member monitoring the queues?	Yes	No
7.2	Were you informed orally or through pasted notices of how long you would have to wait for services at every service area you passed through?	Yes	No
7.3	Is the general patient waiting time for services acceptable to you?	Yes	No

THANK YOU FOR AGREEING TO PARTICIPATE IN THIS IMPORTANT SURVEY PROJECT.

TO BE COMPLETED BY SURVEY SUPERVISOR

Questions fully completed	YES	NO	
Reasons for incompleteness			
Conclusion about this questionnaire	Accept it right away	Reject it	
Name, Surname and telephone number of supervisor			

Adherence to appointments



- **Review all the daily appointment** registers for three months
- Tally **total number of patients booked**
- Number of patients **missing scheduled appointments**
- Conduct a **survey** on patients missing scheduled appointment

Administering the questionnaire



- A person who misses the appointment will be identified in the **booking register**
- When this patient returns for his/her visit then the professional nurse will need to **administer the questionnaire** prior to the patient being consulted
- A **one-month period should be selected annually** for interviewing the patients
- A **maximum of 50 patients** should be interviewed per facility
- **Informed consent** should be taken from the patient prior to administering the questionnaire

Questionnaire for patient that missed their scheduled appointments

Name of patient									
Gender				Male			Female		
Age				Date of birth					
Employed			Not employed		Occupation				
Diagnosis									
Date on which patient missed appointment									
Date/period after appointment on which patient returned									
Is this your nearest facility for care?									
For how many years/months have you attended this facility?									
How long does it take you to reach the clinic from home?									
How much does it cost you to come to the clinic (return trip)?									
Were you informed about the date of appointment?				Yes			No		
Were you given a choice when your appointment date was made?				Yes			No		
How many appointments did you miss this year?									
Indicate your response to the following statements				Yes		No		Comments	
I forgot about the appointment									
The appointment was on an inconvenient date									
I had family commitments									
I was feeling well and had no symptoms									
I was too ill to attend									
I was unable to get transport									
I did not have money for transport									
I was out of town									
Medicines were not finished									
I was unable to get off work									
I was unable to get there because of weather									
I was in hospital at the time									
This is a mistake - I did not miss my appointment									
I could not be bothered									
I don't like the attitude of the staff at this clinic									
What is the main reason that you missed your appointment?									



Chronic control



- **Uncontrolled hypertension:** defined as a patient that is a known hypertensive with with a blood pressure of greater than 140/90 on in the last six months irrespective of cardiovascular risk factor status
- **Uncontrolled diabetes:** A post-prandial blood glucose level of $> 11,1$ mmol/l or where available $\text{HbA}_{1\text{AC}} > 7\%$

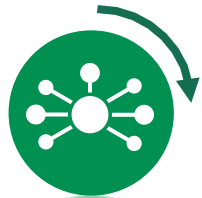
Methodology



Randomly select 19 records for the last quarter

Name of facility		
District & province		
Primary diagnosis		
Age		
Gender		
Presence of co-morbidity?	Yes	No
Co-morbidity <ul style="list-style-type: none">• HIV• Asthma• TB• Cholesterol• Diabetes• COPD		
Blood pressure (>140/90)		
Blood sugar >11,1 mmol		

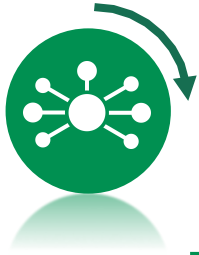
Clinical audit



To ensure successful clinical audit, the following criteria should be adhered to:

- **Topics** chosen for clinical audit should preferably cover aspects of care that are of high risk, high volume or high cost
- The **standards/criteria**, against which systematic review of care will take place, should be derived from national/ provincial/ clinical societal endorsed guidelines or from good local quality guidelines
- The **sample size** chosen should be adequate to produce credible results
- Clinical audit is **action oriented**. It should include assessment of input, process and outcome of care followed by action
- The required action will be **guided by action plans** that address the local barriers to change and identify those responsible for service improvement

Clinical audit



- **Managers should be actively involved** in audit and in particular in the development of the action plans
- The **outcome of action plans should be monitored** to ascertain whether improvements in care have been implemented as a result of clinical audit
- **Systems, structures and specific mechanisms should be made available** to monitor service improvements once the audit cycle has been completed
- Each clinical audit should have a **local lead** to ensure accountability

Acknowledgements



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