Ideal Clinic Manual

Version 18

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ACKNOWLEDGEMENT

The purpose of a health facility is to promote health and to prevent illness and further complications through health promotion, early detection, treatment and appropriate referral. The success of South Africa's National Health Insurance will depend on a well functioning Primary Health Care (PHC) system. Community based services must be complimented by PHC facilities that will provide equitable access to South Africans, prioritising health services to those most in need. To achieve this, PHC should function optimally thus requiring a combination of elements to be present in order to render it IDEAL. To achieve this the National Department of Health started the Ideal Clinic programme.

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines 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 organisations to address the social determinants of health.

The Ideal Clinic programme defines ten components, 32 sub components and 211 elements that must be green, which means that they are present and optimally functional. This Ideal Clinic realisation and maintenance manual has been developed to provide guidance on how to achieve Ideal Clinic status and to maintain such status. The manual is also a tool to assist progressive discipline.

Jeanette Hunter led the development and completion of this manual. The AURUM Institute genereously invested resourses to complete the first draft of the first version of the Ideal Clinic framework. Messrs R Morewane, K Mahlako, D Matsebula, Dr K Taole and Mesdames Y Mokgalagadi, M Dichaba and E Shivambu reviewed this draft. Mesdames J Hunter, R Steinhöbel, A Jautse and Dr S Asmall sacrificed precious personal time over weekends to complete the final draft.

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MP MATSOSO
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LIST OF ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral treatment
BANC	Basic Antenatal Care
CCMDD	Central Chronic Medicine Dispensing and Distribution
CHW	Community Health Worker
CoGTA	Cooperative Governance and Traditional Affairs
DCST	District Clinical Specialist Team
DHIS	District Health Information System
DHMT	District Health Management Team
DHS	District Health System
DoH	Department of Health
DPSA	Department of Public Service and Administration
DSP	District support partner
EML	Essential Medicine List
EMS	Emergency Medical Services
EPI	Expanded Program on Immunization
HAST	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, Sexually transmitted infections and Tuberculoses
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HTS	HIV testing service
ICSM	Integrated Clinical Services Management
IPC	Infection Prevention and Control
IQC	Independent Quality Control
MCWH	Maternal Child Women's Health
Min / max	minimum / maximum
MOU	Maternal Obstetric Unit
MRHS	Male Reproductive Health Services
NCD	Non-communicable diseases
NGO	Non-Governmental Organisation
NMC	Notifiable Medical Conditions
NHLS	National Health Laboratory Services
PACK	Practical Approach to Care Kit
PDoH	Provincial Department of Health
PEC	Patient Experience of Care
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMDS	Performance Management and Development System
PNC	Prenatal Care
PPE	Personal protective equipment
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
PSI	Patient Safety Incident
PT	Proficiency Testing

RTHC	Road to Health Chart
SANC	South African Nursing Council
SLA	Service Level Agreement
SOP	Standard Operating Procedure
TB	Tuberculoses
WBPHCOT	Ward Based Primary Health Care Outreach Team
WISN	Workload Indicator Staffing Needs

INTRODUCTION AND BACKGROUND

The 'Ideal Clinic' (IC) programme is an initiative started by South Africa's National Department of Health (NDoH) in July 2013 as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector. These deficiencies were picked up by the NDoH facilities audit completed in 2012.

An Ideal Clinic is a clinic with good infrastructure, 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 healthcare services to the community. An Ideal Clinic cooperates with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health.

Integrated Clinical Services Management (ICSM) is a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who come for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

A standardised questionnaire which is translated into a dashboard (Ideal Clinic components, sub-components and elements) is used for tracking progress in PHCs over time. Since 2013 there has been substantial consultation on the dashboard. Feedback from health professionals and managers working at facility, district, provincial and national level improved the dashboard effecting changes from version 1 onwards. This version of the dashboard, version 18, is comprised of 10 components, 32 sub-components and 211 elements. See Annexure 1. Version 18 and thus this manual prescribe the minimum elements that should be present in a well-functioning PHC facility. See Annexure 2.

Each element is scored according to the performance of the facility; green indicating that performance is achieved, amber indicating that the performance is partially achieved, and red indicating that performance is not achieved. The method of measurement (indicated with symbols), level of responsibility (facility, district, province or national) and weight (vital, essential and important) is indicated for each element. See Annexure 2.

The average score according to the weights assigned to the 211 elements determines whether Ideal Clinic status is achieved or not. The elements are weighted as Vital (6 elements), Essential (87 elements), and Important (118 elements). In order for a facility to obtain Ideal Clinic status, the facility must at a minimum score 90 percent for elements weighted as Vital, 70 percent for elements weighted as Essential, and 69 percent 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 percent), gold (80-89 percent) and platinum (90-99 percent). 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 percent) but still fail to obtain an Ideal Clinic category as they have failed to obtain the minimum average score for per weight category.

Over time, as the quality of the conditions of PHC facilities improve, we may add more elements and more specifications for certain elements.

THE PURPOSE OF THIS MANUAL

The Ideal Clinic manual has been developed to assist managers at various levels of healthcare service provision to correctly interpret and understand the requirement for achieving the elements as depicted in the Ideal Clinic dashboard. It can therefore be regarded as a reference document which guides the managers to determine the status of Ideal Clinic dashboard elements in a facility. The manual is envisaged to be of particular use to the facility manager. Responsibility on the dashboard has been assigned to the facility manager in areas that the facility manager may believe is out of his/her control. However, for these areas it will be the facility manager who knows that the element is not green and it is the facility manager who should initiate processes through the district office to turn these elements green.

The manual is also a useful tool for managers at sub-district, district, provincial and national level to ensure progressive discipline of those reporting to them. Facility managers must receive orientation to the IDEAL CLINIC REALISATION AND MAINTENANCE process using this manual. The content of the manual could then guide counseling sessions and further steps of discipline when weaknesses in clinics persist.

HOW TO USE THE MANUAL

The Ideal Clinic Manual is comprised of detailed steps that should be followed to achieve every element. The numbering of the steps is aligned to the numbering in the dashboard. In some instances, a step refers the reader to a specific annexure. This implies that the relevant annexure should be used for further guidance to achieve of the element.

Documents, policies, guidelines and standard operating procedures referenced as being available on the national Department of Health's website (www.health.gov.za) can be obtained by selecting the 'Ideal Clinic' tab on the website. The tab will direct the user to the Ideal Clinic website. On the Ideal Clinic website there is a tab named 'Documents' where the relevant documents can be downloaded from.

COMPONENT 1: ADMINISTRATION

1. Signage and notices

Commitment for Ideal Clinic elements 1-3

Monitor whether there is communication about the facility and the services provided.

1	***All external signage in place***
2	***Facility information board reflects the facility name, service hours, physical address, contact details for facility and emergency service and service package details is visibly displayed at the entrance of the premises***
3	***Sign indicating NO WEAPONS, NO SMOKING, NO ANIMALS (except for service animals), NO LITTERING and NO HAWKERS, is clearly sign posted at the entrance of the facility***

Process

Step 1: Familiarise yourself with the specifications for external signs. See Annexure 3

Step 2: Do inspection every six months to check that all external signs for the facility are present and in good condition.

Step 3: In the event of having to replace new, damaged or missing signs, order signs from the sub-district/district manager through supply chain following the relevant provincial protocol.

Step 4: The signs will be installed either by the supplier or district maintenance staff depending on order specifications.

Note to reviewers:

- Facility information board must be on the wall next to the main entrance of the facility building OR on a free standing board approximately 500mm to 2000 mm before the main entrance to the facility building (entrance of the premises)
- It is not ideal but is acceptable if the information on the Facility information board is displayed on two separate boards (additional panel to main board) as the Ideal Clinic Programme did add additional information to the board since the first version was published.
- Emergency service contact numbers must include the contact numbers for ambulances and fire brigade.
- External signage must be formally manufactured signage.

Commitment for Ideal Clinic elements 4-7

Signs and notices are clearly placed throughout the facility.

4	***Vision, mission and values of the province/district are visibly displayed***
5	***Facility organogram with contact details of the facility manager is displayed on a central notice board***
6	***Patients' Rights Charter is displayed in all waiting areas in at least two local languages***
7	***All service areas within the facility are clearly signposted***

Process

Step 1: Ensure that the mission, vision and values of the district as well as the organogram with contact details of the managers are visibly displayed on a central notice board.

Step 2: Obtain the Patient's Rights Charter from www.health.gov.za.

Step 3: Visibly displayed Charter in all main waiting areas in at least two local languages. See Annexure 4.

Step 4: Conduct an inspection of the facility every six months to ensure that all internal signs for the facility are present and in a good condition. See Annexure 5

Step 5: In the event of having to buy new or replace damaged or missing signs, order signs through supply chain management following the relevant provincial protocol.

Step 6: The signs will be installed either by the supplier or district maintenance staff.

Step 7: All notices like the vision, mission, values and organogram must be attached firmly to a notice board surface. Notices may only be attached to notice boards and to no other surface e.g walls and windows.

Note to reviewers:

- Verify that organogram is up to date by comparing it with an updated list of the staff establishment of the facility.
- All internal signage must ideally be manufactured. Neatly typed and laminated signage is acceptable where the facility is still in the process of obtaining manufactured signage.

2. Staff Identity and Dress Code

Commitment for Ideal Clinic elements 8 - 10

Monitor whether staff uniform, protective clothing and mode of staff identification are in accord to policy prescripts.

8	***There is a prescribed dress code for all service providers***
9	***All health care professional staff members comply with prescribed dress code***
10	***All staff members wear an identification tag***

Process

Step 1: Obtain the Staff Dress Code and Insignia specifications from the district. See Annexure 6 as an example of a Staff Dress Code.

Step 2: Share the contents of the Staff Dress Code with all staff members.

Step 3: All new staff must be inducted, including an orientation to the prescribed dress code.

Step 4: Compliance to dress code must be included in the staff performance agreements.

Step 5: Randomly check that the healthcare professional staff members on duty are dressed correctly according to the dress code. Check that all staff is wearing prescribed dress code (Annexure 7) and identification tags (Annexure 8).

3. PATIENT SERVICE ORGANISATION

Commitment for Ideal Clinic elements 11 - 13

The facility must be user friendly for the very sick, frail and elderly patients.

11	***Help desk/reception services are available***
12	***There is a process that prioritises the very sick, frail and elderly patients***
13	***A functional wheelchair is always available***

Process

Step 1: Schedule a monthly duty roster to assign staff to the help desk/reception. Ensure that the various languages spoken by staff at the facility are documented and available at the helpdesk/reception so that staff can be called to interpret when necessary.

Step 2: Develop a SOP that describes how the facility will ensure that the very sick, frail and elderly patients are prioritised.

Step 3: Display notice in at least two local languages in the waiting area indicating the prioritisation process for very sick, frail and elderly patients. See Annexure 9.

Step 4: Schedule in-service training for ALL staff on prioritisation process. Keep a record of attendance in the in-service training book. See Annexure 10 as an example.

Step 5: Delegate the function of prioritisation process to a designated staff member on a daily basis.

Step 6: Conduct random spot checks during the day to determine if the very sick, frail, and elderly patients are prioritised.

Step 7: Ensure that functional wheelchairs are available at the facility for use if and when needed.

Step 8: On a weekly basis, monitor the condition of the wheelchairs and order repairs if required

Step 9: If there are no functional wheelchairs available at the facility, order them using the standard provincial protocol.

Step 10: Schedule in-service training for all staff on safety procedures when transporting a patient in a wheelchair. Make a record of attendance in in-service training book. See Annexure 10 as an example.

Note to reviewers:

- For element 11, to be compliant the facility must have a SOP as well as a notice displayed. To verify that the SOP is implemented ask one of the staff members to explain how they go about to ensure that the very sick, frail and elderly patients are prioritised.

4. Management of Patient Record

Commitment for Ideal Clinic elements 14 - 15

Every patient has a single record containing correctly captured personal and clinical information.

14	***There is a single patient record irrespective of health conditions***
15	***Patient record content adheres to ICSM prescripts***

Process

Step 1: All new patients will have a patient record opened for them using the National Adult or Child Record for Clinics and Community Health Centres.

Step 2: Allocate a file number using the Standard Operating Procedure for accessing, tracking, filing, archiving and disposal of patient records that has been approved for the province/district/.

Step 3: Every patient must have a single patient record that contains all clinical information including laboratory results, copies of referral letters and prescription charts as per ICSM prescripts. See Annexure 11

Commitment for Ideal Clinic elements 16 - 20

The patient records will be filed in a single location close to reception using a standard filing SOP to enable quick access of records.

16	***District/provincial standard operating procedure/guideline for accessing, tracking, filing, archiving and disposal of patient records is available***
17	***Guideline for accessing, tracking, filing, archiving and disposal of patient records is adhered to***
18	***There is a single location for storage of all active patient records***
19	***Patient records are filed in close proximity to patient registration desk***
20	***Retrieval of a patient's file takes less than ten minutes***

Process

Step 1: Obtain the provincial or district SOP for accessing, tracking, filing, archiving and disposal of patient's records.

Step 2: Adhere to contents of the SOP. See Annexure 12.

Step 3: Identify a secure and lockable storage area in or near reception for the filing of patient records.

Step 4: If needed, procure a bulk storage system according to the approved provincial protocol.

Step 5: Schedule in-service training for administrative staff on patient record filing, archiving and disposal procedures. Record attendance in the in-service training book/file. See Annexure 10 as an example.

Commitment for Ideal Clinic element 21

Priority stationery for the facility is available at all times in sufficient quantities.

21	***Priority stationery (clinical and administrative) is available at the facility in sufficient quantities***

Process

Step 1: Determine the clinic specific minimum quantity for each item of stationery required.

Step 2: Using the stationery checklist (Annexure 13), the facility admin clerk must, on a weekly basis; check that there is sufficient stationery.

Step 3: Order the required quantity using the standard provincial procurement protocol.

Note to reviewers:

Check what the minimum levels are for the various stationery items (if the minimum levels for stationery has not been determined by the facility, the facility will be non-compliant to this element). Verify that the minimum required are present on the shelves. The facility will not be compliant if the minimum levels are not present. If the facility has already placed an order but the order has not arrived yet the facility is non-compliant.

COMPONENT 2: INTEGRATED CLINICAL SERVICES MANAGEMENT (ICSM)

5: Clinical service provision

Commitment for Ideal Clinic elements 22

The facility has organised patient flow to provide patients with appropriate clinical care.

22	***Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions and preventative health services***

Process

Step 1: Obtain the ICSM manual from www.health.gov.za.

Step 2: Determine the process flow in the facility. See process flow mapping in ICSM manual.

Step 3: Flow plan for facility must provide for an area for monitoring vital signs for the three streams of care.

Step 4: Schedule in-service training for all staff on the Integrated Clinical Services Management (ICSM). Record attendance in the in-service training book/file. See Annexure 14 as an example.

Step 5: Implement process flow as per plan.

Step 6: Mark out flow using colour coding to direct patients.

Name of Stream	Colour	Description of colour
Minor ailments	Orange	C0 M62 Y100 K0
Chronic Services	Blue	C77 M51 Y0 K0
Maternal and Child Health	Deep green	C63 M0 Y100 K0

Note to Reviewers:

Facilities that are too small (daily headcount of less than 170 patients per day (3 350 per month) to be segregated into three streams will not be expected to have dedicated consulting areas for acute, chronic health conditions and preventative health services but should still adhere to ICSM principles. This means that patients should be treated holistically and not be sent from one section to another because of co-morbidities. Small facilities that adhere to ICSM principles should be scored green for this element.

Commitment for Ideal Clinic element 23

Facility staff must ensure that patients' privacy is respected at all times in all service areas.

23	***Patients are consulted, examined and counselled in privacy***

Process

Step 1: The induction programme for new staff must include the importance of securing patients' privacy while being consulted or counseled.

Step 2: Patients should at all times be consulted and counseled behind closed doors/curtains/ screens.

Step 3: Do spot-checks to determine whether staff members respect patients' privacy while providing services and correct identified weaknesses.

Commitment for Ideal Clinic elements 24 - 28

Improvements in PHC service environment must lead to improved service and population health outputs and outcomes.

24	***TB treatment success rate is at least 87% or has increased by at least 5% from the previous year***
25	***TB (new pulmonary) defaulter rate < 5%***
26	***Ante-natal visit rate before 20 weeks gestation is at least 70% or has increased by at least 5% from the previous year***
27	***Ante-natal patient initiated on ART rate is at least 97% or has increased by at least 5% from the previous year***
28	***Immunisation coverage under one year (annualised) is at least 86% or has increased by at least 5% from the previous year***

Process

Step 1: The record-keeping process (data collection) in the facility must feed into the DHIS data or relevant electronic patient information system required to calculate the values of the above indicators.

Step 2: The record-keeping process (data collection) must be accurate, complete and validated to ensure good quality health management information.

Step 3: Calculate and analyse the data to determine whether the facility is achieving the above targets, see note below on how to conduct the status determination for elements 24 to 28.

Step 4: Should the clinic not reach the above targets, investigate to find reasons and implement corrective actions.

NOTE:

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 24

- If the facility obtained the target of 85% the facility scores green (achieved) for the element.
- If the facility did not obtain the target of 85%, there should be at least a 5% increase from the previous financial year:
  The TB programme use the calendar year (January to December) for reporting. The score for element 24 is determined by comparing the outcome of 1 year and 1 quarter ago with the outcome of 2 years and 1 quarter ago.

  For example:

If you conduct the status determination of a clinic on 10 November 2016 (4th quarter of the year) you compare the TB success rate of the 3rd quarter of 2015 with the TB success rate of the 3rd quarter of 2014. See table below for examples with values and scores.

Status determination conducted	**TB success rate of 1 year and 1 quarter ago**	**TB success rate of 2 years and 1 quarter ago**	**Score**
10 November 2016 = 4th quarter	3rd quarter 2015 = ≥85%		**Green**
10 November 2016 = 4th quarter	3rd quarter 2015 = 35%	3rd quarter 2014 = 30%	**Green**
10 November 2016 = 4th quarter	3rd quarter 2015 = 30%	3rd quarter 2014 = 33%	**Red**

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 25

The TB programme use the calendar year (January to December) for reporting. The score for element 25 is determined by looking at the TB defaulter rate of 6 months (2 quarters) back because the average TB patient is on treatment for 6 months.

For example:
If you conduct the status determination on 10 November 2016 (4th quarter) you look at the TB defaulter rate of the 1st quarter of 2016 (January to March 2016). See table below for examples with values and scores.

Status determination conducted	**TB defaulter rate**	**Score**
10 November 2016 = 4th quarter	1st quarter 2016 = <5%	**Green**
10 November 2016 = 4th quarter	1st quarter 2016 = ≥5%	**Red**

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 26 to 28

- If the facility obtained the target as described for the specific element the facility scores green (achieved) for the element.
- If the facility did not obtain the target as set, there should be at least a 5% increase from the previous financial year:
  a) When conducting the status determination during April to June (1st quarter) of a financial year, use the outcome of two financial years ago, comparing it with the outcome of three financial years ago if necessary.
  b) When conducting status determination during July to March (2nd to 4th quarter) of a financial year, use the outcome of the previous financial year, comparing it with the outcome of two financial years ago if necessary.

For example:

a) When conducting the status determination during April to June 2016, use the outcome of 2014/15 financial year and compare it with the outcome of 2013/14.

b) When conducting the status determination during July 2016 to March 2017, use the outcome of 2015/16 financial year and compare it with the outcome of 2014/15. See table below for examples with values and scores.

Status determination conducted	**Outcome of indicator one or two financial years ago**	**Outcome of indicator two or three financial years ago**	**Score**
10 July 2016	Outcome of 2015/16 = ≥ target set		**Green**
10 May 2016	Outcome of 2014/15 financial year = 40%	Outcome of 2013/14 financial year = 35%	**Green**
10 July 2016	Outcome of 2015/16 financial year = 50%	Outcome of 2014/15 financial year = 47%	**Red**

Commitment for Ideal Clinic elements 32

Quality Improvement plans are developed and implemented

32	***Quality Improvements plans are signed off by the facility manager and updated quarterly***

Process

Step 1: Obtain the National Quality Improvement Guideline from www.health.gov.za that will assist facility managers to understand and implement quality improvements.

Step 2: Generate the "Quality Improvement Report" from the Ideal Clinic software once the first facility status determinations has been conducted at the end of May every year. See Annexure 15.

Step 3: Add any additional areas in need for improvement that has been identified in addition to the Ideal Clinic elements that were failed, for example, gaps identified in clinical audits, patient safety incidents, patient experience of care surveys, complaints, staff satisfaction surveys, security breaches, infection control risk assessment.

Step 4: Complete the columns for "Activity, By whom and When".

Step 5: The facility manager must meet with all staff to discuss the content of the draft quality improvement plan and to obtain inputs. Keep record of this meeting.

Step 6: Update the quality improvement plan with inputs received from staff.

Step 7: Facility manager to sign and date the quality improvement plan.

Step 8: Fill in at the end of every quarter the column for "Results" at each area where the "When" column was indicated for completion in that specific quarter.

Step 9: Use Annexure 16 to assess whether all areas were covered and the plan has been updated at least quarterly.

Note to reviewers:

Facilities should only have one collated Quality Improvement Plan that is updated quarterly.

Commitment for Ideal Clinic elements 33

There is a functioning district/sub-district clinical leadership team that oversees clinical care and patient safety in facilities

33	***Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available***

Process

Step 1: The district/sub district clinical quality supervisors compile a six monthly report on the performance of facilities in clinical areas. Obtain a template as an example of such a report on www.health.gov.za.

Step 2: The performance report must be tabled at the quarterly facility performance review meetings.

Step 3**:** The clinical performance report must be shared with ALL facilities in the district/sub-district to enable learning.

Step 4: The facility manager must table the report at the facility's quarterly staff meetings.

Note to reviewers:

Clinical quality supervisors can include but are not limited to District Specialist Clinical Teams and District Quality Assurance Units.

6. Access to Medical, Mental Health, Allied Health Practitioners

Commitment for Ideal Clinic elements 34 - 44

Access to a full range of health professionals to deliver a comprehensive health service either at the facility or through appropriate referral.

34	***Patients that require consultation with a medical practitioner have access to a medical practitioner at the facility at least once a week***
35	***Patients have access to oral health services***
36	***Patients have access to occupational therapy services***
37	***Patients have access to physiotherapy services***
38	***Patients have access to dietetic services***
39	***Patients have access to social work services***
40	***Patients have access to radiography services***
41	***Patients have access to ophthalmic service***
42	***Patients have access to mental health services***
43	***Patients have access to speech and hearing services***
44	***Staff dispensing medicine have access to the support of a pharmacist***

Process

Step 1: Map the facility's service provision against the approved PHC package of services.

Step 2: Document gaps differentiating between services to be provided on-site and those to be referred to other health facilities.

Step 3: Improve, in cooperation with sub-district/district manager, conditions at the facility (physical space, equipment, human resources, etc.) to initiate those services that are to be provided on-site.

Step 4: Describe in the facility's Standard Operating Procedure (SOP) for patient referrals the various referral paths (as mapped out in step 1) to be followed to allow access for patients to the services at other facilities that cannot be provided by the facility as described in elements 35 to 44. Make suitable

arrangements for patients that must be referred to other health facilities to receive the services that are not provided by the facility itself.

Step 5: Keep a register of the patients that are referred to other facilities. Refer to element 203 “There is a referral register that records referred patients”

Step 6: Ensure that the contact details of the pharmacy that is supporting the facility is available for healthcare professionals to enable them to contact the pharmacy if required.

Note to reviewers:

- To assess elements 35 to 43, check the Facility’s SOP for referral to other health facilities. The SOP must indicate the names and contact details of the health facilities where the patients will be referred to if the facility does not provide the services at the facility as set out in element 35 to 43. The contact details of the pharmacy that will give support to the facility must also be listed.
- Check that the register for referral of patients is available and completed. Where a facility had no referrals for the month the first line of the register must indicate “no referrals made for the month”.

Commitment for Ideal Clinic elements 45

Services to adolescents and youths are provided in a manner that promotes their health, prevents illness and support their development.

45	*Adolescent and Youth Friendly Health Services are provided*

Process

Step 1: Obtain the national policy for providing Adolescent and Youth Friendly Services (AYFS) from www.health.gov.za.

Step 2: Posters promoting AYFS that is in-line with the policy is visibly posted at the reception and in consulting room where AYFS is provided. See Annexure 17.

Step 3: Include training on AYFS for all healthcare professionals on the facility's staff development plan.

Step 4: Schedule in-service training for health professionals for providing adolescent and youth friendly services through the regional training centers. Record attendance in the in-service training book/file. See Annexure 10 as an example.

Step 5: Ensure that the Clinic Committee includes a representative of the adolescent and youth sector aged 16-24 years

Step 6: When conducting the annual patient experience of care survey, ensure that at least 10% of the sample include adolescent and youth aged 10 to 24 years.

Step 7: Complete the profile for adolescents and youth in the catchment area which includes their challenges, see Annexure 18.

Step 8: Verify that the facility provides adolescent friendly services, see Annexure 19.

7. Management of Patient Appointments

Commitment for Ideal Clinic elements 46 - 47

All planned streams of care are efficiently organised and properly managed through a proper patient appointment system for patients with stabilised chronic health conditions and MCWH patients.

46	***ICSM compliant patient appointment system for patients with chronic health conditions and MCWH patient is in use***
47	***Records of booked patients are retrieved not later than the day before the appointment***

Process

Step 1: Schedule in-service training for clinical and administration staff on patient appointment scheduling. See Annexure 20. This will be included in the ICSM training that staff should undergo. Record staff attendance in the in-service training register/book/file. See Annexure 14 as an example.

Step 2: Ensure communication and engagement with community to orientate all stakeholders about the clinic booking system.

Step 3: Assign appointment dates and times to patients.

Step 4: As per the patient appointment, the administration staff must retrieve patient records not later than the day before to the appointment.

Step 5: Administration clerk must retrieve patient record and tick off in the scheduling book that the record has been retrieved in the appropriate column. A cross should be made in red pen if the record is not found and measures must be taken to ensure that it is found before the patient arrives.

Step 6: Retrieve any outstanding results for laboratory investigations conducted during previous visits and place the results in the records.

Commitment for Ideal Clinic element 48

Clinically stable patients with chronic conditions are able to collect pre-dispensed medication.

48	***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***

Definition of terms used in this section

Pre-dispense means the interpretation and evaluation of the prescription and the preparation and labelling of the prescribed medicine (Phases 1 and 2 of dispensing as defined in the Pharmacy Act, 1974 (Act 53 of 1974))

Process

If the facility does not have a CCMDD programme, follow the steps below:

Step 1: Refer to Annexure 21 on pre-dispensing of chronic medication.

Step 2: Use Annexure 22 (as an example) for recording receipt of chronic medication when delivered to a patient to their home by a Community Health Worker (CHW).

Note to reviewers:

If the facility does have a CCMDD programme follow the steps in the CCMDD Standard Operating Procedure.

8: Coordination of PHC Services

Commitment for Ideal Clinic element 49

PHC manager and staff will cooperate with schools and school health teams to assist with the removal of health related barriers to learning.

49	***Facility does referrals to and receive referrals from school health services in its catchment area***

Process

Step 1: The facility manager and staff must be familiar with and have a relationship with all schools in the facilities' catchment area.

Step 2: Referrals from the school health team to the facility must be managed appropriately.

Step 3: Make provision for consulting learners referred from school health in the afternoons in line with the policy on adolescent friendly services.

Step 4: The school health team will refer learners on the prescribed form. Provide feedback to the school health team on the prescribed form. See Annexure 23.

Step 5: Keep record of learners that were referred and feedback that was provided. See Annexure 24 as an example.

Note to reviewers:

If the facility did not make or receive any referrals from school health services the register/record as indicated in step 5 must indicate "no referrals received or made".

Commitment for Ideal Clinic element 50

The clinic must have functional home- and community-based services.

50	***The facility refers patients with chronic but stable health conditions to home- and community-based services for support***

Process

Step 1: With the support of the district manager ensure that a home- and community-based teams services the catchment population of the facility.

Step 2: Refer patients who need follow-up in their homes to the home- and community-based teams on the prescribed form. See Annexure 25 as an example.

Step 3: Keep record/register of patients referred to home- and community-based teams.

Step 4: Include the home- and community-based teams in the facility's quarterly meetings to receive feedback and to give guidance in regard to possible challenges.

Step 5: Avail yourself to meet with home- and community-based teams on an ad hoc basis to assist with problems that arise during the course of work.

Note to reviewers:

If the facility did not make any referrals to home- and community-based services the record/register as indicated in step 3 must indicate "no referrals made to home- and community-based services".

Commitment for Ideal Clinic element 51

Environmental health risks affecting the facility are attended to by environmental health services

51	***Facility refers environmental health related risks to environmental health services***

Process

Step 1: Obtain and record the contact details to report environmental health related risks to environmental health services in the facility's telephone list.

Step 2: Do frequent checks and report any environmental health related risk to the environmental health services as soon as it is noted, see Annexure 26.

Step 3: Follow-up with the district/sub-district office to assist if the reported risks have not been attended to.

Note to the reviewer:

The area to be assessed for the measures on Annexure 26 (Checklist for element 51) that relates to whether there are stagnant water, overgrown vegetation and litter on the outside perimeters of the facility is 100 meters from the perimeter fence/outside parameter,

9. Clinical Guidelines and protocols

Commitment for Ideal Clinic element 52 - 55

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines.

52	***ICSM compliant package of clinical guidelines is available in all consulting rooms***
53	***National guidelines on priority health conditions are available in the facility***
54	***80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit***
55	***80% of professional nurses have been fully trained on Integrated Management of Childhood illness***

Process

Step 1: Do an audit of consulting rooms to check availability of ICSM compliant package of clinic guidelines (soft OR hard copy OR Cell phone APP). Use Annexure 27.

Step 2: If all guidelines are not available, access from www.health.gov.za or order from Government Printing Works catalogue or download the APP.

Step 3: Do an audit to check availability of the National guidelines on priority health conditions (soft OR hard copy OR Cell phone APP). A copy of the guidelines must be available in one office that is accessible to healthcare professionals. Use Annexure 28.

Step 4: If all guidelines are not available, access from www.health.gov.za or order from Government Printing Works catalogue or download the APP.

Step 5: Identify an ICSM champion to be trained as a facility trainer by the district master trainers on the Adult Primary Care Guideline OR Practical Approach to Care Kit as well as on Integrated Management of Childhood illnesses.

Step 6: Schedule training for healthcare professionals quarterly on the Adult Primary Care OR Practical Approach to Care Kit as well as the Integrated Management of Childhood illnesses and keep attendance registers of the training conducted. See Annexure 10 and 14 as examples.

Note to reviewers:

For element 54: Staff must be trained on ALL the modules to be compliant.

Commitment for Ideal Clinic element 56 - 57

Nurses are able to resuscitate and provide basic life support to patients with a **sudden** onset of a condition manifesting itself by **acute** symptoms of **sufficient severity** such that the absence of immediate medical attention (including resuscitation) could reasonably be expected to result in serious impairment to bodily function or death.

56	***Resuscitation protocol is available***
57	***80% of professional nurses have been trained on Basic Life Support***

Process

Step 1: Check that the protocol on resuscitation is available at the facility.

Step 2: Draft a schedule of nurses who have been trained on Basic Life Support by an accredited provider.

Step 3: Schedule training for nurses who have not been trained as well as for those who are due for their two yearly updates in Basic Life Support.

Step 4: File a copy of the certificates obtained by the staff in Basic Life Support as proof that staff did complete it.

Step 5: Update register of nurses who have been trained or have updated their Basic Life Support certificate. See Annexure 29 as an example.

Commitment for Ideal Clinic element 58

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines

58	*50% of professional nurses at the facility are trained on* BANC Plus

Process

Step 1: Schedule training for nurses who have not been trained on BANC Plus.

Step 2: Keep attendance registers of the training conducted. See Annexure 10 as examples.

Commitment for Ideal Clinic elements 59 - 60

The facility manages patient's safety incidents effectively to ensure that harm to patients is reduced.

59	***National Guideline for Patient Safety Incident Reporting and Learning is available***
60	***Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning***

Process

Step 1: Obtain the national Guideline for Patient Safety Incidents Reporting and Learning from www.health.gov.za.

Step 2: Develop a facility/district specific Standard Operating Procedure (SOP) using the National Guideline for Developing a Facility Specific SOP for Patient Safety Incidents Reporting and Learning.

Step 3: Assign a staff member to ensure compliance with the facility's SOP to manage Patient Safety Incidents.

Step 4: Follow the action steps to manage patient safety incidents as set out in the National Guideline.

Step 5: Complete the Patient Safety Incident Management form when a patient safety incident occurs. See Annexure 30 as an example.

Step 6: Capture the information from the patient safety incident form on the national web-based information system for Patient Safety Incidents.

Step 7: If the facility did not have any patient safety incidents for a specific month, complete the 'Null Report' on the web-based information system.

Step 8: At the beginning of every month generate the following records for the previous month:

- patient safety incidents register. See Annexure 31
- monthly statistics on patient safety incidents. See Annexure 32
    - data on classifications of agents (contributing factors) involved
    - data on classifications of incident type
    - data on classifications of incident outcome
    - indicators for patient safety incidents

Step 9: Identify trends in system failures. To identify system failures analyse the data on classification of contributing factors and incident type to determine trends in cause/s of the incidents as well as frequently occurring incidents. Add to the facility's quality improvement plans areas where gaps in patient safety have been identified.

Step 10: Do quarterly checks to verify that the facility complies with the Guideline. See Annexure 33.

Note to reviewers:

The Patient Safety Incident Management forms, forms for statistical data as well as registers do not need to be exactly in the same format/layout as set out in the National Guideline. The contents must however provide the data to enable the facility to report on the indicators and categories for patient safety incidents as set out in the National Guideline.

Commitment for ideal clinic element 61 - 64

Quality clinical care is maintained by conducting regular clinical audits.

61	**National Clinical Audit guideline is available**
62	**Clinical audits are conducted quarterly on priority health conditions**
63	***80% of patient records audited are compliant***
64	**Clinical audit meetings are conducted quarterly in line with the guidelines**

Process

Step 1: Obtain National Clinical Audit guideline from www.health.gov.za

Step 2: Obtain the National Clinical Audit Implementation Guideline for PHC facilities from www.health.gov.za. Conduct quarterly clinical record audits on the files of patients diagnosed with priority health conditions that is in-line with the, Guideline.

Step 3: Use Annexure 34 to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures

Step 4: Where there is a need, seek guidance of an expert from the district.

Step 5: Add to the facility's quality improvement plan areas identified for improvement.

Step 6: Provide feedback to relevant staff members.

Step 7: Implement improvements as per agreed time frame on the quality improvement plan.

Step 8: Discuss the facility's results of the clinical record audits on the quarterly Clinical audit meetings. Keep records of the meetings held.

Commitment for ideal clinic element 65

Notifiable medical conditions (NMC) are reported in-line with the national guidelines.

65	*National guidelines are followed for all notifiable medical conditions*

Process

Step 1: Ensure that all staff know the following in regard to NMC:
- why staff must report all NMCs
- Who should notify
- NMC that falls within category 1 and 2 NMC, see Annexure 35.

Step 2: Report all category 1 NMCs immediately to the relevant focal person at the health establishment or Sub-District level using the most rapid means available.

Step 3: Obtain the SOP with flow chart, case definitions and case investigation forms from www.health.gov.za

Step 4: Obtain the NMC Notification booklet from the NMC focal person at Sub-District/District

Step 5: Report category 1 and 2 NMCs using the paper based or the electronic notification system:

- Paper based notification
  - Complete the NMC Case Notification Form.
  - Send the NMC Case Notification Form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638
  - Send a copy to the NMC focal person at Sub-District/District (details given on the NMC Notification booklet cover page).
  - Form(s) can be sent via sms, whatsapp, email, fax or transported via health department shuttle/transport services to the NMC focal person at Sub-District/District.
  - The NMC Focal Person at health establishment level or Sub-District must ensure that the forms are captured electronically.

OR

- Electronic notification
  - Capture the NMC case details onto the NMC electronic system (web address available on the NMC notification SOP).
  - The notification will automatically be sent to all relevant focal people at facilities, Sub-District, District, Province & National levels.

Note to reviewers:

- The facility must have the NMC Notification booklet OR have access to the web-based application to report NMC to be compliant
- Ask the staff member responsible for reporting NMC to explain:
  - the NMCs that must be reported (category 1 and 2 NMC) and
  - the process to be followed to report category 1 and 2 NMC

Commitment for Ideal Clinic element 66

Prevent and control infection

66	***Standard operating procedure for the management of patients with highly infectious diseases is available***

Process

Step 1: Develop a facility/district specific Standard Operating Procedure (SOP) for the management of patients with highly infectious disease

Step 2: The SOP should cover the following topics:

- Room in the facility to be used for isolating patients with highly infectious diseases like Ebola, e.g. the emergency room.
- Protocol to manage these patients using appropriate referral pathways
- Infection control processes to be followed to decontaminate isolation room after having treated a patient that was isolated

Step 3: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application.

10. Infection Prevention and Control

Commitment for Ideal Clinic element 67 - 74

Prevent and control infection

67	***National Policy on Infection Prevention and Control is available***
68	***Facility has a designated staff member who is responsible for infection prevention and control***
69	***Standard Operating Procedure on infection control is available***
70	***All staff have received in-service training in the past two years on infection control standard precautions that is in line with the standard operating procedure.***
71	***Poster on hand hygiene is displayed above the hand wash basin in every consulting room***
72	***Awareness day on hand hygiene is held annually***
73	***Poster on cough etiquette is displayed in every waiting area***
74	***Staff wear appropriate protective clothing***

Process

Step 1: Obtain the national policy on Infection Prevention and Control (IPC) from www.health.gov.za

Step 2: Assign a staff member to ensure compliance with the national policy on Infection Prevention and Control. The staff member must be trained on infection prevention and control. This training can be provided by the district or the province, it does not need to be formal training provided by a specialised service provider.

Step 3: Ensure that all staff know the key elements pertaining to infection control standard precautions. See Annexure 36.

Step 4: Obtain the National Cleanliness Guideline from www.health.gov.za that contains guidelines on some of the elements for infection control standard precautions (Hand hygiene, Personal Protective Equipment, Waste management and disposal, Environmental cleanliness, Handling of linen).

Step 5: Obtain the National Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB from www.health.gov.za that contains guidelines on respiratory hygiene.

Step6: Obtain the National Guideline for the management of sharps, safe injection practices, patient care equipment and wound care from www.health.gov.za.

Step 7: The Guidelines in Steps 4 to 6 can be used to compile the SOP.

Step 8: Schedule training for all staff on the infection control standard precautions, see Annexure 37. Repeat training every two years to ensure that staff is kept up to date. Keep attendance registers of the training conducted. See Annexure 10.

Step 9: Ensure that the poster on hand washing is displayed above the hand basin in every consulting room, see Annexure 38 as an example. These posters should be laminated to avoid damage by water. In facilities where alcohol hand rub is used, the poster to use alcohol hand rub must also be displayed on the notice board (or wall where there is no notice board) in every consulting room. See Annexure 39 as an example. A copy of the posters can be obtained from www.health,gov.za.

Step 10: Plan and host an annual awareness day on hand hygiene to raise awareness with staff and patients. The awareness day can coincide with the Open day of the facility. The World Health organization's drives an annual hand wash campaign. Each year the *SAVE LIVES: Clean Your Hands* campaign of the WHO selects a specific topic for the year. Facilities can access the WHO's website (http://www.who.int/infection-prevention/campaigns/clean-hands/en/) to assist them in the planning of the awareness day as they publish promotional material every year in the form of pamphlets, posters and videos.

Activities can include but are not limited to:

- Signing up the facility in support of world hand hygiene on the WHO's website at http://www.who.int/gpsc/5may/register/en/
- Displaying posters on the annual theme in the facility
- Show health promotion videos on hand hygiene to staff and patients
- Host short information sessions for staff and patients on the importance of hand hygiene, method and opportunities for hand washing (5 moments for

hand hygiene, see annexure 40). Keep attendance registers of staff and patients that attended the sessions.

Step 11: Ensure that the poster on cough etiquette is displayed in every waiting area. See Annexure 41 as an example. A copy of the poster can be obtained from www.health,gov.za.

Step 12: Conduct spot checks to determine if staff are complying with personal protective clothing requirements. See Annexure 42.

Commitment for Ideal Clinic element 75

Prevent and control infection

75	*The linen in use is clean, appropriately used and not torn*

Process

Step 1: Obtain the National Cleanliness Guideline from www.health.gov.za that has a chapter on the management of linen.

Step 2: Orientate all staff on the use of clean linen, the appropriate use of all linen to ensure that linen is used for its intended purpose at all times and that linen that is torn must be replaced.

Step 3: Determine the stock levels required by a facility and comply with it.

Step 4: In large facilities dedicate a well ventilated room solely for storage of clean linen. In small facilities store linen on a clean and neat rack in store with other supplies and consumables or in a separate lockable cupboard.

Step 5: Keep linen store locked.

Step 6: Order linen as soon as the stock reaches a minimum level.

Step 7: Use Annexure 43 to verify that linen is clean, appropriately used and not torn.

Commitment for Ideal Clinic elements 76

Prevent and control infection

76	*Sharps are disposed of in appropriately*

Process

Step 1: Train all staff including cleaning staff on the infection control standard precautions that included waste management (refer to SOP of element 65).

Step 2: Place waste segregation poster in a prominent position at all waste generation points. See Annexure 44.

Step 3: Ensure that there is enough stock of impenetrable, tamperproof containers to dispose of sharps.

Step 4: Ensure that all sharps containers are placed on work surfaces or placed in a wall mounted bracket while still in use.

Step 5: Store all sealed containers for sharps that had reached the limit mark in the designated area for storing healthcare waste.

Step 6: Designate specific waste storage areas that caters for the different types of waste without cross contamination. These areas must be lockable.

Step 7: Conduct regular spot checks at the facility's waste generation and waste storage areas to determine that correct waste handling and segregation is taking place.

Step 8: Use Annexure 45 to check that sharps are disposed of appropriately.

Commitment for Ideal Clinic elements 77

Risks are identified and attended to that can compromise infection control compliance

77	***An annual risk assessment for infection prevention and control compliance is undertaken by the staff member assigned to infection prevention and control***

Process

Step 1: Conduct an annual risk assessment for infection prevention and control compliance. Obtain the risk assessment tool from www.health.gov.za. Risk assessment can also be conducted by the provincial or district office.

Step 2: Analyse the results of the risk assessment.

Step 3: Add to the facility's quality improvement plan areas identified for improvement.

Step 4: Provide feedback to relevant staff members.

Step 5: Implement improvements as per agreed time frame on the quality improvement plan.

Step 6: Keep records of the collated summary of the results of the risk assessment.

Step 7: Discuss the facility's results for the risk assessment for infection prevention and control on one of the sub-district/district quarterly facility performance review meetings.

Commitment for Ideal Clinic elements 78

Prevent and control infection

78	*All staff has been offered prophylactic immunisations for high risk infections*

Process

Step 1: Obtain a letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office that inform staff of the procedure to follow for prophylactic immunisations. The letter should contain at a minimum the following information:

- Procedure to follow to obtain prophylactic immunisations including who will bear the cost of immunisations.
- Recommended vaccinations as determined by the disease profile of the health facility or region.

Step 2: Staff to sign acknowledgment indicating that they are aware and know the content of the letter/memo/circular and its application.

11. Patient waiting time

Commitment for Ideal Clinic element 79 - 83

Patients are offered treatment in the quickest possible time.

79	***National Policy for the Management of Waiting Times is available***
80	***National target of not more the three hours for time spent in a facility is visible displayed***
81	***Waiting time is monitored using the prescribed tool***
82	***Average time that a patient spends in the facility is no longer than 3 hours***
83	***Patients are intermittently informed of delays and reasons for delays in service provision***

Process

Step 1: Obtain the national policy on waiting time from www.health.gov.za.

Step 2: Visibly display the national target of not more than three hours for time spend in a facility at the reception and waiting areas of the facility.

Step 3: Patients should be informed intermittently of any delays daily and mitigating measures that are being instituted.

Step 4: 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. 2nd Monday of the month. (Do not select the least busy day of a week!).

Step 5: 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 facilities (headcount of less than 170 patients per day) survey 50 patients.

Step 6: Place the Waiting Time Survey Tool, see Annexure 46, in the records of those patients that were selected and record the times as set out in the Waiting Time Monitoring Tool for each of the patients selected.

Step 7: Analyse the waiting time data in Annexure 47 - Waiting Time Calculation Tool.

Step 8: Compare the waiting time for each quarter with the previous quarter to establish trends and need for improvement.

Step 9: If the facility's average time spend in the facility exceeds three hours, establish which service areas are causing the bottle-neck.

Step 10: Address deficiencies in bottle-neck areas.

Note to reviewers:

For element 83:

- Ask patients in the facility whether they have been informed of any delays and mitigating measures that are being instituted if there are delays.
- If on the day of review there is no delays, the facility can score "green" OR alternatively seek chronic patients and ask them whether they are informed of delays if there were delays.

12. Patient Experience of Care

Commitment for Ideal Clinic elements 84 - 87

All patients are afforded the opportunity to voice their experience of care to guide service delivery improvement.

84	***National Patient Experience of Care Guideline is available***
85	***Results of the yearly Patient Experience of Care Survey are visibly displayed at the main waiting area***
86	***An average overall score of 70% is obtained in the Patient Experience of Care Survey***
87	***The results obtained from the Patient Experience of Care Survey are used to improve the quality of service provision***

Process

Step 1: Obtain the National Patient Experience of Care (PEC) Guideline from www.health.gov.za.

Step 2: Conduct the survey as stipulated in the National PEC Guideline.

Step 3: Publish and display the results of the survey at the reception area. See Annexure 48.

Step 4: Develop the operational plan to respond to the results of the survey.

Step 5: Sign and date the commitment. See Annexure 49.

Step 6: Implement the plan.

Commitment for Ideal Clinic elements 88-89

All patients will be afforded the opportunity to lodge a complaint, give a compliment or make a suggestion at the facility.

88	***The National Guideline to Manage Complaints/Compliments/Suggestions is available***
89	***Complaints/compliments/suggestions toolkit is available at the main entrance/exit***

Process

Step 1: Obtain the National Guideline to manage complaints, compliments and suggestions from www.health.gov.za.

Step 2: Familiarise yourself with specifications for the complaints, compliment and suggestion box. See Annexure 50 for an example of the specifications.

Step 3: Order the box if there is not one available.

Step 4: Identify a visible and accessible location at the entrance and or exit of the facility for placement of the box. Install the box at the identified location.

Step 5: A pen and sufficient copies of the complaints, compliments and suggestions forms must be available from the person managing complaints, compliments and suggestions or next to the box. See Annexure 51.

Step 6: Obtain the National poster, See Annexure 52 that describes the process to follow when a patient wants to lodge a complaint, give a compliment or make a suggestion from www.health.gov.za.

Step 7: Visibly display the poster in at least two local languages at the main entrance/exit of the facility next to the complaints/compliments/suggestion box.

Step 8: Use Annexure 53 to check whether the complaints/compliments/suggestion toolkit is available.

Note to reviewers:

- If the forms and pen are not placed next to the box, a clear notice must be placed on or next to the box that directs patients and family/support persons to the helpdesk/reception to ask for a pen and or forms.
- It is not compulsory to use the National complaints, compliments and suggestion poster. The content of the poster must however contain the information as set out on the National poster.

Commitment for Ideal Clinic elements 90 and 91

Ensure that patient's complaints/compliments/suggestions are attended to within the prescribed time frame.

90	***The complaints/compliments/suggestions records compliance with the National Guideline to Manage Complaints/Compliments/Suggestions***
91	***Targets set for complaints indicators are met***

Process

Step 1: Develop a facility/district specific Standard Operating Procedure (SOP) using the National Guideline for Developing a Facility Specific SOP to Manage Complaints, Compliments and Suggestions.

Step 2: Assign a staff member to ensure compliance with the facility's SOP to manage complaints, compliments and suggestions.

Step 3: Follow the procedure to manage complaints/compliments/suggestions whenever complaints/compliments/suggestions are received.

Step 4: Capture the information from the complaints/compliment/suggestion form on the national web-based information system for Complaints/compliments/suggestions.

Step 5: If the facility did not have any complaints for a specific month, complete the 'Null Report' on the web-based information system.

Step 6: Keep the following records as stipulated in the National Guideline up to date:

- letters of complaint
- redress letters and/or minutes of redress meeting

Step 7: At the beginning of every month generate the following records for the previous month:

- complaints, compliment and suggestion registers. See Annexure 54.
- monthly statistical data on complaints, compliments and suggestions. See Annexure 55

Step 8: Identify trends in system failures making use on statistical data on categories of complaints. Add to the facility's quality improvement plans areas where gaps have been identified.

Step 9: Do quarterly checks to verify that the facility comply with the guideline/SOP. See Annexure 56

Step 10: Use Annexure 57 to check whether the targets set for complaints indicators were met.

Note to reviewers:

The forms for statistical data as well as registers do not need to be exactly in the same format/layout as set out in the National Guideline. The contents must however provide the data to enable the facility to report on the indicators and categories for complaints, compliments and suggestions as set out in the National Guideline.

COMPONENT 3: MEDICINES, SUPPLIES AND LABORATORY SERVICES

13: Medicines and supplies

Commitment for Ideal Clinic element 92

Good Pharmacy Practice principles are followed for the management and administration of medicine

92	***Standard Operating Procedure for the management and safe administration of medicines is available***

Process

Step 1: Ensure that the facility has a SOP for the management and safe administration of medicines.

Step 2: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application. See Annexure 58.

Step 3: Staff must at all times follow the procedures as set out in the SOP when managing and administering medicines.

Note to reviewers:

The SOP for the management and safe administration of medicines can be a SOP developed by the facility or the district or the province. It is also acceptable if the facility has separate SOPs dealing with the management of medicine and the administration of medicine to patients.

Commitment for Ideal Clinic element 93 and 94

Ensure quality of medicine in the medicine room is maintained through appropriate storage and temperature control.

93	**Medicine room/dispensary is neat and medicines are stored to maintain quality**
94	***The temperature of the medicine room/dispensary is maintained within the safety range***

Definition of terms used in this section:

Dispensary is a room in a clinic where medicines are stored and prescriptions are dispensed for patients attending the facility. In clinics where there is no dispensary, dispensing is done in the consulting room/s.

Medicine room is a room in a clinic where medicines are stored but no dispensing takes place.

Process

Step 1: Medicines in the medicine room must be organised according to the system as stipulated in the facility/district/provincial SOP for the management and safe administration of medicines. See Annexure 59 as an example of how medicines can be organised in a medicine room. Do take note that this is only an example of how a medicine room can be organised, thus any other system will also be compliant.

Step 2: Ensure that the medicine room/dispensary is neat and medicines are stored to maintain quality and availability at all times, see Annexure 60.

Step 3: Check availability and functioning of air conditioner in the medicine room/dispensary. If there is no air conditioner in medicine room/ dispensary, or the air conditioner is not in good working order, place an urgent

procurement/works order for procurement/repair using the applicable procurement procedure.

Step 4: Mount the room thermometer on the wall in the medicine room/dispensary away from the direct flow of air from the air conditioner.

Step 5: Ensure availability of monthly temperature record charts to record the temperature of the medicine room, see Annexure 61.

Step 6: Allocate a staff member to record temperatures for the room daily using the temperature record charts.

Step 7: Maintain a file with all the completed monthly room temperature charts.

Step 8: Review the room temperature record chart weekly to ensure the temperature range for the medicine room/dispensary is within the safety range (below 25ºC) at all times.

Step 9: If the air conditioner is not working use a fan to keep the room cool.

Step 10: Use Annexure 62 to check whether the temperature of the medicine room/dispensary is maintained within the safety range

Note to reviewers:

- For element 93, for the measure "There is sufficient space in the dispensary/medicine room to store medicines needed in the facility":
  The criteria used to gauge whether there is sufficient space in the dispensary/medicine room to store medicines are that -
    - all medicines are stored in the medicine room and/or dispensary and not in sub-stores, passages or other areas in the facility; and
    - there is no medicine stored on the floor in the medicine room or dispensary
- For element 94: When conducting a status determination, check records for temperature control charts for the previous month.

Commitment for Ideal Clinic element 95

Ensure quality of medicine in the vaccine/medicine refrigerator is maintained through appropriate storage and temperature control.

95	***Cold chain procedure for vaccines is maintained***

Process

Step 1: Check availability and functioning of vaccine/medicine refrigerator for the storage of thermolabile medicines. If there is no vaccine/medicine refrigerator in medicine room/dispensary, or the vaccine/medicine refrigerator is not in good working order, place an urgent procurement/works order for procurement/repair using the applicable procurement procedure.

Step 2: For a medicine refrigerator, without a built-in temperature monitor and alarm system hang/place the refrigerator thermometer in the center of the fridge.

Step 3: Check that the fridge is not over full and that medicines and vaccines are packed appropriately in the refrigerator with enough space for air to circulate between containers, and that no stock is touching the back of the refrigerator/ condenser which could expose it to freezing.

Step 4: Ensure availability of monthly temperature record charts to record the vaccine/medicine refrigerator temperatures, see Annexure 63.

Step 5: Allocate a staff member to record temperatures for the vaccine/medicine refrigerator twice daily (at least seven hours apart) using the temperature record charts. In clinics which are not open every day of the week and do not have a monitoring device with an SMS alarm for out of range temperatures, check on temperature on departure and on arrival at the clinic.

Step 6: Check that there are no non-medicine items (such as food) kept in the refrigerator.

Step 7: Maintain a file with all the completed refrigerator temperature charts.

Step 8: Review the refrigerator temperature record chart daily to ensure the temperature range for the refrigerator is within the safety range (between 2 - 8ºC) at all times.

Step 9: Check that any out-of-range temperature recordings were immediately reported, have a dated signed-off record of corrective actions taken and that temperatures have remained within range thereafter. Temperatures below 0ºC may cause freezing and must also be corrected as this is critical to the viability of many vaccines.

Step 10: If refrigerator is not working follow contingency plan to ensure quality of medicines.

Step 11: Check availability of cooler box/es with suitable capacity, and ice packs for use in consultation rooms and in the case of emergencies.

Step 12: The cold chain for vaccines must be maintained at all times, see Annexure 64.

Note to reviewers:

When conducting a status determination, check records for temperature control charts for the previous month. If out of range temperatures were recorded during the previous month, confirm that corrective actions were taken and recorded.

Commitment for Ideal Clinic element 96

Ensure quality of medicine in the medicine cupboard or trolley is maintained through appropriate storage and temperature control.

96	**Medicine cupboard or trolley is neat and orderly**

Process

Step 1: Ensure that the medicine in the medicine cupboard or trolley is neat and orderly

Step 2: Ensure that medicine cupboard or trolley is locked when not in use

Step 3: Check daily that the medicine cupboard or trolley in the consultation room/s are neat and orderly. Use Annexure 65.

Commitment for Ideal Clinic element 97

Ensure quality of medicine is maintained through appropriate storage and temperature control.

97	***The register for schedule 5 and 6 medicine is completed correctly***

Process

Step 1: Check that there is a SOP for the handling of schedule 5 and 6 medicines.

Step 2 Ensure that schedule 5 and 6 medicines are stored in a lockable cupboard and access to the keys is restricted.

Step 3 Check that there is a register to record the receipt and issuing of schedule 5 and 6 medicines (separate registers for schedule 5 and 6 medicines may be kept).

Step 4 Verify that all receipts of schedule 5 and 6 medicines are checked against invoices and entered in the register in accordance with the SOP.

Step 5 Record all issues of schedule 5 and 6 medicines to outpatients in the register in accordance with the SOP.

Step 6 Record the administration of schedule 5 and 6 medicines to patients in the facility in the register in accordance with the SOP. See Annexure 66 as an example of a register to record schedule 5 and 6 medicines.

Step 7 Check balances in the register weekly against physical stock.

Note to reviewers:

Verify that the receipt, issuing and administration of schedule 5 and 6 medicines are recorded in the register according to the guidelines as set out in the facility's SOP.

Commitment for Ideal Clinic element 98

Ensure consistent availability of essential PHC medicines.

98	***Electronic networked system for monitoring the availability of medicines is used effectively***

Process

Step 1: Apply to the district pharmacist for the installation of an electronic networked system for monitoring the availability of medicines

Step 2: Ensure that the SOP/Guideline for monitoring the availability of medicines is available.

Step 3: Staff responsible for managing the electronic networked system to sign acknowledgment indicating that they are aware and know the content of the SOP/Guideline and its application. See Annexure 58.

Step 4: Verify that the principles for managing and using the electronic networked system for monitoring the availability of medicines are adhered to, see Annexure 67.

Commitment for Ideal Clinic elements 99 and 100

Ensure consistent availability of essential PHC medicines.

99	**90% of the tracer medicine list are available**
100	**Re-ordering stock levels (min/max) are determined for each item on the district/facility formulary**

Definitions of terms used in this section:

Formulary

A formulary is a list of medicines extracted from the PHC Standard Treatment Guidelines and Essential Medicine List (PHC STGs/EML) approved for use by the Provincial/District Pharmaceutical and Therapeutics Committee (PTC) for a specific province/ district, category of facilities or even a single facility.

Essential medicine list

The South African PHC STGs/EML, see Annexure 68, provides a list of medicines, together with guidelines to support guiding rational medicine use. It provides a foundation for supporting preventative and curative healthcare services at primary healthcare level. Essential medicines are those that satisfy the priority healthcare needs of a population. They are selected with respect to disease prevalence and public health importance, with selection decisions made through the review of clinical evidence considering efficacy, safety, quality and comparative cost-effectiveness

Tracer medicines list

A tracer medicine list is a list of medicines which is extracted from the PHC STGs/EML, taking into account the most common morbidities and health needs within a particular setting. The list is used as a monitoring tool within PHC facilities as a proxy for measuring the availability of a basket of essential medicines within a particular setting. An electronic networked system can be used to monitor the availability of tracer medicines

Process

Step 1: The facility manager or nurse designated to manage medicine in the facility must:

- ensure that all medicines on the formulary (extracted from the PHC STGs/EDL) applicable to the facility are available;
- ensure all tracer medicines are monitored weekly, see Annexure 69;
- check the medicine room/dispensary, and medicine trolleys/cupboards to ensure stock is stored according to best practice following *First Expired First Out* (FEFO) stock rotation principles.

Step 2: Determine reorder levels for stock items as per SOP.

Step 3: Check stock in the medicine room and/or dispensary weekly to ensure stock levels are maintained within the minimum/maximum range for replenishment.

Step 4: For facilities with an electronic networked system for monitoring availability of medicine, report stock levels as per the approved schedule and standard operating procedure.

Step 5: Place a replenishment order to maintain medicine stock levels using the applicable SOP.

Step 6: If an order is not received in full or in accordance with the pre-determined schedule, follow up in writing and telephonically immediately with the supervising pharmacist and/or supplier of stock (depot, sub-depot or hospital).

Step 7: Follow local procedures if the stock is not delivered within seven days.

Commitment for Ideal Clinic element 101 - 103

Ensure that expired medicines are removed from the facility and disposed of safely, minimising the risk of harm to the environment and people.

101 There is no expired medicines on the shelves

102 Waste receptacles for pharmaceutical waste are available

103 Expired medicine is disposed of according to prescribed procedures

Process

Step 1: Check the medicine room/dispensary, and medicine trolleys/cupboards to ensure that expired stock has been removed.

Step 2: Return medicines that will expire within three months or are unlikely to be used before expiry to the immediate supplier of stock or make arrangements for stock to be rotated to other facilities that could use the medicines before expiry.

Step 3: Record details of medicine that has expired before it is sent for destruction. See National SOP for for the management of excess, short dated, obsolete, expired and unusable medicines.at www.health.gov.za

Step 4: Maintain all records in a file.

Step 5: After recording, expired stock seal the expired medicine securely in an appropriate container as per SOP.

Step 6: Store all expired stock items separately from usable stock, in the waste receptacles in accordance with the applicable SOP.

Step 7: It is the responsibility of the pharmacist's assistant or professional nurse designated to manage medicine in the facility to ensure that expired medicine is removed from the facility.

Step 8: The supervising pharmacist must ensure that the expired medicine is disposed of in accordance with applicable legislation and supply chain procedures. See National SOP for the management of excess, short dated, obsolete, expired and unusable medicines .

Note to reviewers:

- Expired stock must be stored separately from stock which is being used for supply to patients. It may be stored separately in the appropriate waste receptacles in the medicine room, but not on the shelves of the dispensary.
- When conducting a status determination, ask the facility manager or nurse designated to manage medicine to explain the process to be followed at facility level for disposal of expired medicines. The element is scored green if he/she explains the process correctly.

Commitment for Ideal Clinic element 104

Manage minor injuries at Primary Health Care facilities.

104 Basic medical supplies (consumables) are available

Process

Step 1: Determine re-order levels for each item on the list for basic surgical supplies. Verify that all medical supplies are available, see Annexure 70.

Step 2: Monitor stock of basic surgical supplies weekly.

Step 3: Place a replenishment order to maintain the minimum/maximum surgical supply levels using the prescribed procurement procedure.

Step 4: If order was not received on schedule follow up immediately with district pharmacy.

14. Management of Laboratory Services

Commitment for Ideal Clinic element 105 – 109

The facility uses laboratory technology to ensure that patients' health conditions are managed appropriately.

105	***Primary Health Care Laboratory Handbook is available***
106	***Required functional diagnostic equipment and concurrent consumables for point of care testing are available***
107	***Required specimen collection materials and stationery are available***
108	***Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook***
109	***Laboratory results are received from the laboratory within the specified turnaround times***

Process

Step 1: Obtain the Primary Health Care Laboratory Handbook from www.health.gov.za.

Step 2: Where there is no electronic access, obtain hard copies from the sub-district or district manager.

Step 3: Ensure that all required functional diagnostic equipment and concurrent consumables for point of care testing are available. See Annexure 71.

Step 4: Ensure that required specimen collection materials and stationery are available. See Annexure 72.

Step 4: Induct all new staff on the NHLS process on handling specimens correctly as outlined in the manual. Conduct spot checks to make sure the process is being followed correctly. See Annexure 73.

Step 5: Using the manual or electronic tracking form check if patient laboratory results have been received within the specified time frame. See Annexure 74.

Step 6: If the results have not been received within the specified turnaround times, follow up with the laboratory.

Step 7: File all abnormal results appropriately in patient record within 24 hours of receipt, all other results to be filed within 5 working days.

Commitment for Ideal Clinic element 110

Inter-facility comparison to determine if HIV testing services can provide correct test status

110	***Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme***

Process

Step 1: Ensure healthcare facility performing HIV testing service (HTS) is enrolled in HIV Serology Proficiency Testing (PT) scheme provided by National Health Laboratory Service (NHLS).

Step 2: If the facility is not enrolled in the HIV Serology PT:

- For PEPFAR supported facilities, the facility should work with the district HAST Directorate and supporting district support partner (DSP) for the enrolment of the sites. PEPFAR is responsible for the cost for the enrolment.
- For facilities not supported by PEPFAR, the facility should work with the district HAST Directorate for the enrolment of the site and will be responsible for the cost of the enrolment.
- Application forms can be requested from NHLS. Application is done in the last three months of every year, once completed it must be sent to ptsadmin@nhls.ac.za.
- Cost for enrollment is more or less R600 per survey for 2018.

Step 3: Treat PT samples as potentially infectious and follow universal safety precautions at all times when handling them.

Step 4: Upon PT package reception at facility, wear personal protective equipment (PPE) e.g. gloves and Plastic aprons. Inspect the package for breakages, and deterioration or missing sample. The package should contain six samples. Broken samples should be disposed-of according to the health and safety protocols used in your facility. For missing samples, facilities must notify the NHLS PT schemes immediately so that replacement of samples can be issued.

Step 5: Carefully read the instruction sheet enclosed in the package and note the deadline for return of the PT testing results to NHLS.

Step 6: Store samples in fridge before use at 2˚C to 8˚C.

Step 7: All testers providing HTS must participate in proficiency testing. Ideally, each tester should be able to test all samples at a given PT survey, but to accommodate all testers, it is recommended that two testers should participate in a PT survey at a time. Each tester, should tests three PT samples. The name of both testers should be written on the PT response form and details of the samples tested by each tester must be noted. All testers in the site should alternate participation in the subsequent survey.

Step 8: Use personal protective equipment (PPE) when testing PT samples.

Step 9: The samples must be tested with HIV test kits used for routine HTS and the national HIV testing algorithm must be followed. That is, confirmatory test should only be conducted when the screening test is reactive. Test 1 is the screening test and test 2 is the confirmatory test.

Step 10: After use, store the remaining samples in a deep freezer at -20˚C. This is because NHLS may require the sample to be re-tested. Used PT samples must be disposed-of after the score of the survey is issued by NHLS and received by the healthcare facility; and applicable corrective action is done and the corrective action report is complete. The samples should be disposed-of according to the health and safety protocols used in your facility.

Step 11: The PT form must be completed in full with the site IDENTIFICATION CODE and results of the testing twice a year in April/May and Oct/Nov. Record result of PT sample testing in the spaces provided in the PT response form corresponding to the sample number. The form without identification code will be rejected automatically as the healthcare facility that sends the form cannot be identified. The form can be sent to NHLS by email and fax. It is important to use only contacts details provided by NHLS on the response form which is included in the PT package.

Step 12: The facility manager must review the PT response form and sign it before it is sent to NHLS. A copy of the PT response form used to submit result of the testing must be kept in a file for PT at the healthcare facility. Confirm if NHLS PT schemes has received your PT form before the closing date for the submission.

Step 13: The facility manager must also review and sign the PT report from NHLS and share it with testers. The signed copy must be kept in the PT file at the healthcare facility. Corrective measures must be implemented according to the PT results

indicated in the report. The corrective action implemented must be recorded and kept in the PT file.

Note to reviewers:

- Check PT file of the facility for participation and performance in last PT survey (April/May and Oct/Nov), the facility is compliant if:
  - the response from was signed off by the facility manager before being sent to NHLS PT section
    AND
  - the PT report that contains the results of the last PT survey was signed off by the facility manager, showing that it has been reviewed by the manager. Scores of 80 – 100% is acceptable. For scores<80%, a record of planned or implemented corrective action must be available in the PT file.

Commitment for Ideal Clinic element 111

To assess performance of test kits prior to testing patients

111	***Facility controls rapid test kit performances by running negative and positive control on a weekly basis***

Process

Step 1: Ensure healthcare facility providing HIV testing service (HTS) is implementing Independent Quality Control (IQC) regularly to monitor quality of HIV rapid test kits.

Step 2: Treat IQC samples as potentially infectious, follow universal safety precautions at all times when handling them, and as per instructions enclosed in the IQC package.

Step 3: Ensure that sufficient stock is ordered from NHLS to avoid stock out of IQC samples. DO NOT USE IQC sample when expired or if suspected to be contaminated or showing signs of deterioration e.g. clumping, change of colour, turbidity or foul odour. IQC sample should be disposed-of when it is expired or contaminated. The health and safety protocols used in your facility should be followed to dispose-of the sample.

Step 4: Upon receiving new stock of IQC samples, they should be kept in a freezer at or below -20°C until opened for use. Once thawed (defrosted) for use, they should be stored in the fridge at 2°C to 8°C. Ensure control sample tubes are recapped and sealed tightly and restored at 2-8°C immediately after use.

Step 5: Perform IQC testing once a week at the minimum, preferably at the beginning of the week and/or on receiving a new shipment of test kit; at the beginning of a new lot number; and when environmental conditions exceed range needed for stability of the test kits e.g. high temperature.

Step 6: Use personal protective equipment (PPE) when testing IQC samples e.g. gloves and plastic aprons.

Step 7: Perform IQC testing with negative control and positive control on the screening test and confirmatory test respectively. Follow the serum testing procedure described for the screening test and confirmatory test in conducting the IQC testing.

Step 8: Follow the job aide for the screening and confirmatory test for interpretation of IQC testing results. A negative control testing should yield a non-reactive result for both

the screening test and confirmatory test and a positive control a reactive result for both the screening test and confirmatory test.

Step 9: If IQC testing produces a false result, repeat the test and ensure that the test procedure described in the job aide or manufacturer package insert is accurately followed. If repeated test still produces a false result, it may indicate a problem with the test kit or control sample. Repeat the test using a new control sample. Also, for invalid IQC test, repeat the test. Check the HIV rapid test quality improvement trainers guide for further troubleshooting procedures in case of false or invalid test results.

Step 10: Record each quality control result in the 'Independent Quality Control Record Sheet' and complete all information as required. Maintain record of IQC testing for the screening test and confirmatory test on separate sheet. Also, indicate discordant or discrepant and invalid result in the sheet. Recording IQC test result in the spaces provided for it in the backs pages of HTS register. The record can be kept on separate file for IQC where HTS register cannot be used.

Sept 11: The facility manager must review and sign on a weekly basis the 'Independent Quality Control Record Sheet' to ensure IQC is performed as required and documented in full.

Step 12: If a test kit consistently gives false or invalid result, ALL KITS WITH THE SAME LOT NUMBER SHOULD BE PUT ASIDE AND NOT USED FOR FURTHER TESTING. The incident must be reported to the facility manager and district immediately including the name and lot number of the test kit and control samples. HIV testing should be continued with test kit with another lot number which is found to give correct result after IQC testing is conducted.

Note to reviewers:

- Check the records for IQC Control of the past 3 months. The facility is compliant if there is a weekly IQC Record Sheet for IQC testing that has been signed off by the facility manager for the past 3 months.

COMPONENT 4: HUMAN RESOURCES FOR HEALTH

15: Staff allocation and use

Commitment for Ideal Clinic elements 112 - 114

The facility has adequate number of staff in place with the correct skills mix for the services provided.

112	***Staffing needs have been determined in line with WISN***
113	***Staffing is in line with WISN***
114	***The facility has a dedicated manager***

Process

Step 1: Contact the sub-district/district to arrange a date for the human resource staff to conduct the WISN assessment.

Step 2: Prepare all the information on the staff and clinic services that will be needed during WISN assessment. The Implementation Guideline of Health Workforce Normative Guides and Standards for fixed PHC facilities will give guidance in this regard and can be obtained from www.health.gov.za.

Step 3: Inform your staff of the planned date, provide necessary information and orientate them on the expected procedure for that day.

Step 4: If the report has not been received after one week of completion of the WISN assessment, follow up with the sub-district/district manager.

Step 5: After receiving the report, develop the Ideal Organogram for your facility using the WISN assessment findings.

Step 6: Obtain approval of the Ideal Organogram from the district manager.

Step 7: Should there be surplus staff in your facility, plan with district manager for redeployment.

Step 8: Should there be a need for additional staff, write a request to the district manager for the posts to be created, funded and filled.

Step 9: Participate in the recruitment and selection process as required.

Step 10: District manager to appoint a facility manager for facilities that have a headcount of more than 170 patients per day. In facilities that have a headcount of less than 170, a staff member must be dedicated as the facility manager. The suggested split between management and clinical functions should be 60% management and 40% clinical (rural) and 80% management and 20% clinical for facilities with a workload of more than 170 patients. Content of the job description and performance agreement must be in line with the approximately 60/80 per cent management and 40/20 per cent clinical work principle.

Step 11: Use Annexure 75 to check whether the staff appointed is inline with WISN

Note to reviewers:

If the facility manager's post is vacant for less than three months and the facility has a formal letter from the sub-district/district that designate a staff member as the acting manager, the facility can score green.

Commitment for Ideal Clinic element 115

Staff members are aware of work allocations and perform as scheduled.

115 Work allocation schedule is signed by all staff members

Process

Step 1: Complete the work allocation schedule daily, weekly or monthly as appropriate for the facility. See Annexure 76.

Step 2: Each staff member must sign the schedule confirming that they are aware of their duty allocation.

Step 3: Place the schedule on the staff notice board for easy access to all staff members.

Commitment for Ideal Clinic element 116- 117

All staff understands the leave policy and a leave schedule have been developed to suit service needs. Every staff member has an individual staff file that contains up to date staff records.

116 Leave policy is available

117 An annual leave schedule is available

Process

Step 1: Obtain the public service leave policy from the district office.

Step 2: Share the contents of the public service leave policy with all staff members

- Explain the policy contents clearly to the staff so that they understand the leave process, emphasising the need for approval prior to going on leave, unless in an emergency situation.
- Staff to sign acknowledgment indicating that they are aware of the policy and its application. See Annexure 58.

Step 3: Draw up an annual leave schedule for all staff members taking into account the service needs of the facility. See Annexure 77.

Step 4: Print and place the annual leave schedule on staff notice board.

16: Professional Standards and Performance Management Development(PMDS)

Commitment for Ideal Clinic element 118

Staff is inducted to make them feel welcome, that they understands core information about their job and help them to settle into their new job and work environment.

118 Record of staff induction is available

Process

Step 1: Schedule induction training for all newly appointed staff. Staff should receive induction training within the first three months of being appointment.

Step 2: Training must cover at a minimum the following:

- Vision and mission of the district
- Batho Pele Principles
- Operational policies and procedures
- Health and Safety of patients and staff (non clinical risk)
- Quality improvement methodology
- Infection Prevention and Control
- Patient safety (clinical risk)

Step 3: Keep attendance registers of the training conducted. See Annexure 10 as an example

Note to reviewers:

Obtain the list with the facility's staff establishment. Verify which staff members have been appointed in the past 12 months. Check on the training register whether these staff members have received induction training.

Commitment for Ideal Clinic element 119

Healthcare workers comply with legislation regarding registration with professional bodies

119	***All healthcare workers have current registration with relevant professional bodies***

Process

Step 1: On an annual basis that coincide with the relevant professional body's time frames for registration, request staff to provide a copy of their current registration with the relevant professional body.

Step 2: Obtain an updated list of appointed staff and tick off whether the staff member has submitted a copy of their registration.

Step 3: File the copies in a file that is clearly marked for this purpose.

Step 4: Use the list compiled in step 2 to verify, using Annexure 78, that all categories of healthcare workers have current registration with the relevant professional bodies.

Commitment for Ideal Clinic element 120

Entrench goal oriented performance by staff members through appropriate performance agreements and reviews.

120 There is an individual Performance Management Agreement for each staff member

Process

Step 1: Obtain the PMDS policy from the district.

Step 2: Explain the content of the PMDS policy clearly to all staff members.

Step 3: Ensure that each staff member has an approved and signed job description available.

Step 4: Use the prescribed PMDS templates to develop an individual Performance Management Agreement (PMA).

- ensure that the performance goals of the facility are reflected within the key result areas of individual staff members' PMAs
- PMA to be signed by the individual staff member and the facility manager after discussion and agreement
- submit signed original copies to district office by 15 April of the relevant financial year.

Step 5: Performance appraisal to be conducted quarterly using the PMDS evaluation templates. Evaluation templates available on the DPSA website. Note: Even if personnel records are kept at a central location, copies of staff PMAs and performance review documents must be available at the facility. Good practice prescribes that individual staff members and the facility manager refers to these documents regularly to track performance and staff development needs.

Commitment for Ideal Clinic element 121 - 122

Create an environment that supports the professional development of staff to ensure the delivery of quality health services.

121	***Continued staff development needs are determined for the current financial year and submitted to the district manager***
122	***Training records reflect planned training is conducted as per the district training programme***

Process

Step 1: Develop a staff development and training plan based on the facility's service needs. This must be done in time to include training costs in the budget of the financial year.

Step 2: Submit to district manager by 15 April of the relevant financial year.

Step 3: Staff members should be released for the identified training taking into consideration the facility's staffing and service needs.

Step 4: Record all training in a register. See Annexure 10 as an example.

Commitment for ideal Clinic elements 123 - 124

Staff is disciplined and committed to providing quality health services.

123	***The disciplinary procedure is available***
124	***The grievance procedure is available***

Process

Step 1: Obtain the public service disciplinary and grievance procedures from the district office.

Step 2: Explain the contents of the disciplinary and the grievance procedures to all staff members.

Step 3: All staff must sign acknowledgement that they have been informed of both procedures and understand it. See Annexure 58.

Commitment for Ideal Clinic elements 125- 126

Staff work in a positive work environment.

125	***Staff satisfaction survey is conducted annually***
126	***The results of the staff satisfaction survey are used to improve the work environment***

Process

Step 1: In cooperation with the sub district/district human resource management unit, conduct the yearly staff satisfaction survey. As an example see Annexure 79.

Step 2: Sub district/district human resource unit must analyse the results and present to sub district/district Health Management Team (DHMT) with recommendations for improvement.

Step 3: Using recommendations from step 2, develop an action plan to address relevant weaknesses highlighted in the staff satisfaction survey report.

Step 4: Implement action plans in cooperation with sub-district/district.

Step 5: Staff satisfaction survey report and action plan must be available for inspection.

Commitment for Ideal Clinic elements 127

Occupational Health and Safety hazards are attended to.

127	***Occupational Health and Safety incidents are managed and recorded in a register***

Process

Step 1: All occupational health and safety incidents must be reported by completing the WCL1 or WCL 2 forms for all staff that was involved in an occupational health and safety incident.

Step 2: Submit the forms to the sub-district/district office.

Step 3: Record all the occupational health and safety incidents in a register. See Annexure 80 as an example.

Step 4: The actions taken to manage the incident must be recorded in the register.

Step 5: Annually analyse the register to establish trends.

Step 6: Where trends have been identified, add activities to the quality improvement plan to prevent incidents from reoccurring.

Note to reviewers:

An occupational health and safety incident is any injury that staff has sustained while being on duty. In cases where there is not clarity on whether the injury will qualify as an occupational health and safety incident, the incident must still be reported. The determining body will evaluate the case and make a finding.

COMPONENT 5: SUPPORT SERVICES

17. Finance and supply chain management

Commitment for Ideal Clinic element 128

Ensure the availability of key resources at all times through the application of good financial management

128	***Facility has a dedicated budget***

Process

Step 1: Sub district/district finance manager to set up the facility as a cost centre.

Step 2: Ensure that facility managers are part of the discussion at sub district/district level that will result in the facility's budget allocation.

Step 3: Allocate financial resources in line with the facility needs.

Step 4: Develop control measures for rational budget utilisation and expenditure.

Step 5: Using the monthly expenditure report as received from sub-district/district, compare the report to the monthly commitment register you have in your records for the relevant month. See Annexure 81.

Step 6: Participate in the quarterly sub-district/district expenditure review meetings.

Step 7: Query any differences/discrepancies in expenditure balances with the sub-district/district and make relevant submission for correction of the discrepancies. After the corrections have been authorised, reallocate the funds according to budget pressures.

Commitment for Ideal Clinic elements 129

Ensure adequate replenishment of supplies through a supply chain management system. Suppliers will be monitored through Service Level Agreements (SLAs) to ensure compliance.

129	*Facility has a standard operating procedure for obtaining general supplies*

Process

Step 1: Ensure that the facility has a standard operating procedure for procuring general supplies.

Step 2: Set a minimum and maximum value for each item procured based on the facility's use.

Formula to calculate minimum and maximum levels

Formula Min level = Lead Time (time it takes from the moment the item is ordered until it is received and ready to be used) + Safety Stock (amount of stock to hold because of something that could occur to delay the lead time)

If the process is working smoothly, you will receive the item you ordered right as you get into the safety stock.

Formula Max level = Min + (Min/2)

Example:

Min = 30 days lead time + 15 days of safety stock = 45 days

Max = 45 + (45/2) = 67.5 round up to 68 days

The only other number that is needed is the quantity of the item that is used per day. This is used to translate the number of days to a quantity of the item.

For example 50 surgical gloves are used daily

Min stock level = 45 days x 50 gloves = 2 250 gloves

Max stock level = 68 days x 50 gloves = 3 400 gloves

* the formulas can be adjusted to suite the circumstances in the facility to ensure that stock do not run out.

Step 3: Replenish item once the minimum level of an item has been reached.

Step 4: Obtain a copy of the relevant item contracts and use the terms and conditions of the contract to ensure acceptable turn-around times and to apply penalties where necessary.

Step 5: Keep all source documents safely.

18: Hygiene and cleanliness

Commitment for Ideal Clinic elements 130- 134

The entire facility is clean at all times.

130 All cleaners have been trained on cleaning

131 Cleaning schedules are available for all areas in the facility

132 All work completed is signed off by cleaners and verified by manager or delegated staff member

133 Disinfectant, cleaning materials and equipment are available

134 All service areas are clean

Process

Step 1: Ensure that cleaners have been appropriately trained and are fully aware of their duties.

- if you have contract cleaners, meet with the contractor and ensure that the cleaners in your facility have been trained and have a clear understanding of their duties.

Step 2: Identify, schedule and record additional training needs of cleaners.

Step 3: Maintain records of training of each cleaner. See Annexure 10 as an example

Step 4: Compile daily, weekly and monthly cleaning schedules for all areas in the facility. File in cleanliness file. See Annexure 82 as an example.

Step 5: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains specifications for cleaning equipment from www.health.gov.za. Verify that the facility has the prescribed list of non-negotiable disinfectant, cleaning materials and equipment (Annexure 83) and ensure that facility has disinfectant, cleaning materials and equipment (Annexure 84) at all times.

Step 6: Obtain material safety data sheets for all cleaning material used in the facility from the sub-district/district office. The material safety data sheets must

comply with the Hazardous Chemical Substances Regulations, 1995, see Annexure 85.

Step 7: Ensure that cleaning is in line with expected standards and that cleaners take responsibility for their allocated areas through appropriate supervision and sign-off on check lists for toilets. The manager or the professional health care staff member delegated by the manager to supervise the cleanliness of areas must also sign the checklist daily and indicate on the checklist whether he/she is satisfied with the cleanliness of the areas. The checklist must be filed in the cleanliness file and should be used to guide performance evaluation of cleaners. See Annexure 86 as an example

- Use Annexure 87 to verify that cleaners have signed of the work in all areas
- Conduct daily inspections of the service areas of the facility using the Cleaning Inspection Checklist. See Annexure 88.
- If any areas are not clean, discuss with the relevant cleaner and get them to clean again.
- Instruct cleaners to inform the facility manager immediately of any repairs required.

Step 8: Instruct cleaners to close taps properly and switch off unnecessarily lights.

Commitment for Ideal Clinic element 135

Staff and patients will be protected from communicable diseases through good hygiene practices.

135	*Hand hygiene and sanitary facilities are available*

Process

Step 1: District management to ensure that all clinics have running water

- if there is a break in the normal supply of clean running water, request repairs using the local prescribed process.

Step 2: Conduct a weekly inspection of all consumables to ensure the correct quantity is available. See Annexure 89.

Step 3: Ensure the availability of toilet paper, liquid hand wash soap and disposable hand paper towels in the appropriate areas

Commitment for Ideal Clinic elements 136 - 138

Staff and patients will be protected from communicable diseases through good practice disposal of general and health care risk waste.

136	***Standard operating procedure for managing general and health care risk waste is available***
137	***Sanitary and health care risk waste are managed appropriately***
138	***Storage area for healthcare waste is appropriate***

Process

Step 1: Ensure that the facility has a SOP for managing general and health care risk waste.

Step 2: Obtain checklist for the management of healthcare waste. See Annexure 90.

Step 3: Display on notice board in dirty utility room the instructions for the correct use of coloured bin liners to be used for sanitary disposal and general waste management.

- medical waste disposal bins//boxes must be lined with red plastic
- general bins and sanitary disposal bins/boxes must be lined with the appropriate coloured bin liners
- all disposal bins/boxes must be clean and intact
- broken disposal bins/boxes must be replaced with new ones

Step 4: Place the sanitary, health care risk waste and general disposal bins in the appropriate areas.

- disposal bins/boxed must never be more than three quarters full
- disposal bins/boxes must be emptied as needed.

Step 5: Conduct spot checks on the status of the sanitary and general disposal bins/boxes to ensure compliance to the infection control measures. Non-functional sanitary disposal bins and general waste bins (broken and/or damaged) must be replaced by ordering new ones.

Step 6: Instruct the cleaners to inform the facility manager immediately if the bin liners is getting close to the minimum level.

Step 7: Ensure that health care waste is stored in an appropriate storage area. See Annexure 91

Note to reviewers:

The colour of the bin liners for general and sanitary bins is determined by the district policy/guideline

Commitment for Ideal Clinic element 139

Toilets are available and functional at all times to ensure staff and patient safety

139	***All toilets are clean, intact and functional***

Process

Step 1: Obtain checklist for functional toilet status.

Step 2: Conduct a spot check of the toilets in your facility to see that they are intact and functional. See Annexure 92.

Step 3: If the toilets are not functional, put up a sign on the toilet door stating "Not Working - Do Not Use"

Step 4: Ensure prompt repairs of broken toilets.

Commitment for Ideal Clinic elements 140

The facility environment must be aesthetically pleasing to contribute positively to the mental health of patients and staff

140	***Exterior of the facility and grounds are clean and well maintained***

Process

Step 1: Appoint the required number of groundsmen as per the approved organogram. At facilities where groundsmen are shared with other facilities, ensure that a schedule is drawn up that indicates the schedule of the groundsmen at the different facilities.

Step 2: Ensure that groundsmen have been appropriately trained and are fully aware of their duties. This includes orientation of new groundsmen.

- if you have contract groundsmen, meet with the contractor and ensure that the groundsmen in your facility have been trained and have a clear understanding of their duties.

Step 3: Maintain records of training of each groundsman. Annexure 10 as an example.

Step 4: Do spot checks of the exterior to check whether the facility is neat and clean. See Annexure 93.

Step 5: Instruct groundsman to clean areas where weaknesses are identified.

Commitment for Ideal Clinic elements 141- 142

Waste is stored and removed from the facility in line with acceptable standards to ensure patient and staff safety

141	***A signed waste removal service level agreement between the health department and the service provider is available***
142	***Waste is removed in line with the contract***

Process

Step 1: Obtain the SOP (hard or soft copy) for waste management. Annexure 94.

Step 2: Train all staff on the importance of waste handling, segregation and the purpose of the colour categorisation.

Step 3: Maintain records of training of all staff. See Annexure 10 as an example.

Step 4: Place Waste Categorisation Schedule (Annexure 44) in the dirty utility room.

Step 5: Conduct spot checks at the facility waste generation points to determine that correct waste handling and segregation is taking place.

Step 6: If the correct procedures for waste management are not adhered to, correct weaknesses through instructions to relevant staff.

Step 7: Ensure that all waste are stored in an access controlled general and health care risk waste storage areas

- if designated area is not available or conforming to required standard (refer to checklist of element 160), place a works order.

Step 8: Obtain and keep a copy of the signed waste removal SLA from the sub-district/district

Step 9: Read and understand the SLA so you are aware of the service delivery requirements that the waste removal service provider must comply with.

Step 10: Monitor waste removal to ensure that the service provider complies with the requirements of the SLA.

Step 11: Record each incident of non-compliance and escalate to the sub-district/district office.

Commitment for Ideal Clinic elements 143

The facility is pests free to ensure that the environment is clean

143	***Records show that pest control is done according to schedule***

Process

Step 1: Compile a pest control schedule for the facility. The frequency will depend on the current situation of the facility. If the facility is invested with pests, more frequent pest control will be needed. The schedule can be changed from time to time as the situation change in the facility. See Annexure 95 as an example.

Step 2: Monitor that pest control is conducted according to the set schedule. The manager must sign the schedule once the pest control has been conducted.

Note to reviewers:

Pest control should be conducted by the district office or through an appointed company. In rural areas and facilities where pests are not a big problem spraying with a high performance residual insecticide spray is acceptable (example Fendona).

19: Security

Commitment for Ideal Clinic elements 144 - 148

Patient and staff safety is assured at all time.

144	***Safety and security standard operating procedure is available***
145	***Perimeter fencing is intact***
146	***Parking for staff on the facility premises***
147	***There is a standard security guard room OR the facility has an alarm system linked to armed response***
148	***There is a security guard on duty OR the facility has an alarm system linked to armed response***

Process

Step 1: Ensure that the facility has a safety and security SOP. The SOP must cover at a minimum the following:

- High risk areas and the specific security needs for these areas
- Access control within the facility
- Reporting of security incidents (see register for security breaches)
- Training of personnel on the management of alarms (where applicable), provision of guarding services and patrolling
- Equipment for personnel
- Maintenance and replacement of security equipment.

Step 2: Conduct a monthly walk about to ensure that perimeter fencing is intact, gates are functioning and the guard room is neat and tidy.

Step 3: If the clinic does not have parking for staff this must be requisitioned through the district/provincial infrastructure unit.

Step 4: The guard room must conform to the standards (see Annexure 96) or have an alarm system that is linked to armed response. Facilities that have an alarm system that is linked to armed response must ensure that the alarm is serviced as prescribed by the company that has installed the alarm.

Step 5: Inform the district/provincial infrastructure unit in writing of identified weaknesses in regard to fencing, parking and guard room.

Step 6: Keep a copy of correspondence with district infrastructure in this regard.

Step 7: Ensure that there is a duty roster for security officers where there is not an alarm system that is linked to armed response.

Note to reviewers:

- Facilities with the structural make-up that render perimeter fencing and separate guard house impossible/unnecessary e.g. in a multi story building in a city will score green on element 143 and 145 even if they do not have a perimeter fence or a guard house.
- The parking area for staff can be outside the perimeter of the facility (example in a building, area next to the facility). This parking area must however be within 500m walking distance and the parking area must have specific allocated space for staff working at the facility. Parking in the street is not acceptable as it is not allocated to staff.

Commitment for Ideal Clinic element 149

Optimal security services are delivered at the facility to ensure safety and security of patients and staff.

149	***A signed copy of the service level agreement between the security company and the provincial department of health is available***

Process

Step 1: Obtain and keep a copy of the signed security SLA from the sub-district/district

Step 2: Read and understand the SLA so that you are aware of the service delivery requirements that the security service provider must comply with. Ensure that these services include the control of prohibited items.

Step 3: Orientate your staff on the terms of the SLA

Step 4: Monitor if security services complies with the requirements of the SLA.

Step 5: If weaknesses are identified discuss with the security officers working at your facility to take corrective action.

Step 6: If weaknesses persist call a meeting with the management of the security service provider. Keep records of these meetings.

Step 7: Escalate repeated incidents of non-compliance to the district office.

Note to reviewers:

In facilities where provincial/district/in house staff performs the security duties, the content of the job description of the appointed staff must be reviewed. Check whether the job description addresses the facility's need in regard to security issues.

Commitment for Ideal Clinic element 150

The safety of staff and patients are protected by managing security breaches appropriately.

150 Security breaches are managed and recorded in a register

Process

Step 1: Record all security breaches in a register or the security incident book. See Annexure 97 as an example of a register.

Step 2: Record how the breach was managed and what measures were taken to prevent the reoccurrence of the breach.

Step 3: Once the investigation of the breach has been finalised the security staff must sign off in the register.

Note to reviewers:

Where no security breaches occurred in a month, a "Null" record must be entered in the register and the register for that month must also be signed off.

20: Outbreak and Disaster preparedness

Commitment for Ideal Clinic element 151

Patients and staff are protected against the risk of injury due to fire.

151 Functional firefighting equipment is available

Process

Step 1: Ensure that functional firefighting equipment (Annexure 98) that should be in your facility is available.

Step 2: The district manager must ensure that there is a service level agreement with a competent service provider for servicing the facility's firefighting equipment.

Step 3: Conduct monthly inspections to ensure that equipment is present and intact.

Step 4: The service provider must service firefighting equipment at least yearly.

Step 5: A record must be kept of the services conducted. See Annexure 99 as an example. The facility manager must remind the service provider in good time of the next scheduled service date.

Step 6: If an item(s) of firefighting equipment has been used, immediately contact the service provider to restore functionality for future use.

Step 7: Escalate to sub-district/district manager in writing if corrective action is not timeously taken.

Commitment for Ideal Clinic element 152 -155

The clinic is at ready for emergency evacuation all times.

152	***Evacuation plan is displayed in the manager's office and the main entrance***
153	***Contact numbers of healthcare personnel required in emergencies are available in the management offices and at reception***
154	***Emergency evacuation procedure is practiced annually***
155	***Deficiencies identified during the practice of the emergency evacuation drill are addressed***

Process

Step 1: Obtain a floor plan of the facility from the district office. Where there is no floor plan available from the district office, draw a floor plan. Excel can be used or neatly hand draw the floor plan.

Step 2: Use the floor plan to develop an emergency evacuation plan that visually displays the evacuation paths.

Step 3: Indicate all emergency exists, assembly points, main electrical power switch, main water shut off valve and firefighting equipment on the floor plan.

Step 4: Add in directional arrows to show the way to the various emergency exit points as well as the emergency assembly point. See Annexure 100.

Step 5: Visibly display the evacuation plan in the manager's office and the reception area.

Step 6: Ensure that the contact numbers of healthcare personnel that will be required in emergencies is in the file for contact details in the manager's office and reception. Where there is no manager's office in the facility the contact numbers must be available in the most accessible office in the facility.

Contact details of the following healthcare personnel must be included:

- District outbreak team,

- District Specialist Team OR General Medical Practitioner allocated to the facility,
- Local area manager,
- Referring district hospital (casualty section),
- District manager,
- Facility manager,
- Facility professional staff

Step 7: Conduct annually an evacuation drill. **Note: No critical patient must be left unattended during the evacuation practice.** Allocate a trained staff member to attend to them

- assign/designate roles to staff
- choose a date and time to practice evacuations that is not made known to staff
- set the scene and commence the evacuation drill in line with the plan.

Step 8: Debrief and give feedback to staff.

Step 9: Draw up an emergency evacuation drill practice report (see Annexure 101 as an example) and file. This report must include recommendations for improvement if applicable.

Step 10: Plan and implement remedial action within two weeks.

Step 11: Rerun the evacuation practice if necessary.

Commitment for Ideal Clinic element 156

The facility staff is prepared to manage outbreaks effectively

156 Standard Operating Procedure for outbreak notification and response are available

Process

Step 1: Obtain the National Guidelines on Epidemic Preparedness and Response from www.health.gov.za.

Step 2: Use the Guideline to develop a SOP for outbreak notification and response for the facility. District offices should be guiding this process.

Step 3: All staff members to sign the acknowledgement form that they are aware of the content of the SOP. Attach this to the back of the SOP and file the document. See Annexure 58 as an example.

COMPONENT 6: INFRASTRUCTURE AND SUPPORT SERVICES

21. Physical space and routine maintenance

Commitment for Ideal Clinic element 157

The physical space and environment is conducive to rendering quality health services.

157	***Clinic space accommodates all services and staff***

Process

Step 1: Determine if the size of the facility is sufficient to provide services based on the population to be served and PHC package of services provided. Refer to the size classification and facility reorganization sections in the ICSM manual to determine the required number of rooms/areas etc.

Step 2: Once the approximate classification has been calculated according to the process as set out in the ICSM manual, use Annexure 102 to determine whether the size and configuration of the facility is sufficient.

Step 3: Prepare and submit a motivation to the district office for additions/renovations if needed.

Step 4: Make regular follow up with the district manager for feedback on this matter.

Commitment for Ideal Clinic element 158

The facility is accessible for people in wheelchairs.

158	***There is access for people in wheelchairs***

Process

Step 1: Using the wheelchair access requirement checklist to check whether the facility complies with the criteria. See Annexure 103.

Step 2: Should the facility not comply, apply for the relevant alterations through the sub-district/district manager by following the relevant provincial protocol.

Commitment for Ideal Clinic elements 159 - 161

The facility infrastructure must be maintained to provide an environment conducive for health service delivery.

159	***Maintenance schedule for building(s) and grounds are available***
160	***Building(s) is maintained according to schedule***
161	***Building(s) complies with safety regulations***

Process

Step 1: Using Annexure 104, compile a checklist of major infrastructure repairs and maintenance work required.

Step 2: Log a request to have major repairs onto the district's annual major maintenance plan.

Step 3: Obtain the maintenance schedule for the current financial year for the facility from the sub-district/district.

Step 4: Do regular follow-up to ensure that the maintenance is conducted according to the schedule.

Step 5: Follow-up with the sub-district/district if maintenance is not done according to schedule. Document all follow-ups. See Annexure 105.

Step 6: As soon as items for minor repair are identified, complete and submit a works order. Keep record of orders submitted and track progress. See Annexure 105 as an example.

Step 7: If no action has been taken within one week, escalate to sub-district/district.

Step 8: Obtain the certificates from the sub-district/district that is required to ensure that the facility is compliant with all safety regulations. File in the building maintenance file. See Annexure 106.

22. Essential equipment and furniture

Commitment to Ideal Clinic elements 162 - 167

Appropriate furniture and essential equipment is available in every consulting room.

162	***Furniture is available and intact in service areas***
163	***Essential equipment is available and functional in every consulting areas***
164	***Staff are trained on the use of essential equipment***
165	***Standard Operating Procedure for decontamination of medical equipment is available***
166	***Standard Operating Procedure for reactive maintenance of medical equipment is available***
167	***Maintenance plan for essential equipment is adhered to***

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture from www.health.gov.za

Step 2: Obtain the list for the furniture and essential equipment required in the consulting rooms

- consulting room furniture — Annexure 107
- essential equipment — Annexure 108

Step 3: Using the lists for furniture and essential equipment required in the consulting room, conduct a quarterly stock taking and ensure that all the items are available

Step 4: Ensure that missing items are budgeted for.

Step 5: Order missing items using the standard procurement procedure.

Step 6: Immediately follow up if items were not received on the indicated date.

Step 7: Schedule in-service training for all healthcare personnel on the equipment that is used in the facility. If there is equipment that staff is not familiar with, arrange through the sub district/district office that the supplier of the equipment conducts training for the healthcare personnel. Keep a register of all training conducted; see Annexure 10 as an example.

Step 8: Ensure that the facility has a SOP for decontamination of medical equipment. The SOP must cover at a minimum:

- Decontamination of reusable devices and surgical instruments
- Procedures on single use device
- Handling of potentially infectious instruments and materials.
- Hazardous chemicals and their use
- Procedures of packing and assembly of instruments
- Testing and use of equipment for disinfecting
- Tracking system for product sterilization, identification, recording and recalls
- Safe handling of used instruments, including their checking and transport to CSSD
- When to perform manual cleaning

Step 9: Ensure that the reactive SOP for the maintenance of all medical equipment is available.

Step 10: Compile a maintenance schedule for the following equipment (see Annexure 109 as an example):

- Automatic External Defibrillator (AED) OR ECG monitor and defibrillator
- Pulse oximeter with adult & paediatric probes (recalibrated)
- Non invasive electronic blood pressure monitoring device including paediatric, adult & large adult cuff sizes (recalibration) (cuff bladders, valves and tubing replaced)
- Scales (recalibration),
- Hemoglobin meter (recalibration)

Step 11: Sign off on the maintenance schedule when the maintenance for specific equipment has been performed.

Step 12: Follow-up with the sub-district/district office if maintenance is not done according to schedule.

Commitment to Ideal Clinic elements 168 - 171

Facilities must be able to successfully resuscitate patients as the need arise.

168	***Resuscitation room is equipped with functional basic resuscitation equipment***
169	***Emergency trolley is restored daily or after each use***
170	***There is an emergency sterile obstetric delivery pack***
171	***There is a sterile pack for minor surgery***

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for equipment and supplies needed for the resuscitation room, emergency trolley, emergency sterile obstetric delivery pack and sterile pack for minor surgery from www.health.gov.za.

Step 2: Conduct regular audits on emergency equipment using the following schedule:

- resuscitation room: Annexure 110
- emergency trolley: Annexure 111
- emergency sterile obstetric delivery pack: Annexure 112
- sterile pack for minor surgery: Annexure 113

Step 3: Keep record of the completed audit lists for future reference.

Step 4: Designate a professional nurse to ensure on a daily basis that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Commitment for Ideal Clinic element 172

Oxygen must be consistently available to patients when needed.

172	***Oxygen cylinder with pressure gauge is available in resuscitation/ emergency room***

Process

Step 1: The facility's mobile oxygen cylinder in the resuscitation/emergency room must be fitted with a functional gauge at all times.

Step 2: The emergency oxygen cylinder has sufficient volume and pressure at all times. Designate a staff member to check this on a daily basis.

Step 3: The designated staff member must complete the check sheet (See Annexure 114 as an example) on a daily basis to ensure that the oxygen level is as prescribed.

Step 4: Should the oxygen in the cylinder be below the prescribed level contact the service provider to have the cylinder refilled or exchanged with a full one.

Commitment for Ideal Clinic element 173

Assets in the facility are controlled.

173	***An up-to-date asset register is available***

Process

Step 1: Obtain an updated asset register from the sub-district/district office.

Step 2: Do regular spot check to check whether the assets in the facility correspond with the asset register of the sub-district/district office. See Annexure 115.

Step 3: Report any discrepancies to the sub-district/district office; keep record of the communication done.

Step 4: Report any stock that is lost due to theft immediately to the sub-district/district office to ensure that the asset register is kept up to date. Keep record of reports sent.

Commitment to Ideal Clinic element 174

The facility uses space optimally.

174 Redundant and non-functional equipment is removed from the facility

Process

Step 1: If there are any items of equipment found to be redundant, inform the sub district/district to reallocate this to another facility.

Step 2: If there are any items of equipment found to be beyond repair, have this condemned and disposed of. Complete an asset disposal form for the equipment. See Annexure 116 as an example.

Step 3: Update asset register accordingly.

Note to reviewers:

Check whether there is any redundant equipment or non-functional equipment in the facility.

23. Bulk supplies

Commitment for Ideal Clinic elements 175 - 176

Facilities must have clean, fresh running water and backup supply available at all times.

175	***Facility has a functional piped water supply***
176	***Facility has access to emergency water supply when needed***

Process

Step 1: In cooperation with the local municipality ensure that there is clean piped water to the facility.

Step 2: Where there is no piped water ensure that the sub-district/district has planned for the installation of piped water.

Step 3: The 24-hour contact number of the local municipality's water supply department must be prominently displayed on the facility's notice board together with other emergency numbers of essential services.

Step 4: Ensure that the facility has access to emergency water supply in the form of:

- water tanks that are regularly filled by the local municipality. The water level of the tank should be checked at least every fortnight.
- tanks on trailers that are brought to the facility when there is a break in piped water supply. A short SOP describing the process to follow to arrange for the backup water supply must be available.

Note to reviewers:

Back up water supply must be available for facilities where the water supply is disrupted more than three times in a year for more than 4 hours a day at a time. Facilities where disruption is less frequent as described can score green for element 176 even if they have no back-up water supply.

Commitment for Ideal Clinic elements 177

Facilities must have uninterrupted electricity supply.

177 Facility has access to a functional back-up electrical supply when needed

Process

Step 1: In cooperation with the district infrastructure unit ensure that functional back-up electricity is available at the facility.

Step 2: Back-up electrical supply must be available in the form of:

- a generator permanently stationed at the facility OR
- a generator that are brought to the facility from the sub-district/district office when needed. A short SOP describing the process to follow to arrange for the generator must be available. OR
- Uninterrupted Power Supply (UPS) OR
- Solar power

Step 3: If back-up electricity to the facility is in the form of a generator, assign a staff member to check the fuel levels on a monthly basis and after every use.

- report and correct any defects
- make sure that the emergency contact number for the generator maintenance is prominently displayed on the facility notice board.

Commitment for Ideal Clinic element 178

Removal of sewerage must be properly managed to ensure a safe and hygienic facility.

178	***Sewerage system is functional***

Process

Step 1: In cooperation with the local municipality, ensure that the facility is serviced by a piped sewerage removal system or a septic tank system.

Step 2: Should the facility experience problems with the sewerage system log a call for repairs with the district maintenance services.

Step 3: Make sure that the emergency contact number for the district maintenance services and the local municipality is prominently displayed on the facility notice board.

Note to reviewers:

When conducting a status determination observe that the sewerage system is functional, drains must not be blocked, both inside as well as outside the facility. There must also be no leaking drain pipes outside the building. Where the sewerage system is not functional, check that works orders has been completed to report it and follow-ups have been done where needed.

24. ICT infrastructure and hardware

Commitment for Ideal Clinic element 179

A functional telephone system must always be available in the facility to allow proper communication.

179	***There is a functional telephone in the facility***

Process

Step 1: Should the landline not be functional, contact the relevant service provider.

Step 2: If the fault persists for more than three days escalate it to the district.

Step 3: Keep record of all maintenance and repairs of telephone lines.

Commitment for Ideal Clinic elements 180 - 182

Functional Information Communication Technology (ICT) equipment (computer, printer and e-mail) must be available.

180	***There is a functional computer***
181	***There is functional printer connected to the computer***
182	***There is internet access***

Process

Step 1: If there is no computer with printer and e-mail in the facility, order the ICT equipment using the ICT procurement order form. The ICT equipment purchase agreement must include maintenance.

Step 2: Update the asset register accordingly

Step 3: In the event that the ICT equipment is not functional, order the repair by logging a call with district ICT support.

Step 4: Using the district training plan, request training for relevant facility staff in correct use of the ICT equipment.

Step 5: Ensure that the facility has internet/intranet (that allows access to all required applications) access.

COMPONENT 7: HEALTH INFORMATION MANAGEMENT

25. District Health Information System (DHIS)

Commitment for Ideal Clinic elements 183 - 188

Facilities generate and record accurate information for their own use and submission to district, provincial and national levels.

183	***Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members***
184	***National District Health Information Management System policy OR Provincial SOP aligned with National Policy is available***
185	***Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for data management***
186	***Relevant DHIS registers are available and are kept up to date***
187	***Facility submits all monthly data on time to the next level***
188	***There is a functional computerised patient information system***

Process

Step 1: All clinical staff must be conversant with the burden of disease in their catchment population.

Step 2: The PHC package of services provided at the facility must be based on the burden of disease for the catchment area.

Step 3: Ensure that professional nurses and data capturers have been trained on the District Health Management Information System Policy

Step 4: Ensure that professional nurses and data capturers have been trained on the Facility Level Standard Operating Guidelines for Data Management

Step 5: Maintain records of training. See Annexure 10 as an example

Step 6: Data generated by the facility must be recorded in the approved PHC registers and kept up to date.

Step 7: Verify that monthly data that was captured are correct.

Step 8: Ensure that graphs are updated to the last quarter's data.

Step 9: Sign off data report.

Step 10: Submit all monthly data on time to the next level.

Step 11: Discuss facility performance using data/information in facility’s monthly meetings.

Step 12: Correct data based on the sub-district/district’s feedback where relevant. Document all evidence of monthly data feedback received from sub-district/district.

Step 13: In cooperation with national, provincial and districts offices, install and train staff on the electronic Health Patient Registration Information System/Primary Healthcare Information system

Step 14: Monitor that every patient is registered on the Health Patient Registration Information System.

COMPONENT 8: COMMUNICATION

26. Internal communication

Commitment for Ideal Clinic element 189

Recommendations from the district quarterly performance review meetings are used to discuss the performance of the facility and plan corrective actions to improve facility performance.

189	***There are sub-district/district quarterly facility performance review meetings***

Process

Step 1: In cooperation with the district manager and area managers set dates for the quarterly performance review meetings as part of the sub-district/district annual calendar.

Step 2: Review each programme's performance against predetermined targets and explain reasons for variations.

Step 3: The facility manager must schedule a meeting with the facility staff one week before the quarterly performance review meetings to prepare the facility's presentation using the relevant provincial template.

Step 4: Deliver the facility's presentation and answer all questions at the quarterly performance review meetings.

- discuss what actions will be taken to achieve set targets and what changes need to be made within the facility. Make notes during the discussion.
- record activities, challenges and any good practices that you could replicate in your own facility from other facilities presentations

Step 5: File a copy of the presentation electronically and make sure that computer content is backed up appropriately.

Commitment for Ideal Clinic element 190

Staff in the facility is well informed about the facility's current performance and future plans.

190	***A staff meeting is held at least quarterly within the facility***

Process

Step 1: Draw up a quarterly meeting schedule in consultation with all staff members. Facilities are free to have more frequent meeting on an ad hoc basis.

Step 2: Include quarterly meeting dates on the Annual Facility Calendar. See Annexure 117 as an example.

Step 3: Display quarterly meeting schedule for the year on the staff notice board. Attendance of all staff is compulsory except those who are on leave.

Step 4: Develop an agenda for the meeting. See Annexure 118 as an example.

Step 5: All staff who attended the meeting must sign the attendance register. See Annexure 119 as an example.

Step 6: Designate a staff member to take minutes.

Step 7: Minutes of the meeting will be available within three working days after the meeting and will be filed electronically in date order. Minutes are available for all staff to read.

Step 8: Review the action points after the meeting and ensure that all activities that were agreed upon at the meeting, are executed.

Commitment for Ideal Clinic element 191

Staff is knowledgeable about all relevant policies and notifications. This knowledge is used to improve the facility's functioning and services to the patients.

191 Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications

Process

Step 1: When new policies and notifications are received, check if they replace existing policies and notices.

Step 2: Discuss the new policies and notices with staff immediately.

Step 3: Check to see that the relevant staff members understand the changes and determine if further training may be required. If training is required, request this using the district training protocol.

Step 4: Staff members that must implement and/or have knowledge of the policies/guidelines and notices must sign the acknowledgement form for the specific policies/guidelines and notices. Attach this to the back of the new policy/guidelines or notice and file the document. See Annexure 58 as an example.

Step 5: If there are further questions regarding the policies and notices seek relevant answers from the relevant source or your local area manager.

27. Community engagement

Commitment for Ideal Clinic elements 192 - 193

The community being served by the facility supports the facility management and staff by being involved in service planning and taking ownership and pride of their facility and its functioning.

192	***There is a functional clinic committee***
193	***Contact details of clinic committee members are visibly displayed***

Process

Step 1: Using the District Governance Structures Policy (www.health.gov.za) understand the roles, responsibilities and activities of the clinic committee as well as how to get a functional clinic committee established.

Step 2: Determine whether there is a clinic committee in place. If so, ascertain whether it is functional. See Annexure 120.

Step 3: If clinic committee is not in place or not functional obtain guidance through the district manager from the office of the MEC for Health.

Step 4: In cooperation with the office of the MEC obtain nominations of clinic committee members and ensure that the appointment process is taken to completion.

Step 5: Develop a clear and legible list of the names of clinic committee members and all their contact details

- place this list on patient notice board in the waiting area
- update this list when there are changes to clinic committee members.

Step 6: In cooperation with the chairperson of the clinic committee:

- develop a schedule of monthly meetings
- request training for clinic committee members from the district

- attend clinic committee meetings, ensure that agenda is developed, register is kept and minutes are taken. See Annexure 118 / Annexure 119 as an example
- follow up actions arising out of clinic committee meetings.

Commitment for Ideal Clinic element 194

Promote community ownership of the facility and its functions while strengthening health promotion and disease prevention in the community.

194	***Facility has an annual open day***

Process

Step 1: In consultation with facility staff and community leaders plan for open days. See an example of suggested services and activities for an open day. See Annexure 121 as an example.

Step 2: Log dates of the open day in the annual calendar to be displayed on the staff notice board. See Annexure 117 as an example.

Step 3: In cooperation with the clinic committee seek support from relevant sources.

Step 4: Ensure the necessary communication with stakeholders required for a successful open day.

Step 5: On the day of the event oversee the setup and activities including various health screening.

Step 6: Compile a report of the event including relevant statistics of screenings conducted.

Step 7: Submit the report to the sub-district/district and file the report.

COMPONENT 9: DISTRICT HEALTH SYSTEM SUPPORT

28. District health support

Commitment for Ideal elements 195 - 196

The district supports the facility through Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) to function in line with the national quality standards. The district must provide comprehensive support on all aspects of the management of the facility.

195	***There is a health facility operational plan in line with district health plan***
196	***District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal Clinic Realisation status for the end of year report***

Process

Step 1: Develop a facility operational plan in line with the district health plan. See Annexure 122 that gives guidance on how to develop an operational plan.

Step 2: The PPTICRM, in cooperation with the facility manager, plan and agree on the dates for visits to provide the necessary support to the facility with regard to all the components, sub components and elements of the Ideal Clinic. See Annexure 123 for a schedule of when the various types of status determinations must be conducted.

Step3: Conduct the status determination and capture the results on the Ideal Clinic software.

Step 4: Using the generated quality improvement plan correct the weaknesses immediately.

Step 5: The status of the facility as well and the corrective actions must be presented at the quarterly district performance review meetings.

29. Emergency patient transport

Commitment for Ideal Clinic elements 197- 200

The facility must have access to emergency medical services (EMS) transport.

197	***There is a pre-determined EMS response time to the facility***
198	***EMS response complies with the pre-determined response time***
199	***Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available***
200	***SOP available for the handover from facility to EMS***

Process

Step 1: Obtain the norm for the response time relevant to the facility from the sub-district/district Emergency Medical Services (EMS) manager.

Step 2: Keep a register of actual emergency transport response time. See Annexure 124 as an example.

- the staff member requesting patient emergency transport must record the patient name, date and time patient transport was requested, referral destination, and date and time of patient collection in the ambulance response time
- calculate and record the response times in the register
- on a monthly basis monitor the trend in response time to determine whether the EMS complies with the norm.

Step 3: Escalate to the sub-district/district office if there are consistently long response times or for serious incidents where response time was poor. The district management must communicate the course of redress to the facility.

Step 4: If no response to the follow-up has been received from the sub-district/district office within seven days then escalate the query to the next level.

Step 5: Visibly display the contact details of the fire brigade, police station and ambulance in all areas where there are telephones.

Step 6: Develop a SOP that sets out the procedure to hand over patients to EMS staff.

Step 7: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application. See Annexure 58

30. Referral system

Commitment for Ideal Clinic elements 201- 204

Facility must have access to a rational and responsive referral system to ensure continuity of care between different levels of health service.

201	***National Referral Policy is available***
202	***Facility's Standard Operating Procedure for referrals is available and sets out***
203	***There is a referral register that records referred patients clear referral pathways to required service providers***
204	***Copy of referral letter available in patient record***

Process

Step 1: Obtain a copy of the National Referral Policy (www.health.gov.za).

Step 2: Develop the facility's SOP including referral path ways for your facility that is in line with the National Referral Policy.

Step 3: Schedule orientation and training for all healthcare professionals so they know how to refer patients.

Step 4: Make a list of all the available referral pathways and display it. See Annexure 125 as an example.

Step 5: Keep sufficient stock of standardised referral forms. See Annexure 126 as an example.

Step 6: Complete the patient referral form when a patient is referred. Hand a copy to the patient and keep a copy in the patient record.

Step 7: Keep record of all referred patients in the referral register. See Annexure 127 as an example.

COMPONENT 10: PARTNERS AND STAKEHOLDERS

31. Partners support

Commitment for Ideal Clinic elements 205 - 206

Implementing partners must support the activities of the facility.

205	***An up to date list of organisations that provide health related services in the catchment area and implementing health partners is available***
206	***The list of implementing health partners shows their areas of focus and business activities***

Process

Step 1: Obtain a list of implementing partners that are operating in the sub-district/district. The list must include their focus and business activities.

Step 2: Compile a list of implementing partners whose focus and business activities is needed by the facility. The list must be updated when details of the health partners change.

Step 3: The sub-district/district schedules an annual meeting in November with all identified health partners to discuss and agree on their contribution to support the facility in the next financial year.

Step 4: The sub-district/district develops and signs a memorandum of understanding on how the support is going to be carried out.

Step 5: The sub-district/district establishes a reporting framework for all implementing partners to the facility and district. See Annexure 128 as an example.

Step 6: The quarterly district review meeting could be used for implementing partners to present their support progress.

Step 7: Compile a list of all the organisation in the facility's catchment area that provide health related services. See Annexure 129 as an example of a template to use to compile the list.

32. Multi-sectoral collaboration

Commitment for Ideal Clinic elements 207

There is continued cooperation and communication between the Provincial Department of Health and the South African Police Service and facilities

207	***There is an official memorandum of understanding between the PDOH and SAPS***

Process

Step 1: Provincial office to develop the memorandum of understanding with SAPS.

Step 2: The responsibilities of SAPS and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

<u>Responsibilities of the PDoH:</u>

- Ensure that its facilities are secure by providing proper fencing, perimeter lightning, and security guard houses with security guards.
- Ensure that all health facilities have the contact detail of the local SAPS for their respective areas.
- Inform SAPS of any matter that may or have cause a risk to the patients, staff or property of the Department.
- Work together with the SAPS when any matter at the facility need to be investigated.
- Ensure regular communication with the SAPS on a local level through the attendance of multisector forums in respective areas.

<u>Responsibilities of SAP</u>

- To assist the PDoH to ensure the safety of patients, staff and the property of the PDoH when called upon.
- To assist where necessary, if practically possible to monitor security and safety at health facilities by way of regular patrols near health facilities

such as clinics, community health centers and mobile clinics in high risks crime areas.

- To inform the PDoH where security risks have been identified and where necessary advise on measures that would improve the security.
- To investigate reported crime at facilities and to provide feedback to the PDoH in accordance with internal police prescripts.
- To engage the PDoH and relevant stakeholders forums on issues of safety and security at health facilities.
- To provide reasonable access to the SAPS at the workplace without compromising service delivery in order for the PDoH to promote health activities and health service delivery to the employees.
- To invite the SAPS where reasonably possible when organizing internal health promotions and other relevant programmes to ensure maximum benefit to employees.

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings. See Annexure 129 as an example. The same template can be used for all the memorandum of understanding listed in elements 202 to 207. Replace the purpose and responsibilities of both parties that pertains to the specific memorandum of understanding.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 58.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal Clinic elements 208

There is continued cooperation and communication between the Provincial Department of Health and Department of Education

208	***There is an official memorandum of understanding between the PDOH and Department of Education***

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Education.

Step 2: The responsibilities of Department of Education and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Ensure that school health services are rendered to the quantile 1 and quantile 2 schools and that the relevant grades are covered by the school health policy.
- Together with Department of Education agree on a roster on when services will be delivered at the relevant schools.
- Provide health promoting activities during school visits or in case of outbreaks
- Keep a record of every child that was assessed at a school.
- Provide feedback to the school after assessments have been completed.
- Refer a child to another level/ service where services cannot be rendered at the school.
- Ensure regular communication with Department of Education through meetings to ensure that services are rendered as required.
- Health facilities to receive and treat referrals from schools.
- In case of outbreaks at schools, visit the school, investigate and ensure that the relevant activities take place to address the matter.
- Ensure that confidentiality is adhered to with regard to the health condition of learners.

Responsibilities of Department of Education

- Provide possible dates for visits to schools and communicate these dates to PDoH, district offices and facilities.
- Provide working space for the school health services to be rendered at a school.
- Ensure that the necessary approval forms were signed by parents prior to visits to school.
- Ensure that the services are arranged in such a manner that the maximum services can be rendered by the team during visits.
- Refer children with problems to the school health service or the local clinic.
- Secure the files of children that were seen by the school health services.
- Inform the local clinic in the event of any outbreak of any disease in the school and provide access to further investigations and treatments.
- Meet with the PDoH and stakeholders to plan for joint activities.
- Ensure confidentiality of health records.
- Organise health promotion and other programmes in conjunction with Department of Health to ensure maximum benefit to staff and communities

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 58.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal Clinic elements 209

There is continued cooperation and communication between the Provincial Department of Health and Department of Social Services.

209	***There is an official memorandum of understanding between the PDOH and the Department of Social Development***

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Social Services.

Step 2: The responsibilities of Department of Social Services and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Render services in line with the Primary Health care re-engineered approach where ward base teams will be the extension of health services at a community level.
- Quality health services to be delivered at the health facility in line with the Ideal clinic standards.
- Refer patients to Social development where aspects are identified by the clinic or ward based services which need intervention from Social development.
- Meet on a regular basis at Provincial and local level to ensure a smooth working relationship with Department of Social Development.
- Organise health promotion and other programmes in conjunction with Department of Social Development to ensure maximum benefit to the communities.
- Monitor and communicate with Social development population health indicators that are affected by the mandate of social development.

Responsibilities of Department of Social Services

- Cooperate with the PDoH to ensure a coordinated community based service.
- Will meet with the PDoH regularly to ensure that there is cooperation between the facility and Social Services.
- Social Development to ensure staff that services the respective area follow-up on referrals from the clinic.
- Channel health related referrals to the relevant ward base team or clinic.
- Work with PDoH to ensure a coordinated approach regarding programmes to enhance the service/
- Co-operate with PDoH in an annual joint quality assurance assessment of Old Age Homes and Children Homes.
- Train health staff on relevant Social Development programs.
- Provide access to support grants.
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes in conjunction with PDoH to ensure maximum benefit to staff and communities.

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 58.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal Clinic elements 210

There is continued cooperation and communication between the Provincial Department of Health and Department of Public Works.

210 There is an official memorandum of understanding between the PDOH and Department of Public Works

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Public Works.

Step 2: The responsibilities of Department of Public Works and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Provide information to Department of Roads and Public works where new facilities are planned, upgrades and refurbishment are required.
- Inform Department of Roads and Public Works when the condition of roads makes it impossible to deliver services.
- Communicate with Department of Roads with relation to the need for road signage to health facilities from major access routes.
- Ensure that properties are well maintained and report shortcomings to public works.

Responsibilities of Department of Public Works

- Ensure that there are proper roads to health facilities.
- Ensure that roads are in good condition for health personnel and community to have health facility access.
- Ensure the safety of roads to limit motor vehicle accidents.
- Provide signage to health facilities from major access roads.

- Oversee capital building projects of the Department to ensure that it is in line with the needs of the Department.
- Ensure quality in the building process of facilities for the PDoH.
- Keep an immovable asset register of all properties of the PDoH
- Do the payments of all rates and taxes on PDoH's buildings
- Ensure regular maintenance of buildings.
- Ensure land acquisition for new facilities
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes in conjunction with PDoH to ensure maximum benefit to staff and communities.

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 53.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal Clinic elements 211

There is continued cooperation and communication between the Provincial Department of Health and Department of Transport.

211 There is an official memorandum of understanding between the PDOH and Department of Transport

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Transport.

Step 2: The responsibilities of Department of Transport and DoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Work with the Department of Transport, Safety and Liaison to ensure campaigns preventing injuries and accidents.
- Liaise closely with the Department of Transport, Safety and Liaison to assist with crime prevention and control in and around the health facilities.
- Take all health vehicles on a regular base for Road worthy testing to ensure safe vehicles.
- Ensure that all PDoH vehicles are licensed.
- Provide information to Department of Transport on areas where public transport may be needed to make health facilities more accessible.

Responsibilities of Department of Transport:

- Facilitate and coordinate social crime prevention and road safety programmes and thus reduce accidents and injury.
- Coordinate crime prevention and community safety partnerships and thus influencing safety at health facilities.

- Coordinate licensing and road worthiness of vehicles and thus also ensuring safety of PDoH vehicles.
- Communication and awareness of Road safety Campaigns.
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

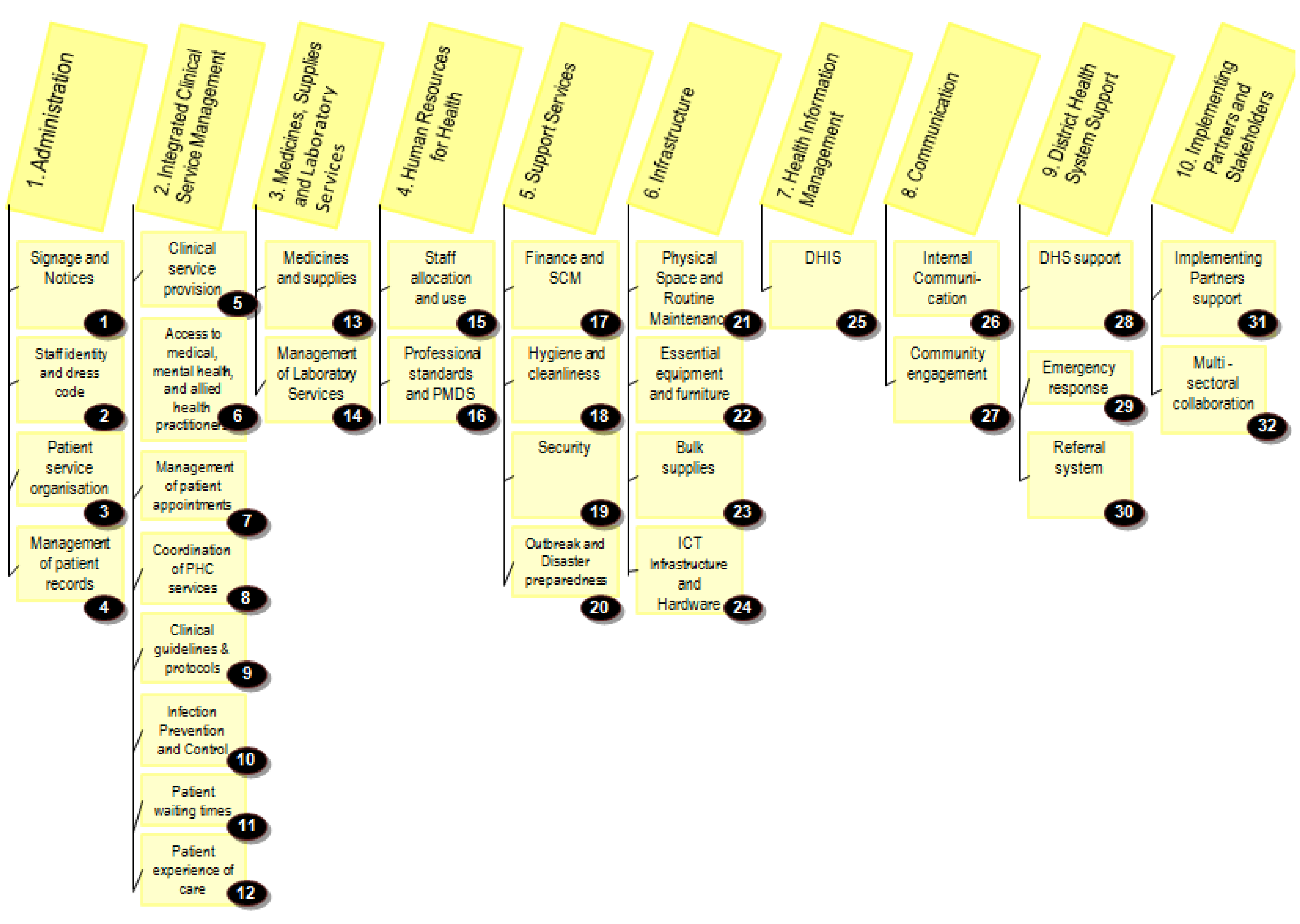
Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 58.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Annexure 1: Components and sub-component of Ideal Clinic dashboard, version 18



Annexure 2: Ideal Clinic Realisation and Maintenance Framework, version 18

National Core Standards	Component	Sub-component	No.	ELEMENTS	Weight	MM	Level of responsibility	Check list	Performance
DOMAIN 1: PATIENT RIGHTS	1. Administration	**1. Signage and notices:** Monitor whether there is communication about the facility and the services provided							
			1	All external signage in place	I	😐	P	Y	
			2	Facility information board reflects the facility name, service hours, physical address, contact details for facility and emergency service and service package details is visibly displayed at the entrance of the premises	I	😐	D		
			3	Sign indicating NO WEAPONS, NO SMOKING, NO ANIMALS (except for service animals), NO LITTERING and NO HAWKERS is clearly sign posted at the entrance of the facility	I	😐	D		
			4	Vision, mission and values of the province/district are visibly displayed	I	😐	D		
			5	Facility organogram with contact details of the facility manager is displayed on a central notice board	I	😐	HF		
			6	Patients' Rights Charter is displayed in all waiting areas in at least two local languages	I	😐	HF		
			7	All service areas within the facility are clearly signposted	I	😐	HF	Y	
		2. Staff identity and dress code: Monitor whether staff uniform, protective clothing and mode of staff identification are in accordance with policy prescripts							
			8	There is a prescribed dress code for all service providers	I	📖	P		
			9	All healthcare professional staff members comply with prescribed dress code	I	?😐	HF	Y	
			10	All staff members wear an identification tag	I	😐	HF	Y	
		3. Patient service organisation: Monitor the processes that enable responsive patients service							
			11	Helpdesk/reception services are available	I	😐📖	HF		
			12	There is a process that prioritises the very sick, frail and elderly patients	I	?📖	HF		
			13	A functional wheelchair is available	E	?😐	HF		
DOMAIN 6: OPERATIONAL MANAGEMENT		**4. Management of patient record:** Monitor whether patient records content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationery is used and whether patient records are managed appropriately							
			14	There is a single patient record irrespective of health conditions	I	😐📖	HF		
			15	Patient record content adheres to ICSM prescripts	E	😐📖	HF	Y	
			16	District/provincial standard operating procedure/guideline for accessing, tracking, filing, archiving and disposal of patient records is available	I	📖	P		
			17	Guideline for accessing, tracking, filing, archiving and disposal of patient records is adhered to	I	😐	HF	Y	
			18	There is a single location for storage of all active patient records	I	😐	HF		
			19	Patient records are filed close to patient registration desk	I	?😐	HF		
			20	Retrieval of a patient's file takes less than 10 minutes	I	?😐	HF		
			21	Priority stationery (clinical and administrative) is available at the facility in sufficient quantities	I	📖	HF	Y	

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	Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions and preventative health services.	E	😐	HF		
23	Patients are consulted, examined and counselled in privacy	I	😐	HF		
24	TB treatment success rate is at least 87% or has increased by at least 5% from the previous year	E	🕮	HF		
25	TB (new pulmonary) defaulter rate < 5%	E	🕮	HF		
26	Antenatal visit rate before 20 weeks gestation is at least 70% or has increased by at least 5% from the previous year	E	🕮	HF		
27	Antenatal patient initiated on ART rate is at least 97% or has increased by at least 5% from the previous year	E	🕮	HF		
28	Immunisation coverage under one year (annualised) is at least 86% or has increased by at least 5% from the previous year	E	🕮	HF		
32	Quality Improvements plans are signed off by the facility manager and updated quarterly	I	🕮	HF	Y	
33	Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are 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

34	Patients that require consultation with a medical practitioner have access to a medical practitioner at the facility at least once a week.	E	🕮	HF		
35	Patients have access to oral health services	I	🕮	D		
36	Patients have access to occupational therapy services	I	🕮	D		
37	Patients have access to physiotherapy services	I	🕮	D		
38	Patients have access to dietetic services	I	🕮	D		
39	Patients have access to social work services	I	🕮	D		
40	Patients have access to radiography services	I	🕮	D		
41	Patients have access to ophthalmic service	I	🕮	D		
42	Patients have access to mental health services	E	🕮	D		
43	Patients have access to speech and hearing services	I	🕮	D		
44	Staff dispensing medicine have access to the support of a pharmacist	I	🕮	D		
45	Adolescent and Youth Friendly Health Services are provided	I	🕮	D	Y	

7. Management of patient appointments: Monitor whether an ICSM patient appointment system is adhered to

46	ICSM compliant patient appointment system for patients with chronic health conditions and MCWH patient is in use	I	🕮	HF		
47	Records of booked patients are retrieved not later than the day before the appointment	I	😐	HF		
48	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		

DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE

2. Integrated Clinical Services Management (ICSM)

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

No.	Requirement					
49	Facility does referrals to and receives referrals from school health services in its catchment area	I	🕮	D		
50	Facility refers patients with chronic but stable health conditions to home- and community-based services for support	E	🕮	HF		
51	Facility refers environmental health related risks to environmental health services	I	🕮	D	Y	

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

No.	Requirement					
52	ICSM compliant package of clinical guidelines is available in all consulting rooms	E	🕮	HF	**Y**	
53	National guidelines on priority health conditions are available	I	🕮	HF	**Y**	
54	80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit	E	🕮	D		
55	80% of professional nurses have been fully trained on Integrated Management of Childhood Illness	E	🕮	D		
56	Resuscitation protocol is available	E	🕮	HF		
57	80% of professional nurses have been trained on Basic Life Support	E	🕮	D		
58	50% of professional nurses at the facility are trained on BANC Plus	E	🕮	D		
59	National Guideline for Patient Safety Incident Reporting and Learning is available	E	🕮	NDoH		
60	Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning	E	🕮	HF	**Y**	
61	National Clinical Audit Guideline is available	E	🕮	NDoH		
62	Clinical audits are conducted quarterly on priority health conditions	E	🕮	HF		
63	80% of patient records audited are compliant	E	🕮	HF	**Y**	
64	Clinical audit meetings are conducted quarterly in line with the guidelines	E	🕮	HF		
65	National guidelines are followed for all notifiable medical conditions	I	?🕮	HF		
66	Standard operating procedure for the management of patients with highly infectious diseases is available	I	🕮	HF		

10. Infection prevention and control: Monitor adherence to prescribed infection prevention and control policies and procedures

No.	Requirement					
67	National Policy on Infection Prevention and Control is available	E	🕮	NDoH		
68	Facility has a designated staff member who is responsible for infection prevention and control	E	🕮	HF		
69	Standard operating procedure on infection control is available	I	🕮	HF		
70	All staff have received in-service training in the past two years on infection control standard precautions that is in line with the standard operating procedure	E	🕮	HF	**Y**	
71	Poster on hand hygiene is displayed above the hand wash basin in every consulting room	I	🕮	HF		
72	Awareness day on hand hygiene is held annually	I	🕮	HF		
73	Poster on cough etiquette is displayed in every waiting area	I	🕮	HF		
74	Staff wear appropriate protective clothing	E	?☺	HF	**Y**	
75	The linen in use is clean, appropriately used and not torn	E	☺	HF	**Y**	

DOMA IN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE	2. Integrated Clinical Services Management (ICSM)		76	Sharps are disposed of appropriately	E	😐	HF	Y	
			77	An annual risk assessment for infection prevention and control compliance is undertaken by the staff member assigned to infection prevention and control	I	🕮	HF		
			78	All staff have been offered prophylactic immunisations for high risk infections	I	🕮	HF		
		11. Patient waiting time: Monitor adherence to the facility's prescribed waiting times							
			79	National Policy for the Management of Waiting Times is available	I	🕮	NDoH		
			80	National target of not more than three hours for time spent in a facility is visible displayed	I	😐🕮	HF		
			81	Waiting time is monitored using the prescribed tool	E	🕮	HF		
			82	Average time that a patient spends in the facility is no longer than 3 hours	E	🕮	HF		
			83	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							
			84	National Patient Experience of Care Guideline is available	E	🕮	NDoH		
			85	Results of the yearly Patient Experience of Care Survey are visibly displayed at the main waiting area	E	🕮	HF		
			86	An average overall score of 70% is obtained in the Patient Experience of Care Survey	E	🕮	HF		
			87	The results obtained from the Patient Experience of Care Survey are used to improve the quality of service provision	E	🕮	HF		
			88	The National Guideline To Manage Complaints/Compliments/Suggestions is available	E	🕮	NDoH		
			89	Complaints/compliments/suggestions toolkit is available at the main entrance/exit	E	😐	HF	Y	
			90	The complaints/compliments/suggestions records complies with the National Guideline to Manage Complaints/Compliments/Suggestions	E	🕮	HF	Y	
			91	Targets set for complaints indicators are met	E	🕮	HF	Y	
DOMAIN 3: CLINICAL SUPPORT SERVICES	3. Pharmaceuticals and Laboratory Services	**13. Medicines and supplies: Monitor consistent availability of required good quality medicines and supplies**							
			92	Standard operating procedure for management and safe administration of medicines is available	I	🕮	HF		
			93	Medicine room/dispensary is neat and medicines are stored to maintain quality	I	😐	HF	Y	
			94	The temperature of the medicine room/dispensary is maintained within the safety range	V	🕮	HF	Y	
			95	Cold chain procedure for vaccines is maintained	V	🕮	HF	Y	
			96	Medicine cupboard or trolley is neat and orderly	I	😐	HF	Y	
			97	The register for schedule 5 and 6 medicines is completed correctly	E	🕮	HF		
			98	Electronic networked system for monitoring the availability of medicines is used effectively	E	😐🕮	HF	Y	
			99	90% of the medicines on the tracer medicine list are available	V	😐🕮	HF	Y	
			100	Re-ordering stock levels (min/max) are determined for each item on the district/facility formulary	E	😐🕮	HF		
			101	There is no expired medicine on the shelves	E	😐	HF		
			102	Waste receptacles for pharmaceutical waste are available	I	😐	HF		
			103	Expired medicine is disposed of according to prescribed procedures	I	?	HF		
			104	Basic medical supplies (consumables) are available	E	🕮	HF	Y	

Domain	Subdomain	No.	Element					
DOMAIN 3: CLINICAL SUPPORT SERVICES	3. Pharmaceuticals and Laboratory Services		**14. Management of laboratory services:** Monitor consistent availability and use of laboratory services					
		105	Primary Health Care Laboratory Handbook is available	E	📖	NDoH		
		106	Required functional diagnostic equipment and concurrent consumables for point of care testing are available	E	☺	HF	**Y**	
		107	Required specimen collection materials and stationery are available	E	☺	HF	**Y**	
		108	Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook	E	☺	HF	**Y**	
		109	Laboratory results are received from the laboratory within the specified turnaround times	E	📖	HF	**Y**	
		110	Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme	I	📖	HF		
		111	Facility controls rapid test kit performances by running one negative and one positive control on a weekly basis	E	📖	HF		
DOMAIN 6: OPERATIONAL MANAGEMENT	4. Human Resources for Health		**15. Staff allocation and use:** Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied					
		112	Staffing needs have been determined in line with WISN	I	?📖	D		
		113	Staff appointed is inline with WISN	I	📖	D	Y	
		114	Facility has a dedicated manager	E	📖	D		
		115	Work allocation schedule is signed by all staff members	I	📖	HF		
		116	Leave policy is available	I	📖	HF		
		117	An annual leave schedule is available	I	📖	HF		
			16. Professional standards and Performance Management Development System (PMDS): Monitor whether staff are managed according to Department of Public Service Administration (DPSA) and Department of Labour prescripts					
		118	Record of staff induction is available	I	📖	HF		
		119	All healthcare workers have current registration with relevant professional bodies	I	📖	HF	**Y**	
		120	There is an individual Performance Management Agreement for each staff member	I	📖	HF		
		121	Continued staff development needs are determined for the current financial year and submitted to the district manager	I	📖	HF		
		122	Training records reflect planned training is conducted as per the district training programme	I	📖	HF		
		123	The disciplinary procedure is available	I	📖	HF		
		124	The grievance procedure is available	I	📖	HF		
		125	Staff satisfaction survey is conducted annually	I	📖	D		
		126	The results of the staff satisfaction survey are used to improve the work environment	I	📖	HF		
		127	Occupational Health and Safety incidents are managed and recorded in a register	E	📖	HF		
DOMAIN 3: CLINICAL	5. Support		**17. Finance and supply chain management:** Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision					
		128	Facility has a dedicated budget	I	📖	D		
		129	Facility has a standard operating procedure for obtaining general supplies	E	📖	HF		

DOMAIN 3: CLINICAL SUPPORT SERVICES

5. Support

18. Hygiene and cleanliness: Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility

No.	Measure					
130	All cleaners have been trained on cleaning procedures	E	📖	HF		
131	Cleaning schedules are available for all areas in the facility	I	📖	HF		
132	Disinfectant, cleaning materials and equipment are available	E	?📖	HF	Y	
133	All work completed is signed off by cleaners and verified by manager or delegated staff member	I	📖	HF	Y	
134	All service areas are clean	E	😐	HF	Y	
135	Hand hygiene and sanitary facilities are available	E	😐	HF	Y	
136	Standard operating procedure for managing general and health care risk waste is available	I	📖	HF		
137	Healthcare waste is managed appropriately	E	?😐	HF	Y	
138	Storage area for healthcare waste is appropriate	E	😐	HF	Y	
139	All toilets are clean, intact and functional	E	?😐	HF	Y	
140	Exterior of the facility is clean and well maintained	E	😐	HF	Y	
141	A signed waste removal service level agreement between the health department and the service provider is available	E	📖	P		
142	Waste is removed in line with the contract	E	?📖	HF		
143	Records show that pest control is done according to schedule	I	📖	HF		

19. Security: Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, patients and staff of the PHC facility

No.	Measure					
144	Safety and security standard operating procedure is available	I	📖	HF		
145	Perimeter fencing is intact	I	😐	HF		
146	Parking for staff is provided on the facility premises	I	😐	HF		
147	There is a standard security guard room OR the facility has an alarm system linked to armed response	I	😐	D	Y	
148	There is a security guard on duty OR the facility has an alarm system linked to armed response	I	😐	D		
149	A signed copy of the service level agreement between the security company and the provincial department of health is available	I	?📖	D		
150	Security breaches are managed and recorded in a register	I	📖	HF		

20. Outbreak and Disaster preparedness: Monitor whether firefighting equipment is available and whether staff know how to use it and whether disaster drills are conducted

No.	Measure					
151	Functional firefighting equipment is available	E	😐☝	HF	Y	
152	Evacuation plan is displayed in the manager's office and the main entrance	I	📖	HF		
153	Contact numbers of healthcare personnel required in emergencies are available in the management offices and at reception	I	📖	HF		
154	Emergency evacuation procedure is practised annually	E	📖	HF		
155	Deficiencies identified during the practice of the emergency evacuation drill are addressed	E	📖	HF		
156	Standard operating procedure for outbreak notification and response are available	E	📖?	HF		

Domain	Component	No.	Element					
DOMAIN 7: FACILITIES AND INFRASTRUCTURE	6. Infrastructure	**21. Physical space and routine maintenance:** Monitor whether the physical space is adequate for the PHC facility workload, disabled persons and whether timely routine maintenance is undertaken						
		157	Clinic space accommodates all services and staff	E	😐📖	HF	Y	
		158	There is access for people in wheelchairs	E	😐	D	Y	
		159	Maintenance schedules for building (s) and grounds are available	I	📖	D		
		160	Building(s) is maintained according to schedule	I	😐📖	D	Y	
		161	Building(s) complies with safety regulations	E	📖	D	Y	
		22. Essential equipment and furniture: Monitor whether essential equipment and required furniture are available						
		162	Furniture is available and intact in service areas	I	😐	HF	Y	
		163	Essential equipment is available and functional in consulting areas	E	😐	HF	Y	
		164	Staff are trained on the use of essential equipment	E	📖	HF		
		165	Standard operating procedure for decontamination of medical equipment is available	E	📖	HF		
		166	Standard operating procedure for reactive maintenance of medical equipment is available	I	📖	HF		
		167	Maintenance plan for essential equipment is adhered to	E	📖	HF		
		168	Resuscitation room is equipped with functional, basic resuscitation equipment	V	😐📖	HF	Y	
		169	Emergency trolley is restored daily or after each use	V	😐📖	HF	Y	
		170	There is an emergency sterile obstetric delivery pack	E	😐	HF	Y	
		171	There is a sterile pack for minor surgery	E	😐	HF	Y	
		172	Oxygen cylinder with pressure gauge is available in resuscitation/ emergency room	V	😐	HF		
		173	An up-to-date asset register is available	I	😐📖	HF	Y	
		174	Redundant and non-functional equipment is removed from the facility	I	😐	HF		
		23. Bulk supplies: Monitor whether the required electricity supply, water supply and sewerage services are constantly available						
		175	Facility has a functional piped water supply	E	?👂	HF		
		176	Facility has access to emergency water supply when needed	E	👂😐	HF		
		177	Facility has access to a functional back-up electrical supply when needed	E	?😐	HF		
		178	Sewerage system is functional	E	👂😐	HF		
		24. ICT infrastructure and hardware: Monitor whether systems for internal and external electronic communication are available and functional						
		179	There is a functional telephone in the facility	E	?👂	HF		
		180	There is a functional computer	I	?👂	HF		
		181	There is functional printer connected to the computer	I	?👂	HF		
		182	There is internet access	I	?👂	D		
DOMAIN 4: PUBLIC HEALTH	7. Health Information	**25. District Health Information System (DHIS):** Monitor whether there is an appropriate information system that produces information for service planning and decision making						
		183	Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members	I	?😐	HF		
		184	National District Health Information Management System policy OR Provincial SOP aligned with National Policy is available	I	📖	HF		
		185	Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for Data Management	I	📖	HF		
		186	Relevant DHIS registers are available and are kept up to date	I	?😐	HF		

			187	Facility submits all monthly data on time to the next level	I		HF		
			188	There is a functional computerised patient information system	I	?	D		
DOMAIN 4: PUBLIC HEALTH	8. Communication	**26. Internal communication:** Monitor whether the communications system required for improved quality for service delivery is in place							
			189	There are sub-district/district quarterly facility performance review meetings	I		D		
			190	A staff meeting is held at least quarterly within the facility	I		HF		
			191	Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications	I		HF		
		27. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee							
			192	There is a functional clinic committee	I		P	Y	
			193	Contact details of clinic committee members are visibly displayed	I		HF		
			194	Facility has an annual open day	I		HF		
DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE	9. District Health System Support	**28. District Health Support (DHS):** Monitor the support provided to the facility through guidance from district management, regular Ideal Clinic status measurement by the PPTICRM as well as through visits from the district support and health programme managers							
			195	There is a health facility operational plan in line with district health plan	I		HF		
			196	District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal Clinic Realisation status for the end of year report	E	?	D		
		29. Emergency response: Monitor the effectiveness of emergency responses							
			197	There is a pre-determined EMS response time to the facility	I	?	D		
			198	EMS response complies with the pre-determined response time	I		D		
			199	Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available	I		HF		
			200	SOP available for the handover from facility to EMS	I		HF		
		30. Referral system: Monitor whether patients have access to appropriate levels of healthcare							
			201	National Referral Policy is available	I		NDoH		
			202	Facility's standard operating procedure for referrals is available and sets out clear referral pathways to required service providers	I		HF		
			203	There is a referral register that records referred patients	I		HF		
			204	Copy of referral letter available in patient record	I		HF		
	10. Implementing Partners and Stakeholders	**31. Implementing partners support:** Monitor the support that is provided by implementing partners							
			205	An up to date list of all organisations that provide health related services in the catchment area and implementing health partners is available	I		HF		
			206	The list of implementing health partners shows their areas of focus and business activities	I	?	HF		
		32. Multi-sectoral collaboration: Monitor the systems in place to respond to the social determinants of health							
			207	There is an official memorandum of understanding between the PDOH and SAPS	I		P		
			208	There is an official memorandum of understanding between the PDOH and Department of Education	I		P		
			209	There is an official memorandum of understanding between the PDOH and the Department of Social Development	I		P		
			210	There is an official memorandum of understanding between the PDOH and Department of Public Works	I		P		
			211	There is an official memorandum of understanding between the PDOH and Department of Transport	I		P		

Summary of Ideal Clinic categories

Weights	Silver	Gold	Platinum
Vital (6 elements)	83%	100%	100%
Essential (84 elements)	70%	80%	90%
Important (118 elements)	70%	79%	89%
AVERAGE	**70%-79%**	**80%-89%**	**90%-100%**

DEFINITIONS AND KEYS USED

Definition of weight categories:
Vital
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.
Essential
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.

Performance is scored in line with three colours as follows:

Green (G) = achieved

Amber (A) = partially achieved

Red (R) = not achieved

Key and description for method of measurement

Key	Method of measurement (MM)
🕮	a) Check applicable documents e.g. policies, guidelines, SOP, data, etc.
?	b) Ask staff members and/or clients for their views or level of understanding
☺	c) Objective observations and/or conclusion
☝	d) Test the functionality of equipment/systems

Key and description for level of responsibility

Key	Description
NDoH	national Department of Health
P	Province
D	District
HF	Health facility

Key and description for weights

Key	Description
V	Vital
E	Essential
I	Important

Annexure 3: Checklist for element 1 - External signage in place

Use the checklist below to check the facility's external signage

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present; **NA** (Not applicable) = for small facilities or where certain services are not rendered

External signage	Score
Geographical location signage from main roads	
a. Both directions on each main road	
b. Within 1 km of clinic	
c. No obstructions to visibility	
Facility gate entrance signage	
a. Vehicles and persons will be searched	
b. Entry and parking are at own risk	
Specific external locations:	
a. Emergency Assembly Point	
Waste storage:	
a. Healthcare Risk Waste (medical waste)	
b. Healthcare General Waste	
At or near to main entrance of building:	
a. Ambulance parking sign OR area marked on paving	
b. Disabled parking sign OR area marked on paving	
Total score	
Total maximum possible score (sum of all scores minus those marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	**Green**
40-79%	**Amber**
<40%	**Red**

Annexure 4: Patients' Rights Charter

The Patients' Rights Charter

For many decades the vast majority of the South African population has experienced either a denial or violation of fundamental human rights, including rights to health care services. To ensure the realisation of the right of access to health care services as guaranteed in the Constitution of the Republic of South Africa (Act No 108 of 1996), the Department of Health is committed to upholding, promoting and protecting this right and therefore proclaims this **PATIENTS' RIGHTS CHARTER** as a common standard for achieving the realisation of this right.

This Charter is subject to the provisions of any law operating within the Republic of South Africa and to the financial means of the country.

A healthy and safe environment

Everyone has the right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.

Participation in decision-making

Every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision-making on matters affecting one's health

Access to healthcare

Everyone has the right of access to health care services that include:

i. receiving timely emergency care at any health care facility that is open regardless of one's ability to pay;
ii. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
iii. provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, person living with HIV or AIDS patients;
iv. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;
v. palliative care that is affordable and effective in cases of incurable or terminal illness;
vi. a positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance; and
vii. health information that includes the availability of health services and how best to use such services and such information shall be in the language understood by the patient.

Knowledge of one's health insurance/medical aid scheme

A member of a health insurance or medical aid scheme is entitled to information about that insurance or medical aid scheme and to challenge, where necessary, the decisions of such health insurance or medical aid scheme relating to the member.

Choice of health services

Everyone has the right to choose a particular health care provider for services or a particular health facility for treatment provided that such choice shall not be contrary to the ethical standards applicable to such health care providers or facilities, and the choice of facilities in line with prescribed service delivery guide lines.

Be treated by a named health care provider

Everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers

Confidentiality and privacy

Information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of the court.

Informed consent

Everyone has the right to be given full and accurate information about the nature of one's illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects anyone of these elements.

Refusal of treatment

A person may refuse treatment and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.

Be referred for a second opinion

Everyone has the right to be referred for a second opinion on request to a health provider of one's choice.

Continuity of care

No one shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one's health.

Complain about health services

Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation

Every patient or client has the following responsibilities:

- Advise the health care providers on his or her wishes with regard to his or her death.
- Comply with the prescribed treatment or rehabilitation procedures.
- Enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- Take care of health records in his or her possession.
- Take care of his or her health.
- Care for and protect the environment.
- Respect the rights of other patients and health providers.
- Utilise the health care system properly and not abuse it.
- Know his or her local health services and what they offer.
- Provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counseling purposes

National Department of Health: Private Bag X828, Pretoria. 0001. Telephone: 012 395 8264/3 www.health.gov.za

Annexure 5: Checklist for element 7 - All service areas within the facility are clearly signposted

Use the checklist below to check whether all service areas within the facility are clearly signposted

Scoring – in column for score mark as follows:
Y (Yes) = if present; **N** (No) = if not present; **NA** (Not applicable) = signage is NA to the specific facility due to the services rendered or the size of the facility (small facilities) or type of services rendered

Internal branding	**Score**
Help Desk/Reception	
Complaints/suggestions/compliments box	
Medicine storage room/dispensary/pharmacy	
Chronic Medicine Collection (CCMDD)	
Emergency room	
Facility Manager – door identifier	
Emergency exit(s)	
Exit(s)	
Stairs (if applicable)	
Patient Toilets	
Directional arrows to toilets	
Disabled toilet pictogram	
Female toilet pictogram	
Male toilet pictogram	
Directional signs for service areas - Colour-coded signage for each of the 3 streams of care service areas	
Acute/minor ailments (orange) Chronic Diseases (blue) MCWH (deep green)	
Health Support Services (Allied health services) (yellow)	
Medicine storage room/ dispensary/pharmacy	
Functional room signage (each area/room should be labelled)	
Vital signs	
Counselling room/s	
Fire-fighting signs :	
At each hose, fire hose pictogram	

At each extinguisher, fire extinguisher pictogram	
Support/admin areas (room name sign on each door)	
Storeroom(s)	
Sluice room	
Laundry	
Kitchen	
Patient records storage room	
Community Outreach Service	
Staff toilet(s)	
Staff room/boardroom	
Total score	
Maximum possible score (sum of all scores minus those marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

Note: Facilities with fewer than three consulting rooms are too small to be segregated into three streams and are not be expected to have dedicated consulting areas for acute, chronic health conditions and preventative health services with accompanying signage. However, healthcare offered at these facilities should still adhere to ICSM principles. This means that patients should be treated holistically and not sent from one section to another because of co-morbidities. Signage for the three streams should therefore be marked as NA.

Score calculation:
Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	Green
40-79%	Amber
<40%	Red

Annexure 6: Example of a dress code for staff

Dress code for staff

All staff members

- **An identification tag must be visibly displayed at chest level. The tag shall include the following information:**
    - emblem of the provincial Department of Health
    - initial/full names and surname of the staff member
    - staff designation eg: "professional nurse", “data capturer”, “general assistant"
- **General appearance for all staff members**
    - clothing must be clean, neat and fit properly
    - shoes must be clean and in good condition
    - good personal hygiene principles must be adhered to at all times
    - the following is not allowed:
        - clogs, crocs, slip-ons
        - t-shirts
        - jeans, leggings, tights
        - see through clothes
        - low-cut necklines
        - hats
- **General appearance applicable for staff that provide direct patient care**
    - may not wear artificial nails or colored nail polish
    - nails must be short, clean and neatly trimmed
    - hair must be clean and long hair must be tied back
    - minimal jewelry must be worn
    - sleeves must be short (for infection control purposes)

Dress code for nursing staff

Prescribed uniform for females:

- white blouses (no see- through type)
- navy jersey/jacket in the winter season
- navy skirt/slacks
- navy/black court/flat shoes - no clogs, crocs, slip-ons allowed
- skin colour stockings
- South African Nursing Council (SANC) approved distinguishing devises (epaulettes) must be worn at all times according to the nursing staff’s professional qualifications

Prescribed uniform for males:

- white collared shirts
- navy jersey/jacket in the winter season
- navy trousers
- navy blue/black socks
- black shoes – no clogs, crocs, slip-ons allowed
- SANC approved distinguishing devises (epaulettes) must be worn at all times according to the nursing staff’s professional qualifications

Dress code for doctors

Prescribed uniform for females:

- neat blouses (no see- through type)
- neat skirt/slacks
- neat dress with appropriate length (not shorter than 10cm from above the knee)
- jersey/jacket in the winter season

Prescribed uniform for males:

- neat collared shirts
- neat trousers
- jersey/jacket in the winter season
- socks
- closed shoes – no clogs, crocs, slip-ons

<table>
<tr><td>

- court/flat shoes - no clogs, crocs, slip-ons
- optional - white coat worn over clothes

</td><td>

- optional - white coat worn over clothes

</td></tr>
<tr><td colspan="2">Dress code for allied health workers</td></tr>
<tr><td>
<u>Allied groups</u>
Occupational Therapist
Radiologist
Speech Therapist
Physiotherapist
Dieticians and Nutritionist
</td><td>
<u>Dress colours</u>
green
brown
red
light blue
navy
</td></tr>
<tr><td>

Prescribed uniform for females:

- neat blouses (no see- through type)
- skirt/slacks
- neat dress with appropriate length (not shorter than 10cm from above the knee)
- jersey/jacket in the winter season
- court/flat shoes - no clogs, crocs, slip-ons

</td><td>

Prescribed uniform for males:

- neat collared shirts
- trousers
- jersey/jacket in the winter season
- socks
- black shoes – no clogs, crocs, slip-ons

</td></tr>
<tr><td colspan="2">Dress code for administration staff, data capturers</td></tr>
<tr><td colspan="2">

- short or long sleeve shirt/blouse
- skirt/dresses of appropriate length, smart casual trousers
- cardigan, jersey or jacket in the winter season

</td></tr>
<tr><td colspan="2">Dress code for general assistants, community health workers and lay-councilors</td></tr>
<tr><td colspan="2">

- neat shirt or golf shirt (colours can be determined by district/province)
- neat trousers or skirts (colours can be determined by district/province)
- jersey or jacket in the winter season
- closed shoes and socks – no clogs, crocs, slip-ons allowed

</td></tr>
</table>

Annexure 7: Checklist for element 9 - All staff members comply with prescribed dress code

Use the checklist below to check that staff on duty are dressed according to prescribed dress code

Scoring – in column for score mark as follows:

Check – randomly select five healthcare professional staff members to review

Y (Yes) = present and adhered to; **N** (No) = not present or not adhered to; **NA** (Not applicable) = if there are not enough staff on duty/appointed to evaluate five staff members, check those on duty, marking the remaining columns NA

Item	Staff member 1	Staff member 2	Staff member 3	Staff member 4	Staff member 5
Nails short					
Jewellery minimal (plain wedding band, small ear rings, no necklaces)					
Dress/skirt OR pants (dress/skirt should not be shorter than knee length)					
Tailored clothes (not too tight nor too loose)					
Distinguishing devices worn					
Score					
Maximum possible score (sum of all scores minus those marked NA)					
Total score (sum of scores for 5 staff members)					
Total maximum possible score (sum of maximum possible minus those marked NA)					
Percentage (Total score ÷ Total maximum possible score) x100					

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	Green
40-79%	Amber
<40%	Red

Annexure 8: Checklist for element 10 - All staff members wear an identification tags

Use the checklist below to check that the staff on duty wear official identification tags

Scoring – in column for score mark as follows:

Check – randomly select five staff members to review

Y (Yes) = present and adhered to; **N** (No) = not present or not adhered to; **NA** (Not applicable) = if there are not enough staff on duty/appointed to evaluate five staff members, check those on duty and mark remaining lines NA

Staff member	Score
Staff member 1	
Staff member 2	
Staff member 3	
Staff member 4	
Staff member 5	
Total score	
Total maximum possible score (sum of all scores minus those marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

Note: Identification tag must include the emblem of the facility/district or provincial department of health, full names/initials and surname of the staff member

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	**Green**
40-79%	**Amber**
<40%	**Red**

Annexure 9: Notice of prioritisation of very sick, frail and elderly patients

PLEASE NOTE

THE VERY SICK, FRAIL AND ELDERLY PATIENTS

WILL BE GIVEN PRIORITY

AND MOVED TO THE FRONT OF THE QUEUE

Annexure 10: Example of a Template for training register for staff

By signing against my name in the table below I acknowledge that I have undergone formal training on how to................ (insert details on specific training e.g. clean the facility)

STAFF NAME AND SURNAME	PERSAL NUMBER	DESIGNATION	SIGNATURE	DATE

Annexure 11: Checklist for element 15 - Patient records adheres to ICSM prescripts

Use the checklist below to check whether patient records comply with ICSM prescripts

Scoring – in column for score mark as follows:

Check – randomly select five records of patients who were seen in the past three months. Include records for the following conditions: one adult acute/minor ailment, one adult chronic, one adult maternal health, one sick child and one well baby record to cover records of patients consulted at all three streams of care (Chronic, MCWH and Acute). Ensure that one of the five records selected is for a patient that was referred to another health facility (use the referral register to track such a file), this is to assess Element 204: Copy of referral letter available in patient record.

Y (Yes) = recorded; **N** (No) = not recorded; **NA** (Not applicable) = if patient did not receive relevant treatment/measure does not apply to the particular type of record selected

Type of information/notes	Adult acute/ minor ailment	Adult chronic	Adult maternal	Sick child (IMCI)	Well baby
Administrative details (on cover of record)					
Name and surname					
Patient file number					
Facility name					
ID/Refugee/passport number OR date of birth					
Demographic details					
Residential address					
Personal contact details					
Name and surname of parents or guardian					
Contact details of parents or guardian					
Next of kin contact details					
Employment contact details (if employed)					
Marital status					
Patient profile – 1st visit					
Type of employment					
Social (type of employment, living conditions, social assistance, cooking method)					
Social (school grade, social assistance, nutrition, where child lives)					
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)					
Family history of chronic conditions					
Known chronic conditions					
Surgical history					
Allergies					
Clinical management					
Length/Height of patient at 1st visit					
Weight at every visit					
Body mass index (BMI) calculated at 1st and 7th visits					
Weight-for-height z score					

MUAC (every 3 months)					
Temperature					
Blood pressure at every visit					
Pulse rate at every visit					
Blood sugar as per guidelines					
Urine dipstick as per guidelines					
Basic screening where indicated (HIV, TB, STI, Diabetes)					
Current chronic condition					
Adherence to medication					
Reported side effects of medication					
Other hospital/doctor visits					
Presenting complaints					
Examination					
General (JACCOL)					
Chest					
Cardiovascular					
Abdomen					
Mental state					
Central nervous system (CNS)					
Musculo-skeletel					
Diagnosis					
Patient management					
Investigation/tests requested					
Date of investigation/test requested					
Results of investigations/test recorded					
Health education provided					
Treatment prescribed					
Rehabilitation (where applicable)					
Referral (where applicable)					
Date of next visit indicated (where applicable)					
Health Care Practitioner's name and surname					
Health Care Practitioner's signature					
Date signed by Health Care Practitioner					
SANC/HPCSA Number					
Child health records					
History of immunisations					
Deworming treatment					
Vit A supplementation					
Developmental screening (6, 14 weeks and 6, 9, 18 months and 3, 5-6 years)					
Growth charts completed					
Basic screening completed according to Road to Health Charts					
Maternal health records					
BANC 1st visit					
Obstetric history					
Previous obstetric history and family					
Gestational age					
General examinations					
Abdomen – FHH examination					
Vaginal examination					
HIV status					
Pregnancy risk screening					
Health education provided, including information on MomConnect					
Health Care Practitioner's name and surname					

Health Care Practitioner’s signature					
Date signed by Health Care Practitioner					
BANC PLUS follow-up visits					
HIV status (retest)					
General examination					
Abdomen examination					
Supplements					
Gestational graph plotted per visit					
Health Care Practitioner’s name and surname					
Health Care Practitioner’s signature					
Date signed by Health Care Practitioner					
Delivery summary					
Birth date					
Birth weight					
Apgar score					
Delivery mode					
Pregnancy outcome					
Health Care Practitioner’s name and surname					
Health Care Practitioner’s signature					
Date signed by Health Care Practitioner					
Postnatal Care visits					
General examination (3-6 days post delivery)					
General examination (6 weeks post delivery)					
Health education					
Health Care Practitioner’s name and surname					
Health Care Practitioner’s signature					
Date signed by Health Care Practitioner					
Prescription					
Patient’s name and surname					
ID number					
Age					
Allergies					
Name of medication					
Strength of medication					
Quantity					
Dosage					
Batch number					
Prescriber’s name and surname					
Prescriber’s signature					
Date signed by prescriber					
Dispenser’s name and surname					
Dispenser’s signature					
SANC/HPCSA number					
Consent form (where applicable)					
Patient’s full names and surname are written on the consent form					
The exact nature of the operation/procedure/treatment is written on the consent form					
The consent form is signed by the patient or parent/guardian					
The consent form is signed by the health care provider					
The consent form is dated					
The information is legible					

Total score (sum of scores for 5 records)					
Total maximum possible score (sum scores for 5 records minus those marked NA)					
Percentage (Total score ÷ Total maximum possible score) x 100	%				

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
90%	Green
40-89%	Amber
<40%	Red

Annexure 12: Checklist for element 17 - Guideline for accessing, tracking, filing, archiving and disposal of patient records is adhered to

Use the checklist below to determine whether the facility adheres to the SOP for accessing, tracking, filing, archiving and disposal of patient records

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Patient record storage room adheres to the following:	
Lockable with a security gate OR electronically controlled entrance (tag)	
Shelves OR cabinets to store files	
Lowest shelf OR cabinets start at least 100 mm off the floor and the top of shelving is not less than 320 mm from the ceiling to allow airflow	
Aisle and shelves OR Cabinets labelled correctly according to SOP	
Counter or sorting table or dedicated shelves to sort files	
Light is functional and allows for all areas of the room to be well lit	
Room is clean and dust free	
Filing system for patient records adheres to the following:	
Facility retained patient records in use	
Standardised unique record registration number is assigned to files. One of the following methods is consistently used : patient's surname, identity document number or date of birth, or a set of facility-assigned and recorded numbers)	
Record registration number is clearly displayed on the cover of the patient record	
All patient records are filed as per SOP	
A tracking system is in place to check that all patient records issued for the day are returned to the patient records storage room/registry by the end of the day	
Annual register available of archived records	
Annual register available of disposed records	
Copy of disposal certificates available. Copies must correspond with entries in disposal register	
Access for patient to their records	
The SOP/guideline for filing, archiving and disposal of patient records describes the process to follow for patients to access their patient record	
Total score	
Percentage (Total score ÷ 17) x 100	%

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
90%	Green
40-89%	Amber
<40%	Red

Annexure 13: Checklist for element 21 - Priority stationery is available at the facility in sufficient quantities

Use the checklist below to check stationery availability

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present; NA (not applicable) = if stationery is not applicable to the facility

Stationery type	Facility minimum required quantity (Record must be available stipulating the facility's minimum required quantities)	Score
Goods and supplies order forms/books		
Patient record for adults		
Patient record for children		
Road to Health Booklet for Boys and Girls		
Appointment Cards - General		
Patient information registers/Tick sheet		
WBPHCOT referral forms		
General referral forms		
Sick note		
Total score		
Maximum possible score (sum of all scores minus those marked NA)		
Percentage (Total score ÷ maximum possible score) x 100		%

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	Green
40-9%	Amber
<40%	Red

Annexure 14: Training register for staff trained on Integrated Clinical Service Management

By signing against my name in the table below I acknowledge that I have undergone formal training on indicated modules of ICSM.

Staff name and surname	Persal number	Desig-nation	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12
			Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date

Annexure 15: Quality improvement plan

QUALITY IMPROVEMENT PLAN

Facility Name: ____________________________

Date Generated: ____________________________

Element #	Element	Weight	Respon-sibility	No	Partial	Comment	Activity	By Whom	When	Results
ADDITIONAL AREAS FOR IMPROVEMENT AS IDENTIFIED TRHOUGH SURVEYS, RISK ASSESSMENTS, COMPLAINTS										
Item							**Activity**	**By Whom**	**When**	**Results**

Name and Surname of facility manager: ____________________

Signature: ____________________

Date: ____________________

Annexure 16: CHECKLIST FOR ELEMENT 32: Quality Improvement plan address all areas, is signed and updated quarterly

Use the checklist below to check whether the facility's quality improvement plan address all areas, is signed and updated quarterly

Scoring - in column for score mark as follows:

Y (Yes) = Compliant, **N** (No) = no compliant, **NA** = if no gaps were identified in the specific area (verify whether there were no improvements needed by checking the results of the relating element)

Item	Score
Quality improvement plan is updated quarterly	
Quality improvement plan is signed by the facility manager	
Quality improvement plan address the following:	
Elements failed on the Ideal Clinic framework	
Gaps identified in the following areas are addressed:	
Patient experience of care surveys (element 87)	
Complaints statistical data (element 92)	
Patient safety incident statistical data (element 60)	
Clinical record audit (element 63)	
Annual risk assessment for infection prevention and control (element 78)	
Occupational health and safety register (element 127)	
Security breaches (element 150)	
Total maximum possible score (sum of all scores minus those marked NA)	
Total score	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 17: Poster promoting adolescent and youth services

ADOLESCENT AND YOUTH SERVICES

Service times: 14h00 to 17h00

These are service times dedicated to adolescent and youth services. However adolescents will be assisted throughout the day if a specific condition requires this.

Services will be provided in a friendly and supportive manner and include health promotion and disease prevention as well as curative interventions relating to sexual and reproductive health, HIV/AIDS and TB, mental health/illness, drug and substance abuse and violence and injury.

Annexure 18: Profile for adolescent and youth in the catchment area

Facility profile for adolescents and youth in the catchment area

Item	Percentage/Rate
Percentage youth (ages 10 to 24 years) in province (obtained from Stats SA's data)	
School dropout rate in the province (obtained from Stats SA's data)	
Percentage of youth who obtained tertiary qualifications in the province	
Percentage of youth unemployment in the province (obtained from Stats SA's data)	
Teenage pregnancies rate in the catchment area (obtained from DHIS)	
Description of strengths and challenges pertaining to youth in the catchment area using the above statistics	

Annexure 19: Checklist for element 45 - Adolescent and youth friendly health services are provided

Use the checklist below to check whether the facility renders services that are adolescent and youth friendly

Scoring – in column for score mark as follows:

Y (Yes) = if present and compliant; **N** (No) = if not present or not compliant

Item	Score
The National Adolescent and Youth Health Policy is available	
A poster indicating that the facility allocates dedicated time to consult adolescents and youth after school hours is visibly posted in the reception area and in consulting room(s) where AYFS are provided	
Facility's AYFS poster displays its comprehensive integrated package of AYFS services provided	
The facility's staff development plan makes provision for all healthcare professionals to be trained in AYFS	
The training register/record reflect that the healthcare professionals providing comprehensive integrated package of services to young people are trained on AYFS	
Facility's clinic committee includes a representative of the adolescent and youth sector aged 16-24 years	
At least 10% of the sample of PEC survey include adolescent and youth aged 10-24 years	
Facility has a brief profile of adolescents and youth in its catchment area, including their challenges	
Total score	
Percentage (Total score ÷ 8) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	Green
40-79%	Amber
<40%	Red

Annexure 20: Appointment scheduling process

1. PRE-APPOINTMENT RETRIEVAL OF CLINICAL RECORDS

Between 48 and 72 hours prior to the patient's appointment

- The designated appointment clerk, together with the administrative clerk at the front desk, should retrieve patients' records for each of the planned services.
- The clinical records then need to be provided for the relevant professional nurse who will be consulting planned patients for the various services.
- The relevant prescription and laboratory investigations should be updated where necessary.
- Clinical records should then be submitted to the pharmacy, or the nurse should pre-dispense the medication and store it appropriately.
- The patients' clinical records should then be stored at the registration point.

2. SCHEDULING OF PATIENT APPOINTMENTS

Once the starting date for consulting patients according to a scheduling system has been determined, the scheduling of patients should commence.

Who is responsible for scheduling the patients?

If only a single room is utilised to see patients with appointments for either chronic or MC&SRH, then the professional nurse could schedule the patient's next visit.

If more than one consultation room is used, then an appointment scheduling desk should be established near the exit of the facility, or patients should return to reception to schedule the next appointment.

How is the appointment date decided?

Depending on the patient's condition (immunisation, family planning, well-baby, post natal care, ANC, and chronic care) and availability of medication at the facility, the patient will either return on a monthly basis, every 2nd or 3rd month or 6 monthly to the facility.

- The maximum number of patients to be consulted daily is pre-determined.
- At the beginning of each week, the professional nurses should determine and provide a 5- day period on which returning patients should be scheduled.
- This should be calculated between 25 and 30 days after the current date.
- The patient should then be given a choice as to the exact date when they would like to return within this period. The date should not be imposed on the patient.

Scheduling the appointment

Patients receiving an appointment will fall into various categories:

- Requiring a full clinical examination (6 month visit)
- Repeat visit (chronic, immunisation, family planning)
- Consultation by doctor
- Collection of medication – CCMDD facility based

The format chosen to schedule patients will be facility specific – a time format should be used as this spreads the workload.

In order to avoid the batching of patients and prolonging the waiting times, patients should be offered time slots for attending the appointment.

Patients requiring 6-month appointments should be distributed equally across the time slots or scheduled in a specific time slot to avoid prolonging the waiting times for other patients.

The time slots should be per 2-hour session with 10 patients scheduled per two hour session (see example on the following page). At the end of each slot, wo to three slots should be left blank for patients that missed scheduled appointments but returned within the 96 hour grace period.

Note: Frail, elderly and high risk clients should be given priority.

Adolescents and youth should be scheduled after school hours.

Complete the consultation room number, day of the week and date.

Patients Details

Consultation Room: _5_ Day of the week(circle)

MON	TUES	WED
THUR	FRI	SAT

Date: DD/MM/YYYY

No.	Record number	Full name and surname of patient	Comment	Record Retrieved		Appointment Attended		Record returned	
				Y	N	Y	N	Y	N
07.30-10.00									
1.	**2468013579**	**Mary Saints**	**CCMDD**	**Y**	N	Y	N	Y	**N**
2.					N	Y	N	Y	N
3.					N	Y	N	Y	N
4.					N	Y	N		N
5.						Y			N
6.						Y			
7.						Y			
8.					N	Y			
9.					N	Y			
10.	**1234567890**	**James Doe**	**FU**	Y	N	Y			
10.15-12.45 (Tea time = 10.00-10.15)									
11.							N		N
12.							N	Y	N
13.							N	Y	N
14.							N	Y	N
15.							N	Y	
16.	**2345678901**	**Polly Jacaranda**	**LR**				**N**	Y	**N**
17.							N	Y	N
18.							N	Y	N
19.							N	Y	N
20.							N		N
13.30-16.00 (Lunch time= 12.45-1.30)									
21.				Y	N	Y			
22.				Y	N	Y			
23.				Y	N	Y			
24.				Y	N	Y			
25.				Y	N	Y	N		N
26.				Y	N	Y	N	Y	N
27.				Y	N	Y	N	Y	N
Missed appointments (*Record all patients who present with 5 working days of a missed appointment bellow.*)									
28.	**5678901234**	**Zenthembe Ndlovu**		**Y**	N	**Y**	N	Y	N
29.				Y	N	Y	N	Y	N
30.							N	Y	N
31.									N
32.									N

Complete Patient file number here. The unique patient record number generated by HPRS is 10 digits

Indicate if the patient's file was pre-retrieved. This should be done 48-72 hours before the scheduled

Indicate if the patient's record was returned to reception for filing.

Indicate reason for appointment, e.g. laboratory results (LR), referred for doctor consultation (DR), collection of meds only (CCMDD), regular follow-up (6mth FU). This is done at the time that the appointment is being made.

Complete patient's full name and surname

Indicate if the patient attended the appointment

At the end of the day indicate how many patients attended their appointments, missed their appointments, records retrieved and records returned.

Total number of patients attended		Total number of missed appointments	
Total number of records retrieved		Total number of records returned	

PATIENT SCHEDULING TOOL

Date of appointment: This refers to a calendar date. You should label all the dates in the forms to cater for operating calendar days for the facility for the year. Eg 9th April 2012, 10th April 2012

No: Number refers to the numerical order in ascending order. This will guide you as to when you reach your target appointments for the respective date

Patient file number: This refers to the patient file number as on the patient record. This will facilitate easy retrieval of patient record prior to the appointment

Name and surname: This should be as reflected in patient's identity documents and or patient records

Diagnostic condition: This refers to the chronic condition for which the patient is booked. Eg: hypertension, diabetes, epilepsy, asthma, COPD, and ART

Investigations to be conducted or checked: Patients may require laboratory monitoring and investigations need to be conducted and checked. In this column record the investigations that need to be conducted on the following appointment or results that need to be checked.

Nature of appointment: In this column reflect the nature of patient appointment that will assist in triaging the patients as well as monitoring the patient in the process: eg.

- Patient defaulted – referred for tracing. You can add address and health tracer's name
- Requiring a full clinical examination (6 month visit)
- Repeat visit (chronic, immunisation, family planning)
- Consultation by doctor
- Collection of medication – CCMDD facility based

Attended: The last column should reflect if the patient attended (✓) of if the patient defaulted (x)

<u>What is the procedure when a patient misses their scheduled appointment date?</u>

The patient should be informed that should they miss their scheduled date:

Their record will be filed back in the main filing area after five working days

Should they come within five working days after their scheduled date, they will be consulted after all the patients allocated to that time slot have been consulted, even if they arrive first.

The patient will need to wait in the queues.

Should the patient arrive *after five working days*, they will need to follow the normal process of retrieving their files, wait for vital signs and be consulted in a vacant time slot.

How will an appointment system work in a single room and single nurse clinic?

- Chronic stable patients for medicines collection should be scheduled between 07h30 and 08h30 or between 15h00 and 16h00.
- Well-baby clinic, immunisation, post natal visits and follow-up antenatal visits should be scheduled for the 1st 2 hours (8h30-10h30).
- Patients with acute episodic illness, antenatal first visits and patients for chronic prescription six month review should be scheduled between 10h30 and 14h00.
- Family planning and other preventive services should be offered between 14h30 and 16h00.
- Emergencies should be consulted at anytime.

Ensure co-ordination of appointments, for example, a mother coming for a chronic appointment but also needing her baby to be immunised, should be given one appointment.

Patient defaulting on appointments

In order to improve the outcome of patients (chronic patients, ensure healthy mothers and babies, reduce unwanted pregnancies and prevent childhood infections) it is important that patients adhere to their appointment schedule.

Patients who miss appointments should be referred to the adherence counsellors to encourage and motivate them.

- A patient who does not return to the facility without informing the clinic within seven days of their scheduled appointment should be considered a defaulter.
- This patient's medication should be unpacked and re-distributed within the medication stock for supply to other patients.
- The patient's name, surname, physical address and mobile number should be retrieved from the patient's file and entered into the home based carers register with a comment- defaulter requiring follow-up.
- Home based carers should then visit the patient's home to discover the reasons for the default of the appointment and motivate the patient to return to the facility for further assessment.

Annexure 21: Pre-dispensing of chronic medication

- Two days prior to the patient's appointment, the patient's clinical records and scheduling list should be provided to the allocated professional nurse for chronic patients or the pharmacist's assistant, where available.
- The designated professional should pre-dispense (phase 1 and 2 of the dispensing process) the chronic medicine according to the prescription.
- The medicine should be packed in a brown bag or opaque plastic bag, where available.
- A sticker with the patient's name and file number should be placed on the external part of the bag.
- The bag should be sealed to avoid tampering. The bags can be opened when validation takes place upon issuing the medicine to the patient.
- Once the medicine has been pre-dispensed (phase 1 and 2), depending on the allocation of the patient, the medicine parcels should be placed in the medicine cupboard in alphabetical order, in the relevant consultation room, or kept in the dispensary if it is to be issued by a pharmacist's assistant.

Annexure 22: Example of a tool for acknowledging receipt of chronic medication by patient

TOOL FOR ACKNOWLEDGING RECEIPT OF CHRONIC MEDICATION BY PATIENT					
Name and surname					
Clinic file number					
Identity number or date of birth					
Month in schedule					
Date of medicine delivery					
Dispenser's signature (to be completed after checking, packing and labeling packet)					
Community health worker's signature upon receipt of medicine (sealed bag)					
Patient's signature on opening of sealed bag and checking medicine					
Medicine not delivered					

Annexure 23: School health service referral letter and follow-up assessment form

REFERRAL LETTER TO HEALTHCARE PROVIDER

Basic Education
Health

Date: ______________________________

Dear colleague

Re: Referral for further assessment

During routine health screening it was found that ____________________________

may have a problem with ____

____

____

____and may require further assessment.

[Add findings in as much detail as possible from school health screening form e.g., Visual screening left eye 6/18 - Severe visual problem in the space provided above]

Kindly complete the attached follow up form indicating the outcomes of the assessment for attention of the school principal.

Yours sincerely

_____________________________ _____________________________

SIGNATURE (School Health Nurse) PRINT NAME

School Health Stamp

FOLLOW UP ASSESSMENT FORM

Basic Education
Health

Date: __________________
Name of clinic: __________________
Name of health provider: __________________
Designation (e.g. Prof Nurse) __________________
Contact number: ___________________

Dear Sir / Madam

FOLLOW UP OF HEALTH ASSESSMENT

The following learner _________________________was referred for further assessment as a result of the Integrated School Health Screening Programme.

Further assessment conducted ***Yes / No (tick whatever applicable).***

The child must return to the clinic for further treatment on ____________ *(add date).*

Care and support at school level

The school can assist the child in the following ways:

[Add simple interventions e.g. sit at the front of the class for vision problems]

____
____
____
____

Please do not hesitate to contact the clinic/private healthcare provider should you require additional information at______________________ (add contact numbers)

Yours sincerely

____

NAME AND SIGNATURE OF HEALTH PROFESSIONAL

School Health Stamp

Annexure 24: Example of a register of learners referred from school health teams

REGISTER OF LEARNERS ASSESSED WHICH WERE REFREED BY SCHOOL HEALTH

Name of health facility: ___________________________

Month and year: ______________________20_____

Name and surname of learner	Grade	Name of school	Reason for referral	Referral date	Date learner seen at facility	Date feedback provided to school health teams

Annexure 25: Referral and back referral form for WBPHCOT

health Department: Health REPUBLIC OF SOUTH AFRICA	**Referral Form (from outreach team to provider)** *A person has been referred to your service by a member of the outreach team working in your ward. Community healthcare workers are mandated by the National Department of Health to identify community members in need of primary health and social services. Thank you for seeing this client, we look forward to working together for improved health and welfare for all South Africans.*

Client referred to *(facility name)*	Date referral is made	Ward No
Name of CHW referring client	Outreach team leader name	
Contact number for CHW	Team leader contact number	

Client details			
Client address	Client name and surname		
	Date of birth *(dd/mm/yyyy)*	Age	Gender
Client contact telephone number			

Referred to clinic *(Tick all that apply)*							
MCHW		**Under 5**		**Treatment related problems**		**Other**	
	Antenatal care		Newborn care		TM symptoms		Other health problems (specify below)
	Postnatal care		Low birth weight		STI testing		
	Pregnancy test		Immunisation		Mental health		
	Family planning		Vitamin A		Treatment adherence		
	Emergency contraception		Persistent diarrhoea		Chronic health problem		
	Cervical contraception		Pneumonia		Chronic health problem		
	PCR test for infants		Nutritional/growth problems		HCT		
					CD4 test		
					OIs		

Referred to social services (tick all that apply)				**Referred for home-based care (Please write condition that needs home care)**
	Child-headed household		Protection services	
	Food support		Grant support	
	Other (specify in box below)		Mental health	
			Support groups	
			Housing	
			Vital documents	

Provide a brief explanation for the referral *(Include place client is being referred if not above and reason for referral)*
Please complete Back-referral Form on the other side of this paper so we can ensure follow-up care. Please contact the outreach team leader noted on this form if you have any further questions regarding this referral. Signed______________________________ Date____________________

<table>
<tr><td>health
Department:
Health
REPUBLIC OF SOUTH AFRICA</td><td>Back-referral Form
(from provider to outreach team)</td></tr>
<tr><td>This client was seen by (provider name)</td><td>Date client seen (dd/mm/yyyy)</td></tr>
<tr><td>Facility name</td><td>Facility telephone number</td></tr>
<tr><td>Name of referring CHW</td><td>Name of team leader</td></tr>
<tr><td colspan="2">Client details</td></tr>
<tr><td>Client name and surname</td><td>Telephone number</td></tr>
<tr><td>Findings (include diagnosis with patient consent)</td><td></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Actions taken (including medicines given/prescribed if relevant)</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Follow-up actions to be monitored or completed by CHW</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Please send client back to this provider on/by____ for further follow-up
(dd/mm/yyyy)</td></tr>
<tr><td>Signature</td><td>Date (dd/mm/yyyy)</td></tr>
</table>

Annexure 26: Checklist for element 51 - Facility refers environmental health related risks to environmental health services

Use the checklist below to check whether the facility has access to and refers environmental health risks to environmental health services

Scoring – in column for score mark as follows:

Y (Yes) = if available and compliant; **N** (No) = if not available or not compliant

Item	Score
Contact details of the environmental health services are available at the facility	
No stagnant water outside the perimeters of the facility	
No overgrown vegetation outside the perimeters of the facility	
No litter outside the perimeters of the facility	
Total score	
Percentage (Total score ÷ 4) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 27: Check list for element 52 - The ICSM compliant package of clinical guidelines is available in all consulting rooms

Use the checklist below to check the availability of ICSM compliant package of clinical guidelines

Scoring – in column for score mark as follows:

Check – randomly select two consulting rooms

Y (Yes) = present; **N** (No) = not present; **NA** (not applicable) = at least one copy of EML for hospitals must be in doctor's room, therefore only one consulting room needs to have one; mark other consulting room as NA

Item	Score Consulting room 1	Score Consulting room 2
Adult Primary Care guide (APC) – 2016/17 or Practical Approach to Care Kit (PACK), 2017		
Integrated Management of Childhood Illness Chart Booklet, 2014		
Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2014 or 2018 once available		
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2015 **(only in consulting room used by the doctor)**		
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2017 **(only in consulting room used by the doctor)**		
Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1,- 2014 **(only in consulting room used by the doctor)**		
Score		
Maximum possible score (sum of all scores minus those marked NA)		
Total score for all 2 consulting rooms		
Total maximum possible score (sum of all consulting rooms scores minus those marked NA)		
Percentage (Total score ÷ Total maximum possible score) x 100	%	

* Guidelines can also be available electronically or via apps

Score calculation:

Y = 1, N = 0, NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 28: Check list for element 53 - National guidelines on priority health conditions are available in the facility

Use the checklist below to check the availability of national guidelines

Scoring – in column for score mark as follows:

Check – whether a copy of the guidelines and policies are available in an office that is accessible to staff

Y (Yes) = present; **N** (No) = not present

Item	Score
HIV	
National Consolidated Guidelines for the Prevention of Mother-to-Child Transmission of HIV and the Management of HIV in Children, Adolescents and Adults, 2015	
TB	
National Tuberculosis Management Guidelines, 2014	
National Guidelines for the Management of Tuberculosis in Children, 2013 OR 2014	
National Management of Drug-Resistant Tuberculosis. Policy Guidelines, 2013	
Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB, 2015	
Maternal and child health	
Guidelines for Maternity Care in South Africa, 2016	
Sexually Transmitted Infections	
Sexually Transmitted Infections Management Guidelines,2015	
Diabetes	
National Management of Type 2 Diabetes at Primary Care Level, 2014	
Hypertension	
National Clinical Guidelines for management of hypertension, 2006	
Score	
Percentage (Total score ÷ 9) x 100	**%**

***Guidelines can also be available electronically or via apps**

Score calculation:

Y = 1, N = 0, NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 29: Example of a register for nurses trained on Basic Life Support

Record all the staff members' names and surnames in the register. Record the date the first training was conducted. Ensure that follow-up training is conducted every two years.

Keep a copy of the certificate obtained in a file together with the register

Staff name and surname	Persal number	Designation	Date of training	Date of update in 2 years	Date of update in 2 years	Date of update in 2 years
Nursing staff						

Annexure 30: Patient Safety Incident reporting form

Section A (notification) - to be completed by manager of section where incident took place. Submit section A and B to next level for notification for SAC 1 incidents

Section B(Statement by staff, patient or significant other)– to be completed by staff, patients or significant other that were directly involved while the incident took place

Section C(investigation) - to be completed by investigator(s) of the incident, in most cases this would be the manager(s) of section where the incident took place

SECTION A – notification

Ref no:	

1. Type of Patient Safety Incident (PSI): Mark with an X		
No Harm	Near miss	Harmful (Adverse Event)

2. Patient information		**3. Staff involved**		
Patient Name and surname		Name and Surname	Contact detail	Department
Patient file number				
Location (department/ward)				
Age				
Gender				
Final Diagnosis				

4. Date of PSI		**5. Time of PSI**	

6. SAC rating: mark with an X	1	2	3	**7. Date reported to next level if SAC = 1**		**8. No of days to report PSI with SAC = 1**	

9. Method of detecting PSI: mark with an X	Reported by health professional	Research studies	Surveys on patient experience of care	Inpatient medical review	Review of record on follow-up	External sources			Safety walk rounds	Focused teams	Use of data
						Complaints	Media	Public			

10. Short description of Patient Safety Incident (detailed information available under section B as reported by staff)			
11. Immediate resulting action taken to minimise harm			
12. Short description of Initial disclosure			
Compiled by:	**Designation:**	**Signature:**	**Date:**

SECTION B- Statement by staff, patient or significant other

1. Statement by staff, patient or significant other: (Add sections for additional statements and information as needed)			
Statement 1:			
Compiled by:	**Designation:**	**Signature:**	**Date:**

SECTION C - Investigation

1. Category according to type – mark appropriate one with an X

1.Clinical Admini-stration	2. Clinical process/ procedure	3. Health Care associated infections	4. Medication / IV fluids	5. Blood and blood products	6. Medical device
Medical procedure performed without valid consent	Not performed when indicated	Central Line Associated Blood Stream Infection	Wrong dispensing	Acute transfusion reactions	Lack of availability
	Performed on wrong patient	Peripheral Line Infection	Omitted medicine or dose	Delayed transfusion reactions/ events (including Transfusion Transmitted Infections)	Failure / malfunction
	Wrong process/ procedure/ treatment performed	Surgical site	Medicine not available	Errors- wrong blood/ blood products	**8. Patient Accidents**
	Retention of foreign object	Hospital Acquired Pneumonia	Adverse Drug Reaction	**7. Behaviour**	Falls
	Pressure ulcers acquired during admission	Ventilator Associated Pneumonia	Wrong medicine	Suicide	**9. Infrastructure/ Buildings/ Fixtures**
	Performed on wrong body part/ site/side	Catheter Associated Urinary Tract infection	Wrong patient	Attempted suicide	Non-Existent/ inadequate
	Maternal death	Communicable diseases	Wrong frequency	Self inflicted injury	Damaged/ faulty/ warn
	Neonatal death		Wrong route	Sexual assault by staff member	**10. Other**
	Fresh still born		Prescription error	Sexual assault by fellow patient or visitor	Any other incident that does not fit into categories 1 to 9
			Wrong dose/ strength administered	Physical assault by staff member	
				Physical assault by fellow patient or visitor	
				Exploitation, abuse, neglect or degrading treatment by fellow patient or visitor	
				Exploitation, abuse, neglect or degrading treatment by staff member	
				Wandering/ Abscond	
				Refusal of hospital treatment	

2. Framework for Root Cause Analysis and implementation of action plans

a. Contributing factors – Mark with an X

1. Staff	Cognitive	Performance	Behaviour	Communication	Patho-Physiological/ Disease		
2. Patient	Cognitive	Behaviour	Communication	Patho-Physiological/ Disease	Emotional	Social	
3. Work / Environment	Physical Environmental / Infrastructure	Remote/ long distance from service	Equipment	Consumables	Environmental risk	Current Code/ Specifications/ Regulations	Security/safety
4. Organisational/Service	Protocols/Policies/ procedures	Processes	Organisational Management/Decisions/Culture	Organisation of teams	Staff establishment		
5. External	Natural Environment	Equipment, Products,	Services, systems and policies				
6. Other							

b. Root Cause Analysis

Contributing Factor	Describe the factor that contributed to the event	Describe the action plan to rectified the identified problem	Person responsible for implementing the action plan	Date for implementation

3. Findings and recommendations by Patient Safety Committee

4. Conclusion				
Type of behaviour according to Just Culture: mark with a X	**No error**	**Human Error**	**At – Risk Behaviour**	**Reckless Behaviour**

5. Summary of Final disclosure to patient/family

6. Date of closure of PSI case		7. No days to close PSI case		8. Type of closure: mark with an X	**PSI case concluded**	**Litigation**	**Referred to Labour relations**

9. Patient Outcome according to degree of harm: Mark with an X	None	Mild	Moderate	Severe	Death

10. Organisational Outcome: Mark with an X	Property damage	Increase in required resource allocation for patient	Media attention	Formal complaint	Damaged reputation	Legal ramifications	Othe r

Compiled by: Designation: Signature: Date:

Annexure 31: Patient Safety Incident (PSI) register

HEALTH ESTABLISHMENT NAME: ________________________________ **MONTH/YEAR**________________

Ref No.	Date and time of Incident	Patient's Name& Surname	Location (ward/ department/area)	Type of PSI	SAC score	Reporting date of SAC 1 incidents	# of working days to report SAC 1 incident	Summary of incident	Finding (all incidents) and recommendations by Patient Safety Committee	Class according to Incident type	Class according to agent	Patient outcome	Organisational outcome	Date PSI closed	Type of closure	# of working days to close PSI	Type of Behaviour

Annexure 32: Records for statistical data on Patient Safety Incident

Statistical data on classification for agents (contributing factor)

Establishment Name/Province:	**Financial Year:** Q=Quarter																		
	A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**M**	**N**	**O**	**P**	**Q**	**R**	**S**
	Apr	**May**	**Jun**	**Q1**	**Jul**	**Aug**	**Sept**	**Q2**	**Oct**	**Nov**	**Dec**	**Q3**	**Jan**	**Feb**	**Mar**	**Q4**	**TOT**	**AVG**	**% ***
1.Staff Factors																			
Cognitive factors																			
Performance																			
Behaviour																			
Communication factors																			
Patho- Physiologic/ Disease related Factors																			
Emotional factors																			
Social factors																			
2. Patient factors																			
Cognitive factors																			
Behaviour																			
Communication factors																			
Patho- Physiologic/ Disease related factors																			
Emotional factors																			
Social factors																			
3. Work/ Environment factors																			
Physical environment/ infrastructure																			
Security/Safety																			
Remote/long distance from service																			
Environmental risk																			
Current code/ specifications/ regulations																			
Equipment																			
Consumables																			
4.Organisational/ Service factors																			
Protocols/Policies/ Procedures/																			
Processes																			
Organisational management /Decisions/ culture																			
Organisation of teams																			
Staff establishment																			
5. External Factors																			
Natural environment																			
Equipment, Products,																			
Services,systems & policies																			
6. Other																			
Other																			
GRAND TOTAL																			

Total of agent in Column Q ÷ Grand Total of Column Q

Statistical data on classification according to type of Incident

Establishment Name/Province:	Financial Year:*Q=Quarter																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Type	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	% *
1.Clinical Administration																			
Medical procedure performed without consent																			
2. Clinical process/ procedure																			
Not performed when indicated																			
Performed on wrong patient																			
Wrong process/procedure/treatment performed																			
Performed on wrong body part/ site/ side																			
Retention of foreign object during surgery																			
Pressure sores acquired during admission																			
Maternal death																			
Neonatal death																			
Fresh still born																			
3. Health care associated infections																			
Central Line Associated Blood Stream Infection																			
Peripheral Line Infection																			
Surgical site																			
Hospital Acquired Pneumonia																			
Ventilator Associated Pneumonia																			
Catheter Associated Urinary Tract Infection																			
Communicable diseases																			
4. Medication/ IV Fluids																			
Wrong dispensing																			
Omitted medicine or dose																			
Medicine not available																			
Adverse Drug Reaction																			
Wrong medicine																			
Wrong dose/ strength administered																			

Wrong patient																			
Wrong frequency																			
Wrong route																			
Prescription Error																			
5. Blood or blood products																			
Acute transfusion reactions																			
Delayed transfusion reactions/ events (including Transfusion Transmitted Infections)																			
Errors- wrong blood/ blood products																			
6. Medical devises/ equipment/ property																			
Lack of availability																			
Failure / malfunction																			
7. Behaviour																			
Suicide																			
Attempted suicide																			
Self inflicted injury																			
Sexual assault by staff																			
Sexual assault by fellow patient or visitor																			
Physical Assault by staff																			
Physical assault by fellow patient or visitor																			
Exploitation, abuse, neglect or degrading treatment by fellow patient or visitor																			
Exploitation, abuse, neglect or degrading treatment by staff member																			
Wandering/Absconding																			
Refusal of hospital treatment																			
8. Patient accidents																			
Falls																			
9. Infrastructure/ Buildings/ fixtures																			
Damaged/ Faulty/ Worn																			
Non-Existent/ Inadequate																			
10. Other																			
Any other incident that does not fit into category 1 to 9																			
GRAND TOTAL																			

** Total of type in Column Q ÷ Grand Total of Column Q*

Statistical data on classification according to incident outcome

PATIENT OUTCOME																			
Establishment Name/Province:	**Financial Year:**																		Q=Quarter
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	%*
None																			
Mild																			
Moderate																			
Severe																			
Death																			
GRAND TOTAL																			

ORGANISATIONAL OUTCOME																			
Establishment Name/Province:	**Financial Year:**																		Q=Quarter
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	%*
Property damage																			
Increase in required resource allocation for patient																			
Media attention																			
Formal complaint																			
Damaged reputation																			
Legal ramifications																			
Other																			
GRAND TOTAL																			

* *Total of outcome in Column Q ÷ Grand Total of Column Q*

Statistical data on Indicators for Patient Safety Incidents (PSI)

Name of establishment/province: ______________________________

Financial year: ________________________________

Column Name	A	B	C	D	E	F	G	H
Month:	# PSI cases	#PSI cases closed	% PSI cases closed (Column B/ Column A)	# PSI cases closed within 60 working days	% of PSI cases closed within 60 working days (Column D/ Column B)	# PSI SAC 1	# SAC 1 incidents reported within 24 hours	%of SAC 1 incidents reported within 24 hours (Column F/ Column G)
April								
May								
June								
Quarter 1								
July								
Aug								
Sept								
Quarter 2								
Oct								
Nov								
Dec								
Quarter 3								
Jan								
Feb								
March								
Quarter 4								
TOTAL								
AVG								

Annexure 33: Checklist for element 60 - Patient safety incident management records show compliance to the national guideline for patient safety incident reporting and learning

Use the checklist below to check the availability of records required for the effective management of /Patient Safety Incidents

Scoring – in column for score mark as follows:

Check – patient safety records for the past three months.

Note:

- In cases where no incidents occurred in the past three months. The *Patient Safety Incident Compliance* report for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'Y' at measures marked with a '*'.
- Annual statistical reports for categories and indicator must be available even if no incidents were reported in the past 3 months, indicating a '0' in the months where no incidents were reported.

Y (Yes) = available; **N** (No) = not available

Item	Score
The facility/district Standard Operating Procedure for Patient Safety Incident Reporting and Learning is available	
* Patient Safety Incident Register	
* Completed Patient safety incident form with investigation report is available for all patient safety incident cases that have been closed	
Statistical report for classifications of agents involved	
Statistical report for classifications of incident type	
Statistical report for classifications of incident outcome	
Statistical report for Indicators for patient safety incidents	
Total score	
Percentage (Total score ÷ 7) x 100	**%**

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 34: Checklist for element 63: 80% of records audited are compliant

Use the checklist below to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures

Scoring - In column for score mark as follows:

Y (Yes) = scored 80% or more, **N** (No) = scored less than 80%. Audit the current financial year records, if the condition has not been audited in the current financial year as the next due date for audit is still to come; assess the previous financial year's records for that condition.

Item	Score
HIV/TB	
NCD (diabetes and hypertension)	
Maternal health (ANC &PNC)	
Well baby	
Sick child (IMCI)	
Total score	
Percentage (Total score ÷ 5) x 100	%

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 35: Notifiable Medical Conditions

a) Why do I notify?

- International Health Regulations (IHR) and the South African National Health Act require rapid detection, notification and prompt risk assessment of public health risks to enable timely and targeted public health response.
- Notifications serve as early warning signs for possible outbreaks hence enable efficient public health actions to contain or prevent such outbreaks.
- Notifications provide empirical data required to monitor disease distribution and trends and identify populations at risk, and for policy decisions.

b) Who should notify?

Every doctor or nurse (health care provider) who diagnoses a patient with any one of the NMC.

c) Categories of Notifiable Medical Conditions (NMC)

Category 1 NMC are conditions that require immediate reporting by the most rapid means available upon clinical or laboratory diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by health care providers.

Category 2 NMC are conditions that must be notified through a written or an electronic notification to the Department of Health within 7 days of diagnosis.

Category 1 NMC	Category 2 NMC
Acute flaccid paralysis	Agricultural or stock remedy poisoning
Acute rheumatic fever	Bilharzia (schistosomiasis)
Anthrax	Brucellosis
Botulism	Congenital rubella syndrome
Cholera	Congenital syphilis
Food borne illness outbreak	Diphtheria
Malaria	Enteric fever (typhoid or paratyphoid fever)
Measles	Haemophilus influenzae type B
Meningococcal disease	Hepatitis A
Plague	Hepatitis B
Poliomyelitis	Hepatitis C
Rabies (human)	Hepatitis E
Respiratory disease caused by a novel respiratory pathogen**	Lead poisoning
Rift valley fever (human)	Legionellosis
Smallpox	Leprosy
Viral haemorrhagic fever diseases*	Maternal death (pregnancy, childbirth and puerperium)
Waterborne illness outbreak	Mercury poisoning
Yellow fever	Pertussis
	Soil-transmitted helminth infections
	Tetanus
	Tuberculosis: pulmonary
	Tuberculosis: extra-pulmonary
	Tuberculosis: multidrug-resistant (MDR-TB)
	Tuberculosis: extensively drug-resistant (XDR-TB)

Annexure 36: Key elements of infection control standard precautions

Standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with healthcare. In addition to hand hygiene, the use of personal protective equipment should be guided by risk assessment and the extent of contact anticipated with blood and body fluids, or pathogens.

In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with infection control practices in health-care settings. The control of spread of pathogens from the source is key to avoid transmission. Among source control measures, respiratory hygiene/cough etiquette, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Worldwide escalation of the use of standard precautions would reduce unnecessary risks associated with health care. Promotion of an institutional safety climate helps to improve conformity with recommended measures and thus subsequent risk reduction. Provision of adequate staff and supplies, together with leadership and education of health workers, patients, and visitors, is critical for an enhanced safety climate in health-care settings.

1. Hand hygiene

Summary technique:

- Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry.

Summary indications:

- Before and after any direct patient contact and between patients, whether or not gloves are worn

- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- During patient care, when moving from a contaminated to a clean body site of the patient.
- After contact with inanimate objects in the immediate vicinity of the patient

2. Gloves

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

3. Facial protection (eyes, nose, and mouth)

- Wear a surgical or procedure mask and eye protection (face shield, goggles) to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

4. Gown

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene.

5. Prevention of needle stick injuries

Use care when:

- handling needles, scalpels, and other sharp instruments or devices
- cleaning used instruments
- disposing of used needles.

6. Respiratory hygiene and cough etiquette

Persons with respiratory symptoms should apply source control measures:

- cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

Health care facilities should:

- place acute febrile respiratory symptomatic patients at least 1 meter (3 feet) away from others in common waiting areas, if possible.
- post visual alerts at the entrance to health-care facilities instructing persons with respiratory symptoms to practice respiratory hygiene/cough etiquette.
- consider making hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses.[1]

[1] World Health Organization 2006 - Infection control standard precautions in health care

Annexure 37: Checklist for element 70 - All staff has received in-service training on infection control standard precautions that is in-line with the sop in the last two years

Use the checklist below to check whether staff has received in-service training on infection prevention and control in the past 2 years

Scoring – in column for score mark as follows:

Check – randomly select two health care professional and two cleaners from the facility's staff establishment. If the facility has less than four staff members on their staff establishment, check all the staff

Y (Yes) = staff member was trained; **N** (No) = staff member was not trained; **NA** (Not applicable) = if there are fewer than 4 staff members

Topics included in training	Healthcare Professional 1	Healthcare Professional 2	Cleaner 1	Cleaner 2
Healthcare professionals received training on:				
Hand hygiene				
Personal Protective Equipment				
Prevention of respiratory infections				
Safe injection practices				
Sharps safety				
Environmental cleanliness				
Patient Care equipment				
Handling of linen				
Wound care				
Cleaners received training on:				
Hand hygiene				
Handling of linen				
Personal Protective Equipment				
Prevention of respiratory infections				
Waste management and disposal				
Environmental cleanliness				
Score				
Maximum possible score (sum of all scores minus those marked NA)				
Percentage (Total score ÷ maximum possible score) x 100	%			

<u>Score calculation</u>:

Y = 1, N = 0, NA= NA

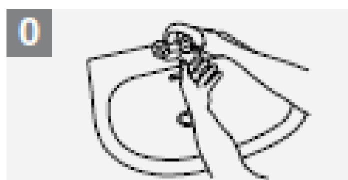
Percentage obtained	Score
90%	Green
40-89%	Amber
<40%	Red

Annexure 38: Poster – How to Hand wash

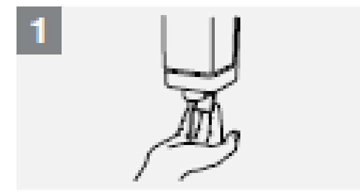
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

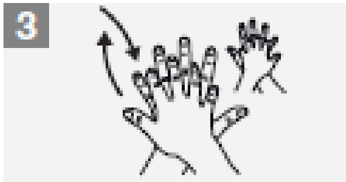


0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;



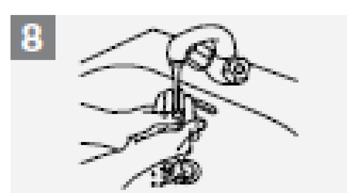
3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

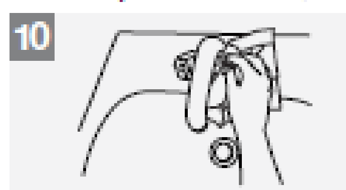
6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

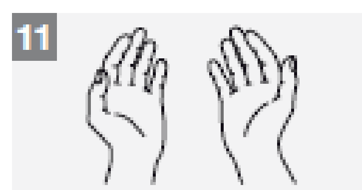


8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.

Patient Safety

SAVE LIVES
Clean Your Hands

May 2009

Annexure 39: Poster – How to Hand rub

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

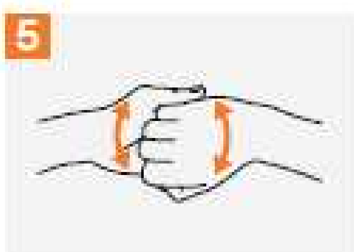
Duration of the entire procedure: 20-30 seconds

Apply a palmful of the product in a cupped hand, covering all surfaces;

Rub hands palm to palm;

Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;

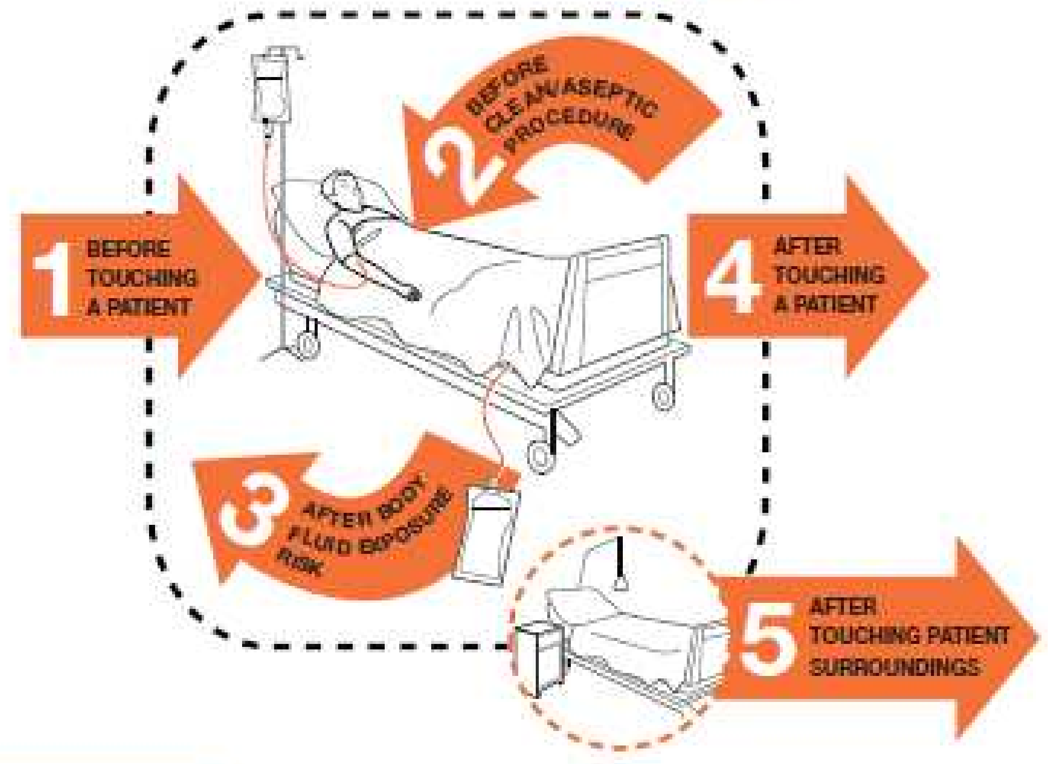
Rotational rubbing of left thumb clasped in right palm and vice versa;

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

Once dry, your hands are safe.

Annexure 40: Five moments for Hand Hygiene

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

Annexure 41: Poster – Cough Etiquette

Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your upper sleeve, not your hands.

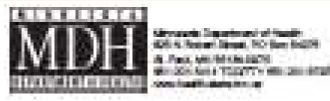
Put your used tissue in the waste basket.

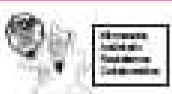
You may be asked to put on a surgical mask to protect others.

Wash with soap and water

or

clean with alcohol-based hand cleaner.





Annexure 42: Checklist element 74 - Staff wear appropriate personal protective clothing

Use the checklist below to check whether protective clothing is available and worn

Scoring – in column for score mark as follows:

Y (Yes) = available and worn; **N** (No) = not available or not worn; **NA** (not applicable) = if staff is not in a situation where they need to wear protective clothing at the time of the audit

Item	Score -stock available	Score - worn by staff
Gloves – non sterile		
Gloves – sterile		
Disposable gowns OR aprons		
Protective face shields OR goggles with surgical face masks		
Score		
Maximum possible score (sum of all scores minus the ones marked NA)		
Total score for all stock available and worn by staff		
Total maximum possible score (sum of stock available and clothing worn by staff minus those marked NA)		
Percentage (Total score ÷ maximum possible score) x 100	**%**	

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

ANNEXURE 43: CHECKLIST FOR ELEMENT 75: The linen in use is clean, appropriately used and not torn

Use the checklist below to check whether the linen is clean, appropriately used and not torn

Scoring - In column for score mark as follows:

Y (Yes) = compliant, N (No) = not compliant.

Item	Score
Linen is clean	
Linen is appropriately used for its intended purpose	
Linen is not torn	
Total score	
Percentage (Total score ÷ 3) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

ANNEXURE 44: Waste segregation and colour coding

A universal colour-coding system has been developed which emphasises linkage of colour to the type and risk of the waste contained or is expected to contain. There should be clearly visible charts showing what goes into which colour bag or container. If a container and a plastic bag are used then both must be of the same colour.

Colour coding of waste containers

CATEGORY	EXAMPLES	COLOUR	DESTINATION
Category A	Paper, cardboard, yard clippings, wood or similar materials, fruit and food containers. Office papers, wrapping papers.	Black/transparent	Recycling
	Leftover food from patients and kitchen and this includes peels from vegetables and fruits. It excludes all containers thereof.	White	Compost/ animal feed
Category B	Discarded syringes, needles, cartridges, broken vials, blades, rigid guide wires, trochars, cannulae.	Yellow, shatterproof, penetration and leakage resistant	Incineration
Category C	Human tissues, placentas, human organs/limbs, excision products, used wound dressings, used catheters and tubing, intravenous infusions bags, abdominal swabs, gloves, masks, linen savers, disposable caps, theatre cover shoes and disposable gowns. Sanitary towels, disposable baby napkins	Red, leakage resistant	Incineration
Category D	Empty aerosol cans, heavy metal waste and discarded chemical disinfectants.	Shatterproof, penetration and leakage resistant designated with a "Flammable" sign	Incineration and landfill
Category E	Contaminated radio-nuclide's whose ionizing radiation have genotoxic effects. Also chemical waste, cytotoxics waste materials.	High lead density material	Radio-active waste storage – hot-laboratory – lab pots then landfill.
Category F	Pharmaceutical products	Green	Incineration

With the use of the correct plastic bag colour, each container is automatically labeled as clinical waste, non-clinical waste, kitchen waste, etc. When the bag is three quarters full, each bag or container must be labeled with the name of the ward/service area, and be dated then be closed and secured and indicate the name of the person that closed it. Each new container or sharps container should be labeled when replaced.

ANNEXURE 45: CHECKLIST FOR ELEMENT 76: Sharps are disposed of appropriately

Use the checklist below to check whether sharps are disposed of appropriately

Check - randomly check two consulting rooms

Scoring - In column for score mark as follows:

Y (Yes) = compliant, N (No) = not compliant.

Item	Score
Waste is properly segregated	
Sharps are disposed of in impenetrable, tamperproof containers	
Sharps containers are disposed of when they reach the limit mark	
Sharps containers are placed on work surface or in wall mounted brackets	
Total score	
Percentage (Total score ÷ 4) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 46: Waiting time survey tool

Record the patient number (e.g. 1 to 100):

Mark the condition for which patient is attending with an "X"

<table>
<tr><th colspan="2">Acute</th><th colspan="4">Chronic</th><th colspan="3">Mother and Child</th></tr>
<tr><td rowspan="2">Minor Ailments</td><td>Children (IMCI)</td><td rowspan="4">HIV</td><td rowspan="4">TB</td><td rowspan="4">NCD</td><td rowspan="4">Mental health</td><td rowspan="4">Well-baby/ EPI</td><td rowspan="4">Family planning</td><td rowspan="4">ANC /PNC</td></tr>
<tr><td>Adult</td></tr>
<tr><td>24 hour Emergency Unit</td><td>24 hour MOU</td></tr>
</table>

<table>
<tr><th>Area</th><th colspan="4">Enter time</th></tr>
<tr><td>Time patient enters clinic [1]</td><td colspan="2">Hours</td><td colspan="2">Minutes</td></tr>
<tr><td>Time patient registers at reception desk</td><td colspan="2">Hours</td><td colspan="2">Minutes</td></tr>
<tr><td>Time patient is allocated patient record</td><td colspan="2">Hours</td><td colspan="2">Minutes</td></tr>
<tr><td>Time patient completes vital signs</td><td colspan="2">Hours</td><td colspan="2">Minutes</td></tr>
<tr><td></td><td colspan="2">Start time</td><td colspan="2">End time</td></tr>
<tr><td>1st consultation</td><td>Hours</td><td>Minutes</td><td>Hours</td><td>Minutes</td></tr>
<tr><td>2nd consultation ([2] if referred)</td><td>Hours</td><td>Minutes</td><td>Hours</td><td>Minutes</td></tr>
<tr><td>3rd consultation (if referred)</td><td>Hours</td><td>Minutes</td><td>Hours</td><td>Minutes</td></tr>
<tr><td>The Pharmacy (if applicable)</td><td>Hours</td><td>Minutes</td><td>Hours</td><td>Minutes</td></tr>
<tr><td>Time patient departs clinic [3]</td><td colspan="2">Hours</td><td colspan="2">Minutes</td></tr>
</table>

[1] When the patient enters the door of the facility, the queue marshall (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

Annexure 47: Waiting time calculation tool

Name of Facility: ______________________________

Date: ______________________________

Number of patients surveyed: **4**

TIME	Time spent in facility	Waiting time in facility	Consultation time spent in facility	Waiting time for registration	Waiting time for patient record	Waiting time at Pharmacy	Waiting time spent in MINOR AILMENTS stream in facility	Waiting time spent in CHRONIC stream in facility	Waiting time spent in MOTHER &CHILD stream in facility	Waiting time spent in 24 Hour Emergency Unit	Waiting time spent in 24 Hour MOU
Total time	4:07	2:44	00:28	00:30	00:28	00:12	00:28	00:37			00:29
Average time	01:22	00:54	00:09	00:10	00:09	00:04	00:28	00:37			00:29

						1st Consultation		2nd Consultation		3rd Consultation		Pharmacy (if applicable)													
Pt No	Diagnostic information	Time patient enters clinic	Time patient registers at reception desk	Time patient is allocated patient record	Time patient completes vital signs	Start time	End time	Start time	End Time	Start time	End time	Start time	End time	12.Time the patient departs clinic	Total time spent in facility	Total waiting time spent in facility	Total consultation time spent in facility	Waiting time for registration	Waiting time for patient record	Waiting time at Pharmacy	Total waiting time spent in MINOR AILMENTS stream in facility	Total waiting time spent in CHRONIC stream in facility	Total waiting time spent in MOTHER &CHILD stream in facility	Total waiting time spent in 24 Hour Emergency Unit	Total waiting time spent in 24 Hour MOU
1	HIV	7:30	7:40	7:50	8:00	8:15	8:18	8:30	8:35			8:40	8:45	8:46	1:16	1:02	0:08	0:10	0:10	0:05	0:00	0:37	0:00	0:00	0:00
2	24 Hour MOU	7:30	7:40	7:46	7:58	8:12	8:20	8:23	8:30			9:02	9:05	9:06	1:36	0:48	0:15	0:10	0:06	0:03	0:00	0:00	0:00	0:00	0:29
3	Minor Ailments - Adult	7:40	7:55	8:05	8:12	8:20	8:26					9:00	9:02	9:05	1:25	0:42	0:06	0:15	0:10	0:02	0:15	0:00	0:00	0:00	0:00

Annexure 48: Template to display results of patient experience of care

RESULTS OF THE PATIENT EXPERIENCE OF CARE SURVEY ______(year) (*can also be presented in a graph format*)

SERVICE AREA	TARGET (%)	SCORE OBTAINED
Access to services	87	
Availability of medicines	83	
Patient safety	57	
Cleanliness and infection prevention and control	65	
Values and attitudes	65	
Patient waiting time	65	
Overall Patient Experience of Care survey results	>70%	

Annexure 49: Template for commitment of the facility to improve/sustain the results of the patient experience of care

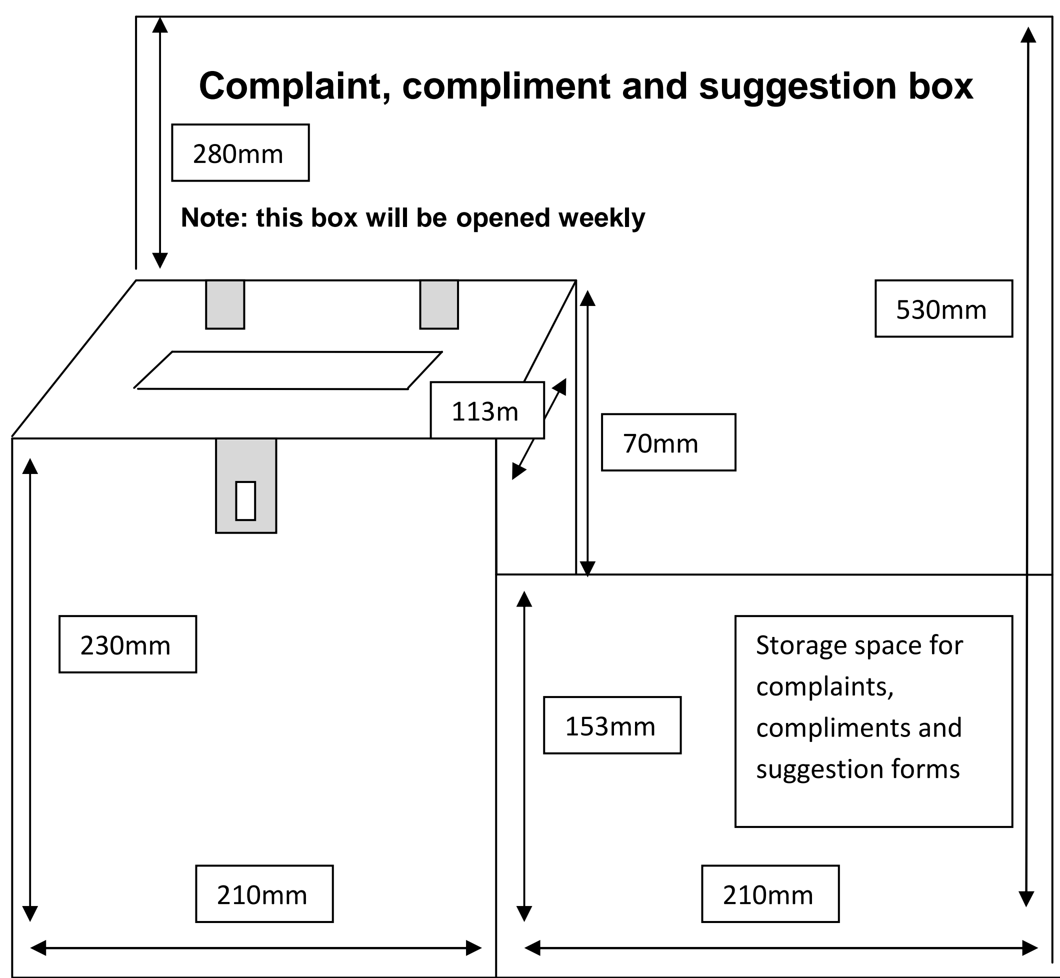
OPERATIONAL PLAN					
PRIORITY AREA	**INTENTION**	**POSSIBLE SOLUTIONS** (OPERATIONAL ACTIVITIES)	**PERSON RESPONSIBLE FOR SOLUTION** (NAME AND AREA OF WORK)	**DUE DATE**	**MANAGER'S COMMENT** (OUTCOME)
Access					
Availability of medicine					
Safety					
Cleanliness and IPC					
Values and attitudes					
Patient waiting time					

Signed commitment

Facility manager: ______________________ Sub-district manager: ___________________________

Date: ___________________________ Date: ___________________________

Annexure 50: Example of specifications for a complaint, compliment and suggestion boxes



Specifications

Material	Perspex, 5mm thick
Colour	White, frosted
Hinges and hook and eye	Stainless steel
Label	Perspex print on box itself (no labels) in colour as determined by the province (Colour model CMYK: specify colours) Text and font size: "Complaint, compliment and suggestion box" – Arial 72 Repeat text translated into two other languages according to most prevalent language in the province "Note: this box will be opened weekly" – Arial 32
Lock	Lock with number sequence to lock
Mounted	Must be mounted onto the wall, 1.2m above the ground.

Annexure 51: Complaints, compliments and suggestion form

FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION

Date completed	

Ref no	**(office use)**

Do you want to: Complaint ☐ Give a compliment ☐ Make a suggestion ☐
(mark the applicable box with an X)

Details of the person lodging a complaint or recording a compliment or suggestion		
Surname		
First Name		
Contact details	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g ward no, reception, pharmacy)		
Hospital or clinic file number		
If you are submitting on behalf of someone else, please complete the following:		
Relation to the patient, e.g. mother, etc.		
Patient's Surname		
Patient's First Name		
Contact details of the patient	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g ward no, reception, pharmacy)		
Patient's hospital or clinic file number		

Please describe the complaint or give a compliment or make a suggestion.
* Where possible also record the staff involved and department where the incident took place.

Date on which the complaint took place:	

____
Signature of person lodging the complaint

____
Signature of patient

Annexure 52: Complaints, compliments and suggestions poster

WHAT YOU SHOULD DO IF YOU WANT TO COMPLAIN, GIVE A COMPLIMENT OR MAKE A SUGGESTION

Lodge a complaint or record a compliment or suggestion

VERBALLY:

Approach the official responsible for managing complaints, compliments and suggestions.

This official is:

Telephone number:

Location of office:

The complaint, compliment or suggestion will be recorded on a prescribed form.

IN WRITING:

Fill in the prescribed form that is available next to the designated box or from the responsible official. The form will guide you on the information needed. Hand over the form to the official or place it in the box provided to post complaints, compliments, or suggestions that is situated at:

Take note: If the complaint is urgent, give it directly to the responsible official as the boxes will only be opened on scheduled times as indicated on the box. *Otherwise:*

Email or

Fax or

Post

ASK A FAMILY MEMBER OR FRIEND:

To submit a complaint, compliment or suggestion on your behalf in writing or verbally

The complaint will be acknowledged within 5 working days

The complaint will be investigated

The complaint will be resolved and redress conducted within 25 working days.
Should the case require more time for investigation, updates will be provided.

Should you be dissatisfied with the outcome, lodge the complaint at the district/provincial office or call centre on:

health
Department: Health
REPUBLIC OF SOUTH AFRICA

Annexure 53: Checklist for element 89: Complaints/compliments/ suggestions toolkit is available at the main entrance/exit

Use the checklist below to check whether the complaint forms, box and poster is available

Scoring - In column for score mark as follows:

Y (Yes) = compliant, N (No) = not compliant.

Item	Score
Complaints/compliments/suggestions boxes are visibly placed at main entrance/exit	
Official complaint/compliment/suggestion forms and pen are at the box at the main entrance/exit	
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed at the entrance of the facility in at least two local languages	
Total score	
Percentage (Total score ÷ 3) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

ANNEXURE 54: COMPLAINT, COMPLIMENTS AND SUGGESTION REGISTERS

Complaints Register

Health establishment's name: ____ Month/year: ______________________

Ref No. (Column A)	Date Received	Patient/ family/ supporting person's name and surname	Patient's name and surname	Service area where complaint was lodged	Summary description of the complaint	Information on i.) Action taken, ii) Outcome, iii) Remedial action	Category of Complaint	Severity of Complaint (Risk Rating)	Type of Resolution	Date Resolved (Column B)	Number of working days to resolve Complaint (Column D)

Column name (e.g. A, B and D) in the heading of the complaints register refer to the columns to be completed in Annexure G:

- **To obtain column A of Annexure G count the number of reference numbers for the month**
- **To obtain column B of Annexure G count the number of complaints resolved (count the rows where dates have been entered). Very important: also check previous month's registers for complaints that have been resolved for the current month and add all the complaints that have been resolved for the current month. In some instances you can have more complaints resolved than received for a specific month because complaints of previous months were resolved in that specific month.**
- **To obtain column D of Annexure G count the number of complaints resolved within 25 days only. Same principle applies as previous bullet; therefore check previous month's registers.**

REGISTER FOR COMPLIMENTS

Health establishment's name: ____ **Month/year:** ______________________

Ref No.	Date Received	Name & surname of person who recorded the compliment	Patient's Name & Surname	Service area where compliment originated from	Summary description of the compliment	Information on action taken

REGISTER FOR SUGGESTIONS

Health establishment's name: ____ **Month/year:** ______________________

Ref No.	Date Received	Name & surname of person who recorded the suggestion	Patient's Name & Surname	Service area where suggestion originated from	Summary description of the suggestion	Information on action taken

Annexure 55: Statistical data on complaints, compliments and suggestions

Statistical data on Complaints

Name of establishment/province: ______________________________ **Financial year:** ______________________________

Column name	INDICATORS					CATEGORIES										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Month:	# Complaints received	# Complaints resolved	% Complaints resolved (Column B÷A)	# Complaints resolved within 25 working days	% Complaints resolved within 25 working days (D÷B)	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month (Sum of Columns F to O)
April																
May																
June																
Tot Q1																
Jul																
Aug																
Sept																
Tot Q2																
Oct																
Nov																
Dec																
Tot Q3																
Jan																
Feb																
March																
Tot Q4																
TOTAL																
AVG (Tot/12)																
% for financial year (Total of Column F/G/H/I/J/K/L/M/N/O÷Total Column P)																

Statistical data on Compliments

Name of establishment/province: ______________________________ **Financial year:** ______________________________

Column name	INDICATOR	CATEGORIES										
	A	B	C	D	E	F	G	H	I	J	K	L
Month:	# Compliment received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month (Sum of Columns B to K)
April												
May												
June												
Tot Q1												
Jul												
Aug												
Sept												
Tot Q2												
Oct												
Nov												
Dec												
Tot Q3												
Jan												
Feb												
March												
Tot Q4												
TOTAL												
AVG (Tot/12)												
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)												

Statistical data on Suggestions

Name of establishment/province: ______________________________ **Financial year:** ______________________________

Column name	INDICATOR	CATEGORIES										
	A	B	C	D	E	F	G	H	I	J	K	L
Month:	# Suggestions received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month (Sum of Columns B to K)
April												
May												
June												
Tot Q1												
Jul												
Aug												
Sept												
Tot Q2												
Oct												
Nov												
Dec												
Tot Q3												
Jan												
Feb												
March												
Tot Q4												
TOTAL												
AVG (Tot/12)												
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)												

Annexure 56:Checklist for element 90 - Complaints/ compliments /suggestions records complies with the National Guideline to Manage Complaints/Compliments/ Suggestions

Use the checklist below to check the availability of records required for effective Complaint/Compliment/Suggestion Management

Scoring – in column for score mark as follows:

Check – complaints/compliments/suggestion records for the past three months for statistical data. For complaint letters and redress letter/minutes, check the last five resolved complaints for evidence

Note:

- In cases where no complaints, compliments or suggestions occurred in the past three months. The *Complaints Compliance Report* for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'Y' at measures marked with a '*'.
- Annual statistical reports for categories and indicator must be available even if no complaints, compliments or suggestions were reported in the past 3 months, indicating a '0' in the months where no incidents were reported.

Y (Yes) = available; **N** (No) = not available

Item	Score
The facility/district Standard Operating Procedure to Manage Complaints/Compliments/Suggestions is available	
Complaints letters (check the last 5 complaints resolved)	
Complaints redress letters/minutes (check the last 5 complaints resolved)	
Complaints register	
Compliments register	
Suggestion register	
Statistical report for indicators and classifications for complaints	
Statistical report for indicators and classification for compliments	
Statistical report for indicators and classification for suggestions	
Total score	
Percentage (Score ÷ 8) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 57: Checklist for element 91: Targets set for complaints indicators are met

Use the checklist below to check whether the targets set for the complaints indicators were met

Scoring - in column for score mark as follows:

Check – the previous quarter's data

Y (Yes) = complaint, N (No) = not compliant

Item	Target	Score
Complaint resolution rate	90%	
Complaint resolution rate within 25 working days	90%	
Total score		
Percentage (Score ÷ 2) x 100		**%**

Score calculation:

Y = 1,N = 0,NA = NA

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 58: Example of a schedule for acknowledgement of policies/ guidelines/protocols /SOP/notifications

Facility name: ___________________________________

Document name: ____________________

NAME AND SURNAME	PERSAL NUMBER	DESIGNATION	DATE	SIGNATURE

Annexure 59: Example of a system to organise medicine in the medicine room

1. Pharmaceutical stock may be arranged according to the provincial clinic order list, by dosage form (e.g. tablets/capsules, liquids, injections, topical preparations etc) or in categories per disorder (e.g. diabetes, asthma, epilepsy, TB, HIV).
2. The applicable SOP and space available in the medicine room must be taken into consideration when deciding which approach to use.
3. Store items by generic name.
4. Label brazier bins or shelves neatly.
5. A colour coding system may be used to assist in the identification of medicines. The same colour coding used in the medicine room should be used in the organization of medicine stored in the consulting room/s. Refer Table 1 for an example of a colour coding system.
6. Pack stock in the designated storage location (brazier bin) for the item.
7. Stock must be stored and rotated using FEFO/FIFO principles.
8. Expired, damaged and obsolete stock must be removed from the shelves and stored in a separately designated area and disposed of according to approved procedures

Table 1: colour coding for brazier bins

CATEGORY	**COLOUR**	**COLOUR INDICATION**
ANTIBIOTICS	ORANGE	ORANGE
ACUTE AILMENTS	NEON YELLOW	NEON YELLOW
ANTENATAL	NEON PINK	NEON PINK
ASTHMA	BLUE	BLUE
DIABETES	LIGHT BLUE	LIGHT BLUE
EPILEPSY	LIGHT PURPLE	LIGHT PURPLE
FAMILY PLANNING	LIGHT PINK	LIGHT PINK
HEART & HYPERTENSION	RED	RED
HIV	GREEN	GREEN
TB	YELLOW	YELLOW
PAIN	PINK	PINK

NOTE: These colour indications are for the various categories of medicine, as per the provincial ordering list.

Example of a medicine room/dispensary with a colour coding system to organise the medicine

Annexure 60: Checklist for element 93 - Medicine room/dispensary is neat and medicines are stored to maintain quality

Use the checklist below to check how the facility stores medicine to ensure that quality medicines are available

Scoring – in column for score mark as follows:

Y (Yes) = if present and compliant; **N** (No) = if not present or not compliant

Item	Score
Access to the dispensary/medicine room is controlled at all times	
There are no cracks, holes or signs of water damage in the dispensary/medicine room	
There is sufficient space in the dispensary/medicine room to store medicines needed in the facility	
There are no medicines stored in direct contact with the floor	
The dispensary/medicine room is clean	
There is no evidence of pests in the dispensary/medicine room	
Medicines are stored neatly on shelves	
Medicines are stored according to a classification system	
Brazier bins (storage organisers) are neatly labelled	
Medicines are packed according to FEFO (First Expired, First Out) principles	
No expired medicines observed in the dispensary/medicine room.	
There is evidence that a medicines stock-take was carried out in the last 12 months	
Total score	
Percentage (Total score ÷ 14) x 100	**%**

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
90%	Green
40-89%	Amber
<40%	Red

Annexure 61: Example of a temperature control chart for medicine room/dispensary

DAILY MEDICINE ROOM/DISPENSARY TEMPERATURE RECORD

FACILITY ________________________________ **DISTRICT** ____________________

MONTH/YEAR __________________

RECORD TEMPERATURE DAILY

DAY	TEMPERATURE (℃)	COMMENT*	DAY	TEMPERATURE (℃)	COMMENT*
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

______________________ ______________________

Signature of supervisor Date:

Indicate action taken when the temperature recorded exceeds 25 ℃ under the comments section.

Action to take when the room temperature exceeds 25 ℃:

1. Check that the air conditioner is on. If not, check the electricity supply to the air conditioner and switch the air conditioner on.
2. If there are no challenges with the electricity supply but the air conditioner is not on **OR** if the air conditioner is on but not in good working order, place an urgent works/procurement order for repairs/replacement using district procurement procedures.
3. Open windows and use electrical fans where available to reduce the temperature until air conditioner is functional

Annexure 62: Checklist for element 94: Temperature of the medicine room/dispensary is maintained within the safety range

Use the checklist below to check whether the medicine in the medicine room/dispensary is maintained within the safety range

Scoring - in column for score mark as follows:

Y (Yes) = comply, **N** (No) = do not comply,

Item	Score
There is at least one functional, wall-mounted room thermometer	
The temperature of the pharmacy is recorded daily	
The temperature of the pharmacy is maintained within the safety range	
Total score	
Percentage (Total score ÷ 3) x 100	**%**

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 63: Example of a temperature control chart for medicine refrigerator

DAILY REFRIGERATOR TEMPERATURE RECORD

FACILITY ________________________________ **MONTH/YEAR** ______________________ **DISTRICT** ____________________

<u>Record temperature at 08:00 and 15:00 daily</u>

Day		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Deg. °C		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
UNSAFE	22																																																													
	20																																																													
	18																																																													
	16																																																													
	14																																																													
	12																																																													
	10																																																													
SAFE	8																																																													
	6																																																													
	4																																																													
	2																																																													
UNSAFE	0																																																													
	-2																																																													
	-4																																																													
	-8																																																													
	-10																																																													
DEFROST																																																														

**** Indicate in the 'Defrost' section of the temperature chart the date and time when the fridge is defrosted.***

______________________ ______________________

Signature of supervisor Date:

Action to take when the temperature moves into the "UNSAFE" range:

1. Check the electricity supply connection. Check the gas supply – is there a spare gas cylinder?
2. Check that the door closes properly. Check that the door has not been left open for a while. Check how often the fridge door is opened. Make sure that the fridge is not overloaded.
3. Check how thick the ice build-up is in the freezing compartment. **<u>DEFROST IF THE ICE IS MORE THAN 0.5CM THICK</u>** – CLEAN THE FRIDGE REGULARLY.
4. Implement your contingency plan if the fridge is malfunctioning. Notify your supervising pharmacist, sub-district and/or district pharmacy and PHC managers of the challenge.

Annexure 64: Checklist for element 95 - Cold chain procedure for vaccines is maintained

Use the checklist below to check whether the cold chain for vaccines is maintained

Scoring – in column for score mark as follows:

Y (Yes) = compliant;, **N** (No) = not compliant

Item	Score
There is a standard operating procedure for the maintenance of cold chain for vaccines	
Facility has a vaccine or medicine refrigerator with a thermometer	
The temperature of the refrigerator is recorded twice daily, 7 hours apart (check one month's record)	
The temperature of the refrigerator is maintained between 2-8 ºC (check one month's record)	
There is a cooler box for storage of vaccines if needed	
Ice packs are available for use as needed	
Total score for all	
Percentage (Total score ÷ 6) x 100	**%**

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

ANNEXURE 65: Checklist for element 96 - Medicine cupboard or trolley is neat and orderly

Use the checklist below to check whether the medicine cupboard or trolley is neat and orderly

Scoring – in column for score mark as follows:

Check – randomly select two consultation rooms (if the facility has only one, score this) and check whether the medicine cupboard or trolley complies with measures

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score Consultation room 1	Score Consultation room 2
Surfaces inside the cupboard/trolley are clean		
Medicines are neatly grouped together according to a classification system e.g. by dosage form (tablets/capsules, liquids, ointments, drops etc.) in alphabetical order and by generic name		
Medicine packets/bottles are clean and dust free		
There are no loose tablets or vials lying around		
There are no used unsheathed needles lying around or placed in open vials		
Total Score		
Total Maximum possible score (sum of all scores minus the ones marked NA)		
Percentage (Total score ÷ Total maximum possible score) x 100	%	

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 66: Register for schedule 5 and 6 medicines

Schedule 5 and 6 Medicine Register

ISSUED AND RECEIVED		Medicine				Strength					Pack size	
				Balance	**Name of patient**	**Patient No**	**Date**	**Time**	**Dose given**	**Prescriber**	**Signature Rank of person administering**	**Signature Rank of person checking***
	Requisition/ order number											
	Signature of pharmacist											
	Signature of registered nurse											
	Strength											
	Quantity issued											
	Medicine											
	Date											

***Note: Does not have to be completed if issued by a pharmacist**

ANNEXURE 67: Checklist for element 98 - Electronic networked system for monitoring the availability of medicine is used effectively

Use the checklist below to check whether the electronic networked system for monitoring the availability of medicines is used appropriately

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
The facility has functional electronic networked system for monitoring the availability of medicines	
The approved list of medicines to be updated is visible in the medicine room	
The facility updates the electronic networked system at least weekly	
The capturing device and its accessories are in good working order	
The capturing device and its accessories are stored in a lockable unit	
Access to the keys for the unit where the capturing device is kept is restricted	
The facility has not been marked as non-reporting for two weeks (10 working days) or more (at the point of assessment)*	
Total score for all	
Percentage (Total score ÷ 7) x 100	**%**

** Source for this information will be the website used to view captured medicine availability data and the Primary Health Care Facility Dashboard associated with it.*

Score calculation: Y = 1, N = 0

Percentage obtained	Score
> 80 %	**Green**
50 – 79 %	**Amber**
< 50 %	**Red**

Annexure 68: Essential Medicines List for Primary Health Care Facilities

ATC	MEDICINE	ATC	MEDICINE
A02BC	Proton-pump inhibitor, oral	B05XA05	Magnesium sulphate, parenteral
A02BC03	Lansoprazole, oral	C01CA24	Epinephrine (adrenaline), parenteral
A03BA01	Atropine, parenteral	C01DA	Nitrates, short acting, oral
A03BB01	Hyoscine butylbromide, oral	C01DA08	Isosorbide dinitrate, oral
A03FA01	Metoclopramide, oral	C01DA14	Isosorbide mononitrate, oral
A03FA01	Metoclopramide, parenteral	C02AB01	Methyldopa, oral
A06AB06	Sennosides A and B, oral	C03AA	Thiazide Diuretic
A06AD11	Lactulose, oral	C03AA03	Hydrochlorothiazide, oral
A07AA02	Nystatin, oral	C03C	Loop Diuretic, oral
A07BA01	Charcoal, activated	C03C	Loop Diuretic, parenteral
A07CA	Oral rehydration solution (ORS)	C03CA01	Furosemide, oral
A07DA03	Loperamide, oral	C03CA01	Furosemide, parenteral
A10AB	Insulin, short/rapid acting	C03DA01	Spironolactone, oral
A10AC	Insulin, intermediate acting	C05AX02	Bismuth subgallate compound, topical
A10AD	Insulin, biphasic	C07A	ß-blocker, oral
A10BA02	Metformin, oral	C07AB11	Atenolol, oral
A10BB	Sulphonylureas, oral	C07AG	Alpha 1 and non-selective ß blocker, oral
A10BB01	Glibenclamide, oral	C07AG02	Carvedilol, oral
A10BB12	Glimepiride, oral	C08CA	Calcium channel blocker, long acting, oral
A11B	Multivitamin, oral	C08CA01	Amlodipine, oral
A11CA01	Vitamin A (retinol), oral	C08CA05	Nifedipine, short-acting, oral
A11DA01	Thiamine (vit B1), oral	C09A	ACE-Inhibitor, oral
A11EA	Vitamin B Complex, oral	C09AA02	Enalapril, oral
A11HA01	Nicotinamide (vitamin B3), oral	C10AA	HMGCoA reductase inhibitors (statins), oral
A11HA02	Pyridoxine (vit B6), oral	C10AA01	Simvastatin, oral
A12AA04	Calcium carbonate, oral	D01AC	Imidazole, topical
A12CB	Zinc, elemental, oral	D01AC01	Clotrimazole, topical
B01AC06	Aspirin, oral	D01AE12	Salicylic Acid, topical
B01AD01	Streptokinase, parenteral	D01AE13	Selenium sulphide, topical
B02BA01	Vitamin K1 (phytomenodione), parenteral	D02A	Emollient
B03A	Iron, oral	D02AB	Zinc and caster oil ointment
B03AA	Ferrous lactate, oral	D02AC	Petroleum Jelly
B03AA02	Ferrous fumarate, oral	D02AX	Aqueous cream (UEA)
B03AA03	Ferrous gluconate, oral	D02AX	Emulsifying ointment
B03AD03	Ferrous sulphate compound (BPC), oral	D04AB01	Lidocaine, topical
B03BB01	Folic Acid, oral	D04AB06	Tetracaine, topical
B05BA03	Dextrose, I.V. solution	D04AX	Calamine lotion
B05BB01	Sodium Chloride 0.9%, I.V. solution	D05AA	Coal Tar (LPC), topical
B05CB01	Sodium Chloride 0.9%, irrigation	D07AA02	Hydrocortisone, topical

ATC	MEDICINE	ATC	MEDICINE
D07AC01	Betamethasone, topical	H03AA01	Levothyroxine, oral
D08AC02	Chlorhexidine, topical	J01AA02	Doxycycline, oral
D08AG02	Povidone iodine, topical	J01CA01	Ampicillin, parenteral
D08AG03	Iodine tincture BP, topical	J01CA04	Amoxicillin, oral
D09AA	Bismuth iodoform paraffin paste (BIPP), topical	J01CE02	Phenoxymethylpenicillin, oral
D09AX	Paraffin gauze dressings	J01CE08	Benzathine benzylpenicillin (depot formulation), parenteral
D10AD	Retinoids, topical	J01CF05	Flucloxacillin, oral
D10AD01	Tretinoin, topical	J01CR02	Amoxicillin/Clavulanic Acid, oral
D10AE01	Benzoyl peroxide, topical	J01DB01	Cephalexin, oral
G01AF02	Clotrimazole, vaginal	J01DD04	Ceftriaxone, parenteral
G02AB03	Ergometrine, parenteral	J01EE01	Trimethoprim/Sulfamethoxazole (Cotrimoxazole), oral
G02AD06	Misoprostol	J01FA	Macrolide, oral
G02BA02	Copper IUD	J01FA01	Erythromycin, oral
G03A	Contraceptives. Hormonal for systemic use	J01FA10	Azithromycin, oral
G03AA	Contraceptives, monophasic: combined estrogen/progestin pill	J01GB04	Kanamycin, parenteral
G03AA07	Ethinyloestradiol/levonorgestrel 30mcg/150 mcg, oral	J01MA	Fluoroquinolone, oral
G03AB	Contraceptives, triphasic: combined estrogen/progestin pill	J01MA02	Ciprofloxacin, oral
G03AB03	Levonorgestrel/Ethinyl oestradiol, oral	J01MA14	Moxifloxacin, oral
G03AC	Contraceptives, levonorgestrel, implant	J01XD01	Metronidazole, oral
G03AC	Contraceptives, monophasic: progestin only pill	J02AC01	Fluconazole, oral
G03AC	Contraceptives, progestin only pill	J04AB02	Rifampicin (R), oral
G03AC	Contraceptives, progestin-only injectable, parenteral	J04AC01	Isoniazid (H/INH), oral
G03AC	Contraceptives, progestin-only subdermal implant	H03AA01	Levothyroxine, oral
G03AC03	Levonorgestrel pill	J01AA02	Doxycycline, oral
G03AC06	Contraceptives, medroxyprogesterone acetate depot, parenteral	J01CA01	Ampicillin, parenteral
G03AC08	Etonogestrel, implant	J01CA04	Amoxicillin, oral
G03AD	Progestin-only, emergency contraceptive, oral	J01CE02	Phenoxymethylpenicillin, oral
G03AD01	Levonorgestrel, emergency contraceptive, oral	J01CE08	Benzathine benzylpenicillin (depot formulation), parenteral
G03C	Estrogen, oral	J01CF05	Flucloxacillin, oral
G03CA03	Estradiol valerate, oral	J01CR02	Amoxicillin/Clavulanic Acid, oral
G03CA57	Estrogens conjugated, oral	J01DB01	Cephalexin, oral
G03DA02	Medroxyprogesterone acetate, oral	J01DD04	Ceftriaxone, parenteral
G03DC02	Norethisterone acetate, oral	J01EE01	Trimethoprim/Sulfamethoxazole (Cotrimoxazole), oral
G03HA01	Cyproterone acetate, oral	J01FA	Macrolide, oral
H01BB02	Oxytocin, parenteral	J01FA01	Erythromycin, oral
H01BB02/ G02AB03	Oxytocin/ergometrine, parenteral	J01FA10	Azithromycin, oral
H02AB01	Betamethasone, parenteral	J01GB04	Kanamycin, parenteral
H02AB07	Prednisone, oral	J01MA	Fluoroquinolone, oral
H02AB09	Hydrocortisone, parenteral	J01MA02	Ciprofloxacin, oral

ATC	MEDICINE	ATC	MEDICINE
J01MA14	Moxifloxacin, oral	M02AC	Methyl Salicylate Ointment
J01XD01	Metronidazole, oral	M04AA01	Allopurinol, oral
J02AC01	Fluconazole, oral	N01AX13	Nitrous Oxide, general anesthetic
J04AB02	Rifampicin (R), oral	N01BB02	Lidocaine 1%, parenteral
J04AC01	Isoniazid (H/INH), oral	N01BB02	Lidocaine 2%, parenteral
J04AD03	Ethionamide, oral	N01BB52	Lidocaine with epinephrine (adrenaline), parenteral
J04AK01	Pyrazinamide (Z), oral	N02AA01	Morphine, parenteral
J04AK02	Ethambutol (E), oral	N02AA01	Morphine, oral
J04AK03	Terizidone, oral	N02AB02	Pethidine, parenteral
J04AM02	Rifampicin/Isoniazid (RH), oral	N02AX02	Tramadol, oral
J04AM06	Rifampicin/Isoniazid/Pyrazinamide/Ethambutol (RHZE), oral	N02BE01	Paracetamol, oral
J05AB01	Aciclovir, oral	N03AA02	Phenobarbital (phenobarbitone), oral
J05AE03	Ritonavir, oral	N03AB02	Phenytoin, oral
J05AE08/ J05AE03	Atazanavir/ritonavir, oral	N03AE	Benzodiazepines (antiepileptics)
J05AF01	Zidovudine, oral	N03AF01	Carbamazepine, oral
J05AF05	Lamivudine, oral	N03AG01	Valproate, oral
J05AF06	Abacavir, oral	N03AX09	Lamotrigine, oral
J05AF07	Tenofovir, oral	N04A	Anticholinergic agents, oral
J05AF09	Emtricitabine, oral	N04A	Anticholinergic agents, parenteral
J05AG01	Nevirapine, oral	N04AA02	Biperiden, parenteral
J05AG03	Efavirenz, oral	N04AB02	Orphenadrine, oral
J05AR10/J05AE03	Lopinavir/ritonavir, oral	N05AA01	Chlorpromazine, oral
J06BB01	Anti-D immunoglobulin	N05AB02	Fluphenazine decanoate, parenteral
J06BB05	Rabies Immunoglobulin (RIG)	N05AD01	Haloperidol, parenteral
J07AG01	Haemophilus Influenzae Type B (Hib) vaccine	N05AD01	Haloperidol, oral
J07AL02	Pneumococcal conjugated vaccine (PCV)	N05AF01	Flupenthixol decanoate, parenteral
J07AM01	Tetanus toxoid (TT)	N05AF05	Zuclopenthixol acetate, parenteral
J07AM51	Tetanus and diptheria (Td) vaccine	N05AF05	Zuclopenthixol decanoate, parenteral
J07AM51	Diptheria, tetanus and pertussis(DTP) vaccine	N05AX08	Risperidone, oral
J07BB	Influenza vaccine	N05BA	Benzodiazepines (anxiolytics)
J07BC01	Hepatitis B (HepB) vaccine	N05BA01	Diazepam, oral
J07BD01	Measles vaccine	N05BA01	Diazepam, parenteral
J07BF	Oral polio vaccine (OPV)	N05CD	Benzodiazepines (sedatives)
J07BG01	Rabies vaccine	N05CD08	Midazolam, parenteral
J07BH	Rotavirus vaccine	N06AA	Tricyclic antidepressants, oral
J07CA09	Hexavalent - diptheria, tetanus, acellular pertussis, inactivated polio, hepatitis B, haemophilus influenza type b vaccine	N06AA09	Amitriptyline, oral
L03AX03	Bacillus Calmette-Guerin (BCG) vaccine	N06AB	Selective serotonin reuptake inhibitors (SSRIs), oral
M01A	NSAID, oral	N06AB03	Fluoxetine, oral
M01AE01	Ibuprofen, oral	N06AB04	Citalopram, oral

ATC	MEDICINE	ATC	MEDICINE
P01AB01	Metronidazole, oral		
P01BC01	Quinine dihydrochloride, parenteral		
P01BE03	Artesunate, parenteral		
P01BF01	Artemether/lumefantrine, oral		
P02BA01	Praziquantel, oral		
P02CA01	Mebendazole, oral		
P02CA03	Albendazole, oral		
P03AC04	Permethrin, topical		
P03AX01	Benzyl benzoate, topical		
R01AA05	Oxymetazoline, nasal		
R01AA14	Epinephrine (adrenaline), inhalation		
R01AD	Corticosteroid, nasal		
R01AD05	Budesonide, nasal		
R03AC	$ß_2$ agonist, short acting, inhaler		
R03AK	Long-acting $beta_2$ agonist/corticosteroid combination, inhaler		
R03AK06	Salmeterol/fluticasone, inhaler		
R03BA	Corticosteroids, inhaled		
R03BA01	Beclomethasone, inhaler		
R03BB01	Ipratropium Bromide, inhaler		
R03AC02	Salbutamol, inhaler		
R05	Cough Syrup		
R06AB04	Chlorphenamine, oral		
R06AD02	Promethazine, parenteral		
R06AE07	Cetirizine, oral		
S01AA01	Chloramphenicol, opthalmic		
S01EC01	Acetazolamide, oral		
S01FA01	Atropine, opthalmic		
S01GA04	Oxymetazoline, opthalmic		
S01GX01	Sodium Cromoglycate, opthalmic		
S01HA03	Tetracaine (amethocaine), opthalmic		
S01XA03	Sodium Chloride, hypertonic, I.V. solution		
S02AA10	Acetic acid in alcohol 2%, otological		
V03AB15	Naloxone, parenteral		
V03AN01	Oxygen		
V06DC01	Dextrose, oral		
V07AB	Water for injection/ sterile water, parenteral		

Annexure 69: Checklist for element 99 - 90% of the medicines on the tracer medicine list are available

Availability of tracer medicines listed below should be measured on an electronic networked stock availability monitoring system

Scoring – where an electronic networked stock availability monitoring system is not available, use the scoring columns in the list below to score availability as follows:

Check – available stock in the medicine room/dispensary

Y (Yes) = available; **N** (No) = not available

MEDICINE ROOM/DISPENSARY			
Oral formulations/inhalers			
	Score		**Score**
Abacavir 20mg/ml (240 ml) solution		Lopinavir, Ritonavir 200/50mg tablets	
Abacavir 60mg tablets		Lopinavir, Ritonavir 80/20mg/ml solution	
Amoxicillin 250mg OR 500mg capsules		Metformin 500mg OR 850mg tablets	
Amoxicillin 125mg/5ml OR 250mg/5ml suspension		Methyldopa 250 mg tablets	
Azithromycin 250mg OR 500mg tablets		Metronidazole 200mg OR 400mg tablets	
Beclomethasone/Budesonide 100mcg or 200 mcg metered dose inhaler (MDI)		Nevirapine 200mg tablets	
Carbamazepine 200mg tablets OR lamotrigine 25mg tablets		Nevirapine 50mg/5ml suspension	
Co-trimoxazole 200/40mg per 5ml 50ml OR 100ml suspension		Oral rehydration solution	
Co-trimoxazole 400/80mg tablets		Paracetamol 120mg/5ml syrup	
Efavirenz 200 mg capsules		Paracetamol 500mg tablets	
Efavirenz 50mg capsules		Prednisone 5mg tablets	
Enalapril 10mg tablets		Pyrazinamide 500mg tablets	
Ferrous lactate/gluconate liquid/syrup		Pyridoxine 25mg tablets	
Ferrous sulphate (dried) /fumarate tablets providing ± 55 to ± 65mg elemental iron		Rifampicin + Isoniazid (RH) 300mg/150mg OR 150/75mg tablets	
Folic acid 5 mg tablets		Rifampicin + Isoniazid (RH) 60/60 tablets	
Hydrochlorothiazide 12.5mg OR 25mg tablets		Rifampicin + Isoniazid + pyrazinamide + ethambutol (RHZE) (150/75/400/275) tablets	
Ibuprofen 200 mg OR 400mg tablets		Salbutamol 100 mcg MDI	
Isoniazid 100mg OR 300mg tablets		Simvastatin 10mg OR 40mg tablets	
Lamivudine 10mg/ml (240ml) solution		Tenofovir, Emtricitabine 300/200 mg tablets	
Lamivudine 150mg tablets		Tenofovir/emtricitabine/efavirenz 300/200/600mg tablets	
Combined oral contraceptive pill		Vitamin A 50,000U OR 100,000U OR 200	

(ethinylestradiol/levonorgestrel) containing 30 mcg ethinylestradiol)		000U capsule	
		Zidovudine 50mg/5ml, 200 ml suspension	
Injections			
	Score		**Score**
Benzathine benzylpenicillin 2.4MU vial		Medroxyprogesterone acetate 150mg/ml injection OR norethisterone 200mg/ml	
Ceftriaxone 500mg OR 1g ampoules			
Topicals			
	Score		**Score**
Chloramphenicol 1%, ophthalmic ointment			
Fridge			
	Score		**Score**
BCG vaccine		Pneumococcal Conjugated Vaccine (PCV)	
Insulin, short acting		Polio vaccine (oral)	
Measles vaccine		Rotavirus vaccine	
Hexavalent: DTaP-IPV-HB-Hib vaccine		Tetanus toxoid (TT) vaccine	
Oxytocin 5 OR 10 IU/ml AND Ergometrine 0.5mg OR oxytocin/ ergometrine 5IU/0.5mg combination			
Emergency trolley			
	Score		**Score**
Activated Charcoal		Lidocaine/Lignocaine IM 1% OR 2% 20ml vial	
Adrenaline 1mg/ml (Epinephrine) 1ml ampoule		Magnesium sulphate 50%, 2ml ampoule (minimum of 14 ampoules required for one treatment)	
Amlodopine 5mg OR 10mg tablets		Midazolam (1mg/ml 5ml ampoule OR 5mg/ml 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule	
Aspirin tablets		Nifedipine 10mg capsules	
Atropine 0.5mg OR 1mg ampoule		Paediatric solution e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte 200ml solution	
Calcium Gluconate 10% injection 10ml ampoule		Promethazine HCl 25mg/2ml 2ml ampoule	
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose solution		Short acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5 mg tablets	
Furosemide 20mg 10mg/2ml ampoule		Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation	
Hydrocortisone 100mg/ml 200mg/2ml vial		Sodium chloride 0.9% 1L solution	
Prednisone 5 mg tablets		Thiamine 100mg 10ml ampoule	
Ipratropium 0.25mg/2ml OR 0.5mg/2ml Unit dose vial for nebulisation			

Total score /40		Total score /37	
Percentage (Sum of 2 Total scores ÷ 67) x 100			%

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
> 90%	Green
80 - 89%	Amber
< 80%	Red

Annexure 70: Checklist for element 104 - Basic surgical supplies (consumables) are available

Use the checklist below to check availability of medical and dressing supplies

Scoring – in column for score mark as follows:

Check – available stock in storage room

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = if the facility uses consumables for older HB models, AEDs and for the section named "Only applicable if the facility have a permanent doctor"

SURGICAL SUPPLIES			
Item	**Score**	**Item**	**Score**
Admin set 20 drops/ml 1.8m /pack		Gloves exam n/sterile large /box	
Admin set paeds 60 drops/ml 1.8m /pack		Gloves exam n/sterile medium /box	
Blade stitch cutter sterile/pack		Gloves exam n/sterile small /box	
Blood collecting vacutainer (holding barrel/bulldog)		Gloves surg sterile latex sz 6 OR 6.5 OR small/box	
Blood lancets (haemolance)		Gloves surg sterile latex sz 7 OR 7.5 OR medium/box	
Urinary (Foley's) catheter silicone/latex 14f		Gloves surg sterile latex sz 8 OR large/box	
Urinary (Foley's) catheter silicone/latex 18f		Intravenous cannula (Jelco) 18g green/box	
Urine drainage bag		Intravenous cannula (Jelco) 20g pink/box	
Simple face mask OR reservoir mask OR nasal cannula (prongs) for oxygen, adults		Intravenous cannula (Jelco) 22g blue/box	
Simple face mask OR reservoir mask OR nasal cannula (prongs) for oxygen, paediatric		Intravenous cannula (Jelco) 24g yellow/box	
Face mask for nebuliser OR face mask with nebuliser chamber for adult		Needles: 18 (pink) OR 20 (yellow)/box	
Face mask for nebuliser OR face mask with nebuliser chamber for paediatric		Needles: 21 (green)/box	
Nasogastric feeding tube 600mm fg8		Needles: 23 (blue)/box OR 22 (black)/box	
Nasogastric feeding tube 1000mm fg10 OR 12		* Syringes 3-part 2ml/box	
Disposable aprons		* Syringes 3-part 5ml/box	
Eye patches (disposable)		* Syringes 3-part 10 or 20ml/box	
Disposable razors		Insulin syringe with needle/box	
		Suture chromic g0/0 or g1/0 1/2 75cm	
		Suture nylon g2/0 or g3/0 3/8 45cm	
		Suture nylon g4/0 3/8 45cm	
Only applicable if the facility uses older HB model			
Haemolysis applicator sticks		HB chamber glass-grooved	
HB meter clip		HB cover glass-plain	
Only applicable if facility uses an Automatic External Defibrillator (AED)			
Replacement pads for AED - adult		Replacement pads for AED – paediatric	
Only applicable if facilities have a permanent doctor			
Disposable Amnihook		Dental syringe and needle for LA	

Item	Pack size	Score	Item	Pack size	Score
Ultrasound gel medium viscosity					
Sub-total 1 for surgical supplies			**Sub-total 2 for surgical supplies**		
Sub-total 1 Maximum score (sum of all scores minus those NA)			**Sub-total 2 Maximum score (sum of all scores minus those NA)**		
DRESSINGS SUPPLIES					
Item	**Pack size**	**Score**	**Item**	**Pack size**	**Score**
Plaster roll	1		Sanitary towels maternity /pack	12	
Bandage crepe	1		Stockinette 100mm OR150mm/roll	1	
Gauze paraffin 100x100 /box	1		Adhesive micro-porous surgical tape 24/25mm or 48/50mm	1	
Gauze swabs plain n/s 100x100x8ply/pack	100		70% isopropyl alcohol prep pads 24x30 1ply OR 2 ply /box	200	
Basic disposable dressing pack (should contain a minimum of: cotton-wool balls, swabs, 2 forceps, disposable drape)	1		Gauze abs grade 1 burn /pack		
Cotton wool balls 1g 500`s	1				
Sub-total 1 for dressing supplies			**Sub-total 2 for dressing supplies**		
Total score for surgical and dressing supplies					
Total maximum score for surgical supplies (sum of all scores minus those marked NA) and dressing supplies					
Percentage (Total scores ÷ Total maximum score) x 100					

Score calculation:
Y = 1, N = 0, NA = NA

Percentage obtained	Score
90%	Green
40-89%	Amber
<40%	Red

* Syringe three part consists of the barrel, the plunger and the rubber piston

ANNEXURE 71: Checklist for element 106 - Required functional diagnostic equipment and concurrent consumables for point of care testing are available

Use the checklist below to check the availability of laboratory equipment and consumables in the various areas where they are used

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = only for malaria rapid strips – in areas where malaria is not prevalent, malaria rapid strips to be marked NA

Item	Score
Laboratory equipment and consumables	
Hb meter	
Blood glucometer	
Spare batteries for blood glucometer	
Glass slides for cervical smears	
Lancets	
Blood glucose strips	
Urine dipsticks	
Urine specimen jar OR flask	
Malaria rapid test (where applicable in facilities in KZN, GP, MP and LP)	
Rapid HIV test	
Rh 'D' (Rhesus factor) test	
Total score for all (Total score laboratory equipment + consumables + stationery)	
Total maximum possible score (sum of all scores minus those marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	%

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

ANNEXURE 72: Checklist for element 107 - Required specimen collection materials and stationery are available

Use the checklist below to check whether specimen collection materials and stationery are available

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** (Not applicable) = as indicated

Item	Score
Vacutainer tube: Blue Top (Sodium Citrate)	
Vacutainer tube: Red OR Yellow Top (SST)	
Vacutainer tube: Yellow Top (SST-Paeds)	
Vacutainer tube: Grey Top (Sodium Fluoride)	
Vacutainer tube: White Top (PPT)	
Microtainer tube: Purple Top (EDTA)	
Microtainer tube: Purple Top (EDTA Paeds)	
Sterile specimen jars	
Swabs with transport medium (Score NA if there is not a permanent doctor)	
Sterile Tubes (without additive) for MCS (Microscopy, culture and sensitivity) (Score NA if there is not a permanent doctor)	
Venipuncture needles (Green OR Black)	
Specimen Plastic Bags	
Pap smear collection materials	
Liquid - based Cytology (LBC) vials (NA if facility uses traditional pap smear method)	
Combi - brush (NA if facility uses traditional pap smear method)	
Cervex – brush (NA if facility uses traditional pap smear method)	
Fixative (NA if facility uses liquid based cytology method)	
Wooden spatula (NA if facility uses liquid based cytology method)	
Slide holder OR brown envelope (NA if facility uses liquid based cytology method)	
Microscope slides (NA if facility uses liquid based cytology method)	
Early Infant diagnosis (EID) collection material	
DBS PCR Kit OR EDTA Microtainer tube	
NHLS stationery	
Request forms	
N1 -PHC Request Form	
N2- Cytology Request Form	
N3 - PHC Order Book Material for specimen collection	
N4 - PHC Facility Specimen Register	
SMS printer	
Thermal paper roll (NA only if facility has real-time access to Labtrak)	
Total Score	
Percentage (Score ÷ 21) x 100	

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Illustration of NHL specimen collection materials

see the correct specimen collection material as per specimen key next to each test

Specimen collection material	KEY
Vacutainer tube: Red Top	**R**
Vacutainer tube: Blue Top (Sodium Citrate)	BL
Vacutainer tube: Yellow Top (SST) and (SST-Paeds)	Y
Vacutainer tube: Grey Top (Sodium Fluoride)	G
Vacutainer tube: White Top (PPT)	W
Vacutainer tube: Purple Top (EDTA) and Microtaoner (EDTA Paeds)	P
Sterile specimen jars	SJ
Dried blood spot	DBS

Test	Specimen collection material	Test	Specimen collection material
CHEMICAL PATHOLOGY			
ALP (Alkaline Phosphatase)	**Y**	Phenytoin	**Y**
ALT(Alanine Transaminase)	**Y**	Pleural effusion Protein	**R**
Amylase/Lipase	**Y**	Potassium (serum)	**Y**
Calcium (serum)	**Y**	Prostate-Specific Ag (PSA)	**Y**
Cholesterol	**Y**	Sodium (serum)	**Y**
Creatinine (eGFR) (serum)	**Y**	Total Bilirubin	**Y**
CRP (C-reactive protein)	**Y**	Triglycerides	**Y**
Folate (serum)	**P**	TSH (Thyroid-stimulating hormone)	**Y**
FT4 (Free Throxine 4)	**Y**	Uric Acid (serum)	**Y**
Gamma GT (GGT) (Serum)	**Y**	Urine albumin:creatinine ratio	**SJ**
Glucose	**G**	Urine protein:creatinine ratio	**SJ**
HbA1c (Glycated Haemoglobin)	**Y**	Vitamin B12	**Y**
LDL-Cholesterol (LDL-C)	**Y**		
Haematology		**Microbiology**	
Differential count	**P**	CRAG (Cryptococcal Antigen test)	**Y**
Full Blood Count (FBC)	**P**	Hepatitis A IgM	**Y**
Haemoglobin	**P**	Hepatitis B Surface Ab	**Y**
INR (International Normalized Ratio)	**B**	HIV Elisa (discordant rapids)	**Y**
Platelets	**P**	Stool parasites	**SJ**
Red Cell Antibody screen (Coomb's Test)	**P**	Syphilis Serology	**Y**
White Blood Cell (WBC)	**P**	MCS (Microscopy, culture band sensitivity)	
HIV viral load		**TB testing**	
HIV Viral Load	**W/P**	Xpert MTB/RIF	**SJ**
HIV DNA PCR		TB Smear microscopy	**SJ**
HIV DNA PCR	**DBS/P**	TB Culture	**SJ**
HIV CD4 Count		TB Drug Susceptibility	**SJ**
CD4 Count	**P**	TB Line Probe Assay (Hain MTBDR)	**SJ**
Blood grouping			
ABO (Blood grouping)	**Y**		
Rhesus Factor (Rh)	**Y**		

Annexure 73: Checklist for element 108 - Specimens are collected, packed, stored and prepared for transportation according to the primary health care Laboratory Handbook

Use the checklist below to check whether specimens are handled according to the PHC Laboratory Handbook

Scoring – in column for score mark as follows:

Check – three samples from each of the groups of specimens (A to C) as listed in Table 1 and check whether they comply with the guidelines provided

Y (Yes) = handled correctly; **N** (No) = not handled correctly; **NA** (not applicable) = NA if the facility does not have the specific group of specimen listed in Table 1 in storage.

Table 1: Grouping of specimens

Group A	Group B	Group C
Blood Pleural effusion Sputum Stool Urine	Pap smear	MCS (Microscopy, culture band sensitivity)

Item	Group A			Group B			Group C		
	Score sample 1	Score sample 2	Score sample 3	Score sample 1	Score sample 2	Score sample 3	Score sample 1	Score sample 2	Score sample 3
General									
Specimens are clearly labeled									
Each laboratory request form is correctly completed									
There is at least one functional wall mounted thermometer in area where lab specimens are stored for courier collection									
The temperature of the storage area for lab specimens is recorded daily									
Group A specimens									
Samples are kept away from direct sunlight									
Where the room temperature exceeds 25℃, samples are stored in the fridge (at +- 5℃)									

Length of storage does not exceed 24 hours, stored at room temperature (+- 20-25℃)									
Group B specimens									
Stored at room temperature									
Stored inside a slide carrier (envelope)									
Group C specimens									
Samples placed into the transport medium provided (where appropriate)									
Samples kept away from direct sunlight									
Where room temperature exceeds 25℃, samples are stored in the fridge (+- 5℃)									
Length of storage does not exceed 24 hours, stored at room temperature (+-20-25℃)									
Score									
Maximum possible score (sum of all scores minus those marked NA)									
Total score for all samples									
Total maximum possible score (sum of all sample scores minus those marked NA)									
Percentage (Total score ÷ Total maximum possible score) x 100	**%**								

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 74: Checklist for element 109 - Laboratory results are received from the laboratory within the specified turnaround times

Use the checklist below to check whether the turnaround times for laboratory results are in line with specifications

Scoring – in column for score mark as follows:

Check – register for sending and receiving laboratory results, check three records

Y (Yes) = results received within specified turnaround time; **N** (No) = results NOT received within specified turnaround time; **NA** (not applicable) = if the specific result (listed under point 1 to 9) is not in the record

No	Item	Turnaround time	Score record 1	Score record 2	Score record 3
1	All blood results except those listed in number 2 and 3	24 hours			
2	Blood results: Cholesterol, CRP (C-reactive protein), FT4 (Free Throxine 4), HbA1c (Glycated Haemoglobin), Phenytoin, lipase, PSA (Prostate specific hormone), Red Cell Folate, Triglycerides, TSH (Thyroidstimulating hormone), Vitamin B12, CD4 Count, RPR(Rapid Plasma Reagin test for syphilis), Hepatitis A, B or C	24-48 hours			
3	Blood results: HIV PCR for infants	48-120 hours			
4	Blood results: Viral load	48-120 hours			
5	Pap smear	Variable depending on result (4-6 weeks)			
6	MCS (Microscopy, culture band sensitivity)	24-72 hours			
7	Sputum: TB	5 days-6 weeks			
9	Sputum: Xpert MTB/RIF	24 hours			
9	Stool	24 hours			
10	Urine	24 hours			
	Score				
	Maximum possible score (sum of all scores minus those marked NA)				
	Total score for all 3 samples checked				
	Total maximum possible score (sum of all samples checked minus those marked NA)				
	Percentage (Total score ÷ Total maximum possible score) x 100				%

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 75: Checklist for element 113: staff appointed is inline with WISN

Use the checklist below to check whether the staff appointed at the facility is in line with WISN

Scoring - in column for score mark as follows:

Y (Yes) = in line with WISN, N (No) = not in line with WISN, NA = if facility is not designated to provide the service (oral health or allied health workers)

Category of staff	Score
Clinical Nurse Practitioners	
Professional nurses	
Enrolled nurses	
Enrolled nursing assistants	
Medical Practitioner	
Pharmacist	
Pharmacist assistants	
Administrative officers	
Cleaners	
Grounds men	
Total score	
Total maximum possible score (sum of total scores minus the ones marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40 -99%	Amber
<40%	Red

Annexure 76: Example of a work allocation schedule for staff

Date from		**Date to**		
Name and surname of staff member	**Designation**	**Service area**	**Date**	**Signature**

Annexure 77: Annual leave schedule (first 6 months)

Facility name: ____________________

Year: ____________________________

Month	January				February				March				April				May				June			
Name and surname of staff member	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**
Example: Mr Xy																								
Example: Ms DB																								
Example: Mr TT																								

ANNUAL LEAVE SCHEDULE (Second 6 months)

Facility name: ____________________

Year: ____________________________

Month	July				August				September				October				November				December			
Name and surname of staff member	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 1**	**Week 2**	**Week 3**	**Week 4**
Example: Mr FF																								
Example: Ms DG																								
Example: Mr DT																								

Annexure 78: Checklist for element 119: All healthcare workers have current registration with relevant professional bodies

Use the checklist below to check whether staff appointed at the facility is registered with relevant professional bodies

Scoring - in column for score mark as follows:
Y (Yes) = have current registration, N (No) = do not have current registration, NA = if category of staff in not appointed at the facility

Category of staff	Score
Nurses	
Clinical Nurse Practitioners	
Professional nurses	
Enrolled nurses	
Nursing assistants	
Medical officers	
Medical Officer – full time	
Medical officer- sessional	
Medical officer- sessional - private GP	
Oral health	
Dentists – full time	
Dentist – sessional	
Dentist – sessional – private	
Dental therapist	
Oral hygienist	
Pharmacy	
Pharmacist	
Pharmacist assistants	
Allied health professionals	
Nutritionist/Dietician	
Physiotherapist	
Occupational therapist	
Psychologist	
Social workers	
Optometrist	
Speech and hearing therapist	
Total maximum possible score (sum of total scores minus the ones marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	

Score calculation:
Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40 -99%	Amber
<40%	Red

Annexure 79: Example of a staff satisfaction survey

Rate the below questions as follows:

Disagree =1, Slightly disagree = 2, Slightly agree = 3, Agree = 4, Strongly agree = 5

ID	Question	Score				
1	**Staff Satisfaction Survey**	**1**	**2**	**3**	**4**	**5**
1.1	**Personal profile**					
1.1.1	Facility name:					
1.1.2	Occupational class:					
1.1.3	Occupational band:					
1.1.4	Race:					
1.1.5	Gender:					
1.1.6	Age group:					
1.1.7	Years of service:					
1.1.8	Language:					
1.2	**Survey questions (score ranges from 0 to 5)**					
1.2.1	**Direction/strategy/integration**					
1.2.1.1	I am clear on what the Department of Health's strategies and goals are and my role in supporting their attainment					
1.2.1.2	The Department of Health's strategies and goals directly supports those of the National Department of Health					
1.2.1.3	I am aware of the initiatives to create better integration of policies and coordination across units					
1.2.1.4	The implementation of integration policies will optimise use of resources and enhance efficiencies					
1.2.1.5	Management actively supports the integration initiatives					
1.2.2	**Morale**					
1.2.2.1	I feel valued as an employee					
1.2.2.2	I enjoy being a part of this organisation					
1.2.2.3	Employees have a good balance between work and personal life					
1.2.2.4	Morale is high across the organisation					
1.2.2.5	Employees speak highly about this organisation					
1.2.3	**Workload**					
1.2.3.1	There is enough staff employed to meet work demands in the organisation					
1.2.3.2	I am given enough time to do my job well					
1.2.3.3	Sufficient time is available to work on agreed high priority activities					
1.2.4	**Wellbeing and security**					
1.2.4.1	I feel in control and on top of things at work					
1.2.4.2	I feel emotionally well at work					
1.2.4.3	I am able to keep my job stress at an acceptable level					
1.2.4.4	I feel safe in my work environment					
1.2.5	**Job satisfaction**					
1.2.5.1	My work gives me a feeling of personal accomplishment					
1.2.5.2	I like the kind of work I do					
1.2.5.3	Overall I am satisfied with my job					
1.2.6	**Organisation commitment**					
1.2.6.1	I feel a sense of loyalty and commitment to the organisation					
1.2.6.2	I am proud to tell people that I work at DoH					
1.2.6.3	I feel emotionally attached to the organisation					
1.2.6.4	I am willing to put in extra effort for the organisation					

1.2.7	Diversity					
1.2.7.1	Diversity among staff is valued					
1.2.7.2	Sexual harassment is prevented and discouraged at the organisation					
1.2.7.3	Discrimination is prevented and discouraged at the organisation					
1.2.7.4	Bullying and abusive behaviours are prevented and discouraged at the organisation					
1.2.7.5	There is equal opportunity for all staff in the organisation					
1.2.7.6	The organisation has effective procedures for handling employee grievances					
1.2.7.7	Management provides support to staff in reporting any discrimination or harassment					
1.2.8	**Change and innovation**					
1.2.8.1	Change is handled well in the organisation					
1.2.8.2	The way the organisation is run has improved over the last year					
1.2.8.3	The organisation is innovative					
1.2.8.4	The organisation is good at learning from its mistakes and successes					
1.2.9	**Comments**					
1.2.9.1	Please provide any suggestions or recommendations you have to improve performance across the organisation					
1.2.10	**Client orientation and quality of service**					
1.2.10.1	We understand the specific needs of our clients (people we provide service to)					
1.2.10.2	We are focused on delivering high-quality and timeous services to our clients					
1.2.10.3	We have sufficient facilities equipment and supplies to deliver quality service					
1.2.10.4	Our services meet our clients' needs					
1.2.10.5	Department of Health's services are accessible to the community.					
1.2.10.6	Department of Health's services are well known and appreciated in the community.					
1.2.11	**Employee/management relations**					
1.2.11.1	Management sets high standards of excellence					
1.2.11.2	Management creates an environment where employees are enabled to perform their jobs well					
1.2.11.3	Management values the role that unions play in the organisation					
1.2.11.4	Management and unions engage in constructive conflict resolution					
1.2.11.5	Management encourages collaboration across the organisation					
1.2.11.6	Management treats employees fairly					
1.2.12	**Respect**					
1.2.12.1	I feel my input is valued by my peers					
1.2.12.2	Knowledge and information sharing is a group norm across the organisation					
1.2.12.3	Employees consult each other when they need support					
1.2.12.4	Individuals appreciate the personal contributions of their peers					
1.2.12.5	When disagreements occur they are addressed promptly in order to resolve them					
1.2.13	**Role clarity**					
1.2.13.1	The organisation's goals and objectives are clear to me					
1.2.13.2	Employees have a shared understanding of what the organisation is supposed to do					
1.2.13.3	Roles and responsibilities within the group are understood					
1.2.13.4	Clear reporting structures have been established					
1.2.13.5	Employees at this organisation have the right skill sets to perform their job functions					
1.2.13.6	My role has a clearly defined performance expectation					

1.2.14	Performance/reward systems					
1.2.14.1	People are involved in setting their own performance goals					
1.2.14.2	People are recognised for achieving their goals					
1.2.14.3	People are rewarded for the quality of their work					
1.2.14.4	There is a clear link between performance and rewards					
1.2.14.5	Management gives feedback that is specific enough to be used for improving their performance					
1.2.14.6	When people do not perform up to their potential action is taken to help them improve and grow					
1.2.14.7	People are rewarded for team efforts not only individual performance					
1.2.15	**Communication**					
1.2.15.1	I receive the information I need to perform my job well					
1.2.15.2	When I need help I can ask others in my work group for suggestions or ideas					
1.2.15.3	Interpersonal communication and relationships contribute to organisational performance					
1.2.15.4	Our face-to-face meetings are productive					
1.2.15.5	The organisation uses effective methods to communicate important information					
1.2.16	**Career development**					
1.2.16.1	When a position needs to be filled in this organisation the best person for the job is the one who gets it					
1.2.16.2	The organisation continuously invests in developing the skills of its employees					
1.2.16.3	The organisation has effective training and education programmes to assist people to do their jobs effectively					
1.2.16.4	My responsibilities include challenging goals that encourage personal growth					
1.2.16.5	The organisation actively retains scarce talent required for efficient quality care					
1.2.17	**Decision-making/management structures**					
1.2.17.1	The structure of the organisation supports cooperation between functions and departments					
1.2.17.2	I believe that the organisation manages its finances responsibly					
1.2.17.3	The organisation supports the implementation of Batho Pele principles to ensure that poor people are not further disadvantaged by the system					
1.2.17.4	There are clear policies and procedures for how work is to be done					
SUB TOTAL SCORE (add the scores in each column)						
TOTAL (add subtotal scores						
AVERAGE PERCENTAGE (total/(109*5)						**%**

Annexure 80: Occupational Health and Safety Register

OCCUPATIONAL HEALTH AND SAFETY REGISTER

NAME OF FACILITY:______________________

FINACIAL YEAR:___________________________

Date of Injury	Time of Injury	Name and surname of employee	Designation	Persal number of employee	Nature of injury	Official forms submitted to district (Yes/No)	Outcome of investigation (include cause and correctional actions taken to prevent reoccurrence)
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							

JANUARY							
FEBRUARY							
MARCH							

Verified at end of financial year by: Name and Surname___________________
Signature:____________________ Date:______

Annexure 81: Expenditure report

NAME OF FACILITY:_______________________ **FINANCIAL YEAR:**____________________________

SUBJECT: EXPENDITURE REPORT

MAIN ITEM	COMPENSATION OF EMPLOYEE	GOODS AND SERVICES	MACHINERY & EQUIPMENT	PROV & LOCAL GOVERNMENT	HOUSEHOLDS	TOTAL
BUDGET	R 5,301,000	R6,491,000	R 1,251,000		R 259,000	R 13,302,000
APRIL'15	R 345,650	R 79,427				R 425,107
MAY'15	R 300,845	R 1,161,304				R 1,462,149
JUNE'15	R 399,783	R 464,126				R 863,909
JULY'15						R -
AUGUST'15						R -
SEPTEMBER'15						R -
OCTOBER'15						R -
NOVEMBER'15						R -
DECEMBER'15						R -
JANUARY'16						R -
FEBRUARY'16						R -
MARCH'16						R -
ACTUAL	R 1,046,308	R 1,704,857	R -	R -	R -	R 2,751,165
VARIANCE	R 4,254,692	R 4,786,143	R 1,251,000	R -	R 259,000	R 10,550,165
% SPENT	20	26				21
PROJECTION	R 1,395,077	R 2,273,143	R -	R -	R -	R 3,668,220

EXPECTED MONTHLY EXPENDITURE

COMPENSATION OF EMPLOYEES	R 44,175,000
GOODS AND SERVICES	R540,917
MACHINERY & EQUIPMENT	
TOTAL	R 982,667

Annexure 82 : CLEANING SCHEDULE

Key:

Area to be cleaned

Cleaning not applicable to that areas

NAME OF FACILITY:______________________

DAILY DUTIES

Daily duties	Consultation rooms	General and waiting areas	Toilets	Staff kitchen
Wash floor				
Damp dust counter tops				
Wipe door handles				
Wash hand wash basin including taps		Where applicable		
Wash toilets (seats, urinals)				
Wipe soap and paper towel dispensers		Where applicable		
Replenish paper towels				
Replenish toilet paper				
Replenish liquid soap dispensers		Where applicable		
Wash kitchen basin with taps				
Damp dust kitchen equipment				
Spot clean dirty wall surfaces				
Damp dust dressing trolleys				
Damp dust examination lamp				
Damp dust chairs				
General waste bins cleaned and lined with bag				
Medical waste bins/boxes remove when full				
Sharps containers, sealed and removed when 3 quarter full				
Sanitary bins/boxes remove when full				
Remove waste from all service areas to temporary storage area.				
Tie and close all the general waste bags in the temporary storage area.				

WEEKLY DUTIES

Weekly Duties	Consultation rooms	General service and waiting areas	Toilets	Medicine room/ dispensary	All other store rooms
Damp dust window sills					
Wash mirrors					
Damp dust wall skirtings					
Wash floors					
Damp dust counter tops					

MONTHLY DUTIES

Monthly Duties	All areas	Consulting/ vital rooms	Toilets	Staff kitchen	Medicine room/ dispensary	All other storage areas
Wash and wipe signage boards						
Wash inside-out when soap dispensers are empty wash inside and out						
Clean refrigerator						
Wipe out kitchen unit/cupboards						
Damp dust shelves						

QUATERLY DUTIES

Quarterly duties	All areas
Strip all floors and apply polish	
Damp dust light fixtures	
Damp dust ceiling fans	

SIX MONTHLY DUTIES

Six monthly duties	All areas
Wash all the walls from top to bottom	
Wash windows	
Remove, wash and replace all curtains	

Cleaners to report any dysfunctional/missing cleaning equipment immediately to the facility manager or healthcare professional assigned to supervise cleanliness

ANNEXURE 83: Checklist for element 132 - Disinfectant, cleaning materials and equipment are available

Use the checklist below to check whether the disinfectant, cleaning materials and equipment are available

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** = Not applicable e.g.:

- Mop for exterior areas for facilities that do not have exterior areas to clean.
- Polish, stripper and floor polisher in facilities where the floor surface does not require polishing.

Disinfectant and cleaning Material	Score
High-level disinfection for medical equipment (e.g sodium perborate powder OR phthalaldehyde)	
Chlorine compounds (e.g Biocide D or Clorox)	
Sanitary all-purpose cleaner	
Detergent-based solutions	
Wet polymer (floor polish)	
Protective polymer (strippers)	
All cleaning materials clearly labelled	
Materials Safety Data Sheets for all cleaning products	
Cleaning equipment	**Score**
Two-way bucket system for mopping floors (bucket for clean water and bucket for dirty water) OR Janitor trolley	
Colour labelled mop – Red for toilets and bathrooms	
Colour labelled mop – Blue for clinical areas and non-clinical service areas	
Mop labelled for cleaning exterior areas	
Green bucket and cloths for bathroom and consulting room basins	
Red bucket and cloths for toilet	
White cloths for kitchen	
Blue bucket and cloths for clinical areas and non-clinical service areas	
Spray bottle for disinfectant solution	
Window cleaning squeegee	
Mop sweeper or soft-platform broom	
Floor polisher	
Total score	
Total maximum possible score (sum of total scores minus those marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 84: Cleaning equipment

The following cleaning equipment must be available in the facility.

Double bucket mop

Two way bucket system
For mopping

Janitor trolley

Colour coded mops

Colour coded cleaning cloths

Colour coded buckets

Window squeegee

Mop sweeper

Spray bottle

Annexure 85: Regulations for material safety data sheets

Hazardous Chemical Substances Regulations, 1995

The Minister of Labour has under section 43 of the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), after consultation with the Advisory Council for Occupational Health and Safety, made the regulations in the Schedule.

9A (1) Subject to section 10(3) of the Act, every person who manufactures, imports, sells or supplies any hazardous chemical substance for use at work, shall, as far as is reasonably practicable, provide the person receiving such substance, free of charge, with a material safety data sheet in the form of Annexure 1, containing all the information as contemplated in either ISO 1 1014 or ANSIZ400.1.1993 with regard to-

(a) product and company identification;
(b) composition/information on ingredients;
(c) hazards identification;
(d) first-aid measures;
(e) fire-fighting measures;
(f) accidental release measures;
(g) handling and storage;
(h) exposure control/personal protection;
(i) physical and chemical properties;
(j) stability and reactivity;
(k) toxicological information;
(l) ecological information;
(m) disposal considerations;
(n) transport information;
(o) regulatory information; and
(p) other information:

Provided that, where it is not reasonably practicable to provide a material safety data sheet, the manufacturer, importer, seller or supplier shall supply the receiver of any hazardous chemical substance with sufficient information to enable the user to take the necessary measures as regards the protection of health and safety.

(2) Every employer who uses any hazardous chemical substance at work, shall be in possession of a copy of Annexure 8 or a copy of sufficient information, as contemplated in subregulation (1).

(3) Every employer shall make Annexure 8 or sufficient information, as contemplated in sub regulation (1), available at the request of any interested or affected person.

ANNEXURE 8

Material safety data sheet

<table>
<tr><td>MATERIAL SAFETY DATA SHEET</td><td>No:
Date issued:
Page of</td></tr>
<tr><td colspan="2" align="center">COMPANY DETAILS</td></tr>
<tr><td>Name:
Address:
Tel:</td><td>Emergency telephone no.:
Telex:
Fax:</td></tr>
<tr><td colspan="2">1) Product and Company Identification:
(Page 1 may be used as an emergency safety data sheet)</td></tr>
<tr><td>Trade name :
Chemical family :
Chemical name:
Synonyms:</td><td>Chemical abstract no. :
NIOSH no.:
Hazchem code:
UN no.:</td></tr>
<tr><td colspan="2">2) Composition</td></tr>
<tr><td colspan="2">Hazardous components:
EEC classification:
R Phrases:</td></tr>
<tr><td colspan="2">3) Hazards Identification</td></tr>
<tr><td colspan="2">Main hazard:
Flammability:
Chemical hazard:
Biological hazard:
Reproductive hazard:
Eye effects: eyes:
Health effects - skin:
Health effects - ingestion:
Health effects - inhalation:
Carcinogenicity:
Mutagenicity:
Neurotoxicity:</td></tr>
<tr><td colspan="2">4) First-aid Measures</td></tr>
<tr><td colspan="2">Product in eye:
Product on skin:
Product ingested:
Product inhaled:</td></tr>
<tr><td colspan="2">5) Fire-fighting Measures</td></tr>
<tr><td colspan="2">Extinguishing media:
Special hazards:
Protective clothing:</td></tr>
<tr><td colspan="2">6) Accidental Release Measures</td></tr>
<tr><td colspan="2">Personal precautions:
Environmental precautions:</td></tr>
</table>

Small spills:
Large spills:

7) Handling and Storage

Suitable material:
Handling/storage precautions:

8) Exposure Control/Personal Protection

Occupational exposure limits:
Engineering control measures:
Personal protection - respiratory:
Personal protection - hand:
Personal protection - eye:
Personal protection - skin:
Other protection:

9) Physical and Chemical Properties

Appearance:
Odour:
pH:
Boiling point:
Melting point:
Flash point:
Flammability:
Auto flammability:
Explosive properties:
Oxidizing properties:
Vapour pressure:
Density:
Solubility - water:
Solubility - solvent:
Solubility - coefficient

10) Stability and Reactivity

Conditions to avoid:
Incompatible materials:
Hazardous decomposition products:

11) Toxicological Information

Acute toxicity:
Skin and eye contact:
Chronic toxicity:
Carcinogenicity:
Mutagenicity:
Neurotoxicity:
Reproductive hazards:

12) Ecological Information

Aquatic toxicity - fish:
Aquatic toxicity - daphnia
Aquatic toxicity - algae
Biodegradability:
Bio-accumulation:
Mobility:
German wgk:

13) Disposal Considerations

Disposal methods:
Disposal of packaging:

14) Transport Information
UN no. Substance indentity no. ADR/RID class: ADR/RID item no. ADR/RID hazard identity no.: IMDG - shipping name: MDG - class: IMDG - packaging group: IMDG - marine pollutant: IMDG - EMS no. IMDG - WAG tabel no.: IATA - shipping name: IATA - class: IATA - subsidiary risk(s): ADNR - class: UK - description: UK - emergency action class: UK - classification: Tremcard no.:

15) Regulatory Information.	
EEC hazard classification: Risk phases: Safety phases: National legislation:	

16) Other Information

Annexure 86: Control sheet for sign-off for cleanliness

DAILY CHECKLIST FOR TOILETS

Facility name: ____________________

Date:____________________

Area	Monday		Tuesday		Wednesday		Thursday		Friday	
	Time		Time		Time		Time		Time	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Wash Floor										
Clean basins										
Wash mirrors										
Wipe door handles										
Clean toilets										
Clean urinals										
Clean sanitary bins										
Clean general bins and line with bag										
Remove bins that are full										
Replenish disposable towels										
Replenish soap										
Replenish toilet paper										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Y)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

WEEKLY CHECKLIST FOR TOILETS

Facility name:______________________

Month:____________________ **Year:**___________________

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 2					WEEK 3				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR TOILETS

Facility name:______________________

Year:___________________

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Damp dust light fixtures												
Wash all the walls from top to bottom												
Wash windows												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR CONSULTATION/VITAL ROOMS

Facility name:______________________

Month:____________________ **Year:**___________________

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednes —day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floor										
Damp dust counter tops										
Wipe door handles										
Wash handwash basin including taps										
Wash toilets (seats, urinals)										
Wipe soap and paper towel dispensers										
Replenish paper towels										
Replenish toilet paper										
Replenish liquid soap dispensers										
Spot clean dirty wall surfaces										
Damp dust dressing trolleys										
Damp dust examination lamp										
Damp dust chairs										
General waste bins cleaned and lined with bag										
Medical waste bins/ boxes remove when full										
Sharps containers, sealed and removed when 3 quarter full										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR CONSULTATION/VITAL ROOMS

Facility name:______________________

Month:____________________ **Year:**___________________

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednes—day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floor										
Damp dust counter tops										
Wipe door handles										
Wash handwash basin including taps										
Wash toilets (seats, urinals)										
Wipe soap and paper towel dispensers										
Replenish paper towels										
Replenish toilet paper										
Replenish liquid soap dispensers										
Spot clean dirty wall surfaces										
Damp dust dressing trolleys										
Damp dust examination lamp										
Damp dust chairs										
General waste bins cleaned and lined with bag										
Medical waste bins/ boxes remove when full										
Sharps containers, sealed and removed when 3 quarter full										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR CONSULTATION/VITAL ROOMS

Facility name:______________________

Year:___________________

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Remove, wash and replace all curtains												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

WEEKLY AND DAILY CHECKLIST FOR MEDICINE ROOM/DISPENSARY

Facility name:______________________

Month:____________________ **Year:**___________________

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floors										
Damp dust counter tops										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floors										
Damp dust counter tops										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

Checklist for medicine/dispensing room for monthly/quarterly/six monthly cleaning duties

Facility name:______________________

Year:___________________

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Damp dust shelves												
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Remove, wash and replace all curtains												
Clean refrigerator												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR STAFF KITCHEN

Facility name:______________________

Month:____________________ **Year:**___________________

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floors										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floors										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR STAFF KITCHEN

Facility name:______________________

Year:___________________

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Clean refrigerator												
Wipe out kitchen unit/ cupboards												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

Annexure 87: Checklist for element 133: All work completed is signed by cleaners and verified by manager or delegated staff member

Use the checklist below to check whether all work is signed by cleaners and verified by manager or delegated staff member

Scoring - in column for score mark as follows:

Y (Yes) = signed off, **N** (No) = not signed off, **NA** (not applicable) = if there are fewer areas in the clinic

Area	Score area 1	Score area 2
Consultation rooms (randomly select 2 rooms)		
Vital rooms		
Waiting area		
Public toilets (randomly select 2toilets)		
Staff toilets (randomly select 2 toilets)		
Staff room(s)		
Total score		
Total maximum possible score (sum of total scores minus the ones marked NA)		
Percentage (Total score ÷ Total maximum possible score) x 100		

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
80%	Green
40-79%	Amber
<40%	Red

Annexure 88: Checklist for element 134 – All service areas are clean

Use the checklist below to check whether the various service areas are clean

Scoring – in column for score mark as follows:

Check – randomly select two service areas as indicated in the column for the score

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if there are fewer areas in the clinic than listed

Area and measures	Score	Score
CONSULTING ROOMS:	**Consulting room 1**	**Consulting room 2**
Windows clean		
Window sills clean		
Floor is clean		
Wall skirting are free of dust		
The countertops are clean		
The door handles are clean		
Mirrors are clean		
Walls are clean		
Bins are not overflowing		
Bins are clean		
The areas are odour-free		
All areas free of cobwebs		
Score for consultation rooms		
Maximum possible score for consultation rooms (sum of all scores minus NA)		
Percentage for consulting rooms (Score ÷ Total maximum possible score) x100	%	
VITAL SIGNS ROOMS:	**Vital signs room 1**	**Vital signs room 2**
Windows clean		
Window sills clean		
Floor is clean		
Wall skirting are free of dust		
The countertops are clean		
The door handles are clean		
Mirrors are clean		
Walls are clean		
Bins are not overflowing		

Bins are clean		
The areas are odour-free		
All areas free of cobwebs		
Score for vital signs rooms		
Maximum possible score for vital rooms (sum of all scores minus NA)		
Percentage for vital signs rooms (Score ÷ Total maximum possible score) x 100	%	
WAITING AREAS:	**Waiting area 1**	**Waiting area 2**
Windows clean		
Window sills clean		
Floor is clean		
Wall skirting are free of dust		
The countertops are clean		
The door handles are clean		
Walls are clean		
Bins are not over flowing		
Bins are clean		
The areas are odour-free		
All areas free of cobwebs		
Score for waiting areas		
Maximum possible score for waiting areas (sum of all scores minus NA)		
Percentage for waiting rooms (Total score ÷ Total maximum possible score) x 100	%	

Summary for cleanliness of service areas

AREA	**Score**	**Maximum possible score**
Consultation rooms		
Vital signs rooms		
Waiting areas		
Total score ÷ Total maximum possible score		
PERCENTAGE (Total score ÷ Total maximum possible score) x 100		%

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	**Score**
90%	Green
40-89%	Amber
<40%	Red

Annexure 89: Checklist for element 135 – Hand hygiene and sanitary facilities are available

Use the checklist below to check whether there is running water, toilet paper, liquid hand wash soap and disposable hand paper towels

Scoring – in column for score mark as follows:

Check – randomly select two toilets, two consulting rooms and two vital signs room to review

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) if the facility has fewer areas than listed for review, score available areas

Item	Area 1	Area 2
Toilet	**Toilet 1**	**Toilet 2**
Functional hand wash basin with taps		
Running water		
Toilet paper		
Liquid hand wash soap/sanitiser		
Disposable hand paper towels		
Consultation room	**Consultation room 1**	**Consultation room 2**
Functional hand wash basin with taps		
Running water		
Liquid hand wash soap/sanitiser		
Disposable hand paper towels		
Vital signs room	**Vital signs room 1**	**Vital signs room 2**
Functional hand wash basin with taps		
Running water		
Liquid hand wash soap/sanitiser		
Disposable hand paper towels		
Score		
Maximum possible score (sum of all scores minus the ones marked NA)		
Total score for all areas		
Total maximum possible score (sum of all 3 areas minus those marked NA)		
Percentage (Total score ÷ Total maximum possible score) x 100	%	

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 90: Checklist for element 137 - Health care waste is managed appropriately

Use the checklist below to check whether health risk care waste is managed appropriately

Scoring - in column for score mark as follows:

Y (Yes) = available/with lid and appropriately lined; **N** (No) = not available or no lid or not appropriately lined; **NA** (not applicable) = if the facility has fewer than listed areas

Item	Score				
	Staff Toilet	Public Toilet	Clinical area 1	Clinical area 2	Waiting area
Sanitary disposal bins with functional lids OR health care risk waste box					
* Sanitary disposal bins/boxes lined with appropriate colour plastic bags					
Sanitary disposal bins/boxes are clean and not overflowing					
Health care risk waste disposal bins with functional lids OR health care risk waste box					
Health care risk waste disposal bins/boxes lined with red colour plastic bags					
Health care risk waste disposal bins/boxes contain only health care waste					
Health care risk waste disposal bins/boxes are not overflowing					
Bins available for general waste					
Bins for general waste are lined with appropriate coloured bags					
Total score					
Total maximum possible score (sum of all minus those marked NA)					
Percentage (Total score ÷ maximum possible sore) x 100	%				

* If disposable boxes for sanitary waste is used where gel granules in the bottom of the box treat the waste, no bag is required and facility can score "Y"

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 91: Checklist for element 138 – Storage are for healthcare waste is appropriate

Use the checklist below to check whether storage areas for healthcare waste is appropriate

Scoring - in column for score mark as follows:

Y (Yes) = comply; **N** (No) = do not comply

General waste storage area	**Score**
General waste is stored in a designated area	
General waste is stored in appropriate containers which are neatly packed or stacked	
Healthcare risk waste storage area	**Score**
Healthcare risk waste is stored in an access-controlled area	
Health care waste storage area is clean and free from rodents	
Healthcare storage area is well ventilated	
Healthcare risk waste containers must be stored on shelves	
Area has access to water to hose the area	
Area has adequate drainage for the water	
Total score	
Percentage (Total score ÷ 8) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 92: Checklist for element 139 – All toilets are clean, intact and functional

Use the checklist below to check whether the toilets are functional

Scoring – in column for score mark as follows:

Check – randomly select three toilets to review

Y (Yes) = intact; **N** (No) = not intact; **NA** (not applicable) = if the facility has fewer than three toilets or has no urinals

Item	Score Toilet 1	Score Toilet 2	Score Toilet 3
Cleanliness of toilets			
Windows clean			
Window sills clean			
Floor is clean			
Basins are clean			
Walls are clean			
Toilets/urinals are clean			
Sanitary bins clean and not overflowing			
The areas are odour-free			
All areas free of cobwebs			
Intact and functional			
The toilet bowl seat and cover/squat pan is intact			
The toilet bowl is stain free			
The toilet flush/sensor flush is functional			
The toilet cistern cover is complete and in place			
The urinals are intact and functional			
The urinal/flush sensor is functional			
Score			
Maximum possible score (sum of all scores minus thosemarked NA)			
Total score for all 3 toilets			
Total maximum possible score (sum of all 3 toilets (minus those marked NA)			
Percentage (Total score ÷ Total maximum possible score) x 100			

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

ANNEXURE 93: Checklist for element 140 - Exterior of the facility and the grounds are clean and well maintained

Use the checklist below to check whether the exterior of the facility is aesthetically pleasing and clean

Scoring – in column for score mark as follows:

Check – observe the general exterior environment of the facility

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility's structural make-up does not allow for gardens e.g. in a multi-storey building in a city, at least one prompt must be scored, e.g. "There is no dirt and litter around facility premises"

Prompts	**Score**
The facility's premises are clean (e.g. free from dirt and litter)	
Exterior walls of the facility are clean	
Verandas are clean	
Grass is cut	
Paving is free of weeds	
Flower beds are well kept and free of weeds	
Total score	
Total maximum possible score (sum of all scores minus NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	**Score**
8%	Green
40-79%	Amber
<40%	Red

Annexure 94: Standard Operating Procedure for waste management

In terms of the national Departments Health's draft regulations

(1) All health establishments that generate health care waste shall:

(a) have a duty of care to dispose of the waste safely in terms of the National Environmental Management Act, 1998 (Act No. 107 of 1998) as amended;

(b) be legally and financially responsible for the safe handling and environmentally sound disposal of the waste they produce in terms of the polluter pays principle;

(c) be precautious by always assuming that the waste is hazardous until shown to be safe;

(d) have a cradle to grave responsibility of the waste from the point of generation until its final treatment and disposal; and

(e) minimise, re-use, recycle and recover health care general waste in terms of the National Waste Management Strategy, 2011 and any amendments thereof.

(2) Each minor and major generator of a health establishment shall take all reasonable measures to ensure that:

(a) once health care risk waste is placed in a healthcare risk waste container, the health care risk waste is not removed from that container for the purposes of decanting it into another container; sorting it or; any other purpose; until such health care risk waste is received by the licensed waste treatment or disposal facility;

(b) re-usable containers are effectively cleaned and disinfected before reuse;

(c) all persons who manually handle containers of untreated health care risk waste are provided and required to wear clean, protective gloves and overalls, changeable laboratory coats or other appropriate personal protective equipment;

(d) all medical and non-medical staff shall be immunised for hepatitis and other transmittable diseases prior to handling the waste; and

(e) the necessary equipment to deal with spillages and emergency incidents are readily available and conform to the requirements as stipulated in the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) as amended.

(3) All major and minor generators of a health establishment shall:

(a) identify and classify all healthcare risk waste generated in accordance with the provisions of SANS 10248-1:2008: *Management of health care waste – Part 1:*

Management of health care risk waste from a health care facility and SANS 10229-1:2010: *Transport of dangerous goods – Packaging and large packaging for road and rail transport, Part 1: Packaging;* ***and the Waste Classification and Management Regulations, 2013 and any amendments thereof.***

(b) identify and classify all healthcare risk waste transported in accordance with the provisions of SANS 10228:2012: *The identification and classification of dangerous goods for transport by road and rail modes*;

(c) train employees on an ongoing basis in the correct identification and classification of health care waste; and

(a) keep records of all training.

(4) All major and minor generators of a health establishment shall:

(a) segregate all health care waste generated at the point of generation and containerise it to minimise the risk of contamination or pollution to human health and the environment;

(b) take reasonably practicable measures to minimise the volume of healthcare waste at source;

(c) separate health care general waste from health care risk waste;

(d) train employees on an ongoing basis in the correct segregation and minimisation of health care waste; and

(e) keep records of all training.

(5) All major and minor generators of a health establishment shall ensure that:

(a) all health care risk waste to be transported be packaged and labeled in accordance with the provisions of SANS 10229-1:2010: *Transport of dangerous goods Packaging and large packaging for road and rail transport, Part 1: Packaging,* SANS 452:2008: *Non-reusable and reusable sharps containers* ***and Waste Classification and Management Regulations, 2013 and any amendments thereof;***

(b) all healthcare risk and health care general waste generated be packaged and labelled in accordance with the provisions of SANS 10248-1:2008:

Management of health care waste – Part 1: Management of health care risk waste from a healthcare facility; ***and Waste Classification and Management Regulations, 2013 and any amendments thereof;***

(6) All major and minor generators of a health establishment shall ensure that:

(a) all health care risk waste be stored in accordance with the provisions ***of the Norms and Standards for Storage, 2013 under the Waste Act;***

(b) All major generators of a health establishment must have dedicated intermediate and central storage areas for health care risk waste storage.

(c) All minor generators of a health establishment shall designate appropriate intermediate or central storage areas for health care risk waste.

(d) All health care general waste shall be stored in refuse receptacles as stipulated in the provisions of the National Domestic Waste Collection Standards, 2011 and any amendments thereof, under the Waste Act.

(7) (i) All major and minor generators of a health establishment shall ensure that the collection and transportation of healthcare waste on and off site be in accordance with the provisions in the SANS 10248-1:2008: *Management of healthcare waste – Part 1: Management of healthcare risk waste from a healthcare facility*; and the National Domestic Waste Collection Standards, 2011 and any amendments thereof, under the Waste Act;

(ii) All major generators of a health establishment shall ensure that all healthcare risk waste be weighed on site prior to collection at all times.

(iii) All minors generators of a health establishment shall ensure that all health care risk waste be weighed at all times.

(iv) All vehicles used for health care risk waste collection and transportation must:

(a) conform to the requirements of the National Road Traffic Act, 1996 (Act No. 93 of 1996); SANS 10232-1:2007: *Transport of dangerous goods – Emergency information systems; Part 1: Emergency information system for road transport*; SANS 10231:2010: *Transport of dangerous goods – Operational requirements for road vehicles*; SANS10229-1:2010: *Transport of dangerous goods– Packaging and large packaging for road and rail transport, Part 1: Packaging* and SANS 10228:2012: *The identification and*

classification of dangerous goods for transport by road and rail modes and any amendments thereof*;*

(8) (a) All major and minor generators of a health establishment shall ensure that the on and off site waste treatment and disposal facilities for health care risk waste shall conform to ***all relevant legislation***.

(b) The waste treatment facilities, combustion technologies, that treat health care risk waste in operation, must have a valid atmospheric emission license ***and waste management license*** in place ***in terms of the Air Quality Act and Waste Act respectively.***

(c) The waste treatment facilities, non-combustion technologies, that treat health care risk waste and waste disposal facilities in operation, must have a valid waste management license in place ***in terms of the Waste Act***.

(d) The ***waste*** residues generated from health care risk waste treatment facilities' combustion ***and non-combustion technologies must be disposed off in terms of the relevant norms and standards under the Waste Act.***

Annexure 95: Schedule for pest control

PEST CONTROL SCHEDULE

Name of facility: ___________________

Year:_________________________

Key: Pest control scheduled to take place

ITEM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Pest control schedule												
Date completed												
Comments (where applicable)												
Facility manager's signature												

ANNEXURE 96: checklist for element 147 - There is a standard security guard room OR the facility has an alarm system linked to armed response

Use the checklist below to check whether facility security adheres to standard guidelines

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility's structural make-up does not allow for its own security guard room e.g. in a multi-storey building in a city or at very small facilities. Security services should, however, still be available therefore measures listed under equipment and stationery must be scored.

Item	Score
Does the facility have an alarm system linked to armed response (if Yes, checklist for security guardroom and security equipment must not be assessed. If No, assess checklist for security guardroom and security equipment)	
Security guard room	
Kitchenette – sink with cupboard underneath	
Table	
Chair	
Functioning lights	
Security equipment for security officer(s) and accompanying stationery	
Baton	
Handcuffs OR Cable ties	
Incident book	
Metal detector	
Telephone OR two-way radio OR dedicated cellphone	
Total score	
Total maximum possible score (sum of all scores minus NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 97 : Register for security breaches

Name of facility: ___________________

Year:________________________

Date of breach	Name of surname of staff managing the breach	Name and surname of staff and or patients involved in the breach (where applicable)	Short description of the breach	Short description of how the breach was managed	Actions taken to prevent reoccurrence	Signature of staff managing the breach
January						
February						
March						
April						
May						
June						
July						
August						

September						
October						
November						
December						

Annexure 98: Checklist for element 151 – Functional firefighting equipment is available

Use the checklist below to check whether firefighting equipment is available

Scoring – in column for score mark as follows:

Y (Yes) = available and intact; **N** (No) = not available and intact; **NA** (not applicable) = for fire hose if the facility has less than 250 m^2 floor area OR the facility has no water supply

Item	Score
Fire extinguishers	
Fire hoses and reels unless it is a single-storey building of less than 250 m^2 in floor area OR the facility has no water supply	
Two 9 kg or equivalent fire extinguishers where the facility has no water supply	
Firefighting equipment is maintained according to schedule	
Total score	
Percentage (Total ÷ 4) x 100	**%**

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
41-99%	**Amber**
<40%	**Red**

Annexure 99: Control sheet for inspection of firefighting equipment

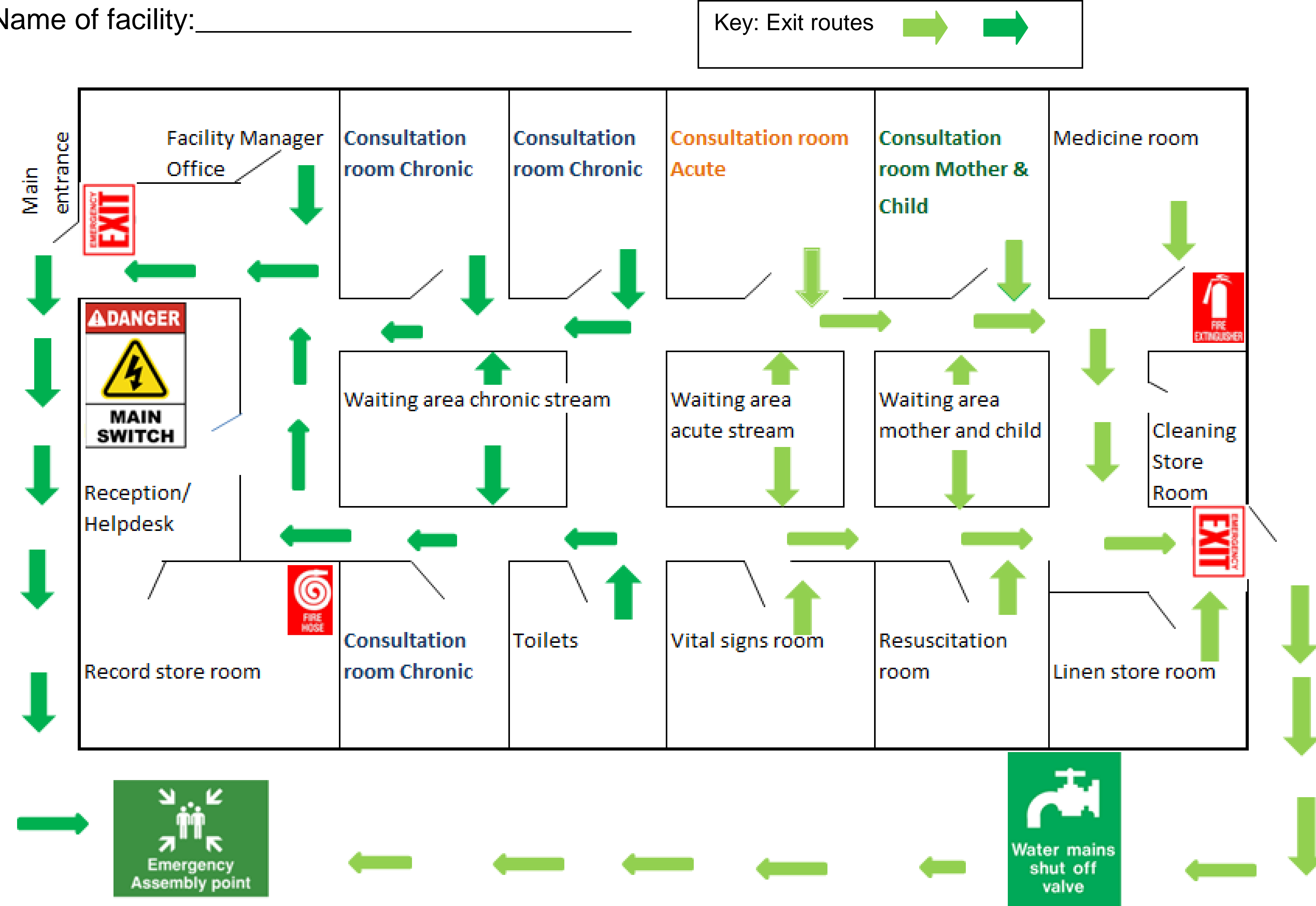
Facility name: ______________________________________

Date inspected: ______________

Type of firefighting equipment	Location	Date of last service	Date of next service	Condition of equipment

Annexure 100: Evacuation plan

Name of facility:_______________________________



Annexure 101: Evacuation drill report

Date of evacuation drill	Staff member responsible for arranging and conducting drill	Findings of evacuation drill (short falls)	Corrective action taken	Date of repeating drill to establish if shortfalls were corrected

Annexure 102: Checklist for element 157 - Clinic space accommodates all services and staff

Use the checklist below to check whether internal and external areas offer sufficient space for task performance

Scoring – in column for score mark as follows:

Check – whether the following areas are present and sufficient

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = for small facilities that cannot accommodate all recommended areas

Item	Score
INTERIOR SPACE	
General	
Main waiting area	
Help desk/Reception/patient registration	
Toilets	
Clinical Service Areas	
Sub-waiting area	
Vitals area /room	
Consulting room	
Counseling room	
Emergency/resuscitation room	
Health Support services (Allied health)	
Treatment room	
Support /administration areas	
Multipurpose meeting room	
Facility manager office	
Staff tea room with kitchenette	
Medicine store room /dispensary/Pharmacy	
Shelves available	
Medicine collection kiosk (CCMDD)	
Surgical stores store-room	
Lockable cleaning material store room OR cupboard	
Laundry	
Dirty utility room	
Linen room OR cupboard	
Exterior space	
Parking spaces	
a. Staff	
b. Disabled	
c. Ambulance	
Waste storage room	
a. Domestic/general waste area	
b. Medical/bio-hazardous waste area	
Garden store room	
Drying area (for mops, etc.)	
Total score	
Total maximum possible score (sum of all scores minus NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	

Score calculation:
Y = 1, N = 0, NA=NA

Percentage obtained	Score
100%	Green
41-99%	Amber
<40%	Red

Annexure 103: Checklist for element 158: There is access for people with wheelchairs

Use the checklist below to check accessibility for users in wheelchairs

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Terrain must be compacted and smooth from gate to main entrance	
At least one main entrance has a ramp to allow access for persons in wheelchairs unless the entrance to the facility has no incline	
Ramp at one main entrance has handrails unless the entrance to the facility has no incline	
Elbow taps in toilet with access for persons in wheelchairs	
At least one toilet has access for persons in wheelchairs	
In the toilet/s with access for persons in wheelchair, door handles are at the height of a wheelchair s	
In the toilet/s with access for persons in wheelchairs handrails are installed	
Total score	
Percentage (Total score ÷7) x 100	**%**

<u>Score calculation</u>: has no incline

Y = 1, N = 0,

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 104: Checklist for element 160 - The building/s is maintained

Use the checklist below to check whether the various internal and external areas are in good condition

Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the column for scores

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = if the facility has fewer than the listed areas or measure is not applicable to the specific facility because of the structural make-up of the facility e.g. in a multi storey building in a city

Area and measures	Scores Building exteriors	
EXTERIOR OF BUILDING(S)		
Walls – paint in good condition		
Roof intact		
Gutters		
a. Intact		
b. Paint in good condition		
Doors and gates		
a. Working condition		
b. Handles working		
c. Open and close		
Lights		
a. Present		
b. Functional		
Paving is intact		
Score for exterior of buildings		
Maximum possible score for exterior of building/s (sum of all scores minus NA))		
Percentage for exterior of building/s (Score ÷ Maximum possible score) x 100	%	
INTERIOR OF BUILDING(S)		
WAITING AREAS	**Score Waiting area**	**Score Waiting area**
Walls – paint in good condition		
Ceiling		
a. Paint in good condition		
b. Intact		
Lights		
a. Present		

b. Functional		
Ventilation		
Adequate natural (windows) OR mechanical ventilation (ceiling fans/air conditioner)		
Score for waiting areas		
Maximum possible score for waiting areas (sum of all scores minus NA)		
Percentage for waiting areas(Score ÷ Maximum possible score) x 100		%
TOILETS	**Score ablution 1**	**Score ablution 2**
Wall-mounted paper towel dispenser(s)		
Wall-mounted hand soap dispenser(s)		
Wall tiles in good condition		
Walls – paint in good condition		
Ceiling		
a. Paint in good condition		
b. Intact		
Lights		
a. Present		
b. Functional		
Windows		
a. Window panes intact (glass not broken)		
b. Handles working		
c. Windows open and close		
Doors		
a. Intact		
b. Handles working		
c. Open and close		
Hand wash basins		
a. Intact		
b. Taps functional (with running water)		
Floor intact		
Score for ablution facilities		
Maximum possible score for ablution facilities (sum of all scores minus (NA)		
Percentage for ablution facilities (Score ÷ Maximum possible score) x 100		%
CONSULTATION ROOMS	**Score Consultation room 1**	**Score Consultation room 2**

Wall-mounted paper towel dispenser(s)		
Wall-mounted hand soap dispenser(s)		
Walls – paint in good condition		
Floor in good condition		
Ceiling		
a. Paint in good condition		
b. Intact		
Lights		
a. Present		
b. Functional		
Windows		
a. Window panes intact (glass not broken)		
b. Handles working		
c. Windows open and close		
d. Window covering (curtains/blinds) clean and intact (blinds)		
Doors		
a. Intact		
b. Handles working		
c. Open and close		
Hand wash basins		
a. Intact		
b. Taps functional (with running water)		
Ventilation		
Adequate natural (windows) OR mechanical ventilation (ceiling fans OR air conditioners)		
Score for consultation rooms		
Maximum possible score for consultation rooms (sum of all scores minus NA)		
Percentage for consultation rooms (Score ÷ Maximum possible score) x 100	%	
VITAL SIGNS ROOMS:	**Score Vital signs room 1**	**Score Vital signs room 2**
Wall-mounted paper towel dispenser(s)		
Wall-mounted hand soap dispenser(s)		
Walls – paint in good condition		
Floor intact		
Ceiling		
a. Paint in good condition (not peeling/faded)		
b. Intact (not broken)		

Lights		
a. Present		
b. Functional		
Windows		
a. Glass not broken		
b. Handles working		
c. Windows open and close		
Doors		
a, Intact		
b. Handles working		
c. Open and close		
Hand wash basins		
a. Intact		
b. Taps functional		
Ventilation		
Adequate natural (windows) OR mechanical ventilation (ceiling fans OR air conditioners)		
Score for vital signs rooms		
Maximum possible score for vital signs rooms (sum of all scores minus NA)		
Percentage for vital signs rooms (Total score ÷ Maximum possible score) x 100	%	

AREA	**Score**	**Maximum possible score**
Exterior of building(s)		
Interior of building(s)		
Waiting areas		
Ablution facilities		
Vital signs rooms		
Consultation rooms		
Total Score		
Total maximum possible score (sum of all scores minus NA)		
Percentage (Total score ÷ Total maximum possible score) x 100		%

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	**Score**
80%	Green
40-79%	Amber
<40%	Red

Annexure 105: Example of a record to track maintenance work

Maintenance/ works order number	Date maintenance requested	Name and surname of staff member that requested the maintenance	Short description of maintenance requested	Notes on dates on which follow-ups were made	Date maintenance carried out and finalised

Annexure 106: Checklist for element 161 - Building is compliant with safety regulations

Use the checklist below to check whether the building is compliant with safety regulations

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available

Item	Score
Fire compliance certificates	
Electrical compliance certificates	
All emergency exits are kept free of obstacles	
Total score	
Percentage (Total ÷ 3) x 100	**%**

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

ANNEXURE 107: Checklist for element 162 - Furniture is available and intact in service areas

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture

Scoring – in column for score mark as follows:

Check – randomly select the areas to review as indicated in the column for scores

Y (Yes) = available and intact; **N** (No) = not available or not intact; **NA** (not applicable) = where the facility has fewer than the listed areas

Item	Score	Score
Waiting areas	**Waiting area 1**	**Waiting area 2**
Seating		
a. Adequate seating for all patients		
b. Chairs / benches intact		
Notice boards available		
Consulting rooms	**Consultation room 1**	**Consultation room 2**
Desk		
a. Available		
b. Intact (including the drawers)		
Chair (clinician)		
a. Available		
b. Intact		
At least 1 chair (patient)		
a. Available		
b. Intact		
Tilting examination couch		
a. Available		
b. Intact		
Bedside footstool		
a. Available		
b. Intact		
Wall-mounted or portable anglepoise-style examination lamp		
a. Available		
b. Intact		
Lockable medicine cupboards		
a. Available		
b. Intact		
Dressing trolley (at bedside for examination equipment)		

a. Available		
b. Intact (including the drawers)		
Total score for waiting areas and consulting rooms		
Total maximum possible score (sum of all waiting areas and consulting rooms minus those marked NA)		
Percentage (Total score ÷ Total maximum possible score) x 100		

<u>Score calculation</u>:

Y = 1, N = 0, NA = NA

Percentage obtained	Score
90%	**Green**
40-89%	**Amber**
<40%	**Red**

Annexure 108: Checklist for element 163 - Essential equipment is available and functional in consulting areas

Use the checklist below to check whether essential equipment is available and functional in consultation/vital signs and child health rooms

Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the scoring columns

Y (Yes) = available and functional; **N** (No) = not available or not functional; **NA** (not applicable) = if the facility has fewer than the listed areas

Item	Score Consul-tation room 1	Score Consul-tation room 2	Score Vitals room	Score Child health rooms
CONSULTATION ROOMS				
Stethoscope				
Non-invasive Baumanometer (wall mounted/ portable)				
Adult, paediatric and large cuffs (3) for Baumanometer				
Diagnostic sets including ophthalmic pieces (wall mounted or portable)				
Patella hammer				
Tuning fork (only required in one consultation room)				
Tape measure				
Clinical thermometers				
Score for consultation rooms				
Maximum possible score (sum of all scores minus those marked NA)				
Percentage (Score ÷ Maximum possible score) x 100	**%**			
VITAL SIGNS ROOM (Note if facility is too small to have a vital signs room, check for equipment in consultation rooms)				
Non-invasive electronic Baumanometer (wall mounted/ portable)				
Adult, paediatric and large cuffs (3) for Baumanometer				
Blood glucometer				
Peak flow meter				
Adult clinical scale up to 150 kg				
Stethoscope				
HB meter				

Clinical thermometer				
Height measure				
Tape measure				
Bin (general waste)				
Urine specimen jars				
Score for vital signs rooms				
Maximum possible score (sum of all scores minus those marked NA)				
Percentage (Score ÷ Maximum possible score)x 100				**%**
CHILD HEALTH ROOM				
Baby scale				
Bassinet				
Stethoscope				
Blood glucometer				
Non-invasive Baumanometer (wall mounted/ portable)				
Paediatric cuff for Baumanometer				
Diagnostic sets including ophthalmic pieces(wall mounted or portable)				
Patella hammer				
Tape measure				
Clinical thermometers				
Score for child health room				
Maximum possible score (sum of all scores minus those marked NA)				
Percentage (Score ÷ Maximum possible score) x 100				**%**

AREA	**Score**	**Maximum possible score**
Consultation rooms		
Vital signs rooms		
Child health rooms		
Total score/Total maximum possible score		
Percentage (Total score ÷ Total maximum possible score) x 100		**%**

Score calculation:

Y = 1, N = 0, NA = NA

Percentage obtained	**Score**
100%	Green
40-99%	Amber
<40%	Red

Annexure 109: Example of a maintenance schedule for equipment

MAINTENANCE SCHEDULE FOR EQUIPMENT

Name of facility:________________

Equipment/ details of service	Date equipment procured	Frequency of maintenance	1st service scheduled	2nd service scheduled	3rd service scheduled	4th service scheduled	5th serviced scheduled	6th service scheduled
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator						**Serial number**		
Schedule of Service(example)	*1 Apr 2017	Annual	1 Apr 2018	1 Apr 2019	1 Apr 2020	1 Apr 2021	1 Apr 2022	1 Apr 2023
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Pulse oximeter with adult & paediatric probes						**Serial number**		
Schedule of Service								
Date serviced								
Company or health								

technology technician that serviced the equipment								
Facility manager’s Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Non invasive electronic blood pressure monitoring device including paediatric, adult & large adult cuff sizes (recalibration)						**Serial number**		
Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager’s Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Scales (recalibration)						**Serial number**		

Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager’s Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								

* If the facility has more than one of the equipment listed, add lines to include all equipment with its serial number.

Add all the equipment that must be serviced on the schedule

Annexure 110: Checklist for element 168: Resuscitation room is equipped with functional basic equipment for resuscitation

Use the checklist below to check whether the emergency/resuscitation room complies with measures for functional basic equipment

Scoring – in column for score mark as follows:

Check – room where resuscitation is performed

Y (Yes) = available and functional; **N** (No) = not available or not functional

Item	Score
Emergency trolley with lockable medicine drawer and accessories	
Examination couch/2-part obstetric delivery bed	
Wall or ceiling mounted anglepoise-style examination lamp	
Nebuliser OR face mask with nebuliser chamber for adult and paediatric	
Functional electric powered OR manual suction devices and suction catheters	
Drip stand	
Dressing trolley	
Cardiac arrest board	
Bin (general waste)	
Suture material	
Thermal (space) blanket	
Gloves exam n/sterile gloves: small, medium and large at least one pair of each size	
Gloves surgical sterile latex: 6 OR 6.5, 7 OR 7.5 and 8, at least one pair of each size	
Protective face shields OR Goggles with face mask	
Disposable plastic aprons	
Disposable non-sterile face masks	
Resuscitation algorithms	
Resuscitation documentation register	
Wall-mounted liquid hand soap dispenser	
Wall-mounted hand paper dispenser	
Total score	
Percentage (Total ÷ 22) x 100	**%**

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 111: Checklist for element 169 - Emergency trolley is restored daily or after each used

Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication

Scoring – in column for score mark as follows:

Check – whether the equipment and medication are available on the emergency trolley (or on other surfaces in the resuscitation room); and also ***check expiry date of medication. Mark expired medication as "N"***

Y (Yes) = available and functional or within expiry; **N** (No) = not available or not functional or expired

Item	Score
Laryngoscope handle with functional batteries	
Adult curved blades for laryngoscope size 2	
Adult curved blades for laryngoscope size 3	
Adult curved blades for laryngoscope size 4	
Paediatric straight blades for laryngoscope size 1	
Spare bulbs for laryngoscope	
Spare batteries for laryngoscope sizes	
Endotracheal tubes – uncuffed size 2mm OR 2.5mm	
Endotracheal tubes – uncuffed size 3mm OR 3.5mm	
Endotracheal tubes – uncuffed size 4.0mm OR 4.5mm	
Endotracheal tubes – cuffed size 5.0mm	
Endotracheal tubes – cuffed size 6.0mm	
Endotracheal tubes – cuffed size 7.0mm	
Endotracheal tubes – cuffed size 8.0mm	
Water-soluble lubricant/lubricating jelly	
Tape to hold tie endotracheal tube in place	
Patella hammer	
Oropharyngeal airways (Guedel) size 0	
Oropharyngeal airways (Guedel) size 1	
Oropharyngeal airways (Guedel) size 2	
Oropharyngeal airways (Guedel) size 3	
Oropharyngeal airways (Guedel) size 4	
Adult-size introducer, intubating stylet or bougie for endotracheal tubes	
Paediatricsize introducer, intubating stylet or bougie for endotracheal tubes	
Magill's forceps for adults	
Magill's forceps for paediatric	
Laryngeal masks (supraglottic airways): adult	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatiblemasks for adults	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for paediatric	

Simple face mask OR reservoir mask OR nasal cannula (prongs) for oxygen, adults	
Simple face mask OR reservoir mask OR nasal cannula (prongs) for oxygen, paediatric	
Face mask for nebuliser OR face mask with nebuliser chamber for adult	
Face mask for nebuliser OR face mask with nebuliser chamber for paediatric	
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator	
Intravenous cannula 18g green and appropriate strapping	
Intravenous cannula 20g pink and appropriate strapping	
Intravenous cannula 22g blue and appropriate strapping	
Intravenous cannula 24g yellow and appropriate strapping	
Syringes 3-part: 2ml	
Syringes 3-part: 5ml	
Syringes 3-part: 10ml OR 20ml	
Syringes: insulin syringes	
Needles: 18 (pink) OR 20 (yellow)	
Needles: 21 (green)	
Needles: 23 (blue) OR 22 (black)	
Sharps container	
Admin set 20 drops/ml 1.8m /pack	
Admin set paeds 60 drops/ml 1.8m /pack	
Stethoscope	
Haemoglobin meter	
Blood glucometer with testing strips and spare batteries	
Diagnostic set and batteries including opthalmic pieces (wall mounted or portable)	
Rescue scissors (to cut clothing)	
Paediatric Broselow tape OR Pawper tape	
Wound care (gauze, bandages, cotton wools, plasters, alcohol swabs and antiseptic solutions)	
Urinary (Foley's) catheters: 14f	
Urinary (Foley's) catheters: 18f	
Urinary bag specified in the surgical supply list	
Nasogastric tubes: 600mmfg8	
Nasogastric tubes: 1000mmfg10 or 12	
Medication/vaculitre stickers	
Present individually or in combined multifunctional diagnostic monitoring set	
Pulse oximeter with adult & paediatric probes	
Non invasive electronic blood pressure monitoring device including paediatric, adult & large adult cuff sizes	
Clinical thermometer (in ^{0}C, non-mercury)	
Emergency medicines (also check expiry dates)	
Activated Charcoal	
Adrenaline injection 1mg/ml (Epinephrine) ampoule	
Amlodipine 5mg OR 10mg tablets	

Aspirin tablets	
Atropine 0.5mg OR 1mg ampoule	
Calcium gluconate 10% ampoule	
Furosemide 20mg ampoule	
Hydrocortisone 100mg/ml vial	
Insulin, short acting (stored in the medicine fridge) vial	
Ipratropium 0.25mg/2ml OR 0.5mg/2ml unit dose vial for nebulisation	
Isosorbide dinitrate, sublingual, 5mg tablets	
Lidocaine/Lignocaine IM 1% OR 2% vial	
Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment)	
Midazolam (1mg/ml OR 5mg/ml) OR Diazepam 5mg/ml ampoule	
Nifedipine 10mg capsules	
Prednisone 5 mg tablets	
Promethazine 25mg ampoule	
Short-acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate	
Salbutamol nebulising solution OR 2.5ml OR 5mg/2.5ml Unit dose vials for nebulisation	
Thiamine 100mg vial	
Water for injection	
IV Solutions	
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose solution	
Pediatric solutions e.g. ½ strength Darrows solution AND neonatalyte solution	
Sodium Chloride 0.9%	
Total score	
Percentage (Total score ÷ 66) x 100	

Score calculation:
Y = 1, N = 0

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

ANNEXURE 112: Checklist for element 170 – There is an emergency sterile obstetric delivery pack

Use the checklist below to check whether there is sterile emergency packs available.

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available

Note: sterile packs must be labelled with the contents of the pack

Item	Quantity	Total score
NON-NEGOTIABLE		
Stitch scissor	1	
Episiotomy scissor	1	
Cord scissor	1	
Dissecting forceps non-toothed (plain)	1	
Dissecting forceps toothed	1	
Artery forceps, straight, long	2	
Needle holder	1	
Small bowl	2	
Kidney dishes OR receivers (big)	2	
EXTRAS (not part of sterilised pack)		
Basin	1	
Stainless-steel round bowl, large	1	
Green towels	4	
Disposable apron	2	
Gauzes	5	
Vaginal tampons	1	
Sanitary towels	2	
Round cotton wool balls	1 pack	
Umbilical cord clamps	2	
Total score		
Percentage (Total score ÷ 18) x 100		**%**

Score calculation:
Y = 1, N = 0, NA=NA

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 113: Checklist for element 171 – There is a sterile pack for minor surgery

Use the checklist below to check whether equipment for minor surgery is available

Scoring – in column for score mark as follows:

Y (Yes) = available and functional; **N** (No) = not available or not functional

Note: sterile packs for minor surgery must be labelled indicating the contents of the pack

Item	Quantity	Score
MINOR STITCH / SUTURING TRAY		
Small stitch tray	1	
Stitch scissor	1	
Toothed forceps	1	
Non-toothed forceps	1	
Bard-Parker surgical blade handle to fit accompanying blades (blades do not form part of sterilised pack but must be available)	1	
Mosquito, straight	2	
Mosquito, curved	2	
Artery forceps, straight	2	
Artery forceps, curved	2	
Needle holder	1	
Swab holder	1	
Total score		**/12**
Percentage (Total score ÷ 13) x 100		**%**

<u>Score calculation</u>:

Y = 1, N = 0

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 114: Checklist for oxygen supply

Checklist for oxygen supply			
Facility:		**Date from:** **Date to:**	
Day of the week	**Pressure gauge reading**	**Date checked**	**Signature**
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Annexure 115: Checklist for element 173- Up to date asset register available

Use the checklist below to check whether the asset register is up to date

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	Item 1	Item 2	Item 3
Randomly select three items from the asset register and verify that each is present in the facility			
Randomly select three items from the facility and verify that each is present in the asset register			
Total score			
Percentage (Total score ÷ 6) x 100			**%**

Score calculation:

Y = 1, N = 0

Percentage obtained	Score
100%	**Green**
40-99%	**Amber**
<40%	**Red**

Annexure 116: Example of an asset disposal form

Asset disposal form

This form is to be completed if any equipment/furniture within the facility is to be disposed of. This form, once completed, must be sent to Supply Chain Management.

Region: ______________________________ **Facility:** _______________________________

Department: ________________________ **Date:** _________________________________

LIST OF EQUIPMENT/FURNITURE TO BE DISPOSED						
	Asset number	**Location**	**Description**	**Purchase date**	**Original cost**	**Disposal value**
1						
2						
3						
4						
5						
6						
7						
8						

REASON FOR DISPOSAL:

____

____

____

____

METHOD OF DISPOSAL (please tick)

SCRAPPED ☐

AUCTION ☐

DONATED ☐

Authorised by: _______________________**Date:** ______________________

Annexure 117: Schedule for meetings

MEETING SCHEDULE

Facility name:________________________

Month: _____________________________

Year: _______________________________

Weekday	Date	Week 1	Date	Week 2	Date	Week 3	Date	Week 4
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Annexure 118: Template for agenda

FACILITY NAME: ________________________________

AGENDA FOR: ________________________

DATE: _______________

VENUE: _________________________

AGENDA POINTS:
1. Opening and welcome
2. Attendance and apologies
3. Finalisation of the agenda
4. Adoption of the previous meeting minutes
5. Matters arising from the previous meeting’s minutes
6. Standing items
7. Additional matters
8. Date of next meeting
9. Closure

Annexure 119: Template for attendance register for meetings

FACILITY NAME: ________________________________

ATTENDANCE REGISTER FOR: ________________________

DATE: ______________

VENUE: _________________________

Name and surname	Rank	Contact number	Organisation / section	Signature

Annexure 120: Checklist for element 192 – There is a functional Clinic committee

Use the checklist below to check whether the documents are available as evidence that the clinic committee is functional

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	Score
Nomination process	
Agenda	
Attendance register	
Clinic and Community Health Centre (CHC) Committee guidelines	
Copy of submission to the sub-district	
Formal Appointment	
Signed appointment letters from Office of the MEC or delegated person	
Adopted and signed constitution as per provincial guidelines	
Code of conduct for Clinic/CHC Committee	
Training	
Attendance register for orientation and training conducted in the past 12 months	
Services Planning, Monitoring, Evaluation and meetings	
List of community needs as determined by the Clinic/CHC Committee in past 12 months	
Agendas indicating that community needs and progress against operation plan was discussed at least twice in the past 12 months	
Signed minutes indicating that the Clinic/CHC Committee was informed on the progress against the facility's operational plan at least twice in the past 12 months	
Current year plan indicating scheduled meetings (at least two within the next 12 months)	
Attendance registers show that meetings held formed a quorum	
Minutes of Clinic/CHC Committee meetings indicate that statistical data on population health indicators are discussed	
Minutes of Clinic/CHC Committee meetings indicate that the clinic's human resources situation is discussed	
Minutes of Clinic/CHC Committee meetings indicate that situation relating to equipment and , supplies is discussed	
Complaints, Compliments and Suggestion Management (check record of the past 6 months)	
Proof that Clinic/CHC Committee took part in opening complaints boxes according to stipulated schedule (signed register)	
Minutes indicate that the management of complaints, compliments and suggestions are discussed at Clinic/CHC Committee meetings	
Accountability and Communication	
Contact details of Clinic/CHC Committee members clearly displayed in reception area	
Minutes of the Ward Committee meeting indicate that a member of the Clinic/CHC Committee gave feedback at the Ward Committee meeting on health-related matters	
Total score	

Percentage (Total score ÷ 20) x 100	%

Score calculation:

Y = 1, N = 0,

Percentage obtained	Score
100%	Green
40-99%	Amber
<40%	Red

Annexure 121: Example of services and activities for an open day

Theme:	Immunisation/Child Health
Before the event:	Use health promoters to inform community about the event. Request community members to bring Road to Health Charts (RTHC).
MC:	Facility manager: Purpose of open day
Welcome speech:	Local Ward Counsellor
Opening speech:	MCWH coordinator: The importance of immunisation
MC:	Explain the activities offered
Activities:	Check RTHC Offer catch-up immunisation Screening height and weight Screening developmental milestones
Stations:	1. Screening 2. Immunisation 3. Facts and information about immunisation/ child health (with pamphlets) 4. Children’s activities (colouring, face-painting, clowns, magicians)

Annexure 122: Example of a template for an operational plan

Name of Facility___________________

Operational Plan ___________(year)

DATE OF SUBMISSION: _______________

SUBMITTED BY: ___________________ ___________________

Title Signature

PURPOSE OF AN OPERATIONAL PLAN

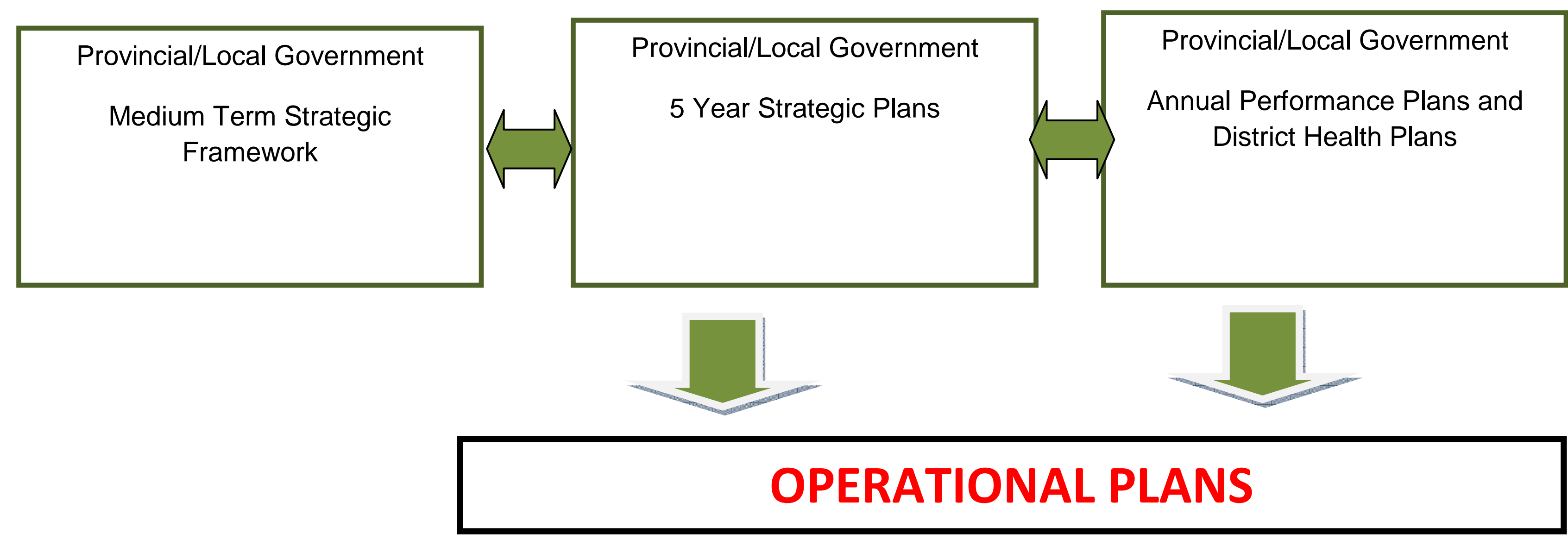
An Operational Plan (OP) is created to assist you in meeting the aims and goals committed to in the District Health Plans/Annual Performance and Strategic Plans **through the development of strategic objectives**. An OP is there to assist you in breaking down exact activities for each objective that are required to meet your goals. By spending time on developing an accurate and useful OP, you can ensure that the objectives are achieved through regular monitoring. Activities are broken down into Quarters to assist with planning and prioritising.

Guidelines to follow when writing your OP:

1. Stick to the template provided- it has been created to assist you in creating streamlined work plans
2. All goals, objectives and indicators that the Programme has committed to in the Annual Performance Plan (APP) and Strategic Plan (SP) should be in the OP
3. Goals, objectives and indicators should appear in the same order in your APP, SP and OP to assist in alignment
4. Strategic objectives must be SMART (Specific, Measurable, Achievable, Realistic and Time bound)
5. NIDS must be used for all service delivery indicators.

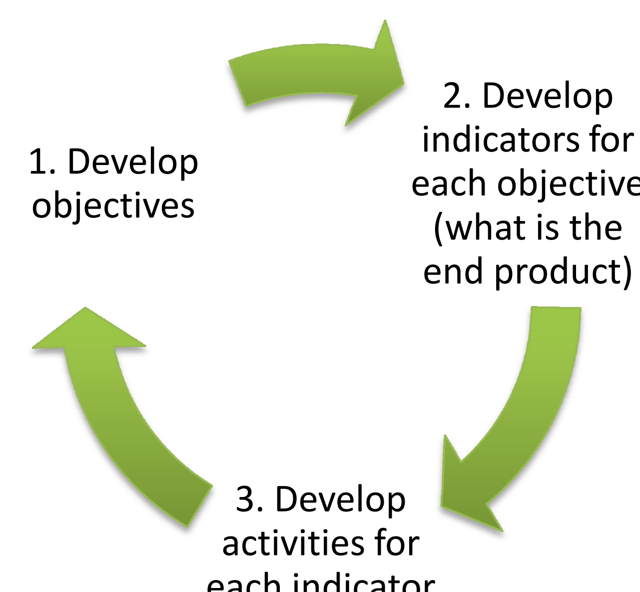
You can't manage what you don't measure

HEALTH SECTOR PLANNING HORIZON



OPERATIONAL PLANS

The template in the following pages gives guidance on how to go about to develop an operational plan. The flow diagram below sets out the process:



Strategic objectives can be grouped in two categories:

1. Those objectives that are standard and will remain more or less the same for mostly every year to ensure that healthcare services are delivered in the facility. These objectives relates to the specific services rendered at the facility. For example the facility could set an objective for each of the three streams of care (chronic, acute and mother and child health). Each objective will then have various indicators and each indicator will have a list of activities that needs to be performed to reach the objective

2. Those objectives that relates to the quality improvement plan of the facility. The quality improvement plan must be used to develop objectives to close the gaps as identified in the quality improvement plan.

STRATEGIC OBJECTIVES:

NAME OF DISTRICT:			**SUB DISTRICT:**
STRATEGIC OBJECTIVES	(write down the strategic objectives for the facility, they can have more than 3) 1. 2. 3.		
INDICATORS FOR STRATEGIC OBJECTIVE 1: (Note an indicator does not have to have numeric values. An indicator can for example be a SOP for ....., the objective would then be to develop an SOP for ....). If this is the case at the field for numerator and denominator insert Not Applicable' (NA)	**INDICATOR 1**: Write down the name of the indicator (add additional lines if there are more that 2 indicators set to achieve the specific objective)	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 2:	**NUMERATOR:**	**DENOMINATOR:**
INDICATORS FOR STRATEGIC OBJECTIVE 2:	**INDICATOR 3:**	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 4:	**NUMERATOR:**	**DENOMINATOR:**
INDICATORS FOR STRATEGIC OBJECTIVE 3:	**INDICATOR 5:**	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 6:	**NUMERATOR:**	**DENOMINATOR:**
INDICATORS FOR STRATEGIC OBJCTIVE 4:	**INDICATOR 7:**	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 8:	**NUMERATOR:**	**DENOMINATOR:**

ANNUAL TARGETS SET PER QUARTER FOR EACH INDICATOR

ANNUAL TARGET		QUARTER 1 : TARGET / MILESTONE	QUARTER 2 : TARGET / MILESTONE	QUARTER 3 : TARGET/ MILESTONE	QUARTER 4 : TARGET/ MILESTONE
Indicator #	**Indicator name**				
INDICATOR 1:					
INDICATOR 2:					
INDICATOR 3:					
INDICATOR 4:					
INDICATOR 5:					
INDICATOR 6:					
INDICATOR 7:					
INDICATOR 8:					

ACTIVITIES SET TO ACHIEVE EACH INDICATOR

<table>
<tr><td>INDICATOR 1</td><td colspan="8">Name of indicator:</td></tr>
<tr><td rowspan="2">ACTIVITIES
These must be actual activities, with only one activity per line</td><td rowspan="2">PERSONS RESPONSIBLE
The person directly responsible for ensuring activity happens (must be an actual person)</td><td colspan="4">TIME FRAME
Mark with an ‘X’ the Quarter in which the activity will take place</td><td rowspan="2">OUTPUTS
This is what is expected to happen should the activity take place</td><td colspan="2">ACTIVITY
BUDGET</td></tr>
<tr><td>Q1 (April-Jun 2017)</td><td>Q2 (July-Sept 2017)</td><td>Q3 (Oct-Dec 2017)</td><td>Q4 (Jan-Mar 2018)</td><td>SOURCE
Where the money is coming from</td><td>AMOUNT
In South African Rands</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
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</table>

INDICATOR 2	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 3	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 4	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 5	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 6	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

<table>
<tr><td>INDICATOR 7</td><td colspan="8">Name of indicator:</td></tr>
<tr><td rowspan="2">ACTIVITIES
These must be actual activities, with only one activity per line</td><td rowspan="2">PERSONS RESPONSIBLE
The person directly responsible for ensuring activity happens (must be an actual person)</td><td colspan="4">TIME FRAME
Mark with an ‘X’ the Quarter in which the activity will take place</td><td rowspan="2">OUTPUTS
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</table>

INDICATOR 8	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

Annexure 123: Status Determination Cycle

IDEAL CLINIC STATUS DETERMINATION CYCLE

All facilities

District PPTICRM (SD PPTICRM)

- Completed and captured by **31 July 2018**
- Facility manager can conduct a Facility Manager SD to identify gaps to correct weaknesses where she/he is able to
- Facility manager asks for assistance to correct weaknesses from PPTICRM where required
- District PPTICRM analyses status of facilities in their district on the software and effect the required interventions to address weaknesses
- For facilities targeted to be IDEAL, district PPTICRM effects the intervention required to ensure that targeted facilities will be found to be Ideal by the peer reviewers

Facilities targeted to be IDEAL in the specific financial year

Cross district PPTIRCM peer reviews (SD PPTICRM PR)

- Completed and captured between **October and November 2018**
- Celebrate the achievements of clinics found to be Ideal (silver and higher status)
- Facility management and district PPTICRM correct weaknesses in those still not Ideal

Facilities targeted to be IDEAL in the specific financial year that failed the PEER REVIEWS

District peer review updates (SD PPTICRM PRU)

- Completed and captured by **31 March 2019**
- Effect final corrective interventions and capturing of final scores for financial year

PPTICRM = Perfect Permanent Team for Ideal Clinic Realisation and Maintenance

Annexure 124: Example of a register for ambulance turnaround times

Facility name:___________________

Request date	Request time	Request clinician	Clinician signature	Patient name and surname	Patient number	Arrival date	Arrival time	Name responding officer	Signature responding officer	Actual turnaround time

Annexure 125: Referral pathways

The referral pattern in districts are as follows:

1. Vertical referral

- vertical referral, i.e. patient referral from a lower to a higher level of healthcare facility, either in the same district or another district, and vice versa, based on the role and responsibilities of each category of healthcare facility.
- School Health Teams and the Nurse Team Leader of the ward-based PHC Outreach Teams refer relevant cases to the PHC facility or to the Level 1 hospital in the catchment area.
- PHC clinics refer all cases that cannot be managed at PHC level to the Level 1 hospital in the catchment area, according to clinical guidelines.
- oral health outreach services refer cases for advanced oral health services to the fixed clinics. For example severe maxilla-facial and orthodontic cases are referred to Tertiary Hospital in the relevant province.
- Level 1 hospitals refer patients in need of specialist healthcare to the Level 2 hospital in the catchment area.
- when there is a justifiable reason for deviation from the standard referral pattern, a Level 1 hospital may bypass the standard route of referral and send the patient directly to the Level 3 hospital. The Head of Clinical Services of the Level 2 hospital must give clearance for a Level 1 hospital to bypass the standard referral route and send a patient directly to the Level 3 hospital.
- Level 2 hospitals refer patients in need of specialist healthcare to the appropriate tertiary facility.

All referred patients at all levels are to be referred back from the referral facility to the referring facility.

2. Horizontal referral

- horizontal referral, i.e. patient referral to a healthcare setting with similar scope and healthcare service package, for continuity of care, either in the same district or another district.

- patients are referred from one PHC facility to another, e.g. referral of a patient who receives monthly medication for a chronic condition at a PHC facility, who relocates to another area in the same sub-district or another sub-district within the district or another district.
- a patient can be referred from one ward-based PHC setting to another, e.g. a patient on ARVs who relocates from one ward to another within the district can be referred by the Ward-based PHC Outreach Team leader to the care of the Ward-based PHC Outreach Team operating in the ward into which the patient will be relocating.

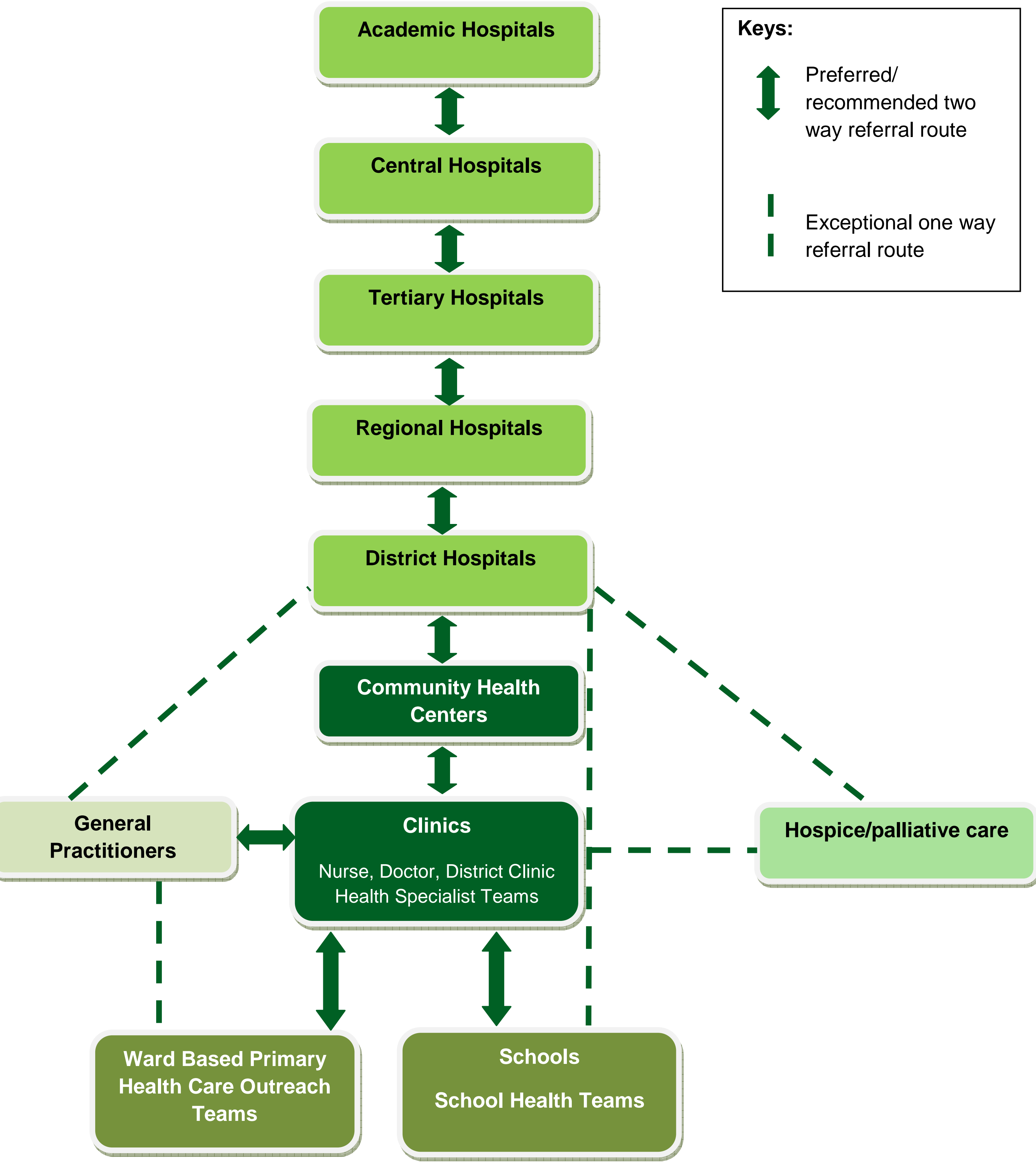
3. Downward referral

- Patients who entered a certain level of care without referral, who require a lower level of care after initial assessment, or who are in need of continuity of care, follow-up and rehabilitation are down-referred to the appropriate level of care.
- Patients are referred from a PHC facility to the ward-based CHW for services rendered at their level, e.g. a TB patient on clinic-based DOTS can be referred to community-based DOTS by the CHW under the supervision of the nurse team leader.

C. **Inter-sectoral referral**

- patients are also referred to and from other organisations and government departments which render services that are beyond the scope of the district healthcare service. These entities refer clients in need of healthcare to PHC facilities where they will be managed accordingly, e. g. Department of Social Development may refer a baby, who has not been immunised and whom they have detected during their course of work, to the PHC facility in the catchment area for immunisation.
- referrals from private healthcare practitioners. Private healthcare practitioners refer patients who require healthcare services at PHC level or a higher level of healthcare, and who are not financially capable to pay for private healthcare services, to a public healthcare facility where they will be treated according to public health policies.

Flow diagram of referral pathways



Annexure 126: General Primary Health Care referral and feedback form

health Department: Health REPUBLIC OF SOUTH AFRICA	**General PHC patient referral form** *A patient has been referred to your facility/service by the Primary Health Care facility as indicated below. Thank you for seeing this patient, we look forward to working together for improved health and welfare for all South Africans.*
REFERRED TO: Name of facility	
Department/doctor referred to (where applicable):	

Patient details			
Patient name and surname	Patient address		
	Date of Birth *(dd/mm/yyyy)*	Age	Gender
Patient contact telephone number			
Patient file/record number			

Clinical information on patient	
History	
Possible diagnosis	
Relevant past history	
Current medication and treatment given	
Vital data and examination	
Reason for referral	

REFERRED BY:	
Name of facility	
Contact details	
Name and surname of healthcare professional	
HPCSA/SANC NO	
Signature of healthcare professional	
Date	

health Department: Health REPUBLIC OF SOUTH AFRICA	**General PHC patient referral feedback form** *A patient has been referred to your service as indicated on the attached referral form. Please complete this form and give it to the patient so that he/she can bring it along with them at their next visit to the facility*
FEEDBACK TO: Name of facility	
Name and surname of healthcare professional	

Patient details			
Patient name and surname	Patient address		
	Date of Birth *(dd/mm/yyyy)*	Age	Gender
Patient contact telephone number			
Patient file/record number			

Clinical information on patient	
Examination	
Diagnosis	
Treatment (medication, referral ect.)	

FEEDBACK FROM:	
Name of facility	
Contact details	
Name and surname of healthcare professional	
HPCSA/SANC NO	
Signature of healthcare professional	
Date	

Annexure 127: Example of a register for patient referrals

Name of facility ________________________ Facility manager __________________ Contact no. ___________					
Date referred	**Patient details (name and surname, file record number)**	**Referral destination**	**Reason for referral**	**Date feedback received**	**Feedback from referral destination**

Annexure 128: Reporting template for implementing partners

Name of organisation: ____________________________________

Person reporting: ____________________________________

Date of meeting: ____________________________________

Objective 1:			
Activity	Progress	Challenges	Mitigation actions

Planned activities for next quarter

____

____

____

Annexure 129: Template for compiling a list of organizations that provide health related services

Name of organisations	Name of contact person	Telephone number	Physical address	Type of service provided

Annexure 130: Template for memorandum of understanding

MEMORANDUM OF UNDERSTANDING

MADE AND ENTERED INTO BY AND BETWEEN

THE ___________________ DEPARTMENT OF HEALTH

(herein after referred to as “the Department”)

Represented by ______________________

in his/her capacity as Head of Department.

AND

South African Police Service (SAPS)

Herein after referred to as the “other Department”

represented by ___________________

in his/her capacity as Provincial Police Commissioner

A. PREAMBLE

Since the launch of the government's green paper on National Health Insurance, various reforms and initiatives are underway to improve services to be provided under the future National Health Insurance. This includes the three streams of re-engineering of primary health care, strengthening management of health facilities, upgrading of infrastructure, setting and monitoring national quality standards, and establishing norms for staffing levels and skill-mix. The 'Ideal Clinic' (IC) programme is another initiative as a way of systematically improving the deficiencies in Primary Health Care clinics in the public sector and to correct the deficiencies in quality.

In order to implement these health reforms and specifically to realize the Ideal clinic concept; the assistance and cooperation of other stakeholders are necessary. It is also necessary to formalize this relationship formally.

It is therefore necessary that the two Departments agree on certain commonalities, assistance and cooperation to be provided, to effect better service delivery priorities to the community in the _______________

B. MEMORANDUM OF UNDERSTANDING

1. Preamble included in Memorandum of Understanding

The preamble of this understanding forms part hereof, as if specifically mentioned herein.

2. Purpose of Memorandum of Understanding

The purpose of the Memorandum of Understanding is to ensure the continued cooperation and communication exist between the Department of Health and the South African Police Service.

3. INTERPRETATION

Unless inconsistent with the context, this agreement shall be interpreted as follows:

3.1 The head notes to the various clauses of this MOU and the index are inserted for reference purposes only, and shall not take precedent in the interpretation of this MOU;

3.2. This MOU shall be governed by the laws of the Republic of South Africa;

3.3. Unless inconsistent with the context, an expression which denotes:

3.3.1 Any gender includes the other gender;

3.3.2 A person shall include both a natural person and/or a juristic person and vice versa;

3.3.3 The singular includes the plural and vice versa;

3.3.4 “District Clinical Specialist Team” (DCST) means a team of specialist comprising of a family Physician, an anesthetist, an obstetrician and gynecologist, an advance midwife, a primary health care practitioner and a pediatric nurse, placed in a health district to strengthen the clinical services within the health district

3.3.5 “Department” means the Department of Health, a duly constituted department of the Provincial Government in the __________________ Province;

3.3.6 “Facilities” means the health facilities as agreed to by the Parties;

3.3.7 “Ideal Clinic” means a primary health care facility with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable policies, protocols, guidelines as well as partner and stakeholder support , to ensure the provision of quality health services to the community

3.3.8 “National Health Insurance” is defined by the World Health Organization as the progressive development of a health system including its financing mechanisms into one that ensures that everybody has access to quality health services and where everyone has accorded protection from financial hardships linked to accessing these health services

3.3.9 “Other Department“means the Department with whom the Department of Health sought to have an understanding and is a party of this MOU

3.3.10 “Primary Health Care” means the first level of contact of

individuals, the family and the community with the national health system, care as close as possible to where people live and work, and constitutes the first element of a continuing health care service

3.3.11 "Municipal Ward base outreach team" is a team of community health workers based at a Primary Health Care facility and offers integrated services to households and individuals within its catchment area. The catchment area refers to the different Wards within Municipalities. The team provides health care to families/ households; community outreach services; preventative, promotive, curative, palliative and rehabilitative services

3.3.12 "Upgrading of facility" means the improvement of the physical infrastructure of the health facility

4. Commencement and duration of Memorandum of Understanding

4.1 This MOU shall commence from the date of the last signature effected hereto and shall remain in force for a period of five (5) years.

4.2 The Parties may in writing agree to extend the period of this MOU.

4.3 Either Party may terminate this MOU by giving the other Party three (3) months written notice.

5. Duties of the Department of Health

The Department shall:

- Ensure that its facilities are secure by providing proper fencing, perimeter lightning, and security guard houses with security guards.
- Ensure that all health facilities have the contact detail of the local SAPS for their respective areas
- Inform SAPS of any matter that may or have cause a risk to the patients, staff or property of the Department.
- Work together with the SAPS when any matter at the facility need to be investigated.
- Ensure regular communication with the SAPS on a local level through the attendance of multisector forums in respective areas.

6. Duties of the South African Police Service

- To assist the Department of Health to ensure the safety of patients, staff and the property of the Department when called upon
- To assist where necessary, if practically possible to monitor security and safety at health facilities by way of regular patrols near health facilities such as clinics, community health centers and mobile clinics
- To inform the Department where security risks have been identified and where necessary advise on measures that would improve the security
- To investigate reported crime at facilities and to provide feedback to the Department in accordance with internal police prescripts
- To engage the Department and relevant stakeholders forums on issues of safety and security at health facilities.
- To provide reasonable access to SAPS at the workplace without compromising service delivery in order for the Department to promote health activities and health service delivery to the employees.
- To invite SAPS where reasonably possible when organizing internal health promotions and other relevant programmes to ensure maximum benefit to employees.

7. Oversight Joint Committee

7.1 HOD's of the respective Departments to meet at Provincial forums and address issues pertaining both Departments that may hamper service delivery

7.2 Local coordination between the head of the facility and the local colleague from the South African Police Service to meet and provide oversight at a local level

8. GOOD FAITH

In all their interactions the Parties shall display good faith, a spirit of co-operation, show diligence, professionalism and commitment.

9. Breach and termination

9.1 Should any Party (Defaulting Party) commit any breach of the terms of this MOU and fail to remedy such breach within fourteen (14) days of receiving a written notice of breach.

9.2 A Notice of breach shall:-

9.2.1 Indicate clearly the nature and extent of such breach;

9.2.2 Contain a demand that the Defaulting Party remedies the breach within 14 days after receiving such notice; and

9.2.3 Draw the attention of the Defaulting Party to the remedies the Aggrieved Party may use if such demand is not heeded.

10. Dispute resolution

10.1 The Heads of Department shall try to resolve any difference or dispute relating to this Agreement which may arise between the Parties within fourteen (14) days of becoming aware of its existence.

10.2 Where the Parties are unable to resolve any difference or dispute amicably such difference or dispute shall be referred for arbitration in terms of the Arbitration Act No 42 of 1965.

10.3 The findings of the arbitrator shall be final and binding on the Parties.

11. Variations

This MOU is the only understanding between the Parties and no amendments or variations to this MOU shall be of any force or effect unless reduced to writing and signed by both parties.

12. General

12.1 If any provision of this MOU is or becomes illegal, void or invalid it shall not affect the legality of the other provisions, unless its illegality or otherwise renders the whole MOU unenforceable.

12.2 Neither party shall assign or otherwise transfer any of its rights or obligations under this MOU without prior written consent of the other party which shall not be unreasonable withheld.

12.3 Neither party will be liable for any failure to meet any of its responsibilities in terms of this MOU or any delay in meeting them to the extent to which the failure or delay is caused by any circumstance what so ever which is beyond its reasonable control, including but not limited to strikes, lockout, war, Civil commotion or any order or regulation of any government or other lawful authority meeting the above requirements

13. Domicilium Citandi et Executandi

13.1 The Parties choose as their Domicilia Citandi et Executandi their respective addresses set out in this clause at which addresses all processes and notices arising out of or in connection with this Agreement may validly be served upon or delivered to the Parties.

13.2 The Parties respective addresses are as follows:

Department of Health, ____________________ Province:

Postal Address:

Street Address:

Tel:

South African Police Service: __________________ Province:

Postal Address:

Street Address:

Tel:

13.3 Any notice given in terms of this Agreement shall be deemed to have been received by the addressee;

13.3.1 If delivered by hand on the date of delivery.

13.3.2 If posted be prepaid registered mail, on the eighth (8th) day following the date of such posting.

13.4 Notwithstanding anything to the contrary contained or implied in this Agreement a written notice or communication actually received by one of the Parties from another including by way of facsimile transmission shall be adequate written notice or communication to such Party.

13.5 Either Party is entitled to change the address to another address in South Africa as long as it is not a post box (*post restante*) provided that such address shall be used fourteen (14) days after the notice was sent to the other Party.

For the District health services:	**For the District Environmental Health Services :**
Full Names and Surname:	Full Names and Surname:
Designation:	Designation:
Signature:	Signature:
Date:	Date:
Place:	Place:
AS WITNESSES (Full Names and Surname): 1.________________________________	AS WITNESSES (Full Names and Surname): 1.________________________________
2. _______________________________	2. _______________________________