



# IDEAL CLINIC COMPONENTS AND DEFINITION

AUGUST 2015



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**A long and healthy life for all South Africans**





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## ACKNOWLEDGEMENTS

The National Department of Health would like to thank the following organisations:



European Union



for contributing to the Ideal Clinic Realisation and Maintenance process.

August 2015

# ABBREVIATIONS

- i. CoGTA: Co-operative Governance and Traditional Affairs
- ii. DCST: District Clinical Specialist Team
- iii. DHIS: District Health Information System
- iv. DHS: District Health Support
- v. DPASA: Department of Public Service and Administration
- vi. HRH: Human Resource for Health
- vii. ICSM: Integrated Clinical Services Management
- viii. IPC: Infection Prevention and Control
- ix. MCWH: Maternal Child Women's Health
- x. Min / max: minimum / maximum
- xi. MRHS: Male Reproductive Health Services
- xii. N95: Not oil Resistance 95% Filter block of small particles
- xiii. NGO: Non-Governmental Organization
- xiv. NHLS: National Health Laboratory Services
- xv. PDoH: Provincial Department of Health
- xvi. PEC: Patient Experience of Care
- xvii. PHC: Primary Health Care
- xviii. PMDS: Performance Management and Development System
- xix. PPTICRM: Perfect Permanent Team for Ideal Clinic Realization and Maintenance
- xx. SAPS: South African Police Services
- xxi. SOP: Standard Operating Procedure / Protocol
- xxii. WBPHCOT: Ward Based Primary Health Care Outreach Team
- xxiii. WISN: Workload Indicator Staffing Needs

# DEFINITION OF IDEAL CLINIC

## Getting our Primary Health Care Facilities to function optimally, starting with Clinics

The purpose of a health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. To achieve this, a clinic should function optimally thus requiring a combination of elements to be present in order to render it an "Ideal Clinic".

An Ideal Clinic is a clinic with good infrastructure<sup>1</sup>, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organizations to address the social determinants of health. PHC facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic". Integrated clinical services management (ICSM) 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 came for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support. ICSM will be a key focus within an Ideal Clinic.

Developing and sustaining the 'ideal' PHC clinic involves that a number of components are in place and functions well. These components include:

1. Administration
2. Integrated Clinical Services Management
3. Medicines, Supplies and Laboratory Services
4. Human Resources for Health
5. Support Services
6. Infrastructure
7. Health Information Management
8. Communication
9. District Health System Support
10. Implementing Partners and Stakeholders

Each of the above components are made up of different numbers of sub-components each having a number of specific elements that need to be in place.

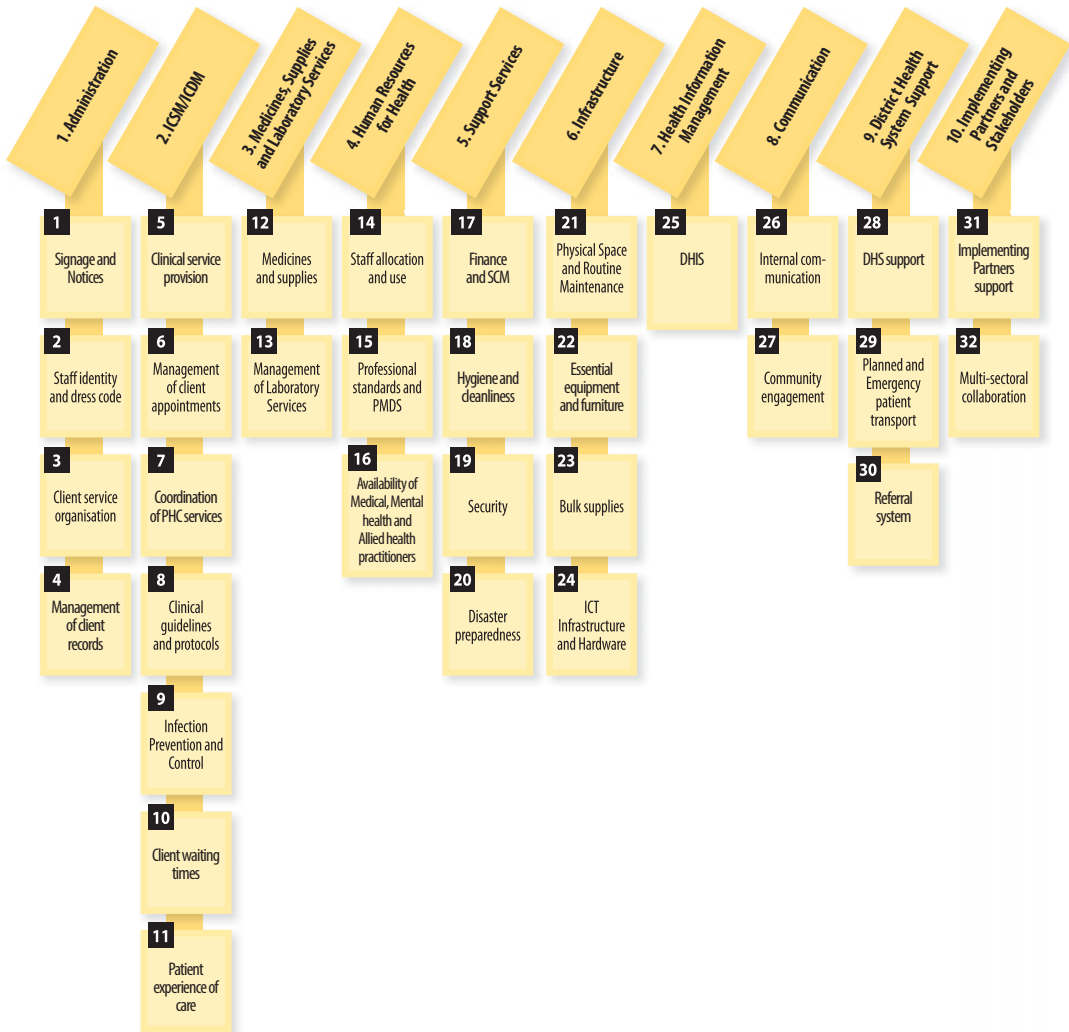
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<sup>1</sup>Physical condition and spaces, essential equipment and information and communication tools

# IDEAL CLINIC REALISATION AND MAINTENANCE COMPONENTS AND SUB-COMPONENTS

Realising and maintaining the Ideal Clinic involves a number of components. Each of the components are made up of sub-components which consist of a number of elements that need to be in place. There are:

## 10 Components and 32 Sub-Components







# IDEAL CLINIC REALISATION AND MAINTENANCE COMPONENTS, SUB-COMPONENTS AND ELEMENTS

This document/tool contains a carefully selected set of elements that speaks to quality and safety. The tool is to be used to determine the status of a health facility's performance against these elements.

## 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, standard operating procedures, 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 weighting

| Key | Description |
|-----|-------------|
| V   | Vital       |
| E   | Essential   |
| I   | Important   |

# IDEAL CLINIC REALISATION AND MAINTENANCE

## COMPONENTS, SUB-COMPONENTS AND ELEMENTS - VERSION 15

| NATIONAL CORE STANDARDS          | COMPONENT  | SUB-COMPONENT  | ELEMENTS  | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |  |
|----------------------------------|--|--|---|--------|-----------------------|-------------|-------------------------|--|
| DOMAIN 1: PATIENT RIGHTS         | 1. Administration  | <b>1. Signage and Notices:</b> Monitor whether there is communication about the facility and the services provided   |   |        |                       |             |                         |  |
|                                  |  | 1  | Road signs informing of the location of the facility are visibly posted from the nearest arterial road up to the facility entrance  | I      | ☺                     |             | P                       |  |
|                                  |  | 2  | Display board reflecting the facility name, service hours (e.g. 24 hour, 8 hour, public holidays and weekends), physical address, contact details (physical address, postal, telephone, facsimile or electronic mail) and service package details at the entrance of the facility | I      | ☺                     |             | D                       |  |
|                                  |  | 3  | The GUN FREE, NO SMOKING, NO ANIMALS (except for service animals) and NO HAWKERS sign is clearly sign posted at the entrance of the gate  | I      | ☺                     |             | D                       |  |
|                                  |  | 4  | Display board indicating a disclaimer on searches   | I      | ☺                     |             | D                       |  |
|                                  |  | 5  | Photos of political leadership of health are visually displayed   | I      | ☺                     |             | D                       |  |
|                                  |  | 6  | The Mission, Vision, Belief, Goals of the health facility are displayed for patients to clearly see   | I      | ☺                     |             | D                       |  |
|                                  |  | 7  | The organogram with contact details of the managers displayed   | I      | ☺                     |             | HF                      |  |
|                                  |  | 8  | All service areas including reception and toilets within the facility clearly signposted  | I      | ☺                     |             | HF                      |  |
|                                  |  | <b>2. Staff identity and dress code:</b> Monitor whether staff uniform, protective clothing and mode of staff identification are according to policy prescripts  |   |        |                       |             |                         |  |
|                                  |  | 9  | There is a prescribed dress code for all service providers  | I      | 📖                     |             | P                       |  |
|                                  |  | 10   | All staff members comply with prescribed dress code   | I      | ?☺                    |             | HF                      |  |
|                                  |  | <b>3. Client service organization:</b> Monitor the processes that enable responsive client service.  |   |        |                       |             |                         |  |
|                                  |  | 11   | There is appropriate access for people with disabilities  | V      | ☺                     |             | D                       |  |
| 12                               | Staff are scheduled such that helpdesk services are available at all times   | I  | ☺📖  |        | HF                    |             |                         |  |
| 13                               | There is a process that prioritizes the frail, elderly and high-risk clients | I  | ☺   |        | HF                    |             |                         |  |
| 14                               | A functional wheelchair and stretcher are always available                   | V  | ?☺  |        | HF                    |             |                         |  |
| DOMAIN 6: OPERATIONAL MANAGEMENT | 1. Administration  | <b>4. Management of client record:</b> Monitor whether clients' record content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationery is used and whether the client records are filed appropriately |   |        |                       |             |                         |  |
|                                  |  | 15   | There is a single client record irrespective of health conditions   | I      | ☺📖                    |             | HF                      |  |
|                                  |  | 16   | Client record content adheres to ICSM prescripts  | E      | ☺📖                    |             | HF                      |  |
|                                  |  | 17   | There is a single location for storage of all client records  | I      | ☺                     |             | HF                      |  |



| NATIONAL CORE STANDARDS  | COMPONENT   | SUB-COMPONENT  | ELEMENTS   | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |  |
|--|---|--|--|--------|-----------------------|-------------|-------------------------|--|
| DOMAIN 6:<br>OPERATIONAL MANAGEMENT                                | 1. Administration                                 | 18   | Client records are filed in close proximity to client registration desk  | I      | ☹️                    |             | HF                      |  |
|  |   | 19   | There is a standardised client record filing system in place   | I      | ☹️                    |             | HF                      |  |
|  |   | 20   | The retrieval of a client's file takes less than five minutes  | I      | ☹️                    |             | HF                      |  |
|  |   | 21   | There is an SOP for archiving and disposal of clients' records available   | I      | 📖                     |             | NDoH                    |  |
|  |   | 22   | The SOP for archiving and disposal of clients' records is adhered to   | I      | ☹️                    |             | HF                      |  |
|  |   | 23   | Priority stationery (clinical and administrative) is available at the facility in the right quantities   | I      | 📖                     |             | HF                      |  |
| DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE | 2. Integrated Clinical Services Management (ICSM) | <b>5. Clinical Service provision:</b> Monitor whether clinical integration of clinical care services allowing for 3 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 |  |        |                       |             |                         |  |
|  |   | 24   | The facility has been reorganised with designated consulting areas and staffing for acute, all chronic health conditions and preventative health services. | E      | ☹️                    |             | HF                      |  |
|  |   | 25   | There is an area for monitoring vital signs for the different streams of care  | I      | ☹️                    |             | HF                      |  |
|  |   | 26   | Clients' privacy is respected at all times and in all service areas  | E      | ☹️                    |             | HF                      |  |
|  |   | 27   | TB treatment success rate is at least 85% or has increased by at least 10% from the previous year  | E      | 📖                     |             | HF                      |  |
|  |   | 28   | TB (new pulmonary) defaulter rate is <5%   | E      | 📖                     |             | HF                      |  |
|  |   | 29   | Ante-natal visit rate before 20 weeks gestation is at least 70%  | E      | 📖                     |             | HF                      |  |
|  |   | 30   | Ante-natal clients initiated on ART rate is at least 95%   | E      | 📖                     |             | HF                      |  |
|  |   | 31   | Immunisation coverage under one year (annualised) is at least 94%  | E      | 📖                     |             | HF                      |  |
|  |   | 32   | Screening of clients for high blood pressure has increased by 10% since the previous financial year  | E      | 📖                     |             | HF                      |  |
|  |   | 33   | Screening of clients for raised blood sugar has increased by 10% since the previous financial year   | E      | 📖                     |             | HF                      |  |
|  |   | <b>6. Management of client appointments:</b> Monitor whether an ICSM client appointment system is adhered to.  |  |        |                       |             |                         |  |
|  |   | 34   | An ICSM compliant client appointment system for clients with stabilised chronic health conditions and MCWH clients is in use                               | E      | 📖                     |             | HF                      |  |
|  |   | 35   | The records of booked clients are pre retrieved 72 hours before the appointment  | E      | ☹️                    |             | HF                      |  |
|  |   | 36   | Clients that did not honour their appointments within one week are followed up by referral to WBPHCOT to facilitate booking of new appointment             | E      | ?📖                    |             | HF                      |  |
|  |   | 37   | Pre-dispensed medication for clinically stable chronic patients is prepared for collection 48 hours prior to collection date.                              | E      | ?☹️                   |             | HF                      |  |
|  |   | <b>7. Coordination of PHC Services:</b> Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, WBPHCOT and DCST   |  |        |                       |             |                         |  |
|  |   | 38   | There is cooperation with School health teams in providing health services to learners   | I      | 📖                     |             | D                       |  |
|  |   | 39   | The facility refers patients with chronic but stable health conditions to WBPHCOT for support.   | E      | 📖                     |             | HF                      |  |

| NATIONAL CORE STANDARDS  | COMPONENT   | SUB-COMPONENT   | ELEMENTS   | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |      |  |
|--|---|---|--|--------|-----------------------|-------------|-------------------------|------|--|
|  |   |   |  |        |                       |             |                         |      |  |
| DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE | 2. Integrated Clinical Services Management (ICSM) | 40  | There is evidence of two-way referral of patients between the PHC facility and WBPHCOT using prescribed stationery | E      |                       |             | HF                      |      |  |
|  |   | 41  | Quarterly clinical improvement report from DCST available  | E      |                       |             | D                       |      |  |
|  |   | <b>8. Clinical guidelines and protocols:</b> Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being appropriately applied. |  |        |                       |             |                         |      |  |
|  |   | 42  | The ICSM compliant package of clinical guidelines is available in all consulting rooms                             | E      |                       |             |                         | D    |  |
|  |   | 43  | All professional nurses and doctors have been fully trained on ICSM compliant package of clinical guidelines       | E      |                       |             |                         | D    |  |
|  |   | 44  | All health care professionals have been trained on the management of medical emergencies                           | V      |                       |             |                         | D    |  |
|  |   | 45  | The National Adverse Event Management Protocol is available  | E      |                       |             |                         | NDoH |  |
|  |   | 46  | The facility's Adverse Event Management Standard Operating Procedure is available                                  | E      |                       |             |                         | HF   |  |
|  |   | 47  | The Adverse Event Management records show compliance to the adverse event management protocol                      | E      |                       |             |                         | HF   |  |
|  |   | 48  | The National Clinical Audit guideline is available   | E      |                       |             |                         | NDoH |  |
|  |   | 49  | Clinical audit meetings are conducted quarterly in line with the guidelines  | E      |                       |             |                         | D    |  |
|  |   | <b>9. Infection Prevention and Control:</b> Monitor whether prescribed infection prevention and control policies and procedures are adhered to.   |  |        |                       |             |                         |      |  |
|  |   | 50  | The National Policy on Infection Prevention and Control (IPC) is available   | E      |                       |             |                         | NDoH |  |
|  |   | 51  | There is a staff member who is assigned infection prevention and control role in a facility                        | E      |                       |             |                         | HF   |  |
|  |   | 52  | Staff wear appropriate protective clothing   | E      |                       |             |                         | HF   |  |
|  |   | 53  | The linen is clearly branded   | I      |                       |             |                         | D    |  |
|  |   | 54  | The linen in use is clean  | E      |                       |             |                         | HF   |  |
|  |   | 55  | The linen is appropriately used for its intended purpose   | E      |                       |             |                         | HF   |  |
|  |   | 56  | Waste is properly segregated   | E      |                       |             |                         | HF   |  |
|  |   | 57  | Sharps containers are disposed off when they reach 2/3 capacity  | V      |                       |             |                         | HF   |  |
|  |   | 58  | Sharps are disposed in impenetrable, tamperproof containers  | V      |                       |             |                         | HF   |  |
|  |   | 59  | Sharps containers are placed on work surface only  | E      |                       |             |                         | HF   |  |
|  |   | <b>10. Client waiting time:</b> Monitor whether the facility's prescribed waiting times are adhered to.   |  |        |                       |             |                         |      |  |
|  |   | 60  | The National policy for the management of waiting times is available   | I      |                       |             |                         | NDoH |  |
|  |   | 61  | The standard waiting time for every service area is visibly posted at all service areas                            | I      |                       |             |                         | HF   |  |
|  |   | 62  | Waiting time is consistently monitored using the prescribed tool   | E      |                       |             |                         | HF   |  |
|  |   | 63  | The average time clients spend in the facility is not longer than 3 hours  | E      |                       |             |                         | HF   |  |
|  |   | 64  | Clients are intermittently informed of delays and reasons for delays in service provision                          | I      |                       |             |                         | HF   |  |

| NATIONAL CORE STANDARDS   | COMPONENT  | SUB-COMPONENT   | ELEMENTS  |   |    |  | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |
|---|--|---|---|---|----|--|--------|-----------------------|-------------|-------------------------|
|   |  |   |   |   |    |  |        |                       |             |                         |
| DOMAIN 2:<br>PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE | 2. Integrated Clinical Services Management (ICSM)  | <b>11. Patient experience of care:</b> Monitor whether an annual client experience of care survey is conducted and whether clients are provided with an opportunity to complain about or compliment the facility and whether complaints are managed within the prescribed time. |   |   |    |  |        |                       |             |                         |
|   |  | 65  | The National Patient Experience of Care guideline is available  | E   |    |  | NDoH   |                       |             |                         |
|   |  | 66  | The results of the yearly Patient Experience of Care survey are visibly displayed in all service areas  | E   |    |  | HF     |                       |             |                         |
|   |  | 67  | The overall score obtained indicates that the clients are satisfied with the service provided   | E   |    |  | HF     |                       |             |                         |
|   |  | 68  | The results obtained from the Patient experience of care survey are used to improve the quality of service provision                              | E   |    |  | HF     |                       |             |                         |
|   |  | 69  | The National Complaint Management Protocol is available   | E   |    |  | NDoH   |                       |             |                         |
|   |  | 70  | The facility's Complaint Management Standard Operating Procedure is available   | E   |    |  | HF     |                       |             |                         |
|   |  | 71  | Compliments/complaints boxes are visibly placed at main entrance/exit   | E   |    |  | HF     |                       |             |                         |
|   |  | 72  | There is official complaint forms and pen placed near the compliments/complaint boxes   | E   |    |  | HF     |                       |             |                         |
|   |  | 73  | A standardised poster appears above the complaint/compliments box inviting clients to complain to or compliment the facility about their services | E   |    |  | HF     |                       |             |                         |
|   |  | 74  | The complaint records show compliance to the Complaint Management Protocol  | E   |    |  | HF     |                       |             |                         |
|   |  | 75  | The monthly statistics demonstrate that complaints are resolved within 25 working days  | E   |    |  | HF     |                       |             |                         |
|   |  | 76  | The monthly statistics demonstrate that all complaints are resolved   | E   |    |  | HF     |                       |             |                         |
|   |  | DOMAIN 3:<br>CLINICAL SUPPORT SERVICES  | 3. Pharmaceuticals and Laboratory Services  | <b>12. Medicines and supplies:</b> Monitor consistent availability of required good quality medicines and supplies. |    |  |        |                       |             |                         |
| 77  | There is at least one functional wall mounted minimum/maximum room thermometer in all rooms where medication is kept |   |   | V   |    |  | HF     |                       |             |                         |
| 78  | The temperature of the rooms where medication is kept is recorded twice daily  |   |   | V   |    |  | HF     |                       |             |                         |
| 79  | The temperature of the rooms where medication is kept is constantly within the safety range                          |   |   | V   |    |  | HF     |                       |             |                         |
| 80  | There is a contingency plan to manage inappropriate room temperatures  |   |   | I   |    |  | HF     |                       |             |                         |
| 81  | The temperature of the medicine refrigerator is recorded twice daily   |   |   | V   |    |  | HF     |                       |             |                         |
| 82  | The temperature of the medicine refrigerator is constantly within the safety range                                   |   |   | V   |    |  | HF     |                       |             |                         |
| 83  | There is access to an automated supply chain system for medicines  |   |   | E   |    |  | HF     |                       |             |                         |
| 84  | All medicines on the Essential Medicine List are consistently available  |   |   | V   |    |  | HF     |                       |             |                         |
| 85  | The facility has sufficient stock to dispense chronic medication for 2 months  |   |   | E   |    |  | HF     |                       |             |                         |
| 86  | Re-ordering stock levels (min/max) is determined for each item on the Essential Medicine List                        |   |   | E   |    |  | HF     |                       |             |                         |
| 87  | Medicines that expire within three months are returned to the depot  | E   |   |   | HF |  |        |                       |             |                         |

| NATIONAL CORE STANDARDS   | COMPONENT   | SUB-COMPONENT   | ELEMENTS   | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |  |  |
|---|---|---|--|--------|-----------------------|-------------|-------------------------|--|--|
| DOMAIN 3:<br>CLINICAL SUPPORT SERVICES  | 3. Pharmaceuticals and Laboratory Services  | 88  | A list of required basic surgical supplies (consumables) indicating the re-ordering stock levels (min/max) is available  | E      |                       |             | HF                      |  |  |
|   |   | <b>13. Management of Laboratory Services:</b> Monitor consistent availability and use of laboratory services.   |  |        |                       |             |                         |  |  |
|   |   | 89  | The PHC Laboratory Handbook is available   | E      |                       |             | NDoH                    |  |  |
|   |   | 90  | Specimens are handled according to the National Health Laboratory Services Handbook  | E      |                       |             | HF                      |  |  |
|   |   | 91  | Required functional diagnostic equipment and concurrent consumables are consistently available   | V      |                       |             | HF                      |  |  |
|   |   | 92  | The PHC laboratory results are received from the lab within 72 hours   | E      |                       |             | HF                      |  |  |
| 93  | Laboratory results are filed in the client's record within 24 hours after receiving them from the lab | E   |  |        | HF                    |             |                         |  |  |
| DOMAIN 6:<br>OPERATIONAL MANAGEMENT   | 4. Human Resources for Health   | <b>14. Staff allocation and use:</b> Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied.  |  |        |                       |             |                         |  |  |
|   |   | 94  | Staffing needs have been determined in line with WISN  | I      |                       |             | D                       |  |  |
|   |   | 95  | Staffing is in line with WISN  | I      |                       |             | D                       |  |  |
|   |   | 96  | A dedicated facility manager must be appointed for a facility with a workload of more than 150 clients per day and who will perform at least 80% of management work per week | E      |                       |             | D                       |  |  |
|   |   | 97  | Daily work allocation documentation is signed by all staff members.  | I      |                       |             | HF                      |  |  |
|   |   | 98  | Leave policy is available  | I      |                       |             | HF                      |  |  |
|   |   | 99  | An annual leave schedule is available  | I      |                       |             | HF                      |  |  |
|   |   | 100   | Basic Staff records are available (vacation/sick/accouchement/ family responsibility leave/study leave/suspension)   | I      |                       |             | HF                      |  |  |
|   |   | <b>15. Professional standards and Performance Management Development System (PMDS):</b> Monitor whether staff are managed according to Department of Public Service Administration (DPSA) prescripts. |  |        |                       |             |                         |  |  |
|   |   | 101   | There is an individualised Performance Management Development System for all staff members   | I      |                       |             | HF                      |  |  |
|   |   | 102   | Continued staff development needs have been determined for the current financial year and submitted to the district manager  | I      |                       |             | HF                      |  |  |
|   |   | 103   | Training records reflect that planned training according to the district training programme was conducted  | I      |                       |             | HF                      |  |  |
|   |   | 104   | The disciplinary procedure is available  | I      |                       |             | HF                      |  |  |
|   |   | 105   | The grievance procedure is available   | I      |                       |             | HF                      |  |  |
| 106   | Staff satisfaction survey is conducted once per year  | I   |  |        | D                     |             |                         |  |  |
| 107   | The results of the staff satisfaction survey is used to improve the work environment                  | I   |  |        | HF                    |             |                         |  |  |
| <b>16. Availability of Medical, Mental health, and Allied health practitioners:</b> Monitor client access to clinical expertise at PHC level. |   |   |  |        |                       |             |                         |  |  |
| 108   | Clients have access to a medical practitioner   | E   |  |        | HF                    |             |                         |  |  |
| 109   | Clients have access to oral health service  | I   |  |        | D                     |             |                         |  |  |








| NATIONAL CORE STANDARDS             | COMPONENT   | SUB-COMPONENT       | ELEMENTS  | WEIGHT   | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |    |  |
|-------------------------------------|---|---------------------|---|--|-----------------------|-------------|-------------------------|----|--|
| DOMAIN 6:<br>OPERATIONAL MANAGEMENT | 4. Human Resources for Health   | 110                 | Clients have access to occupational therapy services  | I  | ?                     |             | D                       |    |  |
|                                     |   | 111                 | Clients have access to physiotherapy services   | I  | ?                     |             | D                       |    |  |
|                                     |   | 112                 | Clients have access to dietetic services  | I  | ?                     |             | D                       |    |  |
|                                     |   | 113                 | Clients have access to social work services   | I  | ?                     |             | D                       |    |  |
|                                     |   | 114                 | Clients have access to radiography services   | I  | ?                     |             | D                       |    |  |
|                                     |   | 115                 | Clients have access to ophthalmic service   | I  | ?                     |             | D                       |    |  |
|                                     |   | 116                 | Clients have access to mental health services   | E  | ?                     |             | D                       |    |  |
|                                     |   | 117                 | Clients have access to speech and hearing services  | I  | ?                     |             | D                       |    |  |
|                                     | DOMAIN 7:<br>FACILITIES AND INFRASTRUCTURE  | 5. Support Services | <b>17. Finance and supply chain management:</b> Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision. |  |                       |             |                         |    |  |
|                                     |   |                     | 118   | The facility manager is involved in determining the budget of the facility   | I                     | ?           |                         | HF |  |
|                                     |   |                     | 119   | The facility manager has financial delegation  | I                     | ?           |                         | D  |  |
|                                     |   |                     | 120   | The budget and actual expenditure of the facility is available   | I                     |             |                         | HF |  |
|                                     |   |                     | 121   | The facility has access to an automated supply chain system for general supplies   | E                     | ?           |                         | HF |  |
|                                     |   |                     | 122   | Delivery of supplies are consistently in line with terms and conditions of the relevant contract (including set turn-around times) | E                     | ?           |                         | D  |  |
|                                     |   |                     | <b>18. Hygiene and Cleanliness:</b> Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility.   |  |                       |             |                         |    |  |
|                                     |   |                     | 123   | There are sufficient cleaners  | E                     |             |                         | HF |  |
|                                     |   |                     | 124   | All cleaners have been trained on cleaning   | E                     |             |                         | HF |  |
| 125                                 |   |                     | All work completed is signed off by cleaners  | E  |                       |             | HF                      |    |  |
| 126                                 |   |                     | Cleaning materials are available  | E  | ?                     |             | HF                      |    |  |
| 127                                 |   |                     | Clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels are available   | E  | ?                     |             | HF                      |    |  |
| 128                                 |   |                     | Sanitary disposal bins with functional lids are available   | E  | ?                     |             | HF                      |    |  |
| 129                                 |   |                     | General waste bins are lined with appropriate coloured plastic bags and have functional lids in all hand washing areas and consulting rooms   | E  |                       |             | HF                      |    |  |
| 130                                 |   |                     | All toilets are always intact and functional  | E  | ?                     |             | HF                      |    |  |
| 131                                 |   |                     | Intensive cleaning of a facility is conducted during the least busy times   | E  |                       |             | HF                      |    |  |
| 132                                 |   |                     | All service areas are clean   | E  |                       |             | HF                      |    |  |
| 133                                 | The exterior of the facility is clean   | E                   |   |  | HF                    |             |                         |    |  |
| 134                                 | Vegetation is well trimmed  | I                   |   |  | HF                    |             |                         |    |  |
| 135                                 | Waste is stored in access-controlled rooms  | E                   |   |  | HF                    |             |                         |    |  |
| 136                                 | A signed waste removal service level agreement between the health department (district) and the service provider is available | E                   |   |  | P                     |             |                         |    |  |
| 137                                 | Waste is removed, regularly in line with the service level agreement  | E                   | ?   |  | HF                    |             |                         |    |  |

| NATIONAL CORE STANDARDS                    | COMPONENT   | SUB-COMPONENT   | ELEMENTS  | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |  |
|--|---|---|---|--------|-----------------------|-------------|-------------------------|--|
|  |   |   |   |        |                       |             |                         |  |
| DOMAIN 7:<br>FACILITIES AND INFRASTRUCTURE | 5. Support Services   | <b>19. Security:</b> Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, clients and staff of the PHC facility.               |   |        |                       |             |                         |  |
|  |   | 138   | Perimeter fencing is intact and complies with South African Police Service standards  | I      | ☺                     |             | HF                      |  |
|  |   | 139   | Separate lockable pedestrian and vehicle gates are available  | I      | ☺                     |             | HF                      |  |
|  |   | 140   | Adequate security lighting of the perimeter is available  | I      | ☺📖                    |             | HF                      |  |
|  |   | 141   | There is a standardised security guard room   | I      | ☺                     |             | D                       |  |
|  |   | 142   | A copy of the service level agreement between the security company and the provincial department of health is available and understood by PHC facility management and staff | I      | ?📖                    |             | D                       |  |
|  |   | 143   | Functional security equipment is available in security guard room as per service level agreement  | I      | ☺📖                    |             | HF                      |  |
|  |   | 144   | Registers for access control are available and up to date   | I      | 📖                     |             | HF                      |  |
|  |   | 145   | Prohibited items appropriately controlled and accounted for before access is granted  | I      | ☺📖                    |             | HF                      |  |
|  |   | <b>20. Disaster preparedness:</b> Monitor whether firefighting equipment is available and whether staff know how to use it and whether disaster drills are conducted.                 |   |        |                       |             |                         |  |
|  | 146   | Functional firefighting equipment is available and accessible   | E   | ☺📖     |                       | HF          |                         |  |
|  | 147   | Emergency evacuation procedure practiced annually   | E   | 📖      |                       | HF          |                         |  |
|  | 148   | Deficiencies identified during the practice of the emergency evacuation are addressed   | E   | 📖      |                       | HF          |                         |  |
|  | 149   | Intersectoral outbreak/disaster management plan is available  | I   | 📖      |                       | HF          |                         |  |
|  | 150   | Annual review and staff awareness of the intersectoral outbreak/disaster management plan  | I   | 📖      |                       | HF          |                         |  |
|  | 6. Infrastructure   | <b>21. Physical Space and Routine Maintenance:</b> Monitor whether the physical space is adequate for the PHC facility workload and whether timely routine maintenance is undertaken. |   |        |                       |             |                         |  |
|  |   | 151   | Clinic space accommodates all services/disciplines and staff  | E      | ☺📖                    |             | HF                      |  |
|  |   | 152   | The clinic has access to a functional District infrastructure maintenance hub   | I      | ?                     |             | D                       |  |
|  |   | 153   | Minor repairs are promptly carried out  | I      | ☺📖                    |             | D                       |  |
| 154  |   | Major infrastructure repairs are carried out as planned   | I   | 📖      |                       | D           |                         |  |
| 155  |   | Routine maintenance of the infrastructure is conducted  | I   | ☺📖     |                       | D           |                         |  |
| DOMAIN 3:<br>CLINICAL SUPPORT SERVICES     | <b>22. Essential Equipment and Furniture:</b> Monitor whether essential equipment and required furniture are available. |   |   |        |                       |             |                         |  |
|  | 156   | Consulting room furniture is available in every consulting room   | I   | ☺      |                       | HF          |                         |  |
|  | 157   | Essential equipment is available and functional in every consulting room  | E   | ☺      |                       | HF          |                         |  |
|  | 158   | Resuscitation room is well equipped with functional basic equipment for resuscitation   | V   | ☺📖     |                       | HF          |                         |  |
|  | 159   | Oxygen supply is available  | V   | ☺      |                       | HF          |                         |  |
| 160  | Emergency trolley is cleaned and filled up at least daily and after being used  | V   | ☺📖  |        | HF                    |             |                         |  |

| NATIONAL CORE STANDARDS                    | COMPONENT   | SUB-COMPONENT  | ELEMENTS  | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |  |
|--|---|--|---|--------|-----------------------|-------------|-------------------------|--|
| DOMAIN 3:<br>CLINICAL SUPPORT SERVICES     |   | 161  | There is a protocol on resuscitation in a health facility.  | E      |                       |             | HF                      |  |
|  |   | 162  | PHC facility staff are familiar with resuscitation and emergency procedures   | E      | ?                     |             | HF                      |  |
|  |   | 163  | There is a sterile emergency delivery pack.   | V      |                       |             | HF                      |  |
|  |   | 164  | Equipment for minor surgery is available  | E      |                       |             | HF                      |  |
|  |   | 165  | Redundant and non-functional equipment is promptly removed from the facility  | I      |                       |             | HF                      |  |
| DOMAIN 7:<br>FACILITIES AND INFRASTRUCTURE | 6. Infrastructure   | <b>23. Bulk supplies:</b> Monitor whether the required electricity supply, water supply and sewerage services are constantly available   |   |        |                       |             |                         |  |
|  |   | 166  | There is consistent supply of clean, running water to the facility  | V      | ?                     |             | HF                      |  |
|  |   | 167  | There is emergency water supply in the facility   | E      | ?                     |             | HF                      |  |
|  |   | 168  | Water is checked for quality quarterly  | I      | ?                     |             | HF                      |  |
|  |   | 169  | There is functional back-up electrical supply   | V      | ?                     |             | HF                      |  |
|  |   | 170  | The back-up electrical power supply is checked weekly to determine its functionality  | V      |                       |             | HF                      |  |
|  |   | 171  | The sewerage system is functional   | E      |                       |             | HF                      |  |
|  |   | <b>24. ICT Infrastructure and Hardware:</b> Monitor whether systems for internal and external electronic communication are available and functioning.                                |   |        |                       |             |                         |  |
|  |   | 172  | There is a functional telephone system in the facility  | E      | ?                     |             | HF                      |  |
|  |   | 173  | A functional public address system is available   | I      | ?                     |             | HF                      |  |
|  |   | 174  | There is a functional computer  | I      | ?                     |             | HF                      |  |
| 175  | There is a functional printer connected to the computer       | I  | ?   |        | HF                    |             |                         |  |
| 176  | There is web access   | I  | ?   |        | D                     |             |                         |  |
| DOMAIN 4:<br>PUBLIC HEALTH                 | 7. Health Information Management                              | <b>25. District Health Information System (DHIS):</b> Monitor whether there is an appropriate information system that produces information for service planning and decision making. |   |        |                       |             |                         |  |
|  |   | 177  | Facility performance in response to burden of disease of the catchment population, is displayed and is known to all clinical staff members.                     | I      | ?                     |             | HF                      |  |
|  |   | 178  | Current disease trends inform prioritization of health care plans   | I      |                       |             | HF                      |  |
|  |   | 179  | District Health Information Management System policy available  | I      |                       |             | HF                      |  |
|  |   | 180  | Relevant DHIS registers are available and are kept up to date   | I      | ?                     |             | HF                      |  |
| 181  | There is a functional computerized patient information system | I  | ?   |        | D                     |             |                         |  |
| DOMAIN 6:<br>OPERATIONAL                   | 8. Communication  | <b>26. Internal communication:</b> Monitor whether the communications system required for improved quality for service delivery is in place.   |   |        |                       |             |                         |  |
|  |   | 182  | There are district quarterly facility performance reviews meetings  | I      |                       |             | D                       |  |
|  |   | 183  | There is at least a monthly staff meeting within the facility   | I      |                       |             | HF                      |  |
|  |   | 184  | 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                      |  |

| NATIONAL CORE STANDARDS   | COMPONENT   | SUB-COMPONENT   | ELEMENTS  |   |   |      | WEIGHT | METHOD OF MEASUREMENT | PERFORMANCE | LEVEL OF RESPONSIBILITY |  |
|---|---|---|---|---|---|------|--------|-----------------------|-------------|-------------------------|--|
| DOMAIN 4:<br>PUBLIC HEALTH  | 8. Communication  | <b>27. Community engagement:</b> Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee. |   |   |   |      |        |                       |             |                         |  |
|   |   | 185   | There is a functional clinic committee  | I   |   |      | P      |                       |             |                         |  |
|   |   | 186   | Contact details of clinic committee members are visibly displayed   | I   |   |      | HF     |                       |             |                         |  |
|   |   | 187   | There is an annual open day facilitated by the clinic committee   | I   |   |      | HF     |                       |             |                         |  |
|   | DOMAIN 5:<br>LEADERSHIP AND CORPORATE GOVERNANCE  | 9. District Health System Support   | <b>28. District Health Support (DHS):</b> 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 program managers. |   |   |      |        |                       |             |                         |  |
|   |   |   | 188   | There is a health facility operational plan in line with district health plan   | I |      |        | HF                    |             |                         |  |
|   |   |   | 189   | The Permanent Perfect Team for Ideal Clinic Realisation and Maintenance visits the clinic at least twice a year to record the Ideal Clinic Realization status and to correct weaknesses | E |      |        | D                     |             |                         |  |
|   |   |   | <b>29. Planned and Emergency patient transport:</b> Monitor the availability of planned and emergency transport for clients.  |   |   |      |        |                       |             |                         |  |
|   |   |   | 190   | There is a pre-determined ambulance response time to the facility   | I |      |        | D                     |             |                         |  |
|   |   |   | 191   | Ambulances respond in line with the pre-determined response time  | I |      |        | D                     |             |                         |  |
| 192   |   |   | There is effective planned patient transport to and from the referral hospitals   | I   |   |      | D      |                       |             |                         |  |
| <b>30. Referral System:</b> Monitor whether clients have access to appropriate levels of health care. |   |   |   |   |   |      |        |                       |             |                         |  |
| 193   |   |   | The National Referral Policy is available   | I   |   |      | NDoH   |                       |             |                         |  |
| 194   |   |   | The facility's Standard Operating Procedure for referrals is available  | I   |   |      | HF     |                       |             |                         |  |
| 195   |   | Referral pathways are clearly determined  | I   |   |   | D    |        |                       |             |                         |  |
| 196   |   | There is a referral register that records referred clients  | I   |   |   | HF   |        |                       |             |                         |  |
| 197   |   | Referral records indicate feedback from destination facilities  | I   |   |   | HF   |        |                       |             |                         |  |
| 198   |   | There is a standard National Referral form that is used by all for referring clients  | I   |   |   | NDoH |        |                       |             |                         |  |
| 199   |   | Analysis of referral data is conducted to identify service delivery gaps  | I   |   |   | HF   |        |                       |             |                         |  |
| 10. Implementing Partners and Stakeholders  |   | <b>31. Implementing Partners support:</b> Monitor the support that is provided by implementing partners   |   |   |   |      |        |                       |             |                         |  |
|   |   | 200   | There is an up to date list ( <i>with contact details</i> ) of all implementing partners that support the facility  | I   |   |      | HF     |                       |             |                         |  |
|   |   | 201   | The list of implementing health partners shows their areas of focus and business activities   | I   |   |      | HF     |                       |             |                         |  |
|   |   | 202   | Implementing health partners perform in relation to their focus area and business activities  | I   |   |      | HF     |                       |             |                         |  |
|   | <b>32. Multi-sectoral collaboration:</b> Monitor the systems in place to respond to the social determinants of health |   |   |   |   |      |        |                       |             |                         |  |
|   | 203   | There is an official Memorandum of Understanding between the PDOH and SAPS  | I   |   |   | P    |        |                       |             |                         |  |
| 204   | There is an official Memorandum of Understanding between the PDOH Department of Education                             | I   |   |   | P |      |        |                       |             |                         |  |
| 205   | There is an official Memorandum of Understanding between the PDOH and the Department of Social Development            | I   |   |   | P |      |        |                       |             |                         |  |



| NATIONAL CORE STANDARDS                          | COMPONENT                                  | SUB-COMPONENT | ELEMENTS  | WEIGHT | METHOD OF MEASUREMENT   | PERFORMANCE | LEVEL OF RESPONSIBILITY |
|--|--|---------------|---|--------|---|-------------|-------------------------|
|  |  |               |   |        |   |             |                         |
| DOMAIN 5:<br>LEADERSHIP AND CORPORATE GOVERNANCE | 10. Implementing Partners and Stakeholders | 206           | There is an official Memorandum of Understanding between the NDOH and Department of Home Affairs  | I      |  |             | NDoH                    |
|  |  | 207           | There is an official Memorandum of Understanding between the PDOH and Local Government  | I      |  |             | P                       |
|  |  | 208           | There is an official Memorandum of Understanding between PDOH and Department of Water and Sanitation  | I      |  |             | P                       |
|  |  | 209           | There is an official Memorandum of Understanding between the PDOH and Department of Public Works  | I      |  |             | P                       |
|  |  | 210           | There is an official Memorandum of Understanding between the district management and Cooperative Governance and Traditional Affairs (CoGTA) | I      |  |             | D                       |
|  |  | 211           | There is an official Memorandum of Understanding between the PDOH and department of transport   | I      |  |             | P                       |
|  |  | 212           | There is an official Memorandum of Understanding between the District management and relevant NGOs  | I      |  |             | D                       |

## SCORING FOR CATEGORIES OF IDEAL CLINIC

| WEIGHT CATEGORY | NO. OF ELEMENTS PER CATEGORY | CATEGORIES OF IDEAL CLINIC |               |               |             |
|-----------------|------------------------------|----------------------------|---------------|---------------|-------------|
|                 |                              | SILVER                     | GOLD          | PLATINUM      | DIAMOND     |
| Vital           | 19                           | 100%                       | 100%          | 100%          | 100%        |
| Essential       | 86                           | 75%                        | 85%           | 95%           | 100%        |
| Important       | 107                          | 60%                        | 72%           | 84%           | 100%        |
|                 | <b>212</b>                   | <b>70-79%</b>              | <b>80-89%</b> | <b>90-99%</b> | <b>100%</b> |





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