

**QPR for FY 2020-21 for Provincial Institution of Health of location KwaZulu Natal**

Frequency	Programme	Sub Programme	Indicator	Quarter - 4				Annual Performance												
				Target Q4	Actual Output Q4	Reason for Deviation Q4	Corrective Action Q4	Annual Target	Aggregate Output	Pre-Audited Annual Performance	Reason for Deviation	Corrective Action	Audited Annual Performance							
Annually	Programme 1: Administration	Administration	Audit opinion of Provincial DoH					unqualified	qualified											
			Contingent liability of medico-legal cases					R22 Bn	R 110 302 969											
			Medical Officers per 100 000 population					27.4	33.56											
			Number of CHW's contracted into the Health System					10100	10080											
			Number of new ambulances disposed					49	0					Indicator Discontinued						
			Number of new ambulances purchased					100	0						Indicator Discontinued					
			Number of new vehicles disposed					200	0											
			Number of new vehicles purchased					270	0											
			Percent ambulances that are operational					70	0							Indicator Discontinued				
			Percent of achievement on improvement plans on HR functionality					0	50											
			Percent of achievement on improvement plans on Leadership and Governance					100	0											
			Percent of Hospitals with a stable ICT connectivity					80.60	91.5											
			Percent of initiated/instituted disciplinary cases finalised					90	32											
			Percent of PHC facilities with a stable ICT connectivity					80	82.8											
			Percent of vehicles that are operational					90												
			Percentage of facilities certified by OHSC					68.7	5.3											
			Percentage of Hospitals compliant with Occupational Health and Safety					100	65											
			Percentage of hospitals with functional hospital boards					100	55.7											
			Percentage of PHC facilities with functional clinic committees					80	30.8											
			Percentage of SMS and CEOs with annual EPMDS assessments signed off by due dates					100	44											
			Percentage of supplier invoices paid within 30 Days					85	96.3											
			Percentage of the population with private medical cover						Monitor Trends	13.1										
			Percentage over and under expenditure					0	11											
	Percentages of Hospitals electronically recording clinical codes for their patient visits					2.80	8.3													
	Professional nurses per 100 000 population					152.5	160.24													
	SMS and CEOs with annual EPMDS Assessments signed off by due dates					100														
	UHC service Index 5					72.0	0													
		Programme 2: District Health Services	Disease Prevention and Control	Diabetes Incidence					7.8	2.6										
				Hypertension Incidence					28	8.3										
				Malaria case fatality rate					0.4	14										
				Malaria incident per 1000 population at risk						Zero new local infections	0.07/1000									
			District Hospitals	Child under 5 years diarrhoea case fatality rate - District Hospital					2.0	2.3										
				Child under 5 years pneumonia case fatality rate - District Hospital					1.7	2.1										
				Child under 5 years severe acute malnutrition case fatality rate - District Hospitals					6	5										
				Death in facility under 1 years rate - district hospital					4.9	7.8										
				Death in facility under 5 years rate - district hospital					4.2	5.3										
				Death under 5 years against live birth rate - District Hospital					1.2											
				Maternal Mortality in facility ratio - District Hospital					55.2	67.4										
				Neonatal death in facility rate - District Hospital					9.0	11.6										
				Patient Experience of Care satisfaction rate - District Hospital					81.8	80.6										
				Patient Safety Incident (PSI) case closure rate - District Hospital					93.6	97.7										
				Percentage of Complaints on Patient care - District Hospitals					21.8	42.5										
				Percentage of Complaints on Staff Attributes - District Hospitals					15.9	16.3										
			Percentage of Complaints on waiting times - District Hospitals					22.6	11.7											
			Still birth in facility - District Hospitals					17.6	19.9											
			HIV, AIDS, STI & TB Control	Adult Viral load suppressed rate					90											
	All DS-TB client death rate							7	7											
	All DS-TB client treatment success rate						81	80.5												
	ART adult death rate						1.1													
	ART child death rate						1.2													
	ART child viral load suppressed rate						90													
	ART death rate						1.15													
	HIV incidence						0.52	0.46												
	HIV positive 15 - 24 years (excl ANC) rate							30322												
	HIV prevalence among 15 - 24 year old pregnant women (ANC10)							19.2												
	HIV prevalence among 15-24 years olds (excl ANC)							Baseline to be established												
	TB incidence						400	333												
	TB Rifampicin resistant/MDR/pre-XDR treatment success rate - Long						60	70												
	TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short						71	70												

Maternal, Neonatal, Child & Women's Health & Nutrition	Child under 5 years diarrhoea case fatality rate					2	2.6			
	Child under 5 years diarrhoea incidence					7	3.8			
	Child under 5 years pneumonia case fatality rate					2.2	2.3			
	Child under 5 years pneumonia incident					38	11.6			
	Child under 5 years Severe acute malnutrition case fatality rate					6	5.6			
	Child under 5 years severe acute malnutrition incident					1.7	5.6			
	Death in facility under 5 years - total					4.2	5.7			
	Death under 1 year rate (annualized) - total					5	7.8			
	Death under 5 years against live birth rate					1.8	3.2			
	Early Neonatal death rate					8.5	9.2			
	Infant Mortality Rate					29	7.8			
	Infant PCR test positive-around 10 weeks rate					0.5	219			
	Live Birth under 2 500 g in facility rate					11.5	11.8			
	Maternal Mortality in facility Ratio - Total					85	126.8			
	Neonatal death in facility rate					11.3	11.9			
	Still birth in facility rate					21	23.2			
	Under 5 mortality rate					40	5.7			
	Primary Health Care	Ideal clinic status obtained rate					100	76.8		
		Patient Experience of Care satisfaction rate - PHC					68.7	89.5		
		Patient Safety Incident (PSI) case closure rate - PHC facility					87.3	82.2		
		Percentage of complaints on patient care - PHC					16.3	17.9		
		Percentage of complaints on staff attitude - PHC					20.7	22.5		
Percentage of complaints on Waiting times - PHC						37.5	29.6			
Programme 3: Emergency Medical Services	Emergency Medical Services	EMS P1 rural response under 60 minutes rate					52			
	EMS P1 urban response under 30 minutes rate						51			
Programme 4: Provincial Hospital Services	Chronic/ Sub-Acute Hospitals	Patient Experience of Care satisfaction rate				79.5	94			
		Patient Safety Incident (PSI) case closure rate				96.5	100			
	Regional Hospitals	Child under 5 year Severe Acute Malnutrition case fatality rate					7	5.9		
		Child under 5 years diarrhoea case fatality rate					2.1	3.2		
		Child under 5 years pneumonia case fatality rate					2.1	2.6		
		Death in facility under 5 years					4.8	5.6		
		Death in facility under one year					5.2	7.2		
		Death under 5 years against live birth rate					1.9			
		Maternal Mortality in facility ratio					101.5	179.9		
		Neonatal death in facility rate					16.1	16.2		
		Patient Experience of Care Satisfaction rate					81.8	85		
		Patient Safety Incident (PSI) case closure rate					87.3	96.4		
	still birth in facility rate					26.9	32.1			
	Specialised TB Hospitals	Patient Experience of Care satisfaction rate					93.7	98		
		Patient Safety Incident (PSI) case closure rate					89.8	100		
	Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate					88.7	98		
		Patient Safety incident (PSI) case closure rate					95.5	80		
	Programme 5: Central Hospital Services	Central Hospitals	Child under 5 years pneumonia case fatality rate				14.6	2.9		
			Child under 5 years Severe Acute Malnutrition case fatality rate				20	100		
			Death in facility under 1 year					8.9	9.4	
Death in facility under 5 years rate							5.4	6.2		
Death under 5 years against live birth rate							42.2			
Maternal Mortality in facility ratio							1216	3181		
Neonatal death in facility rate - Central Hospital							136	131.8		
Patient Experience of Care satisfaction rate							90.9	91		
Patient Safety Incident (PSI) case closure rate							100	100		
still birth in facility rate							28.3	35.1		
Tertiary Hospitals		Child under 5 years pneumonia case fatality rate					0.6	2.1		
		Child under 5 years Severe Acute Malnutrition case fatality rate					4	8.2		
		Death in facility under 5 years rate					3.7	7.6		
		Death in the facility under 1 year					3.7	8.3		
		Death under 5 years against live birth rate					2.6			
		Death under 5 years diarrhoea case fatality rate					1.7	2.3		
		Maternal Mortality in facility ratio					334.9	490		
		Neonatal death in facility rate					22.6	18.2		
		Patient Experience of Care satisfaction rate					74.8	78		
		Patient Safety Incident (PSI) case closure rate					73.2	94.8		
still birth in facility rate					28.9	27.5				
Programme 6: Health Sciences and Training	Health, Science and Training	Number of Bursaries awarded to first year medicine students				22	0			

			Number of Bursaries awarded to first year other health professions students					30	55											
			Number of Bursaries awarded to first year other health professions students					33	0										Indicator renamed	
			Number of Emergency Medicine Specialists in training					0												
			Number of employees trained through the Regional Training Centre					500	29181											
			Number of Internal employees awarded bursaries					100	369											
			Number of officials training through EMS college					405	6175											
			Percentage of the population within a 5 km radius of a health service					Mapping Done	84.4											
Quarterly	Programme 1: Administration	Administration	Percent ambulances that are operational	70	0		Indicator Discontinued	70	9											
			Percent vehicle that are operational	90	93		Achieved 93% [2986/3212]. The improvement is due to the move to lower lockdown levels which improved the turn-around times of vehicle repairs and maintenance.	90	91.56											
	Programme 2: District Health Services	Disease, Prevention and Control	Case Fatality Rate for covid-19: 5 - 60 years	Monitor Trends	3.1		Developing indicator being monitored to determine realistic target	Monitor Trends	-											
			Clients accessing rehab services	170000	144 991		Covid-19 Pandemic contributed to reduced number of clients accessing disability and rehabilitation services. Plans have been put in place to minimize impact as much as feasible.	680000	389138											
			Covid-19 Positivity Rate	Monitor Trends	16.8		Developing indicator being monitored to determine realistic target	Monitor Trends	-											
			Covid-19 Testing Coverage	Monitor Trends	6944/100000		Developing indicator being monitored to determine realistic target	Monitor Trends	-											
			Mental Disorders Screening	35	55		Achieved through the mentoring of clinics on the mental health screening tool	35	40.125											
			Mental Health Screening	0	0		Indicator Renamed	35	12.55											
		District Hospitals	Health Care Associated infections - District Hospitals	12	122		HAIs are generally caused by poor hand hygiene and implementation of prevention bundles and monitoring thereof	Review of the KZN guidelines to align to those approved by NDOH this year. Implementation of a multimodal approach using the "Plan it, build it, sell it, check it and live it" process. Strengthening PSI reporting is also planned	48	368										
			Severity assessment code (SAC) 1 incident reported within 24 hours rate - District Hospitals	0	0		Indicator Renamed	67.9	15.7											
			Severity assessment code 1 incident reported within 24 hours rate - District Hospital	68	83		Updated information shows improvement in data reporting.	District QA Managers assigned to monitor and guide all facilities that are not reporting	68	57.925										
		HIV, AIDS, STI & TB Control	All DS-TB lost to follow-up	8	11		Achieved 11% [1408/12891]. High rate of unevaluated patients lost to follow up rate. Resources are limited and overstretched due to the COVID-19 pandemic resulting in neither follow up of early and late missed appointments nor updating of the unevaluated cases. The implementation of the recovery plan has been compromised by the second wave of COVID-19 which affected Health Care Workers.	Employment of the Outreach teams and Linkage Officers has been finalised. Teams will focus on the implementation of the recovery plan.	8	11										
			ART adult remain in care rate	80	67.7		Target not met due to loss to follow up which is sitting at 24%. Targets for positivity rate remains unmet. Poor AGL	Target testing has started with districts focusing on key populations and men. TB and HIV screening has been integrated with COVID. AGL rollout linked to literacy classes to improve retention	80	67.7										
			ART adult remain on ART end of period	1633626	1 437 205		Target not met due to loss to follow up (LTFU) which is sitting at 24%. Targets for positivity rate remains unmet. Poor AGL implementation SOPs has contributed to high LTFU.	Target testing has started with districts focusing on key populations and men. TB and HIV screening has been integrated with COVID. AGL rollout linked to literacy classes to improve retention	1633626	1										

ART child remain in care rate	80	77.8	During this period this indicator fall 2% short to the target of 80% however an increase noted from Q3. Decrease in ART child remain in care due to planned and silent transfers with neighbouring provinces and countries. Patients that are not retained in treatment due to Lost to follow up and some death.	Implementation of Paediatric and Adolescent Matrix of interventions across the province. Inclusion of Child Health indicators at reporting platforms for monitoring. Analysis of all transfers out and follow up with receiving facilities. Analysis of districts with high mortality rates. Training and implementing of Paediatric Case Manager approach to 5 districts. Support and strengthen community based tracking and tracing for children and adolescents.	80	77.8				
ART child under 15 years remain on ART end of period	68068	44 474	Low case finding and linkage to care in facility and community settings. Consent to screen and test challenges. Low uptake of index testing services for children and siblings of positive index clients. Transitioning to adult cascade. Lost to follow up.	Expand Paediatric Case Manager model coverage to all remaining districts and facilities in the province. Inclusion of Child Health indicators at weekly nerve centres meetings for continuous monitoring. Reporting and monitoring on treatment Net new specific for this age group. Optimise Index testing services amongst this sub-population. Implement Community tracking and tracing of early missed clients. Engage and collaborate with community based psychosocial and mental health stakeholders working with children and adolescents.	68068	44				
ART client remain on ART end of month - sum	1701694	1 508 045	Target not met due to loss to follow up which is sitting at 24%. Targets for positivity rate remains unmet. Poor AGL	Target testing has started with districts focusing on key populations and men. TB and HIV screening has been integrated with COVID. AGL rollout linked to literacy classes to improve retention	1701694	1				
ART client remain on ART end of month - total	1701694	0	Indicator renamed		1701694	0				
HIV test done - sum	775000	1 009 212	The target met due to recovery plan put in place when poor performance was identified during the onset of the COVID-19 period. This included targeted testing, community campaigns and testing outside facilities. Districts were encouraged to include HIV testing during the screening of COVID-19	Continue monitor and support those districts that are still struggling to reach their district targets by encouraging more HIV Self Screening (HIVSS) and Provider Initiated Counselling and Testing (PACT) especially for men and youth	3100000	769188				
HIV test done - sum	825000	0	Indicator Discontinued		3300000	2631001				
Male Urethritis syndrome incident	28	32	Achieved 32%/3000 (24230/ 762143). Lack of focus on the STI programme implementation by facilities due to Covid-19 over-burden in facilities. Lack of proper implementation of the STI screening tools at entry points in the facilities. Poor utilisation of the STI Sentinel sites by Districts in KZN. Other facilities performed well due to STI screening at all health care facility entry points and increased distribution of condoms has contributed in the reduction of MUS incidence	Monitor STI screening and condom distribution through report analysis and during health care facility support visits. Facilities to implement STI screening at all health care facility entry points and increased distribution of condoms has contributed in the reduction of MUS incidence	28	27.8				
MUS Incidence	28	0	Indicator renamed		28	6.2				

	Screened for TB symptoms	5000000	5,747,971	Despite the decline in head count, most patients who attended health care facilities were screened for TB.		20000000	16448705					
	TB XDR treatment start rate	96	96	Achieved 96% (19/20)		96	96					
Maternal, Neonatal, Child & Women's Health & Nutrition	ANC clients initiated on ART rate	98	96.7	The deviation can be attributed to patients not initiated on the day the tested positive hence the numerator is bigger than the denominator. There is a positive uptake of ART by pregnant women.	Promote same day ART initiation	98	99.45					
	Antenatal 1st visit before 20 weeks rate	75.9	73.2	Achieved 73.2% (45 343/ 61 983). Two districts contributed to poor performance this quarter: Amajuba and Harry Gwala. This could be low rate house hold testing that was done probably due to competing priorities.	Close monitoring and strengthening of house hold pregnancy testing	75.9	73.2					
	Antenatal first visit before 20 weeks first visit rate	0	0	Indicator Renamed		75	0					
	Cervical cancer screening	0	0	Indicator Renamed		85	8.2					
	Cervical cancer screening coverage	To be determined	44.7	Achieved 44.7% (40116/ 62608). Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at uThukela districts. None of the district has achieved the target.	Healthcare workers encouraged to do two pap smear per day. To conduct community awareness through media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services	To be determined	-					
	Couple year protection rate	60	57.6	Achieved 57.6% (461 813/ 800 392) Target not met. This deterioration is associated with the reduction in access to services arising from the COVID-19 lockdown and a reduced capacity arising for the redeployment of staff to COVID-19 related screening services. The performance ranges from 28%Amajuba district to 89.8% uThukela district. This can be due to poor marketing of LARCS and COVID-19 restrictions related	Increase community awareness through IEC. Allocation of individual target to the clinicians for LARC's and weekly monitoring - Allocation of targets to mobile clinicians - Post-natal IUCD insertion post-delivery. Condom distribution at non-medical sites.	60	50.62499999999999					
	Delivery 10-19 years in facility rate	16.6	16.3	Target not met. This deterioration is associated with the reduction in access to services arising from the COVID-19 lockdown in first three quarters. Poor marketing of Long Acting Reversible Contraceptives (LARCS)	Increase community awareness through distribution of IEC materials and radio slots. Allocation of individual target to the clinicians for LARC's (two IUCD and on Implanon per day) in a fixed clinic. Allocation of targets to mobile clinicians two LARC's per week	16.6	16.8					
	Immunisation under 1 year coverage	88	90.1	Target met due to catch-up drives that has been conducted		88	86					
	Infant exclusively breastfed at DTap-IPV-Hib	0	0	Indicator Renamed		63	0					

		Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose	63	57	Achieved 57% [27 927/ 48 993]. Target not met. Poor infant feeding counselling and support during antenatal and postnatal period remains. This was found in support visits during this period, where MBFI activities are restarting, but training and capacity lags behind due to continued training restrictions. Further OTL orientation on infant feeding support postponed due to increased COVID-19 restrictions	Orientation of WBOT OTLs to recommence once the COVID-19 restrictions eased. Inclusion of Advocacy to recommence MBFI practices within the COVID-19 context in the 2021/22 financial year planning.	63	57				
		Measles 2nd dose coverage	93	84.8	Target not achieved due to poor monitored. The coverage rate declined in seven districts with only four districts meeting target	Conduct catch up campaigns. Monitor Vaccine stock outs closely. Include indicator in weekly nerve centre report and closely	93	84.8				
		Mother postnatal visit within 6 days rate	77	76	Performance almost on target. Linkage of pregnant and post-delivery women to Community Care Givers (CCGs) was affected during the pandemic and slow implementation of recovery plan at local level.	Strengthen linkage to CCGs of pregnant women and continue post-delivery. Ensure implementation of recovery plan	77	76.8				
		Vitamin A dose 12-59 months coverage	72	66.8	The target was not met, due to closure of ECD centres for the holidays as well as prolonged opening dates post covid-19 second wave.	Continued advocacy to ensure coordinated visits to ECDs as well as ongoing Vitamin A issuing at household level by CHWs.	72	57.125				
	Primary Health Care	Number of health care associated infections	0	0	Indicator Renamed		8	0				
		Number of health care associated infections - PHC	2	0	No HAI's reported. The infections that can be expected in PHC are Surgical Site Infection (SSI).		8	0				
		Number of Ward Based Outreach Teams (cumulative)	217	372	Funding was made available for districts to recruit outreach teams for covid-19 screening and testing. Posts were advertised and filled.		217	372				
		Severity assessment code (SAC) 1 incident reported within 24 hours rate - PHC facility	0	0	Indicator Renamed		57.9	34.05				
		Severity assessment code 1 incident reported within 24 hours rate - PHC	57.9	71	Achieved 71% [17/ 24]. Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.		57.9	50				
Programme 3: Emergency Medical Services	Emergency Medical Services	Average number of daily operational ambulances	210	184	EMS experienced a challenge with staff being infected by COVID-19, particularly during the second wave. Every district had multiple staff members not on duty due to contracting COVID-19 and being unable to report for duty. This resulted in fewer operational ambulances.	EMS is making every effort to minimise the spread of COVID-19 amongst staff members. All precautions are in place.	210	184				
Programme 4: Provincial Hospital Services	Chronic/Sub-Acute Hospitals	Average length of stay	84.7	1118	Clairwood Hospital was repurposed and used for COVID-19. Hillcrest Hospital is the only hospital that operates as a long term care facility.	Review service package and facilitate the reclassification of Clairwood.	45	1763.175				
		Expenditure per PDE	3195.7	6376.30	Clairwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure.	Review service package and facilitate the reclassification of Clairwood.	3195.7	3438.5325000000003				
		Health Care Associated Infections	1	0	Poor reporting via Patient Safety Incident (PSI) system.	Intensify surveillance and use of the PSI tool.	7	0				
		Inpatient bed utilization rate	51.5	26.5	Clairwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure.	Review service package and facilitate the reclassification of Clairwood.	51.9	55.2				
		Percentage of complaints on patient care	21.4	11	Achieved 11% [1/9].		21.4	25.5				

	Percentage of complaints on staff attitudes	21.4	11	Achieved 11% (1/9). During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	21.4	11.75				
	Percentage of complaints on waiting times	0	0	Indicator Renamed		16.6	0				
	Percentage of Complaints on waiting Times	16.7	0	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	16.7	13				
	Severity assessment Code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		0	0				
	Severity assessment code 1 incident reported within 24 hours rate	0	0	Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.		0	18.75				
Regional Hospital	% Complaints on patient care	0	0	Indicator Renamed		42.1	5.1				
	% Complaints on staff attitudes	0	0	Indicator Renamed		15.1	3.625				
	% Complaints on waiting time	0	0	Indicator Renamed		11.8	5				
	Average Length of stay	6.3	6.2	Covid-19 recovery Plan implementation contributed to improved performance		6.3	5.975				
	Expenditure per PDE	3054.9	4 980.70	Carry over of COVID-19 related supplies, equipment and PPE	Monitor the effectiveness of the cash flow committees in implementing cost cutting measures.	3220	3366.06				
	Health Care Associated Infections	3	419	Increase due to improvements in reporting i.e. previous reporting challenges have been resolved. However there is poor adherence to standards and transmission based precautions including to hand hygiene protocols. Poor implementation and monitoring of the prevention bundles.	ICN guideline will be reviewed with a view to align to the NDoH guidelines which were approved this year. Follow a multimodal approach for implementation.	12	936				
	Health Care associated with infections	3	0	Indicator Renamed		12	22				
	Inpatient (usable) bed utilisation rates	74.1	62.8	Increased hospital admissions due to COVID-19 second wave and the bed turn rate over rate was decreased as in this surge COVID-19 cases were taking longer to recover	Monitor the effectiveness of morbidity and mortality meetings	73.4	46.8				
	Inpatient bed utilization rate	0	0	Indicator Renamed		73.4	13.625				
	Percentage of Complaints on patient care	42.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.	District QA Managers assigned to monitor and guide all facilities not that are reporting	42.1	27.35				
	Percentage of Complaints on staff Attitudes	15.1	30	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not reporting as expected according to the National Guidelines.	District QA Mangers assigned to monitor and guide all facilities not reporting	15.1	31				
	Percentage of Complaints on waiting Times	11.8	11	The province may be doing well in terms of meeting targets but looking at the Ideal health facility monitoring system it is evident that more than 50% facilities are not reporting, in order to display a true picture in this regard	District QA Mangers assigned to monitor and guide all facilities not reporting	11.8	16				

	Severity assessments code 1 incident reported within 24 hours rate	76.2	95	All facilities have fully functional PSI committees	District QA Managers assigned to monitor and guide all facilities that are not reporting.	76.2	62.15				
	Severity assessment code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		76.2	24.65				
Specialised Psychiatric Hospitals	Health Care Associated Infections	7	78	78 cases of patients infected with COVID-19, possibly due to transmission from staff to patient and then patient to patient. Poor and sometimes difficult implementation of COVID-19 precautions among these patients may be contributing factors.	Implement IPC Score card together with district support. Strict implementation of COVID-19 precautions such as staff screening, bed spacing, environmental and engineering controls and PPE	28	156				
	Percentage of Complaints on patient care	0	50	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	24.1	60				
	Percentage of Complaints on staff attitudes	5.2	0	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	5.2	0				
	Percentage of Complaints on waiting times	4.2	0	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	4.2	0				
	Percentage of Complaints on waiting Times	8.6	0	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	8.6	0				
	Severity assessment Code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		64.3	1.675				
	Severity assessment code 1 incident reported within 24 hours rate	64.3	20	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting	64.3	27.5				
Specialised TB Hospitals	Average length of stay	59.8	47.8			60	37.875				
	Expenditure per PDE	6220.7	6389.50	Curtailing of services due to COVID-19 epidemic resulted in increased operational costs.	Reinstate services progressively and implement rationalization plan.	6220.7	15359.235				
	Health Care Associated with infections	0	0	Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping	Intensify the use of PSI as a reporting tool	2	0				
	Inpatient (usable) beds utilisation rates	36.8	15	Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.	Reinstate services progressively and implement rationalization plan.	36.9	10.35				
	Inpatient bed utilization rate	0	0	Indicator Renamed		36.9	4.5				
	Percentage of Complaints on patient care	11.1	0	Although it may seem that the province is performing well with no incidents/ complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting.	11.1	0				
	Percentage of Complaints on staff attitudes	17	0	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines	District QA Managers assigned to monitor and guide all facilities that are not reporting.	17	25				



		Percentage of Complaints on waiting times	17.9	0	Although it may seem that the province is performing well with no incidents/ complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting.	17.9	0				
		Severity assessment code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		88.9	25				
		Severity assessment code 1 incident reported within 24 hours rate	88.9	0	Although it may seem that the province is performing well with no incidents/ complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting.	88.9	0				
Programme 5: Central Hospital Services	Central Hospitals	Average length of stay	8.7	10.9	The province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19. During this surge COVID-19 cases were taking longer to recover. Central hospitals managed mostly critical COVID-19 patients requiring critical care.	Reinstate services progressively and implement rationalization	8.6	10.525				
		Expenditure per PDE	10086.2	15 107.60	The province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19. During this surge COVID-19 cases were taking longer to recover hence the increase of average length of stay and increased use of PPE and Oxygen supplies also increased cost per PDE	Reinstate services progressively and implement rationalization	9455.7	11070.119999999999				
		Health Care Associated Infections	0	0	Indicator Renamed		3	0				
		Health Care Associated Infections - Central Hospitals	0	27	Good surveillance has enabled improved reporting when compared to Q3 performance. Poor adherence to hand hygiene is said to be responsible for 60% of HAI. Other contributing factors include poor environmental hygiene, poor decontamination of equipment, poor engineering controls.	1. Strengthen surveillance and use of PSI tools 2. Align all guidelines to new NDOH guidelines 3. Capacitate Managers 4. Improve monitoring and feedback 5. Promote the concept - "IPC is everyone's business"	3	7.25				
		inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.	Review referral protocol	65.8	43.849999999999994				
		Percentage of complaints on patient care	22	17	Improved implementation of the complaints management guidelines	With regards to in-patient care, there should be regular in-service training for staff to remind them about their clinical and professional duties.	21.8	30.825				
		Percentage of Complaints on patient care	0	0	Indicator Renamed		22	10				
		Percentage of Complaints on staff Attitudes	20.2	28	Management does not monitor complaints regularly as Complainers Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP	District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.	20.2	28.75				
		Percentage of Complaints on waiting times	26.6	0	It seems that the systems put in place are effective	Encourage staff to manage queues efficiently and to work towards reducing complaints.	26.6	6.575				
		Severity assessment code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		20	0				
		Severity assessment code 1 incident reported within 24 hours rate	20	50	Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results		20	62.5				
	Tertiary Hospitals	Average length of stay	8.3	7.2			8.4	7.3				
		Expenditure per PDE	4290	9 421.80	Rationalisation of services contributed to improved performance		4239.50	11754.86				

Expenditure per PDE	0		The province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19. During this surge COVID-19 cases were taking longer to recover.	Reinstate services progressively and implement rationalization plan.	4240	1609.5				
Health Care Associated Infections	0	0	Indicator Renamed		16	0				
Health Care Associated Infections - Tertiary Hospital	4	155	Q3 interventions to improved reporting contributed to increased numbers.	To investigated HAls to determine root cause and them implement improvement or preventative interventions	16	157				
Inpatient bed utilization rate	71.8	63.6	The province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19. During this surge COVID-19 cases were taking longer to recover.	Reinstate services progressively and implement rationalization plan.	72.4	59.824999999999996				
OPD headcount new cases not referred	7124	4306	Rationalisation of services contributed to improved performance		29477	19042				
Percentage of complaints on patient care	25	12	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting.	25	26.950000000000003				
Percentage of complaints on staff attitudes	19	10	King Edward VIII Hospital did not record any complaints on staff attitude. Ngevelezana and Grey's Hospitals recorded 3 and 1 respectively.	The proper categorisation of complaints should be emphasised to the personnel. Capturing of complaints should also be encouraged and	19	18.2				
Percentage of complaints on waiting times	13.8	29	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting.	13.8	23.525				
Severity assessment code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		84.6	23.325				
Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	District QA Managers assigned to monitor and guide all facilities that are not reporting.	84.6	68.825				
Programme 7: Health Care Support Services	Health Care and Support Services	Percentages of facilities reporting clean linen stock outs	25	21	Although the target was achieved, the following was identified as poor performing facilities: 1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (KZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data	1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assist prioritise	25	24.425		
		Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)	100	97	St Aidan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. Dr Pixley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.	Collate and monitor implementation of improvement Plans.	100	97		
		Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)	5	2	There were less tracer items that went out of stock at facilities during the 4th Quarter 2020/21.	Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit	5	2.25		
		Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	5	9	Supply Constraints as suppliers were not able to meet the demand.	Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit	5	6.75		
Programme 8: Health Facilities Management	Health Facilities Management	Number of jobs created through EPWP	500	399	Even though it seems quarter 4 target was not achieved, the annual target has already been overachieved in quarter 2. This additional 399 job created further increases the overachievement. The department achieved 3 811 against an annual target of 3 000.		3000	3811		
		Number of new and replacement projects completed	11	0	Available resources were delegated to emergency Covid-19 projects which delayed other projects.	Projects to be completed in the next financial year	15	6		

