

QPR for FY 2021-22 for Provincial Institution of Health of location KwaZulu Natal as of (Monday, August 2, 2021 9:26:06 AM)

Frequency	Programme	Sub Programme	Indicator	Quarter 1				Annual Performance		
				Target Q1	Actual Output Q1	Reason for Deviation Q1	Corrective Action Q1	Annual Target	Aggregate Output	
Annually	Programme 1: Administration	Administration	Audit opinion of Provincial DoH					Unqualified		
			Contingent liability of medico: legal cases					21.8n		
			Medical officers per 100 000 population					27.4/100 000		
			Percent of Hospitals with stable ICT connectivity					90		
			Percent of initiated/ instituted disciplinary cases finalised					90		
			Percent of PHC facilities with stable ICT connectivity					90		
			Percentage of facilities certified by OHSC					69.4		
			Percentage of Hospitals compliant with Occupational Health and Safety					100		
			Percentage of hospitals using the E-Health System					50		
			Percentage of hospitals with functional hospital boards					100		
			Percentage of PHC facilities with functional Clinic committees					89.9		
			Professional nurses with 100 000 population					152.5/100 000		
			SMS and CEOs with Annual EPMDG Assessments signed off by due dates					100		
			UHC service index					72.5		
			Programme 2: District Health Services	Disease Prevention and Control	Covid - 19 Case Fatality Rate 5 - 60 years					0.8
	Covid - 19 Case Fatality Rate 60 years and older							10		
	Covid - 19 Case Fatality Rate; Total							2.3		
	Covid - 19 Case Fatality Rate; under 5 years							0.4		
	Covid - 19 Positivity rate							10		
	Covid - 19 Testing Coverage							12688/100 000		
	Dental extraction to restoration ratio							14.01		
	Diabetes Incidence							3/1000		
	Hypertension Incidence							26/1000		
	malaria case fatality rate							0.33		
	Malaria Incidence per 1000 population at risk							0/1000 pop at risk		
	District Hospitals	Child under 5 years diarrhoea case fatality rate - District Hospital							1.9	
		Child under 5 years pneumonia case fatality rate - District Hospital							1.8	
		Child under 5 years Severe Acute Malnutrition case fatality rate - District Hospital							5.8	
		Death in facility under 1 year rate - District Hospital							4.6	
		Death in facility under 5 years rate - District Hospital						4		
		Death under 5 years against live births - District Hospital						1.4		
		Maternal Mortality in facility ratio - District Hospital						52.3/100 000		
		Patient Experience of Care satisfaction rate - District Hospital						82.6		
		Patient Safety Incident (PSI) case closure rate - District Hospital						94.9		
		Severe acute malnutrition death under 5 years rate						5.1		
		Still birth in Facility Rate - District hospital						18.4/1000		
		HIV, AIDS, STI, TB CONTROL (HAST)		Adult Viral load suppressed rate at 12 months					95	
				All DS-TB client death rate					6.5	
				All DS-TB client treatment success rate					83	
				ART adult death rate at 6 months					1.1	
	ART child death rate at 6 months							1.2		
	ART Child viral load suppressed rate at 12 months							95		
	ART client remain on ART end of the month - total							165888		
	ART death rate at 6 months							1.1		
	HIV Incidence							0.5		
	HIV positive 15 - 24 year olds (excl ANC) rate							2.8		
	HIV prevalence among 15 - 24 year old pregnant women							24.0		
	TB Incidence							350/100 000		
	TB Rifampicin resistant/ MDR/ Pre-XDR treatment success rate - long							75.1		
	TB Rifampicin resistant/ MDR/ Pre-XDR treatment success rate - short							75		
	Maternal, Neonatal, Child & Women's Health & Nutrition			Child under 5 years diarrhoea case fatality rate - total					1.9	
		Child under 5 years Diarrhoea incidence						7/1000		

		Child under 5 years Pneumonia case fatality rate - total				2.1
		Child under 5 years Pneumonia incidence				35/1000
		Child under 5 years severe acute malnutrition Incidence				2/1000
		Children < 5 who are stunted				20.7
		Children under 5 years Severe acute malnutrition case fatality rate - total				5.7
		Death in facility under 1 year rate (annualised) - Total				4.9
		Death in facility under 5 years rate - total				4
		Death under 5 years against live birth rate - Total				1.4
		Early Neonatal death Rate - Total				8.3/1000
		Infant Mortality Rate				28.5/1000
		Infant PCR test positive around 10 weeks rate				0.3
		Infant PCR test positive at birth rate				0.32
		Live Birth under 2500g in facility rate - Total				11.7
		Maternal Mortality in facility Ratio - Total				80.9/100 000
		Neonatal death in facility rate - Total				11.1/1000
		Severe acute malnutrition death under 5 years rate				3.3
		Still Birth in Facility Rate - total				20.5/1000
		Under 5 mortality rate				39.5/1000
	Primary Health Care	Ideal clinic status obtained rate				100
		Patient Experience of Care satisfaction rate - PHC				69.4
		Patient Safety Incident (PSI) case closure rate - PHC				88.6
Programme 4: Provincial Hospital Services	Chronic/Sub-Acute Hospitals	Patient Experience of Care Satisfaction rate - Chronic/Sub acute Hospital				80.9
		Patient Safety Incident (PSI) case closure rate - Chronic Sub-acute Hospital				97.1
	Regional Hospitals	Child under 5 years diarrhoea case fatality rate - Regional Hospital				1.8
		Child under 5 years pneumonia case fatality rate - Regional Hospital				2.3
		Child under 5 years Severe Acute Malnutrition case fatality rate - Regional Hospital				5.8
		Death under 5 years against live births - Regional Hospital				1.8
		Death in facility under 1 year rate - Regional Hospital				5.1
		Death in facility under 5 years rate - Regional Hospital				4.5
		Maternal Mortality in facility ratio - Regional Hospitals				95.5/100 000
		Patient Experience of Care Satisfaction rate - Regional Hospitals				82.6
		Patient Safety Incident (PSI) case closure rate - Regional Hospitals				89
		Severe acute malnutrition death under 5 years rate				3.1
		Still birth in Facility Rate - Regional hospital				25.0/1000
	Specialised Psychiatric Hospital	Patient Experience of care satisfaction rate - Psychiatric Hospital				89.8
		Patient Safety Incident (PSI) case closure rate - Psychiatric Hospital				95.5
	Specialised TB Hospitals	Patient Experience of care satisfaction rate - TB Hospital				93.8
		Patient Safety Incident (PSI) case closure rate - TB Hospital				90
Programme 5: Central Hospital Services	Central Hospital	Child under 5 years pneumonia case fatality rate - Central Hospital				5.2
		Child under 5 years Severe acute malnutrition case fatality rate - Central Hospital				14.9
		Death in facility under 1 year - Central Hospital				5.8
		Death in facility under 5 years rate - Central Hospital				5.2
		Death under 5 years against live birth rate - Central Hospital				41.3
		Maternal Mortality in facility ratio - Central Hospital				1110/100 000
		Patient Experience of Care satisfaction rate - Central Hospital				91.8
		Patient Safety Incident (PSI) case closure rate - Central Hospital				100
		Severe acute malnutrition death under 5 years rate - Central Hospital				1.1
		Still birth in Facility Rate - Central Hospital				28.1/1000
	Tertiary Hospitals	Child under 5 years diarrhoea - Tertiary Hospitals				1.5
		Child under 5 years pneumonia - Tertiary Hospitals				1.6
		Child under 5 years Severe acute malnutrition case fatality rate - Tertiary Hospitals				3.3
		Death under 5 years against live birth rate - Tertiary Hospitals				3.0
		Death in facility under 1 year - Tertiary Hospitals				3.8
		Death in facility under 5 years rate - Tertiary Hospitals				3.1
		Maternal Mortality in facility ratio - Tertiary Hospitals				336/100 000
		Patient Experience of Care satisfaction rate - Tertiary Hospitals				75.6
		Patient Safety Incident (PSI) case closure rate - Tertiary Hospital				74.6

			Severe acute malnutrition death under 5 years rate - Tertiary Hospitals						1.3	
			Still Birth in Facility Rate - Tertiary Hospitals						26.9/1000	
	Programme 6: Health Sciences and Training	Health Sciences and Training	Number of Bursaries awarded to first year health professions students						30	
			Number of Bursaries awarded to first year nursing students						1	
			Number of employees trained through the Regional Training Center						500	
			Number of internal employees awarded bursaries						100	
			Number of nurses training on Post Graduate Nurse Specialist Programmes						100	
			Number of officials training through the EMS college						542	
	Programme 8: Health Facilities Management	Health Facilities Management	Percentage of the population within a 5km radius of a health service						>= 84%	
Quarterly	Programme 1: Administration	Administration	% Procurement spent on women owned businesses	30	0	The Department is currently unable to report on this indicator due to challenges with the existing systems that are manual and the decentralized nature of the department simply does not permit the collation of this information.	The Department is in the process of implementing an electronic system that will permit the collation and monitoring of this information.		30	0
			Number of CHW's contracted into the Health system	10481	10245	The total number of Community Health Workers (CHWs) remains below target due to budgetary constraints as well as natural attrition.	Filling of vacancies will be implemented as per the approved business plan.		10481	0
			Percentage of supplier invoices paid within 30 Days	90	95.1	Improved investigation and mitigation of delays in payments resulted in positive performance.			90	95.1
	Programme 2: District Health Services	Disease Prevention and Control	Clients accessing rehab services	170000	178891	The positive performance may be attributed to the increased number of clients seen for follow-up appointments from the previous quarter.			680000	178891
			Mental disorders Screening Rate	35	56.1	Although the target was met, at a recently conducted situational analysis workshop, District Mental Health Coordinators identified the following challenges with regards to screening being conducted and the quality of data generated:	Currently process mapping and root-cause identification is being conducted, with the aim of developing quality improvement strategies and revising the SOPs, with the engagement of relevant stakeholders.		35	56.1
		District Hospitals	Number of Health Care Associated Infections - District Hospitals	11	70	Increased number of Health Care Associated Infections (HAIs) reported is attributed to: 1) improved reporting by facilities on the indicator organisms. 2) non-compliance to hand hygiene practices within facilities.	1) Fast-track cascading of the basic IPC Training to cover all the facilities. 2) Conduct district support visits to assist with IPC implementation on gaps identified.		47	70
			Percentage of Complaints on patient care - District Hospital	21.2	31	As per indicator 2 above.	As per indicator 2 above.		21.2	31
			Percentage of Complaints on staff Attitudes - District Hospitals	15.5	21	There is no evidence that sessions like Behaviour Strengthening Programmes that PROs should be conducting daily for staff are occurring regularly.	At the next meeting with District Quality Assurance (QA), Monitoring and Evaluation (M&E), Infection Prevention and Control (IPC) and Public Relations Officers (PROs), districts will be reminded that these sessions on Batho Pele principles are to be resumed and reported on quarterly.		15.5	21
			Percentage of Complaints on waiting Times - District Hospital	16.6	14	A reduction in waiting times is as a result of District hospitals implementing strategies to better manage queues.			16.5	
			Severity assessment code (SAC) 2 incident reported within 24 hours rate - District Hospital	68.8	89.6	Improved reporting processes where facilities now report 7 days a week and not just Monday to Friday.			68.8	89.6
		HIV, AIDS, STI, TB CONTROL (HAST)	All DS-TB lost to follow up rate	7	11.7	Loss to follow up is increasing as a result of duplication of patients i.e. where patients are recorded as new while they are transferred. As well as poor tracking and tracing of patients by health care facilities as outreach resources have been deployed for COVID-19 vaccinations.	Districts are conducting deduplication of clients of which the process is slow because due to information management challenges. The province is in a process of developing a Provincial Data Centre which will assist. Training and rollout adherence guidelines which will empower clinicians and patients on treatment adherence has been conducted. The program has lobbied for the integration of HAST and COVID-19 outreach services to improve tracking and tracing of patients missing their appointments.		7	11.7

ART adult remain in care rate at 12 months	90	69.1	Loss to Follow Up contributes mainly to failure to achieve Total remaining on ART (TROA) targets as it remains at 29% at 12 months. Three districts adversely contributing to this are eThekweni, iLembe and uMkhanyakude which are above 35% at 12 months.	Enhanced adherence counselling with detailed individual plans shall be accelerated. Case management strategy to be enhanced to recognize early warning signs of defaulting.	90	69.1
ART adult remain on ART end of period	1543166	1484397	Loss to Follow Up contributes mainly to failure to achieve total remaining on ART (TROA) targets as it remains at 29% at 12 months. Three districts adversely contributing to this are eThekweni, iLembe and uMkhanyakude which are above 35% at 12 months.	Enhanced adherence counselling with detailed individual plans shall be accelerated, especially following adherence guidelines (AGL) Provincial engagement update. Case management strategy to be enhanced to recognize early warning signs of defaulting.	1688134	0
ART child remain in care rate at 12 months	90	75.4	The province experienced an overall decline in linkage to care with a proportion of those representing children. Other contributory factors include ART Child loss to follow up at an average of 22%. Silent transfers out with neighbouring provinces and neighbouring countries and data management challenges. Inadequate monitoring of the transitioning from this age group to adult cascade and mortality.	Monitor the early missed appointment lists at weekly nerve centre meetings. Support districts with high TROA net losses with data management challenges. Monitor districts' recovery plans on retention strategies and "welcome back" campaign. Train and implement Paediatric Case Manager modality to rest of districts. Provide provincial and district support to further strengthen community based tracking and tracing for children and adolescents.	90	75.4
ART child under 15 years remain on ART end of period	41148	38244	Gaps across the 1st and second pillar of the Paediatric cascades contribute towards the target of keeping 95% of children on treatment. The province experienced an overall decline in linkage to care with a proportion of those representing children. Other contributory factors include ART Child loss to follow up at an average of 22%. Silent transfers out with neighbouring provinces and countries and data management challenges. Inadequate monitoring of the transitioning from this age group to adult cascade and mortality.	Monitor the early missed appointment lists at weekly nerve centre meetings. Support districts with high TROA net losses with data management challenges. Monitor districts recovery plan on retention strategies and "welcome back" campaign. Train and implement Paediatric Case Manager modality to rest of districts. Provide provincial and district support to further strengthen community based tracking and tracing for children and adolescents.	49640	0
Male Urethritis Syndrome incidence	28.3/1000	38/1000	The MUS Incidence is increasing as a result of poor implementation of Sexually Transmitted Infection (STI) sentinel sites by districts in KZN inclusive of eThekweni and uMgungundlovu. Inadequate universal screening of clients at entry points in health care facilities despite all the interventions.	Facilitate improvement of the use of sentinel sites. Monitor the use of STI tools that were recently distributed to all health care facilities during Operation Phuthuma visits.	28.3/1000	
number of HIV tests done - sum	948831	1017701	Target achieved through community events using multiple modalities and the marketing of the HIV Testing Service at facility and community level. Partner involvement contributed in this achievement.	None required as the target has been achieved in this quarter.	3795315	1017701
number of patients screened for TB symptoms	8095897	5954737	The number of clients attending health care facilities has declined during the COVID-19 pandemic of which the target was set in relation to the historical headcount.	Districts have started to integrate COVID-19, TB and HIV screening and testing when conducting outreach services. The program will continue to monitor performance.	82479625	5954737
TB XDR treatment start rate	100	83	Five (5) patients were diagnosed, four (4) started on treatment and one died before results were received.	Continue to use laboratory line list to link patients to care. Encourage mortality audits to improve early diagnosis and laboratory results turn around time.	98	80
ANC clients initiated on ART rate	98.3	96.4	Data errors were identified in 5 districts at the time of reporting, which have been communicated to the relevant stakeholders.	Daily monitoring on DHIS to identify and correct errors timeously.	98.3	96.4
Antenatal 1st visit before 20 weeks rate	75.9	74	Household Pregnancy testing is improving however not all clients who test positive are referred for early antenatal care timeously. There are still beliefs that pregnancy must be hidden until later. Teenagers also hide pregnancies and do not attend ANC until late, if they attend at all.	Awareness to book ANC early on radios including community radios to educate communities. Implement fast queues for pregnant women in PHC clinics. Pregnancy screening for all women presenting to health facilities as part of Safe conception initiative	75.9	74

Maternal, Neonatal, Child & Women's Health & Nutrition

Cervical cancer screening coverage	75	51.2	Pap screening numbers significantly reduced during COVID-19 pandemic due to advice to "stay home" and avoid queues etc. Facilities also concentrated on treating emergencies and may have neglected health promoting interventions.	Facilities must re-prioritise cervical cancer screening also as part of HIV follow-up care, and that it is offered to all eligible women. Market services to the community encouraging women to seek pap smear services.	75	51.2
Couple year protection rate	58	58.1	Mitigating measures and consistent monitoring was taken to ensure that all PHC facilities had sufficient stock of contraceptives to meet the demand.		58	58.1
Delivery 10 to 19 years in facility rate	15.8	16.8	Schools were closed for almost half of the year during the pandemic and teenagers were left on their own which contributes to increased teenage pregnancy.	Resume activities to reduce teenage pregnancy in the community and schools e.g. integrate with Youth programs and She Conquers to raise awareness in schools and community.	16.8	16.8
Immunisation under 1 year coverage	90	92.5	As a result of ongoing catch up drives that is conducted in the facilities.		90	92.5
Infant exclusively breastfed at DTP-IPV-HIB HBV 3rd dose	59	57.8	Although the advocacy on inclusion of breastfeeding support as part of WBOT activities and restart of Mother Baby Friendly Initiatives (MBFI) were undertaken, the deviation of services to COVID-19 activities continues to impact routine services.	World Breastfeeding Week is planned in Quarter 2. Mother & Baby Friendly initiative (MBFI) monitoring and support to continue during quarter 2. Training of WBOTs on Breastfeeding Support to continue to be advocated for with the district and PHC Management.	59	57.8
Measles 2nd dose coverage	94	87.9	Target not met due to incorrect definition of the indicator and recording in the register. Children who come late for routine 2nd dose measles (12 - 23 months) during outreach activities are recorded under catch up instead of routine data. District Health Information system (DHIS) does not capture catch up drive data in the system hence target is always not achieved in this indicator.	Communicate correct definition of the indicator and accurate recording in the source register. To continue with the Reach Every Community (REC) strategy so as to reach every child who is due or missed immunization doses. Implement the defaulter tracing mechanism and data monitoring. Integrate immunization with the COVID-19 activities during outreach services. Provide health education to mothers on adhering to return dates of the immunization schedule.	94	87.9
Mother postnatal visit within 6 days rate	78	80	Linkage of mothers post delivery is improving, where mothers are encouraged and reminded to go the clinic within 6 days post-delivery.		78	80
Vitamin A dose 12-59 months coverage	74	74.9	The inclusion of monitoring Vitamin A doses into Facility Nurse Centre Forums has contributed in the improvement in performance.		74	74.9
Primary Health Care						
Number of health care associated infections - PHC	2	0	No health care associated infections reported at this level.	Indicator to be removed from future Annual Performance Plans.	0	0
Percentage of Complaints on Patient Care - PHC	15.7	23	There is no evidence that sessions like Behaviour Strengthening Programmes that PROs should be conducting daily for staff are occurring regularly.	At the next meeting with District QA, M&E, IPC and PRDs, districts will be reminded that these sessions on Batho Pele principles are to be resumed and reported on quarterly.	15.7	23
Percentage of Complaints on Staff Attitude - PHC	19.9	25	As per Indicator 2 above.	As per indicator 2 above.	19.9	25
Percentage of Complaints on Waiting Times - PHC	36.5	38	As per Indicator 2 above.	As per Indicator 2 above.	36.5	38
Severity assessment code (SAC) 1 incident reported within 24 hours rate - PHC	57.9	82.4	Despite connectivity challenges facilities captured as many incidents as possible when the network was available.		57.9	82.4
Programme 3: Emergency Medical Services						
Average number of daily operational ambulances	186	194	EMS procured additional ambulances and employed contract staff using the COVID 19 grant, thereby increasing availability of resources.		186	194
EMS P1 rural response under 60 minutes rate	55	52	The additional demand for services due to the COVID-19 pandemic resulted in the below target performance. There are some cases that will never be responded to within 60 minutes in rural areas due to distance, road infrastructure and terrain. During this pandemic, an increase in inter facility transfer cases is noted, which have a much longer turnaround time reducing the number of cases each ambulance can attend to within a 12 hour shift.	As per the above Indicator.	56.8	52

		EMS P1 urban response under 30 minutes rate	69.1	45	The reduction in performance is assumed to be due to COVID-19 which resulted in an increase of cases in urban areas. There are some cases that are difficult to attend to within 30 minutes in urban areas due to distance and road infrastructure. During this pandemic, an increase in inter facility transfer cases is noted, which have a much longer turnaround time reducing the number of cases each ambulance can attend to within a 12 hour shift.	Allocation of infrastructure budget to increase of customized built bases. Identify satellite bases that are strategically placed. District Fleet officers to engage with service providers regularly to limit ambulance downtime. Utilise saved budget for purchasing of new ambulances.	69.1	45
Programme 4: Provincial Hospital Services	Chronic/Sub-Acute Hospitals	Average length of stay - Chronic/Sub-acute Hospital	45.1 days	124.1	As a result of Hillcrest Hospital which is a long-stay facility.	Reclassification of Clairwood Hospital and the possible revision of targets in 2022/23.	45 days	
		Expenditure per PDE - Chronic/Sub-acute Hospital	R 9116	R 5762	Clairwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure.	Installation of bulk oxygen supply for the hospital to improve specialised clinical infrastructure and increase patient activity.	R 9116	
		Inpatient bed utilisation rate - Chronic/Sub-acute Hospital	51.9	27.1	Clairwood Hospital was repurposed for COVID-19. Limited COVID 19 admissions due to lack of specialized clinical skills.	Reclassify Clairwood Hospital.	51.9	27.1
		Number of Health Care Associated Infections Chronic/Sub-acute Hospital	1	0	All performance is attributed to under-reporting on this indicator by the Chronic hospitals and poor surveillance systems.	1) Facilitate access of reporting of HAIs on the PSI monitoring system 2) Support the Districts to roll-out the Basic IPC Training.	4	0
		Percentage of complaints on patient care - Chronic/Sub-acute Hospital	40.9	7.1	Facility management implemented strategies to improve patient care thereby reducing complaints in this category.		40.7	7.1
		Percentage of complaints on staff Attitudes Chronic/Sub-acute Hospital	18.2	7.1	Facility management implemented strategies to address poor staff attitudes thereby reducing complaints in this category.		18.7	7.1
		Percentage of complaints on waiting Times - Chronic/Sub-acute Hospital	9.1	0	No complaints received in this category.		12.1	0
		Severity Assessment Code (SAC) 1 incident reported within 24 hours rate - Chronic/Sub-acute Hospital	100	100	No deviation		100	100
	Regional Hospitals	Average length of stay - Regional Hospital	6.2 days	6.2 days	No deviation		6.2 days	
		Expenditure per PDE - Regional Hospital	R3379.3	R3920	Some beds were repurposed and reserved for COVID-19 cases, which influenced patient activity.	Implement COVID-19 Recovery Plan.	R3379	
		Inpatient bed utilization rate - Regional Hospital	73.5	65.1	Some beds were reserved for COVID-19 cases.	Implement COVID-19 Recovery Plan after the 3rd wave.	73.5	65.1
		Number of Health Care Associated Infections - Regional Hospital	1	118	1) Increased number of HAIs reported is attributed to improved reporting on the Indicator by the Districts as opposed to the previous reporting status. 2) Regional hospitals provide ICU care and therefore a larger number of patients with indwelling devices, which are predispose to HAIs, not all are avoidable. 3) Avoidable HAIs are due to poor aseptic technique on insertion, poor monitoring and extended time on these devices.	1) Develop standardised SOP for surveillance 2) Standardize insertion and monitoring checklist 3) Standardize definitions of HAIs using NDOH Guidelines 4) Assist Districts with cascading of Basic Training which covers all areas of concern including aseptic technique, hand hygiene and HAIs.	9	219
		Percentage of Complaints on patient care - Regional Hospital	23	22	Root shows previously conducted by the QA Directorate contributed to the positive performance.		22.9	22
		Percentage of Complaints on staff Attitudes - Regional Hospital	19.2	20.4	There is no evidence that sessions like Behaviour Strengthening Programmes that PPOs should be conducting daily for staff are occurring regularly.	At the next meeting with District QA, MSE, IPC and PROs, districts will be reminded that these sessions on Batho Pele principles are to be resumed and reported on quarterly.	13.4	20.4
Percentage of Complaints on waiting Times - Regional Hospital		26.4	13	As per Indicator 5 above.		26.2	13	
Severity Assessment code (SAC) 1 incident reported within 24 hours rate - Regional Hospital		83.8	76.4	Reporting of incidents delayed as clinicians prefer to complete investigations prior to reporting. Also some incidents were escalated from being complaints, thereby causing delays in reporting.	Monitor monthly performance and adherence to Patient Safety Incident (PSI) guidelines and to provide support where necessary.	83.9	76.4	

Specialised Psychiatric Hospital	Number of Health Care Associated Infections - Psychiatric Hospital	2	0	A nil report is attributed to under-reporting on this indicator by Psychiatric hospitals and poor surveillance systems.	1) Facilitate access of reporting of HAIs on the PSI monitoring system. 2) Support the Districts to roll-out the Basic IPC Training.	8	0	
	Percentage of Complaints on patient care - Psychiatric Hospital	42.3	80	All complaints raised were related to dissatisfaction with food portions and the menu.	Provincial QA liaising with the Food Services Component for their intervention.	42.3	80	
	Percentage of Complaints on staff Attitudes - Psychiatric Hospital	11.5	0	No complaints received in this category.		12.5	0	
	Percentage of Complaints on waiting Times - Psychiatric Hospital	3.8	0	No complaints received in this category.		3.8	0	
	Severity Assessment Code (SAC) 1 Incident reported with in 24 hours rate - Psychiatric Hospital	85.7	100	Improved reporting processes where facilities now report 7 days a week and not just Monday to Friday.		85.7	100	
Specialised TB Hospitals	Average length of stay - TB Hospital	60 days	48.4	The TB regimen advocates for community based care.		60 days		
	Expenditure per PDE - TB Hospital	R 6252	R17852	100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19. Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. These changes impacted negatively on patient activity and expenditure per PDE.	Revise future targets in line with implementation of the Hospital Rationalisation Plan.	R 6252		
	Inpatient bed utilisation rate - TB Hospital	36.9	14.8	As a result of changes in TB Management regimen, 100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.	Correct the number of specialised TB hospitals registered on DHS.	38.9	14.6	
	Number of Health Care Associated Infections - TB Hospital	1	0	Nil performance is attributed to under-reporting on the indicator by TB hospitals and poor surveillance systems.	1) Facilitate access of reporting of HAIs on the PSI monitoring system. 2) Support the Districts to roll-out the Basic IPC Training.	5	0	
	Percentage of Complaints on patient care - TB Hospital	5	33.3	There is no evidence that sessions like Behaviour Strengthening Programmes that PROs should be conducting daily for staff are occurring regularly.	At the next meeting with District QA, M&E, IPC and PROs, districts will be reminded that these sessions on Batho Pele principles are to be resumed and reported on quarterly.	5	33.3	
	Percentage of Complaints on staff Attitudes - TB Hospital	12.5	33.3	As per indicator 5 above.	As per indicator 5 above.	11.8	33.3	
	Percentage of Complaints on waiting Times - TB Hospital	39	0	No complaints received in this category.		39	0	
Programme 5: Central Hospital Services	Central Hospital	Severity assessment code (SAC) 1 incident reported within 24 hours rate - TB Hospital	96.8	0	No SAC 1 incidents reported		98.4	0
		Average length of stay - Central Hospital	8.5 days	10.3	Health Care Worker Vaccination Drive resulted in staff shortages which impacted negatively on clinical management of patients.	Implement COVID-19 recovery plan.	8.5 days	
		Expenditure per PDE - Central Hospital	R 9456	R10238	Contributing factors include the cost of personal protective equipment and the effects of low BUR.	Monitor implementation of cost containment measures.	R 9456	
		Inpatient bed utilisation rate - Central Hospital	67.8	53.4	Services were curtailed for COVID-19 second wave and thereafter the department embarked on COVID-19 staff vaccination drive.	Implement COVID-19 recovery plan.	67.8	53.4
		Number of Health Care associated infections - Central Hospital	1	6	1) Although improved reporting on the indicator by the Central hospital, as opposed to the previous reporting status, it is anticipated that due to the clinical status, the expected HAIs would be higher in a Central Hospital. 2) Avoidable HAIs are due to poor aseptic technique on insertion, poor monitoring and extended time on these devices.	1) Develop a standardised SOP for surveillance 2) Standardize insertion and monitoring checklist 3) Standardize definitions of HAIs using NDOH Guidelines 4) Support the Facility IPC Practitioners who were trained in Basic IPC training to roll out the training to other clinicians. 5) Provide facility support to ensure an effective surveillance system with reporting structure has been implemented.	7	6
		OPD headcount new cases not referred - Central Hospital	111	76	The curtailing of services due to COVID-19 was a contributing factor to performance.		847	76
		Percentage of Complaints on patient care - Central Hospital	21	37.5	There is no evidence that sessions like Behaviour Strengthening Programmes that PROs should be conducting daily for staff are occurring regularly.	At the next meeting with District QA, M&E, IPC and PROs, districts will be reminded that these sessions on Batho Pele principles are to be resumed and reported on quarterly.	21	37.5
		Percentage of Complaints on staff Attitudes - Central Hospital	19.4	12.5	The integrated approach to the management of complaints and addressing issues promptly contributed to the reduction of complaints.		19.4	12.5

		Percentage of Complaints on waiting Times - Central Hospital	21	0	No complaints received in this category.		21	0
		Severity assessment code (SAC) 1 Incident reported within 24 hours rate - Central Hospital	21.4	100	Improved reporting processes where the facility is now reporting 7 days a week and not just Monday to Friday.		21.4	100
Tertiary Hospitals		Average length of stay - Tertiary Hospital	7.3 days	7.3 days	No deviation.		7.3 days	-
		Expenditure per PDE - Tertiary Hospital	R 4438	R 4778	Increased cost and utilisation of personal protective equipment.	Monitor implementation of cost containment measures and stock control systems at facilities.	R 4438	-
		Inpatient bed utilisation rate - Tertiary Hospital	75.1	70.9	Services were curtailed for the COVID-19 second wave and thereafter the department embarked on COVID-19 staff vaccination drive.	Implement COVID-19 recovery plan.	75.1	70.9
		Number of Health Care Associated Infections - Tertiary Hospital	1	259	1) Increased HAIs reported is attributed to improved reporting on the indicator by the Districts as opposed to the previous reporting status. 2) Tertiary hospitals provide more specialised care and therefore larger number of patients with indwelling devices, and with decreased immunity, which predispose them to HAIs, not all are avoidable. 3) Avoidable HAIs are due to poor aseptic technique on insertion, poor monitoring and extended time on these devices.	1) Develop standardised SOP for surveillance. 2) Standardize insertion and monitoring checklist. 3) Standardize definitions of HAIs using NDOH Guidelines. 4) Assist Districts with cascading of Basic Training which covered all areas of concern including aseptic technique, hand hygiene and HAIs.	10	259
		OPD head count new cases not referred - Tertiary Hospital	6798	5026	The curtailing of services due to COVID-19 was a contributing factor to performance.		27190	5026
		Percentage of complaints on patient care - Tertiary Hospital	18.5	16.2	The integrated approach to management of complaints and addressing issues promptly contributed to the reduction of complaints.		18.2	16.2
		Percentage of complaints on staff Attitudes - Tertiary Hospital	22.2	19	As per indicator 6 above.		22.5	19
		Percentage of complaints on waiting Times - Tertiary Hospital	16.7	16.2	As per Indicator 6 above.		15.5	16.2
		Severity Assessment Code (SAC) 1 Incident reported within 24 hours rate - Tertiary Hospital	83.3	77	Reporting of incidents delayed as clinicians prefer to complete investigations prior to reporting. Also some incidents were escalated from being complaints, thereby causing delays in reporting.	Monitor monthly performance and adherence to Patient Safety Incident (PSI) guidelines and to provide support where necessary.	84.8	77
	Programme 7: Health Care Support Services	Laundry Services	Percentage of facilities reporting clean linen stock outs	20.3	25.5	1. Inadequate in-house capacity (i.e. staffing and machinery). 2. Inadequate stock of clean and new linen at facility.	1. Infrastructure Development is in the process of upgrading central laundry infrastructure whilst replacing old and unreliable on-site laundry machinery at various facilities. 2. Optimise existing resourcing through overtime to reduce soiled linen backlogs.	20.3
Pharmacy		Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy council (SAPC)	98	93	Dr Pixley Ka Isaka Seme Memorial Hospital Pharmacy still has to be inspected following commissioning. St Aidan's Hospital Pharmacy and Wentworth Hospital Pharmacy regressed to Grade C.	Monitor implementation of Improvement Plans of St Aidan's Hospital Pharmacy and Wentworth Hospital Pharmacy.	100	0
		Tracer Medicine Stock-out Rate at facilities (hospitals, community health centres and clinics)	<= 5%	2	Target was met through: 1) Prioritising facilities in need of stock from PPSD. 2) Direct delivery to facilities thereby limiting delays of stock reaching facilities.		<= 5%	-
		Tracer Medicine Stock-out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	<= 5%	16	1. Supply constraints depleted stock holdings. 2. Suppliers were not able to meet the demand as: a. Items were not on contract; b. Items required import through Section 21 Permit; c. Delays in transportation.	Continue liaison with NDOH Affordable Medicines Directorate; Contract Management Unit	<= 5%	-
Programme 8: Health Facilities Management	Health Facilities Management	Number of jobs created through the EPWP	2000	1860	Unprecedented low intake of local labour by Pixley Ka Seme Site as the project nears completion as well as delays in the awarding of other capital projects.	Performance anticipated to improve in the second quarter.	3000	1860
		Number of new and replacement projects completed	3	2	The completion of the project to upgrade the nursery in King Edward could not be completed in the first quarter due to delays in the finalisation of snags.	Project will be completed in the second quarter	2	2

		Number of renovation and refurbishment projects completed	2	4	Two projects were completed earlier than anticipated.		25	4
		Number of upgrade and addition projects completed	4	9	Projects were completed earlier than anticipated.		30	9
		Percentage downtime on medical equipment	35	14	Positive deviation due to the regular monitoring of activities with facilities.		33	14
		Percentage of Preventative Maintenance Expenditure	40	28	Category A overspent due to major breakdowns reported during the period of reporting, resulting in the budget for servicing of machinery and equipment being underspent.	Head Office to encourage institutions to service their machinery and equipment regularly to prevent major breakdowns.	40	28
Total:								

Feedback		Quarter - 1	Quarter - 2		Quarter - 3	Quarter - 4	Audited Annual
Username Q1	Role Q1	Feedback Q1	Feedback Q2	Dated Q2	Username Q3	Dated	Username
Dr Sandile Tshabalala	Accounting Officer	Approval Certificate: Q1- We hereby submit the Q1 report as per the Treasury Guidelines.					
Lulama Sthembela Ndizi	OTP Coordinator	Thank you for a comprehensive report, kindly ensure that corrective action statements are provided where there is an under/over achievement. Department is advised to get the information from SCM/office of the CEO with regards to the indicator on Percentage procurement spend on women owned businesses.					
Nirvasha Moodley	Department Coordinator	The Q1 Quarterly performance report is hereby submitted for your attention and consideration.					
Nirvasha Moodley	Department Coordinator	Please find final QPR for Q1, as extracted from the webDHIS, with narratives from the M&E Unit.					
Rosanda Pretorius	National Oversight	Thank you					