



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

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DIRECTORATE:

Office of the Head: Health

Dr Nonhlanhla O. Mkhize
Director-General
Office of the Premier
Private Bag X9037
PIETERMARITZBURG
3201

Dear Dr Mkhize

DEPARTMENTAL PRELIMINARY QUARTERLY PERFORMANCE REPORT (Q3)

The above matter refers.

I, Dr M. Gumedde (Acting Head: Health) hereby submit the quarterly performance information for the 2nd quarter actual figures and the 3rd quarter (preliminary) figures of 2018/19 for publication.

The report accurately reflects the preliminary performance against the targets as set out in the 2018/19 APP of the Department.

Yours sincerely

DR M. GUMEDE
ACTING HEAD; HEALTH
KWAZULU-NATAL

Date: 02/02/2019



health

**Department:
Health
PROVINCE OF KWAZULU-NATAL**

UMNYANGO WEZEMPILO
KWAZULU-NATAL
UNSUMPA JIKELELE

25 JAN 2019

HEAD OF DEPARTMENT
DEPARTMENT OF HEALTH
KWAZULU-NATAL

26/19

DIRECTORATE:

Health Service Delivery Planning,
Monitoring and Evaluation

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SUBMISSION

Date: 25 January 2019	File No:
To:	From:
Dr M. Gumede Acting Head: Health	Mr. J Govender Chief Director: Health Service Delivery Planning, Monitoring and Evaluation
Subject: Quarterly Provincial Report for Treasury: 2018/19 Quarter 3 (Preliminary)	

Aim:

To obtain the signature of the Acting Head: Health, for the submission of the Quarter 3 – 2018/19 Preliminary Quarterly Report to Office of the Premier and the National Department of Health.

Background:

This submission contains the following Annexures:

A	3rd Quarterly Provincial Report: 2018/19 (Data Elements): Preliminary data
B	2nd Quarterly Provincial Report: 2018/19 (Data Elements): Actual data

- 1.1 The Acting Head of the Health is requested to certify the data provided as correct.
- 1.2 The attachments must be submitted to Office of the Premier and the National Department of Health.
- 1.3 The attached document is prepared in line with the requirements determined by the National Departments of Treasury, and Health, and the Office of the Premier. Data for the reporting quarter (3rd) is preliminary. Data for the 2nd quarter is actual. Data sourced from the DHIS (the main source), TB, HR and Finance.

KEY ACHIEVEMENTS

- a) 85% [41/48] of the Hospitals assessed have achieved 75% or more on the National Core Standards self-assessment
- b) Monitoring of clients remaining on ART at weekly nerve centre meetings has resulted in positive gains, especially with Adults remaining on ART.
- c) The roll-out of the Strategic Plan to reduce high teenage pregnancies and collaboration with other departments is achieving positive results
- d) Diarrhoea, Pneumonia and Severe Acute Malnutrition case fatality rates in children under 5 remains below target.

- e) The 79 ambulances distributed to Districts is assisting in response times improving

SYSTEM CHALLENGES

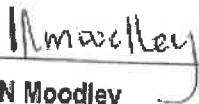
The model provided by the Department of Planning, Monitoring and Evaluation for the reporting of quarterly performance results which was received in April 2018 has been found to have formulae errors. These errors impact the result of the indicator which uses the raw data to calculate the result. The unit manually revises the formulae in order to submit the correct data to the relevant Departments. These errors have been communicated with the Office of the Premier and the Department of Planning, Monitoring and Evaluation. The practice of manual correction of formulae will continue until the model is revised.

Areas of Concern /Targets not realized

- a) Hijackings are rendering services such as mobile clinics and TB tracer teams non-functional.
- b) Condom distributions from Primary sites continues to remain low
- c) Indications are that Specialised Hospitals are not operating efficiently
- d) Screening of grade 1 and grade 8 learners continues to remain below target
- e) Despite increased initiations of children on ART, the lost to follow-up is high as a result of poor quality counselling services
- f) Supplier challenges have resulted in tracer medicine stock-outs at PPSD and institutions
- g) Indications are the Specialised Hospitals are not efficiently operated
- h) Although new linen was procured, the shortage of staff and poor infrastructure results in higher than acceptable clean linen stock-outs.

Declaration

Routine data used for the compilation of this report has been submitted timeously to the National Department of Health as per the District Health Management Information System Policy. The data presented in the Treasury Report is seen as a minimum data set signed off by the Acting HoH.



Mrs. N Moodley
Director: Data Management and GIS

Request:

It is requested that the Acting Head: Health signs the Annexures as indicated.



Mr. J Govender
Chief Director: Health Service Delivery Planning, Monitoring and Evaluation

Date: 24/1/19

KZN Quarterly Performance Report Quarter 3

KWAZULU-NATAL
QUARTERLY PERFORMANCE REPORTS: 2018/19 - 3rd Quarter
 Sector: Health

Programme / Subprogramme / Performance Measures		Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
QUARTERLY OUTPUTS						
Programme 1: Administration						
Percentage of Hospitals with broadband access						
Programme 2: District Health Services		58.3%	60.3%	60.3%	57.0%	60.3%
District Management		26.9%	23.7%	23.7%	26.2%	23.7%
PHC utilisation rate - total						
Complaint resolution within 25 working days rate		2.6	2.6	2.5	2.6	2.5
District Hospitals		96.0%	96.5%	95.8%	96.0%	96.0%
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)		39.0%	80.0%	75.0%	29.9%	75.0%
Average Length of Stay (District Hospitals)						
Inpatient Bed Utilisation Rate (District Hospitals)		5.6 days	5.4 days	5.4 days	5.6 days	5.4 days
Expenditure per patient day equivalent (PDE) (District Hospitals)		60.2%	59.6%	59.7%	60.0%	60.4%
Complaint resolution within 25 working days rate (District Hospitals)		R 2 542	R 2 528	R 2 624	R 2 540	R 2 643
HIV & AIDS, STI & TB (HAST) CONTROL						
ART client remain on ART end of month - total		94.0%	89.1%	89.4%	94.0%	90.2%
TB/HIV co-infected client on ART rate		1 313 804	1 304 196	1 326 413	1 309 256	1 330 587
HIV test done - total		95.0%	87.6%	92.4%	94.0%	88.3%
Male Condoms Distributed		2 982 771	847 394	929 108	745 693	948 168
Medical male circumcision - Total		199 500 000	30 749 210	28 946 518	49 874 996	23 937 360
TB client 5 years and older start on treatment rate		140 038	51 698	52 859	28 003	31 556
TB client treatment success rate		90.0%	109.9%	108.2%	90.0%	107.0%
TB Client lost to follow up rate		87.6%	76.3%	74.9%	87.6%	74.4%
Antenatal 1st visit before 20 weeks rate		5.0%	5.8%	5.7%	5.0%	5.7%
Maternal, Child and Women's Health and Nutrition (MCWH&N)						
Mother postnatal visit within 6 days rate		71.0%	71.6%	73.3%	70.6%	73.4%
Infant 1st PCR test positive around 10 weeks rate		75.0%	79.4%	77.3%	74.6%	77.6%
Immunisation under 1 year coverage		0.8%	0.6%	0.6%	0.9%	0.7%
Measles 2nd dose coverage		80.0%	92.5%	90.4%	78.0%	91.5%
Diarrhoea case fatality under 5 years rate		80.0%	80.7%	79.2%	80.0%	77.7%
Pneumonia case fatality under 5 years rate		2.0%	2.4%	2.1%	2.1%	2.6%
Severe acute malnutrition case fatality under 5 years rate		2.6%	1.9%	2.8%	2.7%	2.8%
School Grade 1 - learners screened		6.5%	7.0%	6.6%	6.7%	6.6%
School Grade 6 - learners screened		85 525	15 817	12 085	21 381	21 150
		55 506	7 811	5 647	13 877	7 025

KZN Quarterly Performance Report Quarter 3


Programme / Subprogramme / Performance Measures		Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
Delivery in 10 to 19 years in facility rate Couple Year Protection Rate (Int) Vitamin A dose 12-59 months coverage Cervical cancer screening coverage 30years and older Disease Prevention and Control Cataract Surgery Rate Malaria case fatality rate Programme 3: Emergency Medical Services (EMS) EMS P1 urban response under 15 minutes rate EMS P1 rural response under 40 minutes rate EMS inter-facility transfer rate Programme 4: Provincial Hospital Services Regional Hospitals Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals) Average Length of Stay (Regional Hospitals) Inpatient Bed Utilisation Rate (Regional Hospitals) Expenditure per patient day equivalent (PDE) (Regional Hospitals) Complaint resolution within 25 working days rate (Regional Hospitals) Specialised Hospitals Hospitals that achieved a performance of 75% or more on National Core Standards self assessment Complaint resolution within 25 working days rate Programme 5: Central Hospital Services (C&THS) Provincial Tertiary Hospitals Services Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals) Average Length of Stay (Tertiary Hospitals) Inpatient Bed Utilisation Rate (Tertiary Hospitals) Expenditure per patient day equivalent (PDE) (Tertiary Hospitals) Complaint resolution within 25 working days rate (Tertiary Hospitals) Provincial Central Hospitals Services Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals) Average Length of Stay (Central Hospitals) Inpatient Bed Utilisation Rate (Central Hospitals) Expenditure per patient day equivalent (PDE) (Central Hospitals) Complaint resolution within 25 working days rate (Central Hospitals)	22.0%	17.8%	17.9%	22.0%	17.6%	
	35.0%	64.3%	62.7%	34.9%	60.9%	
	60.0%	74.7%	73.2%	60.0%	72.8%	
	82.0%	83.3%	73.3%	81.0%	89.5%	
	944.5/1mil	906	1 124	708.3/1mil	1 541	
	0.6%	1.1%	0.9%	0.7%	2.0%	
	23.0%	33.2%	34.9%	22.8%	35.0%	
	38.0%	36.1%	40.4%	37.0%	45.3%	
	46.0%	38.2%	40.7%	43.0%	40.9%	
	46.2%	90.9%	91.7%	30.7%	91.7%	
5.6 days	6.3 days	6.3 days	5.6 days	6.3 days		
75.2%	75.0%	76.0%	74.5%	75.3%		
R 3 377	R 3 037	R 3 140	R 3 321	R 3 157		
95.0%	79.3%	84.9%	93.0%	86.7%		
	90.0%	90.0%		90.0%		
	104.5%	96.6%		96.5%		
66.0%	100.0%	100.0%	33.0%	100.0%		
9.4 days	8.1 days	8.1 days	9.4 days	8.0 days		
75.0%	70.4%	72.9%	75.0%	75.4%		
R 4 029	R 3 851	R 3 970	R 3 995	R 4 167		
97.0%	92.9%	66.8%	97.0%	67.1%		
100.0%	0%	100.0%	0%	100.0%		
8.8 days	8.9 days	8.8 days	8.8 days	8.7 days		
66.8%	67.4%	68.0%	66.8%	68.4%		
R 8 373	R 8 745	R 9 147	R 8 373	R 9 184		
95.9%	100.0%	100.0%	95.0%	100.0%		

ANNUAL OUTPUT

KZN Quarterly Performance Report Quarter 3

Report on Non Standardized Items	Programme / Subprogramme / Performance Measures	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
	Programme 1: Administration Audit opinion from Auditor General Programme 2: District Health Services Ideal clinic status rate HIV and AIDS, STI and TB TB Client death rate TB MDR treatment success rate Maternal, Child and Women's Health and Nutrition Antenatal client start on ART rate HPV 1st dose HPV 2nd dose Maternal mortality in facility ratio Neonatal death in facility rate Programme 5: Health Sciences and Training (HST) Number of Bursaries awarded to first year medicine students Number of Bursaries awarded to first year nursing students Programme 6: Health Facilities Management Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	Unqualified 87 5.0% 60.0% 97.0% 84 150 84 150 100.0 11.5 30 150 148 464				

I, Musta Gumed hereby certify that the non-financial data submitted for Q2 is correct and data for the current quarter is preliminary and gives an overview of the performance of the department

Signed by: Head of the Department 

Date: 02.02.2019

KZN Quarterly Performance Report Quarter 3

Programme / Subprogramme / Performance Measures	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
Report on Non Standardized Items					
Raw data					
Programme 1: Administration					
Percentage of Hospitals with broadband access					
Total Number of hospitals with minimum 2 Mbps connectivity		44	44		44
Total Number of Hospitals		72	73		73
Percentage of fixed PHC facilities with broadband access					
Total Number of fixed PHC facilities with minimum 1Mbps connectivity		144	144		144
Total Number of fixed PHC Facilities		608	608		608
Programme 2: District Health Services					
District Management					
PHC utilisation rate - total					
PHC headcount under 5 years + PHC headcount 5-9 years + PHC headcount 10-19 years + PHC headcount 20 years and older		7 265 005	14 319 181		19 153 495
Population - Total		11 379 875	11 379 875		11 379 875
Complaint resolution within 25 working days rate					
Complaint resolved within 25 working days		857	1 843		2 418
Complaint resolved		988	1 924		2 519
District Hospitals					
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)					
Hospital achieved 75% and more on National Core Standards self assessment		20	24		24
Hospitals conducted National Core Standards self assessment		25	32		32
Average Length of Stay (District Hospitals)					
Inpatient day total		437 077	888 088		1 180 859
Day patient total		4 266	8 500		11 661
Inpatient separations		80 714	165 188		220 758
Inpatient discharges-total		71 189	145 874		194 892
Inpatient deaths -total		4 332	8 505		11 353
Inpatient transfers out - total		5 213	10 809		14 513
Inpatient Bed Utilisation Rate (District Hospitals)					
Inpatient day total		437 077	888 088		1 180 859
Day patient total		4 266	8 500		11 661
Usable (inpatient) beds		8 077	8 183		8 075
Expenditure per patient day equivalent (PDE) (District Hospitals)					
Expenditure total		1600696 185	3360055 882		4506374 949
Patient day equivalent		633 230	1280 511		1704 835
OPD headcount not referred new		101 841	199 321		266 594


KZN Quarterly Performance Report Quarter 3

Programme / Subprogramme / Performance Measures	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;"> Report on Non Standardized Items </div> OPD headcount referred new OPD headcount follow-up Emergency Headcount total Complaint resolution within 25 working days rate (District Hospitals) Complaint resolved within 25 working days Complaint resolved HIV and AIDS, STI and TB (HAST) ART client remain on ART end of month - total ART adult remain on ART end of ART child under 15 years remain on ART end of period TB/HIV co-infected client on ART rate TB/HIV co-infected client on ART TB client known HIV positive HIV test done - total Antenatal client HIV 1st test Antenatal client HIV re-test HIV test 19-59 months HIV test 5-14 years HIV test 15 years and older (excl ANC) Male Condoms Distributed Male condoms distributed Medical male circumcision - Total Males 10 to 14 years who are circumcised under medical supervision Males 15 years and older who are circumcised under medical supervision TB client 5 years and older start on treatment rate TB client 5 years and older start on treatment TB symptomatic client 5 years and older tested positive TB client treatment success rate TB client successfully completed treatment TB client start on treatment TB Client lost to follow up rate TB client lost to follow up TB client start on treatment Maternal, Child and Women's Health and Nutrition (MCWH&N) Antenatal 1st visit before 20 weeks rate Antenatal 1st visit before 20 weeks Antenatal 1st visit 20 weeks or later – Antenatal 1st visit before 20 weeks Mother postnatal visit within 6 days rate		93 967 319 310 67 143 488 548 1254 562 49 634 8 887 10 150 847 394 39 320 43 384 29 453 57 307 677 930 30749 210 32 470 19 228 9 962 9 067 12 289 16 107 942 16 107 38 144 53 243	187 881 637 129 140 188 1 035 1 158 1277 860 48 553 16 468 17 828 929 108 40 350 45 404 31 329 62 789 749 236 28946 518 27 698 25 161 20 649 18 995 21 934 29 277 1 657 29 277 78 692 107 969		253 775 847 881 186 185 1 273 1 412 128 651 48 936 25 614 29 019 632 112 28 977 28 650 22 102 40 871 511 512 15958 240 11 666 9 371 27 847 26 037 33 576 45 105 2 581 45 105 107 672 146 654

KZN Quarterly Performance Report Quarter 3

Report on Non Standardized Items	Programme / Subprogramme / Performance Measures	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
	Mother postnatal visit within 6 days after delivery		38 169	77 399		101 976
	Delivery in facility total		48 086	100 133		131 402
	Infant 1st PCR test positive around 10 weeks rate					
	Infant PCR test positive around 10 weeks		83	163		241
	Infant PCR test around 10 weeks		13 663	27 169		36 342
	Immunisation under 1 year coverage					
	Immunised fully under 1 year new		59 338	116 080		156 644
	Female under 1 year – Male under 1 year		256 707	256 707		256 707
	Measles 2nd dose coverage					
	Measles 2nd dose		53 042	104 222		136 183
	Female 1 year – Male 1 year		263 038	263 038		263 038
	Diarrhoea case fatality under 5 years rate					
	Diarrhoea death under 5 years		36	83		133
	Diarrhoea separation under 5 years		1 443	4 007		5 127
	Pneumonia case fatality under 5 years rate					
	Pneumonia death under 5 years		57	143		191
	Pneumonia separation under 5 years		2 935	5 186		6 912
	Severe acute malnutrition case fatality under 5 years rate					
	Severe acute malnutrition (SAM) death in facility under 5 years		55	88		115
	Severe Acute Malnutrition under 5 years		782	1 341		1 749
	School Grade 1 - learners screened					
	School Grade 1 - learners screened		15 817	12 085		14 100
	School Grade 8 – learners screened					
	School Grade 8 - learners screened		7 811	5 647		4 683
	Delivery in 10 to 19 years in facility rate					
	Delivery 10–14 years in facility + Delivery 15–19 years in facility		8 565	17 914		23 104
	Delivery in facility total		48 086	100 133		131 402
	Couple Year Protection Rate (Int)					
	Contraceptive years equivalent		491 393	957 679		1240 930
	Male sterilisation		9	56		91
	Female sterilisations		2 718	5 558		7 377
	Medroxyprogesterone injection		298 285	634 061		897 575
	Norethisterone enanthate injection		84 339	144 415		165 240
	Oral pill cycle		105 592	224 372		306 325
	IUCD		6 617	12 271		16 363
	Male condoms		30749 210	59695 728		75653 968
	Subdermal implant		30 264	55 037		69 545
	Female condoms		813 120	1633 234		1913 815
	Female 15-44 years + Female 45-49 years		3054 781	3054 781		3054 781
	Vitamin A dose 12-59 months coverage					

KZN Quarterly Performance Report Quarter 3

Programme / Subprogramme / Performance Measures	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
 Vitamin A dose 12-59 months (Female 1 year + Female 02-04 years – Male 1 year – Male 02-04 years) * 2 Cervical cancer screening coverage 30 years and older Cervical cancer screening 30 years and older (Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45 years and older) / 10		402 141 1076 034	788 170 1076 034		1044 726 1076 034
Disease Prevention and Control Cataract Surgery Rate Cataract surgery total Population uninsured total Malaria case fatality rate Deaths from malaria Total number of Malaria cases reported Programme 3: Emergency Medical Services (EMS) EMS P1 urban response under 15 minutes rate EMS P1 urban response under 15 minutes EMS P1 urban calls EMS P1 rural response under 40 minutes rate EMS P1 rural response under 40 minutes EMS P1 rural calls EMS inter-facility transfer rate EMS inter-facility transfer EMS clients total Programme 4: Provincial Hospital Services General (regional) hospitals Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals) Hospital achieved 75% and more on National Core Standards (NCS) self assessment Hospitals conducted National Core Standards self assessment Average Length of Stay (Regional Hospitals) Inpatient day total Day patient total Inpatient separations Inpatient discharges-total Inpatient deaths -total Inpatient transfers out - total Inpatient Bed Utilisation Rate (Regional Hospitals) Inpatient day total Day patient total Usable (inpatient) beds Expenditure per patient day equivalent (PDE) (Regional Hospitals)		2 269 10014 290	5 630 10014 290		7 717 10014 290
		49 161 2359 710	103 648 235 710		140 695 235 710
		4 353	5 578		9 459
		9 079 27 380	19 638 56 304		33 049 94 539
		17 947 49 657	39 547 97 972		66 248 146 262
		47 113 123 335	96 073 236 123		144 478 353 127
					11 12
		450 625 13 576 72 498 64 931 3 610 3 957	920 968 26 689 147 417 131 811 7 324 8 282		1221 219 34 426 197 132 175 886 9 802 11 444
		450 625 13 576 6 680	920 968 26 689 6 738		1221 219 34 426 6 754

KZN Quarterly Performance Report Quarter 3

Programme / Subprogramme / Performance Measures	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
Report on Non Standardized Items					
Expenditure total		2071282 211	4363736 515		5837623 690
Patient day equivalent		681 915	1389 566		1849 307
OPD headcount not referred new		60 296	122 380		164 907
OPD headcount referred new		73 118	147 876		200 347
OPD headcount follow-up		459 098	930 869		1247 197
Emergency Headcount total		80 994	164 635		220 175
Complaint resolution within 25 working days (Regional Hospitals)					
Complaint resolved within 25 working days		410	666		1 103
Complaint resolved		517	1 020		1 272
Specialised Hospital					
Hospitals that achieved a performance of 75% or more on National Core Standards self assessment					
Hospital achieved 75% and more on National Core Standards self assessment		9	9		9
Hospitals conducted National Core Standards self assessment		10	10		10
Complaint resolution within 25 working days rate					
Complaint resolved within 25 working days		23	86		137
Complaint resolved		22	89		142
Programme 5: Central Hospital Services (CAHS)					
Provincial Tertiary Hospitals Services					
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals)					
Hospital achieved 75% and more on National Core Standards self assessment		1	1		1
Hospitals conducted National Core Standards self assessment		1	1		1
Average Length of Stay (Tertiary Hospitals)					
Inpatient day total		110 919	222 914		296 757
Day patient total		2 090	7 374		9 214
Inpatient separations		13 854	27 976		37 690
Inpatient discharges-total		10 117	20 436		27 451
Inpatient deaths -total		948	1 681		2 225
Inpatient transfers out - total		2 889	5 859		8 014
Inpatient Bed Utilisation Rate (Tertiary Hospitals)					
Inpatient day total		110 919	222 914		296 757
Day patient total		2 090	7 374		9 214
Usable (inpatient) beds		1 742	1 702		1 643
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)					
Expenditure total		578794 626	1209209 347		1642344 383
Patient day equivalent		150 546	304 564		394 121
OPD headcount not referred new		8 258	16 463		20 631
OPD headcount referred new		18 125	37 771		44 472
OPD headcount follow-up		74 359	148 993		177 344
Emergency Headcount total		15 004	29 662		35 823
Complaint resolution within 25 working days rate (Tertiary Hospitals)					

KZN Quarterly Performance Report Quarter 3

Programme / Subprogramme / Performance Measures		Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Planned output as per APP	3rd Quarter Preliminary output
Report on Non Standardized Items Complaint resolved within 25 working days Complaint resolved Provincial Central Hospitals Services Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals) Hospital achieved 75% and more on National Core Standards self assessment Hospitals conducted National Core Standards self assessment Average Length of Stay (Central Hospitals) Inpatient day total Day patient total Inpatient separations Inpatient discharges-total Inpatient deaths -total Inpatient transfers out - total Inpatient Bed Utilisation Rate (Central Hospitals) Inpatient day total Day patient total Usable (inpatient) beds Expenditure per patient day equivalent (PDE) (Central Hospitals) Expenditure total Patient day equivalent OPD headcount not referred new OPD headcount referred new OPD headcount follow-up Emergency Headcount total Complaint resolution within 25 working days (Central Hospitals) Complaint resolved within 25 working days Complaint resolved			39 42 - - 51 869 386 5 854 4 088 226 1 540 51 869 386 846 592493 197 67 750 6 4 396 41 551 1 111 32 32	50 76 1 1 104 600 764 11 885 8 202 454 3 229 104 600 764 846 1254000 773 137 100 21 8 964 85 184 2 184 67 67		53 79 1 1 140 268 1 060 16 136 11 245 571 4 320 140 268 1 060 846 1695336 234 184 600 28 12 105 116 260 9 014 93 93



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

PROVINCE:

KwaZulu-Natal

QUARTER: Two

NAME OF THE PERSON CONSOLIDATING THE REPORT:

Mrs S. Naidoo

BUDGET PROGRAMME:

Health

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
Programme 1: Administration					
1. Percentage of hospitals with broadband access	57%	60.3%	5.8%	Four additional hospitals broadband speed upgraded successfully	
2. Percentage of fixed PHC facilities with broadband access	24.6%	23.7%	3.7%	The establishment of the contract with Vodacom was delayed.	The contract has since been signed with the implementation process currently underway.
3. Number of organisational structures reviewed & submitted for approval	3	7	133.3%	7 Structures submitted for approval and 1 structure was approved. This is a demand driven indicator.	
4. Number of ethics workshops conducted	10	7	30%	Due to prior commitments by the Facilitators it was not possible to reach the set target of 10 workshops in Q2.	The roll out to the Districts is well in progress and workshops will be scheduled for the remainder of the current financial year.
5. Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	3	3	0	No deviation	
Programme 2: District Health Services Primary Health Care					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
6. PHC Utilisation rate (annualised)	2.6	2.6	0	No deviation	
7. PHC utilisation rate under 5 (annualised)	3.9	3.4	12.8%	<p>Ugu district reported a drop in the attendance of children that have completed their immunization schedule whereas they need to come for regular weighing</p> <p>KCD Mthonjaneni sub-district team is still not going out to communities due to safety concerns, related to hijacking.</p> <p>eThekweni district also shared the concern of hijacking around KwaMashu that has resulted in suspension of services for the last two months</p> <p>uThukela district reported a public protest in St. Chads and Ladysmith sub-districts that affected service delivery</p>	<p>Ugu: Work with Operational Managers and EPI teams to educate the public on the importance of bringing children for weighing even after the schedule is completed</p> <p>KCD: The high risk areas like Mthonjaneni sub-district team to be accompanied by SAPS Fast track the tracking of vehicles</p> <p>eThekweni: Negotiate for replacement vehicles with the provincial Fleet Management office</p> <p>uThukela St Chads: Monitor the facility and OHH headcounts on quarterly basis</p>
8. Complaint resolution rate (PHC)	90%	95.6%	6%	Complaints management assessments being conducted by the departmental Service Delivery Improvement Committee has prompted better focus on implementation of complaints management guidelines thus improved resolution.	Continue to strengthen regular functionality of Complaints committee meetings and timeous resolution of complaints
9. Complaint resolution within 25 working days rate (PHC)	96%	96%	0		
10. Expenditure per PHC headcount	R390	R392	0.5%	Umgungundlovu district reported the highest expenditure attributing it to the clients that use the CHC instead of the clinic. Zululand was also high because of the pay progression paid in September.	Umgungundlovu to educate the community against by-passing the lower level of care.
District Hospitals					
11. Hospital achieved 75% and more on National Core Standards self-assessment rate	15.8%	75%	374.7%	Close monitoring of conducting of self-assessments and submission of improvement plans to provincial quality assurance (QA) unit for review	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
12. Average Length of Stay – total	5.6days	5.4days	3.6%	Provincially we are on target in terms of this indicator. The only districts that are not within the target are Umzinyathi, Umgungundlovu and King Cetshwayo partly due the rural nature of the districts. Umzinyathi had patients that were abandoned and mental health users that were kept long due to lack of or non-availability of beds in mental health hospitals. One of the reasons for deviation is non adherence to admission and discharge criteria. Shortage of Doctors results in Doctors not doing rounds as they should and as a result patients needing discharge are not discharged timeously.	Proper history taking for tracing of the relatives of the abandoned patients. Fast track the appointment of medical officers where there is a shortage to ensure proper ward rounds. Conduct support visits to Districts that are above target. Facilitate completion of efficiency indicator project
13. Inpatient Bed Utilisation Rate – total	60%	59.7%	0.5%	Umzinyathi and King Cetshwayo are not within the target range. An improvement noted in iLembe District	Fast track the renovation of the wards that were damaged by the storm. Doctors need to adhere to admission and discharge criteria to avoid underutilisation of beds. Provincial office to fast track completion of the efficiency indicator analysis project.
14. Expenditure per patient day equivalent (PDE)	R2 531	R2 624	3.7%	Provincially we have not met the target. Amajuba, iLembe, Harry Gwala, Umgungundlovu and Uthukela are contributing to the high PDE, reasons being incorrect staff linkage, low BUR and inherent cost drivers.	Correct staff linkage according to responsibility section. Reconfiguration of facilities after rationalization plan.
15. Complaint resolution rate	86.5%	87.5%	1%	Although the performance is positive, there are some challenges such as shortage of appropriate human resources and IT challenges at some Districts for example Uthukela, Ethekwini, etc.	Provincial QA and Data Management Directorates will work together to address the challenge with IT
16. Complaint Resolution within 25 working days rate	93.5%	89.4%	4.4%	Work stalls when there is no PRO or QA Coordinator at some facilities. Other facilities experience problems with capturing complaints due to network/system issues and lack of IT resources.	Provincial QA and Data Management Directorates will work together to address the challenge with IT
17. Delivery by caesarean section rate	27.6%	27%	2.2%	Main indications include clients with previous history of caesarean section ended up being done Caesars, use of herbal medication, teenage pregnancy, patients refusing normal birth after caesarean section, medical conditions and other obstetric emergencies.	Conduct weekly caesarean section audit. Education of young people regarding complications of teenage pregnancy. Awareness creation to the community about potential complications following caesarean section. Education to woman on early bookings for ANC

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
18. OPD Headcount – Total	577 444	509 053	11.8%	On target - this can be attributed to patients not by-passing PHC, increased mobile points and operating hours and also programmes such as CCMDD.	Continue with awareness via WBOT on the importance of utilising nearby clinic rather than going to hospital. Market the concept of GP, NHI to the community via WBOT and local media.
19. OPD Headcount not referred new	102 154	97 680	4.4%	High numbers of un-referred OPD patients were observed from King Cetshwayo, Ethekwini, Zululand and Umzinyathi. This is common at facilities where there is no gateway clinic	
HIV, AIDS, STI and TB Control					
20. ART Client remain on ART end of month – total	1 286 708	1 326 413	3.1%	Target met due to revival of weekly nerve centre meetings at all levels. TROA performance is monitored weekly.	Province will re-introduce HIV literacy classes to improve ART treatment adherence. Continue to prioritise monitoring TROA performance in the weekly nerve centre meetings.
21. ART adult remain on ART end of period	1 233 604	1 277 860	3.6%	The good performance is due to implementation of HAST Clinical governance and viral load meetings. In addition revival of weekly nerve centre meetings and training of health care workers on HIV care has contributed positively.	
22. ART Child under 15 years remain on ART end of period	53 104	48 553	8.6%	Poor adherence to treatment resulting in high loss to follow-up.	To continue to intensify implementation of Community mobilisation through engaging community based political leadership for buy-in; orientation on role of CCGs, the Community Strategy to improve case finding and retention into care. CCGs orientation on their critical role on UTT, UB project and the 90-90-90 targets
23. TB / HIV co-infected clients on ART rate	92.9%	92.4%	0.5%	Teething challenges of the new TB /HIV system (THIS) where clients initiated on ART in another facility were not included.	The challenge has been resolved by updated version of the information system. It is hoped system updates will correct the previous challenges.
24. HIV test done – total	745 693	929 108	24.6%	Collaboration with partners in testing activities, community mobilisation and implementation of the National Wellness campaign continue to yield positive results	Continue to monitor implementation of the testing programme in all districts and assist those districts that are still struggling to meet targets

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
25. Male condom distribution	49 874 996	28 946 518	42%	Capturing at Primary Distribution Site level continues to provide challenges in data reporting as districts have different systems of operational tools	Due to the persistence of the issue, it has been escalated to District Directors who will be monitoring progress on operational issues and report at DHS cluster weekly meetings
26. Medical Male Circumcision performed – total	47 621	52 859	11%	Collaboration on social mobilisation activities continues to bear positive MMC uptake. General Practitioner model continues to yield improved numbers on private and outreach services.	To continue monitoring data reports, especially for outreach services and maintain quality services
27. Male Urethritis syndrome incidence	28/1 000	28/1 000	0	No deviation	
28. TB client Syears and older start on treatment rate	90%	108.2%	20.2%	The target of 90% was over achieved because of not recording all cases diagnosed with TB in the case identification register.	Enforce the implementation of the TB Case Identification circular by the PHC supervisors, and district TB coordinators.
29. TB client treatment success rate	87.6%	74.9%	14.5%	Late taking of sputum and poor recording of results lead to a high number of unevaluated cases.	Train the PHC supervisors and operational managers on the treatment algorithm so they supervise the taking of sputa and recording of results timeously.
30. TB client lost to follow up rate	5%	5.7%	14%	There is an increase in the loss to follow up rates as a result of decreasing tracer teams functionality impacted by vehicle hijackings at high population and high volume districts such as King Cetshwayo and eThekweni	Encourage health facilities to link all patients starting treatment to supporters. Contact patients early. Lobby for vehicle tracker installation in vehicles.
31. TB XDR confirmed client start on treatment	12	34	183.3%	All patients started on treatment this quarter have been captured as per the alert list.	Continue to monitor linkage to care and prompt recording of patients.
Maternal, Neonatal, Child and Women's Health and Nutrition					
32. Antenatal 1st visits before 20 weeks rate (annualised)	70.3%	73.3%	4.3%	House hold pregnancy testing by CCGs is continuing and assists in increasing early booking	Intervention will continue
33. Mother postnatal visit within 6 days rate	74.4%	77.3%	3.9%	Reviewing of post-natal data at local level assists in continuous improvement	Continue interventions

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
34. Delivery in 10 to 19 years in facility rate	22%	17.9%	18.6%	Collaboration with other departments. Interventions to reduce high teenage pregnancy has been initiated in Amajuba, Umzinyathi and King Cetshwayo Districts	Continue to roll out interventions in a phased in approach to remaining districts
35. Antenatal client start on ART rate	97%	98.3%	1%	Some antenatal clients initiated on ART are not captured on TIER.Net due to folder flow between the MNCWH and Chronic stream	Monitor indicator on the Dashboard. Conduct Facility visits and correct patient folder flow process and capturing Continuous Quality Improvement (CQI) Methodology
36. Couple year protection rate (international)	34.8%	62.7%	80.2%	As healthcare workers are becoming more competent and confident in the provision of Long Acting reversible contraceptives, they are now beginning to market the commodity in their facilities and creating demand in the communities.	Facilities need to continue marketing of long acting reversible contraceptives, (LARCSs), for sustained improvement in this indicator
37. Cervical cancer screening coverage 30 years and older (annualised)	80%	73.3%	8.4%	Data error indicated by three districts (iLembe, Ugu, and uMgungundlovu reporting above 100%)	To communicate with the district to correct data.
38. Infant 1st PCR Test positive around 10 weeks rate	1%	0.6%	40%	Target Achieved	Strive for no new HIV infections in children
39. Immunisation under 1 year coverage (annualised)	77%	90.4%	17.4%	Onsite facility mentoring and support	National and provincial pharmaceutical to attend to vaccine supplies. Facilities to continue with immunisation outreach activities and ongoing data monitoring
40. Measles 2nd dose coverage (annualised)	80%	79.2%	1%	Target not achieved due to failure of the facilities to conduct immunisation catch-up campaigns. Poor data monitoring and vaccine stock-outs in the facilities	Facilities to continue with immunisation outreach activities, vaccine stock and ongoing data monitoring. Sub-districts PHC supervisors and facility OM's to ensure close monitoring of the EPI programme
41. Diarrhoea case fatality under 5 years rate	2.3%	2.1%	8.7%	Target surpassed. Data appears to be correctly captured. Diarrhoea separations markedly increased in Aug and Sept (possibly seasonal) however deaths were reduced.	Continue with the promotion of exclusive breastfeeding, handwashing and immunization
42. Pneumonia case fatality under 5 years rate	2.9%	2.8%	3.4%	Although the results seem positive there is an increase in the numbers of deaths in EThekweni and iLembe. Deaths in iLembe	Investigation regarding pneumonia definitions and possible causes for deaths is underway in the Districts.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
43. Severe acute malnutrition case fatality under 5 years rate	6.8%	6.6%	2.9%	are primarily at Stanger hospital and according to the hospital, since 2014 pneumonia case fatality increases in August.	The Provincial office will continue monitoring current interventions. Provincial office to continue supporting uGu District regarding rectifying reporting of SAM at separation.
44. Vitamin A dose 12-59 months coverage (annualised)	60%	73.2%	2.2%	Implementation of community outreach & partnering with traditional health practitioners for early referral of malnourished children	Districts have been sensitised to schedule ECD visits in an effort to improve coverage. Ugu District has tasked Mother hospital ANMs to be responsible for coordinating transport and logistics for ECD outreach activities.
45. School Grade 1 learners screened	21 381	12 085	43.5%	Target exceeded. Districts maintained outreach activities which include visits to ECD centres. ECD outreach activities in Harry Gwala and Ugu Districts are currently not well coordinated resulting in lower coverage in these Districts.	Taking into consideration the performance of this programme (historical and current) and the on-going resource constraints, future targets will be revised.
46. School Grade 8 learners screened	13 877	5 647	59.3%	Although there are 203 teams, not all team are fully functional due to staff and vehicle shortages. Further to this, the HPV campaign is prioritised over screening services in quarter 2.	
Disease Prevention and Control					
47. Cataract surgery rate (annualised)	472.2/1mil	1 124/1mil	138%	More operations were conducted during Mandela Week in partnership with Non-Governmental Organisation (NGO) and Private Health Facilities	<ul style="list-style-type: none"> Formalisation of partnership through Memorandum of understanding with International Islamic Relief Organisation of South Africa (IIROSA). Identification of medical officers to be trained as Cataract surgeons for Ugu, UMzinyathi and Harry Gwala districts.
48. Malaria case fatality rate	0.9%	0.9%	0	No deviation	
49. Clients 40 years and older screened for hypertension	1 267 640	1 397 167	10.2%	Over achievement is due to recording of vital signs of known Hypertensive clients	<ul style="list-style-type: none"> Finalisation of screening tool for unknown with risk factors for Hypertension.
50. Clients 40 years and older screened for Diabetes	1 267 640	1 394 791	10%	Over achievement is due to recording of vital sign of known Diabetes clients	<ul style="list-style-type: none"> All facilities to have target number for unknown with risk factors for Hypertension and Diabetes as per National Wellness Campaign Screening.

¹ Data source for all related indicators is the Malaria Information System (MIS)

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
51. Mental disorders screening rate	33.6%	41%	22%	Training enabled more focused screening	<ul style="list-style-type: none"> Monitor facility performance using Vantage System SOP developed and quality continuously being monitored
52. Wheelchairs issued	1 025	1 357	32.4%	<ul style="list-style-type: none"> Support Supervision and mentoring to district coordinators on Disability and Rehabilitation services Monitoring of district wheelchair Repair sites to promote quality repair services of wheelchairs. 	<ul style="list-style-type: none"> The Programme is engaging with District Rehabilitation Coordinators to create awareness and lobby facility managers to allocate sufficient budget for assistive devices Advocate for institutions to motivate for filling of posts for Therapists
53. Dental extraction to restoration ratio	19:1	19.4:1	2.1%	<p>Shortage of Dentist; Maxillofacial and Orthodontists specialists.</p> <p>Shortage of dental chairs, equipment and consumables</p>	<ul style="list-style-type: none"> 4 Registrars started training at Wits as Maxillofacial and Orthodontists from 2018 – 2021 (4 years) and 2 selected for 2019- 2021. Advocate for creation and filling of dentists post Advocate for budget allocation for dental chairs. Re-orientation of oral health team to use National Tender for oral equipment and consumables. Capacity building District Oral Health Coordinators roles and responsibilities and quality data management.
Programme 3: Emergency Medical Services					
54. EMS P1 urban response under 15 minutes rate	22.5%	34.9%	55.1%	<p>A total of 79 ambulances were launched and distributed for use in operations during the 2nd quarter. These ambulances are not for expansion of services but rather for replacement of obsolete ambulances. This resulted in reduced downtime of ambulances for repairs and therefore improved availability for operations.</p> <p>Emergency and Inter Facility Transfer cases are determined by the demand for the service we provide.</p> <p>Majority of the ambulance fleet is aged and requires</p>	
55. EMS P1 rural response under 40 minutes rate	36%	40.4%	12.2%		
56. EMS inter-facility transfer rate	41%	40.7%	0.7%		
57. Average number of daily	190	168	11.6%	A total of 79 ambulances were launched and	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
operational ambulances				replacement. This results in extended downtime of ambulances for repairs and maintenance reducing the availability for operations.	distributed for use in operations during the 2nd quarter. These ambulances are not for expansion of services but rather for replacement of obsolete ambulances. This should result in reduced downtime of ambulances for repairs and therefore improve availability for operations.
58. Number of bases with access to computers and intranet/e-mail	38	22	42.1%	Since 2017/18, Umgungundlovu has dropped by 1 base (Appelsbosch) which has not had connectivity for quite a while.	IT has presented their proposal and are awaiting the availability of budget to roll out the private network which will accommodate EMS bases
Programme 4: Regional and Specialised Hospitals					
Regional Hospitals					
59. Hospital achieved 75% and more on National Core Standards self-assessment rate	15.4%	91.7%	495.5%	Contributing to overall better performance is the monitoring and implementation of the NCS improvement plan.	Focused interventions planned to assist struggling hospitals, to implement recommendations made especially those with no financial implications e.g. Addington.
60. Average Length of Stay – total	5.7days	6.3days	10.5%	Shortage and difficulty in attracting and retaining medical specialists at Regional Hospitals in the peripheral areas.	District Quality Assurance Program to sustain the monitoring of compliance with NCS.
61. Inpatient Bed Utilisation Rate – total	73.5%	76.0%	3.4%	Although target achieved, shortage of medical specialist continue to threaten performance	Filling of clinical posts is an exemption in order to improve access to specialized clinical services
62. Expenditure per PDE	R3 253	R3 140	3.5%	Implementation of cost containment measures continue to yield positive results	Processes to recruit foreign specialists still being explored
63. Complaint resolution rate	92%	89.7%	2.5%	Delays in investigating clinical complaints contributing to later resolution and spill over to next quarter	To monitor regular functionality of all complaints management committees to avoid spill overs to other quarters;
64. Complaint Resolution within 25 working days rate	84%	84.9%	1.1%		To also continue to provide in-service on the complaints management guidelines so as to improve the resolution rate.
65. Delivery by caesarean section rate	39%	41.3%	5.9%	Most caesarean sections performed at Regional	Continue to monitor mortality indication for caesarean sections at perinatal mortality meetings and during clinical

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
66. OPD Headcount – total	500 339	608 608	21.6%	Hospitals are clinically indicated	audits
67. OPD Headcount new case not referred	50 911	62 084	21.9%	Influencing factors include the lack of a PHC facility in close proximity to the hospital. Most clinics do not operate 24hours or on weekends resulting in clients seeking services at hospital OPDs. All OPDs are accessible 24 hours a day Most Regional Hospitals also offer a huge bulk of district hospital level services (Combo-Status).	To continue to encourage patients to utilize referral pathways.
Specialised TB Hospitals					
68. Hospital achieved 75% and more on National Core Standards self-assessment rate	20%	100% (5/5)	400%	Close monitoring of conducting of self-assessments and submission of improvement plans to provincial quality assurance (QA) unit for review	Facilities not doing well especially with regards to extreme and vital measures will be visited as part of the Integrated Management support visits initiated by the QA Directorate
69. Average Length of Stay	40.1days	42.9days	7%	Shortage and difficulty to attract and retain medical specialists in the peripheral areas.	Filling of clinical posts is an exemption in order to improve access to specialized clinical services Processes to recruit foreign specialists still being explored
70. Inpatient Bed Utilisation Rate – total	55%	37.8%	31.3%	Indicator is influenced by the nature and number of referrals to this facility.	Ensure admission and discharge policies are adhered to
71. Expenditure per patient day equivalent (PDE)	R2 790	R5 807	108.1%	Main cost drivers included COE especially since this is a specialist driven service requiring medical specialists and specialised nurses, laboratory investigations, rising cost of medicines for multi-drug resistant TB, etc.	To monitor key cost drivers and review next APP target where applicable
72. Complaint resolution rate	82%	98.6%	20.2%	Complaints management assessments being conducted by the departmental Service Delivery Improvement Committee has prompted better focus on implementation of complaints management guidelines thus improved resolution.	Continue to strengthen regular functionality of Complaints committee meetings and timeous resolution of complaints
73. Complaint Resolution within 25 working days rate	95%	97.1%	2.2%		
74. OPD Headcount – total	49 718	22 278	55.2%	Changes in TB Management regimen and decentralisation of MDR patients. MDR patients who are responsive to treatment continue treatment at	
75. OPD Headcount – new case not referred	6 043	1 287	78.7%		

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
Specialised Psychiatric Hospitals					
76. Hospital achieved 75% and more on National Core Standards self-assessment rate	0%	75% [3/4]	100%	community level as outpatients. Some specialized TB Hospitals in view of the low BUR have introduced PHC services such as chronic care services. Target was set very high.	Facilities not doing well especially with regards to extreme and vital measures will be visited as part of the Integrated Management support visits initiated by the QA Directorate
77. Average Length of Stay	290days	370.7days	27.8%	Close monitoring of conducting of self-assessments and submission of improvement plans to provincial quality assurance (QA) unit for review Indicator is influenced by the nature and number of referrals to this facility.	Filling of clinical posts is an exemption in order to improve access to specialized clinical services Processes to recruit foreign specialists still being explored
78. Inpatient Bed Utilisation Rate – total	72%	72.4%	0.6%	Also contributing to the huge increase in ALOS is shortage and difficulty to attract and retain Psychiatrists High number of state patients -increased demand for forensic beds Indicator is also influenced by the nature and number of referrals to this facility.	Ensure admission and discharge policies are adhered to
79. Expenditure per patient day equivalent (PDE)	R1 310	R1 430	9.2%	Main cost drivers included COE especially since this is a specialist driven service requiring medical specialists and specialised nurses, laboratory investigations, rising cost of medicines for multi-drug resistant TB, etc.	To monitor key cost drivers
80. Complaint resolution rate	96%	82.7%	13.9%	Some complaints were not resolved in the previous quarter and they spilled over to the second quarter due to delays related to investigating clinical related complaints	Continue to strengthen regular functionality of Complaints committee meetings and timeous resolution of complaints
81. Complaint Resolution within 25 working days rate	88.5%	104.2%	17.7%	Complaints management assessments being conducted by the departmental Service Delivery Improvement Committee has prompted better focus on implementation of complaints management guidelines thus improved resolution.	
82. OPD Headcount – total	3 398	2 541	25.2%	The Mental Health Programme is strengthening follow up care at PHC, district and regional hospitals.	Strengthen clinical outreach programme.
83. OPD Headcount – new case not referred	233	91	60.9%		
Specialised Chronic Hospitals					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
84. Hospital achieved 75% and more on National Core Standards self-assessment rate	0%	100% [1/1]	100%	Close monitoring of conducting of self-assessments and submission of improvement plans to provincial quality assurance (QA) unit for review	Facilities not doing well especially with regards to extreme and vital measures will be visited as part of the Integrated Management support visits initiated by the QA Directorate
85. Average Length of Stay	34.5day	32.6day	5.5%	Indicator is influenced by the nature and number of referrals to this facility.	Ensure admission and discharge policies are adhered to
86. Inpatient Bed Utilisation Rate – total	60.5%	54.5%	9.9%		
87. Expenditure per patient day equivalent (PDE)	R2 720	R3 137	15.3%	Cost drivers included COE especially since this is a specialist driven service requiring medical specialists and specialised nurses. Therefore most clinical staff are remunerated on OSD packages. The specialised nature of services also requires specialised medical supplies and equipment which are influenced by the rate of exchange. Most medical equipment is old and breaks frequently resulting in frequent repairs. The old infrastructure also requires emergency repairs which are costly in areas such as theatres.	To monitor key cost drivers
88. Complaint resolution rate	98.3%	81.8%	16.8%	Complaints management assessments being conducted by the departmental Service Delivery Improvement Committee has prompted better focus on implementation of complaints management guidelines thus improved resolution.	Continue to strengthen regular functionality of Complaints committee meetings and timeous resolution of complaints
89. Complaint Resolution within 25 working days rate	100%	94.4%	5.6%		
90. OPD Headcount – total	34 968	19 565	44%	The better than expected CCMDD programme uptake by patients is helping to reduce load at hospital level.	
91. OPD Headcount – new case not referred	11 117	9 502	14.5%		
Programme 5: Central and Tertiary Hospitals					
Tertiary Hospitals					
92. Hospital achieved 75% and more on National Core Standards self-assessment rate	0%	100%	100%	Close monitoring of conducting of self-assessments and submission of improvement plans to provincial quality assurance (QA) unit for review	Facilities not doing well especially with regards to extreme and vital measures will be visited as part of the Integrated Management support visits initiated by the QA Directorate

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
93. Average Length of Stay	9.4days	8.1days	13.8%	Improved clinical management and down referral of patients. The department has made efforts to improve the availability and functionality of investigative medical equipment such as CT Scanners, X Rays Ultrasound etc. The availability of the essential medical equipment improves clinical care and clinical outcomes.	Filling of clinical posts is being expedited in order to improve capacity and quality of care
94. Inpatient Bed Utilisation Rate – total	74%	72.9%	1.5%	Performance within acceptable deviation and slightly improved due to patients being assessed and treated at the appropriate Level of Care. Utilisation remains clinically indicated.	Monitor BUR and implementation of admission and discharge regulations
95. Expenditure per patient day equivalent (PDE)	R3 880	R3 970	2.3%	High cost drivers are consumables for Renal Dialysis, Implants and Prosthesis.	
96. Complaint resolution rate	83%	82.3%	0.8%	Ngwelezana Hospital experienced some challenges with complaints that take long to respond to due to many complaints requiring investigation. Sometimes files are misplaced or lost. No major challenges with KEH and Grey's	Hospital management to resolve complaints according to the complaint management policies and guidelines. The hospital management to be actively involved in complaints management in support of the new PRO intern.
97. Complaint Resolution within 25 working days rate	97%	65.8%	32.2%		
98. Delivery by caesarean section rate	69%	51.1%	25.9%	Caesarean sections performed at Tertiary Hospitals are clinically indicated.	Continue to conduct clinical audits to verify.
99. OPD Headcount – total	95 038	103 485	8.9%	Patients are screened at Gateway clinic in KEH thus OPD has decreased.	
100. OPD headcount new cases not referred	7 206	8 205	13.9%	Patients access services at Ngwelezana and King Edward VIII Hospital mainly after hours due to their accessibility	
Central Hospital					
101. Hospital achieved 75% and more on National Core Standards self-assessment rate	0%	100%	100%	Close monitoring of conducting of self-assessments and submission of improvement plans to provincial quality assurance (QA) unit for review	Facilities not doing well especially with regards to extreme and vital measures will be visited as part of the Integrated Management support visits initiated by the QA Directorate
102. Average Length of Stay – total	8.8days	8.8days	0	No deviation	
103. Inpatient Bed Utilisation Rate – total	66.8%	68.0%	1.8%	Total of 131 beds were lost at King Edward Hospital (KEH) due to the storm damage. Thus Main Operating Theatre (OT) and medical / surgical services have been	Renovations have been accelerated at KEH.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
104. Expenditure per patient day equivalent (PDE)	R8 373	R9 147	9.2%	transferred to Inkosi Albert Luthuli Central Hospital. Overspending on Surgical Implants, Prosthesis and accruals due to increased patients clinical procedures and surgical services to reduce waiting times.	
105. Complaint resolution rate	98.5%	95.7%	2.8%	Complaints requiring investigation take longer to resolve.	Continue to strengthen regular functionality of Complaints committee meetings and timeous resolution of complaints
106. Complaint Resolution within 25 working days rate	94%	100%	6.4%	Complaints management assessments being conducted by the departmental Service Delivery Improvement Committee has prompted better focus on implementation of complaints management guidelines thus improved resolution.	
107. Delivery by caesarean section rate	75%	86.4%	15.2%	All caesarean sections performed at IALCH meet the entry criteria which are at Tertiary services level 2 and Tertiary services level 3 as clinically indicated.	
108. OPD Headcount – total	47 866	48 216	0.7%	Patients are not referred down due to continuing shortage of specialists at Regional Hospitals and follow up is at IALCH.	Continue to conduct clinical audits to verify.
Programme 7: Health Care Support Services					
109. Percentage of facilities reporting clean linen stock outs	2.8%	6%	114.3%	<ul style="list-style-type: none"> Although more new linen was procured for Facilities valued at R19m prior to expiry of the contract to increase clean linen availability at Facilities, this is being negated by the following: <ul style="list-style-type: none"> Staffing: The Department is still not approving employment of staff to fill vacant posts at Laundry Services, coupled with 30% to basic salary threshold in overtime for existing. This limitation adversely affect completion of processing soiled received from Facilities. If linen is not processed timeously, it rots and become unusable. Laundry infrastructure: Laundry machine breakdowns continue to plague Laundry Services. Its negative impact is exacerbated by extended turnaround times on repairs 	<ul style="list-style-type: none"> New Linen Procurement Tender. On a 3-year tender to replace expired new linen procurement, the end user has shared completed specifications with SCM Shortage of critical laundry staff. A recent submission is going upstream requesting approval to fill vacant posts Procurement of laundry chemicals. On Laundry chemicals, procurement process is undergoing SCM process. It has gone passed DBEC stage Transportation of linen. R4m for laundry trucks has been secured with Budget Section of the Department. Laundry Staff training. HRD has secured funding and process is at SCM (intervention team). Infrastructure Development. Infrastructure Development has confirmed budget availability to

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
110. Tracer medicine stock-out rate (PPSD)	5%	10.87%	117.4%	Supply challenges and follow up with suppliers with regard to contract management is not optimal due to staff shortage.	<p>install and repair machinery in 2018/19 financial year. This will help reduce machinery breakdowns.</p> <ul style="list-style-type: none"> Should laundry machine downtime be prolonged, Facilities send soiled linen for processing to the closest regional laundry. Continue to advise Facilities on linen inventory management. A meeting is planned for 9 November 2018 with Systems Managers to emphasize the need for proper linen stock management at Facility. <p>The process of orders follow ups has been improved; however the increase in the figure indicates the challenges on the supply side.</p> <p>The national meeting with suppliers and civil society was held with suppliers who indicated that their production challenges should resolve by end of October 2018. Supply is expected to stabilise from November 2018 onwards.</p> <p>The Acting Head of Health has approved the motivation for the filling of the vacancies for Demand Management and Contract Management functions on a fixed term contract for 12 months. The recruitment is in progress.</p> <p>Strengthen following up with suppliers.</p> <p>The supply challenges are expected to resolve by end of October as explained above.</p>
111. Tracer medicine stock-out rate (institutions)	1.7%	2.91%	71.2%	Supply challenges	
112. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	98%	100%	2.0%	There was an error with the capturing of the denominator in the target which should have been 93.	
113. Percentage facilities on Cross-Docking Model for Procurement and	25%	0	100%	The bid for the Distribution Contract that will accommodate Cross-docking services has been cancelled.	Central Supply Chain Management will review the bid documents and re-advertise the bid.

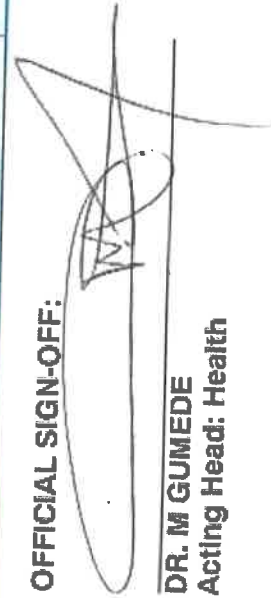
PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 -- Q2

Performance Measures	Target Q2	Results Q2	Deviation	Reason for Deviation	Interventions
Distribution of Pharmaceuticals					
114. Percentage of items on Direct Delivery and Cross Docking Model	65%	67.71%	4.2%	Three items went out of contract and had to be moved from the Direct Delivery Catalogue.	More items will be put onto the Direct Delivery Catalogue as soon as they are on contract and are of high volume consumption.
115. Number of facilities implementing the CCMDD Programme (cumulative)	695	725	4.3%	Mobile clinics were enrolled onto CCMDD Programme. Originally only the fixed clinics were intended to be enrolled.	Umkhanyakude District still has to enrol a few mobile clinics.
116. Number of patients enrolled on CCMDD Programme (cumulative)	900 000	918 969	2.1%	These are active patients on the programme. The keeping of the cumulative number was disturbed by the switch from one service provider to the new service provider.	There is an exercise to clean up the data at facilities.
117. Number of pick-up points linked to CCMDD	2 650	4 557	72%	The facilities have aggressively established pick-up points that are convenient to the patients.	To focus on the maintenance of these established pick-up-points. There has been a large increase on the adherence clubs and the location of these adherence clubs guides where the pick-up-points are established.
Programme 8: Health Facilities Management					
118. Number of jobs created through the EPWP	1 243	3 179	155.8%	High number of jobs created through the Department's Gardens and Grounds Programme and Dr Pixley Ka Isaka Some Hospital project.	
119. Percentage of maintenance and repairs budget spent	50%	49%	2%	This budget is allocated directly to institutions for scheduled maintenance as well as after service repairs. Most institutions failed to service their plant and equipment.	The unspent budget has been adjusted to new maintenance projects to be undertaken in quarters 3 and 4.

SUBMITTED BY:

Mr. J GOVENDER
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DR. M GUMEDE
Acting Head: Health

DATE

02/02/2019