



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE:**

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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 (Q4)**

The above matter refers.

I, Dr M. Gumede (Acting Head: Health) hereby submit the quarterly performance information for the 3<sup>rd</sup> quarter actual and the 4<sup>th</sup> quarter (preliminary) 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

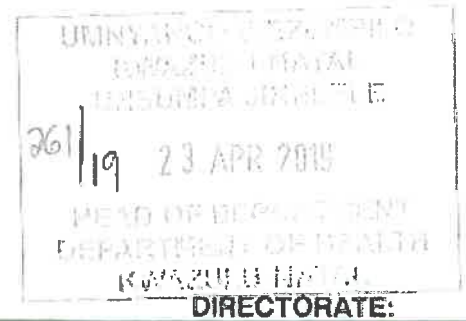
DR M. GUMEDE  
ACTING HEAD: HEALTH  
KWAZULU-NATAL

Date: 29/4/2019



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL



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**DIRECTORATE:**  
Health Service Delivery Planning,  
Monitoring and Evaluation

## SUBMISSION

Date: 23 April 2019	File No:
To:	From:
<b>Dr M. Gumede</b> Acting Head: Health	<b>Mr. J Govender</b> Chief Director: Health Service Delivery Planning, Monitoring and Evaluation
Subject: <b>Quarterly Provincial Report for Treasury: 2018/19 Quarter 4 (Preliminary)</b>	

### Aim:

To obtain the signature of the Acting Head: Health, for the submission of the Quarter 4 – 2018/19 Preliminary Quarterly Report to Office of the Premier and the National Department of Health.

### Background:

This submission contains the following Annexures:

<b>A</b>	4 <sup>th</sup> Quarterly Provincial Report: 2018/19 (Data Elements): Preliminary data
<b>B</b>	3 <sup>rd</sup> 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 (4<sup>th</sup>) is preliminary. Data for the 3<sup>rd</sup> quarter is actual. Data sourced from the DHIS (the main source), TB, HR and Finance.

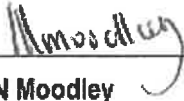
### Key Challenges

1. TB / HIV co-infected clients on ART rate remains below target.
2. Screening of grade 1 and grade 8 learners continues to remain below target
3. Expenditure per PDE above target in most categories of hospitals
4. Tracer medicine stock-outs due to challenges with suppliers.
5. Imported Malaria cases remain high, resulting in high case fatality as patients present late at facilities.



**Declaration**

6. 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: ..... 23/04/2019 .....

KZN Quarterly Performance Report Q4 of 2018/2019


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

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
<b>QUARTERLY OUTPUTS</b>								
<b>Programme 1: Administration</b>								
Percentage of Hospitals with broadband access	52.1%	58.3%	60.3%	60.3%	66.7%	59.3%	66.7%	As per narrative
Percentage of fixed PHC facilities with broadband access	21.5%	26.9%	23.7%	23.7%	23.7%	26.9%	23.7%	
<b>Programme 2: District Health Services</b>								
<b>District Management</b>								
PHC utilisation rate - total	2.5	2.6	2.6	2.5	2.5	2.6	2.5	
Complaint resolution within 25 working days rate	89.8%	96.0%	96.5%	95.8%	95.7%	96.0%	95.9%	
<b>District Hospitals</b>								
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)	81.8%	39.0%	80.0%	75.0%	81.8%	39.0%	51.2%	
Average Length of Stay (District Hospitals)	5.4 days	5.6 days	5.4 days	5.4 days	5.4 days	5.8 days	5.4 days	
Inpatient Bed Utilisation Rate (District Hospitals)	57.2%	63.2%	59.6%	59.7%	59.0%	63.2%	59.6%	
Expenditure per patient day equivalent (EPDE) (District Hospitals)	R 2 402	R 2 542	R 2 528	R 2 024	R 2 629	R 2 542	R 2 622	
Complaint resolution within 25 working days rate (District Hospitals)	92.3%	94.0%	89.1%	89.4%	90.3%	94.0%	91.3%	
<b>HIV &amp; AIDS, STI &amp; TB (HAST) CONTROL</b>								
ART client remain on ART end of month - total	1 271 116	1 313 804	1 304 196	1 326 413	1 353 846	1 313 804	1 370 880	
TB/HIV co-infected client on ART rate	89.8%	85.0%	87.6%	87.4%	87.4%	85.0%	89.8%	
HIV test done - total	3 050 729	2 982 771	847 394	920 108	982 981	745 892	989 340	
Male Condoms Distributed	75 957 900	189 509 000	30 749 210	28 946 518	27 251 140	49 874 995	17 018 897	
Medical male circumcision - Total	985 226	142 039	31 698	52 859	29 894	30 809	39 549	
TB client 5 years and older seen on treatment rate	106.6%	83.0%	103.9%	108.2%	105.8%	80.0%	151.5%	
TB client treatment success rate	86.8%	87.8%	76.3%	74.9%	78.6%	87.8%	78.5%	
TB Client test to follow up rate	4.8%	5.0%	5.8%	5.7%	6.4%	5.0%	6.7%	
<b>Maternal, Child and Women's Health and Nutrition (MCW&amp;N)</b>								
Antenatal 1st visit before 20 weeks rate	72.1%	71.0%	71.6%	73.3%	73.2%	71.0%	73.0%	
Mother postnatal visit within 8 days rate	76.8%	75.0%	79.4%	77.3%	74.8%	75.0%	75.2%	
Infant 1st PCR test positive around 10 weeks rate	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%	
Immunisation under 1 year coverage	81.5%	60.0%	92.3%	90.4%	89.9%	80.0%	90.8%	
Messles 2nd dose coverage	77.5%	80.0%	80.7%	79.2%	75.4%	80.0%	76.7%	
Diarrhoea case fatality under 5 years rate	2.0%	2.0%	2.4%	2.1%	2.1%	2.0%	2.3%	
Pneumonia case fatality under 5 years rate	2.5%	2.6%	1.9%	2.8%	2.8%	2.6%	2.4%	
Severe acute malnutrition case fatality under 5 years rate	7.7%	6.5%	7.0%	6.6%	7.6%	6.5%	7.5%	
School Grade 1 - learners screened	56 572	85 529	16 817	12 085	19 034	21 382	16 440	
School Grade 8 - learners screened	28 209	55 595	7 811	5 647	6 475	13 875	9 444	
Delivery in 10 to 19 years in facility rate	17.8%	22.0%	17.9%	17.9%	17.3%	22.0%	17.2%	
Couple Year Protection Rate (CYPR)	46.4%	35.0%	64.3%	62.7%	60.6%	35.0%	59.0%	
Vitamin A dose 12-59 months coverage	86.8%	85.0%	74.7%	73.2%	71.4%	65.0%	70.6%	
Cervical cancer screening coverage 5years and older	78.4%	82.0%	83.3%	73.9%	83.1%	82.0%	71.8%	
<b>Disease Prevention and Control</b>								
Cataract Surgery Rate	1 034	944 511/mi	906	1 124	1 534	944 511/mi	1 470	
Malaria case fatality rate	4.4%	0.6%	1.1%	0.9%	0.7%	0.6%	0.5%	

KZN Quarterly Performance Report Q4 of 2018/2019

Programme / Subprogramme / Performance Measure	Audited Outcomes for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
<b>Programme 3: Emergency Medical Services (EMS)</b>								
EMS P1 urban response under 15 minutes rate	23.0%	23.0%	33.2%	34.9%	36.0%	23.0%	35.7%	
EMS P1 rural responses under 40 minutes rate	36.2%	36.0%	36.1%	40.4%	46.3%	36.2%	50.0%	
EMS inter-facility transfer rate	39.0%	46.0%	36.2%	40.7%	40.8%	46.5%	40.8%	
<b>Programme 4: Provincial Hospital Services</b>								
<b>Regional Hospitals</b>								
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Regional Hospitals)	51.5%	46.2%	90.9%	91.7%	91.7%	46.2%	91.7%	
Average Length of Stay (Regional Hospitals)	6.3 days	5.8 days	6.3 days	6.3 days	6.3 days	5.8 days	6.2 days	
Inpatient Bed Utilisation Rate (Regional Hospitals)	71.7%	75.2%	75.0%	76.0%	79.3%	75.2%	79.0%	
Expenditure per patient day equivalent (PDE) (Regional Hospitals)	R 3 030	R 3 377	R 3 087	R 3 140	R 3 121	R 3 377	R 3 116	
Complaint resolution within 25 working days rate (Regional Hospitals)	94.2%	95.0%	79.2%	84.9%	87.4%	95.2%	88.0%	
<b>Specialised Hospitals</b>								
Hospitals that achieved a performance of 75% or more on National Core Standards self assessment			90.0%	90.0%	81.8%		81.8%	
Complaint resolution within 25 working days rate			104.5%	96.6%	95.4%		95.3%	
<b>Programme 5: Central Hospital Services (CHTS)</b>								
<b>Provincial Tertiary Hospital Services</b>								
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Tertiary Hospitals)	100.0%	66.0%	100.0%	100.0%	100.0%	66.0%	100.0%	
Average Length of Stay (Tertiary Hospitals)	7.6 days	9.4 days	8.1 days	8.1 days	7.9 days	9.4 days	7.9 days	
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	67.8%	75.0%	70.4%	72.9%	70.1%	75.0%	89.8%	
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)	R 3 920	R 4 029	R 3 851	R 3 890	R 4 031	R 4 029	R 4 084	
Complaint resolution within 25 working days rate (Tertiary Hospitals)	94.2%	97.0%	92.5%	85.8%	86.3%	97.0%	89.4%	
<b>Provincial Central Hospital Services</b>								
Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals)	100.0%	100.0%	0%	100.0%	100.0%	100.0%	100.0%	
Average Length of Stay (Central Hospitals)	8.4 days	8.8 days	8.9 days	8.8 days	8.6 days	8.8 days	8.6 days	
Inpatient Bed Utilisation Rate (Central Hospitals)	85.6%	86.6%	67.4%	68.0%	66.5%	86.6%	85.6%	
Expenditure per patient day equivalent (PDE) (Central Hospitals)	R 9 340	R 8 373	R 8 745	R 9 147	R 9 253	R 8 373	R 9 611	
Complaint resolution within 25 working days rate (Central Hospitals)	93.0%	88.9%	100.0%	100.0%	100.0%	86.9%	100.0%	
<b>ANNUAL OUTPUT</b>								
<b>Programme 1: Administration</b>								
Audit opinion from Auditor General	Not yet finalised	Unqualified						
<b>Programme 2: District Health Services</b>								
Ideal clinic status rate	100	87						
<b>HIV and AIDS, STI and TB</b>								
TB Client death rate	3.2%	5.0%						
TB MDR treatment success rate	63.1%	60.0%						
<b>Maternal, Child and Women's Health and Nutrition</b>								
Antenatal client start on ART rate	87.2%	97.2%						
HPV 1st dose	37 754	64 152						
HPV 2nd dose	70 224	84 152						
Maternal mortality in facility ratio	101.9	100.0						
Neonatal death in facility rate	12.4	11.5						
<b>Programme 6: Health Sciences and Training (HST)</b>								
Number of Bursaries awarded to first year medicine students	8	30						
Number of Bursaries awarded to first year nursing students	199	150						
<b>Programme 8: Health Facilities Management</b>								
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	148	148						

KZN Quarterly Performance Report Q4 of 2018/2019

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
 Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	454	454						

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<b>Programme 1: Administration</b>								
<b>Percentage of Hospitals with broadband access</b>								
Total Number of hospitals with minimum 2 Mbps connectivity			44	44	48		48	
Total Number of Hospitals			73	73	72		72	
<b>Percentage of fixed PHC facilities with broadband access</b>								
Total Number of fixed PHC facilities with minimum 1Mbps connectivity			144	144	144		144	
Total Number of fixed PHC Facilities			608	608	608		608	
<b>Programme 2: District Health Services</b>								
<b>District Management</b>								
<b>PHC utilisation rate - total</b>								
PHC headcount under 5 years + PHC headcount 5-9 years + PHC headcount 10-19 years			7 265 005	4 315 181	21 230 208		26 226 676	
- PHC headcount 20 years and older			11 379 874	11 578 845	11 379 875		11 379 875	
<b>Population - Total</b>								
Complaint resolution within 25 working days rate			857	1 843	2 734		3 383	
Complaint resolved within 25 working days			888	1 924	2 855		3 629	
<b>District Hospitals</b>								
<b>Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (District Hospitals)</b>								
Hospital achieved 75% and more on National Core Standards self assessment			20	24	27		27	
Hospitals conducted National Core Standards self assessment			25	32	33		33	
<b>Average Length of Stay (District Hospitals)</b>								
Inpatient day total			437 077	588 088	1 322 133		1 629 706	
Day patient total			4 266	8 500	13 079		15 785	
Inpatient separations			60 714	165 188	249 184		305 043	
Inpatient discharges-total			71 158	145 874	220 011		268 689	
Inpatient deaths-total			4 332	8 505	12 833		15 512	
Inpatient transfers out - total			5 213	10 809	18 366		19 844	
<b>Inpatient Bed Utilisation Rate (District Hospitals)</b>								
Inpatient day total			437 077	588 088	1 322 133		1 629 706	
Day patient total			4 268	8 500	13 079		15 785	
Usable inpatient beds			8 077	8 183	8 291		8 280	
<b>Expenditure per patient day equivalent (PDE) (District Hospitals)</b>								
Expenditure total			1600686 185	3560056 882	5022062 638		6118326 274	
Failed day equivalent			633 230	1280 511	1928 366		2333 435	
OPD headcount not referred new			101 847	188 321	300 288		371 299	
OPD headcount referred new			93 967	187 881	277 614		342 662	
OPD headcount follow-up			310 310	637 129	922 345		1117 351	
Emergency headcount total			87 143	140 186	213 633		255 986	




KZN Quarterly Performance Report Q4 of 2018/2019

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<p><b>Report on Non-Standardised Items</b></p> <p>Complaint resolution within 25 working days rate (District Hospitals)                      Consultant resolved                      Complainant resolved</p> <p>IV and AIDS, STI and TB (HASTI)                      ART client remain on ART end of month - total                      ART child under 15 years remain on ART end of period                      TB/HIV co-infected client on ART rate                      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 (incl ANC)                      Male Condoms Distributed                      Male condom distribution - Total                      Males 10 to 14 years who are circumcised under medical supervision                      Males 15 years and older who are circumcised under medical supervision</p> <p>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                      Antenatal, Child and Women's Health and Nutrition (MCW&amp;N)                      Antenatal 1st visit before 20 weeks rate                      Antenatal 1st visit before 20 weeks or later + Antenatal 1st visit before 20 weeks :                      Antenatal 1st visit before 20 weeks rate                      Mother postnatal visit within 6 days after delivery                      Mother postnatal visit within 6 days after delivery                      Delivery in facility (total)                      Infant 1st PCR test positive around 10 weeks rate                      Infant PCR test positive around 10 weeks                      Infant PCR test around 10 weeks                      Immunisation under 1 year coverage                      Immunised fully under 1 year new                      Female under 1 year + Male under 1 year                      Measles 2nd dose coverage                      Measles 2nd dose                      Female 1 year + Male 1 year</p>			488 548	1 335 1 150	1 490 1 616		1 907 2 058	
			1254 562 49 634	1277 960 48 553	1305 649 48 197		1822 397 48 543	
			6 587 10 150	16 468 17 828	22 935 30 826		29 729 41 613	
			847 394 39 320	929 108 40 350	882 801 39 34*		659 540 32 646	
			43 384 29 453	45 404 31 329	42 136 34 29*		29 117 24 111	
			57 307 677 900	82 789 749 230	63 306 703 803		40 829 532 857	
			30749 210	28946 518	2725* 140		1-543 831	
			32 470	27 698	15 370		16 157	
			19 228	25 161	14 624		10 209	
			9 882 9 067	20 549 18 985	31 584 29 839		39 160 38 413	
			12 289 16 107	21 894 29 277	33 131 42 174		43 159 54 09*	
			942 18 107	1 657 29 277	2 699 42 174		3 682 54 98*	
			30 144 53 243	76 892 107 369	116 875 159 581		140 096 203 97*	
			36 769 48 066	77 399 100 133	114 687 153 399		139 461 105 553	
			83 13 653	163 27 169	260 40 787		330 49 085	
			59 335 256 707	116 260 256 707	173 087 256 707		213 731 256 707	
			53 042 263 038	104 222 263 038	148 798 263 038		184 929 263 038	

KZN Quarterly Performance Report Q4 of 2018/2019

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<b>Report on Non Standardized Items</b>								
<b>Diarrhoea case fatality under 5 years rate</b>			85	83	121		160	
Diphtheria, tetanus under 5 years		1 443	4 007	5 643			6 972	
<b>Pneumonia case fatality under 5 years rate</b>			57	143	214		280	
Pneumonia death under 5 years		2 936	5 198	7 707			10 643	
<b>Severe acute malnutrition (SAM) death in facility under 5 years rate</b>			55	88	128		160	
Severe Acute Malnutrition under 5 years		782	1 341	1 858			2 138	
<b>School Grade 1 - learners screened</b>			15 817	12 065	19 034		10 980	
School Grade 1 - learners screened								
<b>School Grade 8 - learners screened</b>			7 011	5 647	6 476		6 298	
School Grade 8 - learners screened								
<b>Delivery in 10 to 19 years in facility rate</b>			8 585	17 814	26 594		32 132	
Delivery 10-19 years in facility + Delivery 15-19 years in facility			48 086	120 133	153 399		189 863	
<b>Delivery in facility total</b>								
<b>Couple Year Protection Rate (int)</b>			491 583	957 679	1 388 808		1 824 073	
Contraceptive years equivalent			9	66	400		436	
<b>Male sterilisation</b>			2 715	5 559	8 994		10 793	
Female sterilisation			298 285	634 381	990 426		1 254 488	
<b>Mechroprogestin injection</b>			84 333	144 415	172 216		186 053	
Norethisterone enanthate injection			105 582	224 372	341 186		417 422	
<b>Oral pill cycle</b>			6 817	12 271	18 026		22 057	
IUCD			30749 210	59685 726	84267 088		95510 989	
<b>Male condoms</b>			52 264	55 037	75 317		87 405	
<b>Subdermal implant</b>			873 120	1 630 234	2724 501		2388 059	
<b>Female condoms</b>			3054 751	3334 781	3054 761		3054 781	
<b>Vitamin A dose 12-59 months coverage</b>			462 141	789 170	1152 433		1392 707	
Vitamin A dose 12-59 months			1075 034	1 078 034	1 075 034		1 078 034	
<b>(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) 1 2</b>								
<b>Cervical cancer screening coverage 30 years and older</b>			49 161	103 648	150 820		194 843	
Cervical cancer screening 30 years and older			2358 710	235 710	235 710		235 710	
<b>(Female 30-34 years - Female 35-39 years - Female 40-44 years + Female 45 years and older) 1 10</b>								
<b>scase Prevention and Control</b>								
<b>Cataract Surgery rate</b>			2 289	5 630	11 523		13 490	
Cataract surgery total			10014 290	1 0014 290	1 0014 290		1 0014 290	
<b>Population uninsured total</b>								
<b>Malaria case fatality rate</b>			4	5	6		7	
Deaths from malaria			353	576	890		1 503	
<b>Total number of Malaria cases reported</b>								
<b>Emergency Medical Services (EMS)</b>								
<b>EMS P1 urban response under 15 minutes rate</b>			9 078	19 638	33 049		46 467	
EMS P1 urban response under 15 minutes			27 380	56 304	94 509		132 168	
<b>EMS P1 rural response under 40 minutes rate</b>			17 947	39 547	66 248		110 752	
EMS P1 rural response under 40 minutes			49 657	87 872	146 262		239 472	

KZN Quarterly Performance Report Q4 of 2018/2019

Programme / Subprogramme / Performance Measured	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
 <p>EMS inter-facility transfer rate                      EMS inter-facility transfer                      EMS clients total                      Programs 4: Provincial Hospital Services                      general (regional) hospitals                      Hospital achieved 75% and more on National Core Standards (NCS) self assessment                      Hospitals conducted National Core Standards self assessment                      Hospital achieved 75% and more on 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)                      Expenditure total                      Patient day equivalent                      QPO headcount not referred new                      QPO headcount referred new                      QPO headcount follow-up                      Emergency Headcount total                      Complaint resolution within 25 working days rate (Regional Hospitals)                      Complaint resolved within 25 working days                      Complaint resolved                      Specialised Hospital                      Hospitals that achieved a performance of 75% or more on National Core Standards self assessment</p>			47 113 123 335	96 073 236 123	144 478 353 127		108 449 488 059	
			10 11	11 12	11 12		11 12	
			450 625 13 576 72 488 64 831 3 610 3 957	920 969 26 689 147 417 131 811 7 324 8 252	1 373 402 38 084 220 947 196 777 11 108 13 064		167 659 45 832 270 038 240 481 13 481 18 116	
			450 625 13 576 6 880	920 969 26 689 6 738	1 373 402 38 084 6 306		167 659 45 832 6 935	
			207 1282 211 681 915 60 296 73 115 459 099 80 994	4363736 515 1389 566 122 380 147 876 932 859 184 635	6495005 113 2351 241 129 595 221 787 1408 192 255 410		7919846 995 2541 588 223 013 275 042 1726 519 374 167	
			410 517	866 1 020	1 202 1 375		1 470 1 671	
			9 10	9 10	9 11		9 11	
			23 22	26 29	145 152		164 172	
Programs 3: Central Hospital Services (CHHS) 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 Average Length of Stay (Tertiary Hospitals) Inpatient day total Day patient total Inpatient separations Inpatient discharges-total Inpatient deaths -total Inpatient transfers out - total Inpatient Bed Utilisation Rate (Tertiary Hospitals) Inpatient day total Day patient total Usable (inpatient) beds								
			1 1	1 1	1 1		1 1	
			310 919 2 030 13 854 10 117 848 2 859	222 914 7 374 27 976 20 436 1 681 5 859	328 859 12 049 42 340 30 884 2 480 9 016		299 856 13 552 51 532 37 636 2 977 10 979	
			110 919 2 030 1 742	222 914 7 374 1 702	328 859 12 049 1 745		389 898 13 892 1 745	

KZN Quarterly Performance Report Q4 of 2018/2019

Programme / Subprogramme / Performance Measures	Audited Outcome for 2017/18 as per Annual Report	Target for 2018/19 as per Annual Performance Plan (APP)	1st Quarter Actual output - validated	2nd Quarter Actual output - validated	3rd Quarter Actual output - validated	4th Quarter Planned output as per APP	4th Quarter Preliminary output	Comments for the 3rd Quarter
<b>Report on Non-Standard Items</b>								
<b>Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)</b>			573794 626	1209209 947	1023824 175		2239570 387	
Expenditure total			150 546	304 564	432 493		546 969	
Patient day equivalent:			8 256	16 463	24 212		29 480	
OPD headcount not referred new			18 125	37 171	55 995		66 475	
OPD headcount referred new			74 368	149 893	226 371		270 534	
OPD headcount follow-up			15 004	29 652	46 028		55 112	
Emergency Headcount total			39	50	101		135	
Complaint resolution within 25 working days rate (Tertiary Hospitals)			42	76	117		151	
Complaint resolved								
<b>Provincial Central Hospitals Services</b>								
<b>Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate (Central Hospitals)</b>								
Hospital achieved 75% and more on National Core Standards self assessment			1	1	1		1	
Hospitals conducted National Core Standards self assessment			1	1	1		1	
<b>Average Length of Stay (Central Hospitals)</b>								
Inpatient day total			51 869	124 620	154 192		195 124	
Day patient total			386	764	1 179		1 445	
Inpatient separations			5 854	11 835	10 020		21 535	
Inpatient discharges-total			4 088	8 202	12 489		14 932	
Inpatient deaths -total			225	434	625		734	
Inpatient transfers out - total			1 540	3 229	4 906		5 869	
<b>Inpatient Bed Utilisation Rate (Central Hospitals)</b>								
Inpatient day total			51 869	124 620	154 192		185 124	
Day patient total			306	764	1 179		1 445	
Usable (inpatient) beds			845	846	845		848	
<b>Expenditure per patient day equivalent (PDE) (Central Hospitals)</b>								
Expenditure total			592493 197	1254720 773	1871906 381		2349392 637	
Patient day equivalent			67 750	137 100	202 269		244 414	
OPD headcount not referred new			6	21	32		36	
OPD headcount referred new			4 596	8 964	12 941		15 825	
OPD headcount follow-up			41 531	85 184	125 049		155 571	
Emergency Headcount total			1 111	2 184	3 443		4 268	
<b>Complaint resolution within 25 working days rate (Central Hospitals)</b>								
Complaint resolved within 25 working days			32	67	103		127	
Complaint resolved			32	67	103		127	

I, **Dr. M. Gumede** hereby certify that the non-financial data submitted for Q3 is correct, which Q4 is preliminary and gives an overview of the performance of the department.

Signed by: Head of the Department .....  
 Date: 29.4.2019



PROVINCE:

KwaZulu-Natal

QUARTER: Three

NAME OF THE PERSON CONSOLIDATING THE REPORT: Mrs S. Naidoo

BUDGET PROGRAMME:

Health

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
<b>Programme 1: Administration</b>					
1. Percentage of hospitals with broadband access	57%	66.7%	17%	<ul style="list-style-type: none"> <li>Equipment is deployed in 3 sites: Pietermaritzburg, Durban and Ulundi</li> <li>Pietermaritzburg and Durban equipment is deployed and functional; data loss risk at the site is almost 0%. Ulundi however remains a challenge. Ulundi Equipment is delivered but there is no work done to date, this is because of the SITA shortage of certain equipment. There is a very high risk of data loss in the northern area. The reason the department can't continue with Ulundi is that there is equipment that SITA is struggling to procure, however servers are already there in Ulundi. ICT team investigating an alternate option.</li> <li>Electrical failures are also other challenges beyond ICT control that impact on server functionality thus poor access. Another challenge is that there are no technicians to assist on the ground.</li> </ul>	<ul style="list-style-type: none"> <li>List of 541 sites is targeted to deploy the LTE routers to provide internet for (HPRS, WebDHIS, and Tier etc.). Procurement processes have been concluded. Currently the configuration of the equipment, network and APN is in progress.</li> <li>There is a risk of few Clinics with limited network reception (none/edge/2g). A plan is being developed however those sites will slightly delay the project completion.</li> <li>It is also important to note that the reported data received from SITA may change as it turns out SITA reports were reflective of stations rather than health facilities. It is hoped to verify this information by next quarter reporting.</li> <li>SITA procurement process for technicians is at adjudication stage.</li> </ul>
3. Number of organisational structures reviewed & submitted for approval	3	10	233%	Demand driven indicator. 10 Structures were submitted to the Executive Authority and the Acting Head: Health and 4 were approved.	
4. Number of ethics	10	3	70%	Due to prior commitments by the Facilitators it was not	The roll out to the Districts is well in progress and

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
workshops conducted				possible to reach the set target of 10 workshops for Q3.	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	
<b>Programme 2: District Health Services</b>					
<b>Primary Health Care</b>					
6. PHC Utilisation rate (annualised)	2.6	2.5	3.8%	The challenge of hijackings and fear thereof still remains in the affected district as one contributing factor in failure to improve the utilization rate. It must also be noted that a trend has been observed of a decline in all districts in quarter 3. This year this decline was observed even in the community based services. Amajuba commented that offering the double supply of medicine to CCIDD clients lead to less clients coming to the clinic.	<ul style="list-style-type: none"> <li>Investigate the decline in headcounts in quarter 3</li> <li>Develop a quality improvement plan for this seasonal decline especially if it has to do with the system.</li> <li>Recruit more outreach teams to improve access to services and monitor their performance closely.</li> </ul>
7. PHC utilisation rate under 5 (annualised)	3.9	3.5	10.3%		
8. Complaint resolution rate (PHC)	91%	93.9%	3.2%	Districts are doing well, only need to improve regular sitting of complaints committee meetings.	District Quality Assurance Managers to fast-track the submission of district reports and Uthukela to speed up the resolution of all outstanding complaints.
9. Complaint resolution within 25 working days rate (PHC)	96%	95.7%	0.3%	Pockets of areas where complaints committees are not functional	Provincial QA is completing a situational analysis on contributory factors to dysfunctional committees, including complaints management. The results and intervention strategies will be implemented
10. Expenditure per PHC headcount	R400	R404	1%	Influencing factors include the Nutrition and HIV & AIDS Medication budget not being spent according to plan and the journaling of expenditure between mother hospitals and PHC facilities	Integrated intervention between PHC, the HAST Unit, Nutrition Directorate and Budget Control office in monitoring the expenditure. A meeting was planned for February 2019 for Budget Control Office to address District Finance Managers on the Nutrition budget and journals
<b>District Hospitals</b>					
11. Hospital achieved 75%	28.9%	81.8%	183%	Quality assurance teams are functional and Quality	

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
<b>and more on National Core Standards self-assessment rate</b>				Improvement Plans are monitored continuously	
12. Average Length of Stay – total	5.6days	5.4days	3.6%	Although performance is positive, in some hospitals: <ul style="list-style-type: none"> <li>Chronic patients presenting late with complications.</li> <li>Long stays due to social problems.</li> <li>Failure to adhere to the admission and discharge criteria by some doctors.</li> <li>Challenges with mental health users in some hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of early presentation to health facilities through community engagements and governance structures.</li> <li>To motivate for consideration of stepdown facilities in Districts Hospitals where indicated.</li> </ul>
13. Inpatient Bed Utilisation Rate – total	60%	59%	1.7%	Failure to adhere to the admission and discharge criteria by some doctors	To implement admission and discharge procedure
14. Expenditure per patient day equivalent (PDE)	R2 540	R2 629	3.5%	Contributing factors include Litigation settlement; high expenditure on cost drivers like medicine; and incorrect staff linkage	To consider mitigation process to handle litigation. Correct staff linkage according to responsibility.
15. Complaint resolution rate	87%	87.4%	0.5%	Poor management of complaints noted in some Districts such as KCD, Ilembe, EThekweni, Umkhanyakude and UMzinyathi	District and Provincial quality assurance to implement interventions to support struggling districts e.g. KCD, Ilembe, EThekweni, Umkhanyakude and Umzinyathi.
16. Complaint Resolution within 25 working days rate	94%	90.3%	3.9%		
17. Delivery by caesarean section rate	27.5%	27.6%	0.4%	Clinically indicated	
18. OPD Headcount – Total	577 444	475 907	17.6%	Patients are redirected to the relevant levels of care. Stable patients are transferred to CCMDD at PHC Level.	Decant qualifying patients to CCMDD programme
19. OPD Headcount not referred new	102 154	100 981	1.1%	Target met, however at King Cetshwayo, EThekweni, Zululand and Umzinyathi, it was observed that there was an increase in the number of emergencies during the festive season where patients accessed OPD services	The community to be encouraged to use PHC facilities as first contact care and only be referred to hospitals for the next level of health care
<b>HIV, AIDS, STI and TB Control</b>					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
20. ART Client remain on ART end of month – total	1 300 256	1 353 846	4.1%	Target met, however it is noted with concern that there is a decline in number of clients retained in care.	The programme will revive HIV Literacy classes to improve treatment adherence. Bring back the clients to care campaign. Mentorship programme championed by ARV Social Workers
21. ART adult remain on ART end of period	1 246 548	1 305 649	4.7%	Target met, however the increase in the number of missed appointments is still a concern. The uncollected parcels at the pick-up points are resulting in a high defaulter rate. The shortage of data capture results in incomplete capturing on to Tier.net.	The complete rollout of Synchronised National Communication in Health (SynCH) as an electronic system that will close the gap caused by systematic problems leading to a high number of parcels or clients lost in the system. The programme will motivate strongly in the next financial year for vacant Data Capturer posts to be filled using HIV Conditional Grant Budget.
22. ART Child under 15 years remain on ART end of period	53 708	48 197	10.3%	There are fewer children eligible for ART initiation due to successful PMTCT programme. This quarter there were 1 028 children eligible for initiation and 1 151 were initiated on ART.	Revival of Literacy Classes in progress, this will include paediatric HIV.
23. TB / HIV co-infected clients on ART rate	94%	74.4%	20.9%	Incomplete data dispatches from two high case load districts due to challenges with computers and failure to merge data from data entry computers.	Districts were re-in-serviced on TB & HIV System (THIS) in November 2018. Conduct facility support visits to the identified high burden, poor performing facilities.
24. HIV test done – total	745 693	882 881	18.4%	Target Achieved due to continuous Hloa Manje (Health Wellness Screening) Campaigns and Partner support	Review the Health Screening Campaign and KZN performance in the weekly and monthly nerve centre meetings and implement developed improvement plans.
25. Male condom distribution	49 875 012	27 251 140	45.4%	New Condom distribution service provider not in place yet. Current contract is in process of being terminated due to poor performance. Facilities collect from district Primary Distribution sites and distribute in their facilities which is not adequate.	Continue with current strategy for facilities to collect condom from district Primary Distribution Sites (PDS), and also order from Provincial Pharmaceutical services Depot and distribute in their facilities. Appoint a new condom distribution service provider once the legal process has been finalised with current service provider.
26. Medical Male Circumcision performed – total	28 003	29 994	7.1%	Attributed to marked improvement in advocacy by traditional leadership, monthly iSibaya Samadoda, expansion on men friendly services and monthly	To continue with working strategies as indicated



PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
27. Male Urethritis syndrome incidence	27.5/1 000	28.1/1 000	2.2%	validation of partner data against DHIS Active case finding interventions in King Cetshwayo, EThekweni, Umgungundlovu Districts.	Districts to continue screening, treating for STI's and promotion of safer sex practices. Audit STI management through District STI Quality of Care Assessment (D/SCA) tool.
28. TB client 5years and older start on treatment rate	90%	105.8%	17.6%	Incorrect recording on the case identification register where positive TB cases diagnosed by other diagnostic procedures (x-rays) are not recorded as tested positive but are included under clients started on treatment.	Implementation of the TB case identification register in facilities reviewed through facility support visits and District TB Quarterly review meetings. Identify and follow up facilities with above 100% treatment initiation.
29. TB client treatment success rate	87.6%	78.6%	10.3%	Incomplete data dispatches from two high case load districts due to challenges with computers and failure to merge data from data entry computers.	Districts were re-in-serviced on TB & HIV System (THIS) in November 2018. Conduct facility visits to the identified high burden poor performing facilities.
30. TB client lost to follow up rate	5%	6.4%	28%	Limited resources for tracing defaulters due to high rate of car hijacking.	Follow up procurement of the additional TB tracing vehicles. Fast track the training of tracer teams on their roles and adherence counselling by March 2019.
31. TB XDR confirmed client start on treatment	13	34	161.5%	Correction of EDRweb data to exclude pre XDRs under XDR has assisted with correct reporting.	Linkage to care and prompt recording of patients.
<b>Maternal, Neonatal, Child and Women's Health and Nutrition</b>					
32. Antenatal 1st visits before 20 weeks rate (annualised)	70.6%	73.2%	3.7%	Achievement is due to house hold pregnancy testing done by CCGs	Intervention will continue.
33. Mother postnatal visit within 6 days rate	74.6%	74.8%	0.3%	Ongoing facilitation and encouragement that hospitals include their post-natal data into monthly summary sheets. Ugu remains constantly low - they have identified cross border challenges where mothers and their babies go back home to Eastern Cape post-delivery.	WBOTS teams are encouraged to do active post-natal checks and record. Audits in facilities around uMndoni area will be strengthened.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
34. Delivery in 10 to 19 years in facility rate	22%	17.3%	21.4%	Implementation of strategy to reduce teenage pregnancy is beginning to show positive results, schools with high teenage pregnancy have been visited and had dialogue engagements with pupils and teachers.	Rolling out of the strategy will continue in all districts.
35. Antenatal client start on ART rate	97%	99.3%	2.4%	Although results are positive, some antenatal clients initiated on ART are not captured on TIER.Net, remains a challenge. This is due to ANC Clinical files not reaching the capturing point (MNCWH to Chronic stream)	Operational Managers to ensure that MCWH/PMTCT Champions in the facilities track all clinical files for ANC clients initiated on ART and make sure that they are captured on Tier.Net
36. Couple year protection rate (International)	34.9%	60.6%	73.6%	An increased uptake of Long Acting Reversible contraceptives (LARC's) in all facilities in the province, which can be attributed to having 2 to 3 health care professionals trained on Implanon and IUCD insertion per facility.	Managers to continue with the provision of mentorship and supervision to ensure continuous delivery of the LARC methods.
37. Cervical cancer screening coverage 30 years and older (annualised)	81%	83.1%	2.6%	Results attributed to Pap smear drives conducted by majority of the Districts in Q2.	Training had been scheduled targeting poor performing Districts, where monitoring and mentorship will continue post the training.
38. Infant 1st PCR Test positive around 10 weeks rate	0.9%	0.6%	33.3%	Real Time PCR Monitoring allows facilities identify gaps and implement remedial actions	Poor performing Districts will be supported to ensure that pap smear drives are planned and conducted. Strive for zero new HIV infections in children. The indicator to remain on the KZN Dashboard
39. Immunisation under 1 year coverage (annualised)	78%	89.9%	15.3%	Ongoing catch-up drives.	Sustain the strategy of ongoing catch-up drives focusing on ECD's, hard to reach areas and community mushroom points. Ongoing supervision and vaccine stock monitoring and implementation developed improvement plans
40. Measles 2nd dose coverage (annualised)	80%	75.4%	5.8%	Target not achieved due to failure of programme monitoring by the managers and strategy to improve the performance. Failure to monitor vaccines availability in the facilities, monitor recording in the source register and data analysis for action.	Poorly performing districts to conduct Measles second dose catch-up drive focusing on outreach services in the ECD's and Community mushroom points. Monitor data recording and verification. Provincial pharmaceutical to monitor stock availability and distribution to the facilities. District managers and clinical programme managers to implement developed improvement plans.

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
41. Diarrhoea case fatality under 5 years rate	2.1%	2.1%	0	No deviation	Promote prompt health seeking behaviour and educate on diarrhoea management during all integrated events, during ante natal care and child health services
42. Pneumonia case fatality under 5 years rate	2.7%	2.8%	3.7%	HIV and malnutrition are underlying factors in a small number of deaths. The majority were associated with delayed entry into the health service.	Strengthen verification systems at facilities. Strengthen integrated management of childhood illnesses (IMCI) implementation especially in Ethekwini.
43. Severe acute malnutrition case fatality under 5 years rate	6.7%	7.6%	13.4%		
44. Vitamin A dose 12-59 months coverage (annualised)	60%	71.4%	19%	Vitamin A supplementation coverage of 12 – 59 month old children remains on track to achieve the annual target	Outreach activities will continue as well as data management of Vitamin A issued at community level.
45. School Grade 1 learners screened	21 381	19 034	11%	The backlog of electronic data capturing for the HPV campaign, which was held in August /September 2018, negatively impacted on ISHP teams being able to continue with learner screening services. Most ISHP teams were updating HPV records in October and November and part of December 2018.	National Department of Health is addressing the data and network challenges identified with regards to the HPV campaign.
46. School Grade 8 learners screened	13 877	6 476	53.3%	Contracts for Data capture employed for the August / September HPV Campaign expired and, School Health Teams continued with data capturing.	Data capture will also be recruited for future campaigns thereby freeing the ISHP team to continue screening services. Districts are in the process of recruiting more ISHP teams which should increase coverage and improve performance on the number of learners screened.
<b>Disease Prevention and Control</b>					
47. Cataract surgery rate (annualised)	708.3/1 mil	1 534/1mil	116.6%	More operations were conducted during Eye Care Week in partnership with NGO and Private Health facilities	To set target per facility to be achieved in partnership with NGO and Private sector.
48. Malaria case fatality rate	0.7%	0.7%	0	No deviation	
49. Clients 40 years and	1 901 46	4 114	116.4%	Over achievement is due to recording of vital sign of	Finalisation of screening tool for unknown cases

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

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
older screened for hypertension	0	980		known Hypertensive and Diabetes clients respectively.	with risk factors for Hypertension.
50. Clients 40 years and older screened for Diabetes	1 901 460	4 026 324	111.7%		<ul style="list-style-type: none"> <li>All facilities to have target number for unknown cases with risk factors for Hypertension and Diabetes as per National Wellness Campaign Screening.</li> </ul>
51. Mental disorders screening rate	33.6%	40.3%	19.9%	Mental Health Standard Operating procedure (MH SOP) developed and quality is continuously being monitored. Training also enabled more focused screening.	Continue training on screening tools and reporting systems to enhance the screening rate.
52. Wheelchairs issued	1 025	986	3.8%	Insufficient budget allocated for assistive devices and high turnover of Therapists	The Programme has continued to engage and lobby relevant stakeholders for the allocation of sufficient resources as well as retention of rehab therapists
53. Dental extraction to restoration ratio	19:1	19.5:1	2.6%	September is Oral Health Month and during quarter three more restoration were done and oral health education were conducted by districts	Dental staff to perform more restoration at facilities and other treatment options
<b>Programme 3: Emergency Medical Services</b>					
54. EMS P1 urban response under 15 minutes rate	22.8%	35%	53.5%	During the December festive period, EMS staff do not take leave, therefore an improvement in the operational status of emergency vehicles which contributes to improved response times.	
55. EMS P1 rural response under 40 minutes rate	37%	45.3%	22.4%		
56. EMS inter-facility transfer rate	43%	40.9%	4.9%	Demand driven indicator.	
57. Average number of daily operational ambulances	195	179	8.2%	The additional 79 ambulances launched during the 2nd quarter will have contributed to the increase in operational ambulances; however these ambulances were for replacement and not expansion of services.	
58. Number of bases with access to computers and intranet/e-mail	39	22	43.6%	Resource constraints.	IT have indicated that the private network roll out will commence in the new financial year
<b>Programme 4: Regional and Specialised Hospitals</b>					
Regional Hospitals					

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
59. Hospital achieved 75% and more on National Core Standards self-assessment rate	30.7%	91.7%	198.7%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously	
60. Average Length of Stay – total	5.6days	6.3days	12.5%	<ul style="list-style-type: none"> <li>Shortage and difficulty in attracting and retaining medical specialists at Regional Hospitals in the peripheral areas remains a challenge</li> <li>Hospitals providing a mixed package of services within a designated package further exacerbate this challenge</li> </ul>	<ul style="list-style-type: none"> <li>An assessment on number of specialists per discipline in the regional hospitals was completed</li> <li>Hospitals of focus identified for further intervention</li> <li>Specialists' posts are being advertised since the filling of clinical posts is an exemption in order to improve access to specialized clinical services</li> <li>Processes to recruit foreign specialists still being explored</li> <li>The Registrar training Steering Committee to decide on targeted training posts to cover specialist gaps in peripheral hospitals</li> <li>Innovative strategies such as e-ICU and e-Psychiatry is being explored</li> </ul>
61. Inpatient Bed Utilisation Rate – total	74.5%	73.3%	1.6%	Due to improved access to regional package of services by lower levels of care, however the mixed package of services remains a confounder in this indicator.	
62. Expenditure per PDE	R3 321	R3 121	6%	Performances is related to decreased SCM activities in hospitals during this reporting period	
63. Complaint resolution rate	85%	89.1%	4.8%	Contributing factors includes the nature of the complaint, the availability of documentation and the functionality of the clinical management committee	Provincial Quality Assurance implementing support interventions and close monitoring of districts struggling in complaints resolution such as Umgungundlovu District
64. Complaint Resolution within 25 working days rate	93%	87.4 %	6%	Clinical complaints take longer to be finalised resulting in delays in complaints resolution, as identified in Uthukela District.	Provincial QA to closely monitor UThukela District
65. Delivery by caesarean section rate	39%	41.4%	6.2%	Most caesarean sections performed at Regional Hospitals	Continue to monitor indication for caesarean sections at perinatal mortality meetings and during clinical

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
				are clinically indicated	audits
66. OPD Headcount – total	500 339	607 350	21.4%	Festive period busy due to accidents and increase in number of surgical cases	To analyse trends
67. OPD Headcount new case not referred	50 911	61 349	20.5%	<ul style="list-style-type: none"> <li>Influencing factors include the lack of a PHC facility in close proximity to the hospital.</li> <li>Most clinics do not operate 24hours or on weekends resulting in clients seeking services at hospital OPDs, which are accessible 24 hours a day.</li> </ul>	<ul style="list-style-type: none"> <li>The engagement with local government is encouraged</li> <li>To continue to encourage patients to utilize referral pathways.</li> <li>An analysis will be made of the most affected hospitals and discussions on intervention strategies will ensue.</li> </ul>
<b>Specialised TB Hospitals</b>					
68. Hospital achieved 75% and more on National Core Standards self-assessment rate	0%	0%	0		
69. Average Length of Stay	40.1days	43.9days	9.5%	High ALOS has been associated with low BUR.	<ul style="list-style-type: none"> <li>Need for compliance audits with standard treatment protocols and guidelines</li> <li>Implement clinical governance policy including compliance with admission and discharge policies</li> </ul>
70. Inpatient Bed Utilisation Rate – total	55.5%	38.1%	31.4%	<ul style="list-style-type: none"> <li>Influenced by change in TB treatment regimen</li> <li>Indicator is influenced by the nature and number of referrals to this facility</li> </ul>	<ul style="list-style-type: none"> <li>To finalise discussions and implement rationalisation plan</li> <li>Ensure admission and discharge policies are adhered to</li> <li>May need to review this target due to changes in protocol for management of Drug Resistant TB patients.</li> </ul>
71. Expenditure per patient day equivalent (PDE)	R2 900	R5 942	104.9%	Influenced by BUR, since the change in treatment regimen has led to less patients treated as inpatients	To finalise discussions and implement rationalisation plan
72. Complaint resolution rate	85%	97.4%	14.6%	Influencing factors include the number of complaints received, the nature of the complaints and the	Committees to continue with complaint resolution

**PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3**

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
73. Complaint Resolution within 25 working days rate	96%	97.4%	1.5%	functionality of the Complaints Management Committee	activities
74. OPD Headcount – total	49 718	16 172	67.5%	<ul style="list-style-type: none"> <li>Head count is dependent on referrals</li> <li>Changes in treatment protocols has also influenced performance</li> </ul>	<ul style="list-style-type: none"> <li>To review target for 2019/2020</li> <li>To finalise rationalisation plan implementation</li> </ul>
75. OPD Headcount – new case not referred	6 043	804	86.7%	Some hospitals have opened PHC Services to improve utilisation rates	To finalise rationalisation plan implementation
<b>Specialised Psychiatric Hospitals</b>					
76. Hospital achieved 75% and more on National Core Standards self-assessment rate	16%	60%	275%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously	
77. Average Length of Stay	289.2days	382.6days	32.3%	Shortage of psychiatrists especially in peripheral hospitals	<ul style="list-style-type: none"> <li>Filling of clinical posts in order to improve access to specialized clinical services</li> <li>Processes to recruit foreign specialists still being explored</li> <li>e-Psychiatry is being explored</li> <li>Implement admission and discharge criteria</li> <li>To improve specialist coverage</li> </ul>
78. Inpatient Bed Utilisation Rate – total	72%	72.3%	0.4%	Although the target is met, this should be viewed in comparison to ALOS	
79. Expenditure per patient day equivalent (PDE)	R1 310	R1 437	9.7%	Main cost drivers included COE especially since this is a specialist driven service requiring medical specialists and specialised nurses	Identify key cost drivers and review next APP target where applicable and implement developed improvement plans
80. Complaint resolution rate	96.5%	83.3%	13.7%	Complaints committees for districts such as Ethekwini District Specialised Psychiatric Hospitals are not sitting regularly to monitor that all outstanding and previous roll over complaints are resolved	Ethekwini district specialised psychiatric hospitals to improve regular sitting of complaints committee and ensure resolution of outstanding complaints
81. Complaint Resolution within 25 working days rate	89.5%	97.5%	8.9%	Current complaints resolution achieved timely however some districts complaints committees not sitting regularly	

**PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3**

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
82. OPD Headcount – total	3 398	2 553	24.9%	Head count is based on referrals to this level of care	To review target at end of financial year
83. OPD Headcount – new case not referred	233	96	58.8%	Specialised package of services offered.	
<b>Specialised Chronic Hospitals</b>					
84. Hospital achieved 75% and more on National Core Standards self-assessment rate	50%	100%	100%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously	
85. Average Length of Stay	34days	35.3days	3.8%	Inequity exists in the affected hospitals	Assessment on utilisation of Clairwood hospital has been completed.
86. Inpatient Bed Utilisation Rate – total	63.8%	52.5%	17.7%	Assessment revealed that Clairwood has a bed occupancy rate of 38% as it is not fully utilised as a referral/step-down institution by other hospitals.	A proposal has been made that in the 248 useable beds at Clairwood, a ward be identified for the following services: 2 male and female palliative care wards. 1 palliative care ward for children Increase number of postnatal beds from the current 20 to 40 beds
87. Expenditure per patient day equivalent (PDE)	R2 720	R3 246	19.3%	Indicator is influenced negatively by low bed utilisation rates.	To monitor indicator performance in the 2019/2010 financial year and implement developed improvement plans To review target
88. Complaint resolution rate	98.3%	92.3%	6.1%	Delays in the investigation of complaints and non-adherence to complaints management guidelines	District Quality Assurance to conduct support visits to Chronic Hospitals and re-in service regarding complaints management guidelines.
89. Complaint Resolution within 25 working days rate	100%	88.9%	11.1%		
90. OPD Headcount – total	34 968	18 276	47.7%	Due to poor utilisation rates, some hospitals are now providing some PHC services	Patients at this level should be seen on referral basis To clarify reporting system of the head count and to review target in 2019-20



**PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3**

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
91. OPD Headcount – new case not referred	11 117	8 649	22.2%	Due to PHC services introduced against package of services for this level of care	To review definition of package of services at this level of care.
<b>Programme 5: Central and Tertiary Hospitals</b>					
<b>Tertiary Hospitals</b>					
92. Hospital achieved 75% and more on National Core Standards self-assessment rate	33%	100%	203%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously	
93. Average Length of Stay	9.4days	7.9days	16%	Due to adherence to referral protocols and adherence to clinical guidelines  Quarter 3 was a busy period due to being a festive period with increased number of accidents and surgical cases  Bed turnover rate also increased	To continue to capacitate referring facilities
94. Inpatient Bed Utilisation Rate – total	75%	70.1%	6.5%	Busy festive period with increased number of referrals.	Implement admission and discharge criteria. To monitor and compare trends in the next financial year and implementation developed improvement plans.
95. Expenditure per patient day equivalent (PDE)	R3 995	R4 031	0.9%	High cost drivers are consumables for Renal Dialysis, Implants and Prosthesis.	Identify key cost drivers and implement developed improvement plans
96. Complaint resolution rate	85%	84.2%	0.9%	Delay in getting response from relevant clinical departments from which complaints occurred affects the resolution rate.	Complaints committees should strive to resolve complaints as per National guidelines
97. Complaint Resolution within 25 working days rate	97%	86.3%	11%		
98. Delivery by caesarean section rate	69%	52.3%	24.2%	Caesarean sections performed at Tertiary Hospitals are clinically indicated.	Conduct audits to verify compliance with protocols
99. OPD Headcount – total	95 038	102 351	7.7%	Indicator is based on referrals	Implement referral protocols

PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
100. OPD headcount new cases not referred	7 206	7 749	7.5%	Patients access services at Ngwelezana and King Edward VIII Hospital mainly after hours due to their accessibility	Adhere to admission and discharge criteria for this level of care. King Edward has since opened a Gateway clinic. To explore possibility of increasing number of hours at the Gateway
<b>Central Hospital</b>					
101. Hospital achieved 75% and more on National Core Standards self-assessment rate	0%	100%	100%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously	
102. Average Length of Stay – total	8.8days	8.6days	2.3%	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 at Regional and District Hospitals thus reducing inappropriate referrals
103. Inpatient Bed Utilisation Rate – total	66.8%	66.8%	0	No deviation	Implement admission and discharge criteria
104. Expenditure per patient day equivalent (PDE)	R8 373	R9 253	10.5%	Overspending on Surgical Implants, Prosthesis and accruals due to increased patients clinical procedures and surgical services to reduce waiting times.	Identify key cost drivers and implement developed improvement plans
105. Complaint resolution rate	99%	100%	1%	Timely complaints resolution rate was achieved due to efficiency of the hospital's regularly sitting complaints committee.	Educate clients on complaints management system and provide regular feedback
106. Complaint Resolution within 25 working days rate	95%	100%	5.3%		
107. Delivery by caesarean section rate	75%	78.5%	4.7%	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.	Conduct clinical audits to verify indication for caesarean deliveries
108. OPD Headcount – total	47 866	44 851	6.3%	<ul style="list-style-type: none"> <li>Influenced by referrals by Regional and Tertiary hospitals, and review cases</li> <li>Normally less cases are booked during the festive</li> </ul>	


PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
<b>Programme 7: Health Care Support Services</b>					
109. Percentage of facilities reporting clean linen stock outs	2.8%	0%	100%	Zero clean linen stock out incidents resulted from: <ul style="list-style-type: none"> <li>Procurement of new linen increased linen in circulation</li> <li>Facilities that are unable to process soiled linen on-site utilise machines from other facility laundries.</li> </ul>	Data Management is developing a data collection tool to be implemented in 2019/20 financial year.
110. Tracer medicine stock-out rate (PPSD)	4%	13.8%	245%	Supply challenges and follow up with suppliers with regard to contract management is not optimal due to staff shortage.	Motivate for the filling of the vacancies for Demand Management and Contract Management functions. The submission is with Human Resource Management Services
111. Tracer medicine stock-out rate (institutions)	1.6%	2.4%	50%	Supply challenges	Follow up suppliers regarding deliveries
112. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	99%	100%	1%		Verify and validate denominator
113. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	34%	0	100%	The bid for the Distribution Contract that will accommodate Cross-docking services has been cancelled.	The bid process may be recommenced by Central Supply Chain Management
114. Percentage of items on Direct Delivery and Cross Docking Model	65%	72.5%	11.5%	There was a reasonable number of high volume items that were put on contract.	
115. Number of facilities implementing the CCMDD Programme (cumulative)	700	728	4%	Some districts have initiated CCMDD enrolment in some of the outstanding facilities, ie Grey's (Tertiary) Hospital, Townhill (Psychiatric) Hospital and Mobile Clinics..	The outstanding facilities will be enrolled in the new financial year. (The new service provider had to adjust and stabilise current processes)
116. Number of patients enrolled on CCMDD	1 200 000	917 162	23.6%	Districts / Facilities could not provide "cumulative" data as the change in the service provider made it difficult to	The Department is working with the service provider to implement Synchronised National Communication


PROVINCIAL QUARTERLY REPORTING SYSTEM 2018/19 – Q3

Performance Measures	Target Q3	Actual Q3	Deviation	Reason for Deviation	Interventions
<b>Programme (cumulative)</b>				track this data as the information is currently extracted from the service provider system. Active patients' data has been provided.	in Health (SYNCH) (NDOH IT System) to be able to keep track of this large data in a manner that can be analysed.
117. Number of pick-up points linked to CCMDD	2 800	4 181	49.3%	The facilities have aggressively established pick-up-points that are convenient to the patients. Some Adherence Clubs have become dysfunctional, e.g. at uThukela District.	Focus interventions on the maintenance of these established pick-up-points.
<b>Programme 8: Health Facilities Management</b>					
118. Number of jobs created through the EPWP	1 243	241	80.6%	Although only 241 jobs were created in quarter 3, a total of 3420 jobs have been created from April to Dec 2018 through the Department's Gardens and Grounds Programme and Dr Pixley Ka Isaka Seme Hospital project.	Employment of EPWPs is informed by funds availability and allocation. The target will be revised in 2019-20.
119. Percentage of maintenance and repairs budget spent	75%	87%	16%	Due to the under expenditure in quarters 1 and 2, the budget was adjusted in the 3rd Quarter to new maintenance projects (Category C) to be undertaken in quarters 3 and 4.	

SUBMITTED BY:

  
 Mr. J GOVENDER  
 Chief Director: HSDPM&E

OFFICIAL SIGN-OFF:

  
 DR. M GUMEDE  
 Acting Head: Health

23/4/2019  
 DATE

29/4/2019  
 DATE