REVITALISATION OF HOSPITAL SERVICES IN LIMPOPO

PRESENTATION AT THE 3rd ANNUAL SERVICE DELIVERY LEARNING ACADEMY

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HOD HEALTH AND WELFARE LIMPOPO
INTRODUCTION
Transforming Hospital Services

Purpose:
- Provide care that is equitable, accessible and appropriate
- Provide quality and reliable hospital services and overcome current constraints in service delivery
- Reduce hospital share of the budget by improving efficiency and productivity in the delivery of service
- Ensure accountability
Transforming Hospital Services

- Challenges:
  - Provision of quality, cost effective services with dwindling budget.
  - Deficiencies in management
    i. basic health care
    ii. labour relations and morale
    iii. Underfunding for health
    iv. perceptions of declining quality of care
Strategies for change:
- Devolution of task and responsibility
- Participative organizational structures
- Human Resource Development
- Quality Improvement programme
- Manage change and diversity
REVITALISATION PROJECT

Background:
- Prior to 1994 Missionaries, Provincial Administrations, Homeland Administrations
- 1994 to 1998 Provincial Administrations; R& R Programme
- 1998 to 2002 Revitalization Project
- 2003 to date Center of Excellence
**REVITALISATION PROJECT**

- Definition: Vitalize- give life to

- **Four Components**
  - Physical Facility Development
  - Health Technology Development
  - Organisational Development
  - Quality Improvement
INTEGRATED PROVINCIAL SUPPORT PROGRAMME

- Department of Public Service Administration Project
- Objective of this project (IPSP) is to improve the efficiency, effectiveness, and the provincial departments in support of the Provincial Growth and Development Strategy
CENTER OF EXCELLENCE

Five Components
- Physical Facility Development
- Health Technology Development
- Organisational Development
- Quality Improvement/ Accreditation by Council for Health Service Accreditation of SA
- Accreditation by HPCSA (AHSC)
Criteria for Centre of Excellence
- Hospital with buildings in the CSIR audit category new and maintenance
- Hospital equipped in line with Essential Health Technology Package
- Hospital with COHSASA Accreditation
- Hospital with HPCSA Accreditation (AHSC)
CENTER OF EXCELLENCE

- STRUCTURE
  - Provincial Steering Committee
    i. GM Provincial Health Services
    ii. GM District Hospital Services
    iii. GM PMHC
    iv. Senior Manager Health Facility Planning
    v. CEOs of Hospitals
CENTER OF EXCELLENCE

- Provincial Steering Committee
- v. Senior Manager HRD
- vi. Senior Manager Transformation and Transversal Services
- vii. Senior Manager Transversal Health Services
- viii. Team of consultants
CENTER OF EXCELLENCE

- Institutional Steering Committee
  i. CEO
  ii. Nursing Service Manager
  iii. Clinical Service Manager
  iv. Corporate Service Manager
  v. Facility managers
  vi. Manager Quality improvement Programme
  vii. Risk Manager
CAPITAL WORKS PROCESS

- PLANNING STARTED IN 1997
- FIRST PHASE COMPLETED BY 1999
- FIRST PHASE FUNDED BY PROVINCE
- CONSTRUCTION STARTED 2002 WITH EXPECTED Date of COMPLETION BY MARCH 2005
- 241 BED FACILITY
- STARTED AS LEVEL ONE
- NOW LEVEL TWO
- BOUNDRIES DEMARCATION
HEALTH TECHNOLOGY

- The process of health technology audit and development of an asset management system has commenced
- Maintenance contract in place
- Full Maintenance Lease
Organizational Development & Training (Skills Transfer)

Project Management
Change Management
Communication Strategy
Quality Management

Phase One
- Status Quo Review
  - Situation Analysis
  - Capacity Audit
  - “As Is” Analysis

Phase Two
- Integration & Design
  - Generate Vision
  - Bench Marking
  - Desired state “To be”
  - Migration Plan
  - Change Impact Analysis
  - Balance Score Card
  - Implementation Strategy
  - Training Strategy

Phase Three
- Implementation
  - Implement Sub-Project
  - Maximum Staff Participation
  - Training
The Centre of Excellence Model

**Patient/Customer Care**
- Patient admission/ discharge/ referral
- Patient satisfaction
- Quality review
- Hospital service evaluation
- Communication
- Patient Education

**Clinical Services**
- Alignment of service to need including planning
  - Medicine
  - Surgery
  - Obs & Gynae
  - Pediatrics
  - OPD
  - Accident & Emergency
  - Theatre Services

**Non-Clinical Support**
- Therapy Services
- Lab Services
- Pharmacy Services
- Health Technology
- Support (planning and management)

**Facilities Management**
- Facilities utilisation and planning
- Hotel services (for example: cleaning; and catering)
- Maintenance management
  - (facilities & assets)

**Staff Management**
- Staff resourcing
- HR systems
- Staff planning & resource allocation
- Disciplinary management

**Business & Operational Management**
- Strategic & operational planning
- Financial management
- Procurement
- Budgeting
- Cost control
- Information management
- Administration
1. Scoping Study components:
   - Finance;
   - Medical Administration and Operations;
   - Information Technology; and
   - Human Resources.

2. Gain an understanding of the environment and context within which the hospitals operate;

3. Gain a high-level understanding of the challenges facing the hospitals;

4. Based on interviews, our experiences and researched best practice, understand which challenges affect service delivery and hospital performance; and

5. Produce a report that will allow for further discussion on which issues should be tackled as part of the project.
Methodology

- Stakeholder meetings/communications
- Staff focus group assessment
- Hospital board assessment
- Management interviews
- Analysis of issues arising from the various forums to determine a draft set of issues
- Confirmation of the issues raised during the assessments and interviews
Methodology cont

- Analysis of the issues in terms of a high level responsibility matrix which gives an indication of which issues can potentially be improved/assisted by:
  - Hospital management:
  - Provincial Department of Health and Welfare
  - Direct commissioning of the new hospital
  - Various combinations of the above
<table>
<thead>
<tr>
<th>Issue</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital does not have cost centres.</td>
<td>Costs cannot be allocated to different sections and the section heads cannot be accountable for the management of their expenditure against the budget.</td>
</tr>
<tr>
<td>The financial system in use does not produce adequate expenditure information for each section individually (financial system not set up as cost centres)</td>
<td>The financial performance of each section cannot be monitored separately.</td>
</tr>
<tr>
<td>The section heads do not have the necessary tools, information and financial skills/awareness training to manage expenditures in their sections. Expenditure management for the hospital is done centrally by the finance section (some managers have no idea what things cost)</td>
<td>Managers are not able to manage and control the expenditure of their sections and introduce efficiency and effectiveness improvements. Not able to meet the requirements of the PFMA</td>
</tr>
<tr>
<td>Senior managers discuss the actual expenditure vs. budget on a monthly basis. Section heads are usually not involved in this process.</td>
<td>Cost saving initiatives cannot be properly implemented at section level if section managers are not involved in devising the initiatives.</td>
</tr>
<tr>
<td>Budget savings cannot be ploughed back into the hospital the following year’s budget</td>
<td>Lack of incentives to make savings</td>
</tr>
<tr>
<td>Funding for posts is lost if the post is not filled during a financial year – sometimes posts are not filled due to Provincial issues.</td>
<td>Loss of potential staff – inability to recruit</td>
</tr>
</tbody>
</table>
The hospital does not have sufficient management information to enable management to perform a proper variance analysis (match expenditure to activity) and to make management decisions.

Management is not able to identify reasons for over expenditure in order to take corrective actions.

The equipment at Groothoek is old and results in high maintenance costs.

Over expenditure on budget.

Lack of resources in the finance department previously resulted in a lack of adequate expenditure management processes. Previously no state accountants.

Financial management could not be performed effectively, resulted in over expenditure on the budget.

Finance personnel not trained on BAS.

Inability to produce relevant financial reports for expenditure management.

The finance department is currently managing the expenditures of both hospitals.

Insufficient resources leads to inadequate financial management.
<table>
<thead>
<tr>
<th>Rating</th>
<th>Impact on/Importance to organisational performance</th>
<th>Costs/resources/Time needed to address the issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insignificant impact</td>
<td>No additional cost/resource/time allocation</td>
</tr>
<tr>
<td>2</td>
<td>Negligible impact</td>
<td>Negligible additional cost/resource/time</td>
</tr>
<tr>
<td>3</td>
<td>Minimal impact</td>
<td>Minimal additional cost/resource/time</td>
</tr>
<tr>
<td>4</td>
<td>Moderate impact</td>
<td>Moderate additional cost/resource/time</td>
</tr>
<tr>
<td>5</td>
<td>Significant impact</td>
<td>Significant additional cost/resource/time</td>
</tr>
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</table>
The vertical axis the level of effort it will require to address the issues in terms of cost and time.

The horizontal axis represents the level of impact/importance these issues have on the organizational performance improvement of the hospital.

The zone of opportunity represents those issues which, if addressed, will have a potential high impact on or are potentially important to the performance of the hospital and will require minimal costs/resources/time to address.
A – No functional budget setting process
C – Lack of integration of financial management & other sections
D – Budgeted costs not linked to activities
F – Hospital strategic plan not linked to budget
P&Q – No revenue strategies in place
R – No ratio analysis on revenue collection is done
<table>
<thead>
<tr>
<th>Issue</th>
<th>Effect</th>
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<tbody>
<tr>
<td>Performance Management System requires development</td>
<td>Staff not all working towards strategic objectives</td>
</tr>
<tr>
<td></td>
<td>Staff development impaired</td>
</tr>
<tr>
<td></td>
<td>Lack of unity</td>
</tr>
<tr>
<td></td>
<td>Training requirements not understood</td>
</tr>
<tr>
<td></td>
<td>Undermines responsibility and accountability</td>
</tr>
<tr>
<td>Lots of new managers</td>
<td>Lack of team unity (initially)</td>
</tr>
<tr>
<td></td>
<td>Lack of common strategic oversight</td>
</tr>
<tr>
<td></td>
<td>Unaware of all problem issues</td>
</tr>
<tr>
<td></td>
<td>Harder to gain staff buy-in to change</td>
</tr>
<tr>
<td>No staff retention strategy (hospital and province generally)</td>
<td>Undermines service offering</td>
</tr>
<tr>
<td>Training is generally underdeveloped and hard to organise as no training officer. No Human Resource Development plan in place.</td>
<td>Staff feel neglected</td>
</tr>
<tr>
<td></td>
<td>Staff look elsewhere for development (i.e. Leave the hospital)</td>
</tr>
<tr>
<td></td>
<td>Best practice not shared</td>
</tr>
<tr>
<td>No formal staff induction programme</td>
<td>New staff left to “Fend for themselves”</td>
</tr>
<tr>
<td></td>
<td>Hard to encourage team unity</td>
</tr>
</tbody>
</table>
## HUMAN RESOURCE Management

<table>
<thead>
<tr>
<th>Issue</th>
<th>Effect</th>
</tr>
</thead>
</table>
| Concern over Human Resource administration control processes and updating of Persal | Difficult to manage and review human resource issues  
Direct impact on planning and performance assessment |
| Awarding of “notches” is not transparent | Mistrust of management |
| Making new appointments is delayed by provincial office bureaucracy | Impact on organisation of services  
Staff overworked |
| Backlog of labour relations issues | Hospital at risk of litigation |
| Staff utilisation and supervision problematic | Under provision of services |
| Some staff shortages | Some departments e.g. Pharmacy and Dental operating sub optimally |
Human Resource Zone of Opportunity

D – Lack of management on controls for the sessional doctors
H – Lack of leave planning
G – Poor management over overtime for support staff
K – No adherence to disciplinary controls

Zone of “Opportunity”
<table>
<thead>
<tr>
<th>Issue</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underdevelopment budgetary processes with too much centralisation</td>
<td>Lack of understanding to encourage improvement financial performance/ awareness Responsibility/ accountability lost</td>
</tr>
<tr>
<td>Operational plans are required for all areas of the hospital (sectional heads to be involved)</td>
<td>Not able to devolve accountability and responsibility Unable to encourage ownership of strategic objectives to all managers/ staff</td>
</tr>
<tr>
<td>Strategic planning and performance measurement requires further attention</td>
<td>Lack of shared direction Insufficient direction set Lack of improvement and ongoing review</td>
</tr>
<tr>
<td>General training is required e.g. computers</td>
<td>Not realising the benefit of technology investment resulting in improved service to patients and efficient management/ administration purposes</td>
</tr>
</tbody>
</table>
A – Strategic and business planning not information driven & shortage of staff to implement
B – Lack of training in business planning for managers
D – Lack of monitoring of business plan

Zone of “Opportunity”
PHASE 2 DESIGN AND TRANSFORMATION PLAN

Objectives:
- Identification of implementation programme
- Design of change management and communication strategies
- Development of a comprehensive intervention plan
Outline Business Performance Improvement Model
For All Workshop Interventions

BPI Process for Implementation of Projects

Session 1
Aim
Goal & Intent

Investigation
Process Flows to Investigate GAPS

Session 2
“Desired” Best Practice

Session 3
How to Address the Gaps?

Session 2
“Current”

Action Plan
• Issues
• Activities
• Responsibilities
• Costs

Session 2
Identify “GAP”

Implementation
Implement Action plan

Sessions 4, 5, 6...
On-going Monitor & Review

Report to Province
(Desired + Actual Plans)

Provincial workshop

=
## STRATEGIES

<table>
<thead>
<tr>
<th>Issues</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch Project</td>
<td>To ensure buy-in from internal and external stakeholders and to fully publicise the aims of the project.</td>
</tr>
<tr>
<td>Management Support</td>
<td>To support management by integrating performance improvement processes and controls into all other interventions. Budget and Expenditure control has been included in this section.</td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>To complete a series of interventions to promote control awareness and to improve the functionality of day-to-day human resource administration and management.</td>
</tr>
<tr>
<td>Revenue Collection</td>
<td>To improve revenue collection control processes to realize income owed to the hospitals.</td>
</tr>
<tr>
<td>Asset Management</td>
<td>Training in how to generate and manage a fixed asset policy.</td>
</tr>
<tr>
<td>Procurement Management</td>
<td>To further understand the supply chain procurement process to promote efficiency and effectiveness.</td>
</tr>
<tr>
<td>Quality Improvement Programme</td>
<td>To establish a quality improvement and control programme.</td>
</tr>
<tr>
<td>Information Management</td>
<td>To establish ways to improve the availability and utilisation of information for patient care and management purposes.</td>
</tr>
<tr>
<td><strong>Issues</strong></td>
<td><strong>Intervention</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Change Management and Communication</td>
<td>Establishing a comprehensive “buy-in” to change involving all stakeholders.</td>
</tr>
<tr>
<td>Training and Development</td>
<td>To provide a series of training courses aimed at assisting staff and management in operational functionality.</td>
</tr>
<tr>
<td>Business Performance Improvement</td>
<td>Using performance improvement methodology to improve operational processes and bottlenecks.</td>
</tr>
<tr>
<td>Medical Records</td>
<td>To identify ways to ensure that medical records are available for optimal patient care at all times.</td>
</tr>
<tr>
<td>Patient Administration</td>
<td>To review and implement ways to improve the patient administration “experience” within the hospitals.</td>
</tr>
<tr>
<td>Batho Pele Principles</td>
<td>To work with staff and management in working towards implementing the Batho Pele principles.</td>
</tr>
<tr>
<td>Patient Rights</td>
<td>To work towards introducing a comprehensive framework for providing processes that support patient and family rights during care.</td>
</tr>
<tr>
<td>Clinical processes</td>
<td>To work towards the establishment of a comprehensive framework to ensure that sound clinical care processes are being introduced in each hospital.</td>
</tr>
<tr>
<td>Outsourcing</td>
<td>To determine how outsourcing could be further considered within the hospitals.</td>
</tr>
</tbody>
</table>
IMPLEMENTATION PHASE

- Implementation of a series of support projects (to be completed within six months)
- COHSASA accreditation process is continuing, focusing on a range of intervention areas and benchmarking.
- COHSASA baseline survey will be used as the evaluation tool in terms of performance improvement for all specified areas. This will be useful in evaluating specific initiatives during the six month implementation period.
MONITORING AND EVALUATION

- Maintenance visit assess compliance in the high risk areas:
  - Quality improvement programme
  - Documentation audit
  - Health record audit
  - Health and safety programme
Maintenance visit assess compliance

- Staff appraisal plan
- Strategic management plan
- Negative incidents
- Patient complaints
- Cardiopulmonary resuscitation
Full accreditation:
All services must score at least 80/100
Remaining non-compliant and partially compliant criteria must not pose a risk to patient and staff safety and must not contravene legal requirements.
PRE-ACCREDITATION

- Entry level
  - 60% of strategic leadership standards must score 80/100
  - 60% of service provision standards must score 80/100
  - 15% of evaluation standards must score 80/100
  - Progress certificate is awarded to a facility that has improved by 205 from its baseline evaluation
Lessons Learnt

**Information availability** – Current information availability limits the progress required to fully implement skills learnt. It is hoped that by adopting a revised information management methodology and with close integration with the provincial office these issues can be overcome. Information management co-ordinators for both hospitals (non technology related) should be identified.

**Increased shared training focus** – It has become apparent during implementation that joint training between hospitals has enhanced knowledge sharing and capacity building. This should be continued and even expanded in the future.

**Provincial "Champions"** - In order to develop the initiative across the Province, it is advisable that “champions” are identified to participate and actively drive the programme forward at both hospital and provincial office locations.

**Provincial support** - There are areas where provincial assistance is required.

**Revitalisation Hospitals**: Roll out should be to Revitalisation Hospitals because they have funding.
Key Successes

**Overall staff commitment** - Given the time constraints of all staff members overall there has been continual enthusiasm and commitment to interventions. Staff seem to want to, and are seeking, improvements.

**Hospital ambience** - It has been noted that both hospitals portray an improved "environment" and organisation. For example: Tidy; Signage; etc......

**Launch Events** - A very positive image building event for both hospitals and their staff. They undoubtedly confirmed the commitment to improve from both a hospital and provincial perspective.

**Provincial Service Excellence Awards**: Both Letaba and Maphutha Malatji Hospitals excellence won awards.
WAY FORWARD

- Involve champions from other hospitals in current projects
- Early involvement of COHSASA
- Roll out to the rest of the hospitals in phases
THANK YOU- SIYABULELA
Lessons Learnt

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