ANNEXURE A

IDEAL CLINIC REALISATION AND MAINTENANCE

THE PRIMARY HEALTH CARE PACKAGE

THE DISTRICT HOSPITAL SERVICE PACKAGE

THE PATIENT REFERRAL SYSTEM

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1. THE IDEAL CLINIC

1.1 Ideal Clinic Realisation and Maintenance

The Ideal Clinic Initiative was conceptualized by Government in response to the National Development Plan's (NDP) vision of achieving equity, efficiency, effectiveness and quality of healthcare provision as envisaged under National Health Insurance (NHI). The process of developing the Ideal Clinic initiative began with an eight-month study phase that pointed to components, subcomponents and elements that are required to make all clinics ideal.

To operationalise the Ideal Clinic initiative, the Presidency directed that Operation Phakisa approach, (the Malaysian Big Fast Results) as applied to the Oceans Economy be followed. Work done in the study phase provided the information that was taken into a six-week Operation Phakisa Ideal Clinic Lab. In this lab that ran from 12 October to 21 November 2014, detailed plans were designed for overcoming bottlenecks pertaining to achievement and maintenance of the Ideal Clinic elements. In the Operation Phakisa laboratory, eight work-streams were established namely: Infrastructure; Human Resources for Health; Financial Management; Supply Chain Management; Service delivery; Waiting times; Scale-up and sustainability; and Institutional arrangements.

1.2 Definition

An Ideal Clinic is a clinic with good infrastructure[1], appropriate staffing levels, sufficient quantities of medicines and supplies, good administrative processes and adequate bulk supplies, that use applicable clinical policies, protocols, guidelines as well as stakeholder support, to ensure the provision of quality health services to the community. Ideal Clinics will be classified into three broad categories namely:

a) Small
b) Medium
c) Large

The categorization will be based on the demographic profile, the disease burden of the area, as well as the social determinants of health in the area, thus determining the service package to be offered in that clinic.

[1] Physical condition and spaces, essential equipment and information and communication tools

1.3 Implementation of the Ideal Clinic Model

Successful implementation of the Ideal Clinic Model will result in the following components, subcomponents and elements being satisfied:

	IDEAL CLINIC REALISATION AND MAINTENANCE COMPONENTS, SUBCOMPONENTS AND ELEMENTS		
Component	Sub Component	ELEMENTS	
1. Administration	**1. Signage and Notices:** Monitor whether there is communication about the facility and the services provided		
		1	Road signs informing of the location of the facility are visibly posted from the nearest arterial road up to the facility entrance
		2	Display board reflecting the facility name, service hours (e.g. 24 hour, 8 hour, public holidays and weekends), physical address, contact details (physical address, postal, telephone, facsimile or electronic mail) and service package details at the entrance of the facility
		3	The GUN FREE, NO SMOKING, NO ANIMALS (except for service animals) and NO HAWKERS sign is clearly sign posted at the entrance of the gate
		4	Display board indicating a disclaimer on searches
		5	Photos of political leadership of health are visually displayed
		6	The Mission, Vision, Belief, Goals of the health facility are displayed for patients to clearly see
		7	The organogram with contact details of the managers displayed
		8	All service areas including reception and toilets within the facility clearly signposted
	2. Staff identity and dress code: Monitor whether staff uniform, protective clothing and mode of staff identification are according to policy prescripts		
		9	There is a prescribed dress code for all service providers
		10	All staff members comply with prescribed dress code
		11	Staff wear appropriate protective clothing
	3. Client service organization: Monitor the processes that enable responsive client service.		
		12	There is appropriate access for people with disabilities
		13	Staff are scheduled such that helpdesk services are available at all times
		14	There is a process that prioritizes the frail, elderly and high - risk clients
		15	A functional wheelchair and stretcher are always available
1. Administration	**4. Management of client record:** Monitor whether clients' record content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationary is used and whether the client records are filed appropriately		
		16	There is a single client record irrespective of health conditions
		17	Client record content adheres to ICSM prescripts

		18	There is a single location for storage of all client records
		19	Client records are filed in close proximity to client registration desk
		20	There is a standardised client record filing system in place
		21	The retrieval of a client's file takes less than five minutes
		22	There is an SOP for archiving and disposal of clients' records available
		23	The SOP for archiving and disposal of clients' records is adhered to
		24	Priority stationery (clinical and administrative) is available at the facility in the right quantities
2. Integrated Clinical Services Management (ICSM)	**5. Clinical Service provision:** Monitor whether clinical integration of clinical care services allowing for 3 discrete streams (acute, chronic and MCWH) of service delivery is adhered to as per service package.		
		25	The facility has been reorganised with designated consulting areas and staffing for acute, all chronic health conditions and preventative health services.
		26	There is an area for monitoring vital signs for the different streams of care
		27	Clients' privacy is respected at all times and in all service areas
	6. Management of client appointments: Monitor whether an ICSM client appointment system is adhered to.		
		28	An ICSM compliant client appointment system for clients with stabilised chronic health conditions and MCWH clients is in use
		29	The records of booked clients are pre retrieved 72 hours before the appointment
		30	Clients that did not honour their appointments within one week are followed up by referral to WBPHCOT to facilitate booking of new appointment
		31	Pre-dispensed medication for clinically stable chronic patients is prepared for collection 48 hours prior to collection date.
2. Integrated Clinical Services Management (ICSM)	**7. Coordination of PHC Services:** Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, Ward Based Outreach Team (WBOT) and District Clinical Specialist Team (DCST).		
		32	There is cooperation with School health teams in providing health services to learners
		33	The facility refers patients with chronic but stable health conditions to WBPHCOT for support.
		34	There is evidence of two-way referral of patients between the PHC facility and WBOT using prescribed stationary
		35	Quarterly clinical improvement report from DCST available
	8. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being appropriately applied.		
		36	The ICSM compliant package of clinical guidelines is available in all consulting rooms
		37	All professional nurses and doctors have been fully trained on ICSM compliant package of clinical guidelines
		38	All health care professionals have been trained on the management of medical emergencies
		39	The National Adverse Event Management Protocol is available
		40	The facility's Adverse Event Management Standard Operating Procedure is available
		41	The Adverse Event Management records show compliance to the adverse event management protocol
		42	The National Clinical Audit guideline is available
		43	Clinical audit meetings are conducted quarterly in line with the guidelines
	9. Infection Prevention and Control: Monitor whether prescribed infection prevention and control policies and procedures are adhered to.		
		44	The National Policy on Infection Prevention and Control (IPC) is available

2. Integrated Clinical Services Management (ICSM)		45	There is a staff member who is assigned infection prevention and control role in a facility
		46	All staff members have been fitted for N95 masks
		47	Sterile gloves are consistently available
		48	The linen is clearly branded
		49	The linen in use is clean
		50	The linen is appropriately used for its intended purpose
		51	Waste is properly segregated
		52	Sharps containers are disposed off when they reach 2/3 capacity
		53	Sharps are disposed in impenetrable, tamperproof containers
		54	Sharps containers are placed on work surface only
	10. Client waiting time: Monitor whether the facility's prescribed waiting times is adhered to.		
		55	The National policy for the management of waiting times is available
		56	The standard waiting time for every service area is visibly posted at all service areas
		57	Waiting time is consistently monitored using the prescribed tool
		58	The average time clients spend in the facility is not longer than 3 hours
		59	Clients are intermittently informed of delays and reasons for delays in service provision
	11 Patient experience of care: Monitor whether an annual client experience of care survey is conducted and whether clients are provided with an opportunity to complain about or compliment the facility and whether complaints are managed within the prescribed time.		
		60	The National Patient Experience of Care guideline is available
		61	The results of the yearly Patient Experience of Care survey are visibly displayed in all service areas
		62	The overall score obtained indicates that the clients are satisfied with the service provided
		63	The results obtained from the Patient experience of care (PEC) survey are used to improve the quality of service provision
		64	The National Complaint Management Protocol is available
		65	The facility's Complaint Management Standard Operating Procedure is available
		66	Compliments/complaints boxes are visibly placed at main entrance/exit
		67	There is official complaint forms and pen placed near the compliments/complaint boxes
		68	A standardised poster appears above the complaint/compliments box inviting clients to complain to or compliment the facility about their services
		69	The complaint records show compliance to the Complaint Management Protocol
		70	The monthly statistics demonstrate that complaints are resolved within 25 working days
		71	The monthly statistics demonstrate that all complaints are resolved
Pharmaceuticals and Laboratory	**12 Medicines and supplies:** Monitor consistent availability of required good quality medicines and supplies.		
		72	There is at least one functional wall mounted minimum/maximum room thermometer in all rooms where medication is kept

		73	The temperature of the rooms where medication is kept is recorded twice daily
		74	The temperature of the rooms where medication is kept is constantly within the safety range
		75	There is a contingency plan to manage inappropriate room temperatures
		76	The temperature of the medicine refrigerator is recorded twice daily
		77	The temperature of the medicine refrigerator is constantly within the safety range
		78	There is access to an automated supply chain system for medicines
		79	All medicines on the Essential Medicine List are consistently available
		80	The facility has sufficient stock to dispense chronic medication for 2 months
		81	Re-ordering stock levels (min/max) is determined for each item on the Essential Medicine List
		82	Medicines that expire within three months are returned to the depot
		83	A list of required basic surgical supplies (consumables) indicating the re-ordering stock levels (min/max) is available
	13. Management of Laboratory Services: Monitor consistent availability and use of laboratory services.		
		84	The PHC Laboratory Handbook is available
		85	Specimens are handled according to the National Health Laboratory Services Handbook
		86	Required functional diagnostic equipment and concurrent consumables are consistently available
		87	The PHC laboratory results are received from the lab within 72 hours
		88	Laboratory results are filed in the client's record within 24 hours after receiving them from the lab
4. Human Resources for Health	**14. Staff allocation and use:** Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied.		
		89	Staffing needs have been determined in line with WISN
		90	Staffing is in line with WISN
		91	A dedicated facility manager must be appointed for a facility with a workload of more than 150 clients per day and who will perform at least 80% of management work per week
		92	Daily work allocation documentation is signed by all staff members.
		93	Leave policy is available
		94	An annual leave schedule is available
		95	Basic Staff records are available (vacation/sick/accouchement/ family responsibility leave/study leave/suspension)
	15. Professional standards and Performance Management Development System (PMDS): Monitor whether staff are managed according to Department of Public Service Administration (DPSA) prescripts.		
		96	There is an individualised Performance Management Development System for all staff members
		97	Continued staff development needs have been determined for the current financial year and submitted to the district manager
		98	Training records reflect that planned training according to the district training programme was conducted
		99	The disciplinary procedure is available

4. Human Resources for Health		100	The grievance procedure is available
		101	Staff satisfaction survey is conducted once per year
		102	The results of the staff satisfaction survey is used to improve the work environment
	16. Availability of Medical practitioner and Allied health practitioners: Monitor client access to clinical expertise at PHC level.		
		103	Clients have access to a medical practitioner
		104	Clients have access to oral health service
		105	Clients have access to occupational therapy services
		106	Clients have access to physiotherapy services
		107	Clients have access to dietetic services
		108	Clients have access to social work services
		109	Clients have access to radiography services
		110	Clients have access to ophthalmic service
		111	Clients have access to speech and hearing services
5. Support Services	**17. Finance and supply chain management:** Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision.		
		112	The facility manager is involved in determining the budget of the facility
		113	The facility manager has financial delegation
		114	The budget and actual expenditure of the facility is available
		115	The facility have access to an automated supply chain system for general supplies
		116	Delivery of supplies are consistently in line with terms and conditions of the relevant contract (including set turn-around times)
	18. Hygiene and Cleanliness: Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility.		
		117	There are sufficient cleaners
		118	All cleaners have been trained on cleaning
		119	All work completed is signed off by cleaners
		120	Cleaning materials are available
		121	Clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels are available
		122	Sanitary disposal bins with functional lids are available
		123	General waste bins are lined with appropriate coloured plastic bags and have functional lids in all hand washing areas and consulting rooms
		124	All toilets are always intact and functional
		125	Intensive cleaning of a facility is conducted during the least busy times
		126	All service areas are clean
		127	The exterior of the facility is clean
		128	Vegetation is well trimmed
		129	Waste is stored in access-controlled rooms
5. Support Services		130	A signed waste removal service level agreement between the health department (district) and the service provider is available

		131	Waste is removed, regularly in line with the service level agreement
	19. Security: Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, clients and staff of the PHC facility.		
		132	Perimeter fencing is intact and complies with South African Police Service standards
		133	Separate lockable pedestrian and vehicle gates are available
		134	Adequate security lighting of the perimeter is available
		135	There is a standardised security guard room
		136	A copy of the service level agreement between the security company and the provincial department of health is available and understood by PHC facility management and staff
		137	Functional security equipment is available in security guard room as per service level agreement
		138	Registers for access control are available and up to date
		139	Prohibited items appropriately controlled and accounted for before access is granted
	20. Disaster preparedness: Monitor whether fire fighting equipment is available and whether staff know how to use it and whether disaster drills are conducted.		
		140	Functional fire fighting equipment is available and accessible
		141	Emergency evacuation procedure practiced annually
		142	Deficiencies identified during the practice of the emergency evacuation are addressed
		143	Intersectoral outbreak/disaster management plan is available
		144	Annual review and staff awareness of the intersectoral outbreak/disaster management plan
6. Infrastructure	**21. Physical Space and Routine Maintenance:** Monitor whether the physical space is adequate for the PHC facility workload and whether timely routine maintenance is undertaken.		
		145	Clinic space accommodates all services/disciplines and staff
		146	The clinic has access to a functional District infrastructure maintenance hub
		147	Minor repairs are promptly carried out
		148	Major infrastructure repairs are carried out as planned
		149	Routine maintenance of the infrastructure is conducted
	22. Essential Equipment and Furniture: Monitor whether essential equipment and required furniture are available.		
		150	Consulting room furniture is available in every consulting room
		151	Essential equipment is available and functional in every consulting room
		152	Resuscitation room is well equipped with functional basic equipment for resuscitation
		153	Oxygen supply is available
		154	Emergency trolley is cleaned and filled up at least daily and after being used
		155	There is a protocol on resuscitation in a health facility.
		156	PHC facility staff are familiar with resuscitation and emergency procedures
		157	There is sterile emergency delivery pack.
		158	Equipment for minor surgery is available
		159	Redundant and non-functional equipment is promptly removed from the facility

6. Infrastructure	**23. Bulk supplies:** Monitor whether the required electricity supply, water supply and sewerage services are constantly available.		
		160	There is consistent supply of clean, running water to the facility
		161	There is emergency water supply in the facility
		162	Water is quarterly checked for quality
		163	There is functional back-up electrical supply
		164	The back-up electrical power supply is weekly checked to determine its functionality
		165	The sewerage system is functional
	24. ICT Infrastructure and Hardware: Monitor whether systems for internal and external electronic communication are available and functioning.		
		166	There is a functional telephone system in the facility
		167	A functional public address system is available
		168	There is functional computer
		169	There is functional printer connected to the computer
		170	There is web access
7. Health Information Management	**25. District Health Information System (DHIS):** Monitor whether there is an appropriate information system that produces information for service planning and decision making.		
		171	Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members.
		172	Current disease trends inform prioritization of health care plans
		173	District Health Information Management System policy available
		174	Relevant DHIS registers are available and are kept up to date
		175	There is a functional computerized patient information system
8. Communication	**26. Internal communication:** Monitor whether the communications system required for improved quality for service delivery is in place.		
		176	There are district quarterly facility performance reviews meetings
		177	There is at least a monthly staff meeting within the facility
		178	Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications
	27. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee.		
		179	There is a functional clinic committee
		180	Contact details of clinic committee members are visibly displayed
		181	There is an annual open days facilitated by the clinic committee
9. District Health System Support	**28. District Health Support (DHS):** Monitor the support provided to the facility through guidance from district management, regular Ideal Clinic status measurement by the Perfect Permanent Team for Ideal Clinic Realization and Maintenance (PPTICRM) as well as through visits from the district support and health programme managers.		
		182	There is a health facility operational plan in line with district health plan

		183	The Permanent Perfect Team for Ideal Clinic Realisation and Maintenance visits the clinic at least twice a year to record the Ideal Clinic Realization status and to correct weaknesses
	29. Planned and Emergency patient transport: Monitor the availability of planned and emergency transport for clients.		
		184	There is a pre-determined ambulance response time to the facility
		185	Ambulances respond in line with the pre-determined response time
		186	There is effective planned patient transport to and from the referral hospitals
	30. Referral System: Monitor whether clients have access to appropriate levels of health care.		
		187	The National Referral Policy is available
		188	The facility's Standard Operating Procedure for referrals is available
		189	Referral pathways are clearly determined
		190	There is a referral register that records referred clients
		191	Referral records indicate feedback from destination facilities
		192	There is a standard National Referral form that is used by all for referring clients
		193	Analysis of referral data is conducted to identify service delivery gaps
10. Partners and Stakeholders	**31. Implementing Partners support:** Monitor the support that is provided by implementing partners		
		194	There is an up to date list (*with contact details*) of all implementing partners that support the facility
		195	The list of implementing health partners shows their areas of focus and business activities
		196	Implementing health partners perform in relation to their focus area and business activities
	32. Multi-sectoral collaboration: Monitor the systems in place to respond to the social determinants of health		
		197	There is an official Memorandum of Understanding between the PDOH and SAPS
		198	There is an official Memorandum of Understanding between the PDOH Department of Education
		199	There is an official Memorandum of Understanding between the PDOH and the Department of Social Development
		200	There is an official Memorandum of Understanding between the NDOH and Department of Home Affairs
		201	There is an official Memorandum of Understanding between the PDOH and Local Government
		202	There is an official Memorandum of Understanding between PDOH and Department of Water and Sanitation
		203	There is an official Memorandum of Understanding between the PDOH and Department of Public Works
		204	There is an official Memorandum of Understanding between the district management and Cooperative Governance and Traditional Affairs (CoGTA)
		205	There is an official Memorandum of Understanding between the PDOH and department of transport
		206	There is an official Memorandum of Understanding between the District management and relevant NGOs

As the Ideal Clinic is classified into three categories as mentioned above, the components, subcomponents and elements will be implemented appropriate to the category of the clinic concerned.

The authority that will determine and certify that a clinic conforms to an Ideal Clinic model will be the Office of Health Standards Compliance (OHSC).

1.4 Other categories of Primary Health Care Facilities

To complement the Ideal Clinic Model, depending on the terrain and ease of access, there may be a necessity for other PHC facilities outside the Ideal Clinic model such as:

i. Health posts
ii. Mobile clinics
iii. Satellite clinics

However, these facilities will still be required to comply with quality health standards.

2. PRIMARY HEALTH CARE PACKAGE

2.1 HEALTH PROMOTION AND DISEASE PREVENTION

COMMUNITY BASED SERVICES

Promotion of Healthy Lifestyles

- Provision of information on healthy lifestyles
- Provision of information on the consequences of risky sexual behaviour, tobacco use and substance abuse
- Community campaigns promoting healthy behaviours, including physical activities
- Provision of information on safe food preparation, storage and handling, including hand washing
- Provision of information on healthy diets, food choices, eating behaviours and health risks associated with poor diets
- Referral of patients with signs of malnutrition

Maternal and women's Health

- Facilitate access to social grants, health and social services
- Facilitate access to key services e.g. ANC, HIV and TB screening and care in pregnancy, contraception and family planning, TOP and cervical screening
- Assistance with registration of births and deaths
- Support for postnatal care and breast feeding

Child Health

- Ensure that all children have a Road to Health Booklet and that caregivers are aware of the uses the card
- Facilitate access to social grants, health and social services
- Facilitate access to key services e.g.: immunisation, growth and development monitoring, Vitamin A supplementation and deworming.
- Screening of learners for health barriers to learning
- Provide information on symptoms of common childhood illnesses, including diarrhoea and pneumonia and basic management of these illnesses for example preparation of ORS.

Chronic disease management

- Adherence support to patients with chronic diseases

Occupational health

- Ensure the workplaces are safe and promote health
- Promote the establishment of workplace wellness programmes
- Recognise and referrals for work related injuries and diseases

Oral Health

- Provision of information and education on oral health

HEALTH FACILITIES

Promotion of Healthy Lifestyles

- Provision of information on healthy lifestyles: consequences of risky sexual behaviour, tobacco use and substance abuse; healthy diets, food choices, eating behaviours and health risks associated with poor diets; and physical activity
- Provision of information on safe food preparation, storage and handling, including hand washing

Maternal Health

- Information on nutrition and maintenance of a healthy diet throughout pregnancy
- Pre-natal supplementation
- Information and preparation for birth, newborn care, breast feeding, and emergency preparedness
- Tetanus immunisation
- Assistance with registration of births and deaths
- Post-partum family planning advice and provision of contraceptives

Child Health

- Use of the Road to Health Booklet as the child's passport to health
- Expanded immunisation programme
- Information on infant and young child feeding practices
- Screening and monitoring of newborns for development impairment and genetic disorders
- Routine growth monitoring)
- Screening and monitoring for early childhood developmental delay and impairment
- Screening and monitoring for sensory development (hearing and vision)
- Referral to appropriate facility if necessary
- Referral to specialised education centres if necessary

Communicable and Non-communicable diseases

- Provision of information on the prevention of communicable and non-communicable diseases

HEALTH FACILITIES

- Information on early treatment seeking behaviour
- Screening for hypertension and diabetes
- HIV counselling and testing (HCT) and Provider-initiated counselling and testing (PICT)
- Screening and testing for tuberculosis
- Weight monitoring/screening (obesity and underweight)
- Screening for cancer (pap smear, breast examination or mammogram, prostate specific antigen)
- Chemo-prophylaxis for selected diseases e.g. malaria

Mental health

- Screening for common mental health problems including: trauma, abuse, depression, anxiety, substance/ alcohol abuse

Oral Health

- Provision of information and education on oral health and promotion of good oral hygiene

Eye Health

- Screening for refractive error, eye disease, external ocular infections, presbyopia and trauma to the eye
- Screening for major ocular diseases

Occupational Health

- Provision of information on the promotion of occupational health
- Provision of information on specific occupational health problems

2.2 TREATMENT, CARE and SUPPORT

COMMUNITY BASED SERVICES

Acute Care

- Identification, support and management of common health problems
- Referral for further treatment where necessary

COMMUNITY BASED SERVICES

Communicable and Non-communicable Diseases

- Identification, support and management of common health problems
- Information on the recognition of severe illness
- Psychosocial support
- Provision of an integrated approach to adherence support for patients on chronic medication
- Refer and facilitate access to treatment where necessary
- Provision of information, education and support for appropriate home care
- Referral for further treatment where necessary

Violence and Injuries

- Identification and first aid management of common injuries
- Facilitated access to sexual assault services
- Psychosocial support and post-trauma counselling

Mental Health and Substance Abuse

- Identification and referral to mental health services
- Provision of basic counselling for people requiring psychosocial support
- Adherence support for patients on medication for psychiatric conditions

Eye Health

- Support in accessing / using eye health related care/services
- Follow up for patients with vision, eye health problems, or suspected eye health problems
- Facilitate access to rehabilitation and low vision care

Speech and Ear Health

- Support in accessing / using ear health related care/services
- Follow up for patients with hearing, ear health problems, or suspected ear health problems
- Facilitate access to rehabilitation and speech and hearing impairment care

Oral Health

- Identification of need for curative treatment and referral to oral health services

COMMUNITY BASED SERVICES

Rehabilitation

- Identification of disabilities and people needing services and support
- Education and advice on independent living and participation in activities of livelihood and social integration
- Referral and facilitated access to health and social services
- Facilitated access to medical consumables and assistive devices
- Follow up and support for rehabilitative patients at home
- Psychosocial support

Palliative

- Palliative care to control distressing symptoms
- Back-referral to hospital for management of an acute reversible event
- Referral to sub-acute care facility for management of distressing symptoms or family respite
- Information with regard to self-care, family care and palliative care
- Psychosocial services

HEALTH FACILITIES

Sexual and reproductive health

- Provision of information and education on sexual and reproductive health
- Provision of the full range of contraceptive methods

Antenatal care and deliveries

- Provision of basic antenatal care
- Referral for delivery or provision of delivery services in designated CHCs

HEALTH FACILITIES

Acute Care

Minor ailments:

- Diagnosis of minor ailments and illnesses
- Treatment and management of minor ailments and illnesses based on facility and provider competency, including integrated management of childhood illnesses
- Referral to nearest appropriate and adequately equipped facility if further investigation and/or admission needed
- Referral to specialist or higher level of care if needed
- Advice on prognosis and medication

Emergency Care

- Immediate stabilisation of medical emergency
- Treatment of burns and simple injuries
- Preparation for urgent referral of serious trauma
- Referral and transport to nearest appropriate and adequately equipped facility for treatment of severe trauma
- CHC should provide in addition to the above:
    - Management of acute psychiatric cases and referral
    - Care of trauma of limbs (excluding fractures)
    - Care of medical conditions which can be stabilised within 24 hours
    - Immediate management of emergencies
        - Basic emergency obstetric care
        - Respiratory / cardiac emergencies
        - Diabetic emergencies
        - Allergic emergencies
        - Suspected poisoning
        - Trauma
        - Bleeding

Communicable and Non-communicable Diseases

- Screening and assessment of risk factors and co-morbidities
- Diagnosis of communicable and non-communicable diseases
- Initiation of treatment
- Management of complications
- Follow up and monitoring of treatment adherence

Violence and Injuries

HEALTH FACILITIES

- Management of trauma patients
- Post sexual assault services, including post exposure prophylaxis for HIV, emergency contraception
- Psychosocial support, post trauma counselling

Mental Health and Substance Abuse

- Screening, diagnosis and treatment
- Individual, group and family therapy
- Referrals and facilitated access to higher levels of mental health services when needed

Eye Health

- Refraction services
- Provision of spectacles and/or low vision devices to those in need.
- Treatment of eye disease and trauma
- Follow up care after diagnosis and/or ocular surgery
- Referral to appropriate eye services

Speech and Aural Health

- Screening for speech and hearing defects
- Provision of hearing aids
- Referral to appropriate audiology and speech related care/services
- Follow up for patients with hearing, ear health problems, or suspected ear health problems
- Facilitate access to rehabilitation and speech and hearing impairment services

Oral Health

- Basic curative services, including relief of pain and infection control
- First aid for dento-alveolar trauma
- Palliative drug therapy for acute oral infections
- Dental treatment (CHCs)
- Referral of complicated cases to the nearest hospital

Rehabilitation

- Screening, assessment and early detection
- Rehabilitation management plans

HEALTH FACILITIES

- Basic assistive devices, including wheelchairs, walking aids, hearing aids, prostheses
- Mobility and orientation training for blind children
- Counselling and/or education (psychosocial rehabilitation)
- Referral for further care when necessary

Palliative

- Identification of patients requiring palliative care
- Individualised palliative care management plan
- Provision of palliative care according to the care plan
- Referrals for symptom management
- Referrals to palliative care specialist
- Referrals for counselling for emotional support, spiritual or bereavement care
- Information & education to patient and family
- Referrals to home-based and community based palliative care services

2.3 ENVIRONMENTAL HEALTH SERVICES

COMMUNITY BASED SERVICES

- Provision of information and education on healthy living environments , including good hygiene practices
- Provision of
- Information on water purification and the dangers of unsafe water use
- Information on safe food handling practices at household level
- Information on environmentally sound and safe management of waste at household level
- Information on the safe handling and disposal of hazardous substances at trade and household level

HEALTH FACILITIES

- Provision of information on healthy living environments
- Provision of proper sanitation in health facilities
- Provision of clean water in health facilities Monitoring of food handling practices in health facilities
- Ensure proper ventilation of health facilities for airborne infection control

3. DISTRICT HOSPITAL SERVICE PACKAGE

HEALTH PROMOTION

a. Nutrition

- Information on nutrition, healthy diets and health risks associated with poor diets
- Information on the control and prevention of diarrhoeal disease
- Information on the prevention of malnutrition (underweight, obesity)
- Supplementation for malnutrition where appropriate
- Treatment or referral for cases of malnutrition

b. Healthy Lifestyle

- Information and support on sustaining a healthy lifestyle
- Information on tobacco control and substance abuse

c. Maternal Health

- Information on nutrition and maintenance of a healthy diet throughout pregnancy
- Diagnosis of pregnancy
- Pre-natal supplementation
- Education and counselling on preparation for childbirth, newborn & child care, breast feeding, and emergency preparedness
- Basic antenatal services throughout pregnancy
- Laboratory antenatal tests
- Booking for delivery (including high-risk pregnancies)
- Tetanus immunisation
- Delivery of uncomplicated and complicated pregnancies (including breech delivery and vaginal delivery after previous Caesarean section)
- Management of obstetric emergencies (e.g. eclampsia, multiple pregnancy, cord prolapse etc.)
- Surgical procedures including Caesarean section and referral where appropriate, D&C, laparotomy for ectopic pregnancy and ovarian torsion, endometrial biopsy etc.
- Assistance with registration of births and deaths
- Clinical observation after birth
- Postnatal care
- Postnatal family planning advice and provision of contraceptives

d. Child Health

- Advice, information and assistance for mothers on breast feeding, weaning and active feeding
- Advice, information and assistance on safe feeding options and appropriate age-group feeding practices.
- Delivery and care of low birth weight babies and referral where necessary
- Screening and monitoring of newborns for development impairment and genetic

disorders
- Routine growth monitoring ("Road to Health" chart)
- Screening and monitoring for early childhood developmental delay and impairment
- Screening and monitoring for sensory development (hearing and vision)
- Treatment of moderate cases of malnutrition in children or referral where necessary
- Referral to specialised education centres if necessary

e. Occupational Health

- Information on the promotion of occupational health
- Information on specific occupational health problems

f. Oral Health

- Information and education on oral health

DISEASE PREVENTION

g. Maternal Health

- Diagnostic radiology to establish period of gestation, congenital disorders, placental abnormalities, management of intra-uterine growth restriction etc.
- Screening for common genetic conditions and appropriate referral
- Screening for common risk factors e.g. gestational diabetes
- Identification of potential risky pregnancies e.g. pre-eclampsia, cephalo-pelvic disproportion etc.
- HIV counselling and testing
- Genetic counselling where appropriate
- Screening for domestic violence, mental health conditions and alcohol abuse
- Psychosocial counselling
- Referral for further treatment where appropriate

h. Child Health

- Examination of all newborns for congenital disorders
- Follow-up of high-risk babies
- Immunisation against vaccine preventable diseases
- Screening for common genetic disorders
- Screening for genetic metabolic and childhood cancers
- Screening for symptoms of child abuse and neglect
- Screening for eye diseases, vision problems and other abnormalities or danger signs
- Prophylaxis for neonatal conjunctivitis
- Nutritional support
- Vitamin and mineral supplementation
- De-worming
- Provision of ARVs for Prevention of Mother to Child Transmission (PMTCT)
- Treatment of opportunistic diseases
- Oral health checks and information
- Psychosocial support
- Referral for further treatment where appropriate

i. Sexual and Reproductive Health

- Clinical examination
- Family planning advice and provision of contraceptives / emergency contraception
- Screening and treatment of STIs
- HIV counselling and testing
- Cervical and breast cancer screening and diagnosis
- Male and female sterilisation
- Male medical circumcision in accredited facilities

- Investigation and provision of non-invasive management of infertility and referral for specialist investigations
- Referral if necessary

j. Communicable and Non-communicable diseases

- Information on the prevention of communicable and non-communicable diseases
- Information on early treatment seeking behaviour
- Screening for hypertension and diabetes if risk factors present
- Screening for tuberculosis
- Blood pressure screening
- Blood sugar monitoring
- Weight monitoring/screening (obesity and underweight)
- Screening for cancer (pap smear, breast examination or mammogram, prostate specific antigen)
- HIV counselling and testing (HCT) and Provider-initiated counselling and testing (PICT)
- Chemo-prophylaxis for selected diseases e.g. malaria
- Psychosocial support

k. Violence and Injuries

- Information on the prevention of violence and injuries
- Screening for domestic violence and abuse
- Counselling, advice and management of gender violence, sexual abuse, and rape victims
- Referrals for treatment and medico legal services where necessary
- Psychosocial support

l. Mental Health and Substance Abuse

- Information on tobacco control, alcohol and other substance abuse
- Screening for common mental health problems: trauma, abuse, depression, anxiety, substance/ alcohol abuse
- Screening of children for signs of neglect, maladaptive emotions/behaviour
- Screening of pregnant women for mental health conditions and alcohol abuse
- Screening for mental health problems in older persons e.g. Alzheimer's diseases
- Referral and facilitated access to mental health services

m. Eye Health

- Screening for refractive error, eye disease, external ocular infections, presbyopia and trauma to the eye
- Screening for major ocular diseases
- Screening for congenital cataract
- Fundal examination of all diabetic patients

- Referral to appropriate eye services

n. Occupational Health

- Medical Assessments - Pre-employment, periodic, return to work and exit medicals

o. Oral Health

- Oral Health Education & Preventive measures
- Oral examination and bitewing radiographs
- Cleaning of teeth
- Oral Health Tooth Brushing Programmes (fluoridated toothpaste)
- Fissure Sealant application
- Pain relief
- Referral to appropriate facility if necessary

TREATMENT, CARE and SUPPORT

p. Acute Care

Minor ailments

- Diagnosis, treatment and management of minor ailments and illnesses
- Advice on prognosis and medication
- Referral to specialist or higher level of care if needed

Emergency Care

- Initial assessment and immediate stabilisation
- Transfer of children under 3 months of age with acute emergencies to higher level of care
- Immediate management of emergencies
  - Burns and simple injuries
  - Care of trauma of limbs
  - Basic emergency obstetric care
  - Respiratory / cardiac emergencies
  - Diabetic emergencies
  - Allergic emergencies
  - Suspected poisoning
  - Trauma
  - Fractures
  - Bleeding
- Management of acute psychiatric cases and referral
- Surgical procedures (excluding children under the age of 3 years) including but not limited to:
  - Head (debridement and closure of open head injuries, tracheostomy, drainage of abscesses causing airway obstruction)
  - Chest (tube drainage of chest, pericardiocentesis, thoracotomy for stabbed heart)
  - Abdomen (diagnostic peritoneal lavage, paracentesis, management of torsion of the testes, laparotomy for appendicitis)
  - Limbs (conservative management of fractures & joint dislocations, debridement of compound fractures, skeletal traction)
  - Skin (debridement and suture of all types of skin lacerations)
  - Eyes (removal of foreign body from conjunctiva and cornea)
- Preparation for referral of paediatric emergency surgeries
- Ultrasound, X-Rays and simple contrast studies
- Emergency laboratory tests (basic biochemical tests, haemoglobin, etc.)
- Emergency cross-match and supply of blood and blood products
- Referral and transport to higher level of care when required

q. Non-emergency Surgical Services

- Minor surgery (excluding children under the age of 3 years) including but not limited to:
  - Circumcision
  - Biopsy of lumps and other lesions
  - Excision of lumps
  - Secondary closure of wounds
  - Cautery/cryotherapy of warts and skin lesions
- Major surgery (excluding children under the age of 3 years) including but not limited to:
  - General surgery (appendicectomy, amputation, skin grafts, umbilical hernia repair, vasectomy)
  - Orthopaedics (drainage of acute osteomyelitis, clubfoot plasters)
- General anaesthesia, local anaesthesia (including spinal analgesia) and ketamine anaesthesia
- Post-operative care, including analgesia, activity, diet, etc.

r. Communicable and Non-communicable Diseases

- Diagnosis of communicable and non-communicable diseases including the following:
  - Cardiovascular conditions/ cardiology
  - Dermatological conditions:
  - Gastroenterological conditions
  - Haematological conditions
  - Infectious conditions
  - Dyslipidaemic conditions/ lipidology
  - Renal conditions/ nephrology
  - Neurological conditions/ neurology
  - Malignant conditions/ oncology
  - Respiratory conditions/ pulmonology
  - Musculoskeletal conditions/ rheumatology
- Initiation of early treatment
- Screening and assessment of risk factors and co-morbidities
- Screening and management of complications
- Follow up and monitoring of treatment adherence
- Interpretation of common laboratory and X-ray results
- Specialised geriatric care – including foot care
- Referral to higher level of care when required

s. Violence and Injuries

- Diagnosis and management of trauma patients
- Diagnosis and management of physical, emotional and sexual abuse

- Post sexual assault services
- HIV testing
- Emergency contraception
- STI prophylaxis
- Psychosocial support, post trauma counselling and referral
- Referral to appropriate higher level of care when required
- Referral and facilitated access to medico legal services for consultation

t. Mental Health and Substance Abuse

- Identification of patients in need of mental health and substance abuse care
- Triage by psychiatric nurse or more specialised staff
- Management plans for treatment
- Management of substance withdrawal and delirium
- Admission and treatment of psychiatric patients
- Admission of involuntary psychiatric patients for 72-hour assessment period
- Admission, observation and initial treatment of patients with severe depression and potential suicide risk
- Information on mental health and mental illness for patients, relatives and the community
- Education for patients and supporters on how to recognise predisposing factors and conditions to prevent relapse
- Post-rape (and other post-trauma) counselling with appropriate medical follow-up
- Referral to appropriate higher level of care when required

u. Eye Health

- Refraction services
- Provision of spectacles and/or low vision devices
- Treatment of eye disease and trauma
- Uncomplicated cataract surgery
- Follow up care after diagnosis and/or ocular surgery
- Referral to appropriate higher level services where necessary

v. Occupational Health

- Diagnosis and treatment of occupational-related diseases

w. Oral Health

- Basic curative services, including relief of pain and infection control
- First aid for dento-alveolar trauma
- Treatment of oral infections and other soft tissue conditions
- Emergency relief of pain and sepsis
- Dental treatment
    - Extraction of teeth under local anaesthesia

  - Simple fillings of 1-3 tooth surfaces (including atraumatic restorative treatment)
  - Treatment of post extraction complications
  - Drainage of localised oral abscesses
  - Endodontic treatment
- Referral to appropriate higher level services where necessary

x. Termination of Pregnancy

- Early detection of pregnancy, counselling and referral to accredited centre
- Medical and surgical termination of pregnancy (TOP) in designated facility
- HIV counselling and testing

y. Rehabilitation

- Screening, assessment and early detection of impairment
- Rehabilitation management programmes (ward and out-patient)
- Rehabilitation Team operating as an outreach team (to selected Clinics, CHCs and CDCs)
- Hospital based occupational therapy projects
- Pain control programmes for burn patients
- Basic assistive devices, including wheelchairs, walking aids, hearing aids, prostheses
- Preparation for the use, maintenance and servicing of assistive devices
- Education on and facilitated access to social grants, health and social services
- Counselling and/or education (psychosocial rehabilitation)
- Referral for further care when necessary

z. Palliative

- Identification of patients requiring palliative care
- Individualised palliative care management plan
- Provision of palliative care according to the care plan
- Referrals for symptom management
- Referrals to palliative care specialist
- Referrals for counselling for emotional support, spiritual or bereavement care
- Information & education to patient and family
- Referrals to home-based and community based palliative care services

4. THE PATIENT REFERRAL SYSTEM

"Patient Referral" refers to movement of patients and clinical and health-related information and documentation[5], through the various levels of the healthcare and health-related delivery system.

A referral system involves a bi-directional movement of the patient, and flow of clinical information and documentation, essentially but not exclusively from a lower level of health care services to higher level facilities, seeking higher levels of expertise and management, and also in the reverse direction from a higher to lower level, known as the Downward Referral.

Referral letters and Feedback advice accompanying the referral cases serve as means for transfer of relevant demographic and clinical information about referred patients to the clinicians working at the respective levels of the health care delivery system. An integrated, patient-centred system of health care and related services at different levels in a Health District makes up a continuum of care that meets the patient's needs and is within reach of all residents of the District.

Services provided to patients will be co-ordinated, including planning for discharge, referral and follow-up. Health information will be used to make correct decisions about the patient's healthcare needs to ultimately refer the patient to the appropriate level of care.

In the referral pathway, quality care should be of an accepted standard. The three streams of the PHC re-engineering will be integrated into the pathway such that:

- The Municipal Ward Based PHC Outreach Teams, through the referral process, will enable community members, especially vulnerable populations within communities, to access formal healthcare services, community-based services and social agencies as part of their daily activities.
- Integrated School Health Services will be implemented as a partnership between the Departments of Health (DoH), Basic Education (DBE), Social Development (DSD) and all other relevant stakeholders and role-players to ensure that appropriate assessment, treatment, care and support services are available and accessible to all learners who are identified as requiring them.
- The District Clinical Specialist Teams, in their role as clinical practice experts and clinical governance leaders, will assist the District Health Management Team with

facilitating the implementation of the Referral Policy at all levels, supervision of the implementation of the policy, mentoring of healthcare staff when necessary and monitoring and evaluation of the effectiveness and efficiency of the referral system.

Responsibilities and tasks in implementing the referral system at all levels of health care will be clearly defined and mutually understood. Actual performance of the referral system will be captured, monitored and evaluated through a Monitoring and Evaluation system.

The referral system in a Health District should include a network of public and private service providers, community-based organisations and related government departments, to ensure that users receive a comprehensive healthcare package according to their needs.