REPORT ON A SERVICE DELIVERY INSPECTION OF MANKWENG HOSPITAL OPERATIONS IN OUTPATIENT DEPARTMENT (OPD) AND SERVICING “DAY-Visit Patients” AT OUTPATIENT CLINIC

DEPARTMENT OF HEALTH
LIMPOPO PROVINCE

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## LIST OF ACRONYMS

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<td>HRM</td>
<td>Human Resource Management</td>
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<td>LDoH</td>
<td>Limpopo Department of Health</td>
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<td>PSC</td>
<td>Public Service Commission</td>
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<td>OPD</td>
<td>Outpatient Department</td>
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<td>ICU</td>
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1. INTRODUCTION.

Health care is one of the key priorities of the South African government. In terms of the Government Gazette No. 35101 of 2 March 2012, Regulations, Categories of Hospitals and the national Department of Health’s Facility Definitions, 2006, South Africa’s healthcare system has been structured in 5 layers, namely: Primary Healthcare (Clinics); District hospitals; Regional hospitals; Tertiary (Academic) hospitals; and Central (Academic) hospitals. This structure was developed in order to address cost effective quality healthcare to all citizens (on appropriate level) to ensure a Better Health for All.

There are two Tertiary hospitals in Limpopo Province, servicing patients’ referred from other Regional hospitals (5), and/or district hospitals (37), throughout the Limpopo Province. Mankweng Hospital fall within the Health care system of a Tertiary (Academic) Hospital, which is considered a Level 3 facility aimed at providing sub-specialist care due to it being a provincial tertiary hospital.

Figure 1: Mankweng Hospital Area Map, located at the entrance.

The Public Service Commission (PSC) received verbal complaints regarding the allegedly poor delivery of services for “Day-visit” patients at the Outpatient Department (OPD) within the Mankweng Hospital.

Figure 2: Empty Mankweng Hospital OPD reception area.

Section 196(4)(c) of the Constitution of the Republic of South Africa, 1996, mandates the Public Service Commission (PSC) to respectively promote the Constitutional values set out in Section 195, and to propose measures to ensure effective and efficient performance within the Public Service. Furthermore, Public Service
Commission Act, 1997, Section 9 of the provides that “the Commission may inspect Departments and other organizational components in the Public Service and has access to such official documents or may obtain such information from Heads of those Departments or organizational components as may be necessary for the performance of the functions of the Commission under the Constitution or the Public Service Act”.

The PSC considered the verbal complaints as the basis to conduct a special inspection, to gather information on the OPD operations specifically for Outpatient Clinic and establish gaps and areas of improvement for consideration by Mankweng Hospital, as one of the Limpopo Provincial Tertiary Hospital.

2. **AIM AND OBJECTIVES OF THE INSPECTIONS.**

According to the PSC’s protocol on announced and unannounced inspections¹, the broad aim of inspections is to assess the quality of services rendered by departments, the state of facilities and the conditions at service delivery sites in order to ensure adherence to stipulated regulations and other government frameworks. The Commission may therefore conduct special inspections, which are site visits following complaints.

**The specific objectives of the study are:**

- To establish if the patient flow from OPD to Outpatient clinic was effective and compliant to the set standards, in servicing "day-visit patients" in Makweng Hospital.
- To establish if the patient waiting period complies with the set norms and standards to service the “Day-visit patients”, that is from arrival until the prescribed medication is dispensed at the Pharmacy for Outpatient Clinic;
- To establish if blankets allocation in ICU was sufficient
- To determine Mankweng Hospital’s compliance with the implementation of the *Batho Pele* Framework (not all principles will be reviewed); and
- To establish the availability of resources needed to ensure that the Mankweng Hospital functions effectively.

**Objectives of an inspection:**

- To afford a personal opportunity to experience the level of service delivery first-hand and to establish the kind of service delivery challenges facing staff;
- To engender a sense of urgency and seriousness among officials regarding service delivery;
- To introduce objective mechanisms to identify both weaknesses and strengths towards improving service delivery;

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¹ PSC Protocol document on announced and unannounced inspections, 2007
• To report serious concerns about the quality of service delivery and compliance with Batho Pele requirements;
• To carry out investigations of serious failures as pointed out by inspections; and
• To improve service user care relations in order to promote a user-oriented public service.

Based on the information gathered above, a set of recommendations will be developed to assist Mankweng Hospital to operate in an effective and efficient manner.

3. SCOPE AND METHODOLOGY

3.1 Scope

The project focused on the kind of services rendered to “day-visit patients” at the Out Patient Department (OPD). Although the information for this inspection is focused specifically on the Mankweng Hospital, it may be relevant to other hospitals in the Limpopo Province or Nationally.

3.2 Methodology

The methodology for conducting the inspections followed the unannounced inspections option as prescribed in the PSC’s protocol for conducting inspections. The inspection team was led by the Provincial Public Service Commissioner, accompanied by two (2) officials from the Provincial office. Information gathering was guided by the checklist.

Since this was a special inspection prompted by a complaint, not all Batho Pele principles or the overall performance of the service delivery site were reviewed as part of gathering information.

On arrival at the site, the inspection team toured the OPD site, without being accompanied by relevant personnel of the hospital being visited. Patients, On-Duty Nurses and Medical Doctors were interviewed as part of information gathering.

4. LIMITATIONS OF THE STUDY

The inspection was conducted at only one hospital, out of Forty seven (47) in the Limpopo Province, with the main focus on OPD and Outpatient Clinic operations or services to “day-visits patients”, as such the findings relate only to views and observations made at the Makweng Hospital site.
5. KEY FINDINGS OF THE UNANNOUNCED INSPECTION.

5.1 Contextual background

An unannounced inspection is an onsite visit to a service delivery site where the Commission provides no prior notification of the actual date of the inspection to the service delivery sites, or notice is given shortly before the scheduled time of the inspection (i.e. on the same day of the inspection).

During the unannounced visit, the service delivery operations and facilities of the service delivery site were officially examined and observations were recorded as part of information gathering.

The Mankweng Hospital as one of the two Tertiary (Academic) Hospitals provides services for patients referred by the five (5) Regional Hospitals within the Limpopo Province.

The PSC inspection team toured the OPD, Outpatient Clinic, Pharmacy and ICU ward. The visit to the ICU was mainly to establish if sufficient blankets were being provided to the patients.

Figure 4: Commissioner TG Mashamba during the inspection at Mankweng.

5.2 Findings

5.2.1 OPD operations/services rendered at Mankweng Hospital

Mankweng Hospital has an Outpatient Department, with a reception desk situated at the entrance of the hospital. The inspection team arrived to an unoccupied OPD reception area (two spaces), with one employee attending to the elderly person. The team has observed that patients wait for a long period to be attended to despite having arrived early for consultation.

The Inspection team also observed that the Department of Home Affairs has an Office in the OPD of the Hospital aimed at servicing mothers with birth certificates for their newly born babies. Such an Office, was closed at the time of the inspection,
with a small note pasted on the door indicating “gone to magistrate office”, without specifying the time. Patients that were interviewed indicated that they had been waiting since 09h00 in the morning to apply for birth certificates. It was approximately 11h30a.m when the patient

![Figure 7: Home Affairs signs inside the OPD reception area](image)

were interviewed, and the office hours and lunch breaks were not indicated at the Home Affairs reception desk to ascertain the office hours to be complied with.

![Figure 8: Small note (white paper) left by the Home Affairs official inside the OPD reception area.](image)

For the period that the inspection team was at OPD, the office never opened. The responsible employee was contacted telephonically, to enquire what time he would be opening the office, and he indicated that he is not sure, since he was still busy with other matters.

There has not been any clarification on the role the hospital management plays to ensure that the Department of Home Affairs employee at the OPD is executing his duties on a daily basis.

5.2.2 OPD process flow as observed by the Inspection team

The Department of Health operations standards for OPD and Outpatient Clinic requires that two employees service the patients at the reception. This was not complied with since the reception area was found empty with only one official servicing the patients.
During the interviews conducted by the inspection team the employees working in both OPD and Outpatient Clinic indicated that the process flow entails:

- patients to be registered at the OPD desk;
- allocated a file if they are coming for consultation for the first time;
- those coming back for further consultation or have existing files are registered;
- all patients are provided with a file number;
- referred to Outpatient Clinic at the first floor;
- Obtain a file;
- Upon receipt of the file, the patients need to stand in the queue for consultation;
- Consultation by the doctor and/or Professional nurse, depending on the need and illness;
- Referred to the post-consultation desk for admission or booking for the next appointment; and
- Referred to the pharmacy after consultation, then go home.

Figure 6 below indicates the process as observed by the inspection team:
The OPD norms and standards require hospitals of this nature/stature to have a 24 hours availability of health Professionals, but the inspection team established that the Outpatient Clinic operates from 7h00 until 16h00. This means that the hospital is not complying with the operation standards, and have contradicting standards because the service delivery standard indicates that all services are available 24hrs but the registration of patients is limited.

5.2.3 Patient waiting time at OPD and Outpatient Clinic

The national Department of Health (DoH) has six Ministerial key priority areas fundamental to the provision of quality health care in all establishments which each institution need to comply with. The six priority areas are (1) Positive and caring attitudes, (2) Waiting times, (3) Cleanliness, (4) Patient safety, (5) Infection prevention and control, and (6) Availability of medicines and supplies. The National Health Care Facilities Baseline Audit report of 2012, indicated that Limpopo Province was the highest province to comply one of the ministerial key priority area for waiting times at 74%, with an overall compliance to all key priorities of 46% and the second lowest performance.

The inspection team established that lengthy waiting times are problematic for patients and healthcare workers alike, and considered a barrier to patient flow. The inspection was informed by the Nursing staff that insufficient doctors in the consulting rooms resulted in long queues and also long waiting period. During the interviews with some of the patients, it was established that the “first come first serve” approach resulted in those who were returned home unattended the previous day, having to queue anew the following day. The inspection team was informed that there were patients that were coming for the third time without being attended to, despite having been returned home due to closing hours.
It was also established that there is no system in the Outpatient Clinic to identify and cater for those who were cut off the previous day after waiting for long hours and ending up not getting treatment previously. The nursing staff is not in a position to identify the patients that were previously unattended.

DoH National Health Care Facilities Baseline Audit 2012 report indicated that waiting times for elective care have been considered a serious problem in health care systems since it acts as a barrier to efficient patient flow. The inspection team observed that the displayed time for a patient to be attended to, was not complied with, due to shortage of doctors to attend to the patients amongst other reasons.

Patient waiting time at Outpatient clinics is often the major reason for patients' complaints about their experiences of visiting Outpatient clinics. Therefore, patient satisfaction with waiting time plays a crucial role in the process of health quality assurance or quality management. During the interviews with the patients, they indicated that some of the reason for the long waiting period is due to late starting time (10:00 am) for doctors, resulting in patients having to wait for 5 hours before being attended to.
5.2.4 The availability of blankets at the Intensive Care Ward (ICU)

The inspection team has as part of the project also visited the ICU in response to the allegations that patients were not provided with sufficient blankets.

Upon entering the ICU Ward the inspection team was requested to wash their hands, under the supervision of the assigned nurse. The Commissioner enquired from the nursing management if there were no masks that the inspection team was supposed to put on, and the nurse responsible indicated that the masks were unavailable. This was considered a health hazard and was raised with the CEO of the hospital by the inspection team.

The standards for ICU requires that all visitors be allocated gowns and masks. During the inspection, it was noted that such was not provided. Furthermore, the PSC team of four people were allowed into the ICU contrary to the standard requirement of allowing only two people, at a time.

5.2.5 Availability of medicine in the pharmacy and medical equipment at OPD/Hospital

Mankweng Hospital as one of the Tertiary hospital, has an internally managed pharmacy, and does not rely on the Medical Depot for medical supplies.

This makes it easy for the hospital to provide the pharmaceutical services to the patients at OPD and the surrounding clinics. The nurses interviewed indicated that there was adequate medical equipment for the entire OPD.

Figure 11: medical equipments and medicine in the doctor's room

5.2.6 Staff establishment

The inspection team was informed that that there are about 85 staff members working at the OPD. Out of the eighty five (85) staff members, there are seven doctors on-call, who rotate in terms of the roaster developed by the hospital. However the inspection team has established during the interview with one of the doctors, seem to be unaware of the existing roaster and only arrange amongst themselves on the rotation approach. It was also established that there were only (2) two doctors instead of seven and the OPD Manager was not aware of their being absence but alleged that some of the doctors were participating in a strike.
5.2.7 Filing system at the OPD

The inspection team established that Mankweng Hospital uses the manual filing system, with some files lying all over on the floor without storage. The process to be followed by patients for the hospital employees to issue the file is as follows:

MANKWENG HOSPITAL PATIENT - PROCESS FLOW ON ISSUING OF FILES — AS SUBMITTED BY THE HOSPITAL MANAGEMENT

![Process Flow Diagram]

The inspection team found the filing room a very hazardous area for employees. The team observed that the delay in patient flow was mainly at the registry, due to the time taken to look for the files. In some instances this results in new files being opened for patients, which means that the medical history of the patient would be "lost".

![Figure 13: Patients Files on the floor at unpacked at Mankweng Hospital (hazardous).]

5.3. Compliance to Batho Pele principles

The unannounced inspection was guided by a checklist which contained the following issues pertaining to the Batho Pele principles\(^2\):

- **Observing facilities**: *This includes outside and inside signage, display of services rendered, display of business hours, condition of building, ramps for the disabled and cleanliness of facilities;*

- **Observing access to information**: *This includes availability of a staff member who guides and directs people on arrival to appropriate service points, display of*

\(^2\) PSC Protocol document on announced and unannounced inspections, 2007
service standards, availability of an information desk, display of complaints register and suggestion box;

- **Observing staff**: This includes wearing of name badges by staff, friendliness of staff and appearance of staff in terms of professionalism;

- **Talking to staff**: This includes asking staff about arrangements for taking lunch breaks in order not to disrupt service delivery, approaches used to improve access to service and best practices on Batho Pele; and

- **General observations**: This includes observing availability of air-conditioning, access to water and toilet facilities, facilities for the disabled and sufficiency of parking facilities.

### 5.3.1 Observing facilities

**Signage**: It was observed that the hospital visited has an outside signage. However, there were invisible directions after the main gate, for car owners to access visitors’ parking. There are noticeable signage from the main road, about 5 km away from the hospital, which assisted the inspection team. However, this needs to be augmented as there was no easily noticeable signage from the main road intersections around Polokwane. This would ensure optimum accessibility without the need for calling the hospital to ask for directions.

**Business hours**: The inspection team observed that the hospital has its business hours reflected both inside and outside the premises.

**Condition of the building**: The building is in a very good condition and very neat however the furniture for visitors in ICU is worn out. The yard is properly maintained but may need some grass cutting at the back entrance of the CEO’s building. There is sufficient space on site for patients to sit comfortably while awaiting for their turn to consult with the doctor.

**Ramps for the disabled**: The area around is easily accessible by the disabled.
5.3.2 Observing access to information

**Information:** The inspection team observed that there is security at the entrance or exit gate, and also inside the hospital. The reception area is clearly identifiable from the main gate. Even though there was nobody to assist the team at the reception

**Suggestion/complaint boxes:** The inspection team observed that there is a suggestion and/or complaint box on site for clients to raise their concerns and also to provide input on the desired quality of services in line with the *Batho Pele* principle of Redress.

5.3.3 Observing staff

It was observed that the majority of staff members at the site visited had their nursing uniform and the officials at registry had name tags on. However, the security officers were unfriendly after noticing that the PSC inspection was taking pictures, but was later resolved by the head of security. The nursing staff members were friendly and appeared to be knowledgeable about their work. It was also observed that there was reluctance from the responsible managers of the OPD to monitor the movements of doctors and ensuring that the roaster is complied with.

5.3.4 Talking to staff

The inspection noted that the following are in good working condition:
- telephones;
- fax machine;
- computers and equipment at the counters; and
- printer.

Registry Staff members indicated the need for the filing system challenge, to be urgently attended to, as it often resulted in the history of patients being lost. They indicated the extent to which files on the floor are hazardous to their health, and no protective clothing was provided.

5.3.5 General observations

**Water and sanitation:** The inspection team observed that the toilet facilities were in good working condition, including showers but the male toilet facilities was untidy.

**Conducive working environment:** Air conditioning or heating systems were in place and officials did not indicate any challenges in this respect.
6. RECOMMENDATIONS

The following are the recommendations emanating from the inspection at the Mankweng hospital:

- Introducing electronic filing system in order to eliminate delays in obtaining the files;
- Sufficient storage be provided for the files to be properly filed in an appropriate room, away from the staff member’s offices;
- Sufficient masks and gowns should be made available for visitors in the ICU Ward;
- Compliance to the standards regarding the allowed number of people to enter the ICU Ward must be adhered to;
- The Department of Home Affairs Office in the OPD Reception must be closely monitored to avoid long waiting hours for patients. Working hours should also be displayed;
- The assigned number of doctors must be available to provide services to the patients on the prescribed time in line with the operation standards;
- The doctors’ roaster must be made available for each doctor and be closely monitored.
- A superior person assigned to monitor the doctors’ roaster would assist in improving compliance;
- Clear direction for motorist to identify the visitor’s parking is recommended; and
- A system to cater for those who were cut off the previous day should be introduced to avoid the same problems the next day

7. CONCLUSION

A patient’s impression of the hospital begins at the OPD, and such an impression often influences the patient’s sensitivity to the hospital. It is therefore very crucial for the hospital to ensure that OPD is the window to hospital services and provide an excellent experience for patients. It is also well-established that 8-10 per cent of OPD patients need hospitalization.

ACKNOWLEDGEMENT

The PSC would like to express its appreciation for the cooperation and support provided by the Mankweng Hospital OPD management team and the CEO for being receptive during the unannounced inspection and availing necessary information on the day of the inspection.