

OSINDISWENI HOSPITAL



**KWA ZULU NATAL
HEALTH**

STRATEGIC PLAN 2006/2007

Fighting Disease, Fighting Poverty, Giving Hope

KEY OBJECTIVE 1 : HUMAN RESOURCE MANAGEMENT

KEY RESULT AREA : HUMAN RESOURCE ACTIVITIES

OUTPUT	KEY ACTIVITIES	INDICATOR	TARGET	RESOURCE/ENABLERS
Have adequate staffing	Fill vacant posts according to structures	No. of posts	Fill 30% of vacant posts in one year	- Recruitment policy - Finance availability
Drive the PMDS progress	Re-training and re-orientation of all staff	- % of participation - % of compliance	100% compliance	Continuous in-service training / workshop / budget
To ensure we have appropriate skilled staff	Train according to the workplace skills plan	% trained	Number of identified personnel per intervention	Limited District funding – institution to also budget for training
Establish a wellness program – Occupational Health & Safety and EAP	- Staffing, Marketing and Promoting Program. - HIV/AIDS awareness in the workplace. - Roll out of implementation of disaster management and safety awareness	- Structured program / process in place. - Identified critical areas as per statistics/referrals, ie: finance, absenteeism, alcohol, drug abuse & HIV/AIDS. - No. of incidents occurred. - Protective clothing. - Conducive work environment	All staff done every quarterly.	- Physical resources ie: office space, equipment, budget. - Referral patterns institutional statistics available. - Disaster evacuation drills. Policies – implemented.
Adherence to policies and procedures	Internal communication and participation	Compliance	All staff	- Internal circulars, meetings, workshops. - Dissemination of information by HOD's.

KEY OBJECTIVE 2 : HIV/AIDS AND TUBERCULOSIS MANAGEMENT

KEY RESULT AREA : COMPREHENSIVE MANAGEMENT OF HIV/AIDS, TUBERCULOSIS AND STI's

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
Effective Voluntary Counseling and Testing (VCT)	<ul style="list-style-type: none"> - Accessibility, campaign about HIV/AIDS. - Health education training, in-service - Participation of management - Proper VCT and HIV/AIDS clinic for staff 	<ul style="list-style-type: none"> - Number of clients tested - Number of campaigns conducted - Number of staff trained 	<ul style="list-style-type: none"> - Annual increase in clients tested - 2 campaigns a year - 30% of staff 	<ul style="list-style-type: none"> - Hospital Board - Human Resources - Physical Facilities - Finance
Effective Prevention of Mother to Child Transmission (PMTCT)	<ul style="list-style-type: none"> - Mandatory Counseling and voluntary testing for all pregnant women - Provision of ARV's - Availability of rapid kits for HIV testing 	<ul style="list-style-type: none"> - Number of pregnant women tested - Number of pregnant women on ARV's 	At least 80% of pregnant women attending ANC	<ul style="list-style-type: none"> - Human Resource - Physical Facilities - Rapid Testing Kits - Finance - ARV's
Intensify Anti-Retro Viral (ARV) Rollout	<ul style="list-style-type: none"> - Screening and preparation of patients - Provision of ART and prophylaxis support - Diagnosis and management of side effects - Establishing referral system and stepdown care - Nutritional assessment and supplementation 	Number of patients in ARV's	<ul style="list-style-type: none"> - 250 new clients a year - 90% of patients on program living a healthy lifestyle 	<ul style="list-style-type: none"> - Human Resource - Physical Facilities - ARV's - Nutritional Supplements - Laboratory Services - Finance
(HIV/AIDS, STI's and TB) HAST Implementation	Create awareness to all staff	Number of staff trained	80% of staff	<ul style="list-style-type: none"> - Human Resource - Drugs

KEY OBJECTIVE 2 : HIV/AIDS AND TUBERCULOSIS MANAGEMENT**KEY RESULT AREA : COMPREHENSIVE MANAGEMENT OF HIV/AIDS, TUBERCULOSIS AND STI's / continued ...**

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
O-Pep and No-Pep	<ul style="list-style-type: none">- Policy Formulation- Training of staff- Availability of counselors- Proper filing of documentation	<ul style="list-style-type: none">- Number of staff injured- Number of No-Pep cases	<ul style="list-style-type: none">- To treat 100% of staff members- To treat all	<ul style="list-style-type: none">- Human Resources- ARV's- Prophylaxis for STI- Contraceptives
Tuberculosis (TB)	<ul style="list-style-type: none">- Community Awareness- Early detection- Dots- Nutrition- Protocol to identify MDR cases and isolate these	Number of TB, MDR TB cases confirmed	<ul style="list-style-type: none">- Number of TB cases cured- Number of MDR TB cases referred	<ul style="list-style-type: none">- Hospital Board- Human Resource- Physical Facilities- Isolation Wards- Laboratory Services- X-Ray- Pharmacy

KEY OBJECTIVE 3 : QUALITY CARE

KEY RESULT AREA : IMPROVE THE QUALITY OF CARE

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
Strengthen Health Promotion	<ul style="list-style-type: none"> - Awareness Days - Health related Handouts / Pamphlets - Client satisfaction Survey - Audio Visual Health Entertainment - Continuous education by Pharmacy, Dietician, Nursing and OT 	<ul style="list-style-type: none"> - 60% activities in one year - All staff and patients to participate 	<ul style="list-style-type: none"> - Functional Quality Improvement Committee - No. of complaints received - Quality Assurance Surveys 	<ul style="list-style-type: none"> - Adequate resources (human, financial, equipment) - No. of trained staff
Support Primary Health Care (PHC) and Non-Government Organization (NGO) Services	<ul style="list-style-type: none"> - Availability of all services at clinics (Family Planning, VCT, immunization, TB, etc) - Referral system - Co-ordination between clinics and hospital - Screening of patients 	<ul style="list-style-type: none"> - 30% in one year 	<ul style="list-style-type: none"> - Functional Supervisor - No. of referrals 	<ul style="list-style-type: none"> - Adequate resources (all categories of staff)
Disaster Management	<ul style="list-style-type: none"> - Disaster Management Plan - Each department to have evacuation plan - Ensure drills are conducted - Communicate with other municipal departments 	<ul style="list-style-type: none"> - 60% in one year 	<ul style="list-style-type: none"> - Hospital disaster plan - Each department to have evacuation plan - Monitoring tools - No. of drills conducted 	<ul style="list-style-type: none"> - Infrastructure - Resources
Strengthen Clinical Governance	<ul style="list-style-type: none"> - Clinical Audit - Pharmacy & Therapeutics - Treatment protocols and guidelines 	<ul style="list-style-type: none"> No of clinical audits per department No of meetings conducted 	<ul style="list-style-type: none"> 80% 	<ul style="list-style-type: none"> - Department guidelines - Finance - Skilled human resources

KEY OBJECTIVE 3 : QUALITY CARE**KEY RESULT AREA : IMPROVE THE QUALITY OF CARE**

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OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
Infection Control – Environmental Hygiene	<ul style="list-style-type: none">- Ensure clean environment- Clean floor twice a day and when need arises- Do daily dampdusting and before meals- Measure cleaning chemicals according guidelines (manufacturers)	<ul style="list-style-type: none">- Clean environment- Clean floors and surfaces- 80% improvement in all areas of the hospital	85% of improvement in all areas of the hospital, but 100% for infection control.	<ul style="list-style-type: none">- Human resource- Finance & Equipment
Ensure implementation of infection control policies and environmental hygiene policies and procedures	<ul style="list-style-type: none">- Do scheduled rounds day and night- Provide all necessary equipment for each unit	<ul style="list-style-type: none">- Records of rounds- Availability of all the necessary equipment- Cleaning schedule- Infection Control registers	100% of all activities – pertaining to infection control	<ul style="list-style-type: none">- Skilled human resources- Finance and Equipment

KEY OBJECTIVE 4 : EXTERNAL AND INTERNAL COMMUNICATION**KEY RESULT AREA : TO IMPROVE COMMUNICATION WITH STAFF AND CLIENTS**

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
To have appropriate signage in both official languages	<ul style="list-style-type: none">- Identify areas where Signage is required- Procure signs	Signages are in place	100% in one year	
Batho Pele Marshals	To identify and train staff on Batho Pele Principles	Batho Pele Marshals in place and the number of staff trained	5 staff members fully trained in one year	
Create a Public Notice Board	To establish a notice board in an appropriate area	All relevant notices brought to the attention of the public	Process to be complete within 3 months	
Patient Information Brochure	Create patient information brochure in both languages	To make public aware of services provided in both languages	Process to be complete within 6 months	
Update Hospital Website	To gather information on services provided, description of hospital, activities, photo's, location, etc	Comprehensive information on the website	Process to be complete in 6 months	
Provision of Sign Language	Train staff in sign language	No. of staff trained	3 staff adequately trained in one year	
Fully functional Hospital Advisory Board	<ul style="list-style-type: none">- Meetings- Projects- Community Events	No. of meetings	Meetings bi-monthly	Human Resources Community participation

KEY OBJECTIVE 4 : EXTERNAL AND INTERNAL COMMUNICATION

KEY RESULT AREA : TO IMPROVE COMMUNICATION WITH STAFF AND CLIENTS

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<p>To have improved internal communication</p>	<ul style="list-style-type: none">- Establish and update staff notice board.- Ensure circulars and notices are distributed to relevant people.- Reinforce channels of communications- Regular surveillance of Dept Intranet Website.	<ul style="list-style-type: none">- Relevant notices displayed on staff notice board.- Distribution Lists in place.- Formalise policy on internal communication.- Formalise policy on internal communication	<ul style="list-style-type: none">- Fully implemented in 3 months- Circulars reach 100% on distribution lists.- Policy in place and distribution.- Policy in place and implemented.	<p>Person to co-ordinate contents to be palcedon notice board.</p>
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KEY OBJECTIVE 5 : FINANCE & SYSTEMS**KEY RESULT AREA : EFFECTIVE MANAGEMENT OF THE FINANCE & SYSTEMS COMPONENT**

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
To have a fully operational Supply Chain Management (SCM) Committee in place (to comply with SCM Delegations) ie: Bid specification, Bid evaluation, bid adjudication/award and tender committees	<ul style="list-style-type: none">- Identification of committee members- Nomination of members- Appointment letters- Members to be trained	A fully functional SCM committees in place	3 months	<ul style="list-style-type: none">- Delegations – Supply Chain Management- Training
To have a fully functional and efficient and effective Finance component	<ul style="list-style-type: none">- Identify vacant posts in finance section- Training and development of staff on financial control to create capacity for staff- Segregation of duties- Job description- PMDS	A fully functional finance component in place	To have all posts filled within 6 months	<ul style="list-style-type: none">- Delegations- PFMA (available finance)- Human resources- Procurement Policies / Procedures
To have improved hospital budget in line with Performance Budget System	<ul style="list-style-type: none">- Monthly budget review meetings- Costed business plans- Committees in place to monitor expenditure trends- Financial reporting template maintained and submitted to District Office and Head Office- Compliance with Financial reports- Auditing systems in place	To have improved hospital budget control to provide an effective and efficient service delivery by the financial year 2007/2008	Budget increase by 20%	<ul style="list-style-type: none">- Strategic plan- Business plan- Operational plan- Audit Committees- Finance/Budget Committees- Financial Template

KEY OBJECTIVE 5 : FINANCE & SYSTEMS MANAGEMENT**KEY RESULT AREA : EFFECTIVE MANAGEMENT OF THE FINANCE & SYSTEMS COMPONENT / continued ...**

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
To improve hotel aspects	<ul style="list-style-type: none">- Improving the quality of meals, serving times (reviewed)- To have an improved clean and healthy environment- To have all vacant general orderly posts to be filled	<ul style="list-style-type: none">- Consultation with patients / dietician with regard to nutritional needs, preference, cultural beliefs and a reviewed meals serving times- Cleanliness standards to be improved	<ul style="list-style-type: none">- Client satisfaction surveys- Availability of appropriate crockery, cutlery- Hygienic food preparations- To have a fully functional cleaning team	<ul style="list-style-type: none">- A well equipped cleaning equipment- Cleaning material- Consumables
To have an improved physical facility	<ul style="list-style-type: none">- 5 year physical maintenance plan- In-house maintenance plan	To identify maintenance projects	<ul style="list-style-type: none">- To have an improved infrastructure- To have hospital partially developed in +/-5 years using hospital maintenance budget	<ul style="list-style-type: none">- Facilities Management- Hospital Management Budget