



HEALTH
KwaZulu-Natal

OSINDISWENI HOSPITAL

STRATEGIC PLAN
2007 / 2008

KEY RESULT AREAS:

1. EFFECTIVE FINANCE AND SYSTEMS MANAGEMENT
2. COMPREHENSIVE MANAGEMENT OF H.A.S.T
3. PROVISION OF CONTINUOUS QUALITY CARE
4. EFFECTIVE HUMAN RESOURCE MANAGEMENT
5. EFFECTIVE COMMUNICATION WITH STAFF, PATIENTS AND OTHER STAKEHOLDERS

KEY OBJECTIVE 1 : FINANCE & SYSTEMS				
KEY RESULT AREA : EFFECTIVE FINANCE AND SYSTEMS MANAGEMENT				
OUTPUT	KEY ACTIVITIES	INDICATOR	TARGET	RESOURCE/ENABLER
IMPROVED PHYSICAL FACILITIES	<ul style="list-style-type: none"> • CAPITAL PROJECTS <ul style="list-style-type: none"> ○ 5 YEAR PHYSICAL MAINTENANCE PALN ○ IDENTIFY ○ PRIORITISATION OF PROJECTS • IN-HOUSE MAINTENANCE PROJECTS <ul style="list-style-type: none"> ○ IDENTIFY PROJECTS ○ DRAW UP MAINTENANCE PLAN ○ COSTING OF PLAN ○ PRIORITISE / RE-PRIORITIZE (LAST FINANCIAL YEAR – INCOMPLETE PROJECTS) 	NO. OF MAINTENANCE PROJECTS COMPLETED	80% OF MAINTENANCE PROJECTS COMPLETED (DEPENDING ON AVAILABLE FUNDING)	<ul style="list-style-type: none"> • MAINTENACE BUDGET • ADEQUATE STAFFING
ENHANCE THE REVENUE OF THE HOSPITAL FOR SERVICES PROVIDED	<ul style="list-style-type: none"> • TO REVIEW THE METHOD OF COLLECTION OF PATIENT FEES • CHARGING OF MEDICAL AID PATIENTS (IN TERMS OF FEES MANUAL) • SETTING UP OF ACCOUNTS FOR PATIENTS AND STAFF IN TERMS OF UPFS FEES MANUAL • TO HAVE FOLLOW UP MECHANISM IN PLACE • TRAINING PROGRAM FOR ADMISSION AND REVENUE STAFF • INSERVICE FOR STAFF 	<ul style="list-style-type: none"> • COMPLIANCE WITH UPFS FEES MANUAL • IMPLEMENTATION OF ICD10 MANUAL • NO. OF SETTLED ACCOUNTS 	<ul style="list-style-type: none"> • 10% INCREASE IN HOSPITAL REVENUE • 80% TO BE ASSESSED AND CHARGED ACCORDING TO FEES MANUAL 	<ul style="list-style-type: none"> • ADEQUATE HUMAN RESOURCES • STAFF & PATIENT AWARENESS AND COMPLIANCE ON FEES STRUCTURE • FULLY COMPUTERISED SYSTEM TO IMPLEMENT ICD10 • TRAINING AVAILABLE FOR MEDICAL STAFF
IMPROVED HOTEL ASPECTS	<ul style="list-style-type: none"> • IMPROVE QUALITY OF MEALS • CONSULTATION WITH PATIENTS WITH REGARDS TO DIETARY PREFERENCES • CONSULTATION WITH DIETICIAN FOR MEALS / MENU • IMPROVE MAINTENANCE OF CATERING EQUIPMENT 	<ul style="list-style-type: none"> • CLIENT SATISFACTION SURVEY • TRAINING SESSIONS • CHECK LIST • QIP AND INSPECTION REPORTS 	<ul style="list-style-type: none"> • WEEKLY MEETINGS • 80% OF PATIENTS SATISFIED 	<ul style="list-style-type: none"> • COMPLIANCE WITH CHECK LIST • HUMAN RESOURCES • EQUIPMENT • FOOD WARMERS • AVAILABILITY OF DIETICIAN

<p>ACCURATE AND TIMEOUS STATISTICS ARE SUBMITTED TO MANAGEMENT / DISTRICT OFFICE</p>	<ul style="list-style-type: none"> • ALL STAKEHOLDERS REQUIRED TO FILL IN USER FRIENDLY STATS FORM ACCURATELY WITHIN A SPECIFIED TIME FRAME • STATISTICS ARE VERIFIED AND ANALYSED FOR ACCURACY AND INCONSISTENCIES • DATABASE CHECKED REGULARLY FOR LATEST UPDATES ON SOFTWARE AND VIRUSES • TRAINING PROGRAMME FOR STAFF 	<ul style="list-style-type: none"> • TIME FRAMES ARE ADHERED TO • USER FRIENDLY FORMS TO BE UTILISED PROPERLY • COMPREHENSIVE AND SUMMARY REPORTING TO BE IMPROVED • HEALTH INFORMATION DATA BASE MAINTAINED AND UPDATED • THE FACILITY INFORMATION TEAM MEETS ON A REGULAR BASIS 	<p>DAILY, MONTHLY, QUARTERLY, YEARLY AND ADHOC BASIS</p>	<ul style="list-style-type: none"> • COMPUTER • LAPTOP • PRINTER • STATS FORMS • DHIS
<p>IMPROVED AESTHETICS OF THE HOSPITAL GROUNDS AND GARDENS</p>	<ul style="list-style-type: none"> • PLANTING OF SHRUBS, FLOWERS, TREES, AND INSTANT LAWN • ENGAGE SERVICES OF LANDSCAPING CONSULTANTS • DEPARTMENTS TO ADOPT A SPOT / AREA • TO FORMULATE AND ENVIRONMENT COMMITTEE 	<ul style="list-style-type: none"> • NO. OF AREAS ADOPTED BY DEPARTMENTS • NO. OF AREAS WITH FLOWERS/SHRUBS/TREES/ LAWN • MONITOR AND EVALUATE • INCENTIVES FOR BEST GARDEN 	<p>WITHIN 3 MONTHS AFTER ADOPTION OF SPOT/AREA</p>	<ul style="list-style-type: none"> • STAFF DONATIONS • EXTERNAL DONATIONS • INSTITUTIONAL FUNDING • STAFF BUY INTO PROGRAMME

<p>MONITORING AND EVALUATION OF BUDGET</p>	<ul style="list-style-type: none"> • FORMULATE AND IMPLEMENT A BUDGET COMMITTEE • BUSINESS PLAN PER DEPARTMENT AND HOSPITAL BUSINESS PLAN • TRAINING AND DEVELOPMENT OF MEMBERS • CASH FLOW MEETINGS • MONITORING OF EXPENDITURE TRENDS PER QUARTER 	<ul style="list-style-type: none"> • FULLY FUNCTIONAL BUDGET COMMITTEE WITHIN 3 MONTHS • QUARTERLY MONITORING OF EXPENDITURE TRENDS • EXPENDITURE REPORTS • NO. OF STAFF ELIGIBLE IN INTERPRETATION OF EXPENDITURE REPORTS 	<p>ALIGNMENT OF EXPENDITURE TO BUSINESS PLAN AND BUDGET</p>	<ul style="list-style-type: none"> • ANNUAL BUDGET ALLOCATION • HUMAN RESOURCES
<p>TO HAVE AN OPTIMALLY FUNCTIONAL SUPPLY CHAIN MANAGEMENT TEAM IN PLACE</p>	<ul style="list-style-type: none"> • DRAW UP OF PROCUREMENT PLANS • AWARDED OF CONTRACTS TO MARGINALISED GROUPS • TRAINING AND DEVELOPMENT OF STAFF IN SUPPLY CHAIN MANAGEMENT 	<ul style="list-style-type: none"> • NO. OF CONTRACTS AWARDED IN ONE YEAR • SUPPLY CHAIN COMMITTEE MEETINGS – MINUTES • PROCUREMENT STATISTICS 	<ul style="list-style-type: none"> • AT LEAST 20% OF CONTRACTS AWARDED IN ONE YEAR • 100% OF STAFF TRAINED • PROCURING OF GOODS / SERVICES WITHIN 6 WEEKS OF RECEIPT OF NSI's, EXCLUDING TENDERS 	<ul style="list-style-type: none"> • DATABASE • TRAINED STAFF • CONTRACT DOCUMENTS • PROPER SPECIFICATIONS

KEY OBJECTIVE 2 : HIV AIDS, STI AND TB MANAGEMENT

KEY RESULT AREA : COMPREHENSIVE MANAGEMENT OF H.A.S.T

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
EFFECTIVE V.C.T	<ul style="list-style-type: none"> • ACCESSIBILITY OF SERVICES WITH EXTENDED HOURS FOR BOTH STAFF AND PATIENTS • HEALTH EDUCATION OF PATIENTS ON VCT • TRAINING OF STAFF • INTERGRATION OF VCT WITH OTHER SERVICES eg: PHSYIO, PHC, MOPD, etc • ENCOURAGE ALL STAFF TO GO FOR VCT • ENCOURAGE ALL CLIENTS WITH REPEATED / CHRONIC INFECTIONS TO GO FOR VCT • INTERGRATE ALL THE MOTHERS FOR PAEDIATRIC COUNSELLING 	<ul style="list-style-type: none"> • NO. OF CLIENTS TESTED • NO. OF STAFF TRAINED • AVAILABILITY OF A SERVICE FOR EXTENDED HOURS • NO. OF NEWLY RECRUITED LAY COUNSELORS 	<ul style="list-style-type: none"> • 100% INCREASE IN NUMBER OF CLIENTS TESTED • 10 LAY COUNSELORS TO BE EMPLOYED IN 1 YEAR 	<ul style="list-style-type: none"> • HUMAN RESOURCES • AVAILABLE BUDGET • TESTING KITS • STAFF AND PATIENT COMPLIANCE
INTERGRATED MANAGEMENT OF HAST	<ul style="list-style-type: none"> • EDUCATION AND TRAINING OF STAFF ON H.A.S.T • AWARENESS, OPEN DAYS • HEALTH PROMOTION ON H.A.S.T • ENCOURAGE CLIENTS WITH STI's AND TB TO GO FOR VCT • SCREEN ALL TB CONTACTS AND SUSPECTS ND TREAT STI CONTACTS • NUTRITIONAL ASSESSMENT SUPPORT AND SUPPLEMENTATION • SUPPORT GROUPS 	<ul style="list-style-type: none"> • NO. OF STAFF TRAINED • NO. OF AWARENESS CAMPAIGNS • NO. OF CLIENTS WITH STI/TB TESTED FOR HIV • NO. OF TB CONTACTS SCREENED • NO OF STI PARTNERS TREATED • NO. OF HIV+ CLIENTS SCREENED FOR TB AND STI • NO. OF CLIENTS ON NUTRITIONAL SUPPLEMENTS • NO. OF SUPPORT GROUPS FORMED 	<ul style="list-style-type: none"> • AT LEAST 60% COMPLIANCE WITH HAST • INCREASED NO. OF REFERRALS TO AND FROM VCT 	<ul style="list-style-type: none"> • HUMAN RESOURCES • AVAILABLE BUDGET • AVAILABILITY OF NUTRITIONAL SUPPLEMENTS

<p>EFFECTIVE MANAGEMENT OF TB</p>	<ul style="list-style-type: none"> • AWARENESS PROGRAMMES FOR THE COMMUNITY AND STAFF • PROPER MEDICAL SURVEILLANCE FOR ALL STAFF • APPROPRIATE IMPLEMENTATION OF DOTS • ENCOURAGE ALL STAFF TO BECOME DOT SUPPORTERS • TRAINING AND RETRAINING OF STAFF AND OTHER • STAKEHOLDERS ON MDR AND XDR AND REFERRALS • DEFAULTER TRACING 	<ul style="list-style-type: none"> • NO. OF AWARENESS PROGRAMMES CONDUCTED IN ONE YEAR • NO. OF STAFF WHO WENT FOR MEDICAL SURVEILLANCE FOR A SPECIFIC PERIOD • NO. OF DOTS • NO. OF STAFF TRAINED ON MDR AND XDR • NO. OF STAFF WHO ENROLLED TO BECOME DOTS SUPPORTERS • REDUCED NUMBER OF DEFAULTERS 	<ul style="list-style-type: none"> • INCREASE SMEAR CONVERSION RATE BY 5% • INCREASE CURE RATE BY 5% • DECREASE RE-TREATMENT CASES BY 5% • 50% DEFAULTER RATE 	<ul style="list-style-type: none"> • HUMAN RESOURCE • AVAILABILITY OF DRUGS • DOTS SUPPORTERS
<p>EFFECTIVE MANAGEMENT OF HIV/AIDS</p>	<ul style="list-style-type: none"> • ENSURE ALL HIV+ WHO QUALIFY RECEIVES PROPHYLAXIS TREATMENT • ESTABLISHING REFERRAL SYSTEM AND STEPDOWN CARE • ALL DOCTORS AND NURSES TO BE TRAINED ON ARV THERAPY • MEDICAL STAFF TO BE ROTATED • PROVISION OF ADEQUATE FACILITY (PHYSICAL) TO CATER FOR INCREASED NUMBER OF CLIENTS • RECRUITMENT OF ALL CATEGORIES OF STAFF FOR ARV CLINIC • DEVISE A STRATEGY TO IMPROVE MANAGEMENT OF STAFF WITH HIV/AIDS • ESTABLISH FUNCTIONAL SUPPORT GROUPS • MAINTENANCE OF CONFIDENTIALITY OF STAFF AND PATIENTS 	<ul style="list-style-type: none"> • NO. OF MUTLIDISCIPLINARY TEAM MEETINGS • NO. OF PATIENTS ON PROPHYLAXIS • NO. OF PATIENTS UP AND DOWN REFERRED • NO. OF DOCTORS AND NURSES TRAINED • AVAILABILITY OF ADEQUATE SPACE • PROPER STAFF ESTABLISHMENT • STRATEGY IN PLACE FOR STAFF ON ARV • FULY FUNCTIONAL SUPPORT GROUPS • NO. OF CME, AND INSERVICE TRAINING HELD 	<ul style="list-style-type: none"> • MONTHLY MEETINGS WITH DOCUMENTED MINUTES • 80% OF STABLE PATIENTS UP AND DOWN REFERRED • AT LEAST 50% OF STAFF TO BE TRAINED 	<ul style="list-style-type: none"> • COMMITMENT OF MULTI-DISCIPLINARY TEAM IN MANAGEMENT OF HIV/AIDS • LAB SERVICES • HUMAN RESOURCES • FINANCE • MAINTENANCE • SUPPORT OF LOCAL CLINICS • COMPLIANCE

<p>EFFECTIVE MANAGEMENT OF MATERNAL, CHILD AND WOMEN'S HEALTH</p>	<ul style="list-style-type: none"> • PROVISION OF HEALTH INFORMATION TO ALL WOMEN, ANC, BABY CLINIC, OPD AND FAMILY PLANNING IN THE FORM OF EDUCATION, PAMPHLETS, FLYERS, CHARTS, TV AND VIDEO, CDs AND DVDs, ETC • ENCOURAGE THE USE OF CONDOMS TO PREVENT TRANSMISSION OF HIV AND STI • ALL MEDICAL STAFF AND NURSING STAFF TO BE TRAINED ON IMCI AND BASIC ANC (BANC) AND EPI • ADEQUATE IMPLEMENTATION OF IMMUNIZATION AND SEXUAL REPRODUCTIVE HEALTH SERVICES FOR EXTENDED HOURS (ANC / OPD) • PROPER SCREENING OF WOMEN AND CHILDREN FOR TB • ENCOURAGE ALL WOMEN WHO ARE SEXUALLY ACTIVE TO DO PAP SMEARS YEARLY • SOCIAL MOBILISATION / OPEN DAYS / AWARENESS CAMPAIGNS TO IMPROVE THE UTILISATION OF ANC SERVICES • P.C.R TESTING FOR CHILDREN AT 4-6 WEEKS AND REPEAT AFTER 6 MONTHS 	<ul style="list-style-type: none"> • INCREASED NO. OF WOMEN TESTED FOR HIV • NO. OF CHILDREN IMMUNIZED AND WOMEN PROVIDED WITH FAMILY PLANNING • INCREASED STATISTICS FOR PAP SMEARS • NO. OF STAFF TRAINED ON IMCI, EPI AND BANC • INCREASE ANC ATTENDANCE • NO. OF CHILDREN TESTED FOR P.C.R AT DIFFERENT ENTRY POINTS IN THE INSTITUTIONS 	<ul style="list-style-type: none"> • 100% OF WOMEN ATTENDING ANC, FAMILY PLANNING, OPD • 100% IMMUNIZED BABIES AND CHILDREN • ALL BABIES EXPOSED TO HIV FROM MOTHERS 	<ul style="list-style-type: none"> • HUMAN RESOURCES • FINANCE • COMMUNITY PARTICIPATION • PCR KITS • AVAILABILITY OF TEACHING AIDS • STAFF AND CLIENT COMPLIANCE
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KEY OBJECTIVE 3 : QUALITY CARE				
KEY RESULT AREA : TO PROVIDE CONTINUOUS QUALITY CARE				
OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
IMPROVED HEALTH PROMOTION	<ul style="list-style-type: none"> ESTABLISH A MULTIDISCIPLINARY IMPROVEMENT COMMITTEE CONDUCT INTERNAL AND EXTERNAL CLINICAL AUDITS CONDUCT CLIENT SATISFACTION AND WAITING TIMES SURVEYS HOLD AWARENESS DAYS DISPLAY AND PROVIDE HEALTH RELATED HANDOUTS AND PAMPHLETS ESTABLISH HIV/AIDS, TB SUPPORT GROUPS 	<ul style="list-style-type: none"> QUARTERLY REPORTS SURVEY RESULTS NO. OF FORMED SUPPORT GROUPS IN A YEAR 	<ul style="list-style-type: none"> 80% ACHIEVEMENT OF ALL ACTIVITIES 1 YEAR 	<ul style="list-style-type: none"> COMMUNITY HEALTH WORKERS IZINDUNA, AMAKHOSI COMMUNITY COUNCILLORS BUDGET FUNCTIONAL MUTLI DISCIPLINARY COMMITTEE TRAINED AND COMMITTEED HUMAN RESOURCES MANAGEMENT PARTICIPATION
IMPLEMENTATION OF PHC AND NGO SERVICES	<ul style="list-style-type: none"> EXTEND PHC SERVICES TO NEARBY CLINICS (PHC PACKAGE AND SOCIAL SERVICES) MAINTENANCE OF A PROPER REFERRAL SYSTEM ENSURE COLLABORATION OF HOSPITAL / CLINIC SERVICES IMPROVING UP DOWN REFERRAL SYSTEM 	<ul style="list-style-type: none"> MONTHLY STATISTICS QUARTERLY REPORTS NO. OF SUB DISTRICT MEETINGS WITH PARTICIPATION OF ALL SERVICE PROVIDERS 	<ul style="list-style-type: none"> 60% ACTIVITIES ACHIEVED IN 1 YEAR 	<ul style="list-style-type: none"> TRAINED HUMAN RESOURCE COMMITMENT BUDGET MANAGEMENT PARTICIPATION
INTERGRATION OF MENTAL HEALTH CARE	<ul style="list-style-type: none"> IMPLEMENT MENTAL HEALTH CARE ACT EMPOWER AND ORIENTATE HUMAN RESOURCE IN MENTAL HEALTH CARE ACT PROVIDE APPROPRIATE ACCOMMODATION FOR MENTAL HEALTH INPATIENTS PROVIDE HOLISTICS CARE IMPLEMENT PROPER REFERRAL SYSTEM AWARENESS CAMPAIGNS 	<ul style="list-style-type: none"> MONTHLY STATISTICS QUARTERLY REPORTS NO. OF WORKSHOPS CONDUCTED NO. OF FORMS CORRECTLY FILLED COMPLIANCE WITH MENTAL HEALTH CARE REVIEW BOARD 	<ul style="list-style-type: none"> 60% COMPLIANCE IN ONE YEAR 	<ul style="list-style-type: none"> TRAINED AND CAPABLE HUMAN RESOURCES COMMITMENT BUDGET MANAGEMENT PARTICIPATION

<p>IMPLEMENTATION OF INFECTION CONTROL AND ENVIRONMENTAL HEALTH / HYGIENE POLICIES AND PROCEDURES</p>	<ul style="list-style-type: none"> REVIEW AND UPDATE INFECTION CONTROL POLICIES AND PROCEDURES RANDOM DAILY ROUNDS BY INFECTION CONTROL OFFICER TO MONITOR ADHERENCE TO POLICIES AND DAILY ENVIRONMENTAL HYGIENE DAILY LAB SURVEILLANCE ESTABLISH INFECTION CONTROL COMMITTEE AND DEPARTMENTAL REPS 	<ul style="list-style-type: none"> SIGNED AND DATED POLICIES RECORDS OF ROUNDS QUARTER PEER REVIEW RESULTS EXTERNAL AND INTERNAL AUDIT RESULTS 	<ul style="list-style-type: none"> 100% ACHIEVEMENT OF ALL ACTIVITIES IN A YEAR 	<ul style="list-style-type: none"> AVAILABILITY OF AN INFECTION CONTROL PRACTITIONER A FUNCTIONAL INFECTION CONTROL COMMITTEE BUDGET PARTICIPATION OF ALL STAFF
<p>IMPROVED DISASTER MANAGEMENT</p>	<ul style="list-style-type: none"> REVIEW AND UPDATE DISASTER MANAGEMENT PLAN (EXISTING) TRAIN AND RETRAIN STAFF ON DISASTER MANAGEMENT eg: DRILLS, QUARTERLY MAINTAIN AND ENSURE EXTERNAL AND INTERNAL COMMUNICATION WITH OTHER DEPARTMENTS eg: FIRE DEPT, AND SAPS REVIEW EVACUATION PLAN ESTABLISH CONTINGENCY PLAN POST DISASTER DEBRIEFING INCORPORATE MASS INDUSTRIAL ACTION 	<ul style="list-style-type: none"> QUARTERLY REPORTS IMMEDIATE REPORTING NO. OF DRILLS CONDUCTED PER YEAR NO. OF DIFFERENT CATEGORIES OF STAFF TRAINED 	<ul style="list-style-type: none"> 100% ACHIEVEMENT OF ALL ACTIVITIES IN A YEAR 	<ul style="list-style-type: none"> FUNCTIONAL DISASTER MANAGEMENT COMMITTEE BUDGET AVAILABILITY OF MATERIAL RESOURCES PARTICIPATION AND COMMITMENT OF ALL STAFF
<p>EFFICIENT AND EFFECTIVE SERVICE DELIVERY</p>	<ul style="list-style-type: none"> ESTABLISH A FULLY REPRESENTED EQUIPMENT COMMITTEE IDENTIFY DEPARTMENTAL EQUIPMENT NEEDS LIAISE WITH HEALTH TECHNOLOGY UNIT CONTINUOUS STAFF DEVELOPMENT ADHERENCE TO BATHO PELE PRINCIPLES 	<ul style="list-style-type: none"> EQUIPMENT PURCHASE RECORDS RECORDS OF DEMONSTRATIONS ON EQUIPMENT NO. OF WORKSHOPS / CME's CONDUCTED SKILLS AUDIT OF STAFF MAINTENANCE RECORDS 	<ul style="list-style-type: none"> 100% COMPLIANCE IN ONE YEAR 	<ul style="list-style-type: none"> FULLY ESTABLISHED EQUIPMENT POOL BUDGET A FUNCTIONAL MULTI DISCIPLINARY EQUIPMENT COMMITTEE PARTICIPATION OF MANAGEMENT AND STAFF HUMAN RESOURCES EXTERNAL STAKEHOLDERS

KEY OBJECTIVE 4 : HUMAN RESOURCE AVAILABILITY AND CAPABILITY

KEY RESULT AREA : EFFECTIVE HR MANAGEMENT

OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
ADEQUATE STAFFING	<ul style="list-style-type: none"> CONTINUE TO FILL VACANT POSTS ENSURE PROPER ALLOCATION AND UTILIZATION OF STAFF IMPLEMENT RECRUITMENT AND RETENTION STRATEGIES 	<ul style="list-style-type: none"> NO. OF POSTS FILLED NO. OF STAFF ALLOCATED IN TERMS OF SKILLS NO. OF EXIT QUESTIONNAIRES COMPLETED 	<ul style="list-style-type: none"> FILL ALL FUNDED VACANT POSTS PRIORITIZE FILLING OF CRITICAL POSTS 	<ul style="list-style-type: none"> AVAILABILITY OF FUNDS COMPLIANCE BY MANAGERS
APPROPRIATELY SKILLED STAFF	<ul style="list-style-type: none"> ALL PDP's IN PLACE PROVIDE TRAINING IN RESPECT OF WORKPLACE SKILLS PLAN PROVISION OF CONTINUOUS INSERVICE TRAINING 	<ul style="list-style-type: none"> NO. OF STAFF TRAINED NO. OF INSERVICE TRAINING PROGRAMMES 	<ul style="list-style-type: none"> ACHIEVE 100% OF IDENTIFIED PERSONNEL PER INTERVENTION 	<ul style="list-style-type: none"> DISTRICT FUNDING INSTITUTIONAL FUNDING CO-OPERATION AND COMPLIANCE OF MANAGERS AND SUPERVISORS
EFFECTIVE IMPLEMENTATION OF EPMDS	<ul style="list-style-type: none"> TRAINING AND ORIENTATION OF ALL STAFF EVERY EMPLOYEE HAS JOB DESCRIPTION, PERFORMANCE AGREEMENT, WOKPLANS AND PDP PROPER AND OBJECTIVE REPORTING 	<ul style="list-style-type: none"> % OF PARTICIPATION % COMPLIANCE FOR VARIOUS QUARTERS 	<ul style="list-style-type: none"> 100% COMPLIANCE 	<ul style="list-style-type: none"> TRAINED FACILITATOR CO-OPERATION AND COMPLIANCE OF ALL MANAGERS AND SUPERVISORS IN CONSULTATION WITH EMPLOYEES
MAINTAIN EFFECTIVE WELLNESS PROGRAMME (OHS, EAP, STAFF RELATIONS)	<ul style="list-style-type: none"> POLICIES IN PLACE ENSURE ALL PPROPRIATE POSTS FILLED MARKETING AND AWARENESS PROGRAMS ENSURE EFFECTIVE MANAGEMENT OF PERSONNEL WITH OCCUPATIONAL CONDITIONS MAINTAIN DISCIPLINE OF STAFF 	<ul style="list-style-type: none"> NO. OF WELLNESS COMPONENT POSTS FILLED NO. OF AWARENESS PROGRAMS CONDUCTED NO. OF STAFF ATTENDING WELLNESS CENTER NO. OF MISCONDUCT CASES FINALISED 	<ul style="list-style-type: none"> 100% OF POSTS FILLED 100% COMPLIANCE IN WELLNESS PROGRAMS 	<ul style="list-style-type: none"> FINANCE MANAGEMENT SUPPORT

COMPLY WITH OSD FOR RESPECTIVE EMPLOYEES	<ul style="list-style-type: none"> • IDENTIFICATION OF VARIOUS STREAMS • 1ST PHASE OF TRANSLATIONS TO OSD • 2ND PHASE – VERIFICATION AND RECOGNITION OF EXPERIENCE • ENSURE ALLOCATION IN RESPECT OF VARIOUS STREAMS • INSERVICE TRAINING 	<ul style="list-style-type: none"> • % COMPLIANCE BY MANAGERS AND SUPERVISORS 	<ul style="list-style-type: none"> • BY 26.10.2007 • 1ST PHASE BY 30.11.07 • 2ND PHASE BY 31.01.08 	<ul style="list-style-type: none"> • CO-OPERATION OF RESPECTIVE MANAGERS / SUPERVISORS • AVAILABILITY OF PERSAL, PERSAL CODES, POSTS
MEET ALL SERVICE CONDITIONS OF EMPLOYEES	<ul style="list-style-type: none"> • ATTEND TO AND MONITOR ALL LEAVE MATTERS • INFORM AND PROCESS ALL BENEFITS • PROCESS ALL ALLOWANCES TIMEOUSLY 	<ul style="list-style-type: none"> • NO. OF LEAVE FORMS PROCESSED AND CAPTURED • NO. OF APPLICATIONS RECEIVED AND PROCESSED • NO. OF CLAIM FORMS RECEIVED AND PROCESSED 	<ul style="list-style-type: none"> • 100% ON WEEKLY BASIS • ALL APPLICATIONS PROCESSED WITHIN TWO WEEKS AFTER SUBMISSION 	<ul style="list-style-type: none"> • CO-OPERATION OF PERSONNEL AND SUPERVISORS FOR TIMEOUS SUBMISSION TO HR • CORRECT COMPLETION OF FORMS • TIMEOUS SUBMISSION OF CLAIMS • FULLY COMPETENT HR STAFF

KEY OBJECTIVE 5 : INTERNAL AND EXTERNAL COMMUNICATION				
KEY RESULT AREA : EFFECTIVE COMMUNICATION WITH STAFF, PATIENTS AND OTHER STAKEHOLDERS				
OUTPUT	KEY ACTIVITIES	INDICATORS	TARGET	RESOURCES/ENABLERS
ADDRESS ADVERSE HEALTH EVENTS	<ul style="list-style-type: none"> • TIMEOUS REPORTING OF ADVERSE EVENTS • ADDRESSING OF ADVERSE EVENTS • CONSTANT MONITORING 	<ul style="list-style-type: none"> • NO. OF ADVERSE EVENTS REPORTED AND ADDRESSED 	<ul style="list-style-type: none"> • 100% ADDRESSING OF ADVERSE EVENTS 	<ul style="list-style-type: none"> • USER FRIENDLY REPORTING FORMS • POLICIES AND PROCEDURES IN PLACE
MEDIA REPORTING	<ul style="list-style-type: none"> • IMPLEMENTATION OF MEDIA POLICY • TO REDUCE NEGATIVE PUBLICITY • AWARENESS 	<ul style="list-style-type: none"> • COMPLIANCE WITH MEDIA POLICY • POSITIVE MEDIA PUBLICITY 	<ul style="list-style-type: none"> • 100% COMPLIANCE • 100% MEDIA QUERIES TO BE DIRECTED THROUGH P.R.O 	<ul style="list-style-type: none"> • PRO'S OFFICE • EQUIPMENT • POLICY DOCUMENT • AVAILABLE BUDGET
IMPLEMENTATION OF BATHO PELE PRINCIPLES AND PATIENTS RIGHTS CHARTER	<ul style="list-style-type: none"> • BATHO PELE AWARENESS • CREATION OF BATHO PELE MARSHAL POSTS 	<ul style="list-style-type: none"> • NO. OF PATIENTS DIRECTED CORRECTLY • NO. OF AWARENESS PROGRAMMES 	<ul style="list-style-type: none"> • 8 POSTS TO BE CREATED, AND FILLED IN ONE YEAR • 2 AWARENESS DAYS IN ONE YEAR 	<ul style="list-style-type: none"> • AVAILABLE HR BUDGET • HUMAN RESOURCES • TRAINING • HOSPITAL BOARD
EFFECTIVE COMPLAINTS MECHANISM	<ul style="list-style-type: none"> • COMPLAINTS COMMITTEE IN PLACE • AVAILABILITY AND APPROPRIATE PLACE OF SUGGESTION BOXES AND STATIONERY • COMPLAINTS REGISTER 	<ul style="list-style-type: none"> • NO. OF COMPLAINTS AND SUGGESTIONS ATTENDED TO 	<ul style="list-style-type: none"> • COMPLAINTS AND SUGGESTIONS TO BE RESOLVED WITHIN TWO WEEKS 	<ul style="list-style-type: none"> • FUNCTIONAL COMPLAINTS COMMITTEE • BUDGET
APPROPRIATE SIGNAGE IN BOTH OFFICIAL LANGUAGES	<ul style="list-style-type: none"> • PROCURING OF SIGNAGE • IMPROVING EXISTING SIGNAGE 	<ul style="list-style-type: none"> • SIGNAGES TO BE IN PLACE 	<ul style="list-style-type: none"> • 90% COMPLIANT IN ONE YEAR 	<ul style="list-style-type: none"> • AVAILABILITY OF FUNDS • POLICY FOR EXTERNAL SIGNAGES

CREATION OF A PUBLIC NOTICE BOARD	<ul style="list-style-type: none"> • TO ESTABLISH A NOTICE BOARD THAT IS EASILY ACCESSIBLE TO THE PUBLIC 	<ul style="list-style-type: none"> • ALL RELEVANT NOTICES BROUGHT TO THE ATTENTION OF THE PUBLIC 	<ul style="list-style-type: none"> • 100% COMPLIANT IN ONE YEAR 	<ul style="list-style-type: none"> • AVAILABLE BUDGET • HUMAN RESOURCES
IMPROVED INTERNAL COMMUNICATION	<ul style="list-style-type: none"> • ENSURE CIRCULARS AND NOTICES ARE DISTRIBUTED TO RELEVANT PEOPLE • REGULAR DEPARTMENTAL MEETINGS • TIMEOUS CASCADING OF INTERNAL CORRESPONDENCE TO STAFF BY MANAGERS / SUPERVISORS 	<ul style="list-style-type: none"> • DISTRIBUTION LISTS IN PLACE • NO. OF MEETINGS HELD • MINUTES OF MEETINGS • NO. OF STAFF INFORMED 	<ul style="list-style-type: none"> • CIRCULARS REACH 100% ON DISTRIBUTION LIST • MEETINGS TO BE HELD MONTHLY • 100% STAFF INFORMED 	<ul style="list-style-type: none"> • HUMAN RESOURCES • PAGING SYSTEM • ATTENDANCE REGISTER • REGISTER OF CIRCULARS DISTRIBUTED
GOOD IT COMMUNICATION	<ul style="list-style-type: none"> • TRAINING AND DEVELOPMENT OF F.I.O • INSERVICE TRAINING OF STAFF • MOTIVATION FOR COMPUTERS TO CONTINUE 	<ul style="list-style-type: none"> • TRAINING AND WORKSHOPS • NO. OF STAFF TRAINED • NO. OF RELEVANT STAFF HAVE ACCESS TO COMPUTERS 	<ul style="list-style-type: none"> • FULLY COMPETENT F.I.O • 40% OF STAFF WHO ARE COMPUTER LITERATE TRAINED IN ONE YEAR • 75% OF RELEVANT STAFF IN ONE YEAR 	<ul style="list-style-type: none"> • AVAILABLE BUDGET • AVAILABILITY OF COMPUTERS • SECURE OFFICES
PROPER IDENTIFICATION OF STAFF	<ul style="list-style-type: none"> • TO DIFFERENTIATE BETWEEN STAFF AND PATIENTS • TO ENSURE ALL STAFF ARE WEARING ID BADGES • CONDUCT STAFF SURVEYS ON ID BADGES 	<ul style="list-style-type: none"> • NO. OF ID BADGES ISSUED • NO. OF STAFF SURVEYS DONE 	<ul style="list-style-type: none"> • 100% IN ONE YEAR • SURVEYS DONE TWICE YEARLY • MONITORING PER QUARTER 	<ul style="list-style-type: none"> • AVAILABLE BUDGET • EQUIPMENT • PRO

FULLY FUNCTIONAL HOSPITAL ADVISORY BOARD	<ul style="list-style-type: none"> • TO MAINTAIN EFFECTIVE COMMUNICATION BETWEEN HOSPITAL AND PUBLIC • CONDUCT REGULAR MEETINGS 	<ul style="list-style-type: none"> • MINUTES OF MEETINGS • NO. OF MEETINGS HELD 	<ul style="list-style-type: none"> • MEETINGS TO BE HELD BI-MONTHLY 	<ul style="list-style-type: none"> • PARTICIPATION
IMPROVED PATIENT INFORMATION SYSTEM	<ul style="list-style-type: none"> • TO ENSURE AN EFFECTIVE PATIENT RECORD SYSTEM • EASY RETRIEVAL OF PATIENT INFORMATION • REDUCTION OF PATIENT WAITING TIMES • TRAINING OF STAFF 	<ul style="list-style-type: none"> • PATIENTS RECORDS EASILY ACCESSED • REDUCED WAITING TIMES • NO. OF STAFF TRAINED 	<ul style="list-style-type: none"> • 50% COMPLIANT IN ONE YEAR 	<ul style="list-style-type: none"> • HUMAN RESOURCES • COMPUTERS • AVAILABLE BUDGET • TRAINING