

OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT MAPULANENG HOSPITAL ON 18 NOVEMBER 2016 - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Portfolio Committee on Health and Social Development (the Committee) has a mandate in terms of Rule 119 of the Rules and Orders of the Mpumalanga Provincial Legislature to conduct oversight over the Department of Health (the department) by holding it accountable through various measures which the Portfolio Committee may undertake during the course of a financial year.

One of the instruments that enable the Portfolio Committee to execute its mandate is to conduct public hearings and oversight visits to health facilities in the Province.

2. PURPOSE OF THE OVERSIGHT VISIT

The purpose was to:

- ❖ To assess compliance with the National Core Standard
 - To assess the support provided by Department of Health with regard to the programmes offered by the Hospital;
 - Interact and deliberate on the overall functioning of Mapulaneng Hospital

3. METHOD OF WORK

The oversight visits conducted at Bushbuckridge Local Municipality on 16-18 November 2016 were unannounced; hence the department and the hospital were not notified in advance.

Oversight Visit Report of the Portfolio Committee on Health and Social Development conducted at Mapulaneng Hospital on 18 November 2016.

4. OBSERVATIONS

The Committee observed the following:

- The hospital does not have sufficient filing space, as a result the hospital has a challenge of missing patient files;
- There is lack of staff and patient safety; security personnel are not compliant to the norms and standards of safety.
 - Not all personnel were requested to sign the register upon entrance nor all cars searched when entering and exiting the hospital;
 - Unauthorised people have access to the wards since there is no security personnel in the wards or at least moving around within the hospital premises on patrol – this was tested by one official supporting the Committee – from the Legislature;
- The hospital has a functional hospital board.

5. INTERACTION WITH THE MANAGEMENT OF THE HOSPITAL

5.1 Presentation on compliance with the National Core Standards (NCS)

The Acting CEO, Dr. Semanya delegated Ms. RR Makhura, the Deputy Director: Executive Support to present the report on behalf of the Department. She outlined the following in her presentation:

Priority Area	Weighted Score
Availability of medicines and supplies	95%
Cleanliness	78%
Improve patient safety and security	90%
Infection prevention and control	90%
Positive and caring attitudes	97%
Waiting times	89%

Non-Compliance Cut-Off Levels	Actual Overall Score
Extreme Measure (X): Overall score < 100% will result in "Non-Compliance"	X = 89%
Vital Measures (V): Overall score < 90% will result in "Non-Compliance"	V = 90%
Essential Measures (E): Overall score < 80% will result in "Non-Compliance"	E = 91%
Developmental Measures (D): Overall score < 60% will result in "Non-Compliance"	D = 85%

Domain	Weighted Score
1 Patients Rights	88%
2 Patient Safety / Clinical Governance / Clinical Care	88%
3 Clinical Support Services	91%
4 Public Health	93%
5 Leadership and Corporate Governance	93%
6 Operational Management	96%
7 Facilities and Infrastructure	89%

- According to the hospital's own assessment, the hospital is at 90% overall performance;
- The hospital has developed and is implementing the Quality Improvement Plans subsequent to the outcome of the assessment.

5.2 Comments by the Committee

Compliance with the National Core Standards

Noting that the report on the assessment on compliance with the National Core Standards was done by the hospital management team (own assessment), the Committee questioned the authenticity of the report; asking if the report reflects the sentiments of the patients as a true reflection of the hospitals' performance.

Patient and Staff Safety

As per the observation of the Committee, the hospital was asked why it fails to comply the required norms and standards on hospital safety and security. The hospital reported that some security features are not in place; features such as CCTV Camera, there are unprotected low lying electrical plugs in Paediatric Wards and the hospital does not have a Psychiatric Ward. The absence of a psychiatric ward is bad for the hospital in that when psychiatric patients are admitted in the hospital, they are placed in the same medical ward with other patients; there are no seclusion rooms to separate mentally ill patients from normal patients. The psychiatric patients can only be referred to Tintswalo Hospital and other hospitals after 72 hours of observation and evaluation. The hospital reported that to addressing the safety and security challenge; procurement of covers for electrical plugs, installation of burglar doors in the cubicles for Psychiatric Patients and development of protocol for sedating Psychiatric Patients were going to be done.

Cleanliness

The Committee asked the hospital why it was not performing as required in terms of cleanliness. The hospital reported that is due to torn Vinyl, shortage of cleaning equipment (janitor trolley) and the dilapidated state of their infrastructure. The hospital further reported that the procurement of cleaning equipment (janitor trolley) was in process and plans are in place to replace the torn vinyl.

Average Length of Stay

The Committee asked the hospital as to what made the average length of stay to increase in the second quarter and further enquired on the projection for the two remaining quarters (Oct 2016 – March 2017). The hospital reported that the cause of the increase is due to morbidity i.e.: increase in number of orthopedic and TB patients. The projection of the 3rd and 4th quarter is 4.7 days as it is the accepted norm for regional hospitals.

Expenditure

The Committee asked with concern why the hospital overspent its total budget for transfers and subsidies by 420%, considering that there is still expenditure to be made during the third and fourth quarter for 2016/17 financial year including its implications and mitigating factors. The hospital reported that insufficient budget was allocated to the item for transfers and there were staff members who terminated their services and were paid leave gratuity. However, the hospital anticipates additional funding to be made available during adjustment.

The Committee further asked why the hospital failed to pay for capital assets: R25 500 for domestic equipment and R298 356 for computers and also asked how many computers the hospital has. The hospital reported that it has 114 computers in use currently, 23 computers have been procured for replacement of old computers and new appointees. The hospital failed to pay due to network challenges. The hospital did not have network due to Telkom cable theft in Bushbuckridge which affected emails, telephones, IT systems, BAS and Logis from 09 to 19 November 2016.

Lack of Communication Network due to Telkom cable theft

With concern, the Committee asked what measures were put in place periodically to ensure that the public has access to emergency medical services during the reported period of 09-19 November 2016. The hospital reportedly reported that incident with Telkom; the cables were replaced but were again stolen prior to commissioning by Telkom. The cables have been procured for fitment. The Committee advised the hospital that access to emergency medical services by the public is vital and that in cases of challenges, the public should be made aware and also given alternative ways of accessing EMS. The Committee also suggested that the public can be informed via local communication platforms such as the local newspapers and local radio stations and by further ensuring that the contact details of relevant EMS managers are

made available to the public as per the report of the Health MEC during the TLP in Standerton.

Vacancy Rate

The Committee noted that the hospital has fifty-one available doctors: seventeen sessional doctors, nine intern doctors, six Cuban doctors and nineteen permanent doctors (inclusive of specialists). The Committee enquired on the hospital's vacancy rate. The hospital reported that 15 funded posts have been vacant since 01 April 2016:

- Medical Officer = 01
- Assistant Manager = 01
- Operational Manager Nursing = 01
- Pharmacist = 01
- Senior State Accountant = 01
- Occupational Therapist = 02
- Artisan Foreman = 01
- Administration Clerk : Finance = 01
- Photocopier Operator = 01
- Cleaner = 01
- Grounds man = 02
- Porter = 02

Alleged case of medical negligence

The Committee enquired on the noted case of alleged medical negligence that led to the death of Ms. Lucia Mkhonto after she was admitted for child birth. The hospital reported that Ms. Mkhonto was given an anesthesia for a caesarian procedure for the child birth. She suffered complications that led to Acute Renal Failure. She was transferred to Nelspruit Medi-Clinic and then to Rob Ferreira Hospital where she later died. The hospital reported that all medical procedures were done as required and there was no medical negligence.

5.3 FINDINGS MADE BY THE COMMITTEE

After the interaction with the Department and hospital management, the Committee found that:

- a. The hospital is at 90% overall performance according to the hospital's own assessment on compliance with the National Core Standards;
- b. The hospital is not compliant to the required norms and standards on patient and staff safety and security;
- c. Psychiatric patients are admitted in the same medical ward as other normal patients since the hospital does not have a psychiatric ward;
- d. The hospital has fifteen vacant funded posts since 01 April 2016;
- e. The hospital does not have the required cleaning equipment and has torn vinyl that needs replacement.

5.4. RECOMMENDATIONS MADE BY THE COMMITTEE

After the deliberations and the in loco inspection, the Committee recommended that the Department must:

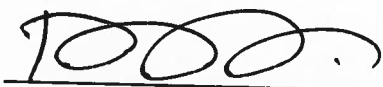
- a. Ensure compliance with the National Core Standards through efficient implementation of the Quality Improvement Plan among other measures put in place with improved monitoring and evaluation. Also provide progress report in this regard by 13 April 2017;
- b. Ensure compliance with the patient and staff safety and security norms and standards, appoint the required security personnel for the hospital and strengthen monitoring and evaluation of the safety and security measures. Also provide progress report inclusive of the available security personnel and their allocation in the hospital by 13 April 2017;
- c. Urgently procure an alternative accommodation structure for the psychiatric patients for the 72 hours of observation and evaluation since the new

- hospital structure in construction reportedly includes a psychiatric ward. Also provide progress report in this regard by 13 April 2017;
- d. Prioritize the filling of the fifteen vacant funded posts and provide progress report by 13 April 2017;
 - e. Provide progress report on the procurement of the required cleaning equipment and the replacement of the torn vinyl by 13 April 2017.

The Chairperson requests the House to adopt the report with its findings and recommendations and that a progress report on the implementation of House resolutions be provided on or before 13 April 2017.

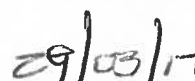
6. CONCLUSION

The Chairperson would like to express her heartfelt gratitude to all the Honourable Members of the Portfolio Committee on Health and Social Development for their attendance and active participation during the oversight visit. She further wishes to thank the management of the hospital and the Legislature staff for providing support to the Committee.



HON. P NGOBENI

**CHAIRPERSON: PORTFOLIO COMMITTEE ON HEALTH
AND SOCIAL DEVELOPMENT**



DATE