

| QUARTERLY PERFORMANCE REPORTS: Financial year - 3rd Quarter Western Cape Sector: Health | | | | | | | | | |
|--|---|---|--|---|---|--|---|---|--|
| Programme / Sub programme / Performance Measures | Target for 2013/14 as per Annual Performance Plan (APP) | 1 st Quarter Planned output as per APP | 1 st Quarter Preliminary output | 1 st Quarter Actual output - validated | 2 nd Quarter Planned output as per APP | 2 nd Quarter Preliminary output | 2 nd Quarter Actual output - validated | 3 rd Quarter Planned output as per APP | 3 rd Quarter Preliminary output |
| QUARTERLY OUTPUTS | | | | | | | | | |
| PROGRAMME 1: ADMINISTRATION | | | | | | | | | |
| Percentage expenditure of the annual equitable share budget allocation | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.6% | 100.0% | 100.1% |
| Amended Human Resource Plan submitted timeously to DPSA | Yes | No | No | N | Yes | Y | Y | No | N |
| PROGRAMME 2: DISTRICT HEALTH SERVICES | | | | | | | | | |
| District Health Services | | | | | | | - | - | - |
| PHC utilisation rate | 2.54 | 2.54 | 2.43 | 2.45 | 2.54 | 2.48 | 2.33 | 2.54 | 2.60 |
| PHC headcount total | 15 252 132 | 3 813 033 | 3 647 555 | 3 675 689 | 3 813 033 | 3 717 458 | 3 500 032 | 3 813 033 | 3 897 488 |
| PHC utilisation rate – under 5 years | 4.03 | 4.03 | 3.90 | 4.11 | 4.03 | 3.75 | 3.72 | 4.03 | 3.96 |
| PHC headcount under 5 years total | 2 263 406 | 565 852 | 548 796 | 577 555 | 565 852 | 526 671 | 522 412 | 565 852 | 557 220 |
| PHC supervisor visit rate (fixed clinic/CHC/CDC) | 93.9% | 93.9% | 76.1% | 83.8% | 93.9% | 82.8% | 84.2% | 93.9% | 78.9% |
| Provincial PHC expenditure per headcount | R 161 | R 161 | R 141 | R 157 | R 161 | R 156 | R 174 | R 161 | R 158 |
| Provincial PHC expenditure per uninsured person | R 526 | R 526 | R 441 | R 495 | R 526 | R 495 | R 520 | R 526 | R 528 |
| Complaints resolution within 25 working days rate (from users of PHC services) | 73.3% | 73.3% | 83.2% | 84.3% | 73.3% | 87.9% | 88.6% | 73.0% | 89.6% |
| Percentage of PHC facilities assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in PHC facilities) | 9.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Number of PHC facilities assessed for compliance against the 6 priorities of the core standards | | | | | | | - | - | - |
| District Hospitals | | | | | | | - | - | - |
| Number of usable district hospital beds | 2 678 | 2 678 | 2 660 | 2 658 | 2 678 | 2 657 | 2 704 | 2 678 | 2 640 |
| Delivery by caesarean section rate (in district hospitals) | 24.6% | 24.6% | 23.4% | 24.1% | 24.6% | 26.1% | 26.3% | 24.6% | 27.7% |
| Inpatient separations - total (in district hospitals) | 264 977 | 66 244 | 67 139 | 66 694 | 66 244 | 69 153 | 68 300 | 66 244 | 69 684 |
| Patient day equivalents [PDE] total (in district hospitals) | 1 276 052 | 319 013 | 326 962 | 321 259 | 319 013 | 325 291 | 323 367 | 319 013 | 329 565 |
| OPD headcount total (in district hospitals) | 1 180 584 | 295 146 | 318 288 | 314 036 | 295 146 | 322 935 | 317 970 | 295 146 | 355 145 |
| Average length of stay (in district hospitals) | 3.2 | 3.2 | 3.3 | 3.2 | 3.2 | 3.1 | 3.2 | 3.2 | 3.0 |
| Inpatient bed utilisation rate (based on usable beds in district hospitals) | 86.7% | 86.7% | 91.0% | 89.3% | 86.7% | 89.8% | 88.1% | 86.7% | 87.7% |
| Expenditure per patient day equivalent [PDE] (in district hospitals) | R 1 451 | R 1 451 | R 1 185 | R 1 458 | R 1 451 | R 1 484 | R 1 543 | R 1 451 | R 1 461 |
| Complaint resolution within 25 working days rate (from users of district hospitals) | 79.2% | 79.2% | 68.1% | 71.7% | 79.2% | 75.9% | 78.8% | 79.3% | 81.8% |
| Hospital patient satisfaction rate (in district hospitals) | 86.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of district hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards selfassessment rate in district hospitals) | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (district hospitals) | | | | | | | - | - | - |
| Mortality and morbidity review rate (in district hospitals) | 100.0% | 100.0% | 121.8% | 85.9% | 100.0% | 63.5% | 23.5% | 100.0% | 18.8% |
| HIV and AIDS, STI and TB control | | | | | | | - | - | - |
| HIV prevalence in women aged 15 - 24 years | 11.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Total clients remaining on ART(TROA) at the end of the month | 157 123 | 144 234 | 133 267 | 138 828 | 149 107 | 143 215 | 146 619 | 153 980 | 148 032 |
| Male condom distribution rate | 54.13 | 54.13 | 45.03 | 58.52 | 54.13 | 55.43 | 60.17 | 54.13 | 59.97 |
| TB (new pulmonary) defaulter rate | 6.5% | 6.5% | 7.3% | 7.3% | 6.5% | 7.3% | 7.4% | 6.5% | 8.6% |
| TB AFB sputum result turnaround time under 48 hours rate | 72.2% | 72.1% | 69.8% | 67.5% | 72.2% | 76.1% | 76.1% | 72.2% | 72.6% |
| HIV testing coverage | 28.4% | 28.4% | 32.2% | 29.6% | 28.4% | 32.2% | 31.8% | 28.4% | 33.3% |
| Percentage of HIV-TB coinfectd patients placed on ART (NID: Percentage of HIV-TB coinfectd patients initiated on ART initiated) | 69.6% | 69.6% | 64.5% | 64.5% | 69.6% | 68.4% | 68.4% | 69.6% | 71.4% |
| TB (new pulmonary) cure rate | 82.0% | 82.0% | 82.6% | 82.6% | 82.0% | 82.4% | 82.3% | 82.0% | 79.4% |
| PTB 2 month smear conversion rate | 76.7% | 76.7% | 72.8% | 72.8% | 76.7% | 73.4% | 74.8% | 76.7% | 70.2% |
| TB new client treatment success rate | 86.6% | 86.6% | 85.5% | 85.5% | 86.6% | 85.5% | 85.3% | 86.6% | 83.7% |

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|---|---|---|--|---|---|--|---|---|--|
| MCWH&N | | | | | | | | | |
| Immunisation coverage under 1 year | 90.4% | 90.4% | 61.6% | 80.4% | 90.4% | 79.4% | 81.1% | 90.4% | 81.1% |
| Vitamin A coverage 12 – 59 months (OR 1-4 years) | 40.6% | 40.6% | 61.9% | 55.8% | 40.6% | 29.8% | 37.5% | 40.6% | 50.5% |
| Pneumococcal vaccine (PCV) 3rd dose coverage | 90.1% | 90.1% | 64.4 | 80.5 | 90.1% | 81.9 | 84.3 | 90.1% | 85.6 |
| Rotavirus (RV) 2nd dose coverage | 89.6% | 89.6% | 79.0 | 82.8 | 89.6% | 81.5 | 84.4 | 89.6% | 85.4 |
| Measles 1st dose under 1 year coverage (annualised) | 93.1% | 93.1% | 63.3 | 82.9 | 93.1% | 82.5 | 84.3 | 93.1% | 84.1 |
| Infant 1st tested PCR positive within 2 months rate | 1.9% | 1.9% | 1.8 | 1.6 | 1.9% | 1.9 | 1.6 | 1.9% | 2.1 |
| Child under 5 years diarrhoea with dehydration incidence | 79.3 | 75.5 | 95.3 | 86.3 | 39.7 | 27.6 | 41.6 | 70.1 | 77.2 |
| Child under 5 years pneumonia incidence | 65.8 | 78.1 | 75.1 | 79.3 | 68.7 | 56.2 | 62.3 | 55.1 | 57.6 |
| Child under 1 year mortality in facility rate | 8.97 | - | - | - | - | - | 0.00 | 0.00 | 0.00 |
| Inpatient death under 1 year rate | 2.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Inpatient death under 5 years rate | 1.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Maternal Mortality in facility ratio (MMR) | 60.0 | - | - | - | - | - | 0.0 | 0.0 | 0.0 |
| Cervical cancer screening coverage | 64.1% | 54.7% | 55.8% | 57.8% | 64.4% | 68.6% | 68.3% | 69.4% | 76.1% |
| Delivery in facility under 18 years | 6.5% | 6.5% | 5.9% | 6.0% | 6.5% | 6.6% | 7.0% | 6.5% | 6.6% |
| Antenatal 1st visit before 20 weeks rate | 61.0% | 61.0% | 57.1% | 59.9% | 61.0% | 60.9% | 62.6% | 61.0% | 61.8% |
| Couple year protection rate | 42.4% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Disease Prevention and Control | | | | | | | | | |
| Malaria fatality rate (annual) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | - | - | - |
| Cholera fatality rate (annual) | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Cataract surgery rate (annual) | 1 400 | - | - | - | - | - | - | - | - |
| PROGRAMME 3: EMERGENCY MEDICAL SERVICES | | | | | | | | | |
| Emergency Medical Services and Patient Transport | | | | | | | | | |
| Rostered ambulances per 10 000 people | 0.29 | 0.29 | 0.26 | 0.26 | 0.29 | 0.27 | 0.26 | 0.29 | 0.27 |
| EMS operational ambulance coverage per 10 000 people | 0.44 | - | - | - | - | - | - | - | 0.00 |
| Total number of EMS emergency cases | 468 496 | 117 124 | 123 531 | 121 569 | 117 124 | 124 004 | 124 704 | 117 124 | 133 256 |
| EMS P1 urban response under 15 minutes rate | 75.0% | 75.0% | 72.7% | 72.3% | 75.0% | 72.1% | 72.2% | 75.0% | 73.5% |
| EMS P1 rural response under 40 minutes rate | 90.0% | 90.0% | 86.6% | 86.2% | 90.0% | 85.3% | 85.5% | 90.0% | 83.1% |
| EMS P1call response under 60 minutes rate | 97.0% | 97.0% | 92.2% | 96.2% | 97.0% | 94.8% | 96.3% | 97.0% | 95.2% |
| EMS all calls response under 60 minutes rate | 80.0% | 80.0% | 68.6% | 70.2% | 80.0% | 71.7% | 73.8% | 80.0% | 76.7% |
| Percentage of ambulance patients transferred between facilities | 21.8% | 21.8% | 21.5% | 22.0% | 21.8% | 23.2% | 23.1% | 21.8% | 25.3% |
| PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES | | | | | | | | | |
| General (regional) hospitals | | | | | | | | | |
| Number of usable beds (in regional hospitals) | 1 375 | 1 375 | 1 365 | 1 365 | 1 375 | 1 369 | 1 370 | 1 375 | 1 373 |
| Inpatient separations – total (in regional hospitals) | 107 943 | 26 491 | 28 478 | 28 248 | 27 724 | 29 922 | 29 697 | 26 733 | 29 669 |
| Patient day equivalents [PDE] total (in regional hospitals) | 555 272 | 139 947 | 142 074 | 140 812 | 138 819 | 148 367 | 147 120 | 137 688 | 145 607 |
| OPD headcount total (in regional hospitals) | 242 529 | 60 633 | 65 561 | 62 841 | 63 058 | 67 302 | 65 785 | 59 420 | 70 752 |
| Delivery by caesarean section rate (in regional hospitals) | 39.6% | 39.3% | 43.0% | 42.4% | 39.7% | 40.2% | 40.7% | 39.7% | 43.3% |
| Expenditure per patient day equivalent [PDE](in regional hospitals) [2011/12 Rands] | R 2 117 | R 2 117 | R 1 801 | R 2 002 | R 2 117 | R 1 975 | R 2 037 | R 2 117 | R 2 089 |
| Bed utilisation rate (based on usable beds in regional hospitals) | 84.3% | 84.3% | 86.1% | 86.1% | 84.3% | 90.8% | 90.1% | 84.3% | 86.8% |
| Average length of stay (in regional hospitals) | 3.9 | 4.0 | 3.8 | 3.8 | 3.8 | 3.8 | 3.8 | 4.0 | 3.7 |
| Complaint resolution within 25 working days rate (from users of regional hospitals) | 92.20% | 92.58% | 95.08% | 94.51% | 92.58% | 83.54% | 83.5% | 92.6% | 87.8% |
| Hospital patient satisfaction rate (in regional hospitals) | 80.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of regional hospitals assessed for compliance against the 6 priorities of the core standards | - | - | - | - | - | - | - | - | - |
| (NID: Facility core standards self-assessment rate in regional hospitals) | | | | | | | | | |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (regional hospitals) | | | | | | | | | |
| Mortality and morbidity review rate (in regional hospitals) | 100.0% | 100.0% | 103.6% | 107.1% | 100.0% | 101.2% | 90.7% | 100.0% | 111.6% |

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|--|---|---|--|---|---|--|---|---|--|
| Sub-programme 4.2: Tuberculosis Hospitals | | | | | | | | | |
| Number of usable beds (in TB hospitals) | 1 054 | 1 054 | 1 006 | 1 004 | 1 054 | 1 041 | 1 021 | 1 054 | 1 024 |
| Inpatient separations –total (in TB hospitals) | 3 896 | 974 | 948 | 923 | 974 | 966 | 932 | 974 | 908 |
| Patient day equivalents [PDE] – total (in TB hospitals) | 306 325 | 76 581 | 66 327 | 66 526 | 76 581 | 76 396 | 71 935 | 76 581 | 69 521 |
| OPD headcount total (in TB hospitals) | 5 958 | 1 490 | 1 889 | 1 751 | 1 490 | 1 947 | 1 848 | 1 490 | 2 157 |
| Expenditure per patient day equivalent [PDE] total (in TB hospitals) [2011/12 Rands] | R 644 | R 644 | R 655 | R 720 | R 644 | R 629 | R 715 | R 644 | R 735 |
| Bed utilisation rate (based on usable beds in TB hospitals) | 79.3% | 79.3% | 71.6% | 71.9% | 79.3% | 79.7% | 76.5% | 79.3% | 73.7% |
| Average length of stay (in TB hospitals) | 78.3 | 78.3 | 69.3 | 71.4 | 78.3 | 78.4 | 76.5 | 78.3 | 75.8 |
| Complaints resolution within 25 working days rate (from users of TB hospitals) | 76.5% | 76.5% | 88.9% | 90.0% | 76.5% | 100.0% | 100.0% | 76.5% | 100.0% |
| Hospital patient satisfaction rate (in TB hospitals) | 85.6% | 0.0% | 0.0% | 0.0% | 0.0% | 96.4% | 96.4% | 0.0% | 93.8% |
| Percentage of TB hospitals assessed for compliance against the 6 priorities of the core standards | 40.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 25.0% |
| (NID: Facility core standards self-assessment rate in TB hospitals) | | | | | | | - | - | - |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (TB hospitals) | | | | | | | - | - | - |
| Morbidity and mortality review rate (in TB hospitals) | 100.0% | 100.0% | 150.0% | 150.0% | 100.0% | 138.5% | 130.8% | 100.0% | 126.9% |
| Psychiatric Hospitals | | | | | | | | | |
| Number of usable beds (in psychiatric hospitals) | 1 698 | 1 698 | 1 698 | 1 698 | 1 698 | 1 698 | 1 698 | 1 698 | 1 698 |
| Inpatient separations – total (in psychiatric hospitals) | 6 166 | 1 569 | 1 575 | 1 598 | 1 599 | 1 632 | 1 565 | 1 486 | 1 608 |
| Patient day equivalents [PDE] total (in psychiatric hospitals) | 560 228 | 139 461 | 143 687 | 142 660 | 142 269 | 147 319 | 145 183 | 138 733 | 143 814 |
| OPD total headcount (in psychiatric hospitals) | 27 235 | 6 637 | 10 427 | 10 078 | 7 403 | 10 569 | 10 778 | 6 892 | 11 519 |
| Expenditure per patient day equivalent [PDE] total (in psychiatric hospitals) [2011/12 Rands] | R 1 090 | R 1 090 | R 999 | R 1 054 | R 1 090 | R 1 102 | R 1 132 | R 1 090 | R 1 080 |
| Inpatient bed utilisation rate (based on usable beds in psychiatric hospitals) | 88.9% | 87.3% | 90.5% | 89.9% | 89.0% | 92.8% | 91.4% | 86.8% | 90.3% |
| Average length of stay (in psychiatric hospitals) | 89.4 | 88.3 | 89.0 | 87.2 | 88.4 | 88.1 | 90.5 | 92.8 | 87.0 |
| Complaint resolution within 25 working days rate (from users of psychiatric hospitals) | 87.4% | 90.0% | 90.5% | 86.4% | 90.0% | 100.0% | 100.0% | 81.6% | 85.7% |
| Hospital patient satisfaction rate (in psychiatric hospitals) | 85.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 85.0% | 81.8% |
| Percentage of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards | - | - | - | - | - | - | - | - | - |
| Percentage of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards | - | - | - | - | - | - | - | - | - |
| (NID: Facility core standards self-assessment rate in psychiatric hospitals) | | | | | | | - | - | - |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (psychiatric hospitals) | | | | | | | - | - | - |
| Mortality and morbidity review rate (in psychiatric hospitals) | 100.0% | 100.0% | 120.0% | 120.0% | 100.0% | 120.0% | 120.0% | 100.0% | 120.0% |
| Number of useable beds (in step-down facilities) | 145 | 145 | 145 | 145 | 145 | 145 | 145 | 145 | 145 |
| Inpatient bed utilisation rate (in step-down facilities) | 82.6% | 83.3% | 83.5% | 80.5% | 84.5% | 85.6% | 85.1% | 83.3% | 87.5% |
| Total number of patient days (in step-down facilities) | 43 694 | 11 023 | 11 046 | 10 657 | 11 181 | 11 330 | 11 265 | 11 019 | 11 585 |

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|---|---|---|--|---|---|--|---|---|--|
| Rehabilitation Hospitals | | | | | | | | | |
| Number of usable beds (in rehabilitation hospitals) | 156 | 156 | 156 | 156 | 156 | 156 | 156 | 156 | 156 |
| Inpatient separations –total (in rehabilitation hospitals) | 893 | 236 | 189 | 213 | 217 | 252 | 234 | 233 | 249 |
| Patient day equivalents [PDE] total (in rehabilitation hospitals) | 46 695 | 11 664 | 11 935 | 11 767 | 11 695 | 11 777 | 11 593 | 11 299 | 12 097 |
| OPD headcount total (in rehabilitation hospitals) | 10 659 | 2 544 | 2 918 | 2 868 | 2 906 | 2 702 | 2 443 | 2 544 | 3 065 |
| Expenditure per patient day equivalent [PDE] (in rehabilitation hospitals) [2011/12 Rands] | R 2 233 | R 2 233 | R 2 003 | R 1 967 | R 2 233 | R 2 088 | R 2 014 | R 2 233 | R 1 870 |
| Inpatient bed utilisation rate (based on usable beds in rehabilitation hospitals) | 75.8% | 73.8% | 77.0% | 75.9% | 73.6% | 76.4% | 75.7% | 71.7% | 77.8% |
| Average length of stay (in rehabilitation hospitals) | 48.3 | 45.6 | 58.0 | 50.8 | 49.5 | 43.2 | 46.2 | 44.9 | 44.5 |
| Complaint resolution within 25 working days rate (from users of rehabilitation hospitals) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Hospital patient satisfaction rate (in rehabilitation hospitals) | 92.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of rehabilitation hospitals assessed for compliance against the 6 (NID: Facility core standards self-assessment rate in Number of hospitals assessed for compliance against the 6 priorities of the core standards(rehabilitation hospitals) | - | - | - | - | - | - | - | - | - |
| Mortality and morbidity review rate (in rehabilitation hospitals) | 100.0% | 100.0% | 150.0% | 150.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Dental Training Hospitals | | | | | | | | | |
| Number of oral health patient visits per annum | 115 100 | 31 050 | 33 336 | 29 421 | 35 525 | 31 065 | 32 925 | 22 375 | 26 648 |
| Number of removable oral health prosthetic devices manufactured (dentures) | 4 460 | 1 350 | 911 | 1 146 | 1 300 | 959 | 1 105 | 1 250 | 1 578 |
| PROGRAMME 5: CENTRAL HOSPITAL SERVICES | | | | | | | | | |
| Central Hospital Services | | | | | | | | | |
| Delivery by Caesarean section rate (in central hospitals) | 47.7% | 47.7% | 47.5% | 47.6% | 47.7% | 49.8% | 49.6% | 47.7% | 48.0% |
| Number of usable beds (in central hospitals) | 2 359 | 2 359 | 2 329 | 2 329 | 2 359 | 2 329 | 2 342 | 2 359 | 2 359 |
| Inpatient separations – total (in central hospitals) | 121 482 | 30 371 | 29 718 | 29 197 | 30 371 | 30 615 | 30 031 | 30 371 | 31 479 |
| OPD headcount - total (in central hospitals) | 731 245 | 182 811 | 183 008 | 175 499 | 182 811 | 185 565 | 182 934 | 182 811 | 192 575 |
| Patient day equivalents [PDE] total (in central hospitals) | 1 004 309 | 251 077 | 250 432 | 246 916 | 251 077 | 258 972 | 256 660 | 251 077 | 259 113 |
| Inpatient bed utilisation rate (based on usable beds in central hospitals) | 84.7% | 84.7% | 85.3% | 84.9% | 84.7% | 88.8% | 87.6% | 84.7% | 86.8% |
| Expenditure per patient day equivalent [PDE] (in central hospitals) | R 3 440 | R 3 440 | R 3 476 | R 3 558 | R 3 440 | R 3 346 | R 3 376 | R 3 440 | R 3 401 |
| Average length of stay (in central hospitals) | 6.0 | 6.0 | 6.1 | 6.2 | 6.0 | 6.2 | 6.2 | 6.0 | 5.9 |
| Complaint resolution within 25 working days rate (in central hospitals) | 80.0% | 80.0% | 79.7% | 83.8% | 80.0% | 86.2% | 87.1% | 80.0% | 80.2% |
| Hospital patient satisfaction rate (in central hospitals) | 90.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (Central Hospital) | | | | | | | - | - | - |
| Mortality and Morbidity review rate (in Central Hospitals) | 78.6% | 72.2% | 175.0% | 105.6% | 83.3% | 108.3% | 106% | 77% | 88% |

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|---|---|---|--|---|---|--|---|---|--|
| Groote Schuur Hospital | | | | | | | | | |
| Delivery caesarean section rate (in Groote Schuur Hospital) | 56.0% | 56.0% | 58.6% | 55.4% | 56.0% | 57.3% | 56.5% | 56.0% | 58.1% |
| Number of usable beds (in Groote Schuur Hospital) | 975 | 975 | 945 | 945 | 975 | 945 | 955 | 975 | 975 |
| Inpatient separations – total (in Groote Schuur Hospital) | 51 602 | 12 901 | 12 213 | 11 955 | 12 901 | 12 761 | 12 539 | 12 901 | 13 217 |
| OPD total headcount - total (in Groote Schuur Hospital) | 387 014 | 96 754 | 95 133 | 91 648 | 96 754 | 98 019 | 95 601 | 96 754 | 101 093 |
| Patient day equivalents [PDE] total (in Groote Schuur Hospital) | 451 282 | 112 821 | 108 197 | 107 027 | 112 821 | 112 822 | 111 356 | 112 821 | 112 947 |
| Inpatient bed utilisation rate (based on usable beds in Groote Schuur Hospital) | 87.0% | 87.0% | 84.9% | 84.8% | 87.0% | 88.8% | 87.2% | 87.0% | 85.4% |
| Expenditure per patient day equivalent [PDE] (in Groote Schuur Hospital) | R 3 652 | R 3 652 | R 3 867 | R 3 851 | R 3 652 | R 3 715 | R 3 764 | R 3 652 | R 3 736 |
| Average length of stay (in Groote Schuur Hospital) | 6.0 | 6.0 | 6.0 | 6.1 | 6.0 | 6.0 | 6.1 | 6.0 | 5.7 |
| Complaint resolution within 25 working days rate (from users of Groote Schuur Hospital) | 80.0% | 79.5% | 86.9% | 88.5% | 79.5% | 91.3% | 91.7% | 79.5% | 88.8% |
| Hospital patient satisfaction rate (in Groote Schuur Hospital) | 90.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (Groote Schuur Hospital) | | | | | | | - | - | - |
| Mortality and morbidity review rate (in Groote Schuur Hospital) | 83.3% | 75.0% | 93.8% | 112.5% | 87.5% | 131.3% | 112.5% | 85.7% | 42.9% |
| Tygerberg Hospital | | | | | | | | | |
| Delivery caesarean section rate (in Tygerberg Hospital) | 44.0% | 44.0% | 43.6% | 44.7% | 44.0% | 46.8% | 46.9% | 44.0% | 46.0% |
| Number of usable beds (in Tygerberg Hospital) | 1 384 | 1 384 | 1 384 | 1 384 | 1 384 | 1 384 | 1 387 | 1 384 | 1 384 |
| Inpatient separations – total (in Tygerberg Hospital) | 69 880 | 17 470 | 17 505 | 17 242 | 17 470 | 17 855 | 17 492 | 17 470 | 18 263 |
| OPD total headcount - total (in Tygerberg Hospital) | 344 231 | 86 058 | 87 875 | 83 851 | 86 058 | 87 546 | 87 333 | 86 058 | 91 482 |
| Patient day equivalents [PDE] total (in Tygerberg Hospital) | 553 027 | 138 257 | 142 235 | 139 889 | 138 257 | 146 150 | 145 304 | 138 257 | 146 165 |
| Inpatient bed utilisation rate (based on usable beds in Tygerberg Hospital) | 83.0% | 83.0% | 85.6% | 84.9% | 83.0% | 88.8% | 88.0% | 83.0% | 87.8% |
| Expenditure per patient day equivalent [PDE] (in Tygerberg Hospital) | R 3 267 | R 3 267 | R 3 179 | R 3 333 | R 3 267 | R 3 061 | R 3 078 | R 3 267 | R 3 143 |
| Average length of stay (in Tygerberg Hospital) | 6.0 | 6.0 | 6.2 | 6.2 | 6.0 | 6.3 | 6.4 | 6.0 | 6.1 |
| Complaint resolution within 25 working days rate (from users of Tygerberg Hospital) | 80.0% | 79.4% | 73.1% | 77.6% | 79.4% | 81.9% | 83.1% | 77.1% | 72.4% |
| Hospital patient satisfaction rate (in Tygerberg Hospital) | 90.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (Tygerberg Hospital) | | | | | | | - | - | - |
| Mortality and morbidity review rate (in Tygerberg Hospital) | 75.0% | 70.0% | 240.0% | 100.0% | 80.0% | 90.0% | 100.0% | 70.0% | 120.0% |
| Red Cross War Memorial Children's Hospital (tertiary) | | | | | | | | | |
| Delivery caesarean section rate (in Red Cross War Memorial Children's Hospital [RCWMCH]) | Not applicable | Not applicable | - | - | Not applicable | - | - | Not applicable | - |
| Number of usable beds (in RCWMCH Hospital) | 270 | 270 | 271 | 271 | 270 | 271 | 271 | 270 | 270 |
| Inpatient separations – total (in RCWMCH Hospital) | 20 191 | 5 048 | 5 835 | 5 718 | 5 048 | 5 564 | 5 521 | 5 048 | 5 648 |
| OPD total headcount - total (in RCWMCH Hospital) | 121 938 | 30 485 | 31 248 | 30 000 | 30 485 | 32 070 | 31 878 | 30 485 | 34 223 |
| Patient day equivalents [PDE] total (in RCWMCH Hospital) | 137 074 | 34 269 | 35 950 | 34 911 | 34 269 | 34 855 | 34 983 | 34 269 | 35 408 |
| Inpatient bed utilisation rate (based on usable beds in RCWMCH Hospital) | 84.0% | 84.0% | 88.7% | 86.5% | 84.0% | 84.1% | 84.9% | 84.0% | 83.1% |
| Expenditure per patient day equivalent [PDE] (in RCWMCH Hospital) | R 3 707 | R 3 707 | R 3 050 | R 3 326 | R 3 707 | R 3 567 | R 3 554 | R 3 707 | R 3 930 |
| Average length of stay (in RCWMCH Hospital) | 4.1 | 4.1 | 3.8 | 3.7 | 4.1 | 3.7 | 3.8 | 4.1 | 3.6 |
| Complaint resolution within 25 working days rate (from users of RCWMCH Hospital) | 80.0% | 80.0% | 100.0% | 53.3% | 80.0% | 65.2% | 66.7% | 80.0% | 88.5% |
| Hospital patient satisfaction rate (in RCWMCH Hospital) | 90.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Number of hospitals assessed for compliance against the 6 priorities of the core standards (Tygerberg Hospital) | | | | | | | - | - | - |
| Mortality and morbidity review rate (in RCWMCH Hospital) | 90.0% | 100.0% | 150.0% | 150.0% | 66.6% | 100.0% | 100.0% | 100.0% | 100.0% |

| Programme / Sub programme / Performance Measures | Target for 2013/14 as per Annual Performance Plan (APP) | 1 st Quarter Planned output as per APP | 1 st Quarter Preliminary output | 1 st Quarter Actual output - validated | 2 nd Quarter Planned output as per APP | 2 nd Quarter Preliminary output | 2 nd Quarter Actual output - validated | 3 rd Quarter Planned output as per APP | 3 rd Quarter Preliminary output |
|---|---|---|--|---|---|--|---|---|--|
| PROGRAMME 6: HEALTH SCIENCES AND TRAINING | | | | | | | | | |
| Intake of nurse students (1st year at nursing college) | 250 | 250 | 268 | 268 | - | - | - | - | - |
| Intake of nurse students (1st to 4th year at HEIs and nursing) | 2 200 | 2 200 | 2 243 | 2 243 | - | - | - | - | - |
| Basic nurse students graduating (at nursing college) | 230 | - | - | - | 30 | 35 | 35 | - | - |
| Basic nurse students graduating (at nursing college and HEIs) | 550 | - | - | - | 50 | 37 | 37 | - | - |
| Students with bursaries from the province | 2 500 | 2 500 | 2 546 | 2 546 | - | - | - | - | - |
| EMC intake on accredited HPCSA courses | 132 | - | - | - | 132 | 159 | 159 | - | - |
| Intake of Home Community Based Carers (HCBCs) | 1 400 | - | - | - | 1 400 | - | - | - | 1 400 |
| Intake of data-capturer interns | 120 | 120 | 163 | 163 | - | - | - | - | - |
| Intake of pharmacy assistants | 100 | - | - | - | 100 | - | - | - | - |
| Intake of Assistant to Artisan (ATA) interns | 120 | 120 | 127 | 127 | - | - | - | - | - |
| Intake of HR and finance interns | 130 | 130 | 130 | 130 | - | - | - | - | - |
| PROGRAMME 7: HEALTH CARE SUPPORT SERVICES | | | | | | | | | |
| Laundry Services | | | | | | | | | |
| Average cost per item laundered in-house | R 4.37 | R 4.39 | R 2.99 | R 3.77 | R 4.54 | R 5.07 | R 5.07 | R 4.20 | R 4.35 |
| Average cost per item laundered outsourced | R 3.03 | R 3.03 | R 3.09 | R 3.10 | R 3.03 | R 3.11 | R 3.11 | R 3.03 | R 3.17 |
| Engineering Services | | | | | | | | | |
| Percentage of engineering emergency cases addressed within | 90.9% | 90.4% | 88.9% | 86.8% | 90.4% | 93.5% | 93.5% | 90.4% | 95.8% |
| Percentage of maintenance budget spent | 100.0% | 100.0% | 71.9% | 74.9% | 100.0% | 87.8% | 87.8% | 100.0% | 98.1% |
| Percentage of clinical engineering maintenance jobs | 77.5% | 77.5% | 78.8% | 93.6% | 77.5% | 92.8% | 92.8% | 77.5% | 93.9% |
| Percentage of maintenance jobs (excluding clinical engineering jobs) completed | 91.0% | 91.0% | 74.2% | 81.5% | 91.0% | 90.3% | 86.3% | 91.0% | 73.6% |
| Forensic Pathology Services | | | | | | | | | |
| Percentage of FPS cases responded to within 40 minutes | 78.0% | 78.0% | 85.0% | 82.5% | 78.0% | 77.9% | 77.9% | 78.0% | 77.4% |
| Percentage of cases examined within 3 days | 77.0% | 77.0% | 69.7% | 67.8% | 77.0% | 65.1% | 69.7% | 77.0% | 79.3% |
| Percentage of FPS cases released within 5 days (excluding unidentified persons) | 80.0% | 80.0% | 73.7% | 73.6% | 80.0% | 72.1% | 71.9% | 80.0% | 77.6% |
| Cape Medical Depot | | | | | | | | | |
| Percentage of pharmaceutical stock available | 97% | 97% | 92% | 92% | 97% | 95% | 95% | 97% | 97% |
| PROGRAMME 8: HEALTH FACILITIES MANAGEMENT | | | | | | | | | |
| Health Facilities Management | | | | | | | | | |
| Percentage of preventive maintenance (Equitable Share) budget spent | 100.0% | 100.0% | 0.0% | 0.0% | 100.0% | 122.8% | 122.8% | 100.0% | 90.2% |
| Percentage of scheduled maintenance (Equitable Share) budget spent | 100.0% | 100.0% | 184.1% | 176.5% | 100.0% | 97.2% | 97.2% | 100.0% | 59.6% |
| Percentage of health infrastructure component budget spent | 100.0% | 100.0% | 102.5% | 115.4% | 100.0% | 97.4% | 97.4% | 100.0% | 88.1% |
| Percentage of hospital revitalisation component budget spent | 100.0% | 100.0% | 64.4% | 58.9% | 100.0% | 53.2% | 53.2% | 100.0% | 51.7% |
| Percentage of Equitable Share capital budget spent | 100.0% | 100.0% | 124.8% | 112.5% | 100.0% | 95.2% | 95.2% | 100.0% | 19.2% |
| Percentage of Health Technology budget spent | 100.0% | 100.0% | 49.3% | 38.0% | 100.0% | 37.1% | 37.1% | 100.0% | 33.5% |
| Percentage of strategic briefs completed | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Percentage of capital projects completed | 100.0% | 100.0% | 200.0% | 0.0% | 100.0% | 0.0% | 0.0% | 100.0% | 100.0% |

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