Annexures

PROGRAMME 1: ADMINISTRATION

HUMAN RESOURCES: TABLE ADMIN 3

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of medical officers per 100 000 people	Filled medical officer posts on last day of March per 100 000 people.	Tracks the number of filled medical officer posts as part of monitoring availability of human resources for Health.	Numerator: Personnel records Denominator: Population data	Numerator: PERSAL Denominator: StatsSA	Numerator: Filled medical officer posts Denominator: Total population	100 000	Dependant on accuracy of PERSAL system and estimated total population from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers contributes to improving access to and quality of clinical care.	Director: Human Resource Management
2) Number of medical officers per 100 000 people in rural districts	Filled medical officer posts in rural districts on last day of March per 100 000 people.	Tracks the number of filled medical officer posts in the rural districts, as part of monitoring availability of human resources for Health in rural districts. This indicator also assists in assessing urban /rural equity.	Numerator: Personnel records Denominator: Population data	Numerator: PERSAL Denominator: StatsSA	Numerator: Filled medical officer posts in rural districts Denominator: Population in rural districts	100 000	Dependant on accuracy of PERSAL system and estimated population in rural districts from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers in rural districts contributes to improving access to and quality of clinical care in rural district.	Director: Human Resource Management
3) Number of professional nurses per 100 000 people	Filled professional nurse posts on last day of March per 100 000 people.	Tracks the number of filled professional nurse posts, as part of monitoring availability of human resources for Health.	Numerator: Personnel records Denominator: Population data	Numerator: PERSAL Denominator: StatsSA	Numerator: Filled professional nurse posts Denominator: Total population	100 000	Dependant on accuracy of PERSAL system and estimated total population from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses contributes to improving access to and quality of health services.	Director: Human Resource Management
4) Number of professional nurses per 100 000 people in rural districts	Filled professional nurse posts in rural districts on last day of March per 100 000 people.	Tracks the number of filled professional nurse posts in rural districts, as part of monitoring availability of human resources for Health in rural districts. This indicator also assists in assessing urban /rural equity.	Numerator: Personnel records Denominator: Population data	Numerator: PERSAL Denominator: StatsSA	Numerator: Filled professional nurse posts in rural districts Denominator: Population in rural districts	100 000	Dependant on accuracy of PERSAL system and estimated population in rural districts from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses in rural districts contributes to improving access to and quality of health services in rural districts.	Director: Human Resource Management
5) Number of pharmacists per 100 000 people	Filled pharmacist posts on last day of March per 100 000 people.	Tracks the number of filled pharmacists posts to monitor availability of human resources for Health.	Numerator: Personnel records Denominator: Population data	Numerator: PERSAL Denominator: StatsSA	Numerator: Filled pharmacist posts Denominator: Total population	100 000	Dependant on accuracy of PERSAL system and estimated total population from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of pharmacists lead to better quality of care.	Director: Human Resource Management

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6) Number of pharmacists per 100 000 people in rural districts	Filled pharmacist posts in rural districts on last day of March per 100 000 people.	Tracks the number of filled pharmacist posts in rural districts, as part of monitoring availability of human resources for Health in rural districts. This indicator also assists in assessing urban /rural equity.	Numerator: Personnel records Denominator: Population data	Numerator: PERSAL Denominator: StatsSA	Numerator: Filled pharmacist posts in rural districts Denominator: Population in rural districts	100 000	Dependant on accuracy of PERSAL system and estimated population in rural districts from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of pharmacists in rural districts lead to better quality of care in these rural districts.	Director: Human Resource Management
7) Vacancy rate for professional nurses	Vacant professional nurse posts on last day of March per 100 000 people.	Tracks the number of vacant professional nurses posts to monitor availability of human resources.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Vacant professional nurse posts on 31 March Denominator: Funded professional nurse posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Annual	No	Decrease in the vacancy rate implies an increase in the number of professional nurses, which lead to better quality of care.	Director: Human Resource Management
8) Vacancy rate for medical officers	Vacant medical officer posts on last day of March per 100 000 people.	Tracks the number of vacant medical officer posts to monitor availability of human resources.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Vacant medical officer posts on 31 March Denominator: Funded medical officer posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Annual	No	Decrease in the vacancy rate implies an increase in the number of doctors (medical officers), which lead to better quality of care.	Director: Human Resource Management
9) Vacancy rate for medical specialists	Vacant medical specialist posts on last day of March per 100 000 people.	Tracks the number of vacant medical specialists posts to monitor availability of human resources.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Vacant medical specialists posts on 31 March Denominator: Funded medical specialist posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Annual	No	Decrease in the vacancy rate implies an increase in the number of medical specialists, which lead to better quality of care.	Director: Human Resource Management
10) Vacancy rate for pharmacists	Vacant pharmacist posts on last day of March per 100 000 people.	Tracks the number of vacant pharmacist posts to monitor availability of human resources.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Vacant pharmacist posts on 31 March Denominator: Funded pharmacist posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Annual	No	Decrease in the vacancy rate implies an increase in the number of pharmacists, which lead to better quality of care.	Director: Human Resource Management

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
11) Attrition rate for professional nurses	Percentage of filled professional nurse posts at the start of the period that becomes vacant during the period.	Tracks the rate at which Public Health Services lose professional nurses, which has a huge potential impact on service delivery.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator Professional nurse posts that become vacant during the period Denominator Filled professional nurse posts at the start of the period	100 (%)	Dependant on accuracy of PERSAL data	Process	Percentage	Annual	No	Reporting of lower figures is desired, as it reflects lower rates of attrition (losses) of professional nurses.	Director: Human Resource Management
12) Absenteeism for professional nurses	Percentage of working days lost through sickness by professional nurses.	To monitor the number of working days lost through absenteeism of professional nurses, which impacts on health service delivery.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator Sick leave days for professional nurses Denominator Total working days for professional nurses	100 (%)	Depends on a well functioning leave management system.	Process	Percentage	Annual	No	Low figures reflect a positive picture.	Human Resources Management

Note: Indicators prescribed by the National Department of Health are highlighted in blue as above.

ADMINISTRATION : TABLE ADMIN 2

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Percentage under /over spending of the annual allocated budget	Percentage of the allocated annual budget the department has under- or overspent.	Promote efficient use of financial resources to ensure that the annual allocated budget is utilised and aligned to the department's strategic objectives.	Numerator: Expenditure reports Denominator: Annual allocated budget	Numerator: BAS Denominator: BAS	Numerator: Actual expenditure MINUS Annual allocated budget (In-year monitoring uses Projected annual expenditure MINUS Annual allocated budget) Denominator: Annual allocated budget	100 (%)	Dependant on accuracy of expenditure information recorded on BAS.	Output	Percentage	Quarterly	Yes	Positive percentage indicates over-expenditure and negative percentage under-expenditure.	Chief Financial Officer
2) Percentage of occupational skills analysis completed for all staff	Percentage of completed occupational skills analysis completed for all categories of staff: • Allied health workers • Dental staff • Medical staff • Emergency medical staff • Engineering and related staff • Nursing staff • Pharmacist and related staff • Social worker staff • Administrative staff	To ensure all staff possess the necessary qualification, experience and competencies to perform the job requirements.	Numerator: Personnel records and completed questionnaires Denominator: PERSAL	Numerator: PERSAL Denominator: PERSAL	Numerator: Competency assessments completed and recorded for all staff categories Denominator: Funded posts on staff establishment (filled and vacant) as per the Approved Post List at 1 April of the reporting period	100 (%)	Dependant on accuracy of PERSAL data and completed questionnaires.	Input	Percentage	Quarterly	Yes	Higher percentage indicates an increase in the number of occupational skills analysis completed and recorded to determine the competency gap.	Director: Human Resource Management
3) Percentage of filled finance posts	Percentage of filled posts within the finance components at head office.	To increase capacity within the finance components to support sound financial management practices.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Filled finance posts Denominator: Funded vacant posts on the finance staff establishment at Head Office	100 (%)	Dependant on accuracy of PERSAL system.	Input	Percentage	Quarterly	Yes	Higher percentage indicates increase in the number of posts filled.	Chief Financial Officer

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4) Number of organisational and post structures implemented	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented by 2014/15.	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
5) Number of implemented organisational and post structures of Head Office	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at Head Office.	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at Head Office	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
6) Number of implemented organisational and post structures of central and dental hospitals	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at Central and Dental Hospitals.	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at central and dental hospitals	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
7) Number of implemented organisational and post structures of the Chief Director Regional Hospitals, Mental Health & EMS	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at the Chief Director Regional Hospitals, Mental Health.	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at Regional Office of the Chief Director Regional Hospitals, Mental Health	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
8) Number of implemented organisational and post structures of metro hospitals of the Chief Director Regional Hospitals, Mental Health & EMS	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at regional hospitals in the metro.	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at metro hospitals	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Number of implemented organisational and post structures of TB and infectious diseases hospitals	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at TB and infectious diseases hospitals.	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at TB and infectious diseases hospitals	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
10) Number of implemented organisational and post structures of Associated Psychiatric Hospitals	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at Associated Psychiatric Hospitals (APH).	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at APH	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
11) Number of implemented organisational and post structures of Emergency Medical Services	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at Emergency Medical Services (EMS).	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at EMS	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
12) Number of implemented organisational and post structures of Metro District Health Services (9 district hospitals and 4 PHC sub-structures)	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at Metro District Health Services (MDHS) (i.e. 9 district hospitals and 4 PHC sub-structures).	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at Metro District Health Services	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management
13) Number of implemented and maintained organisational and post structures of Rural District Health Services (25 district hospitals and 5 districts)	The number of organisational and post structures, aligned to the Comprehensive Service Plan (CSP), that have been implemented at rural districts	To ensure the organisational and post structures are implemented and maintained in accordance with the recommended CSP structures to improve service delivery.	Organisational and post structures	OrgPlus software	Organisational and post structures implemented at Rural District Health Services	None (No)	Dependant on accuracy of OrgPlus data.	Input	Cumulative	Quarterly	Yes	Higher number indicates an increase in the organisational and post structures that are aligned with the CSP.	Director: Human Resource Management

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14) Number of chief directorates with policies and practices posted and maintained on the departmental website	The number of chief directorates with policies and practice notes that have been uploaded onto the department's official website.	To ensure an informed and well-equipped workforce by utilising the department's official website as the primary source of communication for internal stakeholders.	Policies and practice notes	Departmental website	Chief Directorates with policies and practice notes uploaded on website	None (No)	Dependant on submission of all policies and practice notes by the respective chief directorates.	Efficiency	Cumulative	Quarterly	Yes	Higher number indicates more policies and practice notes are available on the website and should lead to a better-informed and equipped workforce.	Director: Communi-cation
15) Number of institutions submitting monthly financial reports	Number of institutions that report monthly on financial compliance with regard to the predetermined list of requirements.	To ensure adherence to the legislative requirement imposed on the department.	Monthly financial reports	Financial Reporting Tool (FRT)	Institutions submitting monthly	None (No)	Dependant on accuracy of data input by reporting institutions.	Input	Number	Quarterly	Yes	Higher number will contribute to achieving an unqualified audit report with regard to financial compliance management.	Chief Director Financial Administration
16) Percentage of pharmaceutical stock availability	The percentage of pharmaceutical stock that has to be available at all times at the Cape Medical Depot (CMD).	To ensure optimum pharmaceutical stock levels to meet demand.	Numerator: Stock master Denominator: Stock master	Numerator: MEDSAS Denominator: MEDSAS	Numerator: Pharmaceutical items on the Essential Drug List that are in stock at the CMD Denominator: Pharmaceutical items on the Essential Drug List	100(%)	Dependant on accuracy of data recorded on MEDSAS.	Efficiency	Percentage	Quarterly	Yes	Higher percentage indicate fewer items out of stock at the CMD.	Director: Supply Chain Management
17) Provision of the Accounting Officers System policy	An Accounting Officers System policy is maintained and provided to institutions on an annual basis.	To ensure level 3 compliance for Supply Chain Management.	AOS policy document	AOS policy document	AOS policy provided	None (Yes/No)	None.	Output	Yes/No	Annually	Yes	Compliance will contribute to achieving a level 3 financial compliance for Supply Chain Management.	Director: Supply Chain Management
18) Provision of a procurement plan	A Procurement Plan for minor and major assets is developed and maintained on an annual basis.	To ensure level 3 compliance for Supply Chain Management.	Procurement Plan	Procurement Plan	Procurement Plan provided	None (Yes/No)	Dependant on accuracy and completeness of asset register.	Output	Yes/No	Annually	Yes	Compliance will ensure assets are aligned to the budget and programme deliverables for the department.	Chief Director: Metro Districts

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
19) Number of registered sites compiling asset reconciliation reports	The number of registered sites that compile asset reconciliation reports on a monthly basis. Reconciliation reports are manually compiled based on capital asset expenditure reflected on BAS and capital asset additions reflected on the LOGIS and SYSPRO systems (the 3 central hospitals use SYSPRO and all other hospitals use LOGIS).	To ensure level 3 compliance for Supply Chain Management	Monthly asset reconciliation reports	Monthly asset reconciliation reports	Registered sites performing asset reconciliations	None (no)	Dependant on accuracy of data input by reporting sites.	Output	Number	Quarterly	Yes	Higher number will indicate that all expenditure on assets is being recorded by institutions.	Director: Supply Chain Management
20) Data submission rate of prioritised datasets	Percentage of Routine Monthly Reports (RMR), Hospital Throughput Forms and HIV Counselling and Testing Register Reports that have been submitted to the provincial office according to the Western Cape Department of Health Data Flow Policy.	To ensure a complete health information dataset that is available for monitoring and reporting purposes.	Numerator: Missing Data Report Denominator: Facility list	Numerator: SINJANI Denominator: Facility list	Numerator: Sum of: • PHC forms submitted • Hospital forms submitted • VCT forms submitted Denominator: Sum of: • Expected PHC forms • Expected hospital forms • Expected VCT forms	100 (%)	Dependant on reporting facilities submitting data.	Efficiency	Percentage	Quarterly	No	Higher percentage indicates a more complete dataset is available for monitoring and reporting purposes.	Director: Information Management
21) Percentage of hospitals where the HIS has been implemented	Percentage of provincial health hospitals where the HIS (Hospital Information System) has been implemented.	Co-ordinate, integrate and provide health information to the department.	Numerator: HIS Roll-out Project Plan Denominator: Contract with Health Systems Technology (HST)T	Numerator: HIS Roll-out Project Plan Denominator: Contract with HST	Numerator: Hospitals where the HIS has been implemented Denominator: Hospitals on the HIS contract	100 (%)	Dependant on availability and accuracy of HIS Roll-out Project Plan.	Efficiency	Percentage	Quarterly	No	Higher percentage indicates an increase in the number of facilities with access to the HIS.	Director: Information Management

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
22) Number of organisational structures (APH, central hospitals, districts, CD: Regional Hospitals and EMS) submitting composite QI reports	Composite Quality Improvement (QI) reports relating to consumer and technical quality that have been submitted by the Associated Psychiatric Hospitals (APH), central hospitals, districts, and the Chief Directorate: Regional hospitals and Emergency Medical Services (EMS). This include reports on complaints and compliments, safety and security, hospital improvement plans, morbidity and mortality, staff and patient satisfaction surveys, staff attitudes, adverse incident s, infection, prevention and control.	Tracks the number of composite QI reports submitted across the levels of care by organisational structures within the Department.	Numerator Facility and District QA Return Denominator: Quality Assurance organisational structures	Denominator Quarterly Return.xls Denominator: Quality Assurance organisational structures	Numerator Composite QI reports submitted Denominator Number of Quality Assurance organisational structures	100 (%)	Accuracy dependant on quality of data from reporting structures.	Quality	Number	Quarterly	Yes	Higher percentage indicates an increase in the number of QI related activities that are integrated and institutionalised into service delivery and quality of care.	Quality Assurance Programme Manager

Note:
Indicators that are also strategic objective baseline indicators are highlighted in yellow, as above.

PROGRAMME 2: DISTRICT HEALTH SERVICES

DISTRICT HEALTH SERVICES: TABLES DHS3 & DHS 5

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Utilisation rate - PHC	Rate at which services are utilised by the target population, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at PHC facilities for the purposes of allocating staff and other resources.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: PHC total headcount Denominator: Total population	None (no)	Dependant on the accuracy of estimated total population from StatsSA	Output	Rate (annualised)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	District Health Services (DHS) Programme Manager
2) PHC total headcount	Number of PHC patients seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen. Include the headcount for provincial and local government PHC facilities.	Tracks the uptake of primary health care services at each PHC site for the purposes of allocating staff and other resources.	Routine Monthly Report	SINJANI / DHIS	PHC total headcount	None (no)	Accuracy of headcount depends on the reliability of PHC patient records kept at facility level.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	DHS Programme Manager
3) Utilisation rate - PHC under 5 years	Rate at which services are utilised by the target population under 5 years, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at PHC facilities for the purposes of allocating staff and other resources.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: PHC headcount under 5 years Denominator: Population under 5 years	None (no)	Dependant on the accuracy of estimated population under 5 years from StatsSA.	Output	Rate (annualised)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	DHS Programme Manager
4) PHC total headcount – under 5 years	Number of PHC patients under the age of 5 years seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen. Include the headcount for provincial and local government PHC facilities.	Tracks the uptake of children under 5 in PHC services at each PHC site for the purposes of allocating staff and other resources.	Routine Monthly Report	SINJANI / DHIS	PHC headcount under 5 years	None (no)	Accuracy of headcount depends on the reliability of PHC patient records kept at facility level.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	DHS Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Supervision rate	Percentage of fixed PHC facilities that were visited by a supervisor at least once every month (official supervisor report completed). A fixed PHC facility is a facility that is open for at least 8 hours a day for 5 days a week. It includes, community health centres, community day centres and clinics, but excludes satellite clinics and mobiles.	Tracks the supervision rate of all PHC facilities.	Numerator: Routine Monthly Report Denominator: Facility list	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Supervisor visit this month (fixed facilities only) Denominator: Fixed PHC facilities X number of months in the period under review	100 (%)	Dependant on the accuracy of reporting on the purpose of the visit by the supervisor to the PHC facility.	Quality	Percentage	Quarterly	No	Higher levels indicate better support to the PHC facilities.	District Health Services Manager
6) Percentage of community health centres (CHCs) and community day centres (CDCs) with a resident doctor	Percentage of community health centres (CHCs) and community day centres (CDCs) that are supported by a resident doctor. A resident doctor is a doctor that is on the staff establishment of the CHC or CDC.	Tracks the national norms of the PHC package.	Numerator: Facility Semi-permanent Data Report Denominator: Facility list	Numerator: SINJANI Denominator: Facility list	Numerator: CHCs and CDCs with a resident doctor Denominator: Number of CHCs and CDCs	100 (%)	Dependant on the accuracy of reporting on the number of CHCs and CDCs with a resident doctor.	Input	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to the national norms.	DHS Programme Manager
7) Percentage of fixed clinics supported by a doctor at least once a week	Percentage of fixed clinics (excluding CHCs and CDCs) supported by a doctor at least once a week.	Tracks the national norms of the PHC package.	Numerator: Facility Semi-permanent Data Report Denominator: Facility list	Numerator: SINJANI Denominator: Facility list	Numerator: Fixed clinics supported by a doctor at least once a week (excluding CHCs and CDCs) Denominator: Fixed clinics (excluding CHCs and CDCs)	100 (%)	Dependant on the accuracy of reporting on the number of clinics supported by a doctor at least once a week.	Input	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to the national norms.	DHS Programme Manager
8) Professional nurse clinical workload (PHC)	Average number of patients a professional nurse has consulted per day. The number of actual work days for professional nurses, used to perform primary health care services in the facility, is used. One actual work day is normally equivalent to an 8-hour shift (40 hours of work).	Tracks the number of patients a professional nurse consults per day.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: PHC total headcount MINUS PHC (curative) case seen by doctor – not referred Denominator: Professional nurse clinical work days	None (no)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Average	Quarterly	No	Higher workload indicates better use of human recourses.	DHS Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Doctor clinical workload (PHC)	Average number of patients a doctor (irrespective of rank) has consulted per day. The number of actual work days for doctors, used to perform primary health care services in the facility, is used. One actual work day is normally equivalent to an 8-hour shift (40 hours of work).	Tracks the number of patients a doctor consults per day.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: PHC (curative) case seen by doctor (Sum of referred and not referred) Denominator: Doctor clinical work days	None (no)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Average	Quarterly	No	Higher workload indicates better use of human recourses.	DHS Programme Manager
10) Number of NPO appointed home carers	The number of home carers (i.e. caregivers) appointed by non-profit organisations (NPOs) funded by the Department of Health.	Tracks the provision of home-based care for prioritised clients in need of care.	Service Level Agreement between the Department and the NPO	NPO homecarer database	NPO appointed caregivers	None (no)	Accuracy is dependant on the records maintained by non-profit organisations.	Input	Cumulative	Quarterly	No	Higher number indicates greater capacity to render home-based care services.	CBS Programme Manager
11) Total CBS headcounts	Home based care (HBC) clients seen (i.e. headcount) during the reporting period. Each client seen is counted once for every home-based carer visit (regardless of the number of services given), including the number of family members in a household of a registered client, to whom health promotion is given by the care giver.	Tracks the delivery and uptake of CBS services in each sub-district for the purposes of allocating staff and other resources.	Home Based Care Register	SINJANI	CBS headcount	None (no)	Accuracy is dependant on the records maintained by non-profit organisations.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake indicate increased access to community based services.	CBS Programme Manager
12) Number of palliative / sub-acute and chronic care beds	Number of useable beds in community based service inpatient care for palliative / sub-acute and chronic care. Useable beds in CBS inpatient care facilities are beds funded by the Department that are actually available for use within the facility.	Tracks the availability of beds within the facility for inpatient CBS care.	Hospital Throughput Form	SINJANI	Useable beds in palliative / sub-acute and chronic care inpatient facilities	None (no)	Accuracy is dependant on the quality of data from non-profit organisations.	Input	Cumulative	Quarterly	No	Higher levels indicate increased access to inpatient care for palliative / sub-acute and chronic care.	CBS Programme Manager
13) Number of prescriptions dispensed through the CDU	Total number of prescriptions evaluated, labelled and packed for patient use through a Central Dispensing Unit (CDU) during the period under review.	Tracks the delivery of chronic medication to patients at a reduced time.	Pharmacy Statistical Return form	SINJANI	Prescriptions dispensed by CDU issued by pharmacy	None (no)	Accuracy is dependent on the reliability of pharmacy data from the reporting facility.	Efficiency	Sum for period under review	Quarterly	No	Higher levels indicate increased access to chronic medication to clients.	CBS Programme manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14) Provincial expenditure per PHC headcount	Expenditure on primary health care (PHC) by the provincial DoH, per PHC headcount at provincial PHC facilities.	Tracks the cost to provincial DoH for every headcount seen at provincial PHC facilities.	Numerator: Financial data Denominator: Routine Monthly Report	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Expenditure on PHC by provincial DoH at PHC facilities (Sub-programmes 2.1, 2.2 and 2.3) Denominator: PHC total headcount	None (no)	Accuracy of Expenditure depends on the correct expenditure allocation. Accuracy of headcount depends on the reliability of PHC record management at facility level.	Efficiency	Rate	Quarterly	No	Lower expenditure could indicate efficient use of financial resources, or incomplete provision of the comprehensive PHC package.	DHS Programme Manager
15) Provincial PHC expenditure per uninsured person	Expenditure on primary health care (PHC) by the provincial DoH per uninsured population.	To monitor adequacy of funding levels for PHC services.	Numerator: Financial data Denominator: Population data	Numerator: BAS Denominator: StatsSA	Numerator: Provincial expenditure on PHC services (Sub-programmes 2.1, 2.2 and 2.3) Denominator: Uninsured population in the province	None (no)	Accuracy of expenditure depends on the accuracy of expenditure allocation. Accuracy of population dependant on the accuracy of estimated total population from StatsSA.	Input	Rate (annualised)	Quarterly	No	Higher levels of expenditure reflect prioritisation of PHC services.	DHS Programme Manager
16) Number of Family Physicians appointed in the District Health System	The number of filled family physician posts within the District Health System at the end of the reporting period.	Tracks the delivery of efficient Primary Health Care (PHC) services in each 6 districts.	Personnel records	PERSAL	Filled family physician posts in District Health Services	None (no)	Dependant on accuracy of PERSAL system.	Input	Cumulative	Quarterly	No	Increased number of Family Physicians will ensure increased clinical governance.	DHS Programme Manager
17) Number of Family Medicine registrars employed in the District Health System	The number of filled family medicine registrar posts within the District Health System at the end of the reporting period.	Tracks the delivery of efficient Primary Health Care (PHC) services in the province.	Personnel records	PERSAL	Filled family medicine registrar posts in District Health Services	None (no)	Dependant on accuracy of PERSAL system.	Input	Cumulative	Quarterly	No	Increased number of Family Physicians will ensure increased clinical governance.	DHS Programme Manager

DISTRICT HOSPITALS: TABLES DHS8 AND DHS10

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of district hospital beds	Useable beds in district hospitals are beds actually available for use within the district hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of district hospital beds to ensure accessibility of district hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in district hospitals	None (no)	Accuracy is dependent on the quality of data from reporting facility.	Input	Cumulative	Quarterly	No	Adequate bed numbers ensure the availability of services to reduce the burden of disease.	District Health Services (DHS) Programme Manager
2) Caesarean section rate for district hospitals	Caesarean section deliveries in district hospitals expressed as a percentage of all deliveries in district hospitals.	Track the performance of obstetric care of the district hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Caesarean section in district hospitals Denominator: Deliveries in district hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	No	Higher percentage of caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Maternal, Child and Women's Health (MCWH) Programme Manager
3) Total separations in district hospitals	Recorded completion of treatment and/or the accommodation of an inpatient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in district hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in district hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	DHS Programme Manager
4) Patient day equivalents in district hospitals	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in district hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in district hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system	DHS Programme Manager
5) OPD total headcount in district hospitals	A headcount of all outpatients attending an outpatient clinic in district hospitals.	Monitoring the service volumes in district hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in district hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	DHS Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6) Average length of stay in district hospitals	Average number of patient days that an admitted patient spends in the district hospital before separation.	To monitor the efficiency of district hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in district hospitals Denominator: Total separations in district hospitals	None (no)	High levels of efficiency y could hide poor quality	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	DHS Programme Manager
7) Bed utilisation rate (based on usable beds) in district hospitals	Patient days in district hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in district hospitals.	Track the over/under utilisation of district hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in district hospitals Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	DHS Programme Manager
8) District hospitals with mortality and morbidity meetings every month	Percentage of district hospitals having M&M meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Numerator: Quality improvement Initiative form Denominator: Facility list	Numerator: SINJANI Denominator: Facility list	Numerator: Number of district hospitals having M&M meetings every month Denominator: Number of district hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance.	Quality Assurance (QA) Programme Manager
9) Percentage of district hospitals with clinical audit meetings every month	Percentage of district hospitals having clinical audit meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths.	Numerator: Quality improvement Initiative form Denominator: Facility list	Numerator: SINJANI Denominator: Facility list	Numerator: Number of district hospitals having clinical audit meetings every month Denominator: Number of district hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance.	Quality Assurance (QA) Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Provincial district hospital expenditure per uninsured person.	Total expenditure by the DOH on district hospital services per uninsured person.	To monitor the adequacy of funding levels for district hospitals services.	Numerator: Financial data Denominator: Population data	Numerator: BAS Denominator: StatsSA	Numerator Total expenditure of the province on district hospital services (sub-programme 2.9 Denominator Uninsured population	None (no)	Accuracy is dependent on the adequate recording of finances and accurate estimation of the population data by StatsSA.	Input	Rate (annualised)	Quarterly	Yes	Higher levels of expenditure reflect prioritisation of services.	DHS Programme Manager
11) Expenditure per patient day equivalent (PDE) in district hospitals	Average cost per patient day equivalent in district hospitals. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in district hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in district hospitals (sub-programme 2.9) Denominator: Patient day equivalent (PDE)	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	DHS Programme Manager

HIV AND AIDS, TB AND STI CONTROL: TABLES HIV1 AND HIV3

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) HIV prevalence in women aged 15 – 24 years	The percentage of HIV positive antenatal women aged 15 - 24 years in the province tested during the national component of the annual antenatal HIV and syphilis survey.	To determine the HIV prevalence and the success of prevention programmes at halting and/or reversing the number of new cases.	Numerator: Annual Antenatal HIV and Syphilis Survey Denominator: Annual Antenatal HIV and Syphilis Survey	Numerator: Annual Antenatal HIV and Syphilis Survey results Denominator: Annual Antenatal HIV and Syphilis Survey results	Numerator: HIV positive women aged 15 - 24 years Denominator: Women aged 15-24 years tested for HIV	100 (%)	Insufficient specimen collection from 15-24 age group, incomplete data completion of forms, analysis of results.	Outcome	Percentage	Annual	Yes	Used to monitor and evaluate impact of prevention programmes.	HIV and AIDS Programme Manager
2) Total registered patients receiving antiretroviral therapy (ART patients)	Number of patients on an ARV regimen.	Track the number of patients receiving ARV treatment.	ART register	PGWC HIV DB.mdb	Number of patients on an ARV regimen	None (no)	Accuracy dependant on quality of data from reporting facility.	Input	Cumulative	Quarterly	No	Higher total indicates a larger population on ART treatment.	HIV and AIDS Programme Manager
3) Number of new ART patients	Number of patients who have been enrolled on the ART programme for the first time. Exclude patients who were transferred in from another site.	Tracks the number of clients in need of ART who start treatment.	ART register	PGWC HIV DB.mdb	New ART patients	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher total indicates a larger population has access to ART treatment.	HIV and AIDS Programme Manager
4) Fixed facilities with any ARV drug stock out	Percentage of fixed facilities with stock outs (>0) of any ARV drug any time during the reporting period. A facility should be counted only once as having a stock out during the reporting period. A fixed PHC facility is a facility that is open for at least 8 hours a day for 5 days a week. It includes, community health centres, community day centres and clinics, but excludes satellite clinics and mobiles.	Monitor shortages in ARV drugs.	Numerator: Indicator drugs for monitoring drug supply management Denominator: Facility list	Numerator: SINJANI / DHIS Denominator: Facility list	Numerator: Any ARV drug stock out in fixed facilities Denominator: Number of fixed facilities	100 (%)	Accuracy dependant on quality of data from reporting facility.	Process	Percentage	Quarterly	No	Targeting zero stock out. Zero stock out indicates no stock outs.	HIV and AIDS Programme Manager
5) Male condom distribution rate from public sector health facilities	Number of male condoms distributed to clients by the facility per male population 15 years and over.	Track the contraceptive measures.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Male condoms distributed Denominator: Male population 15 years and over	None (no)	Indicator reliant on quality of data from reporting facility and accuracy of population estimates from StatsSA.	Process	Rate (annualised)	Quarterly	No	Higher rate indicates better contraceptive measures which should lead to decrease in HIV and AIDS incidence.	HIV and AIDS Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6) STI partner treatment rate	Percentage of partners of STI cases that receive treatment.	Successful treatment of STIs requires that both the index patient and their partner(s) be treated.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: STI partner treated new episode Denominator: STI treated new episode	100 (%)	Reliant on accurate recording of new STI episodes.	Output	Percentage	Quarterly	No	Higher partner treatment rates should contribute towards decreasing levels of STIs and HIV.	HIV and AIDS Programme Manager
7) Percentage of clients tested for HIV to those counselled (excluding antenatal)	The percentage of clients, excluding antenatal clients, who received pre-test counselling and accepted testing and was consequently tested for HIV.	Monitor HIV testing rate (excluding antenatal).	Numerator: HIV Counselling and Testing Register Denominator: HIV Counselling and Testing Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Clients tested for HIV (excluding antenatal) Denominator: HIV pre-test counselled (excluding antenatal)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Input	Percentage	Quarterly	No	Higher percentage indicate better testing rate.	HIV and AIDS Programme Manager
8) TB treatment interruption rate	Percentage of new smear positive pulmonary tuberculosis (PTB) cases who interrupt (default) their TB treatment.	Monitor the percentage of patients who interrupt their TB treatment which impacts directly on the TB cure rate.	Numerator: TB register Denominator: TB register	Numerator: ETR.net Denominator: ETR.net	Numerator: New smear positive PTB cases who defaulted Denominator: All new smear positive PTB patients registered	100 (%)	Accuracy dependent on quality of data from reporting facility	Output	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment.	TB Programme Manager
9) TB sputa results received in less than 48 hours	Percentage of TB sputa tests completed with turnaround time of less than 48 hours.	Monitor the turnaround times of the TB sputa samples.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Sputum results received within 48 hours Denominator: All sputum samples sent	100 (%)	Accuracy of capturing the date/time sampled dispatched and/or received.	Quality	Percentage	Quarterly	No	Higher percentage indicates better turnaround times.	TB Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) New smear positive PTB cure rate	Percentage of new smear positive PTB cases cured at first attempt.	Monitor the TB cure rate.	Numerator: TB register Denominator: TB register	Numerator: ETR.net Denominator: ETR.net	Numerator: New smear positive PTB cases cured Denominator: New smear positive PTB cases registered	100 (%)	Accuracy dependant on quality of data from reporting facility.	Outcome	Percentage	Quarterly	No	Higher percentage indicate better cure rate.	TB Programme Manager
11) Smear conversion rate at 2 months for new smear positive PTB cases	The percentage of new smear positive PTB clients who converted to smear negative after being on treatment for 2 months.	Tracks the morbidity and mortality due to TB and the routine sputum collection in all TB patients at 2 months.	Numerator: TB register Denominator: TB register	Numerator: ETR.net Denominator: ETR.net	Numerator: New smear positive PTB clients who converted at 2 months Denominator: New smear positive PTB clients registered	100 (%)	Accuracy is dependent on the completion of the TB register.	Outcome	Percentage	Quarterly	No	Higher smear conversion rates will lead to better TB cure rate.	TB Programme Manager
12) Newborn baby NVP uptake	Babies, including babies born before arrival (BBAs) and known home deliveries, given nevirapine (NVP) within 72 hours after birth as a proportion of live births to HIV positive women.	Monitor implementation of dual therapy.	Numerator: PMTCT Labour Ward Register Denominator: PMTCT Labour Ward Register	Numerator: SINJANI Denominator: SINJANI	Numerator: NVP given to baby - yes Denominator: Sum of: • Live birth in facility (PMTCT) • BBA (PMTCT)	100 (%)	Accuracy dependant on quality of data from health facilities.	Process	Percentage	Quarterly	Yes	Higher percentage indicate better nevirapine uptake for babies.	Prevention of Mother-to-Child Transmission (PMTCT) Programme Manager
13) Newborn baby AZT uptake	Babies, including babies born before arrival (BBAs) and known home deliveries, initiated on AZT within 72 hours after birth as a proportion of live births to HIV positive women.	Monitor implementation of dual therapy.	Numerator: PMTCT Labour Ward Register Denominator: PMTCT Labour Ward Register	Numerator: SINJANI Denominator: SINJANI	Numerator: AZT given to baby – Yes Denominator: Sum of: • Live birth in facility (PMTCT) • BBA (PMTCT)	100 (%)	Accuracy dependant on quality of data from health facilities.	Process	Percentage	Quarterly	Yes	Higher percentage indicate better AZT uptake for babies.	PMTCT Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14) Antenatal client initiated on AZT during antenatal care	HIV positive antenatal clients (NOT on HAART) initiated on AZT during antenatal care as a proportion of antenatal clients (NOT on HAART) who tested HIV positive during their current pregnancy.	Monitor implementation of dual therapy.	Numerator: PMTCT Labour Ward Register Denominator: HIV Counselling and Testing Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Antenatal HIV positive client initiated on AZT prophylaxis Denominator: Antenatal client (NOT on HAART) HIV test positive – total	100 (%)	Reliant on quality of PMTCT data.	Process	Percentage	Quarterly	Yes	Higher percentage indicate better AZT uptake.	PMTCT Programme Manager
15) Antenatal client nevirapine uptake	HIV positive antenatal clients (NOT on HAART) who took nevirapine during labour as a proportion of HIV positive women who delivered on the PMTCT programme.	Monitor implementation of dual therapy. To track the provision of nevirapine to pregnant women during labour to reduce the risk of vertical transmission to the infant.	Numerator: PMTCT Labour Ward Register Denominator: PMTCT Labour Ward Register	Numerator: SINJANI Denominator: SINJANI	Numerator: NVP received in labour – Yes Denominator: Women who delivered on the PMTCT programme (excluding HAART)	100 (%)	Accuracy dependant on quality of data from health facilities.	Process	Percentage	Quarterly	Yes	Higher percentage indicate better nevirapine uptake	PMTCT Programme Manager
16) PMTCT transmission rate	The proportion of babies on the prevention of mother-to-child transmission (PMTCT) programme who tested HIV positive.	Tracks mother-to-child transmission rate of HIV.	Numerator: PMTCT Baby Follow-up Register Denominator: PMTCT Baby Follow-up Register	Numerator: SINJANI Denominator: SINJANI	Numerator: PMTCT baby tested positive for HIV Denominator: PMTCT baby tested for HIV	100 (%)	Accuracy dependant on quality of data from health facilities.	Outcome	Percentage	Quarterly	No	A lower transmission rate means fewer babies were infected with HIV through mother-to-child transmission.	PMTCT Programme Manager

MATERNAL, CHILD AND WOMAN HEALTH: TABLES MCWH3 & MCHW4

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Under-5 mortality rate	The number of children who have died between birth and their fifth birthday, expressed per thousand live births as determined by the South African Demographic and Health Survey (SADHS).	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG.	Numerator: SADHS Denominator: SADHS	Numerator: SADHS Denominator: SADHS	Numerator: Children less than 5 year old who die in one year Denominator Live births during that year	1 000	Empirical data is provided by the SADHS every 5 years.	Outcome	Rate	Annual	Yes	Lower infant mortality rates are desired.	MCWH Programme Manager
2) Immunisation coverage under 1 year	Percentage of all children under one year who complete their primary course of immunisation during the reporting period. A primary course includes BCG, OPV 1, 2 & 3, DTP-Hib 1, 2 & 3, HepB 1, 2 & 3, and 1st measles at 9 month.	Monitor the implementation of the Extended Programme on Immunisation (EPI).	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Immunised fully under 1 year Denominator: Population under 1 year	100 (%)	Indicator reliant on quality of data from reporting facility and accuracy of population estimates from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better immunisation coverage.	Expanded Programme on Immunisation (EPI) Programme Manager
3) Vitamin A coverage under 1 year	Percentage of children under 1 year who received a Vitamin A supplement at the age of 6 months (but before 12 months).	Monitor the Vitamin A coverage of infants.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Vitamin A supplement to 6-11 months infant Denominator: Population under 1 year	100 (%)	Indicator reliant on quality of data from reporting facility and accuracy of population estimates from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better Vitamin A coverage, and better nutritional support to children.	Nutrition Programme Manager
4) Vitamin A coverage – new mothers	Percentage of newly delivered mothers receiving a single dose of 200 000 units Vitamin A prior to 8 weeks after delivery.	Monitor the Vitamin A coverage of new mothers.	Numerator: Routine Monthly Report Denominator: Hospital Throughput Form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Vitamin A supplement to woman within 8 weeks after delivery Denominator: Deliveries – total Sum of: • Delivery in facility • BBAs • Delivery outside facility	100 (%)	Indicator reliant on accuracy of Vitamin A supplementation provided to newly delivered mothers and total deliveries.	Output	Percentage	Quarterly	No	Higher percentage indicates better Vitamin A coverage, and better nutritional support to newly delivered mothers.	Nutrition Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Pneumococcal 1st dose coverage under 1 year	Percentage of children under 1 year who received the Pneumococcal Conjugated Vaccine (PCV) 1st dose at the age of 6 weeks.	Monitor the Pneumococcal Conjugated Vaccine (PCV) coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: PCV 1st dose Denominator: Population under 1 year	100 (%)	Indicator reliant on quality of data from reporting facility and accuracy of under 1 population estimates from StatsSA.	Output	Percentage (annualised)	Quarterly	Yes	Higher percentage indicate better pneumococcal coverage.	EPI Programme Manager
6) Rotavirus 1st dose coverage under 1 year	Percentage of children under 1 year who received the rotavirus 1st dose at the age of 6 weeks.	Monitor the rotavirus vaccine coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Rotavirus vaccine at 6 weeks Denominator: Population under 1 year	100 (%)	Indicator reliant on quality of data from reporting facility and accuracy of under 1 population estimates from StatsSA.	Output	Percentage (annualised)	Quarterly	Yes	Higher percentage indicates better rotavirus vaccine coverage.	EPI Programme Manager
7) Measles coverage under 1 year	Percentage of children under 1 year who received their first measles vaccine at the age of 9 months.	Monitor the measles vaccine coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Measles 1st dose under 1 year Denominator: Population under 1 year	100 (%)	Indicator reliant on quality of data from reporting facility and accuracy of under 1 population estimates from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better measles vaccine coverage.	EPI Programme Manager
8) Maternal mortality rate	Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100,000 live births during that year as determined by the South African Demographic and Health Survey (SADHS).	Monitors trends in maternal mortality.	Numerator: SADHS Denominator: SADHS	Numerator: SADHS Denominator: SADHS	Numerator Women who die as a result of child-bearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year Denominator Live births during that year	100 000	Empirical data are provided by the SADHS every 5 years	Outcome	Rate	Annual	Yes	Lower maternal mortality rates are desired.	MCWH Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Institutional Maternal Mortality Ratio (MMR)	Number of maternal deaths in facility expressed per 100 000 live births. . A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (as cited in ICD 10).	Confidential enquiry into maternal deaths report only released every 3-5 years, so monitoring of maternal deaths on a routine basis is very important to monitor progress towards MDG target. Mortality and causes of death report does not give exact figures for maternal deaths.	Numerator: Hospital Throughput Form Denominator: Hospital Throughput Form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Maternal death in facility Denominator: Live births in facility	100 000	Indicator reliant on accuracy of classification of inpatient deaths.	Outcome	Ratio per 100 000 live births	Annual	No	Lower institutional rate indicate fewer avoidable deaths.	MCWH Programme Manager
10) Cervical cancer screening coverage	Percentage of women aged 30 years and older who were screened for cervical cancer.	Monitor cervical cancer screening coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Cervical smear in woman 30 years and older screened for cervical cancer Denominator: Female population 30 years and older	100 (%)	Indicator reliant on quality of data from reporting facility and accuracy of population estimates from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better cervical cancer coverage.	MCWH Programme Manager
11) Total deliveries in facilities	Number of deliveries in public health facilities. Sum of normal deliveries, assisted deliveries and caesarean sections in public health facilities.	Monitor obstetric service volumes.	Hospital Throughput Form	SINJANI / DHIS	Delivery in facility Sum of: • Normal deliveries • Assisted deliveries • Caesarean sections	None (no)	Indicator reliant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher numbers indicate greater reliance on the public health service.	MCWH Programme Manager
12) Delivery rate for women under 18 years	Proportion of deliveries in facilities where the mother is under 18 years on the day of delivery.	Monitor the percentage of teenage deliveries in facilities.	Numerator: Hospital Throughput Form Denominator: Hospital Throughput Form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Delivery to woman under 18 years Denominator: Delivery in facility Sum of: • Normal deliveries • Assisted deliveries • Caesarean sections	100 (%)	Indicator reliant on quality of data from reporting facility.	Outcome	Percentage	Quarterly	No	Higher percentage indicates increase in the number of teenage deliveries.	MCWH Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
13) Antenatal visits before 20 weeks rate	Percentage of pregnant women who visit a health facility for the primary purpose of receiving antenatal care, often referred to as "a booking visit", that occurs before 20 weeks after conception.	Tracks the proportion of women who make antenatal bookings before 20 weeks.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Antenatal 1st visit before 20 weeks Denominator: Antenatal 1st visit Sum of: • Antenatal 1st visit before 20 weeks • Antenatal 1st visit 20 weeks or later	100 (%)	Indicator reliant on accurate diagnosis and recording of the number of weeks the client is pregnant.	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	MCWH Programme Manager

DISEASE CONTROL AND PREVENTION: TABLES DCP1 AND DCP3

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Outbreaks responded to within 24 hours	Percentage of outbreaks responded to within 24 hours after declaration.	Monitor outbreak response.	Numerator: Outbreak Response Report Denominator: Outbreak Response Report	Numerator: Provincial Surveillance Database (Epi) Denominator: Provincial Surveillance Database (Epi)	Numerator: Outbreaks responded to within 24 hours Denominator: All outbreaks reported	100 (%)	Reliant on accurate recording of the outbreak response times.	Quality	Percentage	Quarterly	No	Higher percentage indicates a better outbreak response.	Disease Surveillance Programme Manager
2) Malaria fatality rate (annual)	Deaths from malaria as a percentage of the number of cases reported.	Monitor the number deaths caused by malaria.	Numerator: Notifiable Medical Conditions notification form Denominator: Notifiable Medical Conditions notification form	Numerator: Notifiable Medical Conditions System Denominator: Notifiable Medical Conditions System	Numerator: Deaths from malaria Denominator: Malaria cases reported	100 (%)	Accuracy dependant on quality of data from health facilities.	Outcome	Rate	Quarterly	No	Lower percentage indicates a decreasing burden of malaria.	Disease Surveillance Programme Manager
3) Cholera fatality rate (annual)	Deaths from cholera as a percentage of the number of cases reported.	Monitor the number deaths caused by cholera.	Numerator: Notifiable Medical Conditions notification form Denominator: Notifiable Medical Conditions notification form	Numerator: Notifiable Medical Conditions System Denominator: Notifiable Medical Conditions System	Numerator: Deaths from cholera Denominator: Cholera cases reported	100 (%)	Accuracy dependant on quality of data from health facilities.	Outcome	Rate	Quarterly	No	Lower percentage indicates a decreasing burden of cholera.	Disease Surveillance Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4) % of bacteriological water samples taken from water services authorities conforming to standards	Percentage of domestic bacteriological water samples taken from water service authorities that conform to the standards set out in SANS 241.	Used to monitor municipal environmental health services.	Numerator: Monthly summary of municipal health services Denominator: Monthly summary of municipal health services	Numerator: SINJANI Denominator: SINJANI	Numerator: Domestic bacteriological water samples from Water Service Authority – compliant Denominator: Domestic bacteriological water samples from Water Service Authority - analysed	100 (%)	Accuracy is dependent on the completion of the monthly summary of municipal health services by local government.	Outcome	Percentage	Quarterly	No	Higher percentage indicates better quality of water from water service authorities.	Environmental Health Services (EHS) Programme Manager
5) Percentage of households with access to potable water within 200m	Percentage of households (defined as any structure in which people live) with access to a safe (i.e. fit for human consumption) water supply that is within 200 meters from the dwelling. Households include formal and informal households (premises, not units) in the reporting area (structures in which people live).	Used to monitor municipal environmental health services.	Numerator: Annual summary of municipal health services Denominator: Annual summary of municipal health services	Numerator: SINJANI Denominator: SINJANI	Numerator: Households with access to potable water supply within 200m Denominator: Households (formal and informal)	100 (%)	Accuracy is dependent on the completion of the annual summary of municipal health services by local government.	Outcome	Percentage	Quarterly	No	Higher percentage indicates more households have access to basic amenities.	EHS Programme Manager
6) Cataract surgery rate (annual)	Cataract operations completed per 1 000 000 population.	Monitor the number of cataract surgeries.	Numerator: Hospital Throughput Form Denominator: Population data	Numerator: SINJANI / DHIS Denominator: StatsSA	Numerator: Cataract operations performed Denominator: Total population	1 000 000	Accuracy dependant on quality of data from health facilities.	Outcome	Rate per 1 000 000 population (annualised)	Quarterly	No	Higher levels reflect a good contribution to sight restoration, especially amongst the elderly population.	CBS Programme Manager

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

EMERGENCY MEDICAL AND PATIENT TRANSPORT SERVICES: TABLES EMS1 - 4

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of adverse incidents per annum	The number of reported patient adverse incidents or complaints with regard to emergency medical services (EMS).	Monitors quality of care delivered by EMS.	Quality Management Report Form	Quality Management Data Base	Adverse incidents and complaints reported for EMS	None (no)	Accuracy dependant on quality of data from reporting EMS stations.	Quality	Sum for period under review	Quarterly	Yes	Lower number of incidents indicates better quality of care.	Emergency Medical Services (EMS) Manager
2) Percentage of staff surveyed per annum	The percentage of emergency medical services (EMS) staff telephonically surveyed per annum.	Monitors staff motivation and attitude in influencing quality of care.	Numerator: Staff Survey Form Denominator: Personnel records	Numerator: Staff satisfaction data base Denominator: PERSAL	Numerator: EMS staff telephonically surveyed Denominator: Filled EMS posts (clinical, supervisory and administrative)	100 (%)	Data dependent on quality of survey data.	Quality	Percentage	Quarterly	Yes	Higher percentage should result in increased employee satisfaction and better quality of care.	EMS Manager
3) Percentage of patients surveyed per annum	The percentage of pre-hospital emergency medical services (EMS) patients that are followed up by means of a telephonic survey.	Monitors patient satisfaction with quality of care delivered by EMS.	Numerator: Patient Survey Form Denominator: Efficiency Report	Numerator: Patient Survey Data Base Denominator: Efficiency Report	Numerator: Clients utilising EMS services (emergency and non-emergency patients) telephonically surveyed Denominator: Total number of patients utilising EMS services (emergency and non-emergency patients)	100 (%)	Data dependent on quality of survey data.	Quality	Percentage	Quarterly	Yes	Higher percentage should lead to improved quality of care.	EMS Manager
4) Number of rostered ambulances	The total number of road ambulances in the emergency medical services (EMS) fleet. Other rescue or primary response vehicles as well as HealthNET patient transporters and aircraft are excluded.	Monitors resource availability in EMS.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: The total ambulance personnel hours worked for the reporting period Denominator: 2 and 24 hours for the reporting period	None (no)	Accuracy dependant on quality of data received from Efficiency Report	Input	Cumulative	Quarterly	No	Higher number of rostered ambulances may lead to faster response time.	EMS Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Rostered ambulances per 1 000 people	Number of all rostered ambulances per 1 000 population.	Track the proportion of ambulances available per 1 000 population. Enables comparison across provinces and districts.	Numerator: Efficiency Report Denominator: Population data	Numerator: Efficiency Report Denominator: StatsSA	Numerator: Total number of rostered ambulances Denominator: Total population in the province	1 000	Reliant on accuracy of Efficiency Report and population estimates by StatsSA.	Input	Rate per 1 000 population	Annual	No	Higher number of rostered ambulances may lead to faster response time.	EMS Manager
6) Percentage of rostered ambulances with single person crews	Percentage of operational ambulances with single person crews.	Monitor the proportion of ambulances with single person crews.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Rostered ambulances with single person crews Denominator: Total number of rostered ambulances	100 (%)	Accuracy dependant on quality of data from reporting EMS stations.	Quality	Percentage	Quarterly	No	Lower levels reflect better levels of staffing for EMS, and better quality of service.	EMS Manager
7) Percentage of CSP bases/ stations established	The percentage of all emergency medical services (EMS) stations planned in the Comprehensive Service Plan (CSP) that has been established.	Monitors the implementation of the CSP for EMS.	Numerator: Facility list Denominator: Comprehensive Service Plan	Numerator: Facility list Denominator: Comprehensive Service Plan	Numerator: EMS stations established Denominator: Planned EMS stations in the CSP	100 (%)	Depends on accuracy of the facility list.	Input	Percentage	Annually	Yes	Higher percentage indicates movement towards completed implementation of the CSP.	EMS Manager
8) Percentage of ambulance patients transferred between facilities	The percentage of ambulance patients transferred between health facilities.	Monitor the compliance with the Comprehensive Service Plan (CSP) in terms of patients treated at the appropriate level of care.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Patients transferred between health facilities Denominator: Total number of patients transferred	100 (%)	Accuracy dependant on quality of data from reporting EMS stations and communication centres.	Output	Percentage	Quarterly	No	Lower percentage suggests that ambulances are being used appropriately to transfer patients to the appropriate level of care.	EMS Manager
9) Percentage of green triaged patients transferred by an ambulance	Percentage of patients regarded as 'green code' or 'minor cases' or 'walking wounded' who are transported by ambulance.	Monitor the appropriate or inappropriate use of ambulances.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Green code patients transported by ambulance Denominator: Total number of patients transported by ambulance	100 (%)	Accuracy dependant on quality of data from reporting EMS stations	Efficiency	Percentage	Quarterly	No	Lower percentage suggests that ambulances are being used appropriately, for emergency cases, not predominantly for patient transport.	EMS Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Percentage of ambulance trips used for inter-hospital transfers	Percentage of ambulance trips used for transferring patients from one hospital to another. The number of inter-hospital transfer trips is counted, regardless of the number of patients in the ambulance.	Monitor the appropriate or inappropriate use of ambulances.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Ambulance trips used for inter-hospital transfers Denominator: Total number of ambulance trips	100 (%)	Accuracy dependant on quality of data from reporting EMS stations	Efficiency	Percentage	Quarterly	No	Lower percentage suggests that ambulances are transporting patients to the appropriate level of care.	EMS Manager
11) Total number of EMS emergency cases	Number of patients transported by ambulance.	Monitor the service volumes and capacity.	Efficiency Report	Efficiency Report	Patients transported by ambulance	None (no)	Accuracy dependant on quality of data from reporting EMS stations	Output	Sum for period under review	Quarterly	No	Higher numbers can indicate a greater reliance on emergency services or greater efficiency of resources.	EMS Manager
12) Number of patients transferred to tertiary level hospitals per annum	Number of outpatients transferred to tertiary level hospitals per annum.	Monitors the appropriate consultation of patients at tertiary hospitals with regard to the Comprehensive Service Plan (CSP).	Efficiency Report	Efficiency Report	OPD patients transferred to tertiary hospitals	None (no)	Accuracy dependant on quality of data from reporting EMS stations	Output	Sum for period under review	Quarterly	Yes	Only 2% of patients should consult at tertiary hospitals.	EMS Manager
13) Percentage of urban priority 1 responses within 15 minutes	Percentage of urban (built up area) responses classified as a Priority 1 or emergency by the Emergency Call Centre Agent where the response time is 15 minutes or less.	Monitors response times to emergencies within national urban target.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Priority 1 ambulance responses under 15 minutes - urban Denominator: Priority 1 ambulance responses - urban	100 (%)	Accuracy dependant on quality of data from reporting EMS stations	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and coordination of the EMS system.	EMS Manager
14) Percentage of rural priority 1 responses within 40 minutes	Percentage of rural (farming areas outside of a town or built up area) responses classified as Priority 1 or emergencies by the Emergency Call Centre Agent where the response time is 40 minutes or less.	Monitor response times to emergencies within national rural target.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Priority 1 ambulance responses under 40 minutes - rural Denominator: Priority 1 ambulance responses - rural	100 (%)	Accuracy dependant on quality of data from reporting EMS stations	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and coordination of the EMS system.	EMS Manager
15) All calls with a response time within 60 minutes	Percentage of all responses with a response times within 60 minutes.	Monitor response times.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: All ambulance responses under 60 minutes Denominator: Total ambulance responses	100 (%)	Accuracy dependant on quality of data from reporting EMS stations.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and coordination of the EMS system.	EMS Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
16) Average time spent by an ambulance at a hospital	The average time that an ambulance takes from arriving at a hospital to being free for the next dispatch.	Monitors hospital efficiency in accepting patients.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Total time spent by ambulances at hospitals Denominator: Total number of ambulance responses	None (no)	Accuracy dependant on quality of data from reporting EMS stations	Efficiency	Average	Quarterly	Yes	Lower average time indicates greater efficiency in accepting patients at hospital and releasing ambulances to the next call.	EMS Manager
17) Number of prevention programs initiated	The number of trauma and violence prevention projects initiated by emergency medical services (EMS) in the Province.	Monitors the implementation of programmes to prevent trauma and violence.	Quality Management Report	Quality Management Data Base	Trauma and violence prevention programs initiated	None (no)	Accuracy dependant on quality of data from reporting EMS stations.	Input	Cumulative	Quarterly	Yes	Higher levels indicate more prevention projects have been initiated which will decrease the burden of trauma and violence.	EMS Manager
18) Number of emergency medicine specialist led cooperative geographic structures operational out of 5 regional service areas	The number of emergency medicine geographic structures established under the supervision of an emergency medicine specialist.	Monitors the coordination of management of emergency medicine across geographic areas.	Quality Management Report	Quality Management Data Base	Geographic EMS structures established	None (no)	Accuracy dependant on quality of data from reporting EMS stations.	Quality	Cumulative	Quarterly	Yes	Higher levels imply improved coordination which in turn improves quality of emergency care.	EMS Manager
19) Number of supervisors with a certificate in management	The number of EMS supervisors with a formal qualification in management.	Improving management capacity will improve the quality of service delivered.	Personnel records	PERSAL	Supervisors with a certificate / qualification in management	None (no)	Accuracy dependant on quality of data from PERSAL.	Quality	Cumulative	Quarterly	Yes	Higher levels indicate improved management which in turn improves the quality of service.	EMS Manager
20) Number of support clerks appointed out of 36	The number of support clerks appointed.	Monitors the implementation of support structures in an effort to reduce administrative burden on operational staff.	Personnel records	PERSAL	Filled support clerk posts	None (no)	Accuracy dependant on quality of data from PERSAL.	Quality	Cumulative	Quarterly	Yes	Higher levels indicate improved support and improved service quality.	EMS Manager
21) Number of districts that can electronically requisition goods and services	The number of EMS districts that have access to LOGIS and can electronically requisition goods.	Monitors the access to Supply Chain.	LOGIS	LOGIS	Districts with access to LOGIS	None (no)	Dependant on accurate reporting of districts with access to LOGIS.	Input	Cumulative	Quarterly	Yes	Higher levels indicate improved electronic requisitioning and access to goods, and supports service quality.	EMS Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
22) Percentage of SCM personnel of the establishment appointed	The percentage of Supply Chain Management (SCM) personnel that have been appointed against the SCM staff establishment.	Monitors the implementation of SCM.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Filled SCM posts Denominator: Total number of posts on the SCM establishment	100 (%)	Accuracy dependant on quality of data from PERSAL.	Input	Percentage	Quarterly	Yes	Higher percentage should lead to a more effective SCM.	EMS Manager
23) Percentage of ambulances with a full suite of ambulance equipment	The percentage of ambulances with a full suite of equipment as audited against a standard inventory for an ambulance.	Monitors the availability of equipment to inform SCM decisions.	Numerator: Asset Register Denominator: GMT / Government Motor Transport	Numerator: LOGIS Denominator: FLEETMAN	Numerator: Ambulances with a full suite of equipment Denominator: Total number of ambulances	100 (%)	Depends on accuracy of information entered into LOGIS and reported by GMT.	Output	Percentage	Quarterly	Yes	Higher percentage indicates better availability, quantity and quality of ambulance equipment which will improve the quality of care.	EMS Manager
24) Percentage of CSP personnel out of 2 366 appointed	The percentage of the planned Comprehensive Service Plan (CSP) staff establishment that has been appointed.	Monitors the implementation of the CSP for emergency medical services (EMS) as the minimum capacity necessary to deliver services in 2010.	Numerator: Personnel records Denominator: Comprehensive Service Plan	Numerator: PERSAL Denominator: Comprehensive Service Plan	Numerator: Filled EMS posts Denominator: EMS staff establishment in the CSP	100 (%)	Dependant on accuracy of PERSAL system.	Input	Percentage	Annually	Yes	Higher percentage indicates movement towards completed implementation of the CSP.	EMS Manager
25) Percentage of personnel surveyed with a positive attitude and motivation	The percentage of EMS personnel surveyed who reflect a positive attitude and motivation.	To monitor the reflection of EMS as employer of choice.	Numerator: Personnel Survey Form Denominator: Staff Survey Form	Numerator: Personnel Survey Database Denominator: Staff Survey Database	Numerator: EMS personnel surveyed reflecting a positive attitude and motivation Denominator: EMS staff telephonically surveyed	100 (%)	Accuracy dependant on quality of survey data from reporting EMS stations.	Quality	Percentage	Annual	Yes	Higher levels indicate positive attitude and motivation of staff which lead to improved quality of care.	EMS Manager
26) Number of OHS officers appointed	The number of Occupational Health and Safety (OHS) officers appointed in Emergency Medical Services.	To monitor the appointment of OHS officers as a reflection of focus on safety.	Personnel records	PERSAL	Filled OHS officer posts in EMS	None (no)	Accuracy dependant on quality of data from PERSAL.	Quality	Cumulative	Quarterly	Yes	Appointment of more OHS officers will improve safety and therefore quality of care.	EMS Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
27) Number of districts out of six with fully functional ICT Solution	The number of EMS districts that have a fully functional Information and Communication Technology (ICT) system as determined by audit against the Business Process Mapping and User Specification.	Monitors the roll out of ICT solutions in EMS.	Systems audit	Audit Report	Districts with a fully functional ICT solution	None (no)	Dependant on accurate reporting of districts with a fully functional ICT solution.	Input	Cumulative	Quarterly	Yes	Higher number will lead to more efficient emergency medical services rendered in the Province.	EMS Manager
28) Number of projects delivering a sponsorship	The number of projects delivering sponsorship.	Monitors additional funding streams to Emergency Medical Services (EMS).	Efficiency Report	Efficiency Report	Projects delivering sponsorship	None (no)	Accuracy dependant on quality of data from reporting EMS stations.	Input	Cumulative	Quarterly	Yes	A higher number of sponsorship generating projects will add to EMS resources and improve services.	EMS Manager

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

REGIONAL HOSPITALS: TABLE PHS 1 - 3

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of regional hospital beds	Useable beds in regional hospitals are beds actually available for use within the regional hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of regional hospital beds to ensure accessibility of regional hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in regional hospitals	None (no)	Accuracy is dependent on quality of data from reporting facility	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system	Provincial Hospital Services Programme Manager
2) Total separations in regional hospitals	Recorded completion of treatment and/or the accommodation of an inpatient in regional hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in regional hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in regional hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Provincial Hospital Services Programme Manager
3) Patient day equivalents (PDE) in regional hospitals	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in regional hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in regional hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Provincial Hospital Services Programme Manager
4) OPD total headcounts in regional hospitals	A headcount of all outpatients attending an outpatient clinic in regional hospitals.	Monitoring the service volumes in regional hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in regional hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Provincial Hospital Services Programme Manager
~~5)~~ Emergency headcount in regional hospitals	Headcount of all patients attending an emergency unit in a regional hospital.	Monitoring the service volumes in regional hospitals.	Hospital Throughput form	SINJANI / DHIS	Emergency headcount in regional hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Provincial Hospital Services Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6) Caesarean section rate for regional hospitals	Caesarean section deliveries in regional hospitals expressed as a percentage of all deliveries in regional hospitals.	Track the performance of obstetric care of the regional hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Caesarean section in regional hospitals Denominator: Deliveries in regional hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	No	Higher percentage of caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Provincial Hospital Services Programme Manager
7) Percentage of regional hospitals with patient satisfaction survey using DOH template	Percentage of regional hospitals with a published nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Numerator: Client Satisfaction Survey Report Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Regional hospitals with a published nationally mandated patient satisfaction survey in the last 12 months Denominator: Number of regional hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative percentage	Quarterly	No	Higher percentage should lead to improved quality of care.	Quality Assurance (QA) Programme Manager
8) Regional hospitals with mortality and morbidity (M&M) meetings every month	Percentage of regional hospitals having morbidity and mortality (M&M) meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Numerator: Minutes of M & M meetings Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Number of regional hospitals having M&M meetings every month Denominator: Number of regional hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance.	Quality Assurance (QA) Programme Manager
9) Case fatality rate for regional hospitals for surgery separations	Percentage of surgery separations in regional hospitals and designated level 2 wards in central hospitals that died.	To measure the quality of care by means of health outcomes for surgical separations.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Inpatient death – surgery in regional hospitals Denominator: Separation – surgery in regional hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Lower percentage indicates improved quality of care.	Provincial Hospital Services Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Expenditure per patient day equivalent (PDE) in regional hospitals	Average cost per patient day equivalent in regional hospitals. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in regional hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in regional hospitals (sub-programme 4.1) Denominator: Patient day equivalent (PDE) in regional hospitals	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	Provincial Hospital Services Programme Manager
11) Percentage of regional hospitals with annual staff satisfaction survey completed	Percentage of regional hospitals that performed a staff satisfaction survey using the official provincial survey template.	To monitor staff satisfaction in the regional hospitals.	Numerator: Staff satisfaction survey reports Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Regional hospitals with a published staff satisfaction survey in the last 12 months Denominator: Number of regional hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	Quality Assurance (QA) Programme Manager
12) 97.5% of affordable staff establishment filled for regional hospitals	97.5% of the affordable staff establishments filled for all regional hospitals using the Approved Post List (APL) determined for each hospital.	To monitor the filling of posts and to track expenditure within the regional hospitals.	Numerator: Personnel records Denominator: Approved Post List	Numerator: PERSAL Denominator: Approved Post List	Numerator: Filled posts in regional hospitals Denominator: Posts in the Approved Post List for regional hospitals	100 (%)	Accuracy of filled posts depends on the correct allocation of posts on PERSAL and ensuring the information is correctly linked to each regional hospital's Budget Monitoring Instrument (BMI)	Efficiency	Percentage	Quarterly	Yes	Higher staff numbers should lead to improved service levels.	Provincial Hospital Services Programme Manager
13) Bed utilisation rate (based on usable beds) in regional hospitals	Patient days in regional hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in regional hospitals.	Track the over/under utilisation of regional hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in regional hospitals Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	Provincial Hospital Services Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14) Average length of stay in regional hospitals	Average number of patient days that an admitted patient spends in the regional hospital before separation.	To monitor the efficiency of regional hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in regional hospitals Denominator: Total separations in regional hospitals	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Provincial Hospital Services Programme Manager
15) Number of hospitals with fully Functional Business Units	Total number of regional hospitals with fully Functional Business Units implemented in terms of the standard operating procedures for a Functional Business Unit (FBU).	To monitor the efficiency of regional hospitals at cost centre level.	Official appointment letters from the CEO to each FBU manager	Business Intelligence	Regional hospitals with all Functional Business Units fully functional	None (no)	Functionality of Business Units dependant on accuracy of data allocated to each cost centre.	Efficiency	Cumulative	Annually	Yes	Higher number will lead to more efficient use of resources and will improve service levels and accountability.	Provincial Hospital Services Programme Manager
16) Percentage of hospitals with PCU's (8/8)	The percentage of regional hospitals with an appointed Planning and Commissioning Unit (PCU).	The planning and commissioning unit will assist with key planning and monitoring functions to ensure and maintain appropriate health technology and infrastructure.	Numerator: Official appointment letters from the CEO Denominator: Facility list	Numerator: Office of the CEO's Denominator: Facility list	Numerator: Regional hospitals with an appointed Planning and Commissioning Unit Denominator: Number of regional hospitals	None (no)	Dependant on the submission and availability of appointment letters in the Office of the CEO.	Output	Cumulative	Annually	Yes	Higher numbers implies better and more appropriate health technology and infrastructure.	Provincial Hospital Services Programme Manager
17) Percentage of hospitals with 5 year infrastructure plan (8/8)	The percentage of regional hospitals with a 5 year infrastructure plan.	The 5 year infrastructure plan will assist with key planning functions to ensure that the infrastructure of each facility is maintained and optimally utilised.	Numerator: Infrastructure plan Denominator: Facility list	Numerator: Infrastructure plan Denominator: Facility list	Numerator: Regional hospitals with 5 year infrastructure plan Denominator: Number of regional hospitals	100 (%)	Dependant on the submission and availability of the infrastructure plan.	Output	Percentage	Annually	Yes	Infrastructure plans will ensure improved and appropriate infrastructure at facilities.	Provincial Hospital Services Programme Manager

TB HOSPITALS: TABLE PHS 1 - 3

Indicator title	Short definition	Purpose/ Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of TB hospital beds	Useable beds in TB hospitals are beds actually available for use within the TB hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of TB hospital beds to ensure accessibility of TB hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in TB hospitals	None (no)	Accuracy is dependent on quality of data from reporting facility.	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system	TB Hospital Services Programme Manager
2) Total separations in TB hospitals	Recorded completion of treatment and/or the accommodation of an inpatient in TB hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in TB hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in TB hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	TB Hospital Services Programme Manager
3) Patient day equivalents (PDE) in TB hospitals	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in TB hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in TB hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	TB Hospital Services Programme Manager
4) OPD total headcounts in TB hospitals	A headcount of all outpatients attending an outpatient clinic in TB hospitals.	Monitoring the service volumes in TB hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in TB hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	TB Hospital Services Programme Manager
5) Percentage of TB hospitals with patient satisfaction survey using DOH template	Percentage of TB hospitals with a published nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Numerator: Client Satisfaction Survey Report Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: TB hospitals with a published nationally mandated patient satisfaction survey in the last 12 months Denominator: Number of TB hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative percentage	Quarterly	No	Higher percentage should lead to improved quality of care.	Quality Assurance (QA) Programme Manager

Indicator title	Short definition	Purpose/ Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6) TB hospitals with mortality and morbidity (M&M) meetings every month	Percentage of TB hospitals having M&M meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Numerator: Minutes of M & M meetings Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Number of TB hospitals having M&M meetings every month Denominator: Number of TB hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance.	Quality Assurance (QA) Programme Manager
7) Expenditure per patient day equivalent (PDE) in TB hospitals	Average cost per patient day equivalent in TB hospitals. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in TB hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in TB hospitals (sub-programme 4.2) Denominator: Patient day equivalent (PDE) in TB hospitals	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	TB Hospital Services Programme Manager
8) Percentage of TB hospitals with annual staff satisfaction survey completed	Percentage of TB hospitals that performed a staff satisfaction survey using the official provincial survey template.	To monitor staff satisfaction in the TB hospitals.	Numerator: Staff Satisfaction Survey Report Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: TB hospitals with a published staff satisfaction survey in the last 12 months Denominator: Number of TB hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	Quality Assurance (QA) Programme Manager
9) 97.5% of affordable staff establishment filled for TB hospitals	97.5% of the affordable staff establishments filled for all TB hospitals using the Approved Post List (APL) determined for each hospital.	To monitor the filling of posts and to track expenditure within the regional hospitals.	Numerator: Personnel records Denominator: Approved Post List	Numerator: PERSAL Denominator: Approved Post List	Numerator: Filled posts in TB hospitals Denominator: Posts in the Approved Post List for TB hospitals	100 (%)	Accuracy of filled posts depends on the correct allocation of posts on PERSAL and ensuring the information is correctly linked to each TB hospital's Budget Monitoring Instrument (BMI)	Efficiency	Percentage	Quarterly	Yes	Higher staff numbers should lead to improved service levels.	Provincial Hospital Services Programme Manager

Indicator title	Short definition	Purpose/ Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Average length of stay in TB hospitals	Average number of patient days that an admitted patient spends in the TB hospital before separation.	To monitor the efficiency of TB hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in TB hospitals Denominator: Total separations in TB hospitals	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	TB Hospital Services Programme Manager
11) Bed utilisation rate (based on usable beds) in TB hospitals	Patient days in TB hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in TB hospitals.	Track the over/under utilisation of TB hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in TB hospitals Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	TB Hospital Services Programme Manager

PSYCHIATRIC HOSPITALS: TABLE PHS1 - 3

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of beds in psychiatric hospitals	Useable beds in psychiatric hospitals are beds actually available for use within the psychiatric hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of psychiatric hospital beds to ensure accessibility of psychiatric hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in psychiatric hospitals	None (no)	Accuracy is dependant on quality of data from reporting facility.	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system	Associated Psychiatric Hospitals (APH) Programme Manager
2) Total separations in psychiatric hospitals	Recorded completion of treatment and/or the accommodation of an inpatient in psychiatric hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in psychiatric hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in psychiatric hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	APH Programme Manager
3) Patient day equivalents (PDE) in psychiatric hospitals	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in psychiatric hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in psychiatric hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	APH Programme Manager
4) OPD total headcounts in psychiatric hospitals	A headcount of all outpatients attending an outpatient clinic in psychiatric hospitals.	Monitoring the service volumes in psychiatric hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in psychiatric hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increase in specialist ambulatory services to more efficiently manage burden of disease especially if average length of stay reduced	APH Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Number of step down beds	Useable beds in step down psychiatric facilities are beds actually available for use within the step down psychiatric facility, regardless of whether they are occupied by a patient or a lodger. These facilities are New Beginnings, William Slater, Lentegeur 103 and Stikland 12 beds.	Tracks the availability of step down psychiatric beds to ensure accessibility of step downl services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in step down psychiatric facilities	None (no)	Accuracy is dependant on quality of data from reporting facility.	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on step down services.	APH Programme Manager
6) Bed utilisation rate in step down beds	Patient days in step down psychiatric facilities during the reporting period, expressed as a percentage of the sum of the daily number of usable psychiatric step down beds.	Track the over/under utilisation of step down psychiatric beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in step down psychiatric facilities Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Expected occupancy 85%.	APH Programme Manager
7) Total number of patient days in step down beds	Patient days in step down psychiatric facilities are a weighted combination of inpatient days and day patients in step down psychiatric hospitals.	Monitoring the service volumes in step down psychiatric hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients in step down psychiatric hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	APH Programme Manager
8) Psychiatric hospitals with mortality and morbidity (M&M) meetings every month	Percentage of psychiatric hospitals having M&M meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Numerator: Minutes of M & M meetings Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Number of psychiatric hospitals having M&M meetings every month Denominator: Number of psychiatric hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance.	Quality Assurance (QA) Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Percentage of psychiatric hospitals with patient satisfaction survey using DOH template	Percentage of psychiatric hospitals with a published nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Numerator: Client Satisfaction Survey Report Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Psychiatric hospitals with a published nationally mandated patient satisfaction survey in the last 12 months Denominator: Number of psychiatric hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative percentage	Quarterly	No	Higher percentage should lead to improved quality of care.	Quality Assurance (QA) Programme Manager
10) Psychiatric hospitals monitor adverse and safety and security incidents monthly and have a system for using the information to improve safety and reduce risks	Percentage of psychiatric hospitals that monitor adverse and safety and security incidents monthly and have a system for using the information to improve safety and reduce risks.	Monitoring the adverse and safety and security risks in psychiatric hospitals.	Numerator: Monthly Adverse incident report Denominator: Facility list	Numerator: Monthly Adverse incident report Denominator: Facility list	Numerator: Psychiatric hospitals with monthly report on incidents Denominator: Number of psychiatric hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative percentage	Quarterly	No	Higher percentage should lead to improved quality of care.	Quality Assurance (QA) Programme Manager
11) Average length of stay in psychiatric hospitals	Average number of patient days that an admitted patient spends in the psychiatric hospital before separation.	To monitor the efficiency of psychiatric hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in psychiatric hospitals Denominator: Total separations in psychiatric hospitals	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	APH Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
12) Bed utilisation rate (based on usable beds) in psychiatric hospitals	Patient days in psychiatric hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in psychiatric hospitals.	Track the over/under utilisation of psychiatric hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in psychiatric hospitals Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	APH Programme Manager
13) Expenditure per patient day equivalent (PDE) in psychiatric hospitals	Average cost per patient day equivalent in psychiatric hospitals. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in psychiatric hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in psychiatric hospitals (sub-programme 4.3) Denominator: Patient day equivalent (PDE) in psychiatric hospitals	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	APH Programme Manager
14) 97.5% of affordable staff establishment filled for psychiatric hospitals	97.5% of the affordable staff establishments filled for all Psychiatric hospitals using the Approved Post List (APL) determined for each hospital.	To monitor the filling of posts and to track expenditure within the regional hospitals.	Numerator: Personnel records Denominator: Approved Post List	Numerator: PERSAL Denominator: Approved Post List	Numerator: Filled posts in psychiatric hospitals Denominator: Posts in the Approved Post List for psychiatric hospitals	100 (%)	Accuracy of filled posts depends on the correct allocation of posts on PERSAL and ensuring the information is correctly linked to each Psychiatric hospital's Budget Monitoring Instrument (BMI)	Efficiency	Percentage	Quarterly	Yes	Higher staff numbers should lead to improved service levels.	Provincial Hospital Services Programme Manager
15) Percentage of psychiatric hospitals with staff satisfaction surveys conducted every second year completed	Percentage of psychiatric hospitals that perform a staff satisfaction survey every second year using the official provincial survey template.	To monitor staff satisfaction in psychiatric hospitals.	Numerator: Staff satisfaction survey reports Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Psychiatric hospitals with a published staff satisfaction survey every second year Denominator: Number of psychiatric hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	Quality Assurance (QA) Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
16) Percentage of hospitals with PCU's (4/4)	The percentage of psychiatric hospitals with an appointed Planning and Commissioning Unit (PCU).	The planning and commissioning unit will assist with key planning and monitoring functions to ensure and maintain appropriate health technology and infrastructure.	Numerator: Official appointment letters from the CEO Denominator: Facility list	Numerator: Office of the CEO's Denominator: Facility list	Numerator: Psychiatric hospitals with an appointed Planning and Commissioning Unit Denominator: Number of psychiatric hospitals	None (no)	Dependant on the submission and availability of appointment letters in the Office of the CEO.	Output	Cumulative	Annually	Yes	Higher numbers implies better and more appropriate health technology and infrastructure.	APH Programme Manager
17) Percentage of hospitals with 5 year infrastructure plan (4/4)	The percentage of psychiatric hospitals with a 5 year infrastructure plan.	The 5 year infrastructure plan will assist with key planning functions to ensure that the infrastructure of each facility is maintained and optimally utilized.	Numerator: Infrastructure plan Denominator: Facility list	Numerator: Infrastructure plan Denominator: Facility list	Numerator: Psychiatric hospitals with a 5 year infrastructure plan Denominator: Number of Psychiatric hospitals	100 (%)	Dependant on the submission and availability of the infrastructure plan.	Output	Percentage	Annually	Yes	Infrastructure plans will ensure improved and appropriate infrastructure at facilities.	Provincial Hospital Services Programme Manager

SPECIALISED REHABILITATION SERVICES: TABLE PHS2

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of beds in rehabilitation hospitals	Useable beds in rehabilitation hospitals are beds actually available for use within the rehabilitation hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of rehabilitation hospital beds to ensure accessibility of rehabilitation hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in rehabilitation hospitals	None (no)	Accuracy is dependant on quality of data from reporting facility.	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system.	Rehabilitation Programme Manager
2) Total number of patient days in rehabilitation hospitals	Patient days in rehabilitation hospitals are a weighted combination of inpatient days and day patients in rehabilitation hospitals.	Monitoring the service volumes in rehabilitation hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients in rehabilitation hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Rehabilitation Programme Manager
3) Total separations in rehabilitation hospitals	Recorded completion of treatment and/or the accommodation of an inpatient in rehabilitation hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in rehabilitation hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in rehabilitation hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Rehabilitation Programme Manager
4) Patient day equivalents (PDE) in rehabilitation hospitals	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in rehabilitation hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in rehabilitation hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Rehabilitation Programme Manager
5) OPD total headcounts in rehabilitation hospitals	A headcount of all outpatients attending an outpatient clinic in rehabilitation hospitals.	Monitoring the service volumes in rehabilitation hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in rehabilitation hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Rehabilitation Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6) Rehabilitation hospitals with mortality and morbidity (M&M) meetings every month	Percentage of rehabilitation hospitals having M&M meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Numerator: Minutes of M & M meetings Denominator: Facility list	Numerator: QA Initiatives-Facility.xls Denominator: Facility list	Numerator: Number of rehabilitation hospitals having M&M meetings every month Denominator: Number of rehabilitation hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance.	Quality Assurance (QA) Programme Manager
7) Average length of stay in rehabilitation hospitals	Average number of patient days that an admitted patient spends in the rehabilitation hospital before separation.	To monitor the efficiency of rehabilitation hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in rehabilitation hospitals Denominator: Total separations in rehabilitation hospitals	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Rehabilitation Programme Manager
8) Bed utilisation rate (based on usable beds) in rehabilitation hospitals	Patient days in rehabilitation hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in rehabilitation hospitals.	Track the over/under utilisation of rehabilitation hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in rehabilitation hospitals Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	Rehabilitation Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Expenditure per patient day equivalent (PDE) in rehabilitation hospitals	Average cost per patient day equivalent in rehabilitation hospitals. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in rehabilitation hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in rehabilitation hospitals (sub-programme 4.4) Denominator: Patient day equivalent (PDE) in rehabilitation hospitals	None (no)	Accuracy of Expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	Rehabilitation Programme Manager
10) 97.5% of affordable staff establishment filled for rehabilitation hospitals	97.5% of the affordable staff establishments filled for rehabilitation hospitals using the Approved Post List (APL) determined for each hospital.	To monitor the filling of posts and to track expenditure within the rehabilitation hospitals.	Numerator: Personnel records Denominator: Approved Post List	Numerator: PERSAL Denominator: Approved Post List	Numerator: Filled posts in rehabilitation hospitals Denominator: Posts in the Approved Post List for rehabilitation hospitals	100 (%)	Accuracy of filled posts depends on the correct allocation of posts on PERSAL and ensuring the information is correctly linked to the rehabilitation hospital's Budget Monitoring Instrument (BMI)	Efficiency	Percentage	Quarterly	Yes	Higher staff numbers should lead to improved service s.	Provincial Hospital Services Programme Manager
11) Number of orthotic and prosthetic devices manufactured	Number of orthotic and prosthetic devices manufactured that were issued to and received by the client.	Provides an indication of service volumes.	Orthotic and prosthetic register	Orthotic and prosthetic Management Performance Report	Orthotic and prosthetic devices issued	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher number indicates a greater demand on the service.	Rehabilitation Programme Manager
12) Number of patients on waiting list for orthotic and prosthetic service for over 6 months	Number of patients that have been waiting for their orthotic and / or prosthetic device for more than 6 months.	Monitors unmet need / productivity levels / increased demand.	Orthotic and prosthetic register	Orthotic and prosthetic Management Performance Report	Patients on waiting list for over 6 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Lower number indicates better quality service or a decrease in demand.	Rehabilitation Programme Manager
13) Establish PCU's per institution (1/1)	The percentage of rehabilitation hospitals with an appointed Planning and Commissioning Unit (PCU).	The planning and commissioning unit will assist with key planning and monitoring functions to ensure and maintain appropriate health technology and infrastructure.	Numerator: Official appointment letters from the CEO Denominator: Facility list	Numerator: Office of the CEO's Denominator: Facility list	Numerator: Rehabilitation hospitals with an appointed Planning and Commissioning Unit Denominator: Number of rehabilitation hospitals	None (no)	Dependant on the submission and availability of appointment letters in the Office of the CEO.	Output	Cumulative	Annually	Yes	Higher numbers imply better and more appropriate health technology and infrastructure.	Rehabilitation Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14) Percentage of hospitals with 5 year infrastructure plan (1/1)	The percentage of rehabilitation hospitals with a 5 year infrastructure plan.	The 5 year infrastructure plan will assist with key planning functions to ensure that the infrastructure of each facility is maintained and optimally utilized.	Numerator: Infrastructure plan Denominator: Facility list	Numerator: Infrastructure plan Denominator: Facility list	Numerator: Rehabilitation hospital with a 5 year infrastructure plan Denominator: Number of rehabilitation hospitals	100 (%)	Dependant on the submission and availability of the infrastructure plan.	Output	Percentage	Annually	Yes	Infrastructure plans will ensure improved and appropriate infrastructure at facilities.	Rehabilitation Programme Manager

DENTAL TRAINING HOSPITALS: TABLE PHS2

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Number of patient visits per annum	Total number of patient visits for treatment recorded at the various clinics of the oral health centres.	Monitoring the service volumes at the oral health centres.	Oral Health Centre Tygerberg / UWC Patient Visit Form	Clinicom for Tygerberg and UWC Oral Health Centres Patient record card for other oral health clinics (out-reach clinics)	Sum of patient visits at: • Tygerberg and UWC Oral Health Centres • Other oral health clinics (outreach clinics)	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Dean: Dental Faculty
2) Number of theatre cases per annum	Total number of dental health theatre cases ate the oral health centres.	Monitoring the service volumes of theatre cases in the oral health centres.	Theatre register	Theatre Register.xls	Dental health theatre cases	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Dean: Dental Faculty
3) Number of removable prosthetic units manufactured (dentures)	Number of prosthetic units (dentures) manufactured that were issued to and received by the patient at the oral health centres.	Monitoring the service volumes for prosthetic units (dentures).	Job card for prosthetic unit (dentures)	Laboratory Register.xls	Prosthetic units (dentures) issued	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease and also a greater reliance on the public health system.	Dean: Dental Faculty
4) Number of new patients banded for orthodontic treatment (braces) in the Oral Health Centers.	A headcount of new patients banded for orthodontic treatment (braces) at the oral health centres.	Monitoring the service volumes for orthodontic treatment (braces).	Appointment register for orthodontic clinic	Orthodontic Devices .xls	New patients banded for orthodontic treatment	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	Yes	Higher Levels of uptake may indicate an increased burden of disease and also a greater reliance on the public health system.	Dean: Dental Faculty

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

CENTRAL/TERTIARY HOSPITALS: TABLE CHS4 - 6

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Caesarean section rate for central hospitals	Caesarean section deliveries in central hospitals expressed as a percentage of all deliveries in central hospitals.	Track the performance of obstetric care of the central hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Caesarean section in central hospitals Denominator: Deliveries in central hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	No	Higher percentage of caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Central Hospital Services Programme Manager
2) Provide a total of 1 460 tertiary beds in central hospitals	Useable beds in central hospitals are beds actually available for use within the central hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of central hospital beds to ensure accessibility of central hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in central hospitals	None (no)	Accuracy is dependent on quality of data from reporting facility	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system.	Central Hospital Services Programme Manager
3) Total separations in central hospitals	Recorded completion of treatment and/or the accommodation of an inpatient in central hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in central hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Central Hospital Services Programme Manager
4) OPD total headcounts in central hospitals	A headcount of all outpatients attending an outpatient clinic in central hospitals.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in central hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Central Hospital Services Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Patient day equivalents (PDE) in central hospitals	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in central hospitals	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Central Hospital Services Programme Manager
6) Bed utilisation rate (based on usable beds) in central hospitals	Patient days in central hospitals during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in central hospitals.	Track the over/under utilisation of central hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in central hospitals Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	Central Hospital Services Programme Manager
7) Number of central hospitals conducting monthly morbidity and mortality reviews	Number of central hospitals having morbidity and mortality (M&M) meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Minutes of M & M meetings	QA Initiatives-Facility.xls	Number of central hospitals having M&M meetings every month	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number suggests better clinical governance.	Quality Assurance (QA) Programme Manager
8) Number of central hospitals with patient satisfaction survey using DOH template	Number of central hospitals with a published nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Client Satisfaction Survey Report	QA Initiatives-Facility.xls	Central hospitals with a published nationally mandated patient satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number should lead to improved quality of care.	Quality Assurance (QA) Programme Manager
9) Case fatality rate in central hospitals for surgery separations	Percentage of surgery separations in central hospitals that died.	To measure the quality of care by means of health outcomes for surgical separations.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Inpatient death – surgery in central hospitals Denominator: Separation – surgery in central hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Lower percentage indicates improved quality of care.	Central Hospital Services Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Expenditure per patient day equivalent (PDE) in central hospitals	Average cost per patient day equivalent in central hospitals. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in central hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in central hospitals (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in central hospitals	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	Central Hospital Services Programme Manager
11) The ICD 10 coding rate of 75% is reached for inpatient activities	The percentage of separations with an ICD-10 code discharge diagnoses recorded on the Hospital Information System (HIS).	To ensure that requirements for billing purposes are met by recording an ICD 10 code for all patient episodes.	Numerator: Electronic patient record on Clinicom Denominator: Electronic patient record on Clinicom	Numerator: Clinicom (HIS) Denominator: Clinicom (HIS)	Numerator: Inpatient separations with an ICD 10 discharge diagnosis Denominator: Inpatient separations in central hospitals	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	Yes	Higher rate indicate improved performance and ability to comply with prescripts for billing purposes.	Central Hospital Services Programme Manager
12) Number of central hospitals that performed a staff satisfaction survey	Number of central hospitals that performed a staff satisfaction survey using the official provincial survey template.	To monitor staff satisfaction in the central hospitals.	Hospital semi permanent data report	SINJANI	Central hospitals with a published staff satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	Quality Assurance (QA) Programme Manager at the hospital
13) Number of central hospitals with an approved skills development plan in place	All central hospitals submitted an approved skills development plan for the financial year.	To ensure that skills development takes place to ensure and maintain a capacitated workforce to deliver the required health services.	Hospital semi permanent data report	SINJANI	Central hospitals with an approved skills development plan in place	None (no)	Dependant on hospital to finalise the plan in consultation with various stakeholders.	Input	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	Central Hospital Services Programme Manager
14) Average length of stay in central hospitals	Average number of patient days that an admitted patient spends in the central hospital before separation.	To monitor the efficiency of central hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in central hospitals Denominator: Total separations in central hospitals	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Central Hospital Services Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
15) Number of central hospitals with an appointed health facility board	The number of central hospitals with an appointed health facility board.	Plays an integral part in the monitoring of governance of the hospital as well as being an important liaison forum between the community and hospital management.	Hospital semi permanent data report	SINJANI	Central hospitals with an appointed health facility board	None (no)	Dependant on the availability of members to serve on the board.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better governance of hospitals as well as improved liaison between the community and hospital management.	Central Hospital Services Programme Manager
16) Number of institutions with an appointed drug and therapeutic committee	The number of central hospitals with an appointed drug and therapeutic committee.	To assist with the review and implementation of drug policy at an institutional and provincial level.	Hospital semi permanent data report	SINJANI	Central hospitals with an appointed drug and therapeutic committee	None (no)	Dependant on the availability of members to serve on the committee.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better review and implementation of drug policies.	Central Hospital Services Programme Manager
17) Number of hospitals with an appointed and functioning planning and commissioning unit	The number of central hospitals with an appointed Planning and Commissioning Unit (PCU).	The planning and commissioning unit will assist with key planning and monitoring functions to ensure and maintain appropriate health technology and infrastructure.	Hospital semi permanent data report	SINJANI	Central hospitals with an appointed Planning and Commissioning Unit	None (no)	Dependant on the availability of members to serve on the committee and to attend meetings.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better and more appropriate health technology and infrastructure provision and planning	Central Hospital Services Programme Manager

GROOTE SCHUUR HOSPITAL: TABLE CHS4 - 6

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Caesarean section rate for Groote Schuur Hospital	Caesarean section deliveries in Groote Schuur Hospital expressed as a percentage of all deliveries Groote Schuur Hospital.	Track the performance of obstetric care of the central hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Caesarean section in Groote Schuur Hospital Denominator: Deliveries in Groote Schuur Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	No	Higher percentage of caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	CEO Groote Schuur Hospital
2) Provide a total of 617 tertiary beds in Groote Schuur Hospital	Useable beds in Groote Schuur Hospital are beds actually available for use within Groote Schuur Hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of central hospital beds to ensure accessibility of central hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in Groote Schuur Hospital	None (no)	Accuracy is dependent on quality of data from reporting facility	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system.	CEO Groote Schuur Hospital
3) Total separations in Groote Schuur Hospital	Recorded completion of treatment and/or the accommodation of an inpatient in Groote Schuur Hospital. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in Groote Schuur Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Groote Schuur Hospital
4) OPD total headcounts in Groote Schuur Hospital	A headcount of all outpatients attending an outpatient clinic in Groote Schuur Hospital.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in Groote Schuur Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Groote Schuur Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Patient day equivalents (PDE) in Groote Schuur Hospital	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in Groote Schuur Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	CEO Groote Schuur Hospital
6) Bed utilisation rate (based on usable beds) in Groote Schuur Hospital	Patient days in Groote Schuur Hospital during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Groote Schuur Hospital.	Track the over/under utilisation of central hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in Groote Schuur Hospital Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	CEO Groote Schuur Hospital
7) Groote Schuur Hospital conducts monthly mortality and morbidity (M&M) meetings	Groote Schuur Hospital conducts morbidity and mortality (M&M) meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Minutes of M & M meetings	QA Initiatives-Facility.xls	Groote Schuur Hospital has M&M meetings every month	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number suggests better clinical governance.	CEO Groote Schuur Hospital
8) Groote Schuur Hospital performed an annual patient satisfaction survey using DOH template	Groote Schuur Hospital published a nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Client Satisfaction Survey Report	QA Initiatives-Facility.xls	Groote Schuur Hospital has a published nationally mandated patient satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number should lead to improved quality of care.	CEO Groote Schuur Hospital
9) Case fatality rate in Groote Schuur Hospital for surgery separations	Percentage of surgery separations in Groote Schuur Hospital that died.	To measure the quality of care by means of health outcomes for surgical separations.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Inpatient death – surgery in Groote Schuur Hospital Denominator: Separation – surgery in Groote Schuur Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Lower percentage indicates improved quality of care.	CEO Groote Schuur Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Expenditure per patient day equivalent (PDE) in Groote Schuur Hospital	Average cost per patient day equivalent in Groote Schuur Hospital. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in central hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in Groote Schuur Hospital (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in Groote Schuur Hospital	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	CEO Groote Schuur Hospital
11) The ICD 10 coding rate of 75% is reached for inpatient activities	The percentage of separations in Groote Schuur Hospital with an ICD-10 code discharge diagnoses recorded on the Hospital Information System (HIS).	To ensure that requirements for billing purposes are met by recording an ICD 10 code for all patient episodes.	Numerator: Electronic patient record on Clinicom Denominator: Electronic patient record on Clinicom	Numerator: Clinicom (HIS) Denominator: Clinicom (HIS)	Numerator: Inpatient separations with an ICD 10 discharge diagnosis in Groote Schuur Hospital Denominator: Inpatient separations in Groote Schuur Hospital I	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	Yes	Higher rate indicate improved performance and ability to comply with prescripts for billing purposes.	CEO Groote Schuur Hospital
12) Groote Schuur Hospital performed a staff satisfaction survey	Groote Schuur Hospital performed a staff satisfaction survey using the official provincial survey template.	To monitor staff satisfaction in the central hospitals.	Hospital semi permanent data report	SINJANI	Groote Schuur Hospital has a published staff satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	CEO Groote Schuur Hospital
13) Groote Schuur Hospital has an approved skills development plan in place	Groote Schuur Hospital submitted an approved skills development plan for the financial year.	To ensure that skills development takes place to ensure and maintain a capacitated workforce to deliver the required health services.	Hospital semi permanent data report	SINJANI	Groote Schuur Hospital has an approved skills development plan in place	None (no)	Dependant on hospital to finalise the plan in consultation with various stakeholders.	Input	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	CEO Groote Schuur Hospital
14) Average length of stay in Groote Schuur Hospital	Average number of patient days that an admitted patient spends in Groote Schuur Hospital before separation.	To monitor the efficiency of central hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in Groote Schuur Hospital Denominator: Total separations in Groote Schuur Hospital	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	CEO Groote Schuur Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
15) Groote Schuur Hospital has an appointed hospital board in place	Groote Schuur Hospital has an officially appointed health facility board in place.	Plays an integral part in the monitoring of governance of the hospital as well as being an important liaison forum between the community and hospital management.	Hospital semi permanent data report	SINJANI	Groote Schuur Hospital has an appointed health facility board	None (no)	Dependant on the availability of members to serve on the board.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better governance of hospitals as well as improved liaison between the community and hospital management.	CEO Groote Schuur Hospital
16) Groote Schuur Hospital has an appointed Drug and Therapeutic committee in place	Groote Schuur Hospital has an officially appointed drug and therapeutic committee in place.	To assist with the review and implementation of drug policy at an institutional and provincial level.	Hospital semi permanent data report	SINJANI	Groote Schuur Hospital has an appointed drug and therapeutic committee	None (no)	Dependant on the availability of members to serve on the committee.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better review and implementation of drug policies.	CEO Groote Schuur Hospital
17) Groote Schuur Hospital has an appointed and functioning planning and commissioning unit.	Groote Schuur Hospital has an officially appointed Planning and Commissioning Unit (PCU) in place.	The planning and commissioning unit will assist with key planning and monitoring functions to ensure and maintain appropriate health technology and infrastructure.	Hospital semi permanent data report	SINJANI	Groote Schuur Hospital has an appointed Planning and Commissioning Unit	None (no)	Dependant on the availability of members to serve on the committee and to attend meetings.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better and more appropriate health technology and infrastructure provision and planning	CEO Groote Schuur Hospital

TYGERBERG HOSPITAL: TABLE CHS4 - 6

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Caesarean section rate for Tygerberg Hospital	Caesarean section deliveries in Tygerberg Hospital expressed as a percentage of all deliveries in Tygerberg Hospital.	Track the performance of obstetric care of the central hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Caesarean section in Tygerberg Hospital Denominator: Deliveries in Tygerberg Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	No	Higher percentage of caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	CEO Tygerberg Hospital
2) Provide a total of 608 tertiary beds in Tygerberg Hospital	Useable beds in Tygerberg Hospital are beds actually available for use within Tygerberg Hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of central hospital beds to ensure accessibility of central hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in Tygerberg Hospital	None (no)	Accuracy is dependent on quality of data from reporting facility	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system.	CEO Tygerberg Hospital
3) Total separations in Tygerberg Hospital	Recorded completion of treatment and/or the accommodation of an inpatient in Tygerberg Hospital. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in Tygerberg Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Tygerberg Hospital
4) OPD total headcounts in Tygerberg Hospital	A headcount of all outpatients attending an outpatient clinic in Tygerberg Hospital.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in Tygerberg Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Tygerberg Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Patient day equivalents (PDE) in Tygerberg Hospital	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring te service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in Tygerberg Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	CEO Tygerberg Hospital
6) Bed utilisation rate (based on usable beds) in Tygerberg Hospital	Patient days in Tygerberg Hospital during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Tygerberg Hospital.	Track the over/under utilisation of central hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in Tygerberg Hospital Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	CEO Tygerberg Hospital
7) Tygerberg Hospital conducts monthly mortality and morbidity (M&M) meetings	Tygerberg Hospital conducts morbidity and mortality (M&M) meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Minutes of M & M meetings	QA Initiatives-Facility.xls	Tygerberg Hospital has M&M meetings every month	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number suggests better clinical governance.	CEO Tygerberg Hospital
8) Tygerberg Hospital conducted an annual patient satisfaction survey using DOH template	Tygerberg Hospital published a nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Client Satisfaction Survey Report	QA Initiatives-Facility.xls	Tygerberg Hospital has a published nationally mandated patient satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number should lead to improved quality of care.	CEO Tygerberg Hospital
9) Case fatality rate jn Tygerberg Hospital for surgery separations	Percentage of surgery separations in Tygerberg Hospital that died.	To measure the quality of care by means of health outcomes for surgical separations.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Inpatient death – surgery in Tygerberg Hospital Denominator: Separation – surgery in Tygerberg Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Lower percentage indicates improved quality of care.	CEO Tygerberg Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
10) Expenditure per patient day equivalent (PDE) in Tygerberg Hospital	Average cost per patient day equivalent in Tygerberg Hospital. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in central hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in Tygerberg Hospital (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in Tygerberg Hospital	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	CEO Tygerberg Hospital
11) The ICD 10 coding rate of 75% is reached for inpatient activities	The percentage of separations in Tygerberg Hospital with an ICD-10 code discharge diagnoses recorded on the Hospital Information System (HIS).	To ensure that requirements for billing purposes are met by recording an ICD 10 code for all patient episodes.	Numerator: Electronic patient record on Clinicom Denominator: Electronic patient record on Clinicom	Numerator: Clinicom (HIS) Denominator: Clinicom (HIS)	Numerator: Inpatient separations with an ICD 10 discharge diagnosis in Tygerberg Hospital Denominator: Inpatient separations in Tygerberg Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	Yes	Higher rate indicate improved performance and ability to comply with prescripts for billing purposes.	CEO Tygerberg Hospital
12) Tygerberg Hospital performed a staff satisfaction survey	Tygerberg Hospital performed a staff satisfaction survey using the official provincial survey template.	To monitor staff satisfaction in the central hospitals.	Hospital semi permanent data report	SINJANI	Tygerberg Hospital has a published staff satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	CEO Tygerberg Hospital
13) Tygerberg Hospital has an approved skills development plan in place	Tygerberg Hospital submitted an approved skills development plan for the financial year.	To ensure that skills development takes place to ensure and maintain a capacitated workforce to deliver the required health services.	Hospital semi permanent data report	SINJANI	Tygerberg Hospital has an approved skills development plan in place	None (no)	Dependant on hospital to finalise the plan in consultation with various stakeholders.	Input	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	CEO Tygerberg Hospital
14) Average length of stay in Tygerberg Hospital	Average number of patient days that an admitted patient spends in Tygerberg Hospital before separation.	To monitor the efficiency of central hospitals.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in Tygerberg Hospital Denominator: Total separations in Tygerberg Hospital	None (no)	High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	CEO Tygerberg Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
15) Tygerberg Hospital has an appointed hospital board in place	Tygerberg Hospital has an officially appointed health facility board in place.	Plays an integral part in the monitoring of governance of the hospital as well as being an important liaison forum between the community and hospital management.	Hospital semi permanent data report	SINJANI	Tygerberg Hospital has an appointed health facility board	None (no)	Dependant on the availability of members to serve on the board.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better governance of hospitals as well as improved liaison between the community and hospital management.	CEO Tygerberg Hospital
16) Tygerberg Hospital has an appointed Drug and Therapeutic committee in place	Tygerberg Hospital has an officially appointed drug and therapeutic committee in place.	To assist with the review and implementation of drug policy at an institutional and provincial level.	Hospital semi permanent data report	SINJANI	Tygerberg Hospital has an appointed drug and therapeutic committee	None (no)	Dependant on the availability of members to serve on the committee.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better review and implementation of drug policies.	CEO Tygerberg Hospital
17) Tygerberg Hospital has an appointed and functioning planning and commissioning unit.	Tygerberg Hospital has an officially appointed Planning and Commissioning Unit (PCU) in place.	The planning and commissioning unit will assist with key planning and monitoring functions to ensure and maintain appropriate health technology and infrastructure.	Hospital semi permanent data report	SINJANI	Tygerberg Hospital has an appointed Planning and Commissioning Unit	None (no)	Dependant on the availability of members to serve on the committee and to attend meetings.	Output	Cumulative	Quarterly	Yes	Higher numbers implies better and more appropriate health technology and infrastructure provision and planning	CEO Tygerberg Hospital

RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL: TABLE CHS4 - 6

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Caesarean section rate for Red Cross War Memorial Children's Hospital	Caesarean section deliveries are not done at Red Cross War Memorial Children's Hospital.	Not applicable (N/A).	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2) Provide a total of 235 tertiary beds in Red Cross War Memorial Children's Hospital	Useable beds in Red Cross War Memorial Children's Hospital are beds actually available for use within Red Cross War Memorial Children's Hospital, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of central hospital beds to ensure accessibility of central hospital services.	Hospital Throughput form	SINJANI / DHIS	Usable beds in Red Cross War Memorial Children's Hospital	None (no)	Accuracy is dependent on quality of data from reporting facility	Input	Cumulative	Quarterly	No	Usable beds fully utilised may indicate a greater reliance on the public health system.	CEO Red Cross War Memorial Children's Hospital
3) Total separations in Red Cross War Memorial Children's Hospital	Recorded completion of treatment and/or the accommodation of an inpatient in Red Cross War Memorial Children's Hospital. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes day patients.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfers out • Day patient s in Red Cross War Memorial Children's Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Red Cross War Memorial Children's Hospital
4) OPD total headcounts in Red Cross War Memorial Children's Hospital	A headcount of all outpatients attending an outpatient clinic in Red Cross War Memorial Children's Hospital.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • OPD specialist headcount • OPD general headcount in Red Cross War Memorial Children's Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Red Cross War Memorial Children's Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Patient day equivalents (PDE) in Red Cross War Memorial Children's Hospital	Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in central hospitals.	Hospital Throughput form	SINJANI / DHIS	Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount in Red Cross War Memorial Children's Hospital	None (no)	Accuracy dependant on quality of data from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	CEO Red Cross War Memorial Children's Hospital
6) Bed utilisation rate (based on usable beds) in Red Cross War Memorial Children's Hospital	Patient days in Red Cross War Memorial Children's Hospital during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in Red Cross War Memorial Children's Hospital.	Track the over/under utilisation of central hospital beds.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: • Inpatient days • 1/2 day patients in Red Cross War Memorial Children's Hospital Denominator: Number of usable bed days (Usable beds x number of days in the reporting period)	100 (%)	Accuracy dependant on quality of data from reporting facility.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels.	CEO Red Cross War Memorial Children's Hospital
7) Red Cross War Memorial Children's Hospital conducts monthly mortality and morbidity (M&M) meetings	Red Cross War Memorial Children's Hospital conducts morbidity and mortality (M&M) meetings every month (12 per year).	To monitor the quality of hospital services, as reflected in levels of diseases (morbidity) adverse events; and proportion of deaths (mortality).	Minutes of M & M meetings	QA Initiatives-Facility.xls	Red Cross War Memorial Children's Hospital has M&M meetings every month	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number suggests better clinical governance.	CEO Red Cross War Memorial Children's Hospital
8) Red Cross War Memorial Children's Hospital conducted an annual patient satisfaction survey using DOH template	Red Cross War Memorial Children's Hospital published a nationally mandated patient satisfaction survey in the last 12 months.	To measure the degree of patient's satisfaction with the service delivered to the patient.	Client Satisfaction Survey Report	QA Initiatives-Facility.xls	Red Cross War Memorial Children's Hospital has a published nationally mandated patient satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	No	Higher number should lead to improved quality of care.	CEO Red Cross War Memorial Children's Hospital

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Case fatality rate jn Red Cross War Memorial Children's Hospital for surgery separations	Percentage of surgery separations in Red Cross War Memorial Children's Hospital that died.	To measure the quality of care by means of health outcomes for surgical separations.	Numerator: Hospital Throughput form Denominator: Hospital Throughput form	Numerator: SINJANI / DHIS Denominator: SINJANI / DHIS	Numerator: Inpatient death – surgery in Red Cross War Memorial Children's Hospital Denominator: Separation – surgery in Red Cross War Memorial Children's Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Quality	Percentage	Quarterly	No	Lower percentage indicates improved quality of care.	CEO Red Cross War Memorial Children's Hospital
10) Expenditure per patient day equivalent (PDE) in Red Cross War Memorial Children's Hospital	Average cost per patient day equivalent in Red Cross War Memorial Children's Hospital. Patient day equivalent is a weighted combination of inpatient days, day patients, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Track the expenditure per PDE in central hospitals.	Numerator: Financial data Denominator: Hospital Throughput form	Numerator: BAS Denominator: SINJANI / DHIS	Numerator: Total expenditure in Red Cross War Memorial Children's Hospital (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in central hospitals	None (no)	Accuracy of expenditure depends on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	CEO Red Cross War Memorial Children's Hospital
11) The ICD 10 coding rate of 75% is reached for inpatient activities	The percentage of separations in Red Cross War Memorial Children's Hospital with an ICD-10 code discharge diagnoses recorded on the Hospital Information System (HIS)?	To ensure that requirements for billing purposes are met by recording an ICD 10 code for all patient episodes.	Numerator: Electronic patient record on Clinicom Denominator: Electronic patient record on Clinicom	Numerator: Clinicom (HIS) Denominator: Clinicom (HIS)	Numerator: Inpatient separations with an ICD 10 discharge diagnosis in Red Cross War Memorial Children's Hospital Denominator: Inpatient separations in Red Cross War Memorial Children's Hospital	100 (%)	Accuracy dependant on quality of data from reporting facility.	Output	Percentage	Quarterly	Yes	Higher rate indicated improved performance and ability to comply with prescripts for billing purposes.	CEO Red Cross War Memorial Children's Hospital
12) Red Cross War Memorial Children's Hospital conducted a staff satisfaction survey	Red Cross War Memorial Children's Hospital performed a staff satisfaction survey using the official provincial survey template.	To monitor staff satisfaction in the central hospitals.	Hospital semi permanent data report	SINJANI	Red Cross War Memorial Children's Hospital has a published staff satisfaction survey in the last 12 months	None (no)	Accuracy dependant on quality of data from reporting facility.	Quality	Cumulative	Quarterly	Yes	Higher number should lead to improved staff satisfaction.	CEO Red Cross War Memorial Children's Hospital

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

HEALTH SCIENCES AND TRAINING: TABLE HST 2

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Total number of health science students graduating	Sum of health science students who graduate from the basic nursing course, post-graduate training (medical registrars) and post basic nursing qualifications (professional nurses).	Tracks the production of nurses with a basic nursing registration, medical specialists and nurses with a post basic nursing qualification.	Registration list for: • Basic student nurses • Medical registrars • Post basic nurses	HEI survey.xls	Sum of: • Basic student nurses graduating • Medical registrars graduating • Advanced student nurses graduating	None (no)	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges and training institutions.	Output	Cumulative	Quarterly	No	Higher number indicates that more nurses, medical registrars and/or professional nurses with a post basic nursing qualification are graduating.	HRD Programme Manager
2) Intake of nurse students (HEIs and nursing colleges)	Number of student nurses entering the first year of nursing college.	Tracks the training of nurses.	Nurse Training Institutions (NEI) registration lists	HEI survey.xls	Intake of student nurses	None (no)	Data quality depends on good record keeping by both the Provincial DoH and nurse training institutions.	Input	Cumulative	Quarterly	No	Higher levels of intake are desired, to increase the availability of nurses in future.	Human Resources Development (HRD) Programme Manager
3) Students with bursaries from the province	Number of students provided with bursaries by the provincial Department of Health.	Tracks the number of health science students sponsored by the Province to undergo training as future health care providers.	Signed bursary contract	HRD Full Time Bursary Database.mdb	Students with bursaries from the province	None (no)	Data quality depends on good record keeping by both the Provincial DoH and health science training institutions.	Input	Cumulative	Quarterly	No	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers.	HRD Programme Manager
4) Basic nurse students graduating	Number of students who graduate from the basic nursing course.	Tracks the production of nurses with a basic nursing qualification.	Basic student nurses registration lists	HEI survey.xls	Basic student nurses graduating	None (no)	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges.	Output	Cumulative	Quarterly	No	Desired performance level is that higher numbers of student nurses should be graduating.	HRD Programme Manager
5) Medical registrars graduating	Number of medical registrars who graduate from their post-graduate training.	Tracks the production of new medical specialists.	Medical registrars post-graduate training registration lists	HEI survey.xls	Medical registrars graduating	None (no)	Data quality depends on good record keeping by both the Provincial DoH and training institutions.	Output	Cumulative	Quarterly	No	Desired performance level is that higher numbers of medical registrars should be graduating.	HRD Programme Manager
6) Advanced nurse students graduating	Number of professional nurses who graduate with a post basic nursing qualification.	Tracks the production of nurses with a post basic nursing qualification.	Professional nurses post basic registration lists	HEI survey.xls	Advanced student nurses graduating	None (no)	Data quality depends on good record keeping by both the Provincial DoH and nurse training institutions.	Output	Cumulative	Quarterly	No	Desired performance level is that higher numbers of professional nurses with a post basic nursing qualification should be graduating.	HRD Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7) Average training cost per basic nursing graduate	Average cost of training a basic nursing graduate.	Tracks the costs of producing nurses.	Numerator: Fees structure obtained from HEIs located in the Western Cape Denominator: Basic student nurse's registration lists	Numerator: HRD Database Fees structure Denominator: HEI survey.xls	Numerator: Cost of providing the basic graduate training course Denominator: Basic nursing students graduating	None (no)	Data quality depends on the reliability of financial management systems and good record keeping by training institutions.	Output	Expenditure in Rands	Annual	No	Lower training cost implies more cost effective training of nurses.	HRD Programme Manager
8) Development component of HPTD grant spent	Percentage of the development component of the Health Professions Training and Development (HPTD) grant spent.	Tracks expenditure on development component of HPT & D grant, to assess absorption capacity.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Total expenditure on the development component of HPT and D grant spent Denominator: Total allocation (budget) for the development component of HPT and D grant	100 (%)	Data quality depends by on the reliability of financial management systems.	Output	Cumulative percentage	Quarterly	No	Higher levels of expenditure on the development component of HPT & D grant reflects enhanced absorption capacity.	HRD Programme Manager
9) Total number of health and support professionals trained and developed through formal and informal training	Sum of health and support professionals trained and developed through formal and informal training programmes.	Tracks the number of health and support professionals who receive formal and informal training.	Service provider attendance records	HRD database.xls	Health and support professionals trained and developed through formal and informal training	None (no)	Data quality depends on good record keeping by the Provincial DoH and service providers.	Output	Cumulative	Quarterly	No	Higher number will lead to an increase in the availability of skilled and competent health and support professionals to render optimum accessible packages of care.	HRD Programme Manager
10) Number of EMC staff intake on HPCSA accredited programmes (one of these courses is a 2 year course)	Student intake at the Western Cape College of Emergency Care (CEC) for all Health Professions Council of South Africa (HPCSA) accredited courses. This includes Basic Ambulance Assistant (BAA) 6 week course, Ambulance Emergency Assistant (AEA) 3 month course, Critical Care Assistant (CCA) 10 month course and Emergency Care Technician (ECT) 2 year course.	Tracks the student intake at the Western Cape College of Emergency Care (CEC).	External data source HPCSA: HPCSA Form 292: Student Registration	PGWC College of Emergency Care learner database.xls	Student intake numbers for HPCSA accredited courses	None (no)	Data quality depends on good record keeping by the Western Cape College of Emergency Care,	Output	Cumulative	Quarterly	Yes	Higher number of qualified emergency medical care personnel will improve pre-hospital emergency care.	HRD Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
11) Number of EMC staff accessing CME activities	The number of emergency medical care (EMC) staff attending Continuous Medical Education (CME) activities including 2-day specific courses,	Tracks the number of EMC staff accessing CME activities,	Continuous Medical Education Attendance Registers	PGWC CME Registers database.xls	EMC staff receiving CME points	None (no)	Data quality depends on good record keeping by the PGWC training department.	Output	Cumulative	Quarterly	No	Higher number of trained EMC staff will improve emergency health care.	HRD Programme Manager
12) Number of EMC staff in training in Rescue Qualifications	The number of Emergency Medical Care (EMC) staff receiving training in rescue qualifications. This includes the Basic Medical Rescue (BMR) 3 week course and the Advanced Medical Rescue Technician's Qualification 12 modular course over 1 year.	Tracks the number of EMC staff accessing rescue qualifications.	Registration for rescue qualifications	PGWC College of Emergency Care learner database.xls	EMC students with rescue qualification training completed	None (no)	Data quality depends on good record keeping by the Western Cape College of Emergency Care,	Output	Cumulative	Annually	Yes	Higher number of trained EMC staff in rescue techniques will improve emergency care.	HRD Programme Manager
13) Number of EMC students in training in the Contact Centre (Communications) Qualifications	The student intake at the Western Cape College of Emergency Care for the Contact Centre Communications qualifications – certificates and diplomas.	Tracks the student intake for certificate and diploma courses for Contact Centre Communications qualifications.	Student registration with Distinct Solutions	PGWC College of Emergency Care learner database.xls	Student intake for Contact Centre	None (no)	Data quality depends on good record keeping by the PGWC College of Emergency Care,	Output	Cumulative	Annually	No	Higher number will improve emergency health care.	HRD Programme Manager
14) Number of employees attending the Massified Induction Programme (MIP)	Employees attending the Massified Induction Programme (MIP).	Tracks the number of employees attending the Massified Induction Programme (MIP).	Attendance records	HRD database.xls MIP	Employees attending the Massified Induction Programme (MIP)	None (no)	Data quality depends on good record keeping by the Provincial DoH and the external training provider.	Output	Cumulative	Quarterly	No	Higher number will lead to an increase in the number of informed and motivated new appointees and contribute to improved service delivery.	HRD Programme Manager
15) Number of learnerships for employed personnel	Employed personnel provided with learnerships leading to a SAQA registered qualification.	Tracks the number of learnerships for employed personnel.	Signed learnership contracts	Learnership (18.1) Database.mdb	Employed personnel provided with learnerships	None (no)	Data quality depends on good record keeping by the Provincial DoH.	Output	Cumulative	Quarterly	No	Higher number will address scarce skills and lead to improved service delivery and quality of care.	HRD Programme Manager
16) Number of learnerships for unemployed personnel	Unemployed personnel recruited from communities provided with learnerships leading to a SAQA registered qualification.	Tracks the number of learnerships for unemployed personnel.	Signed learnership contracts	Learnership (18.2) Database.mdb	Unemployed personnel provided with learnerships	None (no)	Data quality depends on good record keeping by the Provincial DoH.	Output	Cumulative	Quarterly	No	Higher number creates full time employment opportunities, addresses scarce skills and will lead to improved service delivery and quality of care.	HRD Programme Manager
17) Number of bursaries awarded to managers for formal Leadership & Management training	Bursaries awarded to personnel for formal Leadership & Management training.	Tracks the number of bursaries awarded to personnel for formal Leadership & Management training.	Signed bursary contracts	HRD database.xls Management training	Bursaries awarded to personnel for formal Leadership & Management training	None (no)	Data quality depends on good record keeping by the Provincial DoH and external service providers.	Output	Cumulative	Quarterly	No	Higher number will lead to an increase in personnel attending the course which will improve corporate governance and quality of service delivery.	HRD Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
18) Number of personnel attending Leadership & Management training programmes	Personnel attending Leadership & Management training programmes.	Tracks the number of personnel attending Leadership & Management training programmes.	Service provider attendance records	HRD database.xls Management training	Personnel attending Leadership & Management training programmes from external training providers.	None (no)	Data quality depends on good record keeping by the Provincial DoH and external service providers.	Output	Cumulative	Quarterly	No	Higher number will improve corporate governance and quality of service delivery.	HRD Programme Manager
19) Number of health and support professionals receiving clinical training at the various levels of care on interdivisional burden of disease priorities	Health professionals trained through iMOCOMP (Improvement and Maintenance of Competencies) within the district health system.	Tracks the number of health professionals trained through iMOCOMP.	Quarterly Training Report from external service providers	HRD Combined QTR.xls	Health professionals trained through iMOCOMP	None (no)	Data quality depends on good record keeping by both the Provincial DoH and external service provider/s.	Output	Sum for period under review	Quarterly	No	Higher number will improve clinical governance, quality of care and service delivery when addressing the key district health system priorities.	HRD Programme Manager
20) Number of front line personnel on salary level 1 - 6 trained on Batho Pele principles	Personnel on salary level 1 – 6, who explicitly interacts with members of the public or community, who received training on the Batho Pele principles.	Tracks the number of front line personnel on salary level 1 - 6 trained on Batho Pele principles.	Service provider attendance records	HRD database.xls	Front line personnel on salary level 1 - 6 trained on Batho Pele	None (no)	Data quality depends on good record keeping by the Provincial DoH and external service providers.	Output	Cumulative	Quarterly	No	Higher number will result in improved customer care.	HRD Programme Manager
21) Number of Home Community Based Carers (HCBCs)	Home Community Based Carer (HCBC) learners receiving training on SAQA accredited qualifications in ancillary health care and community care as part of the Expanded Public Works Programme (EPWP).	Tracks the number of Home Community Based Carers (HCBCs) registered on the four levels of qualifications.	Registration form	HRD: EPWP Learners on Quarterly Basis.xls	Home based care learners registered	None (no)	Data quality depends on good record keeping by both the Provincial DoH and external service provider/s.	Output	Sum for period under review	Quarterly	No	Higher number of HCBCs will improve health promotion and prevention within the home and community and is pivotal in ensuring quality of de-hospitalised care.	HRD Programme Manager
22) Number of data capturer interns	Number of data capturers employed on internships and receiving training as part of the Expanded Public Works Programme (EPWP).	Tracks the number of data capturer interns within the Department	Data capturer internship contracts	HRD: EPWP Learners on Quarterly Basis.xls	Data capturer interns registered	None (no)	Data quality depends on good record keeping by the Provincial DoH.	Output	Sum for period under review	Quarterly	No	Higher number of trained data capturer interns will improve the capturing of accurate health information in the district health system.	HRD Programme Manager

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

LAUNDRY SERVICES

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1. Total number of pieces laundered:	The actual number of linen pieces processed or laundered by both in-house and outsourced laundries.	To ensure that clean and disinfected linen is supplied to all provincial hospitals.	• Laundry linen count • Private contractor accounts	Linen counting spreadsheet.xls	Sum of: • Items laundered in-house • Items laundered outsourced	None (no)	Dependant on the submission of information and accuracy of records kept by in-house laundries and private contractors.	Output	Sum for period under review	Quarterly	No	Higher workload indicates greater demand on the service.	Laundry manager (Directorate: Engineering and Technical Support)
2. Total number of pieces laundered: in-house	The actual number of linen pieces processed or laundered by large central in-house laundries located at Tygerberg, Lentegeur and George Hospitals.	To ensure that in-house laundries are providing clean and disinfected linen in areas where private sector laundries are unable to provide a service.	Laundry linen count	Linen counting spreadsheet.xls	Items laundered in-house	None (no)	Dependant on the accuracy of records kept by in-house laundries.	Output	Sum for period under review	Quarterly	No	Higher workload indicates greater demand on the service.	Laundry manager (Directorate: Engineering and Technical Support)
3. Total number of pieces laundered: outsourced	The actual number of linen pieces processed or laundered by outsourced laundries in the private sector	To ensure that private laundries are providing clean and disinfected linen as per the agreed contract.	Private contractor accounts	Linen counting spreadsheet.xls	Items laundered outsourced	None (no)	Dependant on the submission of information and the reliability of records kept at private laundries.	Output	Sum for period under review	Quarterly	No	Higher workload indicates greater demand on the service.	Laundry manager (Directorate: Engineering and Technical Support)
4. Average cost per item laundered: in-house	The average cost per linen item processed or laundered in-house at Tygerberg, Lentegeur and George Hospitals. The in-house laundry costs include the cost for electricity, water, coal, fuel, and salaries and wages. The expenditure on capital for buildings and equipment is excluded.	Monitor the cost per item laundered to ensure that in-house laundry services are cost effective.	Numerator: Financial records Denominator: Laundry linen count	Numerator: BAS Denominator: Linen counting spreadsheet.xls	Numerator: Expenditure on in-house laundries excluding capital Denominator: Items laundered in-house	None (no)	Dependant on the accuracy of financial data and reliability of records kept by in-house laundries.	Efficiency	Rate	Quarterly	No	Lower cost indicates efficient use of financial resources.	Laundry manager (Directorate: Engineering and Technical Support)
5. Average cost per item laundered: outsourced	The average cost per linen item processed or laundered by outsourced laundries. The outsourced laundry costs include the cost of capital, profit and VAT (all of which are not included in the in-house cost).	Monitor the cost per item laundered to ensure that outsourced laundry services are cost effective.	Numerator: Financial records Denominator: Private contractor accounts	Numerator: BAS Denominator: Linen counting spreadsheet.xls	Numerator: Expenditure on outsourced laundry services Denominator: Items laundered outsourced	None (no)	Dependant on the accuracy of financial data. Dependant on the submission of information and the reliability of records kept at private laundries.	Efficiency	Rate	Quarterly	No	Lower cost indicates efficient use of financial resources.	Laundry manager (Directorate: Engineering and Technical Support)

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6. Turnaround time for laundered linen: in-house	The time taken by in-house laundries to process dirty linen. The time from receipt of soiled linen until the linen is dispatched, is measured. All linen should be returned within 24 hours except linen that require re-wash and mending. Linen is dispatched on an even exchange basis – one soiled for one clean.	Monitor turnaround time for in-house laundry services to ensure that clean linen is available at all times.	Numerator: Ward/theatre list linen register Denominator: Ward/theatre list linen register	Numerator: Linen dispatching Register Denominator: Ward/theatre list linen register	Numerator: Turnaround time for in-house laundry items Turnaround time per item = Date/time of dispatch – Date/time of receipt Denominator: Linen items laundered in-house	None (no)	Dependant on the accuracy of records kept by in-house laundries.	Quality	Average	Quarterly	Yes	Lower response times could indicate more efficient service delivery.	Laundry manager (Directorate: Engineering and Technical Support)
7. Turnaround time for laundered linen: outsourced	The time taken by outsourced laundries to process dirty linen. The time from dispatch of soiled linen until the linen is returned, is measured. All linen should be returned within 24 hours except linen that require re-wash and mending.	Monitor turnaround time for outsourced laundry services to ensure that clean linen is available at all times.	Numerator: Ward/theatre list linen register Denominator: Ward/theatre list linen register	Numerator: Linen dispatching Register Denominator: Ward/theatre list linen register	Numerator: Turnaround time for outsourced laundry items Turnaround time per item = Date/time of receipt – Date/time of dispatch Denominator: Linen items laundered outsourced	None (no)	Dependant on the submission of information and the reliability of records kept at private laundries.	Quality	Average	Quarterly	Yes	Lower response times could indicate more efficient service delivery.	Laundry manager (Directorate: Engineering and Technical Support)

ENGINEERING SERVICES

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1. Number of maintenance jobs completed	The number of jobs completed by clinical engineering or hospital engineering workshops as well as outside contractors. Jobs include repairs, renovations, upgrades, etc.	Monitor maintenance done by the Department to maximise the lifespan of equipment, reduce breakdowns and ensure safety.	Engineering workshop requisitions	Job card system.xls	Maintenance jobs completed	None (no)	Dependant on accurate record keeping from reporting facility.	Output	Sum for period under review	Quarterly	No	Higher numbers indicate more maintenance of assets resulting in improved condition of health facilities and equipment.	Director: Engineering and Technical Support
2. Number of preventative maintenance jobs completed	Number of preventative maintenance jobs to critical equipment that has been completed.	Monitor preventative maintenance done by the Department to reduce breakdowns, promote safety and lengthen the lifespan of equipment.	Engineering workshop requisitions	Job card system.xls	Preventative maintenance jobs completed	None (no)	Dependant on accurate record keeping at engineering workshops.	Output	Sum for period under review	Quarterly	Yes	Higher numbers indicate more preventative maintenance done which should lead to improved condition and lifespan of equipment.	Director: Engineering and Technical Support
3. Number of repairs completed	Number of repairs and renovations to buildings, plant and equipment that has been completed.	Monitor repairs done by the Department to reduce the impact of breakdowns and deterioration of assets through age.	Engineering workshop requisitions	Job card system.xls	Repairs completed	None (no)	Dependant on accurate record keeping at engineering workshops.	Output	Sum for period under review	Quarterly	Yes	Higher numbers indicate more repairs completed and should result in improved condition of health facilities and equipment. However, it may also indicate poor condition of facilities and equipment, i.e. greater need for preventative maintenance.	Director: Engineering and Technical Support
4. Number of emergencies handled	Number of emergency repairs to health facilities that has been completed.	Monitor emergency repairs done by the Department to increase patient safety and prevent disruption of clinical services.	Request for emergency repair work form	Job card system.xls	Emergency jobs completed	None (no)	Dependant on accurate record keeping at health facilities.	Output	Sum for period under review	Quarterly	Yes	Higher numbers indicate more repairs completed and should result in improved condition of health facilities and equipment. However, it may also indicate poor condition of health facilities, i.e. greater need for preventative maintenance and renovations.	Director: Engineering and Technical Support

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5. Average cost of utilities per bed	The average expenditure on utilities per useable bed in provincial health hospitals. Utilities include expenditure on electricity and water as based on municipal and Eskom accounts.	Monitor the cost of utilities.	Numerator: Municipal and Eskom accounts Denominator: Hospital Throughput Form	Numerator: LOGIS Denominator: SINJANI	Numerator: Expenditure on utilities Denominator: Useable beds in provincial health hospitals	None (no)	Dependant on submission and accuracy of information (utility accounts) from health facilities.	Output	Rate	Quarterly	No	Lower cost indicates reduction in expenditure required for utilities (e.g. electricity and water)	Director: Engineering and Technical Support
6. Number of reportable incidents	The number of reportable incidents related to safe working environments in terms of the Occupational Health and Safety Act. These incidents require an incident investigation and prevention plan.	Monitor compliance with the OHS Act and promote safety in the workplace.	Health and Safety Incident Reports	HR incident report system.xls	Health and Safety incidents reported	None (no)	Dependant on accurate record keeping at the reporting facility.	Output	Sum for period under review	Quarterly	No	Lower number of reportable incidents indicates safer working environment or greater compliance with OHS Act.	Director: Engineering and Technical Support

FORENSIC PATHOLOGY SERVICES

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Average response time from dispatch to arrival of FPS on scene	Average Forensic Pathology Service response time from receipt of call to arrival on scene.	Monitor response times and therefore the efficiency of the Forensic Pathology Services.	Numerator: Index Register Denominator: Index Register	Numerator: FPS software Denominator: FPS software	Numerator: Forensic Pathology Service response time per case Denominator: Total number of forensic pathology cases	None (no)	Accuracy dependent on quality of data from reporting facilities.	Quality	Average	Quarterly	No	Lower response times indicate greater efficiency.	Forensic Pathology Services (FPS) Programme Manager
2) Average turnaround time from admission to examination done	Average Forensic Pathology Service turnaround time from the admission of a deceased until the post-mortem examination is done.	Monitor turnaround times and therefore the efficiency as well as resourcing of Forensic Pathology Services.	Numerator: Index Register Denominator: Index Register	Numerator: FPS software Denominator: FPS software	Numerator: Forensic Pathology Service turnaround time from admission to post-mortem per case Denominator: Total number of forensic pathology cases	None (no)	Accuracy dependent on quality of data from reporting facilities.	Quality	Average	Quarterly	Yes	Lower turnaround times indicate greater efficiency and improved resource allocation.	FPS Programme Manager
3) Average turnaround time from admission to release of deceased (excluding unidentified persons)	Average Forensic Pathology Service turnaround time from the admission of a deceased until the time that the deceased is released for burial – excluding unidentified persons.	Monitor turnaround times and therefore the efficiency as well as resourcing of Forensic Pathology Services, internal to the service.	Numerator: Index Register Denominator: Index Register	Numerator: FPS software Denominator: FPS software	Numerator: Forensic Pathology Service turnaround time from admission to release of all identified persons per case Denominator: Forensic pathology cases which have been identified	None (no)	Accuracy dependent on quality of data from reporting facilities.	Quality	Average	Quarterly	Yes	Lower turnaround times indicate greater efficiency and improved resource allocation.	FPS Programme Manager
4) The percentage of standard operating procedures implemented across all facilities	The percentage of standard operating procedures (SOPs) implemented across all Forensic Pathology Services (FPS) facilities.	Monitor the implementation of standards across all facilities.	Numerator: Monthly statistical returns Denominator: Monthly statistical returns	Numerator: Monthly statistical returns Denominator: Monthly statistical returns	Numerator: SOPs implemented at all facilities Denominator: Total number of SOPs finalised for implementation	100 (%)	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher percentage indicates improved compliance to the code of guidelines and standardisation of practice across Forensic Pathology Services.	FPS Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Number of unknown persons exceeding 90 days	Number of deceased within the Forensic Pathology Service who has not yet been positively identified after 90 days from admission. All unidentified deceased for which the 90 day period has elapsed during the reporting period should be included.	Monitor the efficiency within the Forensic Pathology Service as well as within external stakeholders such as the SAPS and Home Affairs.	Index Register	FPS software	Cases still unidentified after 90 days have elapsed	None (no)	Accuracy dependent on quality of data from reporting facilities.	Quality	Cumulative	Quarterly	Yes	Lower number indicates improved efficiency and/or better cooperation between various agencies responsible for the identification process.	FPS Programme Manager
6) % of funded posts filled	Percentage of funded Forensic Pathology Services (FPS) posts on the staff establishment that has been filled.	Monitor the ability to attract and retain Forensic Pathology service personnel.	Numerator: Personnel records Denominator: Personnel records	Numerator: PERSAL Denominator: PERSAL	Numerator: Filled FPS posts Denominator: Funded FPS posts on the staff establishment	100%	Dependant on accuracy of PERSAL system.	Input	Percentage	Quarterly	Yes	Higher percentage indicates increased ability to attract and retain FPS personnel.	FPS Programme Manager
7) Annual staff satisfaction survey completed	Annual staff satisfaction survey conducted and completed (at each Forensic Pathology Service facility).	Implement a tool to monitor and improve staff satisfaction	Staff satisfaction surveys form	Staff satisfaction surveys	Staff satisfaction survey conducted	None	None	Quality / Process	Compliance	Annual	Yes	Compliance indicates that systems are implemented to measure and address staff satisfaction levels.	FPS Programme Manager

MEDICINE TRADING ACCOUNT

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
Working capital in the medicine trading account	The working capital available to support adequate stock-holding at the Cape Medical Depot.	Monitor that the working capital for the Cape Medical Depot is sufficient to support adequate stock holding.	Cape Medical Depot Capital Account	MEDSAS	Working capital for CMD	None (no)	Dependant on accuracy of MEDSAS system.	Input	Cumulative	Annual	No	Higher capital indicates ability to increase stock holding and avoid supply delays.	Director: Supply Chain Management

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

HEALTH FACILITIES MANAGEMENT: TABLE HFM 1 - 3

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Programme 8 capital funding as a percentage of total health expenditure	Capital expenditure on buildings, including conditional grants, as a percentage of total provincial health expenditure.	Tracks total expenditure on health infrastructure.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Capital expenditure on buildings upgrade renovation and construction Denominator Total expenditure by provincial DoH	100 (%)	Accuracy of financial data on BAS.	Input	Percentage	Annual	Yes	Higher percentage shows additional funding allocated but is also a reflection of the poor condition of health facilities and infrastructure backlog.	Health Facilities Management Programme Manager
2) Hospitals funded from the revitalisation programme	Number of hospitals with funding from the Revitalisation Grant from 2003.	Tracks progress with the revitalisation of hospitals to improve service delivery.	HRP (Hospital Revitalisation Programme) IPIP (Initial Programme Implementation Plan)	HRP (Hospital Revitalisation Programme) IPIP (Initial Programme Implementation Plan)	Hospitals funded from the Revitalisation Grant from 2003	None (no)	Focus should be on hospitals that have been actually funded for planning or construction, or both, but not on approved business cases that have not been funded.	Input	Percentage	Annual	No	Higher percentages of hospitals funded reflect progress with the revitalisation of hospitals.	Health Facilities Management Programme Manager
3) Equitable share capital programme as % of total health expenditure	Capital expenditure on buildings from the provincial equitable share allocation (i.e. excluding conditional grants) as a percentage of total provincial health expenditure.	Tracks equitable share expenditure on health infrastructure.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Capital expenditure (equitable share) on buildings upgrade renovation and construction Denominator Total expenditure by provincial DoH	100 (%)	Accuracy of financial data on BAS.	Input	Percentage	Annual	No	Higher percentage shows additional funding allocated but is also a reflection of the poor condition of health facilities and infrastructure backlog.	Health Facilities Management Programme Manager
4) Expenditure on facility maintenance as % of total health expenditure	Programme 8's expenditure on maintenance of buildings as a percentage of the total provincial health expenditure.	Tracks expenditure on the maintenance of health facilities.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Programme 8 expenditure on building maintenance Denominator: Total expenditure by Provincial DoH	100 (%)	Accuracy of financial data on BAS.	Input	Percentage	Annual	No	Expenditure on building maintenance is desired to be 4% of total health expenditure.	Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Fixed PHC facilities with access to piped water	Percentage of fixed clinics, community day centres (CDCs) and community health centres (CHCs) that have access to piped water.	Tracks the provision of basic infrastructural services to PHC facilities.	Numerator: Custodian suitability assessment Denominator: Facility list	Numerator: Custodian suitability assessment[1] Denominator: Facility list	Numerator: Fixed PHC facilities with access to piped water Denominator: Fixed PHC facilities	100 (%)	Custodian has not performed condition assessment. Numerator is based on information from district managers.	Quality	Percentage	Annual	No	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities.	Health Facilities Management Programme Manager
6) Fixed PHC facilities with access to mains electricity	Percentage of fixed clinics, community day centres (CDCs) and community health centres (CHCs) that have access to mains electricity.	Tracks the provision of basic infrastructural services to PHC facilities.	Numerator: Custodian suitability assessment Denominator: Facility list	Numerator: Custodian suitability assessment[2] Denominator: Facility list	Numerator Fixed PHC facilities with access to mains electricity Denominator Fixed PHC facilities	100 (%)	Custodian has not performed condition assessment. Numerator is based on information from district managers.	Quality	Percentage	Annual	No	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities.	Health Facilities Management Programme Manager
7) Fixed PHC facilities with access to fixed line telephone	Percentage of fixed clinics, community day centres (CDCs) and community health centres (CHCs) with access to a fixed line telephone.	Tracks the provision of basic infrastructural services to PHC facilities.	Numerator: Custodian suitability assessment. Denominator: Facility list	Numerator: Custodian suitability assessment[3] Denominator: Facility list	Numerator: Fixed PHC facilities with access to fixed line telephone Denominator: Fixed PHC facilities	100 (%)	Custodian has not performed condition assessment. Numerator is based on information from district managers.	Quality	Percentage	Annual	No	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities.	Health Facilities Management Programme Manager
8) Average backlog of service platform in fixed PHC facilities	Expenditure required to bring all fixed provincial health clinics, community day centres (CDCs) and community health centres (CHCs) up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total.	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Numerator: Estimate by Health Facilities Planners Denominator: Estimate by Health Facilities Planners	Numerator: APP Facilities calculations.xls Denominator: APP Facilities calculations.xls	Numerator Expenditure required for fixed PHC facilities to reach maintenance standard Denominator Replacement cost for all fixed PHC facilities	100 (%)	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Quality	Percentage	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Health Facilities Management Programme Manager

[1] Due to capacity constraints, the custodian has not yet produced the assessment.
[2] Due to capacity constraints, the custodian has not yet produced the assessment.
[3] Due to capacity constraints, the custodian has not yet produced the assessment.

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Average backlog of service platform in district hospitals	Expenditure required to bring district hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those facilities.	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Numerator: Estimate by Health Facilities Planners Denominator: Estimate by Health Facilities Planners	Numerator: APP Facilities calculations.xls Denominator: APP Facilities calculations.xls	Numerator Expenditure required for district hospitals to reach maintenance standard Denominator Replacement cost for all district hospitals	100 (%)	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Quality	Percentage	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Health Facilities Management Programme Manager
10) Average backlog of service platform in regional hospitals	Expenditure required to bring regional hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those facilities.	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Numerator: Estimate by Health Facilities Planners Denominator: Estimate by Health Facilities Planners	Numerator: APP Facilities calculations.xls Denominator: APP Facilities calculations.xls	Numerator Expenditure required for regional hospitals to reach maintenance standard Denominator Replacement cost for all regional hospitals	100 (%)	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities	Quality	Percentage	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Health Facilities Management Programme Manager
11) Average backlog of service platform in specialised hospitals (including TB and psychiatric hospitals)	Expenditure required to bring all specialised hospitals, including TB and psychiatric hospitals, up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those facilities.	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Numerator: Estimate by Health Facilities Planners Denominator: Estimate by Health Facilities Planners	Numerator: APP Facilities calculations.xls Denominator: APP Facilities calculations.xls	Numerator Expenditure required for specialised hospitals to reach maintenance standard Denominator Replacement cost for all specialised hospitals	100 (%)	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Quality	Percentage	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Health Facilities Management Programme Manager
12) Average backlog of service platform in tertiary and central hospitals	Expenditure required to bring all tertiary and central hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those facilities.	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Numerator: Estimate by Health Facilities Planners Denominator: Estimate by Health Facilities Planners	Numerator: APP Facilities calculations.xls Denominator: APP Facilities calculations.xls	Numerator Expenditure required for central hospitals to reach maintenance standard Denominator Replacement cost for all central hospitals	100 (%)	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Quality	Percentage	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
13) Average backlog of service platform in provincially aided hospitals	Expenditure required to bring all provincially aided hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those facilities.	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'.	Numerator: Estimate by Health Facilities Planners Denominator: Estimate by Health Facilities Planners	Numerator: APP Facilities calculations.xls Denominator: APP Facilities calculations.xls	Numerator Expenditure required for provincially aided hospitals to reach maintenance standard Denominator Replacement cost for all provincially aided hospitals	100 (%)	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities.	Quality	Percentage	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility.	Health Facilities Management Programme Manager
14) District hospital beds per 1 000 uninsured population	Usable beds in district hospitals per 1 000 uninsured population.	Tracks the provision and availability of district hospital beds in the Province.	Numerator: Hospital Throughput Form Denominator: Population data	Numerator: SINJANI / DHIS Denominator: Stats SA	Numerator: Usable beds in district hospitals Denominator: Total uninsured population	1 000	Depends on accuracy of data from reporting facility and population estimates from Stats SA.	Outcome	Number per 1 000 uninsured population	Annual	No	Higher numbers of district hospital beds suggest that the need for district hospital beds is being met., but bed occupancy rates must also be assessed to develop an informed judgement.	Health Facilities Management Programme Manager
15) Regional hospital beds per 1 000 uninsured population	Useable beds in regional hospitals per 1 000 uninsured population.	Tracks the provision and availability of regional hospital beds in the Province.	Numerator: Hospital Throughput Form Denominator: Population data	Numerator: SINJANI / DHIS Denominator: Stats SA	Numerator: Usable beds in regional hospitals Denominator: Total uninsured population	1 000	Depends on accuracy of data from reporting facility and population estimates from Stats SA.	Outcome	Number per 1 000 uninsured population	Annual	No	Higher numbers of regional hospital beds suggest that the need for regional hospital beds is being met, but bed occupancy rates must also be assessed to develop an informed judgement.	Health Facilities Management Programme Manager
16) Number of capital projects completed in PHC facilities that are funded by the Programme 8 capital budget [Sub-programme 8.1]	Number of capital projects completed in primary health care (PHC) facilities that are funded by the Programme 8 capital budget (sub-programme 8.1).	Tracks the progress in implementing the capital works programme for PHC facilities.	Electronic record	Public Works RPM	Capital projects for PHC facilities completed	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
17) Number of primary health care facility capital projects in inception, funded by the Programme 8 capital budget	Number of primary health care (PHC) facility capital projects in inception, funded by the Programme 8 capital budget (sub-programme 8.1).	Tracks the progress in implementing the capital works programme for PHC facilities.	Electronic record	Public Works RPM	Capital projects for PHC facilities in inception phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
18) Number of primary health care facility capital projects in planning funded by the Programme 8 capital budget	Number of primary health care (PHC) facility capital projects in planning funded by the Programme 8 capital budget (sub-programme 8.1).	Tracks the progress in implementing the capital works programme for PHC facilities.	Electronic record	Public Works RPM	Capital projects for PHC facilities in planning phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
19) Number of primary health care facility capital projects in construction funded by the Programme 8 capital budget	Number of primary health care (PHC) facility capital projects in construction funded by the Programme 8 capital budget (sub-programme 8.1).	Tracks the progress in implementing the capital works programme for PHC facilities.	Electronic record	Public Works RPM	Capital projects for PHC facilities in construction phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
20) Number of ambulance stations projects completed funded by the Programme 8 capital budget [Sub-programme 8.2]	Number of ambulance stations projects completed funded by the Programme 8 capital budget (sub-programme 8.2).	Tracks the progress in implementing the capital works programme for ambulance stations (emergency medical rescue).	Electronic record	Public Works RPM	Capital projects for ambulance stations completed	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
21) Number of capital ambulance station infrastructure projects in inception funded by the Programme 8 capital budget	Number of capital ambulance station infrastructure projects in inception funded by the Programme 8 capital budget (sub-programme 8.2).	Tracks the progress in implementing the capital works programme for ambulance stations (emergency medical rescue).	Electronic record	Public Works RPM	Capital projects for ambulance stations in inception phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
22) Number of ambulance station capital infrastructure projects in planning funded by the Programme 8 capital budget	Number of ambulance station capital infrastructure projects in planning funded by the Programme 8 capital budget (sub-programme 8.2).	Tracks the progress in implementing the capital works programme for ambulance stations (emergency medical rescue).	Electronic record	Public Works RPM	Capital projects for ambulance stations in planning phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
23) Number of capital ambulance stations projects in construction funded by the Programme 8 capital budget	Number of capital ambulance stations projects in construction funded by the Programme 8 capital budget (sub-programme 8.2).	Tracks the progress in implementing the capital works programme for ambulance stations (emergency medical rescue).	Electronic record	Public Works RPM	Capital projects for ambulance stations in construction phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
24) Number of capital projects completed in district hospitals funded by the Programme 8 capital budget [Sub-programme 8.3]	Number of capital projects completed in district hospitals funded by the Programme 8 capital budget (sub-programme 8.3).	Tracks the progress in implementing the capital works programme for district hospitals.	Electronic record	Public Works RPM	Capital projects for district hospitals completed	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
25) Number of capital projects in district hospitals in inception funded by the Programme 8 capital budget	Number of capital projects in district hospitals in inception funded by the Programme 8 capital budget (sub-programme 8.3).	Tracks the progress in implementing the capital works programme for district hospitals.	Electronic record	Public Works RPM	Capital projects for district hospitals in inception phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
26) Number of capital projects in district hospitals in planning funded by the Programme 8 capital budget	Number of capital projects in district hospitals in planning funded by the Programme 8 capital budget (sub-programme 8.3).	Tracks the progress in implementing the capital works programme for district hospitals.	Electronic record	Public Works RPM	Capital projects for district hospitals in planning phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
27) Number of capital projects in district hospitals in construction, funded by the Programme 8 capital budget	Number of capital projects in district hospitals in construction, funded by the Programme 8 capital budget (sub-programme 8.3).	Tracks the progress in implementing the capital works programme for district hospitals.	Electronic record	Public Works RPM	Capital projects for district hospitals in construction phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
28) Number of capital projects completed in provincial hospitals funded by the Programme 8 capital budget Sub-programme 8.4]	Number of capital projects completed in provincial hospitals funded by the Programme 8 capital budget (sub-programme 8.4).	Tracks the progress in implementing the capital works programme for provincial hospitals.	Electronic record	Public Works RPM	Capital projects for provincial hospitals completed	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
29) Number of capital projects in provincial hospitals in inception funded by the Programme 8 capital budget	Number of capital projects in provincial hospitals in inception funded by the Programme 8 capital budget (sub-programme 8.4).	Tracks the progress in implementing the capital works programme for provincial hospitals.	Electronic record	Public Works RPM	Capital projects for provincial hospitals in inception phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
30) Number of capital projects in provincial hospitals in planning funded by the Programme 8 capital budget	Number of capital projects in provincial hospitals in planning funded by the Programme 8 capital budget (sub-programme 8.4).	Tracks the progress in implementing the capital works programme for provincial hospitals.	Electronic record	Public Works RPM	Capital projects for provincial hospitals in planning phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
31) Number of capital projects in provincial hospitals in construction, funded by the Programme 8 capital budget	Number of capital projects in provincial hospitals in construction, funded by the Programme 8 capital budget (sub-programme 8.4).	Tracks the progress in implementing the capital works programme for provincial hospitals.	Electronic record	Public Works RPM	Capital projects for provincial hospitals in construction phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
32) Number of capital projects completed in central hospitals funded by the Programme 8 capital budget. [Sub-programme 8.5]	Number of Capital projects completed in central hospitals funded by the Programme 8 capital budget (sub-programme 8.5).	Tracks the progress in implementing the capital works programme for central hospitals.	Electronic record	Public Works RPM	Capital projects for central hospitals completed	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
33) Number of capital projects in central hospitals in inception funded by the Programme 8 capital budget	Number of capital projects in central hospitals in inception funded by the Programme 8 capital budget (sub-programme 8.5).	Tracks the progress in implementing the capital works programme for central hospitals.	Electronic record	Public Works RPM	Capital projects for central hospitals in inception phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
34) Number of capital projects in central hospitals in planning funded by the Programme 8 capital budget	Number of capital projects in central hospitals in planning funded by the Programme 8 capital budget (sub-programme 8.5).	Tracks the progress in implementing the capital works programme for central hospitals.	Electronic record	Public Works RPM	Capital projects for central hospitals in planning phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
35) Number of capital projects in central hospitals in construction, funded by the Programme 8 capital budget	Number of capital projects in central hospitals in construction, funded by the Programme 8 capital budget (sub-programme 8.5).	Tracks the progress in implementing the capital works programme for central hospitals.	Electronic record	Public Works RPM	Capital projects for central hospitals in construction phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
36) Number of projects completed in forensic mortuaries and other projects funded by the Programme 8 capital budget.[Sub-programme 8.6]	Number of projects completed in forensic mortuaries and other projects funded by the Programme 8 capital budget (sub-programme 8.6).	Tracks the progress in implementing the capital works programme for forensic mortuaries and other projects.	Electronic record	Public Works RPM	Capital projects for forensic mortuaries and other projects completed	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
37) Number of capital projects in inception in forensic mortuaries and other projects funded by the Programme 8 capital budget	Number of capital projects in inception in forensic mortuaries and other projects funded by the Programme 8 capital budget (sub-programme 8.6).	Tracks the progress in implementing the capital works programme for forensic mortuaries and other projects.	Electronic record	Public Works RPM	Capital projects for forensic mortuaries and other projects in inception phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
38) Number of capital projects in planning in forensic mortuaries and other projects funded by the Programme 8 capital budget	Number of capital projects in planning in forensic mortuaries and other projects funded by the Programme 8 capital budget (sub-programme 8.6).	Tracks the progress in implementing the capital works programme for forensic mortuaries and other projects.	Electronic record	Public Works RPM	Capital projects for forensic mortuaries and other projects in planning phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager
39) Number of capital projects in construction in forensic mortuaries and other projects funded by the Programme 8 capital budget	Number of capital projects in construction in forensic mortuaries and other projects funded by the Programme 8 capital budget (sub-programme 8.6).	Tracks the progress in implementing the capital works programme for forensic mortuaries and other projects.	Electronic record	Public Works RPM	Capital projects for forensic mortuaries and other projects in construction phase	None (no)	Accuracy dependent on RPM being kept up to date.	Outcome	Cumulative	Quarterly	Yes	Alignment with the APP schedules to ensure that capital funding is utilised effectively.	Health Facilities Management Programme Manager

LIST OF FIXED FACILITIES AS AT FEBRUARY 2010

1. PRIMARY HEALTH CARE FACILITIES

1.1 Cape Town District

1.1.1 Eastern and Khayelitsha Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) Khayelitsha (Site B) CHC Mfuleni CHC Michael Mapongwana CHC Community Day Centres (CDCs) Gustrouw CDC Kleinvlei CDC Macassar CDC Strand CDC Nolungile CDC Midwife Obstetric Unit Khayelitsha (Site B) MOU Macassar MOU Michael Mapongwana MOU	Blue Downs Clinic Dr Ivan Toms Clinic Gordon's Bay Clinic Ikwezi Clinic Khayelitsha (Site B) Clinic Kleinvlei Clinic Kuilsriver (Carinus Street) Clinic Kuyasa Clinic Luvuyo Clinic Macassar Clinic Male (Site C) Clinic Matthew Goniwe Clinic Mayenzeke Clinic Nolungile Clinic Russel's Rest Clinic Sarepta Clinic Sir Lowry's Pass Clinic Site B Youth Clinic Site C Youth Clinic Somerset West Clinic Town 2 Clinic Wesbank (Oostenberg) Clinic Zakhele Clinic	Driftsands Satellite Clinic Fagan Street Satellite Clinic Hillcrest (Kuils River) Satellite Clinic	Macassar Mobile
3 + 5 + 3	**23**	**3**	**1**

1.1.2 Klipfontein and Mitchells Plain Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) Crossroads CHC Guguletu CHC Hanover Park CHC Mitchells Plain CHC **Community Day Centres (CDCs)** Dr Abdurahman CDC Heideveld CDC Inzame Zabantu (Brown's Farm) CDC Nyanga CDC **Midwife Obstetric Unit** Guguletu MOU Hanover Park MOU Mitchells Plain MOU	Crossroads 1 Clinic Crossroads 2 Clinic Eastridge Clinic Guguletu Clinic Hanover Park Clinic Heideveld Clinic Lansdowne Clinic Lentegeur Clinic Manenberg Clinic Masincedane Clinic Mzamomhle Clinic Nyanga Clinic Phumlani Clinic Rocklands Clinic Silvertown Clinic Tafelsig Clinic Vuyani Clinic Weltevreden Valley Clinic Westridge Clinic	Hazendal Satellite Clinic Honeyside Satellite Clinic Mandalay Satellite Clinic Newfields Satellite Clinic	None
4 + 4 + 3	**19**	**4**	**0**

1.1.3 Northern and Tygerberg Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) Delft CHC Elsies River CHC Kraaifontein CHC **Community Day Centres (CDCs)** Bellville South CDC Bishop Lavis CDC Dirkie Uys CDC Durbanville CDC Parow CDC Ravensmead CDC Reed Street CDC Ruyterwacht CDC St Vincent CDC **Midwife Obstetric Unit** Bishop Lavis MOU Elsies River MOU Kraaifontein MOU	Adriaanse Clinic Bishop Lavis Clinic Bloekombos Clinic Bothasig Clinic Brackenfell Clinic Brighton Clinic Delft South Clinic Dirkie Uys Clinic Durbanville Clinic Elsies River Clinic Harmonie Clinic Kasselsvlei Clinic Netreg Clinic Northpine Clinic Parow Clinic Ravensmead Clinic Scottsdene CHC Scottsdene Clinic St Vincent Clinic Uitsig Clinic Valhalla Park Clinic Wallacedene Clinic	Chestnut Satellite Clinic Fisantekraal Satellite Clinic Groenvlei Satellite Clinic Leonsdale Satellite Clinic Matroosfontein Satellite Clinic Volks Centre RHC Satellite Clinic	Oosternberg Mobile
3 + 9 + 3	**22**	**6**	**1**

1.1.4 Southern and Western Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) Grassy Park CHC Green Point CHC Hout Bay Harbour CHC Kensington CHC Lady Michaelis CHC Langa CHC Lotus River CHC Mamre CHC Ocean View CHC Retreat CHC Robbie Nurock CHC Woodstock CHC **Community Day Centres (CDCs)** Albow Gardens/Good Hope CDC Vanguard CDC **Midwife Obstetric Unit** Retreat MOU Vanguard MOU	Albow Gardens Clinic Chapel Street Clinic Civic Centre Clinic Claremont Clinic Diep River Clinic Du Noon Clinic Factreton Clinic Fish Hoek Clinic Grassy Park Civic Centre Clinic Hout Bay Main Road Clinic Klip Road Clinic Langa Clinic Lavender Hill Clinic Lotus River Clinic Maitland Clinic Masiphumelele Clinic Melkbosstrand Clinic Muizenberg Clinic Ocean View Clinic Parkwood Clinic Philippi Clinic Protea Park Clinic Retreat Clinic Saxon Sea Clinic Seawind Clinic Spencer Road Clinic Strandfontein Clinic Westlake Clinic Wynberg Clinic	Alphen Satellite Clinic Kommetjie Satellite Clinic Milnerton Satellite Clinic Pelican Park Satellite Clinic Pella Satellite Clinic Pinelands Satellite Clinic Schotscheskloof Satellite Clinic Sea Point Satellite Clinic Simon's Town Satellite Clinic Sun Valley Satellite Clinic Table View Satellite Clinic	Blaauwberg Mobile Melkbosstrand Mobile Redhill Mobile Witsand Mobile
12 + 2 + 2	**29**	**11**	**4**

1.2 Cape Winelands District

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) None **Community Day Centres (CDCs)** Ceres CDC Cloetesville CDC TC Newman CDC Wellington CDC Worcester CDC	Aan-het-Pad Clinic Annie Brown Clinic Bella Vista Clinic Bergsig Clinic Bird Street Clinic Bonnievale Main Street Clinic Breerivier Clinic Cogmanskloof Clinic Dalvale Clinic De Doorns Clinic Dirkie Uys Street Clinic Don and Pat Bilton Clinic Empilisweni (Worcester) Clinic Groendal Clinic Happy Valley Clinic Huis McCrone Clinic Idas Valley Clinic JJ Du Pre Le Roux Clinic Kayamandi Clinic Klapmuts Clinic Klein Drakenstein Clinic Klein Nederburg Clinic Kylemore Clinic Mbekweni Clinic McGregor Clinic Montagu Clinic Nduli Clinic Nieuwedrift Clinic Nkqubela Clinic Op die Berg Clinic Orchard Clinic Patriot Plein Clinic Phola Park Clinic Prince Alfred Hamlet Clinic Rawsonville Clinic Sandhills Clinic Saron Clinic Simondium Clinic Soetendal/Hermon Clinic Touws River Clinic Tulbagh Clinic Victoria Street Clinic Windmeul Clinic Wolseley Clinic Wolseley Medical Centre Clinic Zolani Clinic	De Wet Satellite Clinic Gouda Satellite Clinic Hexberg Satellite Clinic Maria Pieterse Satellite Clinic Newton Satellite Clinic Overhex Satellite Clinic Rhodes Fruit Farm Satellite Clinic Somerset Street Satellite Clinic	Bonnievale Mobile Bossieveld Mobile Botha/Brandwacht Mobile Dal / E de Waal Mobile Devon Valley Mobile Franschhoek Mobile Groot Drakenstein Mobile Karoo Mobile Koelenhof Mobile Koue Bokkeveld Mobile Montagu Mobile 1 Montagu Mobile 2 Robertson Mobile 1 Robertson Mobile 2 Skurweberg Mobile Slanghoek Mobile Strand Road Mobile Tulbagh Mobile Warm Bokkeveld Mobile Wolseley Mobile
0 + 5	**46**	**8**	**20**

1.3 Central Karoo District

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) None **Community Day Centres (CDCs)** Beaufort West CDC	Beaufort West Constitution Street Kwamandlenkosi Clinic Laingsburg Clinic Leeu-Gamka Clinic Murraysburg Clinic Nelspoort Clinic Nieuveldpark Clinic Prince Albert Clinic	Klaarstroom Satellite Clinic Matjiesfontein Satellite Clinic Merweville Satellite Clinic	Beaufort West Mobile 1 Beaufort West Mobile 2 Laingsburg Mobile Leeu-Gamka Mobile Merweville Mobile Murraysburg Mobile Nelspoort Mobile
0 + 1	**8**	**3**	**8**

1.4 Eden District

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) None **Community Day Centres (CDCs)** Bridgeton CDC Conville CDC Plettenberg Bay CDC Thembalethu CDC	Albertinia Clinic Alma Clinic Blanco Clinic Bongolethu Clinic Calitzdorp (Bergsig) Clinic Crags Clinic D'Almeida Clinic De Rust (Blommenek) Clinic Dysselsdorp Clinic Eyethu Clinic George Civic Centre Clinic George Road Clinic Great Brak River Clinic Haarlem Clinic Heidelberg Clinic Herold Clinic Hornlee Clinic Keurhoek Clinic Khayelethu Clinic Knysna Town Clinic Kranshoek Clinic Kwanokathula Clinic Ladismith (Nissenville) Clinic Lawaaikamp Clinic New Horizon Clinic Oudtshoorn Clinic Pacaltsdorp Clinic Parkdene Clinic Riversdale Clinic Rosemoor Clinic Sedgefield Clinic Still Bay Clinic Toekomsrus Clinic Uniondale (Lyonville) Clinic Wit Lokasie Clinic Zoar Clinic	Avontuur Satellite Clinic Brandwacht Satellite Clinic Friemersheim Satellite Clinic Hartenbos Satellite Clinic Herbertsdale Satellite Clinic Karatara Satellite Clinic Melkhoutfontein Satellite Clinic Slangrivier Satellite Clinic Touwsranten Satellite Clinic Van Wyksdorp Satellite Clinic Wittedrif Satellite Clinic	Albertinia Mobile Calitzdorp Mobile Dana Bay Mobile De Rust Mobile Diepkloof and Geelhoutboom Mobile Haarlem Mobile Heidelberg Mobile Herold Mobile Keurhoek Mobile Knysna Mobile Kraaibos Mobile Ladismith Mobile Mossel Bay Mobile 1 Mossel Bay Mobile 2 Mossel Bay Mobile 3 Mossel Bay Mobile 4 Oudtshoorn Mobile 1 Oudtshoorn Mobile 3 Plettenberg Bay Mobile Riversdale Mobile Sedgefield Mobile Uniondale Mobile Van Wyksdorp Mobile Wilderness Mobile
0 + 4	**36**	**11**	**24**

1.5 Overberg District

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) None **Community Day Centres (CDCs)** Grabouw CDC	Barrydale Clinic Botrivier Clinic Bredasdorp Clinic Buffeljagsrivier Clinic Caledon Clinic Gansbaai Clinic Genadendal Clinic Greyton Clinic Hawston Clinic Hermanus Clinic Hermanus Hospital PHC Clinic Kleinmond Clinic Mount Pleasant Clinic Napier Clinic Railton Clinic Riviersonderend Clinic Stanford Clinic Suurbraak Clinic Swellendam Hospital PHC Clinic Villiersdorp Medical Centre Clinic Willa Clinic Zwelihle Clinic	Baardskeerdersbos Satellite Clinic Bereaville Satellite Clinic Betty's Bay Satellite Clinic Elim Satellite Clinic Malgas Satellite Clinic Onrus Satellite Clinic Pearly Beach Satellite Clinic Protem Satellite Clinic Struisbaai Satellite Clinic Voorstekraal Satellite Clinic Waenhuiskrans Satellite Clinic	Barrydale Mobile 3 Bredasdorp Mobile 1 Bredasdorp Mobile 2 Caledon Mobile 1 Caledon Mobile 2 Caledon Mobile 3 Caledon/Hermanus/Stanford Mobile 4 Grabouw Mobile 1 Grabouw Mobile 2 Grabouw Mobile 3 Ruens Mobile 5 Swellendam Mobile 4 Villiersdorp Mobile 1 Villiersdorp Mobile 2
0 + 1	**22**	**11**	**14**

1.6 West Coast District

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres (CHCs) None **Community Day Centres (CDCs)** None	Citrusdal Clinic Clanwilliam Clinic Darling Clinic Diazville Clinic Elandsbaai Clinic Graafwater Clinic Hanna Coetzee Clinic Klawer Clinic Laingville Clinic Lalie Cleophas Clinic Lamberts Bay Clinic Langebaan Clinic Louwville Clinic Lutzville Clinic Moorreesburg Clinic Piketberg Clinic Porterville Clinic Riebeeck Kasteel Clinic Riebeeck West Clinic Saldanha Clinic Van Rhynsdorp Clinic Velddrif Clinic Vredenburg Clinic Vredendal Central Clinic Vredendal North Clinic Wesbank Clinic Wupperthal Clinic	Abbotsdale Satellite Clinic Aurora Satellite Clinic Bitterfontein Satellite Clinic Chatsworth Satellite Clinic Chempos Satellite Clinic Doringbaai Satellite Clinic Ebenhaezer Satellite Clinic Eendekuil Satellite Clinic Goedverwacht Satellite Clinic Kalbaskraal Satellite Clinic Kliprand Satellite Clinic Koekenaap Satellite Clinic Koringberg Satellite Clinic Malmesbury Satellite Clinic Molsvlei Satellite Clinic Nuwerus Satellite Clinic Paternoster Satellite Clinic Redelinghuys Satellite Clinic Rietpoort Satellite Clinic Riverlands Satellite Clinic Sandy Point Satellite Clinic Stofkraal Satellite Clinic Wittewater Satellite Clinic Yzerfontein Satellite Clinic	Citrusdal Mobile 1 Clanwilliam Mobile Darling Mobile Graafwater Mobile Hopefield Mobile Klawer Mobile Leipoldtville Mobile Lutzville Mobile Malmesbury Mobile 1 Malmesbury Mobile 2 Moorreesburg Mobile Piketberg Mobile 1 Piketberg Mobile 2 Piketberg Mobile 5 Porterville Mobile Van Rhynsdorp Mobile Vredenburg Mobile Vredendal Mobile Wupperthal Mobile
0 + 0	**27**	**24**	**19**

2. HOSPITALS

2.1 Acute hospitals

2.1.1 District hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Eerste Rivier False Bay GF Jooste Helderberg Karl Bremer Khayelitsha Mitchells Plain Victoria Wesfleur	Ceres Montagu Robertson Stellenbosch	Beaufort West Laingsburg Murraysburg Prince Albert	Knysna Ladismith (Alan Blyth) Mossel Bay Oudtshoorn Riversdale Uniondale	Caledon Hermanus Otto du Plessis Swellendam	Citrusdal Clanwilliam LAPA Munnik Swartland Vredenburg Vredendal Radie Kotze (PAH)	
9	**4**	**4**	**6**	**4**	**6 + 1**	**34**

2.1.2 Regional hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Mowbray Maternity Somerset Groote Schuur L2 Red Cross War Memorial ChildrenL2 Tygerberg L2	Paarl Worcester	None	George	None	None	
2 + 3	**2**	**0**	**1**	**0**	**0**	**8**

2.1.3 Tuberculosis hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Brooklyn Chest DP Marais	Brewelskloof Sonstraal	None	Harry Comay	None	Malmesbury ID	
2	**2**	**0**	**1**	**0**	**1**	**6**

2.1.4 Psychiatric hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Alexanddra Lentegeur Stikland Valkenberg	None	None	None	None	None	
4	**0**	**0**	**0**	**0**	**0**	**4**

2.1.5 Rehabilitation hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Western Cape Rehab Centre	None	None	None	None	None	
1	**0**	**0**	**0**	**0**	**0**	1

2.1.6 Central hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Groote Schuur L3 Red Cross War Memorial Children L3 Tygerberg L3	None	None	None	None	None	
3	**0**	**0**	**0**	**0**	**0**	**3**

2.2 Palliative, sub-acute and chronic care inpatient facilities

2.2.1 Palliative

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
St Luke's Hospice Bapumelele Eagle's Rest Special Lifecare Helderberg Hospice Ithemba Labantu Living Hope Temba Care	Boland Hospice Bram Care Luthando Stellenbosch Hospice Ceres Step Down	Beaufort West Hospice	Bethesda Knysna Hospice	Themba Care	Siyabonga	
8	5	1	2	**1**	1	18

2.2.2 Sub-acute

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Booth Memorial Sarah Fox	None	None	None	None	None	
2	**0**	**0**	**0**	**0**	**0**	2

2.2.3 Chronic

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
St Joseph's Home Conradie Care Centre	None	Nelspoort	None	None	None	
2	**0**	1	**0**	**0**	**0**	3

2.2.4 Other specialised

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Maitland Cottage	None	None	None	None	None	
1	**0**	**0**	**0**	**0**	**0**	1

3. OTHER FACILITIES

3.1 Emergency Medical Services Ambulance Stations

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Emergency Services Centre Karl Bremer Hospital Pinelands Station Ndabeni Khayelithsa Lentegeur U2 Tygerberg Hospital Atlantis	Ceres Hospital Worcester Hospital Robertson Hospital Montague Hospital Touws River Clinic De Doorns Traffic Office Bonnievale Clinic Tulbagh Municipal Offices Stellenbosch Hospital Paarl	Beaufort West Weigh Bridge Prince Albert Leeu Gamka School Laingsburg Multipurpose Centre Murraysburg	George Hospital Mossel Bay Hospital Knysna Hospital Riversdale Hospital Oudtshoorn Hospital Calitzdorp Ladismith Uniondale Dysselsdorp Plettenberg Bay Heidelberg	Grabouw CHC Caledon Hospital Villiersdorp Municipal Office Hermanus Hospital Bredasdorp Barrydale Riviersonderend Swellendam Hospital	Bitterfontein Van Rhynsdorp Lamberts Bay Clanwilliam Citrusdal Piketberg Mooreesburg Vredenburg Porterville Malmesbury	
6	**10**	**5**	**11**	**8**	**10**	**50**

3.2 Forensic Pathology Laboratories (Mortuaries)

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Salt River Tygerberg	Paarl Stellenbosch Wolseley Worcester	Beaufort West Laingsburg	George Knysna Mossel Bay Oudtshoorn Riversdale	Hermanus Swellendam	Malmesbury Vredenburg Vredendal	
2	**4**	**2**	**5**	**2**	**3**	**18**

ABBREVIATIONS

ACT	Assertive community teams
AECL(M)P	Acute emergency case load (management) policy
AIDS	Acquired immune deficiency syndrome
AOS	Accounting Officers System
APH	Associated psychiatric hospitals
ART	Antiretroviral treatment
ARV	Antiretroviral
ASSA	Actuarial Society of South Africa
ATA	Assistant to artisan
AZT	Azidothymidine/Zidovudine
BP	Budget programme
CBR	Community based rehabilitation
CBS	Community-based services
CD4	Cluster of Differentiation 4 (lymphocyte)
CDC	Community day centre
CDU	Chronic dispensing unit
CGF	Clinical governance framework
CHC	Community health centre
CMD	Cape medical depot / Central Medicine Depot
CME	Continuous medical training
CPIX	Consumer price index
CSP	Comprehensive Service Plan
DDG	Deputy Director General
DH	District hospital
DHIS	District health information system
DPO	Disabled persons organisation
EMC	Emergency medical care
EMS	Emergency medical services
EMRS	Emergency medical rescue service
EPI	Expanded programme on immunisation
FBU	Financial business unit
FIFA	Fédération Internationale de Football
FPS	Forensic pathology services
H1N1	Subtype of Influenza Type A category virus (H1N1 – Haemagglutinin 1 Neuraminidase 1)
HBC	Home-based care
HCBC	Home community based services
HEI	Institutes of higher education
HIV	Human immunodeficiency virus
HPCSA	Health Professions Council of South Africa
HPTDG / HPT & D grant	Health professions training and development grant
HRDS	Human resource development strategy
HWSETA	Health and Welfare Sector Education and Training Authority
ICD10	International classification of disease coding
ICS	Improved conditions of service
ICT	Information communications technology
iMOCOMP	Improvement and maintenance of competence project
IMR	Infant mortality rate

LG	Local Government
LOGIS	Logistic Information Management System
MCWH & N	Maternal, Child, Women's Health and Nutrition
MDG	Millennium development goal
MDR	Multi-drug resistant
MEC	Member of the Executive Committee (Minister)
MIP	Massified induction programme
MMR	Maternal mortality rate
MOUs	Midwife obstetric units
MTEF	Medium-term expenditure framework
MTSF	Medium Term Strategic Framework
NDOH	National Department of Health
NHI	National Health Insurance
NPO	Non-profit organisation
NTSG	National tertiary services grant
NVP	Nevirapine
ODI	Organisational development investigation
OHS	Occupational health and safety
OPC	Orthotic and Prosthetic Centre
OPD	Out-patient department
OSD	Occupational specific dispensation
P1	Priority 1
PCU	Planning and commissioning unit
PCV	Pneumococcal vaccine
PDE	Patient day equivalent
PEPFAR	(United States) Presidents emergency plan for aids relief
PGWC	Provincial Government Western Cape
PHC	Primary health care
PMTCT	Prevention of mother-to-child transmission
PPP	Public-private partnership
PSETA	Public Service Education and Training Authority
PTB	Pulmonary tuberculosis
QPR	Quarterly performance reports
QI	Quality improvement
SADHS	South African Demographic and Health Survey
SCM	Supply chain management
SMART	Strategic, measurable, achievable, realistic, time-bound
SO	Strategic objective
SP	Strategic plan
STI	Sexually transmitted infections
SYSPRO	Supply chain management system
TB	Tuberculosis
UWCTS	Unitary/integrated Western Cape Tertiary Service
VIP (latrine)	Ventilated improved pit latrine
WCRC	Western Cape Rehabilitation Centre
WHO	World Health Organisation
XDR	Extreme drug resistant

LIST OF SOURCES

1. ASSA 2003: ASSA2003 Model: Provincial Output. AIDS Committee of Actuarial Society of South Africa. http://www.actuarialsociety.co.za/aids/

2. Bourne, D., Matzopoulos, R., Bradshaw, D., Schaikh, N., Groenewald, P., Naledi, N.T., Brody, L., Blease, D., Laubscher, R., Zinyanktira, N., Daniels, J., Van Niekerk, M., Jeffries, D., & Van der Merwe, W. 2007. *Institutionalising a mortality surveillance system in the Western Cape Province to measure the burden of disease and the impact of preventive interventions: Western Cape burden of disease project*. Volume 2 of 7. Rondebosch: University of Cape Town.

3. BOD Project using data from City of Cape Town and Boland/Overberg mortality data, 2007

4. Bradshaw, D. 2003. *Initial burden of disease estimates for South Africa, 2000.* Cape Town: Medical Research Council.

5. Bradshaw, D., Nannan, N., Laubscher, R., Groenewald, P., Joubert, J., & Nojilana, B. 2004. *South African national burden of disease study 2000: Estimates of provincial mortality.* Cape Town: South African Medical Research Council.

6. Bradshaw, D., Nannan, N., Groenewald, P., Joubert, J., Laubscher, R., Notilana, B., Norman. R., Pieterse, D., & Schneider, M. 2005. Provincial mortality in South Africa, priority-setting for now and a benchmark for the future. *South African Medical Journal*, 95 (7): 496-503.

7. Day C, Barron P, Monticelli P, Sello, editors. The District Health Barometer 2007/08. Health Systems Trust. Durban: Health Systems Trust; June 2009

8. Department of Health. 2004. *South Africa demographic and health survey 2003-2004*. Preliminary report. Maryland: Measure DHS.

9. Department of Health. 2006. *Saving mothers: Third report on confidential enquiries into maternal deaths in South Africa 2002–2004*. Pretoria: Department of Health.

10. Department of Health. 2009. Format for annual performance plans of provincial health departments for financial years 2010/11 – 2012/13. Pretoria: Department of Health.

11. Department of Health. 2009. Framework for the national health planning guidelines for 5-year strategic plans of provincial departments of Health for 2010 – 2014. Pretoria: Department of Health.

12. Fact Sheet from foundation of Alcohol Related Research (FARR) found at http://www.farr.org.za/PDF/Fact_file.pdf

13. Groenewald, P., Bradshaw, D., van Niekerk, M., Jefferies, D. & Van der Merwe, W. 2007. Western Cape Province mortality. Report on cause of death and premature mortality in the Boland-Overberg Region 2004-2005. Western Cape Department of Health Burden of Disease Project.

14. Groenewald, C. 2008. Western Cape: an overview. In Marindo, R. (reds.). The state of the population in the Western Cape. Cape Town: HSRC Press.

15. Health Systems Trust (2005).South African Health Systems Review 2005.Durban: Health Systems Trust.

16. Health Systems Trust (2006). South African Health Systems Review 2006. Durban: Health Systems Trust

17. Herman, H., & Jané-Llopis, E. 2005. Mental health promotion in public health. International Journal of Health Promotion and Education. Supplement: The evidence of mental health promotion effectiveness: Strategies for action. 2: 42-46.

18. Matzopoulos, R. 2005. Alcohol and injuries – a clear link. Southern African Journal of Epidemiology and Infection, 20: 114-115.

19. May, P.A. & Gossage, J.P. 2001. Estimating the prevalence of fetal alcohol syndrome: a summary. Alcohol Res Health, 25:159–167.

20. Millenium Development Goals: South Africa Country Report. The Presidency, Government of South Africa (2005). (http://www.statssa.gov.za)

21. National Treasury. 2009. Draft framework for strategic plans and annual performance plans. http://www.treasury.gov.za

22. Norman, R., Matzopoulos, R., Groenewald, P., & Bradshaw, D. 2007.The high burden of injuries in South Africa. WHO Bulletin, 85 (9), 649-732

23. Norman, R., Bradshaw, D., Schneider, M., Joubert, J., Groenewald, P., Lewin, S., Steyn, K., Vos, T., Laubscher, R., Nannan, N., Nojilana, B., Pieterse, D., & South African Comparative Risk Assessment Collaboration Group. 2007. A comparative risk assessment for South Africa in 2000: Towards promoting health and preventing disease. SAMJ, 97(8):637-641.

24. Provincial Government of the Western Cape Department of Health. 2008. Annual Report 2007/08. Cape Town.

25. Provincial Government of the Western Cape Department of Health. 2009. Annual Report 2008/09. Cape Town.

26. Provincial Government of the Western Cape Department of Health. 2007. Comprehensive service plan for the implementation of Health care 2010. Cape Town.

27. Provincial Government of the Western Cape Department of Health. 2006. The provincial growth and development strategy (PDGS) which serves as a green paper for the Western Cape (2006). Provincial Gazette Extraordinary 6385.

28. Provincial Government of the Western Cape Department of Health. Directorate: Information Management

29. Provincial Government of the Western Cape Department of Health. Directorate: Information Management Sub-directorate: Information Services: Department of Environmental Affairs and Development Planning

30. Provincial Treasury (2008). Western Cape Provincial Government 2009 Budget Estimates of Provincial Expenditure. Cape Town: Western Cape Provincial Treasury

31. Statistics South Africa. 2001. Census 2001. Census in brief. Report no. 03-02-03 (2001). Pretoria: StatsSA.

32. Statistics South Africa. 2007. Community Survey. Pretoria: StatsSA.

33. Statistics South Africa. 2007. General household survey, July 2006. Statistical release P0318. Pretoria: StatsSA.

34. Statistics South Africa. 2008. General household survey, July 2008. Statistical release P0318. Pretoria: StatsSA.

35. Statistics South Africa. 2009. Mid-year population estimates, July 2009. Statistical release P0302. Pretoria: StatsSA.

36. Stein, D.J., Seedat, S., Herman, A. 2008. Lifetime prevalence of psychiatric disorders in South Africa. The British Journal of Psychiatry, 192: 112-11

37. WHO (2004). Prevention of mental disorders: Effective interventions and policy options. World Health Organisation. Available: http://who.int/mentalhealth/evidence/en/preventionofmentaldisorderssr.pdf

38. World Health Organization and UNICEF. 1978. Declaration of Alma-Ata 1978. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 found at http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

39. http://en.wikipedia.org/wiki/Population_pyramid

40. Williams, D.R., Herman, A., Stein, D.J., Heeringa, S.G., Jackson, P.B., Moomal, H., & Kessler, R.C. 2008. Twelve-month mental disorders in South Africa: Prevalence, service use and demographic correlates in the population-based South African stress and health study. Psychological Medicine. 38(2): 211-20.