DISTRICT HOSPITALS: TABLES DHS 7, DHS 7&8 AND DHS 9

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 usable district hospital beds	Actual (usable) 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.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in district hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	District Health Services (DHS) Programme Manager
2) Delivery by caesarean section rate (in district hospitals)	Caesarean section deliveries in district hospitals expressed as a percentage of all deliveries in district hospitals.	Tracks the performance of obstetric care at district hospitals.	Numerator: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of caesarean sections in district hospitals Denominator: Total number of deliveries in district hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	Output	Percentage	Quarterly	No	Lower percentage desired. Higher percentage of caesarean sections indicates higher burden of disease, and/or poorer quality of antenatal care.	DHS Programme Manager
3) Inpatient separations- total (in district hospitals)	Recorded completion of treatment and/or the accommodation of an inpatient in district hospitals. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in district hospitals.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + Inpatient deaths + Inpatient discharges + Inpatient transfers out) in district hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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 equivalent [PDE] total (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	Numerator: Inpatient Throughput Form Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient day equivalent = (Inpatient days + day patients/2) in district hospitals + Denominator: (Emergency headcount/3 + OPD headcount total /3) in district hospitals Refer to indicator 5 for the definition of OPD headcount total	None (no)	Dependant on accuracy of data from reporting facilities.	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	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) OPD headcount total (in district hospitals)	A headcount of all outpatients attending an outpatient clinic in district hospitals.	Monitoring the service volumes in district hospitals.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in district hospitals **OR** Total OPD headcount = (OPD general + OPD specialist) in district hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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
6) Average length of stay (in district hospitals)	Average number of patient days that an admitted patient spends in district hospitals before separation.	To monitor the efficiency of district hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in district hospitals Denominator: Inpatient separations in district hospitals (day patients + inpatient deaths + inpatient discharges + inpatient transfers out)	None (no)	Dependant on accuracy of data from reporting facilities.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital care.	DHS Programme Manager
7) Inpatient 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 actual (usable) beds in district hospitals.	Track the over / under utilisation of district hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in district hospitals Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in district hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	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

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
8) Expenditure per patient day equivalent [PDE] (in district 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 district hospitals.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in district hospitals (sub-programme 2.9) Denominator: Patient day equivalent (PDE) in district hospitals	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	DHS Programme Manager
9) Complaint resolution within 25 working days rate (from users of district hospitals)	Percentage of complaints of users of district hospital services resolved within 25 working days.	To monitor the management of complaints in district hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in district hospitals Denominator: Total number of complaints received (in district hospitals)	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in district hospitals.	DHS Programme Manager
10) Hospital patient satisfaction rate (in district hospitals)	Percentage of users that participated in the district hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of district hospital users.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in district hospitals Denominator: Number of questionnaires for pleased with treatment in district hospitals	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Quality	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in district hospital services.	DHS Programme Manager
11) Number of hospitals assessed for compliance against the 6 priorities of the core standards (district hospitals). (NID: Facility core standards self-assessment rate)	Percentage of district hospitals assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessments done in district hospitals Denominator: Public health facilities (district hospitals)	None (no)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Sum for period under review	Annual	No	Higher number indicates better compliance with the drive to assess district hospitals against the 6 priority areas of the core standards.	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
12) Morbidity and mortality review rate (in district hospitals)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and, (d) anaesthetic deaths in district hospitals.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of M&M reviews conducted per discipline in district hospitals Denominator: Planned mortality and morbidity reviews multiplied by number of disciplines within the district hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher suggests better clinical governance.	DHS Programme Manager

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

HIV AND AIDS, TB AND STI CONTROL: TABLES HIV 1, HIV 2&3 AND HIV 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) 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	No	Used to monitor and evaluate impact of prevention programmes.	HIV and AIDS Programme Manager
2) Total clients remaining on ART (TROA) at the end of the month	Total clients remaining on ART (TROA) are the sum of the following: • Any client that has a regimen in the column designating the month you are reporting on. • Any client that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on. • Clients remaining on ART = [Naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	Track the number of patients receiving ARV treatment.	ART register	SINJANI	Cumulative number of patients (children and adults) on an ARV regimen	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher total indicates a larger population on ART treatment.	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
3) Male condom distribution rate	Number of male condoms distributed to patients via the facility or via factories, offices, restaurants, non-profit organisations or other outlets - per male 15 years and older.	Track the contraceptive measures.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Male condoms distributed Denominator: Male population 15 and older	None (no)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Process	Rate (annualised)	Quarterly	No	Higher rate indicates better contraceptive measures which should lead to a decrease in HIV and AIDS incidence.	HIV and AIDS Programme Manager
4) TB (new pulmonary) defaulter 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: TB (new pulmonary) treatment defaulter or New smear positive PTB cases who defaulted Denominator: TB (new pulmonary) client initiated on treatment or New smear positive PTB cases registered (outcomes)	100 (%)	Dependant on accuracy of data from reporting facilities.	Output	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding which is important for facilitating successful TB treatment.	TB Programme Manager
5) TB acid fast bacilli (AFB) sputum result turnaround time under 48 hours rate	Percentage of TB sputa tests completed with turnaround time of less than 48 hours.	Monitor the turnaround times of the sputa samples.	Numerator: Routine monthly report Denominator: TB register Routine monthly report	Numerator: SINJANI Denominator: SINJANI	Numerator: TB AFB sputum result received within 48 hours Denominator: TB AFB sputum sample sent	100 (%)	Accuracy of capturing the date/time sampled dispatched and/or received.	Quality	Percentage	Quarterly	Yes	Higher percentage indicates better turnaround times.	TB Programme Manager
6) HIV testing coverage (annualised)	Clients HIV tested as proportion of population 15 - 49 years.	Monitors annual testing of persons 15 - 49 years who are not known HIV positive.	Numerator: HIV Counselling and Testing Register Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: HIV test client 15 - 49 years Denominator: Population 15 - 49	100 (%)	Dependant on accuracy of data from reporting facilities.	Process	Percentage	Quarterly	Yes	Higher percentage indicates increased population knowing their HIV status.	HIV and AIDS Programme Manager
7) Percentage of HIV-TB co-infected patients placed on ART (NID: Percentage of HIV-TB co-infected patients initiated on ART)	Percentage of HIV and TB co-infected patients placed on anti-retroviral treatment (ART).	Monitors TB/HIV co-infection at point of ART initiation.	Denominator: TB register Denominator: TB register	Numerator: ETR.net Denominator: ETR.net	Numerator: Total number of HIV and TB co-infected clients initiated on ART Denominator: HIV/TB co-infected client - total	100 (%)	Dependant on the accuracy of the Electronic TB Register.	Output	Percentage	Quarterly	No	Higher percentage indicates better coverage of HIV and TB co-infected patients.	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
8) TB (new pulmonary) cure rate	Proportion of new TB smear positive and culture positive patients cured.	Monitors the TB cure rate.	Numerator: TB register Denominator: TB register	Numerator: ETR.net Denominator: ETR.net	Numerator: New smear and culture positive cases cured Denominator: New smear and culture positive PTB cases registered (outcomes)	100 (%)	Dependant on accuracy of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Higher percentage indicates better cure rate.	TB Programme Manager
9) PTB two month smear conversion rate	The percentage of new smear positive PTB clients who converted to smear negative after being on treatment for 2 months.	Tracks the mortality and morbidity 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 smear conversion clients registered (previous cohort)	100 (%)	Dependant on accuracy of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Higher smear conversion rates will lead to better TB cure rate.	TB Programme Manager
10) TB new client treatment success rate		Monitors TB treatment success rate.	Numerator: TB register Denominator: TB register	Numerator: ETR.net Denominator: ETR.net	Numerator: New smear positive PTB client treatment success Denominator: New smear positive PTB cases registered (outcomes)	100 (%)	Dependant on accuracy of data from reporting facilities.	Outcome	Percentage	Quarterly	Yes	Higher percentage indicates better treatment success rate.	TB Programme Manager

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION: TABLES MCWH 1, MCWH 2&3 AND MCWH 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) Immunisation coverage under 1 year	Percentage of all children in the target area under one year who complete their primary course of immunisation during the month (annualised). The child should only be counted ONCE as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) AND if there is documented proof of all required vaccines (BCG, OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1,2,3, RV 1,2 and measles 1) on the Road to Health Card/Booklet AND the child is under 1 year old.	Monitors the implementation of the Extended Programme on Immunisation (EPI).	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Immunised fully under 1 year Denominator: Population under 1 year	100 (%)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better immunisation coverage.	Expanded Programme on Immunisation (EPI) Programme Manager
2) Vitamin A coverage 12 – 59 months (Vitamin A coverage 1 - 4 years)	Percentage of children aged 12 – 59 months who received 200 000 units Vitamin A twice a year. (The denominator is therefore the target population 1 - 4 years multiplied by 2.)	Monitors vitamin A supplementation to children aged 12 - 59 months.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Vitamin A supplement to 12 – 59 months child Denominator: Target population 1 – 4 years X 2	100 (%)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better Vitamin A coverage, and better nutritional support to children.	Nutrition Programme Manager
3) Pneumococcal vaccine (PCV) 3rd dose coverage	Percentage of children under 1 year who received the Pneumococcal Conjugated Vaccine (PCV) 3stdose, normally at 9 months	Monitors PCV coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: PCV 3rd dose Denominator: Population under 1 year	100 (%)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better pneumococcal coverage.	EPI 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) Rotavirus (RV) 2nd dose coverage	Percentage of children under 1 year who received the rotavirus (RV) vaccine 2nd dose.	Monitors rotavirus vaccine coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Rotavirus vaccine (RV) 2nd dose Denominator: Population under 1 year	100 (%)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better rotavirus vaccine coverage.	EPI Programme Manager
5) Measles 1st dose under 1 year coverage	Percentage of children under 1 year who received their first measles vaccine usually at the age of 9 months.	Monitors measles vaccine coverage.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Measles 1st dose under 1 year Denominator: Population under 1 year	100 (%)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better measles vaccine coverage.	EPI Programme Manager
6) Infant tested PCR positive within 2 months rate	Proportion of babies PCR test positive at 6 weeks.	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: Infant 1st PCR test positive within 2 months (PMTCT baby PCR test positive at 6 weeks) Denominator: Infant 1st PCR test within 2 months (PMTCT baby PCR test around 6 weeks)	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
7) Child under 5 years diarrhoea with dehydration incidence	The number of children who were diagnosed with diarrhoea expressed per 1 000 children in the target population. Diarrhoea is formally defined as 3 or more watery stools in 24 hours, but any episode diagnosed and/or treated as diarrhoea after an interview with the adult accompanying the child should be counted.	Monitor incidence of water borne disease.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Diarrhoea under 5 years with dehydration – new ambulatory Denominator: Population under 5 years	1 000	Dependant on accuracy of data from reporting facilities and accuracy of diagnosis.	Outcome	Incidence per 1 000	Quarterly (annualised)	No	Lower incidence indicates a healthy community.	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
8) Child under 5 years pneumonia incidence	The number of children who were diagnosed with pneumonia expressed per 1 000 children in the catchment population.	Monitor incidence of pneumonia.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Child under 5 years with pneumonia new Denominator: Population under 5 years	1 000	Dependant on accuracy of data from reporting facilities and accuracy of diagnosis.	Outcome	Incidence per 1 000	Quarterly (annualised)	No	Lower incidence indicates a healthy community.	MCWH Programme Manager
9) Child under 1 year mortality in facility rate	Admitted children under 1 year of age who died per estimated 1 000 live births. Estimated live births in the population are calculated by multiplying the estimated population under 1 year by 1.03 to compensate for infant mortality.	Monitoring of infant deaths on a routine basis is very important to monitor progress towards MDG. Includes neonatal deaths. Estimated live births in population are calculated by multiplying estimated population under 1 year by 1.03 to compensate for infant mortality. This indicator will be useful at national, provincial and district levels.	Numerator: Inpatient Throughput Form Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Inpatient death under 1 year Denominator: Population under 1 year x 1.03	1 000	Dependant on accuracy of data from reporting facilities. Indicator reliant on accuracy of classification of inpatient deaths.	Outcome	Proportion	Monthly	Yes	Lower institutional rate indicate fewer avoidable deaths.	MCWH Programme Manager
10) Inpatient death under 1 year rate	Proportion of children under 5 years admitted / separated who died during their stay in the facility. Inpatient separations under 1 year is the total of inpatient day patients discharges, inpatient deaths and inpatient transfer outs.	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG. Monitors treatment outcome for admitted children under 1 year. Includes neonatal deaths.	Numerator: Inpatient Throughput Form Denominator Inpatient Throughput Form	Numerator SINJANI Denominator SINJANI	Numerator: Inpatient death under 1 year Denominator Inpatient separations under 1 year (Total of < 1 day patients + inpatient discharges + inpatient deaths + inpatient transfer outs)	100 (%)	Dependant on accuracy of data from reporting facilities. Indicator reliant on accuracy of classification of inpatient deaths.	Outcome	Proportion	Monthly	Yes	Lower institutional rate indicate fewer deaths occurring at institutions.	MCWH Programme Manager
11) Inpatient death under 5 years rate	Proportion of children under 5 years admitted / separated who died during their stay in the facility. Inpatient separations under 5 years is the total of inpatient day patients discharges, inpatient deaths and inpatient transfer outs.	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG. Monitors treatment outcome for admitted children under 5 years. Includes under 1 year deaths.	Numerator: Inpatient Throughput Form Denominator Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Total number of inpatient deaths under 5 years Denominator: Inpatient separations under 5 years (Total of < 5 day patients + inpatient discharges + inpatient deaths + inpatient transfer outs)	100 (%)	Dependant on accuracy of data from reporting facilities. Indicator reliant on accuracy of classification of inpatient deaths.	Outcome	Proportion	Monthly	Yes	Lower institutional rate indicate fewer deaths occurring at institutions.	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
12) Maternal mortality in facility 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). This includes all abortions, ectopic pregnancies, gestational trophoblastic disease and deaths from suicide. Deaths not related to the pregnancy such as motor vehicle accidents, and other trauma, are called coincidental deaths and should also be notified.	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: Maternal death notification form Denominator: Outpatient and Inpatient Related Services	Numerator: National Committee on Confidential Enquiry into Maternal Deaths (NCCEMD) register or SINJANI* Denominator: SINJANI	Numerator: Maternal death in facility Denominator: Live births in facility	100 000	Dependant on accuracy of data from reporting facilities. 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.	Women's Health Programme Manager
13) 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 Denominator: StatsSA (Circular H13 of 2010)	Numerator: Cervical smear in woman 30 years and older screened for cervical cancer Denominator: Female population 30 years and older DIVIDED by 10	100 (%)	Dependant on accuracy of data from reporting facilities. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better cervical cancer coverage.	Women's Health 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) Delivery in facility under 18 years rate	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: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Total deliveries to woman under 18 years Denominator: Total deliveries in province	100 (%)	Dependant on accuracy of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower percentage indicates decrease in the number of teenage deliveries.	Women's Health Programme Manager
15) Antenatal 1st visit 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.	Monitors the utilisation of antenatal services.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI Denominator: SINJANI	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 (%)	Dependant on accuracy of data from reporting facilities.	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	Women's Health Programme Manager
16) Couple year protection rate	Percentage women of reproductive age (15 – 44 years) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation, injectable and oral hormones, intrauterine devices, diaphragms, spermicides and condoms.	Track the extent of the use of contraception (any method) amongst women of child bearing age.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Contraceptive years equivalent Sum of: • Male sterilisations X 20 • Female sterilisations X10 • Medroxyprogesterone injection / 4 • Norethisterone enanthate injection / 6 • Oral pill cycles / 13 • IUCD X 4 • Male condoms / 200 Denominator: Female population 15 – 44 years	100 (%)	Dependant on accuracy of data from reporting facilities.	Output	Percentage	Annual	No	Higher percentage indicates higher prevalence of contraceptive methods.	Women's Health Programme Manager

Note:

Indicator 12: The Department will replace the current system (an Excel spread sheet) with a module on the central repository (SINJANI, an Oracle database) during 2013/14.

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

DISEASE PREVENTION AND CONTROL: TABLES DPC 1, DPC 2&3 AND DPC 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) Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported.	Monitors 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 (%)	Dependant on accuracy of data from reporting facilities.	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of malaria.	Disease Surveillance Programme Manager
2) Cholera fatality rate	Deaths from cholera as a percentage of the number of cases reported.	Monitors 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 (%)	Dependant on accuracy of data from reporting facilities.	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of cholera.	Disease Surveillance Programme Manager
3) Cataract surgery rate	Cataract operations completed per 1 000 000 population.	Monitors the number of cataract surgeries.	Numerator: Outpatient and Inpatient Related Services Denominator: Population data	Numerator: SINJANI Denominator: StatsSA (Circular H13 of 2010)	Numerator: Cataract operations performed Denominator: Total population	1 000 000	Dependant on accuracy of data from reporting 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

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

EMERGENCY MEDICAL and PATIENT TRANSPORT SERVICES: TABLE EMS 1, EMS 3 AND EMS 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) Rostered ambulances per 10 000 people	Number of all rostered ambulances per 10 000 population.	Demonstrates the equity of distribution and accessibility of ambulances within a geographic area.	Numerator: Efficiency Report Denominator: Population data	Numerator: Efficiency Reporting system Denominator: StatsSA	Numerator: Total number of rostered ambulances (see definition below) Denominator: Total population in the province	10 000	Dependant on accuracy of data recorded on the Efficiency Report and population estimates by StatsSA.	Input	Rate per 10 000 population	Quarterly	No	Higher number of rostered ambulances may lead to access to an ambulance and faster response time.	EMS Manager
Number of rostered ambulances per hour	The number of operational (staffed, equipped and ready to respond) ambulances available per hour in the Western Cape. Other rescue or primary response vehicles as well as HealthNET patient transporters and aircraft are excluded.	Monitors resource availability in EMS in terms of equitable access and allows comparison with other ambulance services.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Reporting system Denominator: Efficiency Reporting system	Numerator: The total ambulance personnel hours worked for the reporting period Denominator: 2 x 24 hours per day for the reporting period	None (no)	Dependant on accuracy of data recorded on the Efficiency Report.	Input	Cumulative	Quarterly	No	Higher number of rostered ambulances may lead to faster response time.	EMS Manager
2) EMS operational ambulance coverage	Number of all operational ambulances per 10 000 population.	Monitors compliance with the norm for operational ambulances to meet population needs. This includes obstetric ambulances.	Numerator: Efficiency Report or Fleet Management System Denominator: Population data	Numerator: Efficiency Reporting system Denominator: StatsSA	Numerator: Sum of EMS operational ambulances (The total number of operational ambulances at an ambulance station for the reporting month. INCLUDE all ambulances, including ambulances booked off) Denominator: Total population in the province (divided by 10 000)	10 000	Dependant on accuracy of data recorded on the Fleet Management System and population estimates by StatsSA.	Input	Rate per 10 000 population	Monthly	No	Higher number of operational ambulances may lead to access to an ambulance and faster response time.	EMS Manager
3) Total number of EMS emergency cases	Number of patients transported by ambulance.	Monitor service volumes and demand.	Efficiency Report	Efficiency Reporting system	Patients transported by ambulance	None (no)	Dependant on accuracy of data received from 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

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) EMS P1 urban response under 15 minutes rate	Proportion P1 calls in urban locations with response times under 15 minutes	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Reporting system Denominator: Efficiency Reporting system	Numerator: EMS P1 urban response under 15 minutes Denominator: EMS P1 urban calls(responses)	100 (%)	Dependant on accuracy of data received from EMS stations.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination of the EMS system in order to achieve better response times in urban areas.	EMS Manager
5) EMS P1 rural response under 40 minutes rate	Proportion P1 calls in rural locations with response times under 40 minutes.	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Reporting system Denominator: Efficiency Reporting system	Numerator: EMS P1 rural response under 40 minutes Denominator: EMS P1 rural calls (responses)	100 (%)	Dependant on accuracy of data received from EMS stations.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination of the EMS system in order to achieve better response times in rural areas.	EMS Manager
6) EMS P1 call response under 60 minutes rate	Proportion of all P1 calls with response times under 60 minutes.	Monitors compliance with the norm for all critically ill or injured clients to receive EMS within 60 minutes. This includes P1 urban responses under 15 minutes and P1 rural calls under 40 minutes. Low rates indicate inadequate resources.	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Reporting system Denominator: Efficiency Reporting system	Numerator: EMS P1 response under 60 minutes Denominator: EMS P1 calls (responses) total.	100%	Accuracy dependant on quality of data from reporting EMS station.	Quality	Percentage	Quarterly	Yes	Higher percentage indicates better response times.	EMS Managers
7) EMS all call response under 60 minutes rate	Proportion of all calls with response times under 60 minutes.	Monitors compliance with the norm for all critically ill or injured patients to receive EMS within 60 minutes. Low rates indicate inadequate resources	Numerator: Efficiency Report Denominator: Efficiency Report	Numerator: Efficiency Reporting system Denominator: Efficiency Reporting system	Numerator: EMS all calls response under 60 minutes Denominator: EMS all calls (responses) total	100 (%)	Dependant on accuracy of data received from EMS stations.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination of the EMS system in order to achieve better response times.	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
8) Percentage of ambulance patients transferred between facilities	The percentage of emergency patients transferred between hospitals to a higher level of care. Patients who are transferred from district to regional hospitals and regional to central hospitals are included.	Monitors achievement of CSP targets (90:8:2) of patients being managed at the appropriate level of care.	Numerator: Efficiency Report Denominator: Outpatient and Inpatient Related Services	Numerator: Efficiency Reporting system Denominator: SINJANI	Numerator: Hospital patients transferred to a higher level of care Denominator: Emergency headcount at district, regional and central hospitals	100 (%)	Dependant on accuracy of data received from EMS stations and hospitals.	Quality	Percentage	Quarterly	Yes	Lower percentage is desired. The target is the CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care.	EMS Managers Hospital Managers

Note:

Indicators 2 and 6 are new indicators to align with the National Indicator Dataset from 2013/14.

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

PROGRAMME 4: PROVINCIAL HOSPITALS

GENERAL (REGIONAL) HOSPITALS: TABLES PHS 1&2 AND PHS 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 usable beds (in regional hospitals)	Actual (usable) 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.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in regional hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	Provincial Hospital Services Programme Manager
2) Inpatient separations-total (in regional hospitals)	Recorded completion of treatment and/or the accommodation of an inpatient in regional hospitals. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in regional hospitals.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + inpatient deaths + Inpatient discharges + Inpatient transfers out) in regional hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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 total [PDE] (in regional hospitals)	Patient day equivalent is a weighted combination of inpatient days, day patient days, and OPD and emergency headcounts. All hospital activity is expressed as an equivalent to one inpatient day.	Monitoring the service volumes in regional hospitals.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in regional hospitals + (Emergency headcount/3 + total OPD headcount/3) in regional hospitals Refer to indicator 4 for definition of OPD Headcount	None (no)	Dependant on accuracy of data from reporting facilities.	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 headcount total (in regional hospitals)	A headcount of all outpatients attending an outpatient clinic in regional hospitals. This excludes emergency centre headcounts.	Monitoring the service volumes in regional hospitals.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in regional hospitals **OR** Total OPD headcount = (OPD general + OPD specialist) in regional hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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
5) Delivery by caesarean section rate (in regional hospitals)	Caesarean section deliveries in regional hospitals expressed as a percentage of all deliveries in regional hospitals.	Tracks the performance of obstetric care at regional hospitals.	Numerator: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Delivery by caesarean section in regional hospitals Denominator: Deliveries in facility total (regional hospitals)	100 (%)	Dependant on accuracy of data from reporting facilities.	Output	Percentage	Quarterly	No	Lower percentage desired. Higher percentage of caesarean sections indicates higher burden of disease, and/or poorer quality of antenatal care.	Provincial Hospital Services Programme Manager
6) 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: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in regional hospitals (sub-programme 4.1) Denominator: Patient day equivalent [PDE] in regional hospitals	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	Provincial Hospital Services Programme Manager
7) Inpatient 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 actual (usable) beds in regional hospitals.	Track the over / under utilisation of regional hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in regional hospitals Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in regional hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	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
8) Average length of stay (in regional hospitals)	Average number of patient days that an admitted patient spends in regional hospitals before separation.	To monitor the efficiency of regional hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in regional hospitals Denominator: Inpatient separations in regional hospitals (day patients + inpatient deaths + inpatient discharges + inpatient transfers out)	None (no)	Dependant on accuracy of data from reporting facilities.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital 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
9) Complaint resolution within 25 working days rate (from users of regional hospitals)	Percentage of complaints of users of regional hospital services resolved within 25 working days.	To monitor the management of complaints in regional hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in regional hospitals Denominator: Total number of complaints received in regional hospitals	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in regional hospitals.	Provincial Hospital Services Programme Manager
10) Hospital patient satisfaction rate (in regional hospitals)	Percentage of users that participated in the regional hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of regional hospital users.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in regional hospitals Denominator: Number of questionnaires for pleased with treatment in regional hospitals	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in regional hospital services.	Provincial Hospital Services Programme Manager
11) Number of hospitals assessed for compliance against the 6 priorities of the core standards (regional hospitals.) (NID: Facility core standards self-assessment rate (in regional hospitals)	Percentage of regional hospitals assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance..	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessments done in regional hospitals Denominator: Public health facilities (regional hospitals)	100(%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Cumulative	Annual	No	Higher percentage indicates better compliance with the core standards in regional hospitals.	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
12) Morbidity and mortality review rate (in regional hospitals)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, and (d) anaesthetic deaths in regional hospitals.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of M&M reviews conducted per discipline in regional hospitals Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by number of disciplines within the regional hospital	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	Provincial Hospital Services Programme Manager

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

TB HOSPITALS: TABLES PHS 1&2 AND PHS 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 usable beds (in TB hospitals)	Actual (usable) 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.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in TB hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	TB Hospital Services Programme Manager
2) Inpatient separations – total (in TB hospitals)	Recorded completion of treatment and/or the accommodation of an inpatient in TB hospitals. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in TB hospitals.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + inpatient deaths + Inpatient discharges + Inpatient transfers out) in TB hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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] total (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.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in TB hospitals + (Emergency headcount/3 + OPD headcount/3) in TB hospitals Refer to indicator 4 for definition of OPD Headcount	None (no)	Dependant on accuracy of data from reporting facilities.	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.	TB Hospital Services Programme Manager
4) OPD headcount total (in TB hospitals)	A headcount of all outpatients attending an outpatient clinic in TB hospitals.	Monitoring the service volumes in TB hospitals.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in TB hospitals **OR** Total OPD headcount = (OPD general + OPD specialist) in TB hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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

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) 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: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in TB hospitals (sub-programme 4.2) Denominator: Patient day equivalent [PDE] in TB Hospitals	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	TB Hospital Services Programme Manager
6) Inpatient 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 actual (usable) beds in TB hospitals.	Track the over / under utilisation of TB hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in TB hospitals Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in TB hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	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
7) Average length of stay (in TB hospitals)	Average number of patient days that an admitted patient spends in TB hospitals before separation.	To monitor the efficiency of TB hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in TB hospitals Denominator: Inpatient separations in TB hospitals (day patients + inpatient deaths + inpatient discharges + inpatient transfers out)	None (no)	Dependant on accuracy of data from reporting facilities.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital care.	TB Hospital Services Programme Manager
8) Complaint resolution within 25 working days rate (from users of TB hospitals)	Percentage of complaints of users of TB hospital services resolved within 25 working days.	To monitor the management of complaints in TB hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in TB hospitals Denominator: Total number of complaints received in TB hospitals	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in TB hospitals.	TB 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
9) Hospital patient satisfaction rate (in TB hospitals)	Percentage of users that participated in the TB hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of TB hospital users.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in TB hospitals Denominator: Number of questionnaires for pleased with treatment in TB hospitals	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in TB hospital services.	TB Hospital Services Programme Manager
10) Number of hospitals assessed for compliance against the 6 priorities of the core standards (TB hospitals.) (NID: Facility core standards self-assessment rate)	Percentage of TB hospitals assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance..	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessments done in TB hospitals Denominator: Public health facilities (TB hospitals)	100(%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Cumulative	Annual	No	Higher percentage indicates better compliance with the core standards in TB hospitals.	Provincial Hospital Services Programme Manager
11) Morbidity and mortality review rate (in TB hospitals)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and, (d) anaesthetic deaths in TB hospitals	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of M&M reviews conducted per discipline in TB hospitals Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by number of disciplines within the TB hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	TB Hospital Services Programme Manager

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

PSYCHIATRIC HOSPITALS: TABLES PHS 1&2 AND PHS 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 usable beds (in psychiatric hospitals)	Actual (usable) 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.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in psychiatric hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	Provincial Hospital Services Programme Manager
2) Inpatient separations - total (in psychiatric hospitals)	Recorded completion of treatment and/or the accommodation of an inpatient in psychiatric hospitals. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in psychiatric hospitals.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + inpatient deaths + Inpatient discharges + Inpatient transfers out) in psychiatric hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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] total (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.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in psychiatric hospitals + (Emergency headcount/3 + OPD headcount/3) in psychiatric hospitals Refer to indicator 4 for definition of OPD Headcount	None (no)	Dependant on accuracy of data from reporting facilities.	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 headcount total (in psychiatric hospitals)	A headcount of all outpatients attending an outpatient clinic in psychiatric hospitals.	Monitoring the service volumes in psychiatric hospitals.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in psychiatric hospitals **OR** Total OPD headcount = (OPD general + OPD specialist) in psychiatric hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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
5) 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: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in psychiatric hospitals (sub-programme 4.3) Denominator: Patient day equivalent [PDE] in psychiatric hospitals	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	Provincial Hospital Services Programme Manager
6) Inpatient 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 actual (usable) beds in psychiatric hospitals.	Track the over / under utilisation of psychiatric hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in psychiatric hospitals Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in psychiatric hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	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
7) Average length of stay (in psychiatric hospitals)	Average number of patient days that an admitted patient spends in psychiatric hospitals before separation.	To monitor the efficiency of psychiatric hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in psychiatric hospitals Denominator: Inpatient separations in psychiatric hospitals (sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)	None (no)	Dependant on accuracy of data from reporting facilities.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital 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
8) Complaint resolution within 25 working days rate (from users of psychiatric hospitals)	Percentage of complaints of users of psychiatric hospital services resolved within 25 working days.	To monitor the management of complaints in psychiatric hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in psychiatric hospitals Denominator: Complaints lodged in psychiatric hospitals	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in psychiatric hospitals.	Provincial Hospital Services Programme Manager
9) Hospital patient satisfaction rate (in psychiatric hospitals)	Percentage of users that participated in the psychiatric hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of psychiatric hospital users.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in psychiatric hospitals Denominator: Number of questionnaires for pleased with treatment in psychiatric hospitals	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in psychiatric hospital services.	Provincial Hospital Services Programme Manager
10) Number of hospitals assessed for compliance against the 6 priorities of the core standards (psychiatric hospitals.) (NID: Facility core standards self-assessment rate)	Percentage of psychiatric hospitals assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance..	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessments done in psychiatric hospitals Denominator: Public health facilities (psychiatric hospitals)	100(%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Cumulative	Annual	no	Higher number indicates better compliance with the core standards in psychiatric hospitals.	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
11) Morbidity and mortality review rate (in psychiatric hospitals)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and, (d) anaesthetic deaths in psychiatric hospitals	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of M&M reviews conducted per discipline in psychiatric hospitals Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by number of disciplines within the psychiatric hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	Provincial Hospital Services Programme Manager
STEP-DOWN BEDS													
1) Number of usable beds (in step-down facilities)	Actual (usable) beds in psychiatric step-down facilities are beds actually available for use within the psychiatric step-down facility, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of psychiatric step-down beds to ensure accessibility of psychiatric hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in psychiatric step-down facilities	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	Provincial Hospital Services Programme Manager
2) Inpatient bed utilisation rate (in step-down facilities)	Patient days in psychiatric step-down facilities during the reporting period, expressed as a percentage of the sum of the daily number of actual (usable) beds in psychiatric step-down facilities.	Track the over / under utilisation of psychiatric step-down beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in psychiatric step-down facilities Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in psychiatric step-down facilities	100 (%)	Dependant on accuracy of data from reporting facilities.	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
3) Total number of patient days (in step-down facilities)	Patient days in psychiatric step-down facilities during the reporting period.	Monitoring the service volumes in psychiatric step-down beds.	Numerator: Inpatient Throughput Form	Numerator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in psychiatric step-down facilities	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	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

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

SPECIALISED REHABILITATION SERVICES: TABLES PHS 1&2 AND PHS 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 usable beds (in rehabilitation hospitals)	Actual (usable) 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.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in rehabilitation hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	CEO Western Cape Rehabilitation Centre
2) Inpatient separations –total (in rehabilitation hospitals)	Recorded completion of treatment and/or the accommodation of an inpatient in rehabilitation hospitals. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in rehabilitation hospitals.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + inpatient deaths + Inpatient discharges + Inpatient transfers out) in rehabilitation hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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 Western Cape Rehabilitation Centre
3) Patient day equivalents [PDE] total (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.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in rehabilitation hospitals + (Emergency headcount/3 + OPD headcount/3) in rehabilitation hospitals Refer to indicator 4 for definition of OPD Headcount	None (no)	Dependant on accuracy of data from reporting facilities.	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 Western Cape Rehabilitation Centre
4) OPD headcount total (in rehabilitation hospitals)	A headcount of all outpatients attending an outpatient clinic in rehabilitation hospitals.	Monitoring the service volumes in rehabilitation hospitals.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in rehabilitation hospitals **OR** Total OPD headcount = (OPD general + OPD specialist) in rehabilitation hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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 Western Cape Rehabilitation Centre

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) Expenditure per patient day equivalent [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.	Track the expenditure per PDE in rehabilitation hospitals.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in rehabilitation hospitals (sub-programme 4.4) Denominator: Patient day equivalent (PDE) in rehabilitation hospitals	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO Western Cape Rehabilitation Centre
6) Inpatient 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 actual (usable) beds in rehabilitation hospitals.	Track the over / under utilisation of rehabilitation hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in rehabilitation hospitals Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in rehabilitation hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	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 Western Cape Rehabilitation Centre
7) Average length of stay (in rehabilitation hospitals)	Average number of patient days that an admitted patient spends in rehabilitation hospitals before separation.	To monitor the efficiency of rehabilitation hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in rehabilitation hospitals Denominator: Inpatient separations in rehabilitation hospitals (sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)	None (no)	Dependant on accuracy of data from reporting facilities.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital care.	CEO Western Cape Rehabilitation Centre

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
8) Complaint resolution within 25 working days (from users of rehabilitation hospitals)	Percentage of complaints of users of Rehabilitation Hospital services resolved within 25 working days.	To monitor the management of complaints in rehabilitation hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in rehabilitation hospitals Denominator: Complaints lodged in rehabilitation hospitals	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in rehabilitation hospitals.	CEO Western Cape Rehabilitation Centre
9) Hospital patient satisfaction rate (in rehabilitation hospitals)	Percentage of users that participated in the rehabilitation hospitals client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of rehabilitation hospitals users.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in rehabilitation hospitals Denominator: Number of questionnaires for pleased with treatment in rehabilitation hospitals	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in rehabilitation hospitals services.	CEO Western Cape Rehabilitation Centre
10) Number of hospitals assessed for compliance against the 6 priorities of the core standards (rehabilitation hospitals.) (NID: Facility core standards self-assessment rate)	Percentage of rehabilitation hospitals assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance..	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessments done in rehabilitation hospitals Denominator: Public health facilities (rehabilitation hospitals)	100(%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Cumulative	Annual	no	Higher number indicates better compliance with the core standards in rehabilitation hospitals.	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
11) Morbidity and mortality review rate (in rehabilitation hospitals)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and, (d) anaesthetic deaths in rehabilitation hospitals.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of M&M reviews conducted per discipline in rehabilitation hospitals Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by number of disciplines within the rehabilitation hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	CEO Western Cape Rehabilitation Centre

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

DENTAL TRAINING HOSPITALS: TABLES PHS 2 AND PHS 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 oral health 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.	Dental Training Hospital Form	SINJANI	Sum of patient visits at Tygerberg and UWC Oral Health Centres + Other oral health clinics (outreach clinics)	None (no)	Dependant on accuracy of data from reporting facilities.	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 removable oral health prosthetic devices 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).	Dental Training Hospital Form	SINJANI	Prosthetic units (dentures) issued	None (no)	Dependant on accuracy of data from reporting facilities.	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

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITAL SERVICES

CENTRAL HOSPITALS: TABLES CHS 3 AND CHS 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) Delivery by caesarean section rate (in central hospitals)	Caesarean section deliveries in central hospitals expressed as a percentage of all deliveries in central hospitals.	Tracks the performance of obstetric care at central hospitals.	Numerator: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Delivery by caesarean section in central hospitals Denominator: Delivery in facility total (central hospitals)	100 (%)	Dependant on accuracy of data from reporting facilities.	Output	Percentage	Quarterly	No	Lower percentage desired. Higher percentage of caesarean sections indicates higher burden of disease, and/or poorer quality of antenatal care.	Central Hospital Services Programme Manager
2) Number of usable beds (in central hospitals)	Actual (usable) beds in central hospitals are beds actually available for use within central hospitals, 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.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in central hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	Central Hospital Services Programme Manager
3) Inpatient separations – total (in central hospitals)	Recorded completion of treatment and/or the accommodation of an inpatient in central hospitals. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in central hospitals.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + Inpatient deaths + Inpatient discharges + Inpatient transfers out) in central hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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 headcount total (in central hospitals)	A headcount of all outpatients attending an outpatient clinic in central hospitals. This excludes emergency centre headcounts.	Monitoring the service volumes in central hospitals.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in central hospitals **OR** Total OPD headcount = (OPD general + OPD specialist) in central hospitals	None (no)	Dependant on accuracy of data from reporting facilities.	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 patient days, and OPD and emergency total headcount. All hospital activity expressed as a equivalent to one inpatient day.	Monitoring the service volumes in central hospitals.	Numerator: Inpatient Throughput Form Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient day equivalent = (Inpatient days + day patients/2) in central hospitals + Denominator: (Emergency headcount/3 + total OPD headcount/3) in central hospitals Refer to indicator 4 for the definition of OPD headcount total	None (no)	Dependant on accuracy of data from reporting facilities.	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) Inpatient 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 actual (usable) beds in central hospitals.	Track the over / under utilisation of central hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in central hospitals Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in central hospitals	100 (%)	Dependant on accuracy of data from reporting facilities.	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) 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: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in central hospitals (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in central hospitals	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	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
8) Average length of stay (in central hospitals)	Average number of patient days that an admitted patient spends central hospitals before separation.	To monitor the efficiency of central hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in central hospitals Denominator: Inpatient separations in central hospitals (day patients + inpatient deaths + inpatient discharges + inpatient transfers out)	None (no)	Dependant on accuracy of data from reporting facilities.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital care.	Central Hospital Services Programme Manager
9) Complaint resolution within 25 working days rate (in central hospitals)	Percentage of complaints of users of central hospital services resolved within 25 working days.	To monitor the management of complaints in central hospitals.	Numerator: Complaints and Compliments module Denominator: Complaints and Compliments module	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in central hospitals Denominator: Total number of complaints received in central hospitals	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in central hospitals.	Central Hospital Services Programme Manager
10) Hospital patient satisfaction rate (in central hospitals)	Percentage of users that participated in the central hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of central hospital users.	Numerator: Client satisfaction survey module Denominator: Client satisfaction survey module	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in central hospitals Denominator: Number of questionnaires for pleased with treatment in central hospitals	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in central hospital services.	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
11) Number of hospitals assessed for compliance against the 6 priorities of the core standards (central hospitals.) (NID: Facility core standards self-assessment rate (in central hospitals)	Percentage of central hospitals assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance..	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessments done in central hospitals Denominator: Public health facilities (central hospitals)	100(%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Cumulative	Annual	No	Higher percentage indicates better compliance with the core standards in central hospitals.	Central Hospital Services Programme Manager
12) Morbidity and mortality review rate (in central hospitals)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, and (d) anaesthetic deaths in central hospitals.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of M&M reviews conducted per discipline in central hospitals Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by number of disciplines within the central hospitals (4 disciplines for Tygerberg Hospital and 3 disciplines for Groote Schuur Hospital)	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	Central Hospital Services Programme Manager

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

GROOTE SCHUUR HOSPITAL: TABLES CHS 5 AND CHS 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) Delivery by caesarean section rate (in Groote Schuur Hospital)	Caesarean section deliveries in Groote Schuur Hospital expressed as a percentage of all deliveries in Groote Schuur Hospital.	Tracks the performance of obstetric care at Groote Schuur Hospital.	Numerator: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Delivery by caesarean section in Groote Schuur Hospital Denominator: Delivery in facility total (Groote Schuur Hospital)	100 (%)	Dependant on accuracy of data from reporting facility.	Output	Percentage	Quarterly	No	Lower percentage desired. Higher percentage of caesarean sections indicates higher burden of disease, and/or poorer quality of antenatal care.	CEO Groote Schuur Hospital
2) Number of usable beds (in Groote Schuur Hospital)	Actual (usable) 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 Groote Schuur Hospital beds to ensure accessibility of Groote Schuur Hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in Groote Schuur Hospital	None (no)	Dependant on accuracy of data from reporting facility.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	CEO Groote Schuur Hospital
3) Inpatient separations – total (in Groote Schuur Hospital)	Recorded completion of treatment and/or the accommodation of an inpatient in Groote Schuur Hospital. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in Groote Schuur Hospital.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + Inpatient deaths + Inpatient discharges + Inpatient transfers out) in Groote Schuur Hospital	None (no)	Dependant on accuracy 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 headcount total (in Groote Schuur Hospital)	A headcount of all outpatients attending an outpatient clinic in Groote Schuur Hospital.	Monitoring the service volumes in Groote Schuur Hospital.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in Groote Schuur Hospital **OR** Total OPD headcount = (OPD general + OPD specialist) in Groote Schuur Hospital	None (no)	Dependant on accuracy 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 Groote Schuur Hospital.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in Groote Schuur Hospital + (Emergency headcount/3 + total OPD headcount/3) in Groote Schuur Hospital Refer to indicator 4 for the definition of OPD headcount total	None (no)	Dependant on accuracy 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) Inpatient 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 actual (usable) beds in Groote Schuur Hospital.	Track the over / under utilisation of Groote Schuur Hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in Groote Schuur Hospital Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in Groote Schuur Hospital	100 (%)	Dependant on accuracy 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) 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 Groote Schuur Hospital.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	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 dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO Groote Schuur Hospital
8) 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 Groote Schuur Hospital.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in Groote Schuur Hospital Denominator: Total separations in Groote Schuur Hospital	None (no)	Dependant on accuracy of data from reporting facility.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor 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
9) Complaint resolution within 25 working days rate (in Groote Schuur Hospital)	Percentage of complaints received from the users of Groote Schuur Hospital's services that were resolved within 25 working days.	To monitor the management of complaints in Groote Schuur Hospital.	Numerator: Complaints and Compliments module Denominator: Complaints and Compliments module	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in Groote Schuur Hospital Denominator: Total number of complaints received in Groote Schuur Hospital	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in Groote Schuur Hospital.	CEO Groote Schuur Hospital
10) Groote Schuur Hospital patient satisfaction rate	Percentage of users that participated in the Groote Schuur Hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of Groote Schuur Hospital users.	Numerator: Client satisfaction survey module Denominator: Client satisfaction survey module	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in Groote Schuur Hospital Denominator: Number of questionnaires for pleased with treatment in Groote Schuur Hospital	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Quality	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Groote Schuur Hospital services.	CEO Groote Schuur Hospital
11) Number assessments for compliance against the 6 priorities of the core standards (Groote Schuur Hospital.) (NID: Facility core standards self-assessment rate (in Groote Schuur hospitals)	Percentage of assessments for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessment done at Groote Schuur Hospital Denominator: Public health facilities (Groote Schuur Hospital)	100(%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	Compliance (Yes / No)	Annual	No	Higher percentage indicates better compliance with the core standards in Groote Schuur Hospital.	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
12) Morbidity and mortality review rate (in Groote Schuur Hospital)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and, (d) anaesthetic deaths in Groote Schuur Hospital.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted (in Groote Schuur Hospital) Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by three disciplines (Surgery; Medicine; Obstetrics and Gynaecology) within Groote Schuur Hospital.	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	CEO Groote Schuur Hospital

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

TYGERBERG HOSPITAL: TABLES CHS 5 AND CHS 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) Delivery by Caesarean section rate (in Tygerberg Hospital)	Caesarean section deliveries in Tygerberg Hospital expressed as a percentage of all deliveries in Tygerberg Hospital.	Tracks the performance of obstetric care at Tygerberg Hospital.	Numerator: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Delivery by caesarean section in Tygerberg Hospital Denominator: Delivery in facility total (Tygerberg Hospital)	100 (%)	Dependant on accuracy of data from reporting facility.	Output	Percentage	Quarterly	No	Lower percentage desired. Higher percentage of caesarean sections indicates higher burden of disease, and/or poorer quality of antenatal care.	CEO Tygerberg Hospital
2) Number of usable beds (in Tygerberg Hospital)	Actual (usable) 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 Tygerberg Hospital beds to ensure accessibility of Tygerberg Hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in Tygerberg Hospital	None (no)	Dependant on accuracy of data from reporting facility.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	CEO Tygerberg Hospital
3) Inpatient separations – total (in Tygerberg Hospital)	Recorded completion of treatment and/or the accommodation of an inpatient in Tygerberg Hospital. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in Tygerberg Hospital.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + Inpatient deaths + Inpatient discharges + Inpatient transfers out) in Tygerberg Hospital	None (no)	Dependant on accuracy 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 headcount total (in Tygerberg Hospital)	A headcount of all outpatients attending an outpatient clinic in Tygerberg Hospital.	Monitoring the service volumes in Tygerberg Hospital.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in Tygerberg Hospital **OR** Total OPD headcount = (OPD general + OPD specialist) in Tygerberg Hospital	None (no)	Dependant on accuracy 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 the service volumes in Tygerberg Hospital.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in Tygerberg Hospital + (Emergency headcount/3 + total OPD headcount/3) in Tygerberg Hospital Refer to indicator 4 for the definition of OPD headcount total	None (no)	Dependant on accuracy 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) Inpatient 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 actual (usable) beds in Tygerberg Hospital.	Track the over / under utilisation of Tygerberg Hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in Tygerberg Hospital Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in Tygerberg Hospital	100 (%)	Dependant on accuracy 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) 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 Tygerberg Hospital.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in Tygerberg Hospital (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in Tygerberg Hospital	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	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
8) 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 Tygerberg Hospital.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in Tygerberg Hospital Denominator: Total separations in Tygerberg Hospital	None (no)	Dependant on accuracy of data from reporting facility.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital care.	CEO Tygerberg Hospital
9) Complaint resolution within 25 working days rate (from users of Tygerberg Hospital)	Percentage of complaints received from the users of Tygerberg Hospital's services that were resolved within 25 working days.	To monitor the management of complaints in Tygerberg Hospital.	Numerator: Complaints and Compliments module Denominator: Complaints and Compliments module	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in Tygerberg Hospitals Denominator: Total number of complaints received in Tygerberg Hospitals	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in Tygerberg Hospital.	CEO Tygerberg Hospital
10) Hospital patient satisfaction rate (in Tygerberg Hospital)	Percentage of users that participated in the Tygerberg Hospital client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of Tygerberg Hospital users.	Numerator: Client satisfaction survey module Denominator: Client satisfaction survey module	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in Tygerberg Hospital Denominator: Number of questionnaires for pleased with treatment in Tygerberg Hospital	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Quality	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Tygerberg Hospital services.	CEO Tygerberg Hospital
11) Number assessments for compliance against the 6 priorities of the core standards (Tygerberg Hospital.) (NID: Facility core standards self-assessment rate (in Tygerberg hospital)	Percentage of assessments for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessment done at Tygerberg Hospital Denominator: Public health facilities (Tygerberg Hospital)	100 (%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	No	Annual	No	Higher percentage indicates better compliance with the core standards in Tygerberg Hospital.	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
12) Morbidity and mortality review rate (in Tygerberg Hospital)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and, (d) anaesthetic deaths in Tygerberg Hospital.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted (in Tygerberg Hospital) Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by four disciplines (Surgery; Medicine; Obstetrics and Gynaecology and Paediatrics) within Tygerberg Hospital	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	CEO Tygerberg Hospital

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

TERTIARY HOSPITALS -RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL: TABLES CHS 5 AND CHS 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) Delivery by caesarean section rate (in Red Cross War Memorial Children's Hospital (RCWMCH))	Caesarean section deliveries are not done at Red Cross War Memorial Children's Hospital.	N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2) Number of usable beds (in RCWMCH)	Actual (usable) beds in RCWMCH are beds actually available for use within RCWMCH, regardless of whether they are occupied by a patient or a lodger.	Tracks the availability of tertiary beds to ensure accessibility of Tertiary Hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds in RCWMCH	None (no)	Dependant on accuracy of data from reporting facility.	Input	Cumulative	Quarterly	No	Actual (usable) beds should remain constant and should be operated within affordability limits while providing access for patients to clinical services.	CEO RCWMCH
3) Inpatient separations- total (in RCWMCH)	Recorded completion of treatment and/or the accommodation of an inpatient in RCWMCH. Separations include day patients and inpatients who were discharged, transferred out to other hospitals or who died.	Monitoring the service volumes in RCWMCH.	Inpatient Throughput Form	SINJANI	Inpatient separations = (Day patients + Inpatient deaths + Inpatient discharges + Inpatient transfers out) in RCWMCH	None (no)	Dependant on accuracy 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 RCWMCH
4) OPD headcounts total (in RCWMCH)	A headcount of all outpatients attending an outpatient clinic in RCWMCH.	Monitoring the service volumes in RCWMCH.	Outpatient and Inpatient Related Services	SINJANI	Total OPD headcount = (OPD new case not referred + OPD new case referred + OPD follow-up) in RCWMCH **OR** Total OPD headcount = (OPD general + OPD specialist) in RCWMCH	None (no)	Dependant on accuracy 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 RCWMCH

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 total [PDE] (in RCWMCH)	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 RCWMCH.	Inpatient Throughput Form Outpatient and Inpatient Related Services	SINJANI SINJANI	Patient day equivalent = (Inpatient days + day patients/2) in RCWMCH + (Emergency headcount/3 + total OPD headcount/3) in RCWMCH Refer to indicator 4 for the definition of OPD headcount total	None (no)	Dependant on accuracy 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 RCWMCH
6) Inpatient bed utilisation rate (based on usable beds in RCWMCH)	Patient days in RCWMCH during the reporting period, expressed as a percentage of the sum of the daily number of actual (usable) beds in RCWMCH.	Track the over / under utilisation of RCWMCH beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of inpatient days + 1/2 day patients in RCWMCH Denominator: Sum of usable bed days per month (inpatient beds x 30.42) in RCWMCH	100 (%)	Dependant on accuracy 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 RCWMCH
7) Expenditure per patient day equivalent [PDE] (in RCWMCH)	Average cost per patient day equivalent in RCWMCH. 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 RCWMCH.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI	Numerator: Total expenditure in RCWMCH (sub-programme 5.1) Denominator: Patient day equivalent (PDE) in RCWMCH	None (no)	Accuracy of expenditure dependant on the correct expenditure allocation. Accuracy of PDE's dependant on quality of data from reporting facility.	Efficiency	Rate	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO RCWMCH
8) Average length of stay (in RCWMCH)	Average number of patient days that an admitted patient spends in RCWMCH before separation.	To monitor the efficiency of RCWMCH.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Sum of Inpatient days + 1/2 day patients in RCWMCH Denominator: Total separations in RCWMCH	None (no)	Dependant on accuracy of data from reporting facility.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might hide poor quality of hospital care.	CEO RCWMCH

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) Complaint resolution within 25 working days (from users of RCWMCH)	Percentage of complaints received from the users of RCWMCH's services that were resolved within 25 working days.	To monitor the management of complaints in RCWMCH.	Numerator: Complaints and Compliments module Denominator: Complaints and Compliments module	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days in RCWMCH Denominator: Complaints lodged in RCWMCH	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facility.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in RCWMCH.	CEO RCWMCH
10) Hospital patient satisfaction rate (in RCWMCH)	Percentage of users that participated in the RCWMCH client satisfaction survey that were satisfied with the services. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Tracks the service satisfaction of tertiary hospital users.	Numerator: Client satisfaction survey module Denominator: Client satisfaction survey module	Numerator: SINJANI Denominator: SINJANI	Numerator: Number of questionnaires with 1 or 2 recorded for pleased with treatment in RCWMCH Denominator: Number of questionnaires for pleased with treatment in RCWMCH	100 (%)	Ability to generalise results dependant on the number of users participating in the survey.	Quality	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in RCWMCH services.	CEO RCWMCH
11) Number assessments for compliance against the 6 priorities of the core standards (RCWMCH) (NID: Facility core standards self-assessment rate (in RCWMCH)	Percentage of assessments for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Core standard self-assessment done at RCWMCH Denominator: Public health facilities (RCWMCH)	100 (%)	Implementation plan and assessment tool to be provided by National Department of Health.	Quality	No	Annual	No	Higher percentage indicates better compliance with the core standards in RCWMCH.	CEO RCWMCH

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) Morbidity and mortality review rate (in RCWMCH)	Frequency of holding mortality and morbidity reviews that should include, but not limited to: (a) neonatal deaths, (b) wrong site surgery and, (c) anaesthetic deaths in RCWMCH.	Demonstrates the facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted (in RCWMCH) Denominator: Planned mortality and morbidity reviews (at least 10) multiplied by one discipline (paediatrics) within RCWMCH	100 (%)	Dependant on accuracy of data from reporting facilities.	Quality	Percentage	Quarterly	Yes	Higher number suggests better clinical governance.	CEO RCWMCH

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

1. PROGRAMME 6: HEALTH SCIENCES AND TRAINING

HEALTH SCIENCES AND TRAINING: TABLE HST 1&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) Intake of nurse students (1st year at nursing college)	Number of student nurses entering the first year of nursing college.	Tracks the training of nurses at nursing colleges.	Nurse Training Institutions (NEI) registration lists	HEI survey.xls	Intake of student nurses	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and nurse training institutions.	Input	Cumulative	Annual	No	Higher levels of intake are desired to increase the availability of nurses in future.	Human Resources Development (HRD) Programme Manager
2) Intake of nurse students (1st to 4th year at HEIs and nursing college)	Number of student nurses entering all years of study from 1st year to 4th year at nursing colleges AND higher education institutions (HEIs).	Tracks the training of nurses at nursing colleges AND HEIs.	Nurse Training Institutions (NEI) registration lists	HEI survey.xls	Intake of student nurses	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and nurse training institutions.	Input	Cumulative	Annual	No	Higher levels of intake are desired to increase the availability of nurses in future.	Human Resources Development (HRD) Programme Manager
3) Basic nurse students graduating (at nursing college)	Number of students who graduate from the basic nursing course at nursing colleges.	Tracks the production of nurses with a basic nursing qualification at nursing colleges.	Basic student nurses registration lists	HEI survey.xls	Basic student nurses graduating	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and nursing colleges.	Output	Cumulative	Annual	No	Higher numbers of student nurses graduating means an increase in the number of nurses that are available.	HRD Programme Manager
4) Basic nurse students graduating (at nursing college and HEIs)	Number of students who graduate from the basic nursing course at nursing colleges and higher education institutions (HEIs).	Tracks the production of nurses with a basic nursing qualification at nursing colleges AND HEIs.	Basic student nurses registration lists	HEI survey.xls	Basic student nurses graduating	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and nursing colleges.	Output	Cumulative	Annual	No	Higher numbers of student nurses graduating means an increase in the number of nurses that are available.	HRD Programme Manager
5) 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)	Dependent on accuracy of record keeping by both the Provincial DoH and health science training institutions.	Input	Cumulative	Annual	No	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers.	HRD Programme Manager
6) EMC intake on accredited HPCSA courses	Number of EMC staff intake on Health Professions Council of South Africa (HPCSA) accredited programmes (one of these courses is a 2 year course).	Tracks the number of EMC staff who are registered on the HPCSA accredited courses.	EMC staff registration lists	EMC information system	Intake of EMC staff on accredited HPCSA courses	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and EMC College.	Input	Cumulative	Annual	No	Higher numbers of EMC staff graduating means an increase in the number of qualified EMC staff that are available.	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) Intake of Home Community Based Carers (HCBCs) trained	Intake of Home Community Based Carers (HCBCs) on training.	Tracks the training of Home Community Based Carers (HCBCs) on the various NQF levels.	Home Community Based Carers registration lists	EPWP web based database	Registration of Home Community Based Carers	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and training providers.	Input	Cumulative	Annual	No	Higher number of Home Community Based Carers receiving National Diplomas means an increase in the qualified Home Community Based Carers that are available.	HRD Programme Manager
8) Intake of data-capturer interns	Intake of data-capturer interns on a 12 month internship.	Tracks the number of data-capturer interns.	Signed internship agreements	EPWP web based database	Intake of data-capturer interns	None (no)	Dependant on accuracy of record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher number of data-capturer interns means an increase in data-capturer interns available for assimilation into posts at health care facilities leading to improved data management.	HRD Programme Manager
9) Intake of pharmacy assistants in training	Intake of learner pharmacist's assistants in training at basic and post basic level. (Learner pharmacist assistants basic for 12 months and post basic for 12 months.)	Tracks the training of pharmacist's assistants at a basic and post basic level.	Signed learnership agreements	EPWP web based database	Intake of pharmacist's assistants	None (no)	Dependant on accuracy of record keeping by both the Provincial DoH and training providers.	Input	Cumulative	Annual	No	Higher number of pharmacist's assistants in training means an increase in pharmacist's assistants available to address scarce skills.	HRD Programme Manager
10) Intake of Assistant to Artisan (ATAs) interns	Intake of Assistant to Artisan (ATAs) interns on a 12 month internship.	Tracks the number of Assistant to Artisan (ATAs) interns.	Signed learnership agreements	EPWP web based database: Municipal Information System for Infrastructure (MIS)	Intake of Assistant to Artisan (ATAs) interns	None (no)	Dependant on accuracy of record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher number of Assistant to Artisan (ATAs) interns means an increase ATAs available to address maintenance needs of health care facilities.	HRD Programme Manager
11) Intake of HR and finance interns	Intake of human resource (HR) and finance interns on a 12 month internship.	Tracks the number of HR and finance interns.	Signed internship agreements	EPWP web based database	Intake of HR and finance interns	None (no)	Dependant on accuracy of record keeping by the Provincial DoH	Input	Cumulative	Annual	No	Higher number of HR and finance interns means an increase in HR and finance interns to address scarce skills.	HRD Programme Manager

Note:

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

LAUNDRY SERVICES: TABLES SUP 1 AND SUP 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) 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: Laundry returns.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)
2) 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: Private laundry returns.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)

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ENGINEERING SERVICES: TABLES SUP 1 AND SUP 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 of engineering emergency cases addressed within 48 hours	The percentage of engineering emergency cases, reported by health facilities maintained by Engineering Services, that have been attended to (not necessarily resolved) within 48 hours from being reported.	To ensure emergency engineering repairs are addressed as soon as possible in order that services can be rendered at health facilities.	Numerator: Protocol for Maintenance Repair Work Annexure 1 Denominator: Protocol for Maintenance Repair Work Annexure 1	Numerator: Annexure 1 system Denominator: Annexure 1 system	Numerator: Annexure 1 forms approved within 48 hours Denominator: Annexure 1 forms received	100 (%)	Dependant on accuracy of record keeping at engineering workshops.	Output	Percentage	Quarterly	No	Higher percentage indicates better response time to emergencies.	Director: Engineering and Technical Support Services
2) Percentage of maintenance budget spent	Programme 7 expenditure on maintenance of health facilities as a percentage of the total Programme 7 budget for maintenance.	Tracks expenditure on maintenance of health facilities.	Numerator: Financial records Denominator: Financial records	Numerator: BAS Denominator: BAS	Numerator: Expenditure on maintenance Denominator: Budget for maintenance	100 (%)	Dependant on accuracy of financial data on BAS and costing of maintenance expenditure.	Input	Percentage	Quarterly	No	Higher percentage indicates efficient use of financial resources. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Engineering and Technical Support Services
3) Percentage of clinical engineering maintenance jobs completed	The number of clinical engineering maintenance jobs completed (job cards closed) expressed as a percentage of clinical engineering maintenance jobs issued (job cards opened).	To ensure safety in terms of clinical engineering equipment at health facilities and to monitor progress on clinical engineering maintenance done by the Department.	Numerator: Clinical engineering job cards Denominator: Clinical engineering job cards	Numerator: Job card system Denominator: Job card system	Numerator: Clinical engineering jobs completed (job cards closed) Denominator: Clinical engineering job cards issued (job cards opened)	100 (%)	Dependant on accuracy of record keeping at clinical engineering workshop.	Output	Percentage	Quarterly	No	Higher percentage indicates more clinical engineering jobs have been completed resulting in improved safety of clinical engineering equipment at health facilities.	Director: Engineering and Technical Support Services
4) Percentage of maintenance jobs (excluding clinical engineering jobs) completed	The number of maintenance jobs (excluding clinical engineering jobs) completed (job cards closed) expressed as a percentage of maintenance jobs issued (job cards opened) excluding clinical engineering. Jobs include repairs, renovations, minor upgrades, etc. but exclude emergency jobs.	To ensure safety in terms of building and engineering equipment at health facilities and to monitor progress on maintenance done by the Department.	Numerator: Maintenance job cards Denominator: Maintenance job cards	Numerator: Job card system Denominator: Job card system	Numerator: Maintenance jobs completed (job cards closed) EXCLUDE clinical engineering and emergency jobs Denominator: Maintenance jobs issued (job cards opened) EXCLUDE clinical engineering and emergency jobs	100 (%)	Dependant on accuracy of record keeping at engineering workshops.	Output	Percentage	Quarterly	No	Higher percentage indicates more maintenance jobs have been completed resulting in improved safety of buildings and engineering equipment at health facilities.	Director: Engineering and Technical Support Services

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FORENSIC PATHOLOGY SERVICES: TABLES SUP 1 AND SUP 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 of FPS cases responded to within 40 minutes	Percentage of Forensic Pathology Service (FPS) cases responded to within the target of 40 minutes. The time is measured from receipt of the call until FPS arrives on the scene.	Monitor response times and therefore the efficiency of FPS.	Numerator: Rural: FPS 002 Metro: EMS Call Dispatch Log Denominator: Rural: FPS R003; Index Register Metro: EMS Call Dispatch Log	Numerator: Rural: FPS 002 Metro: EMS system Denominator: Rural: FPS R003; Index Register Metro: EMS system	Numerator: Cases responded to within 40 minutes (from receipt of call to arrival on FPS related death scenes) Denominator: Forensic pathology scenes attended (body receipt and deferral)	100 (%)	Dependent on accuracy of data from FPS laboratories.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination in FPS in order to achieve a 40 minute response time.	Forensic Pathology Services (FPS) Programme Manager
2) Percentage of FPS cases examined within 3 days	Percentage of FPS cases examined within three days from admission. The time is measured from when the deceased is admitted to FPS until the post-mortem examination is completed.	Monitor turnaround times and therefore the efficiency as well as available resources in FPS.	Numerator: Rural: FPS R003 Metro: FPS 002 Denominator: FPS R003 Death Notification	Numerator: Rural: FPS R003; Index Register Metro: Index Register Denominator: FPS R003 Metro: Index Register	Numerator: Cases examined within 3 days (from admission until post-mortem is completed) Denominator: Forensic pathology cases examined	100 (%)	Dependent on accuracy of data from FPS laboratories.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination in FPS in order to achieve a turnaround time of 3 days to examine FPS cases.	FPS Programme Manager
3) Percentage of FPS cases released within 5 days (excluding unidentified deceased)	Percentage of FPS cases released within 5 days from admission – excluding unidentified deceased. The time is measured from when the deceased is admitted to FPS until the post-mortem body is released for burial.	Monitor turnaround times and therefore the efficiency as well as available resources in FPS, internal to the service. Also monitor equity to access across the province.	Numerator: Rural: FPS R003 Metro: FPS 013 Denominator: FPS 013	Numerator: Rural: FPS R003; Index Register Metro: Index Register Denominator: FPS R003 Metro: Index Register	Numerator: Cases released within 5 days after admission (EXCLUDE unidentified deceased) Denominator: Bodies released (EXCLUDE unidentified deceased)	100 (%)	Dependent on accuracy of data from FPS laboratories.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination in FPS in order to achieve a turnaround time of 5 days for bodies to be released.	FPS Programme Manager

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CAPE MEDICAL DEPOT: TABLES SUP 1 AND SUP 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 of pharmaceutical stock available	The percentage of pharmaceutical stock that is available at the Cape Medical Depot (CMD) from the list of stock that should be available at all times.	To ensure optimum pharmaceutical stock levels to meet demand.	Numerator: Stock master Denominator: Stock master	Numerator: MEDSAS Denominator: MEDSAS	Numerator: Pharmaceutical items that are in stock at the CMD Denominator: Pharmaceutical items on the stock register	100 (%)	Dependent on accuracy of data from FPS laboratories.	Efficiency	Percentage	Quarterly	Yes	Higher percentage indicate fewer items out of stock at the CMD.	Director: Professional Support Services

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

HEALTH FACILITIES MANAGEMENT: TABLE HFM 1 & 2 AND HFM 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) Percentage of preventative maintenance (equitable share) budget spent	Programme 8 expenditure on preventative maintenance for new buildings completed since 2006 expressed as a percentage of the Programme 8 budget allocation for preventative maintenance for new buildings completed since 2006. (Refers to earmarked funding.)	Tracks equitable share expenditure on preventative maintenance on new building projects completed since 2006.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Expenditure on preventative maintenance (equitable share) on new buildings completed since 2006 Denominator Budget for preventative maintenance (equitable share) on new buildings completed since 2006	100 (%)	Dependant on the accuracy of financial data on BAS.	Input	Percentage	Quarterly	No	Higher percentage indicates efficient use of financial resources and well maintained health facilities. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Engineering and Technical Support
2) Percentage of scheduled maintenance (equitable share) budget spent	Programme 8 expenditure on scheduled maintenance for health infrastructure and engineering equipment expressed as a percentage of the Programme 8 budget allocation for scheduled maintenance.	Tracks equitable share expenditure on scheduled maintenance for health infrastructure and engineering equipment.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Operational expenditure (equitable share) on scheduled maintenance Denominator Budget for scheduled maintenance (equitable share)	100 (%)	Dependant on accuracy of financial data on BAS and costing of maintenance expenditure.	Input	Percentage	Quarterly	No	Higher percentage indicates efficient use of financial resources and improved condition of health facilities. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Engineering and Technical Support
3) Percentage of health infrastructure component spent	Health Infrastructure Grant expenditure expressed as a percentage of the Health Infrastructure Grant budget allocation.	Tracks expenditure on the Health Infrastructure Grant allocated to the Western Cape Department of Health by National Treasury.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Health Infrastructure Grant expenditure Denominator: Health Infrastructure Grant budget	100 (%)	Dependant on accuracy of financial data on BAS.	Input	Percentage	Quarterly	No	Total budget allocated is spent in accordance with the cash flow.	Director: Infrastructure Programme Delivery
4) Percentage of hospital revitalisation component budget spent	Hospital Revitalisation Grant expenditure expressed as a percentage of the Hospital Revitalisation Grant budget allocation.	Tracks expenditure on the Hospital Revitalisation Grant allocated to the Western Cape Department of Health by National Treasury.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Hospital Revitalisation Grant expenditure Denominator: Hospital Revitalisation Grant budget	100 (%)	Dependant on accuracy of financial data on BAS.	Input	Percentage	Quarterly	No	Total budget allocated is spent in accordance with the cash flow.	Director: Infrastructure Programme Delivery

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) Percentage of equitable share capital budget spent	Programme 8 capital expenditure on buildings and engineering equipment expressed as a percentage of the Programme 8 capital equitable share budget allocation.	Tracks equitable share expenditure on health infrastructure and engineering equipment.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Departmental equitable share expenditure Denominator: Departmental equitable share budget	100 (%)	Dependant on accuracy of financial data on BAS.	Input	Percentage	Quarterly	No	Total budget allocated is spent in accordance with the cash flow. Higher percentage indicates efficient use of financial resources and improved health infrastructure and engineering equipment. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Infrastructure Programme Delivery
6) Percentage of Health Technology budget spent	Programme 8 expenditure on Health Technology expressed as a percentage of the Programme 8 Health Technology budget allocation.	Tracks expenditure on health technology.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Health Technology expenditure Denominator: Health Technology budget allocation	100 (%)	Dependant on accuracy of financial data on BAS.	Input	Percentage	Quarterly	Yes	Total budget allocated is spent in accordance with the cash flow. Higher percentage indicates efficient use of financial resources and improved health technology. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Health Technology
7) Percentage of strategic briefs completed	Number of strategic briefs that were completed (briefs submitted to Implementing Department) expressed as a percentage of strategic briefs planned to be completed.	Tracks the progress of development of strategic briefs against the period allocated within which the strategic briefs should be completed.	Numerator: Strategic briefs Denominator: Strategic briefs	Numerator: Rational Portfolio Manager (RPM) Denominator: RPM	Numerator: Strategic briefs issued to Implementing Department Denominator: Strategic briefs planned / scheduled for issue to Implementing Department	No (none)	Dependant on accuracy of data reflected on RPM.	Outcome	Percentage	Annually	Yes	A higher percentage will reflect that strategic briefs have been completed ahead of schedule	Director: Infrastructure Planning

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
8) Percentage of capital projects completed	Number of capital projects that achieved practical completion (practical completion certificate or relevant equivalent) issued by professional team) expressed as a percentage of the number of projects planned to achieve practical completion.	Tracks the progress of capital projects against the project plan i.e. the period allocated in which the project should be completed.	Numerator: Practical completion certificate (or relevant equivalent) Denominator: Practical completion certificate (or relevant equivalent)	Numerator: Rational Portfolio Manager (RPM) Denominator: RPM	Numerator: Practical completion certificates (or relevant equivalent) issued Denominator: Practical completion certificates (or relevant equivalent) planned / scheduled for issue	No (none)	Dependant on accuracy of data reflected on RPM.	Outcome	Percentage	Quarterly	No	A higher percentage will reflect that projects have been completed ahead of schedule or the completion of projects was delayed during the previous financial year.	Director: Infrastructure Planning

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ANNEXURE C

LIST OF FACILITIES

LIST OF FACILITIES AS AT APRIL 2013

1. PRIMARY HEALTH CARE FACILITIES

1.1 Cape Town District

1.1.1 Eastern Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Day Centres Gustrouw CDC Ikhwezi CDC Kleinvlei CDC Macassar CDC Mfuleni CDC Strand CDC	Blue Downs Clinic Dr Ivan Toms Clinic Fagan Street Clinic Gordon's Bay Clinic Kuilsriver Clinic Sarepta Clinic Sir Lowry's Pass Clinic Somerset West Clinic Wesbank Clinic	Driftsands Satellite Clinic Hillcrest Satellite Clinic Russels Rest Satellite Clinic	Macassar Mobile
6 CDC + 0 CHC	**9**	**3**	**1**

1.1.2 Khayelitsha Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Day Centres Matthew Goniwe CDC Michael Mapongwana CDC Nolungile CDC Town 2 CDC **Community Health Centre** Khayelitsha (Site B) CHC	Kuyasa Clinic Kuyasa Interchange Clinic Luvuyo Clinic Male (Site C) Clinic Mayenzeke Clinic Nolungile Clinic Site B Youth Clinic Site C Youth Clinic Zakhele Clinic	-	-
4 CDC + 1 CHC	**9**	**0**	**0**

1.1.3 Klipfontein Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres Guguletu CHC Hanover Park CHC **Community Day Centres** Dr Abdurahman CDC Heideveld CDC Nyanga CDC	Guguletu Clinic Hanover Park Clinic Heideveld Clinic Lansdowne Clinic Manenberg Clinic Masincedane Clinic Nyanga Clinic Silvertown Clinic Vuyani Clinic	Hazendal Satellite Clinic Honeyside Satellite Clinic Newfields Satellite Clinic	-
2 CHC + 3 CDC	**9**	**3**	**0**

1.1.4 Mitchells Plain Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres Mitchells Plain CHC **Community Day Centres** Crossroads CDC Brown's Farm (Inzame Zabantu) CDC Tafelsig CDC	Crossroads 1 Clinic Crossroads 2 Clinic Eastridge Clinic Lentegeur Clinic Mzamomhle Clinic Phumlani Clinic Rocklands Clinic Weltevreden Valley Clinic Westridge Clinic	Mandalay Satellite Clinic	-
1 CHC + 3 CDC	**9**	**1**	**0**

1.1.5 Tygerberg Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres Delft CHC Elsies River CHC **Community Day Centres** Bellville South CDC Bishop Lavis CDC Dirkie Uys CDC Parow CDC Ravensmead CDC Reed Street CDC Ruyterwacht CDC St Vincent CDC	Adriaanse Clinic Bishop Lavis Clinic Delft South Clinic Dirkie Uys Clinic Elsies River Clinic Kasselsvlei Clinic Netreg Clinic Parow Clinic Ravensmead Clinic St Vincent Clinic Uitsig Clinic Valhalla Park Clinic	Chestnut Satellite Clinic Groenvallei Satellite Clinic Leonsdale Satellite Clinic Men's Health Satellite Clinic	-
2 CHC + 8 CDC	**12**	**4**	**0**

1.1.6 Northern Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres Kraaifontein CHC **Community Day Centres** Durbanville CDC Scottsdene CDC	Bloekombos Clinic Bothasig Clinic Brackenfell Clinic Brighton Clinic Durbanville Clinic Fisantekraal Clinic Harmonie Clinic Northpine Clinic Scottsdene Clinic Wallacedene Clinic	-	-
1 CHC + 2 CDC	**10**	**0**	**0**

1.1.6 Southern Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres Retreat CHC **Community Day Centres** Grassy Park CDC Hout Bay Harbour CDC Lady Michaelis CDC Lotus River CDC Ocean View CDC	Claremont Clinic Diep River Clinic Fish Hoek Clinic Hout Bay Main Road Clinic Klip Road Clinic Lavender Hill Clinic Lotus River Clinic Masiphumelele Clinic Muizenberg Clinic Parkwood Clinic Philippi Clinic Retreat Clinic Seawind Clinic Strandfontein Clinic Westlake Clinic Wynberg Clinic	Alphen Satellite Clinic Pelican Park Satellite Clinic Simon's Town Satellite Clinic	Redhill Mobile
1 CHC + 5 CDC	**16**	**3**	**1**

1.1.7 Western Sub-districts

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres Vanguard CHC **Community Day Centres** Albow Gardens CDC Green Point CDC Kensington CDC Maitland CDC Mamre CDC Robbie Nurock CDC Woodstock CDC	Albow Gardens Clinic Chapel Street Clinic Du Noon Clinic Factreton Clinic Langa Clinic Maitland Clinic Melkbosstrand Clinic Protea Park Clinic Saxon Sea Clinic Spencer Road Clinic	Pella Satellite Clinic Pinelands Satellite Clinic Schotscheskloof Satellite Clinic Table View Satellite Clinic	Melkbosstrand Mobile Witsand Mobile
1 CHC + 7 CDC	**10**	**4**	**2**

1.2 Cape Winelands District

1.2.1 Breede Valley Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Day Centres Worcester CDC **Community Health Centres** -	De Doorns Clinic Empilisweni (Worcester) Clinic Orchard Clinic Rawsonville Clinic Sandhills Clinic Touws River Clinic	De Wet Satellite Clinic Maria Pieterse Satellite Clinic Overhex Satellite Clinic Somerset Street Satellite Clinic	Bossieveld Mobile Botha/Brandwacht Mobile De Wet Mobile Overhex Mobile Slanghoek Mobile
0 CHC + 1 CDC	**6**	**4**	**5**

1.2.2 Drakenstein Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Day Centres Mbekweni CDC TC Newman CDC Wellington CDC	Dalevale Clinic Gouda Clinic Huis McCrone Clinic JJ Du Pre Le Roux Clinic Klein Drakenstein Clinic Klein Nederburg Clinic Nieuwedrift Clinic Patriot Plein Clinic Phola Park Clinic Saron Clinic Simondium Clinic Soetendal/Hermon Clinic Windmeul Clinic	-	Dal / E de Waal Mobile Gouda Mobile Hermon Mobile Hexberg Mobile Simondium Mobile Windmeul Mobile
0 CHC + 3 CDC	**13**	**0**	**6**

1.2.3 Langeberg Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Bergsig Clinic Cogmanskloof Clinic Happy Valley Clinic McGregor Clinic Montagu Clinic Nkqubela Clinic Zolani Clinic	-	Bonnievale Mobile Montagu Mobile 1 Montagu Mobile 2 Robertson Mobile 1 Robertson Mobile 2
0 CHC + 0 CDC	**7**	**0**	**5**

1.2.4 Stellenbosch Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Day Centre (CDC) Cloetesville CDC	Aan-het-Pad Clinic Don and Pat Bilton Clinic Groendal Clinic Idas Valley Clinic Kayamandi Clinic Klapmuts Clinic Kylemore Clinic Victoria Street Clinic	Dirkie Uys Street Satellite Clinic Rhodes Fruit Farm Satellite Clinic	Devon Valley Mobile Franschhoek Mobile Groot Drakenstein Mobile Koelenhof Mobile Strand Road Mobile
0 CHC + 1 CDC	**8**	**2**	**5**

1.2.5 Witzenberg Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Day Centre (CDC) Ceres CDC **Community Health Centres** -	Annie Brown Clinic Bella Vista Clinic Breerivier Clinic Nduli Clinic Op die Berg Clinic Prince Alfred Hamlet Clinic Tulbagh Clinic Wolseley Clinic	-	Karoo Mobile Koue Bokkeveld Mobile Skurweberg Mobile Tulbagh Mobile Warm Bokkeveld Mobile Wolseley Mobile
0 CHC + 1 CDC	**8**	**0**	**6**

1.3 Central Karoo District

1.3.1 Beaufort West Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Beaufort West CDC	Beaufort West Constitution Street Clinic Kwamandlenkosi Clinic Murraysburg Clinic Nelspoort Clinic Nieuveldpark Clinic	Merweville Satellite Clinic	Beaufort West Mobile 1 Beaufort West Mobile 2 Merweville Mobile Murraysburg Mobile Nelspoort Mobile
0 CHC + 1 CDC	**5**	**1**	**5**

1.3.2 Laingsburg Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Laingsburg Clinic	Matjiesfontein Satellite Clinic	Laingsburg Mobile
0 CHC + 0 CDC	**1**	**1**	**1**

1.3.3 Prince Albert Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Leeu-Gamka Clinic Prince Albert Clinic	Klaarstroom Satellite Clinic	Leeu-Gamka Mobile Prince Albert Mobile
0 CHC + 0 CDC	**2**	**1**	**2**

1.4 Eden District

1.4.1 Bitou Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Kwanokuthula CDC	Crags Clinic Kranshoek Clinic New Horizon Clinic Plettenberg Bay Clinic	Wittedrif Satellite Clinic	Plettenberg Bay Mobile
0 CHC + 1 CDC	**4**	**1**	**1**

1.4.2 George Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Conville CDC George Central CDC Thembalethu CDC	Blanco Clinic George ARV Clinic Haarlem Clinic Lawaaikamp Clinic Pacaltsdorp Clinic Parkdene Clinic Rosemoor Clinic Touwsranten Clinic Uniondale (Lyonsville) Clinic	Avontuur Satellite Clinic Herold Satellite Clinic	George Mobile Herold Mobile Uniondale Mobile 1 Uniondale Mobile 2
0 CHC + 3 CDC	**9**	**2**	**4**

1.4.3 Hessequa Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Albertinia Clinic Heidelberg Clinic Melkhoutfontein Clinic Riversdale Clinic	Slangrivier Satellite Clinic Still Bay Satellite Clinic	Albertinia Mobile Heidelberg Mobile Riversdale Mobile
0 CHC + 0 CDC	**4**	**2**	**3**

1.4.4 Kannaland Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Amalienstein Clinic Calitzdorp (Bergsig) Clinic Ladismith (Nissenville) Clinic Zoar Clinic	Van Wyksdorp Satellite Clinic	Calitzdorp Mobile Ladismith Mobile Van Wyksdorp Mobile Zoar Mobile
0 CHC + 0 CDC	**4**	**1**	**4**

1.4.5 Knysna Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Hornlee Clinic Keurhoek Clinic Khayelethu Clinic Knysna Town Clinic Sedgefield Clinic Wit Lokasie Clinic	Karatara Satellite Clinic	Knysna Mobile Sedgefield Mobile
0 CHC + 0 CDC	**6**	**1**	**2**

1.4.6 Mossel Bay Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Alma CDC	D'Almeida Clinic Eyethu Clinic George Road Clinic Great Brak River Clinic	Brandwacht Satellite Clinic Dana Bay Satellite Clinic Friemersheim Satellite Clinic Hartenbos Satellite Clinic Herbertsdale Satellite Clinic	Mossel Bay Mobile 1 Mossel Bay Mobile 2 Mossel Bay Mobile 3 Mossel Bay Mobile 4
0 CHC + 1 CDC	**4**	**5**	**4**

1.4.7 Oudtshoorn Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Bridgeton CDC	Bongolethu Clinic De Rust (Blommenek) Clinic Dysselsdorp Clinic Oudtshoorn Clinic Toekomsrus Clinic	-	De Rust Mobile Oudtshoorn Mobile 1 Oudtshoorn Mobile 3
0 CHC + 1 CDC	**5**	**0**	**3**

1.5 Overberg District

1.5.1 Cape Agulhas Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Bredasdorp Clinic Elim Clinic Napier Clinic Struisbaai Clinic	Waenhuiskrans Satellite Clinic	Bredasdorp Mobile 1 Bredasdorp Mobile 2
0 CHC + 0 CDC	**4**	**1**	**2**

1.5.2 Overstrand Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Gansbaai Clinic Hawston Clinic Hermanus Clinic Kleinmond Clinic Mount Pleasant Clinic Stanford Clinic Zwelihle Clinic	Baardskeerdersbos Satellite Clinic Betty's Bay Satellite Clinic Onrus Satellite Clinic Pearly Beach Satellite Clinic	Caledon/Hermanus/Stanford Mobile 4
0 CHC + 0 CDC	**7**	**4**	**1**

1.5.3 Swellendam Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Barrydale Clinic Buffeljagsrivier Clinic Railton Clinic Suurbraak Clinic Swellendam Hospital PHC Clinic	Baardskeerdersbos Satellite Clinic Betty's Bay Satellite Clinic Onrus Satellite Clinic Pearly Beach Satellite Clinic	Barrydale Mobile 3 Ruens Mobile 5 Swellendam Mobile 4
0 CHC + 0 CDC	**5**	**4**	**3**

1.5.4 Theewaterskloof Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Grabouw CDC	Botrivier Clinic Caledon Clinic Genadendal Clinic Greyton Clinic Riviersonderend Clinic Villiersdorp Clinic	Bereaville Satellite Clinic Voorstekraal Satellite Clinic	Caledon Mobile 1 Caledon Mobile 2 Caledon Mobile 3 Grabouw Mobile 1 Grabouw Mobile 2 Grabouw Mobile 3 Villiersdorp Mobile 1 Villiersdorp Mobile 2
0 CHC + 1 CDC	**6**	**2**	**8**

1.6 West Coast District

1.6.1 Cederberg Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Citrusdal Clinic Clanwilliam Clinic Elandsbay Clinic Graafwater Clinic Lamberts Bay Clinic Wupperthal Clinic	-	Citrusdal Mobile 1 Clanwilliam Mobile Graafwater Mobile Leipoldtville Mobile
0 CHC + 0 CDC	**6**	**0**	**4**

1.6.2 Bergrivier Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Piketberg Clinic Porterville Clinic Velddrif Clinic	Aurora Satellite Clinic Eendekuil Satellite Clinic Goedverwacht Satellite Clinic Redelinghuys Satellite Clinic Wittewater Satellite Clinic	Piketberg Mobile 1 Piketberg Mobile 2 Piketberg Mobile 5 Porterville Mobile
0 CHC + 0 CDC	**3**	**5**	**4**

1.6.3 Matzikama Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Klawer Clinic Lutzville Clinic Van Rhynsdorp Clinic Vredendal Central Clinic Vredendal North Clinic	Bitterfontein Satellite Clinic Doringbaai Satellite Clinic Ebenhaezer Satellite Clinic Kliprand Satellite Clinic Koekenaap Satellite Clinic Molsvlei Satellite Clinic Nuwerus Satellite Clinic Rietpoort Satellite Clinic Stofkraal Satellite Clinic	Klawer Mobile Lutzville Mobile Van Rhynsdorp Mobile Vredendal Mobile
0 CHC + 0 CDC	**5**	**9**	**4**

1.6.4 Saldanha Bay Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** -	Diazville Clinic Hanna Coetzee Clinic Laingville Clinic Lalie Cleophas Clinic Langebaan Clinic Louwville Clinic Saldanha Clinic Vredenburg Clinic	Paternoster Satellite Clinic Sandy Point Satellite Clinic	Hopefield Mobile Vredenburg Mobile
0 CHC + 0 CDC	**8**	**2**	**2**

1.6.5 Swartland Local Municipality Sub-district

Community Health Centres (CHCs); Community Day Centres (CDCs)	Clinics	Satellite Clinics	Mobiles
Community Health Centres - **Community Day Centres** Malmesbury CDC	Darling Clinic Moorreesburg Clinic Riebeeck Kasteel Clinic Riebeeck West Clinic	Abbotsdale Satellite Clinic Chatsworth Satellite Clinic Kalbaskraal Satellite Clinic Koringberg Satellite Clinic Riverlands Satellite Clinic Yzerfontein Satellite Clinic	Darling Mobile Malmesbury Mobile 1 Malmesbury Mobile 2 Moorreesburg Mobile
0 CHC + 1 CDC	**4**	**6**	**4**

2. HOSPITALS

2.1 Acute hospitals

2.1.1 District hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Eerste River Hospital False Bay Hospital GF Jooste Hospital Helderberg Hospital Karl Bremer Hospital Khayelitsha Hospital Mitchells Plain Hospital Victoria Hospital Wesfleur Hospital	Ceres Hospital Montagu Hospital Robertson Hospital Stellenbosch Hospital	Beaufort West Hospital Laingsburg Hospital Murraysburg Hospital Prince Albert Hospital	Knysna Hospital Ladismith (Alan Blyth) Hospital Mossel Bay Hospital Oudtshoorn Hospital Riversdale Hospital Uniondale Hospital	Caledon Hospital Hermanus Hospital Otto Du Plessis Hospital Swellendam Hospital	Citrusdal Hospital Clanwilliam Hospital LAPA Munnik Hospital Radie Kotze Hospital Swartland Hospital Vredenburg Hospital Vredendal Hospital	
9	**4**	**4**	**6**	**4**	**7**	**34**

2.1.2 Regional hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Mowbray Maternity Hospital New Somerset Hospital	Paarl Hospital Worcester Hospital	-	George Hospital	-	-	
2	**2**	**0**	**1**	**0**	**0**	**5**

2.1.3 Tuberculosis hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Brooklyn Chest Hospital DP Marais Hospital	Brewelskloof Hospital	-	Harry Comay Hospital	-	Malmesbury ID Hospital Sonstraal Hospital	
2	**1**	**0**	**1**	**0**	**2**	**6**

2.1.4 Psychiatric hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Alexandra Hospital Lentegeur Hospital Stikland Hospital Valkenberg Hospital	-	-	-	-	-	
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	-	-	-	-	-	
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 Hospital Tygerberg Hospital	-	-	-	-	-	
2	**0**	**0**	**0**	**0**	**0**	**2**

2.1.7 Tertiary hospitals

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Red Cross War Memorial Children Hospital	-	-	-	-	-	
1	**0**	**0**	**0**	**0**	**0**	**1**

2.2 Intermediate care facilities

2.2.1 Intermediate care facilities

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Baphumelele Respite Care Centre Step Down Facility Booth Memorial Step Down Facility Claremont House Frail Care Centre Conradie Care Centre Hampton House Step Down Facility Helderberg Step Down Facility Ithemba Labantu Care Centre Step Down Facility Living Hope Trust Step Down Facility Sarah Fox Step Down Facility St Joseph's Step Down Facility St Luke's Hospice Stepping Stones Step Down Facility Themba Care (Klipfontein) Step Down Facility Tygerberg Trust Step Down Facility	Boland Step Down Facility Bram Care Step Down Facility Ceres Step Down Facility Drakenstein Intermediate Care Step Down Facility Franschhoek Hospice Paarl Hospice Stellenbosch Hospice	Cornerstone Step Down Facility Nelspoort Hospital Nelspoort Palliative Step Down Facility	@ Peace Palliative Step Down Facility Bethesda CMSR Step Down Facility Knysna Sedgefield Hospice Knysna Sub-acute Step Down Facility Uniondale Step Down Facility	Overstrand Care Centre Step Down Facility Themba Care (Theewaterskloof) Step Down Facility	Diakonale Dienste (Lamberts Bay) Convalescent Unit LAPA Munnik Step Down Facility Siyabonga Step Down Facility Vredendal Old Age Home Convalescent Unit	
14	**7**	**3**	**5**	**2**	**4**	**35**

2.2.2 Psychiatric intermediate care facilities

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
New Beginnings William Slater	-	-	-	-	-	
2	**0**	**0**	**0**	**0**	**0**	**2**

2.2.3 Other specialised

Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Maitland Cottage	-	-	-	-	-	
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
Khayelitsha Eastern Tygerberg Northern Lentegeur Southern Pinelands Western	Bonnievale Ceres De Doorns Montagu Paarl Robertson Stellenbosch Touws River Tulbagh Worcester	Beaufort West Laingsburg Leeu-Gamka Murraysburg Prince Albert	Calitzdorp Dysselsdorp George Knysna Ladismith Mossel Bay Oudtshoorn Plettenberg Bay Riversdale Uniondale	Barrydale Bredasdorp Caledon Grabouw Hermanus Riviersonderend Swellendam Villiersdorp	Citrusdal Clanwilliam Malmesbury Moorreesburg Piketberg Porterville Van Rhynsdorp Vredenburg Vredendal	
4	**10**	**5**	**10**	**8**	**9**	**46**

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**

ANNEXURE D

NON FINANCIAL MEASURES FOR NON NEGOTIABLES

NON FINANCIAL MEASURES FOR NON NEGOTIABLES

Indicators for non-financial measures will be further developed during 2013/14

NON NEGOTIATLBE ITEM	ESTIMATED EXPENDITURE 2012/13	ESTIMATED BUDGET 2013/14	NON FINANCIAL MEASURE/ INDICATOR
INFECTION CONTROL AND CLEANING			1) Nosocomial infection rate
			2) Neonatal nosocomial infection rate
			3) Proportion of clients not satisfied with cleanliness as per the client satisfaction survey.
			4) Proportion of facilities that score at least 80% compliance with cleanliness as per the core standards.
MEDICINCES, MEDICAL SUPPLIES INCLUDING DRY DISPENSARY			5) Proportion of health facilities with tracer drugs out of stock.
			6) Drug stock out rate at drug depots.
			7) Total rand value of disposed/ expired drugs.
			8) Total rand value of drugs that had to be bought out of contract.
MEDICAL WASTE			9) Proportion of SLAs for waste management contracts that were monitored for compliance regulations.
LABORATORY SERVICES: NATIONAL HEALTH LABORATORY SERVICES (NHLS)			10) Proportion of hospitals (districts, regional, tertiary, central) implementing the electronic gatekeeping system within the Province.
			11) Percentage of selected tests (CD4, HIV, PCR, HIV VL, TB Directs and cervical smears) performed and results available within the agreed turnaround time.
BLOOD SUPPLY SERVICES			12) Percentage of hospitals (district, regional, tertiary, central) having emergency fridges with emergency blood stock available on site.
			13) Proportion of blood units (RBC) ordered that were not transfused and discarded.
FOOD SERVICES AND RELEVANT SUPPLIES			14) Proportion of facilities with food service units that were monitored (using the Food Service Management Monitoring Tool)
			15) Proportion of facilities that scored >75% on the Food Service Monitoring Standards Grading System.
LAUNDRY SERVICES			16) Average cost per piece laundered: In house
			17) Average cost per piece laundered: Outsourced
			18) Value of linen procured.
SECURITY SERVICES			19) Number of districts with operation security committees.
			20) Proportion of health facilities fenced with access control at the gate.
			21) Number of safety and security audits conducted annually.
ESSENTIAL EQUIPMENT AND MAINTENANCE OF EQUIPMENT			22) Proportion of facilities operating with 100% of essential equipment (as per checklist on Essential Equipment).
			23) Proportion of facilities with essential equipment maintenance.
			24) Number of facilities monitoring service level agreement (SLA) with service providers appointed to maintain all fixed equipment.
MAINTENANCE OF INFRASTRUCTURE			25) Number of districts spending more than 90% of maintenance budget.
			26) Proportion of infrastructure budget allocated to maintenance.
			27) Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)
CHILDREN'S VACCINE			28) Immunisation coverage
			29) Vitamin A coverage 12 – 59 months
			30) Measels 1st dose under 1 year coverage
			31) Pneumococcal vaccine (PCV) 3rd dose coverage.
			32) Rota virus (RV) 2nd dose coverage

ABBREVIATIONS

ABBREVIATIONS

ACSM	Advocacy, communication and social mobilisation
ACT	Assertive community teams
AECL(M)P	Acute emergency case load (management) policy
AG	Auditor-General
AGSA	Auditor-General of South Africa
AIDS	Acquired immune deficiency syndrome
ALS	Advanced life support
AMS	Air mercy service
AOP	Annual operational plan
AOS	Accounting officers system
APL	Approved post list
APP	Annual Performance Plan
ART	Antiretroviral treatment
ARV	Antiretroviral
ASSA	Actuarial Society of South Africa
ATA	Assistant-to-artisan
AZT	Azidothymidine / Zidovudine
BANC	Basic antenatal care
BAS	Basic Accounting System
BCA	Best Care Always
BI	Business Intelligence
BIMS	Bursary implementation management system
BLS	Basic life support
BMI	Budget management instrument
BOD	Burden of disease
C^2AIR^2	Care, Competence, Accountability, Integrity, Respect and Responsiveness
CAD	Computer aided dispatch
CAT (scan)	Computerised axial tomography (scan)
CBS	Community-based services
CCG	Community-based care-giver
CCW	Community care worker
CDC	Community day centre
CDCs	Community day centres
CDU	Chronic dispensing unit
Ce-I	Centre for e-Innovation
CEO	Chief executive officer
CFO	Chief financial officer
CHC	Community health centre
CHCs	Community health centres
CHS	Central hospital services
CHW	Community health worker
CI	Confidence interval
CIDB	Construction Industry Development Board
CMD	Cape Medical Depot
CMI	Compliance monitoring instrument
CMI	Compliance Management Instrument
CMI-PO	Compliance monitoring instrument for predetermined objectives
CMI-PO	Compliance Management Instrument for predetermined objectives
CNP	Clinical nurse practitioner
CNPs	Clinical nurse practitioners
CoCT	City of Cape Town
COO	Chief Operating Officer
CPD	Continuous professional development
CPIX	Consumer price index
CPS	Construction Procurement System

CSIR	Council for Scientific and Industrial Research
CSP	Comprehensive Service Plan
CT	Computerised tomography
DBSA	Development Bank of South Africa
DCP	Disease control and prevention
DDG	Deputy Director General
DEXCO	Department of Health Executive Committee
DHA	District Health Authority
DH	District hospital
DHIS	District Health Information System
D: HRD	Directorate: Human Resource Development
DHS	District health services / system
DICU	Devolved Internal Control Units
DMT	District management team
DoH	Department of Health
DoRA	Division of Revenue Act
DOTS	Directly observed treatment short course
DPC	Disease prevention and control
DPSA	Department of Public Service and Administration
DR-TB	Drug resistant tuberculosis
DRG	Diagnostic related group
DTaP-IPV/Hib	Diphtheria, Tetanus, acellular Pertussis, inactivated polio vaccine and *Haemophilus influenza* type B combined
DTPW	Department of Transport and Public Works
EC	Emergency centre
ECC	Emergency control centre
ECD	Early child development
ECM	Enterprise Content Management
ECT	Emergency care technician
eCARE	Electronic Care
eGOVERNMENT	Electronic Government
EHS	Environmental health services
EHWP	Employee Health and Wellness Programme
EMC	Emergency medical care
EMS	Emergency medical services
ENT	Ear, nose and throat
EPWP	Expanded Public Works Programme
Eq	Equitable
ESMOE	Essential steps in the management of obstetric emergencies
ESL	Essential Supplies List
EWP	Employee Wellness Programme
EXCO	Executive committee
FAQs	Frequently Asked Questions
FBU	Functional business unit
FMC	Financial Monitoring Committee
FP	Forensic pathologist
FPL	Forensic pathology laboratory
FPS	Forensic Pathology Services
GAAP	Generally accepted accounting principles
GBV	Gender based violence
GERMS-SA	Group for Enteric, Respiratory and Meningeal Disease Surveillance in South Africa
GIAMA	Government Immovable Asset Management Act
GIS	Geographic Information System
GMT	Government motor transport
GSA	Geographic service area
GSAs	Geographic Service Areas
GSH	Groote Schuur Hospital

H1N1	Subtype of Influenza Type A category virus (H1N1 – Haemagglutinin type 1 and Neuraminidase type 1)
HAST	HIV and AIDS, STIs and TB control
HCBC	Home community based carers
HCT	HIV counselling and testing
HCW	Healthcare worker
HCWs	Health care workers
HEI	Higher education institution
HFM	Health facilities management
HIA	Health Impact Assessment
HIG	Health Infrastructure Grant
HIS	Hospital Information System
HIV	Human immunodeficiency virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG / HPT & D grant	Health professions training and development grant
HR	Human resource
HRD	Human resource development
HRG	Hospital Revitalisation Grant
HRH	Human resources for Health
HRIS	Human Resource Information System
HRM	Human resource management
HRP	Hospital revitalisation programme
HRP	Human resource plan
HSRC	Human Sciences Research Council
HST	Health sciences and training
IAR	Immovable asset register
ICD/ ICD10	International classification of disease coding
ICS	Improved conditions of service
ICT	Information and communications technology
ICU	Intensive care unit
ICU	Information compliance unit
ID	Infectious diseases
ID	Implementing department
IDIP	Infrastructure delivery improvement programme
IDMS	Infrastructure Delivery Management System
IFMS	Integrated financial management system
IGP	Infrastructure grant to provinces
IGS	Infrastructure Gateway System
ILS	Intermediate life support
IM	Information management
IMCI	Integrated management of childhood illnesses
IMLC	Institutional management labour committee
iMOCOMP	Improvement and maintenance of competencies of medical practitioners
IMR	Infant mortality rate
INP	Integrated nutrition programme
IPC	Infection Prevention and Control
IPT	Isoniazide prevention therapy
IPV	Intimate partner violence
IRM	Infrastructure reporting model
ISBN	International Standard Book Number
IT	Information technology
IUCD	Intrauterine contraceptive device
IUSS	Infrastructure Unit Systems Support
JBCC	Joint Buildings Contracts Committee
JIMI	Joint information management initiative
JOC	Joint operations centre

KYE	Know your epidemic
LG	Local government
LOGIS	Logistic Information Management System
M & E	Monitoring and evaluation
M & M	Morbidity and Mortality
MCWH	Maternal, child, and women's health
MCWH & N	Maternal, child, and women's health and nutrition
MDG	Millennium development goal
MDGs	Millennium development goals
MDHS	Metro District Health Services
MEC	Member of Executive Council
MEDSAS	Medical Stores Administration System
MDR	Multi-drug resistant
MDR-TB	Multi-drug resistant Tuberculosis
M-Health	Mobile Health
MIS	Municipal Information System
MMC	Medical male circumcision
MMR	Maternal mortality rate
MOD	Mass participation, Opportunity and access, Development and Growth
MOU	Midwife obstetric unit
MRC	Medical Research Council
MRI	Magnetic Resonance Imaging
MSAT	Multi-sectoral action team
MTCT	Mother-to-child-transmission
MTEF	Medium-term expenditure framework
MTS	Modernisation of tertiary services
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCG	Nursing Colleges Grant
NDoH	National Department of Health
NDP	National Development Plan
NEC3	New engineering contract
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHS	National health system
NIMS	Nursing Information Management System
NMB	New main building
No.	Number
NPC	National Planning Commission
NPO	Non-profit organisation
NPOs	Non-profit Organisations
NSDA	Negotiated service delivery agreement
NT	National Treasury
NTSG	National tertiary services grant
OD	Organisational development
OFO	Organising Framework of Occupations
OHC	Oral Health Centre
OHS	Occupational health and safety
OPC	Orthotic and Prosthetic Centre
OPD	Outpatient department
OPLs	On premises laundries
OSD	Occupational specific dispensation
P1	Priority 1
PAC	Provincial AIDS Council
PACS	Picture Archive Communication System
PACS/RIS	Picture Archive Communication System and Radiological Imaging System
PAIA	Promotion of Access to Information Act
PAY	Premier's Advancement of Youth
PCC	Provincial clinical committees

PCE	Patient centred experience
PCR	Polymerase chain reaction
PCV	Pneumococcal conjugate vaccine
PDE	Patient day equivalent
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PERSAL	Personnel and Salary Administration System
PET	Positron emission tomography
PES	Patient education system
PGWC	Provincial Government Western Cape
PHC	Primary health care
PHCIS	Primary Health Care Information Services
PHS	Primary health services
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PIDAC	Provincial Infectious Diseases Advisory Committee
PILIR	Policy on incapacity leave and ill-health retirements
PMHP	Perinatal Mental Health Programme
PMSU	Programme Management Support Unit
PMTCT	Prevention of mother-to-child transmission
PT	Provincial Treasury
PPHC	Personal primary health care
PPHF	Public private Health Forum
PPO	Project Portfolio Office
PPP	Public private partnership
PPT	Planned patient transport
PSO	Provincial Strategic Objective
PSP	Professional service providers
PTB	Pulmonary tuberculosis
PTI	Provincial Treasury Instruction
PTMS	Provincial Transversal Management System
QA	Quality assurance
R	Rand
RCC	Rolling continuation channel
RCWMCH	Red Cross War Memorial Children's Hospital
RDHS	Rural District Health Services
RFP	Request for Proposal
RIS	Radiological Imaging System
RIS	Radiology Information System
RIS	Regional Information System
RPM	Risk and Performance Management
RSA	Republic of South Africa
RTHB	Road-to-Health Booklet
RTI	Road traffic injuries
RV	Rotavirus vaccine
SA	South Africa
SADHS	South African Demographic and Health Survey
SANAC	South African National Aids Council
SANC	South African Nursing Council
SANTA	South African National Tuberculosis Association
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SATS	South African Triage System
SITA	State Information Technology Agency
SCM	Supply chain management
SDC	Step-down care
SETA	Sector Education and Training Authority
SHERQ	Safety, health, environment risk and quality
SLA	Service level agreement

SM	Saving mothers
SMME	Small, medium and micro enterprise
SO	Strategic objective
SOP	Standard Operating Procedure
SP	Strategic plan
SPES	Specialised and Emergency Services
SPMS	Staff Performance Management System
Stats SA	Statistics South Africa
STI	Sexually transmitted infection
TB	Tuberculosis
TBH	Tygerberg Hospital
TPW	Transport and Public Works
TV	Television
U5MR	Under 5 mortality rate
U-AMP	User asset management plan
UCD's	Intra-uterine contraceptive devices
UCT	University of Cape Town
UWC	University of the Western Cape
VAT	Value added tax
VMMC	Voluntary male medical circumcision
VPUU	Violence prevention through urban upgrade
WC	Western Cape
WCCN	Western Cape College of Nursing
WCDoH	Western Cape Department of Health
WCDTPW	Western Cape Department of Transport and Public Works
WCG TPW	Western Cape Government Transport and Public Works
WCIDMS	Western Cape Infrastructure Delivery Management System
WCG	Western Cape Government
WCRC	Western Cape Rehabilitation Centre
WH	Woman's Health
WHO	World Health Organisation
WSAR	Wilderness search and rescue system
WSP	Workplace skills plan
XDR	Extreme drug resistant
XDR-TB	Extreme drug resistant Tuberculosis

LIST OF SOURCES

LIST OF SOURCES

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