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“MAKING THE IMPOSSIBLE POSSIBLE:”

**eHEALTH IMPLEMENTATION IN THE GERT SIBANDE
NHI DISTRICT, MPUMALANGA PROVINCE**

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Format of the Presentation

- ❑ Aim and Objectives
- ❑ Challenges
- ❑ Achievements
- ❑ Lessons Learned
- ❑ Recommendations
- ❑ Conclusion

Aim and Objectives

□ Aim

- To implement Patient Administration System in all Primary Health Care facilities in Gert Sibande district

□ Objectives

- Health Patient Registration System (HPRS) - Completed
- Reorganization of Patient Flow - Completed
- Appointment System - Completed
- Installation of High Density Filing Cabinets - 80% Completed
- Facility Held Patient Record - Started



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CHALLENGES

Challenges

❑ Infrastructure

- Limited space in the administration or reception area
- No reception area in some facilities

❑ Transport

- Inadequate transport allocations for the departmental team

❑ Human Resources

- Shortage of Data Capturers and Administrative clerks

❑ Training

- Full complement of staff not trained due to unavailability of personnel
- Lack of computer skills (particularly nurses)

❑ Understanding of Ideal Clinic and eHealth strategies by facility personnel

❑ Staff Attitude-fear of change



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ACHIEVEMENTS



“Nothing Teaches More Than
Your Successes and Failures”.

John Calvin Maxwell

Achievements

- ❑ By the end of December 2015: aspects of the eHealth programme were successfully implemented in all facilities
 - 74 facilities visited within seven(7) Sub Districts
 - eHealth components were implemented (HPRS, PAS assessment)
 - 85 reception areas were assessed
 - 380 computers installed
 - 200 staff members trained covering doctors; professional nurses, enrolled nursing assistants; clerks and data capturers.

- ❑ The outcome was achieved through
 - team work between stakeholders and partners
 - tools and methods



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HAVE WE LEARNED SOMETHING?

Lessons Learned (Positive aspects)

- ❑ Maximal utilization of existing resources (partners, staff from different levels)
- ❑ Generating “sense of urgency”
- ❑ Team work create an opportunity for skills transfer, ownership, involvement “emerging” talent at operational level
- ❑ “Big Bang” yield acceptable output within short space of time
- ❑ Facility Staff had an opportunity for a deeper understanding of how the concepts are to be implemented

Lessons Learned (Negative aspects)

- ❑ Staff at facility level felt overwhelmed
- ❑ Need for continuous support post- skills transfer
- ❑ Computer literacy among nurses poses a challenge
- ❑ Implementation and application of National and Provincial policies and strategies are not clear at operational level

Recommendations

- ❑ Maximum utilization of existing resources at operational level
- ❑ Continuous training on the use of newly introduced programmes
- ❑ Create deeper understanding of the link between the Ideal Clinic initiative, eHealth strategy and other programmes to be continuous
- ❑ The asset management unit has to ensure the following:
 - Equitable distribution of computers
 - Registration of ICT equipment into the departmental asset registers
 - Availability of paperwork for donated ICT equipment

Conclusion

Despite the “impossibly” tight timeframe, valuable lessons were learnt with potential to assist in:

- ❑ Strengthening service delivery and attaining ideal clinic status
- ❑ Scale-up of NHI 700
- ❑ Generating research questions and enhancing linkages between research and implementation

MPUMALANGA THE PLACE OF THE RISING SUN



WHEN THE SUN RISES
WE WORK HARD TO DELIVER

THANK YOU

SIYABONGA