



BLACKSASH
MAKING HUMAN RIGHTS REAL

CMAP Monitoring Report: Northern Cape Province

Keimoes Community Clinic May 2011

Introduction

As part of the Black Sash's CMAP, implemented countrywide in partnership with SCAT, a volunteer selected from Katolieke Ontwikkeling Oranjerivier (KOOR) monitored the Keimoes Community Clinic in Siyanda District on May 17, 2011. The objective of this monitoring visit conducted by Yvette Petrus (KOOR) was to assess the quality of the service experienced by users at a basic healthcare facility in their community. The actual experience was then measured against the norms and standards set out in the National Core Standards for Health Establishments in South Africa, 2011. We also considered the accepted dimensions of quality as per the World Health Organisation which requires, among other, that healthcare should be effective, efficient, accessible, acceptable, patient-centered, equitable and safe. For the purpose of this report, the norms and standards policy document is referred to as the NCS.

Below are the findings generated from the responses given to the questionnaire during the 2 hours of monitoring. They cover specific quality issues linked to the patient's right charter; such as: a healthy and safe environment, participation in decision making, to be treated by a named health care provider; confidentiality and privacy; informed consent; right to refusal of treatment, be referred for a second opinion, continuity of care and having access to complaint mechanism about health services.

Findings:

The findings presented in this report take into account the experiences and opinions of 5 respondents at the community clinic in Keimoes Community Clinic in Siyanda District on May 17, 2011. All of the respondents were South African citizens and 4 of the 5 people questioned were women between the ages of 36 – 45 years.

Time & Venue:

Under this section, the monitoring tool examined patients' experiences in relation to waiting times at the clinic; the clinic's operating hours and days; and the physical accessibility and cost of accessing the service at the clinic, both in terms of time and money.

We found that the clinic operates 5 days in the week and is open generally between 7am and 4pm. They start attending to patients around 8am and begin closing the doors to patients around 3:15pm. On average, the respondents walked for 72 minutes to access the clinic with the longest distance travelled being 80 minutes by a father and his sick 8 year old son. They had arrived at the clinic before it opened and were only seen by a health practitioner at around 11am when our monitor interviewed the father.

Two of the five respondents visited the clinic from different municipalities or towns which were more than an hour's walking distance from the Keimoes clinic. When asked why they travelled so far, they said: ***“they only had a mobile clinic [in] their areas (Kakamas and Soverby), which did not operate every day. The clinics were meant to be twice a week; however that was not always the case. . This forced people who needed medical care and could not afford private doctors to travel far to the clinic.”***

Four of the five respondents walked to the clinic while one used public transport which cost him R25 one way. According to the patients right charter, which can be found in the NCS under domain 1; **“1.3.1 Services are easy and safe to access including for the disabled.”** This is not always the case at the Keimoes clinic, although some strain is caused by the increase in patient numbers due to shoddy service in neighbouring towns.

One of the biggest concerns raised by the respondents was the time they had to spend waiting to be seen, either by a doctor or, in most cases, by a nurse. On the day we monitored, there was no doctor on site. Respondents claimed this was normal. One interviewee said “it was rare that the doctor would leave his private practice to come see to patients who didn't pay.” The waiting times recorded by the respondents ranged from 1 hour to approximately 6 hours. The monitor observed that patients complained about the waiting times to fellow

patients but rarely raised their concerns with the clinic personnel. ***“This was done mainly to avoid being made to wait longer and because at the end of the wait, they were able to at least talk to a health professional about their health needs”***, explained two of the interviewees.

Although all the respondents felt that there was not enough shelter for the numbers of patients who visited on the day, they conceded that the service was being provided in a safe and clean environment. Monitors observed that although the clinic building had a ramp in the front, it had still had to provide toilet facilities for patients who used wheelchairs. This clearly contravenes certain criteria that form part of section 1.3 of the Patient’s Rights Charter, which talks to the physical accessibility of the health establishment.

Healthcare Processing:

This area examined the system used by the clinic to respond to the patient’s needs from the time they entered the clinic, to the time they left. This section also looked at privacy issues as well as questions of accessibility to medication.

One of the respondents reported his understanding of the health care process at the clinic as follows: ***“there are 3 kinds of visits to the clinic; 1. return visit if you have regular appointments, 2. appointments to collect medication, and 3. everyday cases that happen unexpectedly and without appointments. Depending on the kind of visit, and the time you spend waiting in this process, your experience will be different”***. He explained that cases without appointments take the longest at this clinic because it seems like the professionals look after their ‘regular patients’ first. ***If you have appointment, you bring your appointment card to the window when you arrive, then you sit and wait for them to find your folder with a number and give it to you. After you have your folder, you go to a different waiting room to be able to be seen by the nurse, after that it’s off to the pharmacy”***

Our findings show that three of the respondents were given folders because they were honouring appointments while a fourth visited with an unexpected case and had to ‘open’ a folder. The folders the respondents received were all the same colour however they were differentiated with different colour circle stickers. These were used to distinguish chronic illnesses from the rest. Respondents had mixed feelings about this form of differentiation, as it basically told other patients why you were there. The respondents thought this system was an invasion of their privacy. This practice goes against the very first right expressed in the Patient’s Rights Charter which deals with the right to respect and dignity. One of the criteria quoted in the NCS under this section on pg18 reads: ***“1.1.1.2 Care provided maximises patient privacy.”*** **Even more worrying was the discovery that 4 of the 5 respondents were not consulted in private.**

Four of the respondents said that this was not their first visit for the same issue. One respondent claimed to have returned 4 times for the same problem because the clinic did not have the medication he needed and told him to come back every week in the hope that they would have it in stock. The respondent claimed this was a regular occurrence and the right

medication was rarely available when needed. He felt it was strange that the nurse would write down what medication he needed to get without knowing or checking whether it was available. He felt that staff was not communicating with one another and this caused them to waste time and compromise the health of patients.

The absence of medication required by patients not only puts patients' health at risk, but also goes against every principle followed by healthcare professionals and every right possessed by the patient. It specifically contravenes the standard **"3.1.2 Medicines and medical supplies are in stock and their delivery is reliable"** which supports Sub Domain 3.1 of the NCS which talks to Pharmaceutical services.

All respondents were examined by a nurse, as there was no doctor on site on the day we monitored. Also, all respondents were seen by different nurses to the ones who had examined them on previous visits. Respondents did not seem to mind this as long as the information from their previous visits was captured clearly in the folder. All respondents also felt that the nurse was friendly and helpful. However, there were mixed feelings about the overall quality of the service, with one respondent thinking it was bad and the rest finding it fair considering the constraints facing the clinic. These limitations were described by the respondents as being due to staff shortages, overcrowding and a shortage of medicine.

3 of the 5 respondents reported not have received medicines on the day we monitored, saying the medicine they required was out of stock. The most frustrating thing for these patients was that they had to wait all day before being told to come back another day for the medication. None of the respondents experienced out of pocket expenses on the day we monitored, since all of them walked to and from the clinic. Notably, this was an average of 2.5 hours of walking by sick persons in a day.

Information & Communication: Access to information for all patients is one of the key rights enshrined in the Patients Rights Charter under Domain 1 of the NCS. The standards and its accompanying criteria clearly show that informed patients can take better care of themselves and make better decisions about their health. Our questionnaire examined what knowledge and understanding clients had of the rights and responsibilities enshrined in the Patients Rights Charter. Our monitor asked a series of questions relating to the rights expressed in the charter and responses were recorded as follows:

- 3 out of 5 were aware that they have the right to be treated by a named health professional. One respondent confirmed by saying that he always asked the nurse's or doctor's name before they start examining him.
- 3 out of 5 had knowledge that they have the right to refuse treatment (verbally or in writing) provided that this does not endanger the health of others.
- All five knew they have the right to be given full and accurate information about the nature of their illnesses and the proposed treatment as well as the costs involved in order that they may make an informed decision.
- None of the respondents were ever asked to give a view on how to make health services better. Respondents claimed that it was not common for the clinics to take their suggestions seriously. All respondents said that there was no point in writing your suggestions and complaints and putting them in the box provided by the head of the

clinic as they “don’t want to see anything negative.” They claim no changes are ever made that are in line with the suggestions patients make for improvements.

- All respondents knew that you have the right to be referred for a second opinion to a health provider of your choice.
- All respondents knew they could complain / comment about health care service they receive but none knew that it should be investigated and they should get feedback on the investigation. Respondents said they desperately looked for ways to address concerns they had with the service they were experiencing.
- All respondents reported to have received information about health care rights and responsibilities from TV or neighbours and they confirmed that they received information in their spoken language.

Monitors Observations

The clinic staff was not willing to share their perspectives and experiences of the provision of their services and what constraints they worked under with the monitor. This is why the report only reflects the patients’ point of view.

On the day we monitored, a mother assisted her pregnant daughter to the clinic. They travelled from Kakamas, which is more than an hours’ walk. . They were sent back and not helped because the clinic said they would only see people who put their names down at 8am in the morning. If they came after that time, they are sent home and told to come back the following week. The mother doesn't know how far her daughter’s pregnancy is, because whenever they get to the clinic, they are turned away.

End report....