Leadership Development Program Northern/Tygerberg Sub-Structure September 2012–May 2013: Final Report

June 2015

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Leadership Development Program, Northern/Tygerberg Sub-Structure, September 2012–May 2013: Final Report

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June 2015

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Key Words

Leadership Development Program, capacity building, Western Cape

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
CDC	community day center
CDU	chronic dispensing unit
CHC	community health center
DOH	Department of Health
FM	facility manager
HIV	human immunodeficiency virus
LDP	Leadership Development Program
M&E	monitoring and evaluation
MSH	Management Sciences for Health
NCS	National Core Standards
NDOH	National Department of Health
NTSS	Northern/Tygerberg Sub-Structure
PA	pharmacist's assistant
PDOH	Provincial Department of Health
PGWC	Provincial Government of the Western Cape
PHC	primary health care
PLDP	Pharmaceutical Leadership Development Program
PM	pharmacy manager
PMP	patient medicine parcel
RP	responsible pharmacist
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	standard operating procedure
SWOT	strengths, weaknesses, opportunities, and threats
TB	tuberculosis
USAID	US Agency for International Development

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We also wish to acknowledge the Northern/Tygerberg facility managers, operational managers and pharmacy managers who participated in the Leadership Development Program, for their hard work, commitment, and dedication to quality improvement.

EXECUTIVE SUMMARY

The Leadership Development Program (LDP) offered by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, which is funded by the US Agency for International Development (USAID), brings together health care professionals, including clinicians, pharmacists, facility managers, and operational managers, to strengthen their leadership and management skills, while engaging them in analyzing a persistent challenge they face in the health facility at which they work.

The LDP is a proven approach that has been used to equip participants to address workplace challenges by building leadership and management capacity. Through this program, leadership and management practices and tools are introduced in a series of participatory workshops. Working in teams, participants address their own workplace challenges using the LDP tools and practices. As program participants confront challenges in service delivery, compliance, and management, trained facilitators provide supportive supervision visits to assist participants in implementing their action plans and providing better health services.

The LDP was offered to health care professionals in the Northern/Tygerberg Sub-Structure (NTSS), Western Cape Province. Twenty-four health care professionals (12 facility managers and 12 pharmacy supervisors) from primary health care facilities across the sub-structure were enrolled in the program in September 2012. The results achieved, together with the challenges faced by the NTSS facility teams, were presented at a final presentation workshop held in Cape Town in November 2014. Seven of the twelve teams (58%) had achieved their desired measurable results by the end of the six-month period. Although not all teams achieved their desired measurable results within the short time frame allotted for the program, most teams showed good progress in workplace improvements and the attainment of leadership competencies.

Following the success of the LDP in the NTSS, management in the sub-structure requested a meeting with SIAPS to discuss possible areas of further collaboration to help ensure sustainability of the work that had been conducted. The sub-structure requested assistance with the development and facilitation of an approach to sustain use of the leading and managing practices as well as the quality improvement initiatives implemented in 12 facilities. The sub-structure identified four key outcomes (measurable results) from the LDP initiative to be incorporated into the performance agreements of both the facility managers and pharmacy managers.

INTRODUCTION AND BACKGROUND

The Western Cape Province is one of nine provinces in the Republic of South Africa, located on the southern tip of Africa. The province has one of the country's most beautiful landscapes, boasting majestic mountains, colorful patchworks of farmland set in lovely valleys, long beaches, and further inland, the wide-open landscape of the semi-desert Karoo. The Western Cape Department of Health (DOH) is responsible for the provision of a comprehensive package of health services to the population of the province (5.8 million people).[1]

Vision and Values of the Western Cape Province

In South Africa, access to health care is a constitutional human right, which needs to be progressively realized. In 2014, the Western Cape DOH developed the strategic plan called Healthcare 2030: The Road to Wellness, which outlines plans to develop the province's health care system. The plan includes the shared vision for Access to Person-Centered Quality Care. Achieving optimal health outcomes for the population requires robust upstream interventions by society as a whole, and a high-quality, comprehensive health service. The Western Cape DOH strives to achieve excellence in delivering health care by 2030 through partnership with caring, competent, and committed staff, aided by modernized health systems, infrastructure and technology, and in collaboration with all stakeholders and partners.[2]

The Provincial Government of the Western Cape has adopted a **values-driven approach** with a focus on the following core values:

Caring
Competitiveness
Accountability
Integrity
Respect
Responsiveness

Metro District Health Services

The Western Cape Metro District Health Services' core business is to offer a comprehensive primary health care (PHC) service, mainly to lower-income groups in the metropolitan region. The directorate strives to deliver quality, affordable, accessible, and efficient health services to all people in the region. It does this through the establishment of public health services, Level 2 hospital services and the provision of health service support. It also establishes, supports, and coordinates comprehensive district-based health services.[3]

The top causes of death in the Cape Metro District include chronic diseases, HIV and AIDS, violence and injuries, and communicable diseases.[4] According to the 2012 National Antenatal Sentinel HIV & Herpes Simplex Type-2 Prevalence Survey in South Africa
, the Cape Metro has an HIV prevalence of 19.8%, much lower than the national average of 29.5%, and the lowest among all of the Western Cape districts. HIV prevalence in women aged 15–24, as reported in the annual performance plan for the Cape Metro District, has remained steady over the past three years, as shown in table 1.[4]

Table 1. HIV Prevalence in Women Aged 15–24 in the Cape Metro District (%)

2010–2011	2011–2012	2012–2013	2013–2014
15.9	14.0	14.0	14.2

There are approximately 25,000 people in the city's metro area with tuberculosis (TB). Approximately two-thirds of these people are also living with HIV and AIDS.[5] The Annual Performance Plan shows a steady drop in the number of TB cases diagnosed over the last three years (table 2).

Table 2. District TB Profile: All New Pulmonary Cases—Case Finding Cohort

2010–2011	2011–2012	2012–2013
25,368	24,560	23,918

The District Health Barometer 2012/2013, published by the Health Systems Trust, shows a steady decrease in the incidence rate of all TB and new smear positive pulmonary TB incidence rates over the last three years, which is consistent with trends in the province.[4]

Overview of Northern/Tygerberg Sub-Structure

The Northern/Tygerberg Sub-Structure is one of four metro district health services of the Cape Metro Health District of the Western Cape Province. The other three are:

- Khayelitsha and Eastern Sub-Structure (KESS)
- Klipfontein Mitchells Plain Sub-Structure (KMPSS)
- Southern and Western Sub-Structure

NTSS comprises the Northern/Tygerberg Sub-Districts. The sub-structure has a total of 13 PHC facilities, three of which are 24-hour facilities and 10 are community day centers (i.e., those that open only for a maximum of 12 hours per day). These health care facilities are managed by facility managers and each facility provides pharmacy services to the community it serves.

Building Leadership and Management Capacity in the Western Cape

The SIAPS Program, which is funded by the USAID, focuses on improving access to quality pharmaceutical products and effective pharmaceutical services through systems strengthening. SIAPS works across all functions of a health system, from governance to financing, and in all five major health and disease areas: family planning and reproductive health, HIV and AIDS, malaria, maternal and child health, and TB.

In South Africa, SIAPS works closely with the National Department of Health (NDOH) and Provincial Departments of Health (PDOHs) as well as other government counterparts at the national, provincial, district and facility levels through the development and implementation of a set of technical interventions focusing on strengthening health systems and building local

capacity. SIAPS South Africa has been involved in supporting PDOHs in applying an approach for participatory and continuous performance improvement through the Leadership Development Program and the Pharmaceutical Leadership Development Program (PLDP).

In 2012, senior management in the NTSS in the Western Cape Province approached SIAPS with a request to strengthen the leadership and management capacity of managers at the NTSS's primary health care facilities. In response, SIAPS customized and facilitated a LDP for a group of 24 participants from NTSS from September 2012 to May 2013. Participants included facility managers and pharmacy managers from 12 primary health care facilities, together with the Deputy Director of Pharmaceutical Services. Participants worked in facility teams to identify a challenge, a set of actions, and a desired measurable result to improve pharmaceutical services at their facilities.

Support to sub-structures falls under SIAPS *Objective 2: Capacity for Pharmaceutical Supply Management and Services Enhanced* and the specific activity of *implementing sustainable health system strengthening through the Pharmaceutical Leadership Development Program or Leadership Development Program.*

Leadership Development Program

Strong leadership, management, and governance are critical to the effective delivery of quality health services, the efficient use of resources, and the achievement of positive health outcomes. MSH developed and launched the LDP in 2002 in Aswan, Egypt. Since that time, thousands of health personnel from hundreds of organizations in more than 40 countries have used this proven process to transform how teams deliver health services.

The LDP is a team-based, results-oriented, participatory leadership and management development process that enables teams to face challenges and achieve results through action-based learning. Managers who lead well use the leading and managing practices presented in figure 1.[5]

Figure 1. Leading and Managing Framework

Applying these eight practices contributes to stronger organizational capacity, better health services and, ultimately, lasting improvements in people's health. When applied consistently, good leading and managing practices strengthen organizational capacity and result in higher-quality services and sustained improvements in health, as illustrated in the Leading and Managing for Results Model (figure 2).[5]

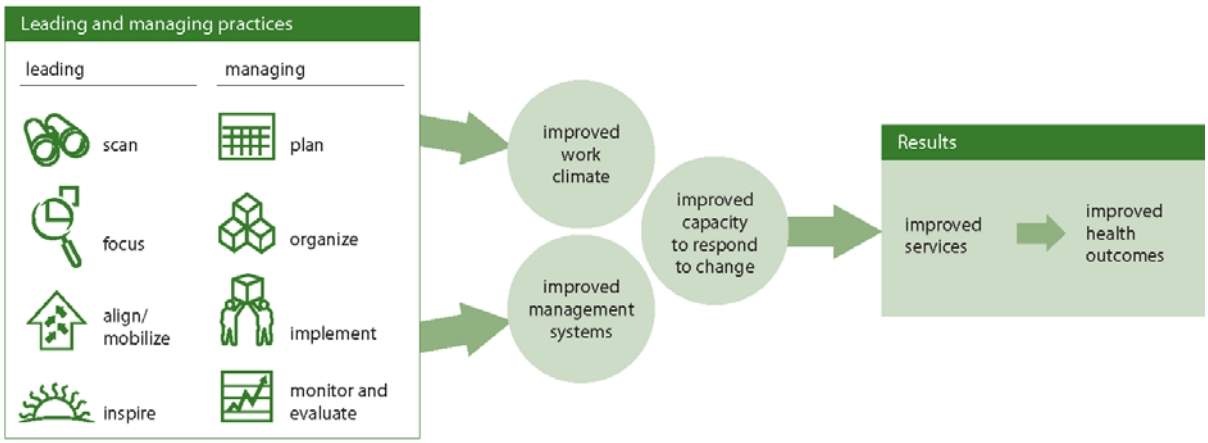

Figure 2. Leading and Managing for Results Model

Under the LDP, individuals from the same workplace form teams to learn and apply the leadership and management practices. Working on real workplace challenges over time, teams receive feedback and support from coaches and facilitators to:

- Create an inspiring shared vision for addressing a priority health area
- Apply leading and managing practices to improve teamwork and effectiveness
- Use the Challenge Model process to identify and achieve desired measurable results
- Align stakeholders around a common challenge

The LDP is grounded in three methodologies: experiential learning; the challenge/feedback/support triangle; and the Challenge Model.

Experiential Learning

During the LDP's workshops and meetings, participants learn through a cycle of doing and then thinking, or reflecting on what they have done. In the workshops, the teams learn the leading and managing practices (figure 1) that validate their own individual experiences. They apply these practices to real workplace challenges and engage in continuous reflection and improvement in their teams. This cycle of application and reflection moves teams through the experiential learning cycle.

Challenge, Feedback, and Support

The LDP process provides challenge, feedback, and support to enable participants to develop their leadership and management skills. The teams choose the challenges they want to address, and receive feedback and support from facilitators, coaches, and colleagues as they work toward their measurable results.

Challenge Model

Each team completes this model for a priority health problem that it decides to address (figure 3).[5] The process of completing the model guides the team to a fuller understanding of the priority health area and the creation of a shared vision. The team then identifies a measurable result that will move it closer to its vision of success in the priority health area.

With an agreed-upon result as a goal, the team then makes a plan to achieve that result. Participants often post their completed Challenge Model at their work sites to publicize their goals and plans.

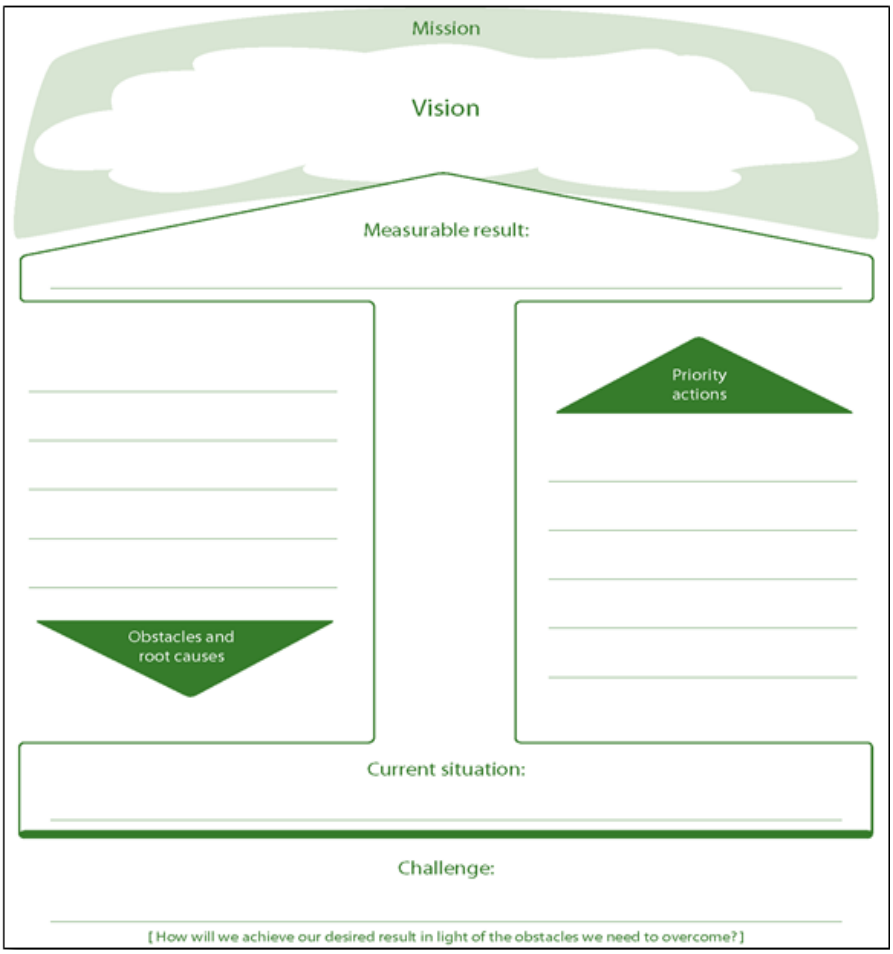

Figure 3. Challenge Model

Action Plan

The activities the teams will implement to achieve their measurable results are documented in their action plan. The plan describes each activity in detail, who is responsible for each activity, when each activity will take place, and what resources will be required for completing each activity. The indicators that will be used to track progress toward the measurable result are also given.

Monitoring and Evaluation Plan

Information about the indicators given in the Action Plan that will be used to track progress toward the measurable result is contained in the M&E plan.

At the end of the LDP, workplace teams present their results to senior managers in the sub-structure, district and province, as well as to other appropriate stakeholders.

LDP TRAINING FOR NORTHERN/TYGERBERG SUB-STRUCTURE

The LDP in South Africa is informed by national strategic priorities in health. Leadership, governance, monitoring, and evaluation are emphasized as critical components in implementing the National Development Plan and the NDOH five-year strategic plan 2015–20. In the Western Cape, the "Healthcare 2030—The Road to Wellness" strategic document outlines leadership and governance and their significance in strengthening health access to person-centered quality care. SIAPS identified and integrated aspects of provincial health strategies to ensure that the LDP was aligned with high-level and local goals.

> *"Far greater efforts will be made to make the statutory structures more functionally effective as conduits of community concerns."*
>
> —Healthcare 2030 plan

Participants in the Program

The LDP in NTSS was conducted from September 2012 to May 2013. Table 3 shows participant gender breakdown.

Table 3. Program Participants Disaggregated by Gender

Workshop	No. of Participants	Men	Women
1	25	8	17
2	32	12	20
3	26	8	18
4	42	12	30

LDP Workshop Schedule

The program was structured into four workshops: three were held over two days each, and one over three days. Between the workshops, two coaching visits were conducted, one between workshops 2 and 3 (January 21–25, 2013) and another between workshops 3 and 4 (March 12–15, 2013). The purpose of the coaching visits was to allow LDP facilitators to meet with the teams to provide feedback and support as they applied the leading and managing practices, to encourage teams as they addressed their challenges, and to help teams reflect on their commitments.

Table 4 provides an overview of the workshops for the NTSS. Each workshop had specific objectives, which are noted in the table.

Table 4. LDP Workshop Schedule for the Northern/Tygerberg Sub-Structure

Objectives	Content	Facilitation Format	Facilitators	Expected Output	Materials
Workshop 1					
To provide training on the leadership and management practices that can be used to sustain organizational systems and processes, and to impart skills on the application of these practices in the work environment	*September 13, 2012* • Introduction to leading and managing practices • Introducing leading and managing models and frameworks • Work climate assessment • Distinguishing challenges from problems *September 14, 2012* • Introducing the Challenge Model • Creating a team mission and vision • The leadership practice of scanning (SWOT [strengths, weaknesses, opportunities, and threats] analysis; stakeholder analysis) • Introducing the leadership practice of inspiring (acknowledgements)	A combination of flipcharts and PowerPoint presentations was used. Participants were grouped into facility teams and worked on scanning activities in these teams.	Ms. Gail Mkele Ms. Sue Putter	Participants were expected to: ✓ Conduct a work climate assessment back in their workplace and share the results at workshop 2 ✓ Conduct a comprehensive SWOT analysis ✓ Conduct a comprehensive stakeholder analysis	Participants were provided with the *Managers Who Lead* handbook, handouts for workshop 1, and the workshop schedule.
Workshop 2					
• Introduce tools and techniques for focusing, including the root cause analysis tools and action planning tools • Facilitate the completion of the	*November 6, 2012* • Developing the team Challenge Model • Developing a measurable result • Developing a monitoring and evaluation (M&E) plan	Flipcharts and PowerPoint presentations were used in the facilitation. The approach was participatory and focused on learning in	Ms. Gail Mkele Ms. Sue Putter	Teams were expected to develop their Challenge Model, M&E plan, and action plan.	The participants were provided with handouts for workshop 2. Participants were required to read

Objectives	Content	Facilitation Format	Facilitators	Expected Output	Materials
Challenge Model for each team • Strengthen the practices of managing and leading • Assist teams in completing **an M&E** plan	The leadership practice of focusing: • Identifying obstacles and root causes • Setting priorities using the priority matrix *November 6, 2012* The leadership practice of focusing: • Developing an Action Plan leading to results • Mobilizing stakeholders to commit resources The leadership practice of aligning and mobilizing: • Understanding roles in teamwork	action and rigorous peer review. Participants were encouraged to give and receive constructive criticism.			through chapters 1 and 2 of the reference book, *Managers who Lead.*
Workshop 3					
Introduce tools and techniques for aligning, mobilizing, and inspiring teams to address challenges in the workplace	*January 22, 2013 / January 25, 2013 (second batch)* Teams report on progress with their challenge. The leadership practice of aligning and mobilizing: • Making effective requests and reducing complaints • Good news about breakdowns	A combination of flipcharts and PowerPoint slides was used to deliver the workshop.	Ms. Gail Mkele Mr. Almakio Phiri	Teams were required to report back on their progress with addressing their workplace challenge. Teams were also asked to share the successes, obstacles, and lessons encountered as they implemented their interventions, and share	The participants were provided with handouts for workshop 3.

Objectives	Content	Facilitation Format	Facilitators	Expected Output	Materials
	January 23/January 26, 2013 (second batch) The leadership practice of aligning and mobilizing • Giving and receiving feedback Inspiring through building trust			their vision with the bigger team in the workplace.	
Workshop 4					
To coach the teams as they complete the preparations for the presentation of their results	*April 22, 2013* Preparation and delivery of an effective, compelling presentation	A formal presentation of the quality improvement initiatives. The program for the day was managed by sub-structure management.	Ms. Gail Mkele Ms. Sue Putter Ms. Tiwonge Mkandawire	Final presentation to stakeholders	Standard template for the final presentations
To present the final results to key stakeholders in the sub-structure and province	*May 3, 2013* Participants presented their results to senior managers and other key stakeholders in the sub-structure and province.	A formal presentation of the quality improvement initiatives. The program for the day was managed by sub-structure management.	Program director		Final presentations program

Detailed schedules for each of the workshops are included in Annex A.

LDP Process in Northern/Tygerberg Sub-Structure

The LDP curriculum is designed to provide participants with the essential skills and tools necessary to play a leadership role in the work environment. The LDP uses a structured approach in which health managers and their teams learn to apply leading and managing practices to address challenges they face at their facilities while receiving feedback and support. Facility teams in NTSS were introduced to the practices of leadership and management and the use of the Challenge Model as a tool for identifying and addressing challenges in striving for better health outcomes.

Using the Challenge Model, each team created a mission statement. The mission statements were aligned with the mission of the province. Each team then created a shared vision, a vision statement, and a list of desired measurable results. The teams were introduced to several scanning tools in the workshop setting that they could apply back in their workplace to better understand their specific situation as related to their proposed results—for example, root cause analysis and the Five Whys technique. Teams also conducted a SWOT analysis of their facilities, which enabled them to identify patient-centered service delivery challenges. Teams were encouraged to involve various stakeholders in order to ensure that they obtained a clear description of the situation relating to the identified challenge. Having carefully evaluated the current situation, the teams then crafted a desired measurable result, following the SMART (specific, measurable, appropriate, realistic, and time-bound) criteria to address the challenge. Each team determined their key priority actions to address the root causes and prepared an action plan. Participants were required to mobilize relevant stakeholders and resources to achieve their desired results.

Teams must have a clear understanding of their stakeholders, both those that can affect the desired result and those that can be affected by it. A thorough stakeholder analysis was therefore conducted. Teams discussed what issues the stakeholders were most interested in as well as their greatest concerns. Teams were encouraged to go back to the workplace and engage with their stakeholders to ensure that they had a clear understanding of their interests and concerns. Teams also had to ask themselves what they would need to do to get the support of their stakeholders as they moved forward to implement their action plan.

Following agreement on the desired measurable result, each team developed clear, reliable, economic, appropriate, and measurable (CREAM) indicators they would use to monitor progress. Each team prepared an M&E plan and developed indicators to help track progress toward their measurable result. Data were collected as teams progressed with the implementation of their action plans and interventions. Results were shared with the larger group of participants and discussed in detail during workshops and coaching visits.

LDP participants were required to form multidisciplinary teams at their workplace and mobilize relevant stakeholders and resources to achieve their desired results.

Coaching Visits

Coaching is one of the most important activities of the LDP. It is a conversation that enables participants and other stakeholders to reflect on their commitments and find new ways to achieve their intended results. It helped LDP participants to:

- Be clear about their commitments
- Understand how their actions contribute to meeting, or not meeting, their commitments
- Develop and practice new actions that produce the intended personal and organizational results

For the coaching visits, the facilitators, together with the Manager of Pharmacy Services (Cathleen Malan), and a Trainer Pharmacist (Leonard Liddell), visited each of the facilities participating in the LDP. They met with participants and some of the staff members who were working on the quality improvement program. These coaching sessions are important to support the teams in addressing challenges identified in the workplace. They help guide the teams in the appropriate use of the tools, practices, and the LDP approach as they worked to achieve their desired measurable result.

First Coaching Visit

The first coaching visit was conducted January 22–25, 2013, and was facilitated by Ms. Gail Mkele and Dr. Almakio Phiri. Participants were split into two groups of six facilities each. Each of the six facilities attended a coaching session over two days. The teams discussed the challenge addressed, implementation of the interventions, and team progress. This forum provided the teams with an opportunity to share best practices and contribute to each other's growth.

The first group attended on January 22 and 23; the second group attended on January 24 and 25 (table 5).

Table 5. First LDP Coaching/Support Visit Groups, January 22–25, 2013*

Group 1 Facilities	Group 2 Facilities
Kraaifontein Community Health Center (CHC)	Goodwood CDC
Ravensmead CHC	Ruyterwacht CDC
Bishop Lavis CDC	Belhar CDC
Delft CDC	Bellville CDC
Parow CHC	Elsies River CHC
Dubanville CHC	Reed Street CHC

*Facilitators: G. Mkele and A. Phiri

Second Coaching Visit

The second coaching visit was conducted on March 12–15, 2013. It was designed to assist teams in telling the story of their interventions as they prepared for their final presentations to senior management. The purpose of the trip was to:

- Provide support to the teams in the implementation of their quality improvement plans using the challenge model
- Help the teams apply the leading and managing tools in the workplace
- Inspire and encourage teams toward achieving their desired measurable result

A total of 11 facilities were visited (table 6). It was not possible to visit the 12th facility because of a staff crisis there.

Table 6. Second LDP Coaching/Support Visit Representatives by Facility, March 12–15, 2013*

Facility	Facility Representatives
Kraaifontein CHC	Sr. Leana Steyn (FM) and Ms. Rika du Plessis (PM)
Durbanville CHC	Sr. Jane Thompson and (FM) Mr. Billy Rohm (PM)
Belhar	Sr. Maria Kordom (FM)
Goodwood CDC	Sr. Shai (FM), Mr. John Oliphant (PM), and Mrs. Fortuin (Manager for Goodwood and Parow CHC)
Parow CHC	Sr. Stallenberg (FM), Mr. Riaan Simon (PM), and Mrs. Fortuin (Manager for Goodwood and Parow CHC)
Elsies River CHC	Mr. Trevor Izally (RP)
Reed Street CDC	Sr. Elizabeth van Niekerk-Fortuin (FM) and Mr. Arun Patel (PM)
Bellville CDC	Sr. Marisa (FM) and Mr. Shafiq Beebeejuan (PM)
Delft CDC	Ms. Angeline Philips (PM)
Ravensmead CHC	Sr. Loretta Baron (FM) and Mr. Dirk Opperman (PM)
Bishop Lavis CDC	Sr. Rachel Carelse (FM) and Mr. Angelo Champanis (PM)
Ruyterwacht CDC	—

*Facilitators: G. Mkele, S. Putter, and T. Mkandawire
FM = Facility Manager; PM = Pharmacy Manager; RP= Responsible Pharmacist.

A detailed list of coaching visit schedules can be found in Annex B

.

RESULTS ACHIEVED

The results achieved through the implementation of the quality improvement initiatives were documented and shared with senior managers at the final presentation meeting. Below is a summary of the quality improvement initiatives implemented in NTSS and the results achieved by the teams. Table 7 also summarizes this information, including whether each team achieved its desired measurable result.

Compliance with National Core Standards Related to Pharmacy: Bellville CDC

Bellville CDC opened in 1997 and provides comprehensive PHC services. It serves an average of 4,900 clients per month. A baseline National Core Standards (NCS) assessment conducted at the facility found that:

- Policies were not implemented at all times
- Communication barriers existed
- Service level agreements were not available
- The pharmacy lacked trained staff

Team members set out to increase compliance with NCS pharmacy measures from a baseline of 82% to 88% by February 2013. Interventions were implemented to provide on-the-spot training; a new family physician was appointed; improved communications practices were implemented; a stock card system was initiated; and good pharmacy practices were reinforced. As a result of these interventions, the pharmacy passed South African Pharmacy Council inspection and was registered. Compliance with the NCS pharmacy measures increased to 88%. Team members reported that based on these results, the pharmacist's assistants were very motivated, copies of code list were printed and supplied to prescribers, there were increased explanations on and about new policies in meetings, and there was improved work flow reduced stress.

Introduction of a New Bin/Stock Card System to Improve Stock Control and Availability: Bishop Lavis CHC

Bishop Lavis CHC is an eight-hour facility (Monday–Friday) with a 24-hour maternity unit. The facility offers comprehensive health care for a population of over 52,000. The LDP team reported that stock management was the responsibility of just one person, and there were no bin/stock cards. This system resulted in stock-outs, which affected service delivery. The team decided to focus on decreasing the total amount of items out of stock and ensuring the correct implementation and execution of the new stock system. The measurable result was determined to be: decrease stock-outs at the Bishop Lavis Pharmacy Department from 15 to fewer than 5 items by the end of April 2013 (figure 4).

Team members discussed the proposed project with pharmacy personnel and other stakeholders, procured bin/stock cards, developed a relevant standard operating procedure (SOP), and trained mentors and the pharmacy on the bin/stock card system.

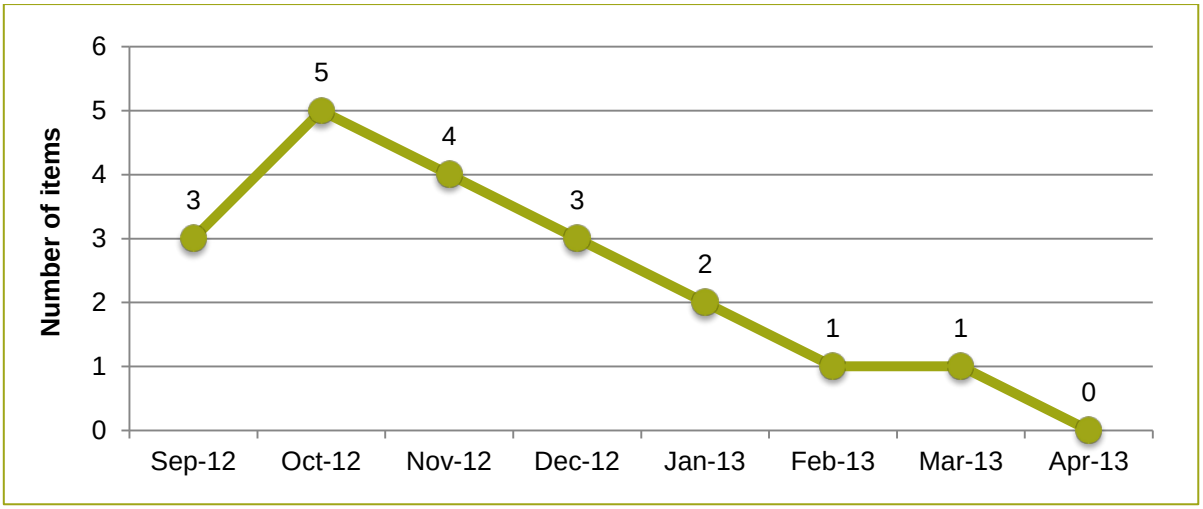

Figure 4. Number of out-of-stock items, Bishop Lavis Pharmacy Department, September 2012–April 2013

Staff training on bin/stock card system

Photo credit:
Bishop Lavis CHC

These interventions not only reduced the number of out-of-stock items, but also improved patient satisfaction. Staff members reported a greater sense of responsibility and more pride in their work. The team reported that they plan to continue holding meetings with pharmacy staff on stock control.

Minimizing Prescriptions Rejected by the CDU: Delft CHC

Delft CHC provides primary health care services (with a Level 1 trauma unit), including trauma, family planning, dental, Midwife Obstetrics Unit, pharmacy, dressing room, injection room, physio/occupational therapy, antiretroviral (ARV) department, and mental health. The facility has a staff complement of 160, with 10 pharmacy staff. The main challenge experienced by the LDP team was that there were too many Chronic Dispensing Unit (CDU)

prescription rejections, causing extended waiting periods at the pharmacy and patient dissatisfaction with services rendered. This also impacted health as a result of patients' running out of medicines. The main challenge the team addressed was to reduce the percentage of valid rejected supplier (UTI) prescriptions to below 1% by March 31, 2013.

The team implemented a variety of interventions to address these issues: they provided in-service training for all prescribers, pharmacy staff were encouraged to be involved in solving problems, and the supplier (UTI) met with prescribers to discuss changes.

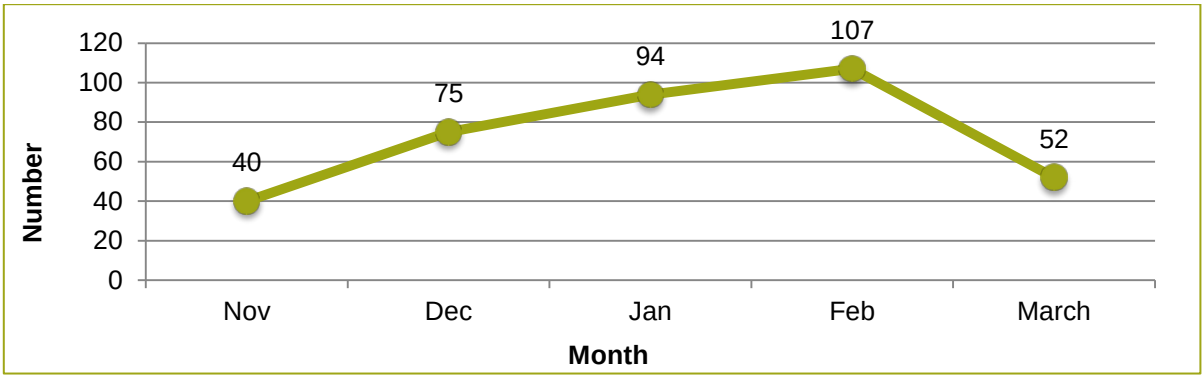

Figure 5. Number of prescriptions rejected by the Delft CDC (supplier)

The team determined that the main areas of concern were deviations from code list and referred policies; illegible/missing prescriber details; and clinic hopping. The number of rejections increased from November 2012 to February 2013 and then decreased in March 2013 (table 7). The percentage of rejections in relation to the number of scripts sent in decreased to 3%. While the ultimate objective of less than 1% rejections has not yet been achieved, improvement has been made in addressing and preventing the major type of rejections from recurring.

Table 7. Rejected Prescriptions, November 2012–March 2013

Reason for Rejection	Nov	Dec	Jan	Feb	Mar
Deviation from code list and referral policy	11	19	21	36	11
Illegible/missing prescriber details	10	4	1	24	6
Repeat change, unclear repeat	7	15	0	0	0
Illegible/missing patient details	3	3	7	9	1
Dosage/direction/item error	2	5	13	7	12
Script pages missing	0	0	33	1	2
Contraindication/drug reaction	2	8	2	11	2
Illegible medicine names/directions	2	4	2	0	1
Prescription received late	1	0	2	7	0
No chronic medication	2	0	0	0	0
Missing facility name	0	3	0	0	1
Missing number of repeats	0	4	4	2	4
Diagnosis	0	6	6	4	1
Not original script	0	2	0	1	0
Clinic hopping	0	2	3	2	11
No date/illegible date	0	0	0	3	0
Total	40	75	94	107	52

Increase the Off-Site Service Delivery of Medication in the Catchment Area: Durbanville CDC

The Durbanville CDC catchment area encompasses the rural and urban areas of Durbanville, Fisantekraal, Klipheuwel, Morningstar, and Philadelphia. The CDC offers a comprehensive health service, including an ARV clinic, screening for sexually transmitted infections (STIs), orthopedic care, family planning, TB screening, women's health, antenatal care, psychiatric, chronic care, medical male clinic, and eye screening. The CDC is an eight-hour facility with 15 permanent staff and six nongovernmental organization staff.

The CDC serves many patients from poor socioeconomic backgrounds and few can afford the traveling costs to the CDC to collect their chronic medication. Overcrowding and defaulting is a reality, and due to staff limitations, effective health care and education are compromised. In keeping with Vision 2020 (Health Promotion), the team decided to make use of the structures and attempt to "take the service to the people." A nonprofit organization (NPO) was involved to provide off-site services within the communities, with the goal of having 15% of all prescriptions provided off-site.

The key priority interventions were to broadcast and advertise the availability of the service to the communities and to train the dispensary staff on data collection. In addition, the team developed the SOP and NPO register, notices advertising the service were placed at the reception and dispensary of the clinics, and clinic staff provided information to the patients in the waiting rooms. Table 8 shows the percentage of off-site deliveries during the LDP.

Table 8. Percentage of Off-Site Deliveries*

Month	Percentage
November 2012	2.51
December 2012	6.27**
January 2013	3.59
February 2013	4.60
March 2013	4.86
April 2013	5.93

*Not including ARV collections or retirement homes.
**December 2013, figures were abnormal due to due to double month issues.

At the end of the LDP, the team had not reached their target, but were on track to achieve the target by January 2014. The team also added an additional off-site delivery site, which will have a positive effect on the timing for reaching the target.

Supplying CDU Medicines Off-Site: Elsies River CHC

Elsies River CHC is one of three health centers in the Northern/Tygerberg Sub-Structure. With a staff complement of approximately 120 it provides PHC, mental health, maternity, orthopedic, rehabilitation, dental, and ARV services. The health center experiences very high congestion in the waiting area due to infrastructure and personnel constraints. There are long waiting times due to both chronic and acute prescriptions being dispensed at the same time and in the same space, and dispensing of CDUs causes a hold-up for acute patients. The LDP

team decided to increase the percentage of chronic patient medicine parcels collected off-site from 0% to 15% by the end of April 2013. Figure 6 shows the team's results.

The LDP team implemented the following interventions:

- Liaised with the health care sister at Tehilla Community Collaborative
- Arranged with UTI (supplier) to deliver the CDUs to Tehillah
- Reminded prescribers about delivery to Tehillah
- Identified shortcomings and problems
- Set up a data collection system at Tehillah

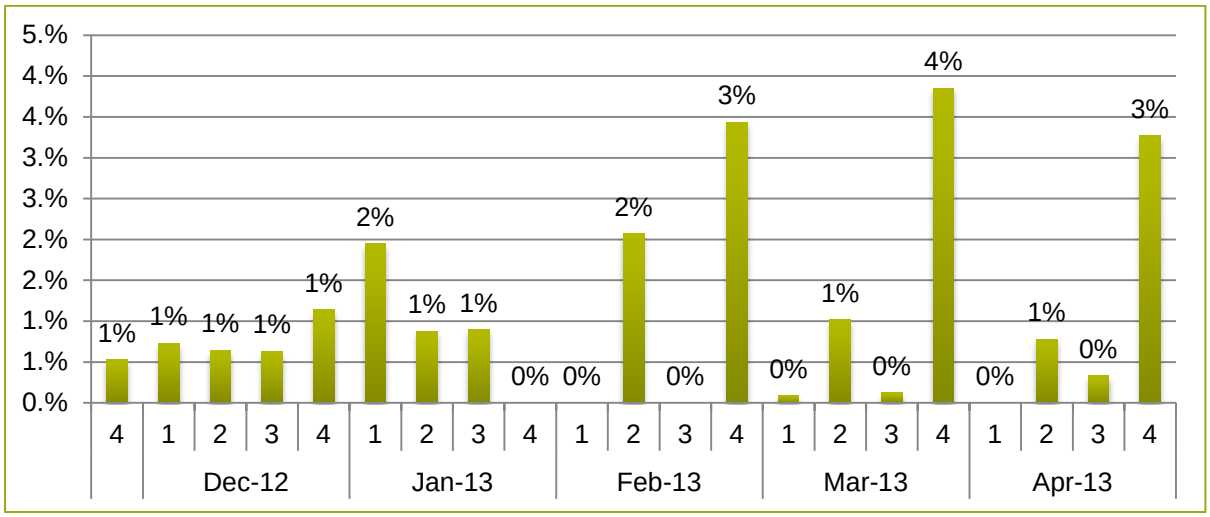

Figure 6. Percentage of CDU prescriptions collected off-site, December 2012–April 2013, Elsies River CHC

While the team did not reach their intended target, progress was made and the team has identified additional targets for off-site delivery: Matroosfontein Cottages (37 patients), Salberau Cottages (90 patients), Nazareth House (27 patients, with deliveries started in February). They also worked to ensure the registration of the new off-sites by UTI.

Improving Patient Compliance with Chronic Medication Appointment Dates: Goodwood CHC

Goodwood CDC serves approximately 6,000 patients per month. It offers chronic and acute services, women's health, psychiatry, school health, nutritional services, and dental services.

The CDU caters for 2,500–3,000 patients per month and not all patients collect their patient medication parcels (PMPs) at the specified dates and times, which results in patient noncompliance with medicine regimens, bottlenecks in the pharmacy workflow, and increased workload, and longer waiting times for patients.

To address this problem, the LDP team decided to implement a new system that would increase the number of patients collecting PMPs on the specified date from 60% to 75% by March 31, 2013. To accomplish this, the team implemented a new appointment system,

which involved dividing appointment times into five slots using surnames, issuing every patient an appointment card with assigned collection dates and times, and using white CDU cards. At the same time, printed information leaflets explaining the CDU system and appointment system were provided to the patients (box 1); on a regular basis, patients who were waiting were provided information on the new PMP collection process.

By the end of March, 80% of patients were collecting their medicine during the scheduled month; 69% of patients collected on the correct date as per their card. The team was not yet on target but the process was steadily improving.

This progress has relieved some burden on the pharmacist, increased communication between the staff at Goodwood CDC, decreased waiting times, and improved work flow, and is encouraging patient compliance.

Box 1. Example of a Patient Information Leaflet Text

CHRONIC DISPENSING UNIT (CDU)

How to make the chronic dispensing unit system work for you.

- On your CDU card is an appointment date and time for the collection of your patient medication parcel (PMP).
- Please adhere to this time and date.
- About 5–10 minutes before your appointment time you can put your CDU card in the allocated box at the pharmacy. Please note this only applies for cards that are for that specific day.
- When your name is called please have your hospital card ready as proof of identification.
- If there is one repeat left, please make an appointment at reception to see the club sister (chronic sister) the following month. We will inform you about this. This date will be highlighted on your CDU card.
- After you have seen the doctor or sister and you are put on the CDU system again, you will get a new CDU card on collection of your first repeat the following month.
- If you don't come on your specific date for collection of your PMP, you will unfortunately have to fetch your folder at reception, which will cause a delay in receiving your packet.
- Your waiting time at the pharmacy will be minimized if you adhere to these rules.
- Please work with us and if you have any questions please consult the pharmacy staff or reception staff.

Reducing the Waiting Time of CDU Patients: Kraaifontein CHC

The Kraaifontein CHC is a 24-hour facility servicing the whole of the Northern Sub-district, including the Bloekombos, Wallacedene, and the Durbanville/Kuilsriver area after hours. It delivers comprehensive services to nearly 350,000 people. The facility sees an average of 23,000 patients per month, with the pharmacy and CDU seeing nearly 850 and 330 patients per day, respectively. The CDU is serving approximately 25% of the total facility head count.

Pharmacy waiting lines

Photo credit:
Kraaifontein CHC

In April 2012, a new company (UTI) took over the supply of the CDU prescription and they were unable to fulfill their contractual obligations. This resulted in increased workload, longer waiting times for patients, and financial impact on the facility (i.e., extended working hours for staff to complete workload, and a need for overtime/replacement staff). This also caused a rift in trust between the staff and the patients.

The LDP team decided to work toward decreasing the waiting time for a PMP at the pharmacy from more than 60 minutes to less than 30 minutes by the end of March 2013. To do this, the team worked with clinic and pharmacy staff to ensure each client received a copy of their script in hand, a second window was opened at the CDU during peak times, and clients were staggered between 8 am and 2 pm. This resulted in significantly reduced waiting times (figure 7).

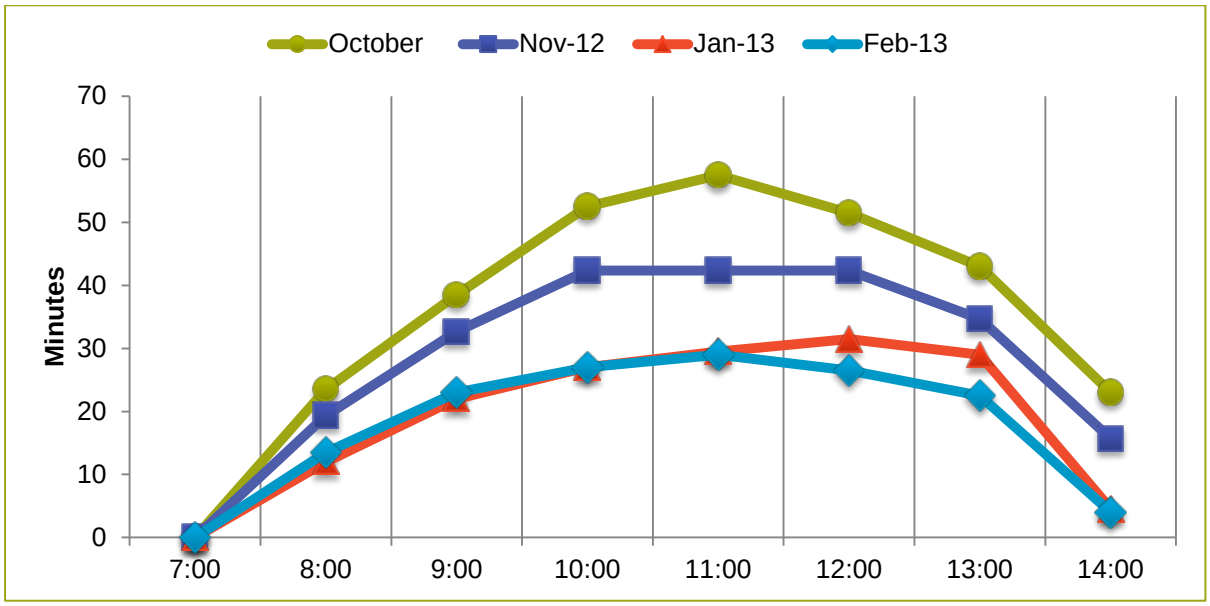

Figure 7. Average waiting time per hour for CDU patients, October 2012–February 2013, Kraaifontein CHC

Pharmacy Services Monitoring of Expired Medicine: Metro District Health Services

The Metro area serves a population of over 1 million, of whom 74% are uninsured. The area contains one district hospital (Karl Bremer Hospital), 13 PHC facilities, and 10 CDCs. The area has 29 pharmacists, 2 community service pharmacists, 2 pharmacist interns, and 45 pharmacist's assistants. Currently, Metro is unable to report on wastage due to medicine expired in facilities—only 3 of the 13 PHC facilities report regularly (monthly) on expired medicines (monthly statistical report).

The LDP team determined that they would work toward increasing the monthly reporting of expired medicines in all 13 PHC facilities by August 2013. The team worked with all key stakeholders—supervisory pharmacists, facility managers, and information management—to explain the policy, content, and data flow. A data tool was distributed to each facility and a database was created at the sub-structure office to compile data. During the time frame of the LDP program, the team was only able to establish a baseline; first results will be available in August 2013. The team plans to visit noncompliant facilities to discuss their challenges and will provide feedback to the pharmacists and facility managers at their quarterly meetings in November.

Reduce the Waiting Time from 20 to 10 Minutes: Parow CDC

Parow Community Day Center (CDC) is a combined facility with a catchment area of Parow and surrounding areas (70% residential, 30% industrial). The CDC has one pharmacist and two pharmacist's assistants and dispenses a monthly average of 3,200 prescriptions directly to patients, and 250 prescriptions to retirement homes for an average of 2,600 CDU prescriptions. The CDC faces many challenges, including an inefficient reception system, a small pharmacy and waiting area, incorrect packaging of UTI parcels, numerous defaulters, stock-outs, and long waiting times. The LDP team planned their quality improvement project to reduce the patient waiting time for medication at the pharmacy from an average of 20 minutes to 10 minutes by the end of March 2013 (figure 8).

To improve the situation, the team implemented a variety of actions, including implementing a more thorough review of prescriptions to prevent rejections from UTI, better explaining the collection procedure to patients, ensuring the patient sees a doctor when there is only one repeat left on a prescription, improving communication between reception and pharmacy staff, and increasing the meetings between the different facility departments.

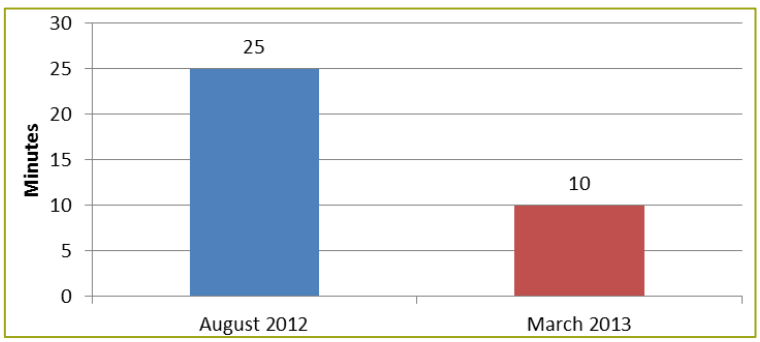

Figure 8. Prescription waiting times, Parow CDC, at baseline and endline

From August 2012 until March 2013, waiting time decreased by 15 minutes. Across the weekdays, waiting times were reduced (figure 9). The higher figure on Tuesday is due to a psychiatrist being on duty. The low figure on Wednesday is due to the community service pharmacist (CSP) being on duty. The amount of CDUs on Fridays is limited.

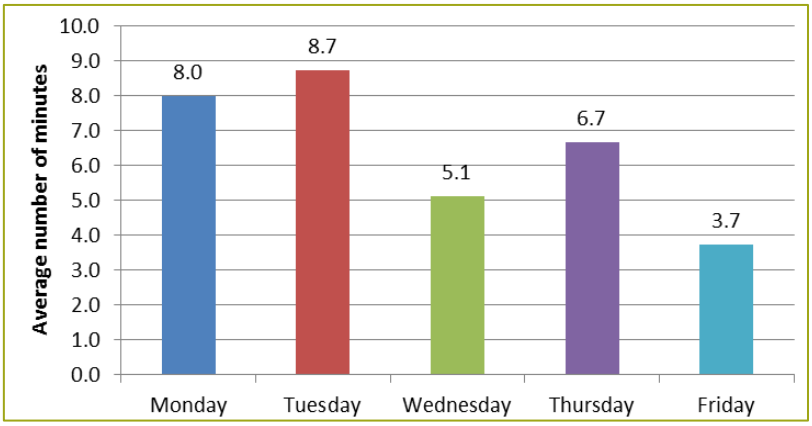

Figure 9. Average prescription waiting time across weekdays, Parow CDC

Reducing Out-of-Stock Items: Ravensmead CDC

Ravensmead CDC is a combined facility serving the communities of Ravensmead, Cravenby, and Uitsig. The CDC has one pharmacist and two pharmacist's assistants. The average monthly head count for the CDC is 7,200 patients, with an average of 250 patients seen in the pharmacy per day. The team was experiencing a large number of stock-outs in the facility and as a result could not deliver a 100% effective and efficient service. Patients often have to wait for stock to become available, and it becomes costly for patients to keep coming back to the facility to check on the availability of their medicines not received at their first visit. The team reported that there were no minimum or maximum stock levels set for stock items and the pharmacist's assistants were not trained in the ordering system (remote demander module- RDM).

The team determined that their challenge would be to decrease the number of out-of-stock items from 11 to zero by the end of March 2013. To do this, the team trained the pharmacy staff, including the pharmacist's assistants, on stock control, proper ordering, and the use of the ordering system. The training focused on following these essential steps:

- Use CMD as main supplier (CMD helpdesk/pharmacist)
- Send orders on time
- Check CMD dues out list for other pack sizes available
- Order alternative pack sizes
- Buy from larger CDCs
- Buy from tertiary institutions
- Order items according to the minimum–maximum levels on shelves
- Train pharmacist's assistants
- Refer to prescribing doctor

With these new processes in place, the number of items out of stock was reduced. Figure 10 shows reduction over the weeks of the LDP.

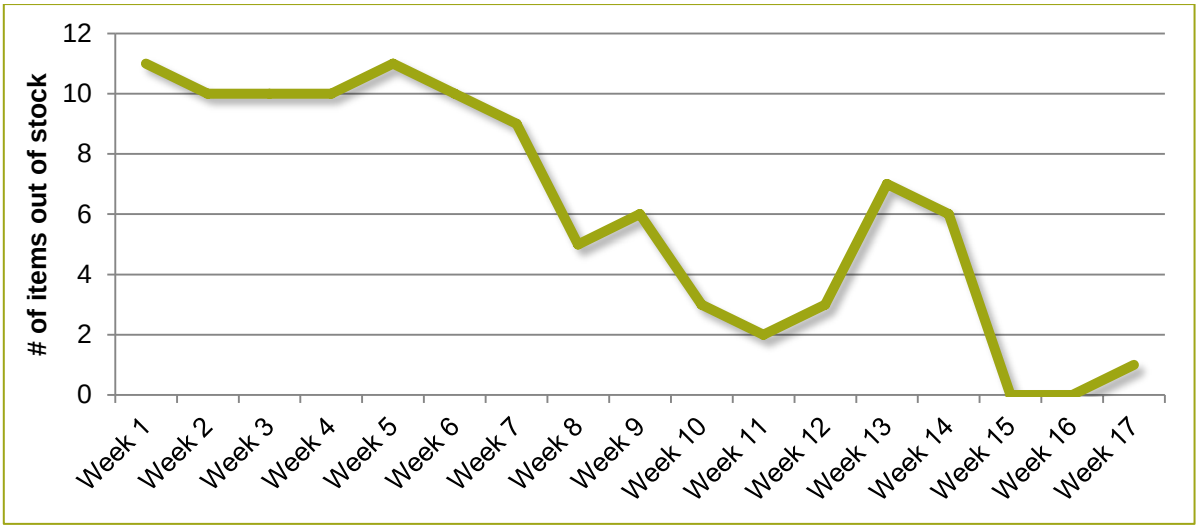

Figure 10. Out-of-stock items during LDP, Ravensmead CDC

Increasing Patient Knowledge on Chronic Medication: Reed Street Clinic

Reedstreet CDC is an eight-hour facility providing comprehensive primary health care services to approximately 7,200 patients per month, including 750 chronic patients and 2,300 patients on CDU per month. The stable chronic patients are referred from the doctor to the chronic club for continuous management. The club is managed by a clinical nurse practitioner and a staff nurse and serves diabetic patients on Tuesdays and hypertensive patients on Thursdays.

The pharmacy staff (one pharmacist and two pharmacist's assistants) serves chronic patients from Reedstreet CDC, Tygerberg Hospital, Karl Bremer Hospital, and other surrounding facilities. In early 2013, only 24% of the diabetic patients and only 33% of the hypertensive patients were knowledgeable about their chronic medication; this resulted in low levels of compliance and a high defaulter rate.

The LDP team determined they would work toward at least 60% of the patients at the chronic club having knowledge of their chronic medication by April 2013. The team implemented the following quality improvement measures:

- Met with facility staff to discuss quality improvement project and get buy-in
- Developed a questionnaire to determine patient knowledge on their chronic medication
- Conducted baseline assessment of patient knowledge
- Reviewed training/education materials available at facility
- Developed patient information leaflets
- Conducted information sessions for chronic club patients on their medication

The team was very successful. All patients who returned for their repeat prescriptions achieved 100% on knowledge of their medications (figures 11 and 12). The team planned to develop patient info leaflets for diabetes in Afrikaans, Xhosa, and French, and to establish ongoing patient knowledge assessments.

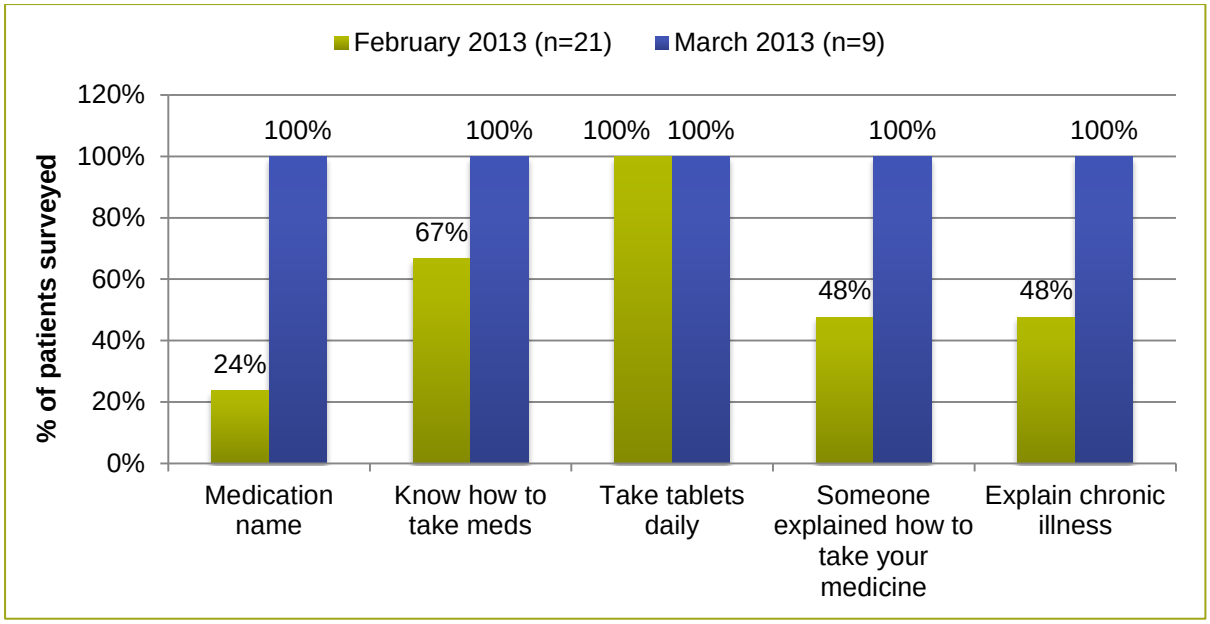

Figure 11. Change in patient medicines knowledge, diabetic chronic club, Reed Street Clinic

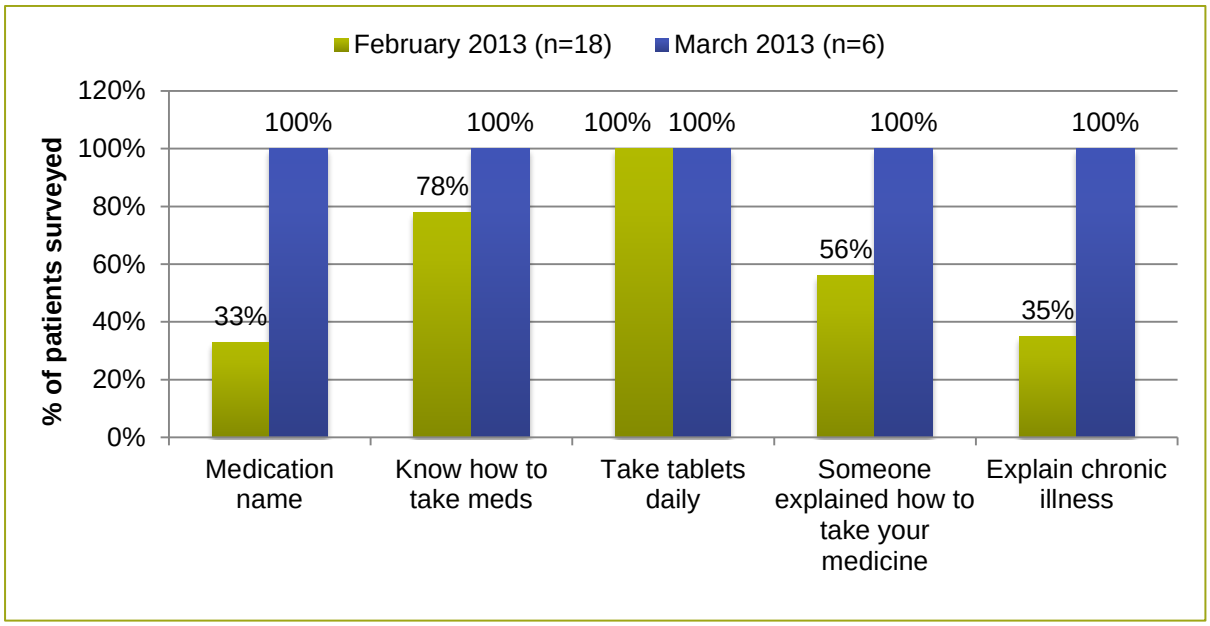

Figure 12. Change in patient medicines knowledge, hypertension chronic club, Reed Street Clinic

Reduce CDU Patient Waiting Times at the Pharmacy: Ruytewacht CDC and Belhar CDC

The CDCs serve the Epping industrial area, which has a population of approximately 10,000 people. The comprehensive primary health care services provided are mainly curative and include chronic care, HIV, TB, women's health, family planning, mental health, STI, and nutrition. The pharmacy experiences very long wait times due to having only one pharmacist and one learner basic, scripts not being in the CDU packet, and CDU patients being noncompliant. The team planned to work toward reducing the waiting time at the pharmacy

for CDU patients from two hours to less than one hour by the end of March 2013. They provided patient information sessions throughout the day, handed out information leaflets, held information sharing sessions with staff members, and attached the prescription to parcel.

The team succeeded in reducing waiting times, with the majority of patients receiving their parcels in under 30 minutes (figure 13).

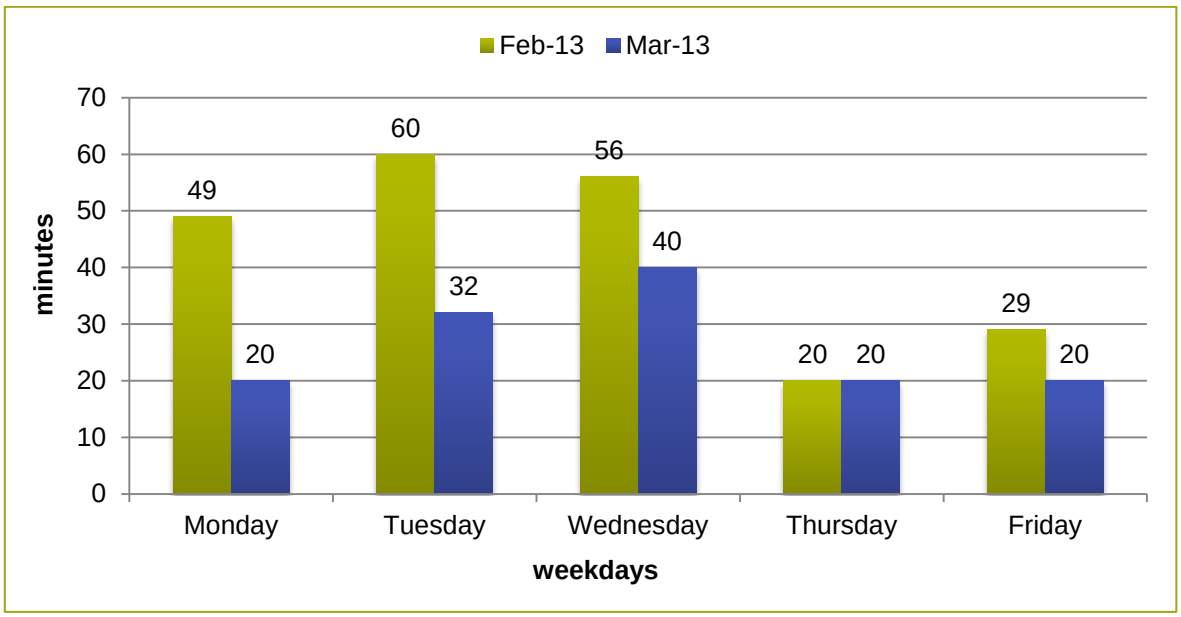

Figure 13. Prescription waiting times at Ruyterwacht CDC

Team Summaries

Table 9 details the results achieved by each of the teams after the six-month period of the LDP.

Table 9. Measurable Results by Facility Team

Team	Measurable Result	Baseline	Endline
Bellville CDC	To increase compliance with NCS pharmacy measures from a baseline of 82% to 88% by February 2013	Compliance with NCS pharmacy measures at 82%	Compliance with pharmacy measures increased to 88%. ***(Achieved)***
Bishop Lavis CHC	To decrease stock-outs at the Bishop Lavis Pharmacy Department from 15 to fewer than 5 items by the end of April 2013	An average of 15 items were stocked out at the pharmacy each month.	The number of stock-outs reduced to zero over the course of the LDP. ***(Achieved)***
Delft CHC	To reduce the percentage of valid rejected supplier (UTI) prescriptions to below 1% by the end of March 2013	Rejected scripts causing problems with efficient running of CDU system and prolonging patient waiting time, causing low patient morale	The percentage of rejections in relation to the number of scripts sent in decreased to 3%. ***(Not Yet Achieved)***

Team	Measurable Result	Baseline	Endline
Durbanville CDC	Off-site delivery service as provided by Durbanville CDC to the surrounding areas, comprising at least 15% of all prescriptions dispensed at Durbanville CDC by the end of June 2013	Patients have to report to the facility for treatment and medication.	As of April, 5.93% of deliveries were occurring off-site. ***(Not Yet Achieved)***
Elsies River CHC	To increase the percentage of chronic patient medicine parcels collected off-site in the Elsies River catchment area from 0% to 15% by the end of April 2013	The large number of CDU patients at our facility is putting a lot of stress on the existing system.	While the team didn't reach their intended target, progress was made. ***(Not Yet Achieved)***
Goodwood CHC	To increase the number of patients at Goodwood CDC collecting PMPs on the specified date from 60% to 75% by the end of March 2013	Not all patients collect their PMPs at specified dates and times; approximately 60% collect on time.	By the end of March, 80% of patients were collecting their medicine during the month, with 69% of patients collecting on the correct date as per their card. ***(Not Yet Achieved)***
Kraaifontein CHC (KCHC)	To decrease the waiting time for a UTI parcel at the KCHC pharmacy from more than 60 minutes to less than 30 minutes by the end of March 2013	More than 60 minutes waiting time	Patient waiting time was reduced to less than 30 minutes ***(Achieved)***
Metro District Health Services	Monthly reporting on expired medicine: 13/13 PHC facilities by end August 2013	Only 3 of the 13 PHC facilities reporting on expired medicine	Still in progress. ***(Not Yet Achieved)***
Parow CDC	To reduce the patient waiting time for medication at Parow pharmacy from an average of 20 minutes to 10 minutes by the end of March 2013	The average waiting time in August 2012 was 25 minutes.	From August 2012 until March 2013, waiting time decreased by 15 minutes to an average of 10 minutes. ***(Achieved)***
Ravensmead CDC	To decrease the number of out-of-stock items at Ravensmead CDC from 11 to zero (excluding the Cape Medical Depot dues out) by the end of March 2013	The average number of stock-outs was 11 items	Stock-outs were reduced to fewer than two items. ***(Achieved)***
Reed Street CDC	80% of a sample of patients attending the chronic club at Reed Street CDC to have 60% knowledge of their chronic medication by April 2013	In early 2013, only 24% of diabetic patients and only 33% of hypertensive patients were knowledgeable about their chronic medication.	100% of chronic club patients were knowledgeable about their medications. ***(Achieved)***
Ruytewacht CDC and Belhar CDC	To reduce waiting time at Ruyterwacht pharmacy for CDU patients from up to 2 hours to less than 1 hour by the end of March 2013	Waiting times up to 2 hours	The majority of patients received their parcels in under 30 minutes. ***(Achieved)***

Seven of 12 teams (58%) achieved their desired measurable results. Although not all teams reached their goals, interventions were implemented and some progress was made. This progress will need to be sustained to ensure continued achievement of results and improvements in the provision of quality health care.

Sharing the Results

The results from the interventions implemented by the teams were presented during workshop 4 of the LDP. The formal presentations were attended by senior managers from Western Cape DOH, other critical stakeholders, and representatives from other organizations. The final presentations program schedule may be seen in annex C.

Final presentations to senior managers are important to showcase the work that is being conducted in the sub-structure, to advocate for support for the scale-up of the quality improvement initiatives, and to share best practices with other sub-structures and districts in the province. This forum also provided an opportunity to advocate for the allocation of resources to support and sustain the initiatives. Final team presentations may be seen in annex D.

Teams that did not achieve their measurable result within the time frame allocated to the LDP continue to implement their quality improvement initiatives and are working to achieve their desired results. Those who had achieved their desired measurable results were encouraged to work to sustain the results achieved.

LDP participants from NTSS at the final presentation

Photo credit: Leonard Liddell

Feedback from Program Participants

At the conclusion of each workshop, participants were asked to complete evaluations. They were asked the following questions:

- Were the workshop objectives achieved?
- Did the workshop meet your expectations?
- Was the workshop content relevant to your work?
- Were the training materials useful?
- Rate how well organized was the workshop?
- Were the training facilities of good standard?

Participants were also asked which topics they found most useful and which topics they would have liked more information about or to spend more time on. Participants found most of the topics to be useful and relevant to their work.

Participants consistently felt that the workshops were well organized, interesting, and informative. The majority of participants were satisfied with the workshop and as a result rated it very good. Some participants felt that the sessions were too long and needed to be reduced to fewer sessions. Evaluation reports are attached in annex E.

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ANNEX A. LDP WORKSHOP SCHEDULES

Western Cape Northern/Tygerberg MDHS (Metropole District Health Services) Leadership Development Workshops

Date: September 13, 2012

Time	Session	Facilitator
08h00 – 08h30	Arrival and tea	
08h30 – 08h40	Welcome and opening by Manager Pharmacy Services	Cathleen Malan
08h40 – 08h50	Introductions	All
08h50 – 09h05	Brief overview of the PLDP Review objectives for the meeting	Sue Putter
09h05 – 09h45	Healthcare Vision 2020	Yasmina Johnson
09h45 – 10h10	Setting the stage for a good dialogue	Gail Mkele
10h10 – 10h40	Viewing the Seeds of Success video	Sue Putter
11h00 – 11h30	What do leaders do?	Gail Mkele
11h30 – 12h00	Understanding leading and managing practices	Gail Mkele
12h00 – 12h45	Assessing strengths and weaknesses in leading and managing	Sue Putter
12h45 – 13h10	Spheres of control and influence	Gail Mkele
13h45 – 14h15	Distinguishing challenges from problems	Gail Mkele
14h15 – 14h45	Introduction to the Challenge Model	Gail Mkele
14h45 – 15h45	Approach and next steps for the sub-district	Sue Putter
15h45 – 16h15	Gaining commitment, not just compliance	Sue Putter
16h15 – 16h35	Inspiring through acknowledgments	Gail Mkele
16h35 – 17h00	**Closing Reflection**	**Gail Mkele / All**

Date: September 14, 2012

Time	Session	Facilitator
08h00 – 08h30	Arrival and tea	
08h30 – 08h40	Welcome and opening by Manager Pharmacy Services	Cathleen Malan
08h40 – 08h50	Introductions	All
08h50 – 09h05	Brief overview of the PLDP Review objectives for the meeting	Sue Putter
09h05 – 09h45	Viewing the Seeds of Success video	Sue Putter
09h45 – 10h10	Setting the stage for a good dialogue	Gail Mkele
10h10 – 10h40	Healthcare Vision 2020	Yasmina Johnson
11h00 – 11h30	What do leaders do?	Gail Mkele
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14h45 – 15h45	Approach and next steps for the sub-district	Sue Putter
15h45 – 16h15	Gaining commitment, not just compliance	Sue Putter
16h15 – 16h35	Inspiring through acknowledgments	Gail Mkele
16h35 – 17h00	**Closing reflection**	**Gail Mkele / All**

Dates: November 6–7, 2012

Time	Session	Facilitator
09h15 – 09h30	Arrival and tea	
09h30 – 09h45	Welcome and review of agenda for the next two days	Sue Putter

Time	Session	Facilitator
09h45 – 10h00	Recap on the Challenge Model	Gail Mkele
10h00 – 11h00	Developing the team Challenge Model • Creating a team mission • Creating a shared vision – vision statement	Sue Putter
11h20 – 13h00	• Developing a measurable result • Developing indicators	Sue Putter
13h35 – 15h15	• Developing an M&E plan	Sue Putter
15h15 – 16h15	• What is the current situation? • Stakeholder analysis	Gail Mkele
16h15 – 16h30	**Closing Reflection**	**Gail Mkele / All**

Time	Session	Facilitator
08h15 – 08h30	Review of the progress from the previous day	Gail Mkele
08h30 – 10h00	• SWOT analysis / TOWS	Sue Putter
10h20 – 13h00	• Obstacles to reaching our results • Diagnosis of root causes – the fishbone technique and Five Whys	Gail Mkele
13h35 – 15h30	• Articulating your challenge • Developing an action plan	Sue Putter
15h30 – 16h00	Peer review of the team Challenge Model	All
16h00 – 16h20	Way forward and preparing for workshop 2	Sue Putter
16h20 – 16h30	Workshop evaluation; acknowledgments	Gail Mkele

Date: April 22, 2013

Time	Session	Facilitator
09h00 – 09h30	Arrival and tea	All
09h30 – 09h45	Welcome – review of schedule for the day	Gail Mkele
09h45 – 10h15	Good news about breakdowns	Sue Putter
10h15 – 11h00	Teams present to the group	All
11h15 – 12h30	Teams present to the group	All
13h00 – 16h00	Working on presentation	All
16h00 – 16h15	Making effective requests and reducing complaints	Sue Putter
16h15 – 16h30	Inspire through building trust	Gail Mkele
16h30 – 16h45	**Closing reflection**	**Sue Putter / All**

Date: April 23, 2013

Time	Session	Facilitator
08h15 – 08h30	Arrival and tea	All
08h30 – 08h45	Welcome – review of schedule for the day	Gail Mkele
08h45 – 09h15	Good news about breakdowns	Sue Putter
09h15 – 10h30	Teams present to the group • Delft CHC 20 min • Parow CHC 20 min • Ravensmead CHC 20 min	All
10h45 – 12h30	Teams present to the group • Kraaifontein CHC 20 min • Durbanville CHC 20 min • NTSS Pharmacy Services 20 min	All
13h00 – 16h00	Working on presentation	All
16h00 – 16h15	Making effective requests and reducing complaints	Sue Putter
16h15 – 16h30	Inspire through building trust	Gail Mkele
16h30 – 16h45	**Closing reflection**	**Sue Putter/ All**

ANNEX B: COACHING VISIT SCHEDULES

Western Cape Northern/Tygerberg MDHS Leadership Development Workshop

Dates: January 22–23, 2013

Time	Session	Facilitator
09h15 – 09h30	Arrival and tea	
09h30 – 09h45	Welcome; introductions and review of agenda for next two days	Gail Mkele
09h45 – 10h00	Recap on the previous workshop	Gail Mkele
10h00 – 11h00	Presentations by teams 1, 2	Gail Mkele
11h20 – 13h00	Presentations by teams 3, 4, 5, 6	Almakio Phiri
13h35 – 15h15	Identifying three key priority actions	Almakio Phiri
15h15 – 16h15	Developing the action plan	Gail Mkele
16h15 – 16h30	**Closing reflection**	**Gail Mkele / All**

Time	Session	Facilitator
08h15 – 08h30	Review of the progress from the previous day	Gail Mkele
08h30 – 10h00	Completion of the action plan	Gail Mkele
10h20 – 13h00	Presentation of the action plan	Gail Mkele
13h35 – 15h30	Presentation of the action plan	Almakio Phiri
15h30 – 16h00	Resource mobilization	Almakio Phiri
16h00 – 16h20	Way forward and preparing for workshop 3	Gail Mkele
16h20 – 16h30	Workshop evaluation; acknowledgments	Gail Mkele

Date: January 24–25, 2013

Time	Session	Facilitator
09h15 – 09h30	Arrival and tea	
09h30 – 09h45	Welcome; introductions and review of agenda for next two days	Gail Mkele
09h45 – 10h00	Recap on the previous workshop	Gail Mkele
10h00 – 11h00	Presentations by teams 1, 2	Gail Mkele
11h20 – 13h00	Presentations by teams 3, 4, 5, 6	Almakio Phiri
13h35 – 15h15	Identifying three key priority actions	Almakio Phiri
15h15 – 16h15	Developing the action plan	Gail Mkele
16h15 – 16h30	**Closing reflection**	**Gail Mkele / All**

Time	Session	Facilitator
08h15 – 08h30	Review of the progress from the previous day	Gail Mkele
08h30 – 10h00	Complete the action plan	Gail Mkele
10h20 – 13h00	Presentation of the action plan	Gail Mkele
13h35 – 15h30	Presentation of the action plan	Almakio Phiri
15h30 – 16h00	Resource mobilization	Almakio Phiri
16h00 – 16h20	Way forward and preparing for workshop 3	Gail Mkele
16h20 – 16h30	Workshop evaluation; acknowledgments	Gail Mkele

Dates: April 22, 2013

Time	Session	Facilitator
09h00 – 09h30	Arrival and tea	All
09h30 – 09h45	Welcome – review of schedule for the day	Gail Mkele

Time	Session	Facilitator
09h45 – 11h00	Teams present to the group • Team 1 20 min • Team 2 20 min	All
11h15 – 12h30	Teams present to the group • Team 3 20 min • Team 4 20 min • Team 5 20 min	All
13h00 – 16h00	Working on presentation	All
16h00 – 16h15	Making effective requests and reducing complaints	Sue Putter
16h15 – 16h30	Inspire through building trust	Gail Mkele
16h30 – 16h45	**Closing reflection**	**Sue Putter / All**

Date: April 23, 2013

Time	Session	Facilitator
08h15 – 08h30	Arrival and tea	All
08h30 – 08h45	Welcome – review of schedule for the day	Gail Mkele
08h45 – 09h15	Good news about breakdowns	Sue Putter
09h15 – 10h30	Teams present to the group • Delft CHC 20 min • Parow CHC 20 min • Ravensmead CHC 20min	All
10h45 – 12h30	Teams present to the group • Kraaifontein CHC 20 min • Durbanville CHC 20 min • NTSS Pharmacy Services 20 min	All
13h00 – 16h00	Working on presentation	All
16h00 – 16h15	Making effective requests and reducing complaints	Sue Putter
16h15 – 16h30	Inspire through building trust	Gail Mkele
16h30 – 16h45	**Closing reflection**	**Sue Putter / All**

Name of Facilitator(s): Gail Mkele and Sue Putter

Northern/Tygerberg Sub-Structure (NTSS) Personnel: Cathleen Malan, Manager Pharmacy Services, and Leonard Liddell, Trainer Pharmacist.

Place(s) Visited: Facilities in the NTSS, Cape Town

Dates Visited: March 12–15, 2013

Background

Coaching visits were undertaken as part of the Leadership Development Program for facility managers (FMs) and pharmacy managers (PMs) in 12 facilities in the Northern/Tygerberg Sub-Structure (NTSS). The facilities were visited by SIAPS facilitators and the personnel from office of the deputy director of Pharmaceutical Services in the sub-structure.

Purpose of the visit

The purpose of the trip was to:

- Provide support to the teams in the implementation of their quality improvement plans using the challenge model
- Help the teams apply the leading and managing tools in the workplace
- Inspire and encourage teams towards achieving their desired measurable result

Key Objectives

This activity is in the FY11 SIAPS work plan under:

- Objective 2: Capacity for Pharmaceutical Supply Management and Services Enhanced
  - Sub-objective 2.2: Leadership and management practices of pharmacists improved leading to better quality pharmaceutical services

Report on the visits

A total of 11 facilities were visited. It was not possible to visit the 12th facility because of a staff crisis at the facility.

Facility	Facility Representatives	Measurable Result	Discussion Points	Way Forward
Kraaifontein CHC	Sr. Leana Steyn (FM) and Ms. Rika du Plessis (PM)	To decrease the waiting time for a UTI parcel at the KCHC pharmacy from more than 60 minutes to less than 30 minutes by the end of March 2013	Team has implemented a system to improve the waiting time for patients receiving CDU chronic medication. Results have been collected on the waiting times. Improvements in waiting times have been achieved. The CDU system appears to be working more efficiently as observed during the facility visit. FM and RP seem to be working well together.	Team to update their slide presentation and capture all changes to date and also to reflect the results achieved thus far.
Durbanville CHC	Sr.Jane Thompson and (FM) Mr. Billy Rohm (PM)	The off-site delivery service, as provided by Durbanville CDC to the surrounding areas, comprises at least 15% of the total prescriptions dispensed by the end of March 2013.	The team has created information charts for patients informing them of the off-site collection points and times for the CDU parcels. These are available in English, Afrikaans, and isiXhosa. Team is currently falling short of the desired measurable result. Team was, however, confident that they would meet the measurable result. Data so far collected from November 2012 to March 2013	SIAPS offered to assist with the design and wording of the patient information posters and leaflets so that information is clearer and is targeted. Consideration could be given to standardized posters across the sub-structure. Mr. Billy to submit draft wording for these to Mrs. Malan and the SIAPS team by March 15.
Belhar	Sr. Maria Kordom (FM)	Working together with the Ruyterwacht team on the same measurable result	A courtesy visit was paid to the facility. No quality improvement project is currently targeted at the facility. The facility manager is working with the Ruyterwacht team. A pharmacist (Anuschka Mengel) has been appointed as responsible pharmacist for this facility and will be joining on 2 April 2013.	Sr. Kordom to continue working with the Ruytenwacht team
Goodwood CDC	Sr. Shai (FM), Mr. John Oliphant	To increase the number of patients collecting PMPs on	The team has implemented their priority actions of:	A potential for following up patients who do not collect their medicines

Facility	Facility Representatives	Measurable Result	Discussion Points	Way Forward
	(PM), and Mrs. Fortuin (Manager for Goodwood and Parow CHC)	the appointment date from 65% to 75% by 31 March 2013	• Implementing a new appointment system • Educating patients on this system for collecting their CDU parcels • Implementing an off-site issuing system Discussions have been initiated on the off-site issuing of medicines. Posters have been created for patients and are displayed at the facility; CDU cards are given to patients with their collection dates and times. Monitoring of patient compliance with the system is being monitored. FM and RP seem to be working well together.	was identified. Home-based carers will be used for this follow-up process. The use of the graphs generated for patient education was identified. Various ways for managing defaulters will be explored. SIAPS can assist with the design and printing of patient information leaflets.
Parow CHC	Sr. Stallenberg (FM), Mr. Riaan Simon (PM), and Mrs. Fortuin (Manager for Goodwood and Parow CHC)	To reduce the patient waiting time for medication at Parow Pharmacy from an average of 20 min to 5 minutes	The measurable result for the team is to reduce waiting times to less than 10 minutes for all prescriptions, including CDUs. Discussions were held around the efficient handling and management of CDU parcels. RP was of the opinion that the work has been completed.	Data collected needs to be analyzed correctly and graphs generated.
Elsies River CHC	Mr. Trevor Izally (RP)	To increase the percentage of PMPs collected off-site from 0–15% by 31 March 2013 in the Elsies River CHC catchment area	Met the Facility Manager, who had not been involved in the LDP as she was on study leave at the time it commenced. Sr. McPherson, who had attended the workshops, was not available as she had gone to a meeting. Pharmacy is under construction and conditions are very stressful at the moment. Not much work related to the quality improvement project has been done.	Suggestions made that Mrs. Malan meet with Trevor and Sr .McPherson to suggest that they change their project in view of the interruptions caused by the construction. It was proposed that their project should rather focus on “best practice” pharmacy in the sub-structure. Mrs. Malan to meet with the team this week to discuss this.
Reed Street CDC	Sr. Elizabeth van Niekerk-Fortuin	80% of a sample of patients attending the chronic club	The team is working on improving patient knowledge for hypertensive and diabetic patients	Team to look at the checklist in the NCS and incorporate one or two

Facility	Facility Representatives	Measurable Result	Discussion Points	Way Forward
	(FM) and Mr. Arun Patel (PM)	at Reed Street CDC to have 60% knowledge of their chronic medication by 30 March 2013	in the chronic club. A questionnaire has been developed and data have been collected using this tool. One hundred patients have been randomly selected for this project. An interpreter was identified for foreign patients but challenges have been experienced with the use of the interpreter. FM and RP seem to be working well together.	additional questions into their own questionnaire for completeness. Examples of posters and leaflets used in the Pharmacy Week campaigns in 2011 and 2012 will be provided by SIAPS to the team (Gail) by Friday. Team to develop patient information leaflets for hypertensive and diabetic patients, educating them on their condition and on their medication. A draft will be sent to Mrs. Malan by Monday, March 18, for review. Team will continue with the evaluations. Leaflets to be translated into Xhosa (NTSS to assist) and French (SIAPS to assist).
Kasselvlei CDC	Sr. Marisa (FM) and Mr. Shafiq Beebeejuan (PM)	To increase compliance with the NCS relating to pharmacy from 81.89% to 88% after the next NCS audit	Team progressing well. Priority actions identified have been implemented; post-evaluation will be done according to old NCS assessment—will also do according to new assessment tools. Advised to develop stock cards for closed stock. FM and RP seem to be working well together.	Post-intervention assessment to be conducted. Results to be evaluated. Update will be made to the presentation.
Delft CDC	Ms. Angeline Philips (PM)	To reduce the percentage of valid rejected UTI (CDU) prescriptions to below 1% by 31 March 2013 at Delft CHC	Mr. Horne (FM) was busy in another urgent meeting and could not make it to the meeting. The team has collected data on the rejections over the past few months. This data have been analyzed to determine the reasons for the rejections. Graphs have been developed. The team presentation has been updated with the current information collected.	Presentation can be sent through to Mrs. Malan so that coaching team can review and provide input.

Facility	Facility Representatives	Measurable Result	Discussion Points	Way Forward
Ravensmead CHC	Sr. Loretta Baron (FM) and Mr. Dirk Opperman (PM)	To decrease the number of stock items from 11 to 0 items excluding the CMD dues out by end March 2013	Results collected on stock-outs. Causes of stock outs analyzed and documented. Graphs created—improvements suggested. FM and RP seem to be working well together.	Team to look at other ways of presenting their results so that they are clear and are not confusing Pharmacist to consider capacitating the post-basic PAs to assist in the ordering process.
Bishop Lavis CDC	Sr. Rachel Carelse (FM) and Mr. Angelo Champanis (PM)	Decrease the stock-outs at Bishop Lavis pharmacy department from x to 5 items by 31March 2013	Stock card system for closed stock has been implemented as observed during facility visit. Reasons for out of stocks have been identified. Activities to address these were identified. FM and RP seem to be working well together.	Update to be made to presentation
Ruyterwacht CDC	-	To reduce waiting time at Ruyterwacht pharmacy for CDU patients from 2 hours to 1 hour by the end of March 2013	A visit to the facility was canceled. The pharmacy manager was unfortunately not available due to personal circumstances. The facility manager could not meet with the coaching team due to a staff crisis at the facility.	Mrs. Malan will follow up with the team to ensure that they are updated with the progress of the program thus far.

General

1. There is a need to standardize approaches across the sub-structure based on best practices. Many of the challenges taken on by the groups could result in the adoption of best practice models.

2. There was a need for clear consistent messages to patients with regard to topics such as the collection of medicine (collection points for medicine, appointment times for collection of medicine) as well as information relating to the use of their medicine.

3. There was an opportunity to use additional funds which were available for immediate use to print information material. Draft wording for information posters for patients was provided. Further assistance could be provided by SIAPS as needed.

Moving Forward

The following was agreed upon with the DD of Pharmaceutical Services for the LDP group:

1. Workshop 4 will be held on April 22–23 with group 1 coming on April 22 and group 2 on the April 23.

2. The final presentation will be held on May 3, 2013. On May 2, all teams will meet to prepare for the final preparation – one group in the morning and the other in the afternoon.

3. A template for the final presentations was drafted and provided to Mrs. Malan who will seek approval from the Communications Department of the sub-structure as soon as possible where after it will be sent to the teams.

4. Letters of invitation for the final presentation will be sent out from the Pharmaceutical Services office within the sub-structure.

ANNEX C. FINAL PRESENTATION SCHEDULE

LEADERSHIP DEVELOPMENT PROGRAM

Western Cape, Metro District Health Services, Northern/Tygerberg Sub-Structure: Final Presentation Agenda

Lentegeur Conference Centre
May 3, 2013

Chairperson: Mr A Patientia, Primary Health Care Manager, Metro District Health Services, Northern/Tygerberg Sub-Structure

09h00 – 09h30	**Arrival, Registration and Tea**	
09h30 – 09h40	Opening and Welcome	Lientjie Malan, Manager Pharmacy Services, Northern/Tygerberg Sub-Structure
09h40 – 10h00	Address by Director, Northern/Tygerberg Sub-Structure	Dr. L. Bitalo
10h00 – 10h10	SIAPS Pharmaceutical Leadership Development	Sue Putter, Cluster Manager, Governance and M&E, SIAPS
10h10 – 10h30	**Team Presentation: Elsies River** 15% of CDU parcels to be delivered off-site	Patricia Mc Pherson and Trevor Izally
10h30 – 10h50	**Team Presentation: Kraaifontein** Managing CDU process to decrease patient waiting time at the pharmacy	Leana Steyn and Rika du Plessis
10h50 – 11h10	**Team Presentation: Ruyterwacht & Belhar** Reducing the waiting time at the pharmacy for patients	Liesél Rose, Shirley Talmud, Maria Kordom, and Anuschka Mengel
11h30 – 11h50	**Team Presentation: Reed Street** Improve patient knowledge about chronic conditions	Elizabeth van Niekerk-Fortuin and Arun Patel
11h50 – 12h10	**Team Presentation: Parow** Reducing patient waiting times at pharmacy	Hazel Stallenberg and Riaan Simon
12h10 – 12h30	**Team Presentation: Ravensmead** Reducing the number of out-of-stock items at Ravensmead Pharmacy	Loretta Baron and Dirk Opperman
12h30 – 12h40	**Team Presentation: Goodwood** Medicine collection by patients on appointment day	Elma Shai and John Olifant
12h40 – 13h00	**Team Presentation: Sub-Structure Office** Management: Reporting of expired medicine	Lientjie Malan
13h50 – 14h10	**Team Presentation: Bishop Lavis** Improving stock control and availability	Rachel Carelse and Angelo Champanis
14h10 – 14h30	**Team Presentation: Durbanville** Managing the off-site delivery of CDU patient medicine parcels	Jane Thompson and Billy Rohm
14h30 – 14h50	**Team Presentation: Bellville South** National Core Standards: Ensuring 100% compliance with standards pertaining to pharmacy	Marisa Ferreira and Shafiq Beebeejuan
14h50 – 15h10	**Team Presentation: Delft** Reducing the number of prescription rejected by CDU	Murdock Horne and Angeline Phillips
15h10 – 15h30	Presentation of Certificates	Ms. G. Mkele, Leadership Development Program, SIAPS, and Dr. K. Cloete, Chief Director, Metro District Health Services, PGWC
15h30 – 16h00	Closing Remarks	Mr. B. Pharasi, Deputy Country Program Director, SIAPS, Ms L. Malan, Manager, Pharmacy Services, NTSS, Department of Health
16h00	**DEPARTURE**	**DEPARTURE**

ANNEX D. FINAL TEAM PRESENTATIONS

FINAL PRESENTATION

Leadership Development Program, Northern/Tygerberg Sub-Structure (NTSS)
Western Cape
Dates: May 2–3, 2013

The Purpose of The Visit

The purpose of the visit to the NTSS was to assist the teams in preparing and delivering their LDP project results to senior stakeholders within their province.

Facilitators

- Ms. Gail Mkele, Senior Technical Advisor, Leadership Development Program, SIAPS/MSH
- Ms. Sue Putter, Cluster Manager, Monitoring, Evaluation and Governance, SIAPS/MSH

Activities

Day 1 was dedicated to assisting each team present and finalize their PowerPoint presentation. Teams were given time slots in which to come in and present their work and receive feedback and support from the SIAPS facilitators as well as the head of pharmaceutical services within the sub-structure. The facilitators gave each team corrective and constructive feedback after their presentation. Emphasis was placed on communicating a clear, logical message in an effective manner. Coaching on presentation skills was also provided.

Day 2 was the final presentation day. The agenda for the final presentation is attached as Appendix 1.

Summary of the day's events:

a. The day started off with an address from Dr. Bitalo. The following were some of the key points from his address:

   - ✓ Need to identify what is working: what are those things that are functional, what is lacking functionality?
   - ✓ He acknowledged vision and support from Ms. Lientjie and Mr. Patientia.
   - ✓ Emphasized the focus on Vision 2020 – focus on improving patient experience; patients not happy about staff attitudes and long waiting times.
   - ✓ Patients happy with professional competence not happy with people-to-people affairs.
   - ✓ So what? "Jack" up leadership; become strategists; change with changing times.
   - ✓ Seeks to capacitate staff with leadership competencies – what does a leader do?

- ✓ Good leaders don't do big things – they do small things that change and influence the environment and those around them.

- ✓ Once you improve your own leadership skills you rub off those skills onto others – start a new culture.

- ✓ Vision 2020 – improve patient experience – happens by the change that happens to us and then that change happens to others.

b. Ms. Sue Putter the gave an overview of the SIAPS/MSH Leadership Development Program.

c. Teams then started presenting their projects. Various comments and questions were raised by the audience. Some key comments included:

- ✓ Need to strengthen relationships with off-site facilities – need to look at corporation with these facilities.

- ✓ Importance of ensuring that patients really understand how their medicines work. It is our collective responsibility to ensure that patients really understand their medicines and how to use them. More work could be done and coordinated between hospitals and CHCs.

Way Forward

Management of the sub-structure has decided to implement the Kraaifontein model for managing pre-dispensed medicine packs. They have also decided to adopt the Durbanville and Elsie's River off-site dispensing models. These will be implemented across all facilities in the sub-structure. Facilities are also going to be required to continue with their own projects and results will be collected over the next 12 months. Support has been requested from SIAPS to assist in monitoring and evaluating this process and in ensuring sustainability.

Discussions will be held between SIAPS and management of the sub-structure to map out the way forward.

Appendix 1:

Program for the Final Presentation

Leadership Development Program

Western Cape, Metro District Health Services, Northern/Tygerberg Sub-Structure: Final Presentation Agenda
Lentegeur Conference Centre
3 May 2013

Chairperson: Ms Anuschka Mengel, Pharmacy Manager, Belhar CHC, Northern/Tygerberg Sub-Structure

09h00 – 09h30	**Arrival, Registration and Tea**	
09h30 - 09h40	Opening and Welcome	Lientjie Malan, Manager Pharmacy Services, Northern/ Tygerberg Sub-Structure
09h40 – 10h00	Address by Director, Northern/Tygerberg Sub-Structure	Dr. L. Bitalo
10h00– 10h10	SIAPS Pharmaceutical Leadership Development	Sue Putter, Cluster Manager, Governance and M&E, SIAPS
10h10 – 10h30	**Team Presentation: Ruyterwacht & Belhar** Reducing the waiting time at the pharmacy for patients	Liesél Rose, Shirley Talmud, Maria Kordom, and Anuschka Mengel
10h30 – 10h50	**Team Presentation: Elsies River** 15% of CDU parcels to be delivered off site	Patricia McPherson and Trevor Izally
10h50 – 11h10	**Team Presentation: Reed Street** Improve patient knowledge about chronic conditions	Elizabeth van Niekerk-Fortuin and Arun Patel
11h10 – 11h30	**TEA**	**TEA**
11h30 – 11h50	**Team Presentation: Goodwood** Medicine collection by patients on appointment day	Elma Shai and John Olifant
11h50 – 12h10	**Team Presentation: Parow** Reducing patient waiting times at pharmacy	Hazel Stallenberg and Riaan Simon
12h10 – 12h30	**Team Presentation: Ravensmead** Reducing the number of out-of-stock items at Ravensmead pharmacy	Loretta Baron and Dirk Opperman
12h30 – 12h40	**Team Presentation: Delft** Reducing the number of prescription rejected by CDU	Murdock Horne and Angeline Phillips
12h40 – 13h00	**Team Presentation: Sub-Structure Office** Management: Reporting of expired medicine	Lientjie Malan
13h00 – 13h50	**LUNCH**	**LUNCH**
13h50 – 14h10	**Team Presentation: Bishop Lavis** Improving stock control and availability	Rachel Carelse and Angelo Champanis
14h10 – 14h30	**Team Presentation: Durbanville** Managing the off-site delivery of CDU patient medicine parcels	Jane Thompson and Billy Rohm
14h30 – 14h50	**Team Presentation: Bellville South** National Core Standards: Ensuring 100% compliance with standards pertaining to pharmacy	Marisa Ferreira and Shafiq Beebeejuan
14h50 – 15h10	**Team Presentation: Kraaifontein** Managing CDU process to decrease patient waiting time at the pharmacy	Leana Steyn and Rika du Plessis
15h10 – 15h30	Presentation of Certificates	Ms G Mkele, Leadership Development Program, SIAPS, and Dr. K. Cloete, Chief Director, Metro District Health Services, Provincial Government of the Western Cape (PGWC)
15h30 – 16h00	Closing Remarks	Mr. B. Pharasi, Deputy Country Program Director, SIAPS, Ms. L. Malan, Manager Pharmacy Services, NTSS, Department of Health
16h00	**DEPARTURE**	**DEPARTURE**

ANNEX E. WORKSHOP EVALUATION REPORTS

Pharmaceutical Leadership Development Program Report

Introductory workshop

Training Start Date:	September 13, 2012
Training End Date:	September 14, 2012
Province, Country:	Western Cape, South Africa
Programme Facilitators:	Gail Mkele, Sue Putter
M&E Advisor:	Sue Putter
Course Coordinator:	Lesego Mantu
Health Focus Area:	Pharmaceutical Services
Client:	Western Cape Northern/Tygerberg Sub-Structure
Provincial Contact:	Cathleen Lientjie Malan

Participants' details:

Overall Number of Participants:	25
Number of Female Participants:	17
Number of Male Participants:	8

Purpose of the workshop:

This was a workshop to introduce the leadership development program to the pharmacy managers and facility managers of the sub-structure and to map a way forward with regards to addressing some of the challenges encountered in the sub-structure.

Below is a summary of the comments received from participants.

1. Overall rating

The participants rated excellent and very good.

2. On meeting expectations

This was rated as excellent with the following comments:

- The course not complete yet, we need more practical examples from audience to start addressing.
- I came with no expectations.
- It will help with management and leadership which I do not enjoy.
- To manage challenging situation at my facility.
- Reinforced what I already know.
- I did not have any expectations or needs wanted an open mind.
- I was scared about the outcome but pleasantly surprised.
- Has given me insight and solutions to some of the problems.
- New ways of approaching challenges.
- Will need to see what impact it has in due course.

3. Clarity of the facilitators

The majority rated the clarity of facilitators as good.

4. Reference material and handouts

Participants rated the materials provided between good and very good. Participants also indicated that they would appreciate additional modules such as:

- More interpersonal relationships need to be addressed.

5. Most useful topics

The participants rated the following as the most useful topics:

- How relevant this is to everyday personal and work challenges.
- The exchange of information between facilities.
- Challenge model and the overview of HC 2020. Identifying the differences between leading and management practices.
- The presentations.
- Teaching me to take leadership in my environment.
- Accessing strengths and weaknesses in leading and management.
- To air our views. We were able to air our own views without it being shut down.
- The fact that it doesn't end today.
- Willingness of presenters for allowing us to talk and listen.
- Having interactions among participants and sharing ideas
- Identifying your strengths and weaknesses.
- Interaction, openness to questions, and response from presenters.
- Between those presenting and showing best practices in course information.

6. Least useful

The participants rated the following as the least useful:

- Approach and next step for sub-structures
- Long day
- Everything was relevant

7. What could be improved?

Areas of improvement highlighted included the following:

- If more people could be involved.
- The course was excellently prepared.
- By commitment and motivation.
- Start the day earlier, 07h00 for 08h00.
- With great difficulty.
- Involve the prescribers.
- Need a follow-up.

8. Venue

No comments were provided on the venue.

9. Food

- Good.
- Healthier food might be nice.

Summary:

This was the introductory session with the Northern/Tygerberg Sub-Structure in the Western Cape. The workshop took place over a period of two days with six facilities represented on each of the days. Participants included facility managers and pharmacy managers.

At the end of each day, the team expressed an interest in proceeding with the program and was positive about identifying common challenges within the sub-structure or challenges related to the National Core Standards assessments conducted at the facilities.

Pharmaceutical Leadership Development Programme Report–Workshop 1

Training Start Date:	November 6, 2012
Training End Date:	November 9, 2012
Province, Country:	Western Cape, South Africa
Programme Facilitators:	Gail Mkele, Sue Putter,
M&E Advisor:	Sue Putter
Course Coordinator:	Lesego Mantu
Health Focus Area:	Pharmaceutical Services
Client:	Northern/Tygerberg Sub-Structure (NTSS), Western Cape

Participant Details:

Overall Number of Participants:	31
Number of Female Participants:	18
Number of Male Participants:	13

Below is a summary of the comments received from Participants.

Overall Rating: The participants overall rating of the workshop was very good.

Expectations: The following comments were noted, namely:

- Insight on how to start the project.
- Did not know what to expect. I know how to tackle an unsatisfactory current situation. Never suspected it to be so informative

Clarity of the facilitators: The majority rated the facilitators positively and commented that they were very easy to work with. **Reference material and handouts:** Rated between good and very good.

Most useful topics:

- Bin cards
- Discussions and sharing of ideas
- Challenge statements
- Root cause analysis
- Mission and vision statements
- Interaction and participation
- Presenters and knowledge
- Identifying a program we can implement
- Everybody participated
- Group interaction
- SWOT analysis
- Systematic problem solving and planning
- To put structure to what we are currently doing
- Communication with colleagues
- We were able to participate in discussions
- Streamlining what we are already doing

Least useful:

- Times allocated to sessions at times were too much
- SWOT analysis
- None.
- Time allocation
- Groupwork
- Throwing fruits around
- Too much concentration on the project
- It sometime took too long between exercises
- Not really. Getting more work to do.

What could be improved?

- Maybe rather conduct the training for three days because it is a tiring workshop.
- Bin cards.
- What we learned in this workshop is not in the booklet or not clearly understandable from the booklet.
- Suitable venue.
- Possibly go a bit slower.
- Very long, try to finish earlier.
- Video presentations.
- It is fine like this.
- The course was excellently planned.
- More visual display like videos.
- Time spent between subjects can be shortened. Be more concise.

Venue: Some participants expressed the need to have softer seats.

Time allocation

Most participants expressed their feeling regarding time management and some of the comments are the following, namely:

- Times allocated to sessions at times too much
- Sessions are too long

Summary:

This was first workshop for the Western Cape after the preliminary workshop. It was held at Karl Bremmer Hospital. The majority of the participants were satisfied with the workshop and as a result rated it very good. Some participants felt that the sessions were too long and needed to be reduced to fewer sessions and days because they are tiring.