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# HELLO!! WELCOME TO OUR DIARY

By Team 5

Welcome to our organisational visit documentary diary! This diary serves as a collection tool for all that we have seen and experienced at Mofolo CHC over the designated 6 weeks. The submitted organisational analysis report is based on these experiences and observations of the processes, activities, and operations of the Mofolo CHC organisation with regard to each section, as well as on interactions with CHC staff members with the aim of understanding service delivery in the centre.



The diary goes into detail and offers deeper insights into the processes and operations of Mofolo CHC, while the report is simply the summary of this. From this stemmed the importance of developing this diary to ensure further details about the site are shared. We will take you through the tasks we engaged in every Wednesday in various sections we visited at the CHC.



# RECEPTION AND ADMINISTRATION

At the main reception, we observed that there are usually four reception workers at the front desk helping patients with opening their files. They have access to computers to capture patients' information but manual recording is preferred as it speeds up the work and makes their job easier. We were taught how to open a new file for a patient and how to navigate a file on their file storage. We also got told that most of the reception workers are not permanent staff.



## Physiotherapy

The physiotherapists provided us with background information on what is physiotherapy really about. This enlightened us to be prepared when any patient comes for their sessions as they told us it might be traumatizing at times. All the physiotherapists in that section are very nice, gentle and patient with their patients. They are also funny at times when asking questions to their patients, and this shows that they know how to make their patients feel full of life. We saw that they receive most of the patients who have a stroke.



*Figure 1*



Most of the patients and their families seem to have little knowledge about stroke, as they accompany them to the hospital a little later than expected to the physiotherapists. One thing we saw was the mistake most of the hospitals do when referring the patients to Mofolo. One is that they include important documents way far inside the files, of which makes the patient's family not pay attention to as most of them are uneducated, and old to read that a person should start their appointments with them early.

Fun fact: Mofolo CHC is the only center in the Johannesburg Metropolitan Health centres that offers Physio and Occupational therapy

Secondly, is the communication between the hospitals that do referrals with those patients. It is poor as they tend to not tell the dates they are supposed to go, and also just tell them to go see the physiotherapist, whilst the detail behind that is not known, as most of those people might not have an idea what actually a physio does. The Physiotherapists work well with their Occupational Therapists to assist their patients. The Physio section working with their OTs also does house visits to the people in the community, which is a good thing for those who are far away and cannot make it to the clinic.

People are being treated fairly even though they do not have appointments. They try to squeeze where they can instead of making them return home without being helped. They have most of the infrastructure they need to help their patients, if they run out of some they order it and put people on their waiting list. The OTs and physios share one office which seems small for all of them, but also it can accommodate all of them. They have their own cabinets to store files for their patients and a computer, which they also do not often use, rather use manual as they view it fast. This section also serves as an educational section as it can accommodate students who need to do Job shadowing, and it also teaches them how to become good physiotherapists.

## Psychiatry

The section functions well and people are being assisted according to their appointments. Since in Mofolo clinic most of their patients are adults people, the staff in that side is mostly people who are well-suited for the job.



One thing we saw is that most of the staff get tired as they are quite few maybe for the number of people they see each day. The section runs from 7am- 12pm, and patients do not stay in queue for long hours.

# Mpumelelelo clinic

It is a well-structured clinic for children and seems very well-resourced with equipment needed for the children's appointments or visits. This section has its own computer but uses files to capture patients' data because of the issue of load-shedding in our country. The nurses are very nice and their communication with patients is very good. This section is separated from the rest of the clinic, and I see it as a good thing for children not to be exposed to a lot of diseases that adult people may have if they have to be mixed in one waiting room.



This section also has its own pharmacy for medication. We know that it might take time to give out prescribed medication to the patients, and this makes it easier to manage the line or queue for people fetching their medication in only one pharmacy when the clinic receives quite a number of people in 1 day. The health workers told us that during the week this section is not that busy since the day allocated for children is Monday, but they also see them throughout the week if they have an appointment with them.

## Maternal and Child Health

We received warm welcomes from the staff in this section. The sister in charge explained their operation in the section, showed us the paperwork, and explained how they go about registering new incoming patients in the community. She then gave us a tour around the section, and we got a chance to explore the infrastructure, the equipment, and the file storage area. The section structure was satisfying, with a high level of cleanliness and organisability. There is enough space and appropriate airflow.



The equipment used is smooth and functional. The sister in charge told us that there are only two nurses working with all the patients visiting the section. She also complained about burnout and workload on Mondays. However, the nurses prioritise their patients, they do not treat them as numbers. We noticed good communication practice between nurses and their patients, which demonstrated patient engagement



and sense of responsibility pertaining to their health and well-being. We noted that one of the foreign patients walked in, and the nurses were able to accommodate her. They brought someone in to help translate for the patient.

## FAMILY PLANNING

Only one nurse was in charge of seeing all the patients, checking their files, giving them contraceptives, and taking pap smears where necessary. We noted good communication between her and her patients. Good organisational culture was evident. However, she did complain about burnout from workload on busy days which she said are likely to be on month end. On busy days she sees almost 40 patients and has to deal with them all alone. We did observe that patients were not adhering to the nurse's contraceptive plan and appointments, which made it challenging for the nurse to work with them.

## ACUTE AND CHRONIC CARE



Service delivery is carried primarily by doctors who are super nice and professional. The nurses also play a role in delivering care. The health staff ensure that they accommodate all patients by speaking their languages. The doctors in the section prioritise their patients according to a triage system, which enables the very sick to seek help first. Both sections are highly maintained and fast. The acute care section deals with high blood pressure, disability pains, cholesterol, flu, diabetes and other illnesses, whereas chronic care focuses on chronic diseases. The chronic care section is well-fitted with vital check equipment and has medications well packed in the cardboard inside the section.

The space is wide and tidy, offering a good working environment. We learned The Chronic section works hand-in-hand with the CLUB section, referring patients with manageable chronic conditions to the CLUBS so they remain in charge of their treatment. We learned in the chronic care section that HIV patients' files are kept as both hardcopies and electronic files in the system in comparison to those of non-HIV patients, which are only kept as hard copies

# Pharmacy



Mofolo Pharmacy is right at the centre of the clinic for easy access by patients. It is equipped with all the medication that all patients from all the sections of the clinic need except Mpumelelo which has its own Pharmacy. They have three storages. The main storage where they store all medications that they receive each day from the Department of Health is located at Mpumelelo Clinic, the other ones are located near the pharmacy.

These storages can only be accessed by certified workers. This is to ensure that no medication is stolen before it is entered into the Pharmacy office system. In the sub-storage inside the Pharmacy area, they store all medication that is usually prescribed or the one that is highly utilised. Early in the mornings, they fill all the shelves with medication that is running out. They then capture all medication received from the main storage to the sub-storage in the system so that it's traceable. We helped fill the shelves. The Pharmacy has roughly 5 to 8 workers, three being the qualified Pharmacists, two assistants who work with prescriptions and assisting patients, and then the admins.

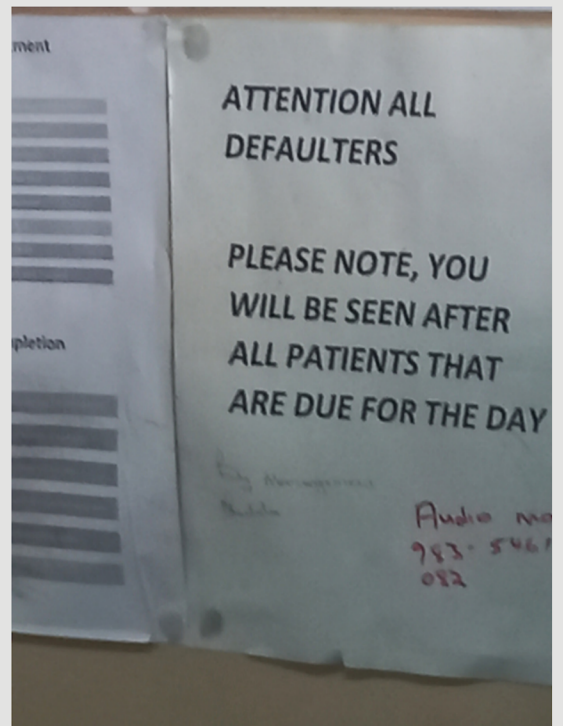
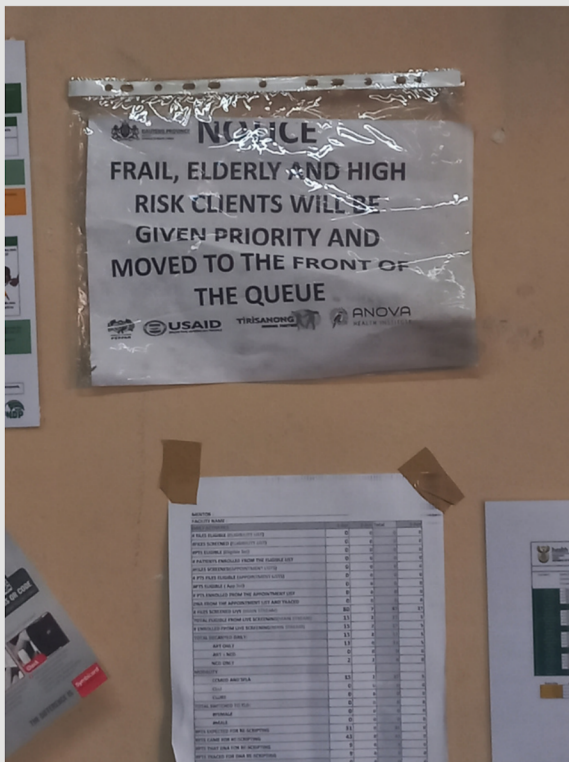
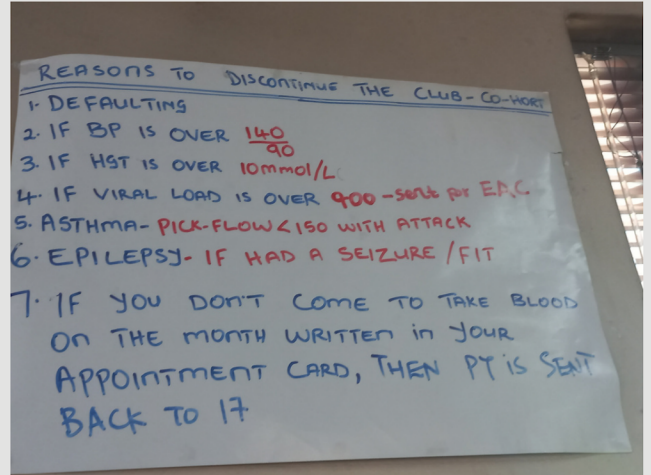




# CLUBS

Clubs is a section in Mofolo CHC that is specifically for chronic conditions that are controllable. The reason for this section was to limit the number of visits to the CHC for patients with controllable chronic conditions.

When a patient is moved from the acute section to the clubs they are given medication for six months which means they are coming to the CHC twice a year instead of coming after two to three months.



# Community Outreach

Our plan for day 5 was to go out with the outreach team to the community. Upon arrival at the CHC, we met with the outreach team supervisor and she provided us with information about the responsibilities of the outreach team and some of the challenges they face when going out to the community.

Some of the challenges that they face include patients locking themselves in their homes and not welcoming the CHW. There are 28 community healthcare workers at Mofolo CHC and 4 of them are elderly and can no longer go to outreach. These healthcare workers work hand in hand with traditional healers and counsellors of the wards they are visiting. Our experience with the community outreach was good. The patients were so welcoming in their homes, they treated the CHW as their friend and they also had respect for them. We were also able to locate one patient who was no longer going to the CHC and we registered them back to the system and gave them a date for their CHC visit.



We honour the opportunity offered to us by our course coordinator Dr. Pather to complete this organisational analysis at Mofolo CHC, it was quite an experience. We are grateful for all the warm welcomes we have received from staff members of the organisation. Our presence at Mofolo CHC granted us valuable insights into the healthcare systems, and strengthened our understanding of what is required of us as health systems scientists. We are glad we could work with Mofolo CHC in monitoring their functioning, identifying the challenges they encounter, as well as proposing recommendations to ensure the centre stays on track and is working at its maximum potential. We hope our presence there as well as the feedback we left will be beneficial, and that the centre will use it in line with the Gauteng Health Strategic Plan 2020/2021 to 2024/25 to maximise their impact on community health.