

COMMUNITY-ORIENTED PRIMARY CARE RESEARCH UNIT

Creating A Service Learning Research Platform



UNIVERSITEIT VAN PRETORIA
UNIBESITHI YA PRETORIA
Denkleiers • Leading Minds • Dikgopolo tsa Dihlofeli

UNIVERSAL HEALTH COVERAGE

Sub-District Contracting Unit: Coordinated care for effective, equitable quality healthcare delivery

Services: Patient-centred health services delivered from the home to and from clinics, practices and hospitals

Academic Platform: To support apprentice education, workplace learning, and research, monitoring and evaluation

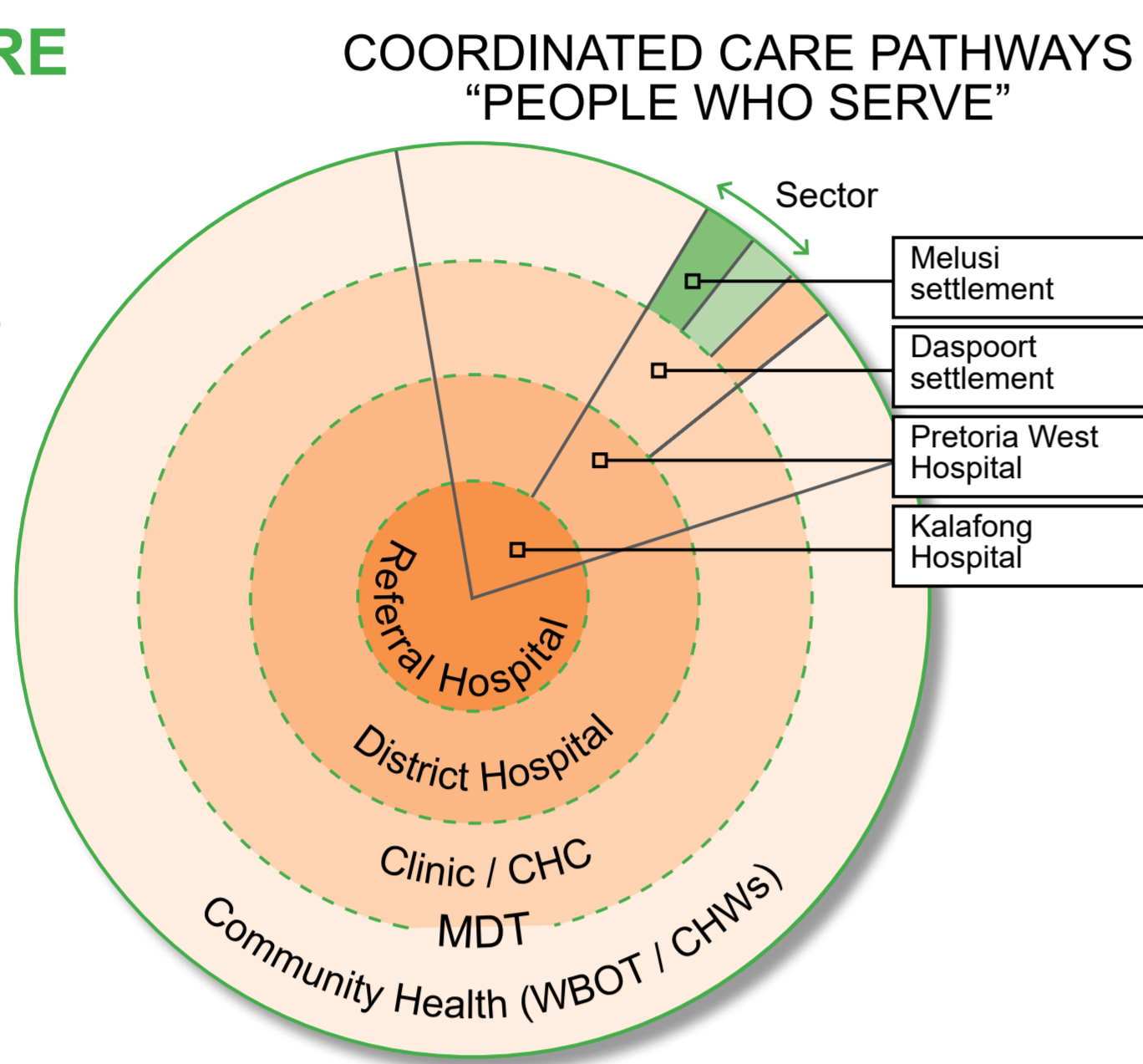
COORDINATION OF CARE

Patient-centred care pathways

Cooperative practice - across services and levels of care

Multi-disciplinary decision making and delivery - clinicians, allied professionals, community health workers, students, patients, families

ICT to support information and service continuity, learning and performance management

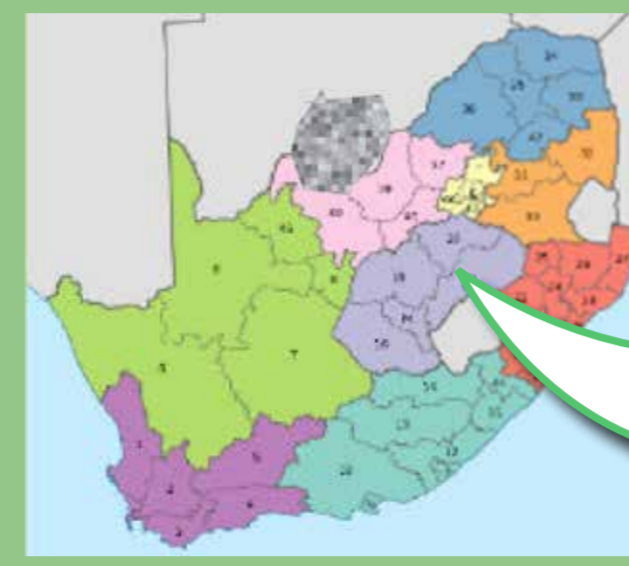


INTEGRATED HEALTH PLANNING

IHPS - A UP DFM CUSTOM-BUILT PLANNING TOOLKIT

- Uses the best available place-specific data
- Accounts for geography, population, socio-economic and demographic factors, health status, health and allied services, and human resources
- Has broad adaptive capabilities to make it place, time and context relevant
- Supports multiple levels of assessment and analysis

MACRO National / provincial



INITIATION PLANNING

Baseline modeling & resource planning, costing, programming.
Systems consolidation.

MESO District / Sub-district / Contracting unit



PRE-IMPLEMENTATION

Define footprint, focus area.
Geography, population.
Set health catchments.
Resource mapping.
Designate NHI providers.
Demand, cost planning.
Set-up, recruit, on-board, train multi-disciplinary, multi-level teams.

MICRO Community Health: facilities, households, practice



IMPLEMENTATION

Community based facility linked multidisciplinary teams.
ICT enabled data to support care plans and care pathways
Regular MDT meetings
Progressive patient, service feedback.
Research, M+E



PARTNERSHIP AND NETWORKS

Government – national, provincial, district, municipal -health, education, social development etc.

Private – health, welfare, education, ICT, service etc.

Third sector – NPOs, CBOs, FBOs

Cooperative Practice

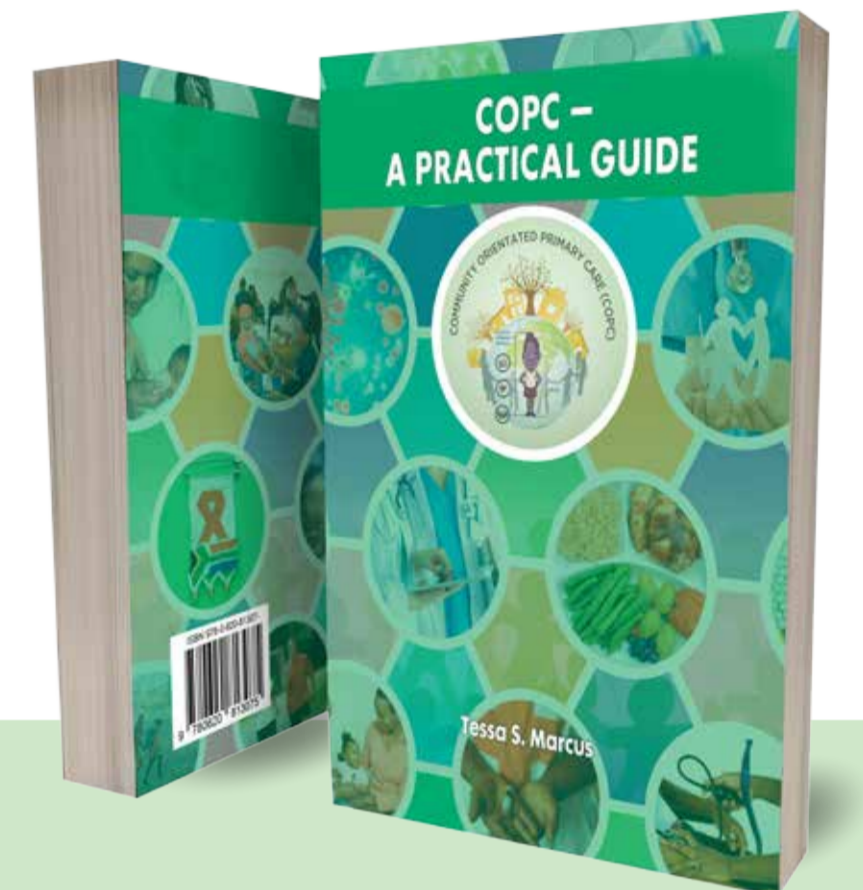
- Identify the organisational asset base: LISA (Local institutional support assessment)
- Build local health organisational capacity: Mapping, community forums, adaptive planning
- Develop and maintain relationships

THE LEARNING MODEL

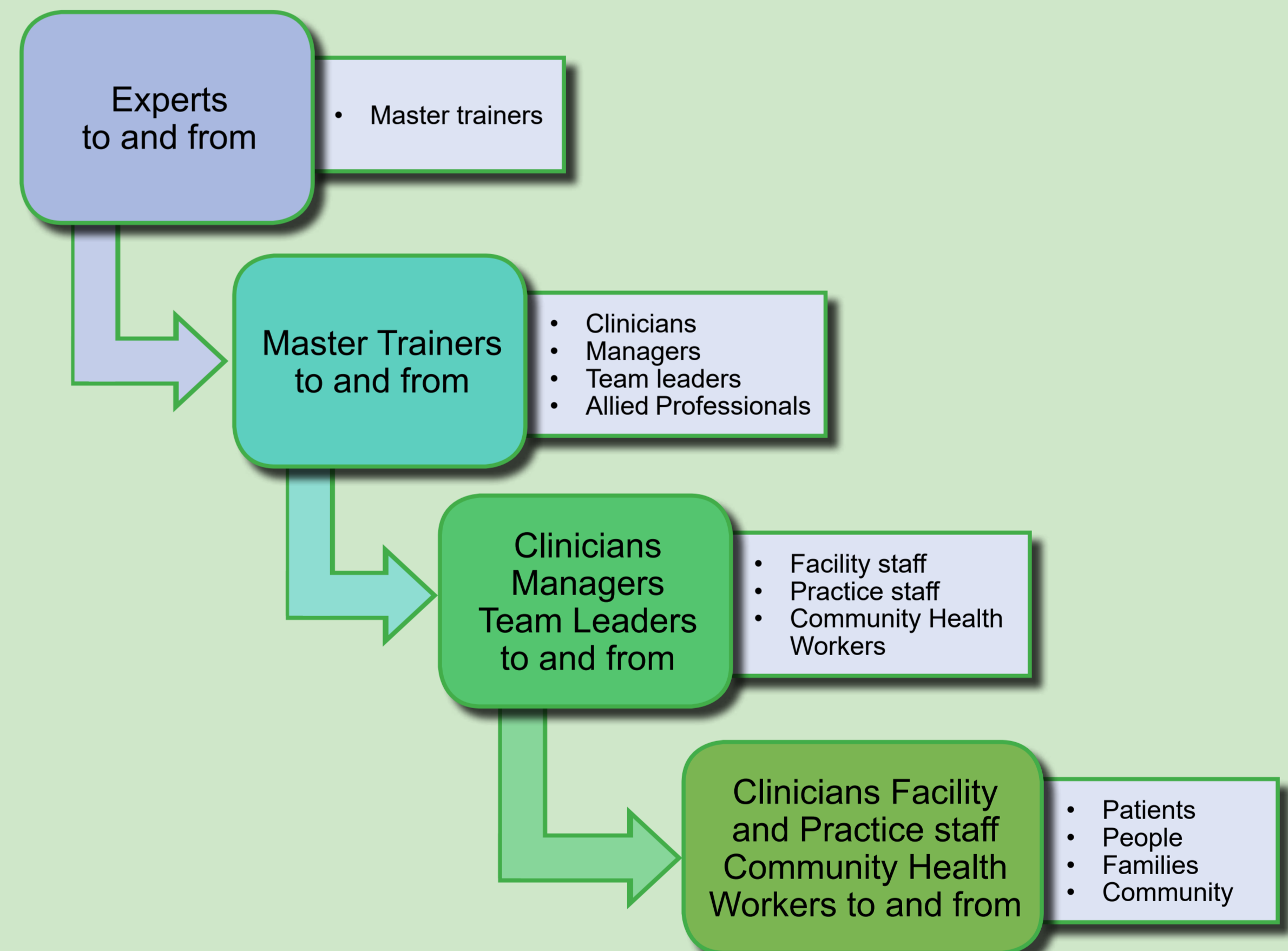
Learning platform hospital-clinic-practice-home

Continuous capacity development and quality assurance.

Workplace learning (work-i-learn) built around a common curriculum, peer-learning reviews and other quality improvement practices

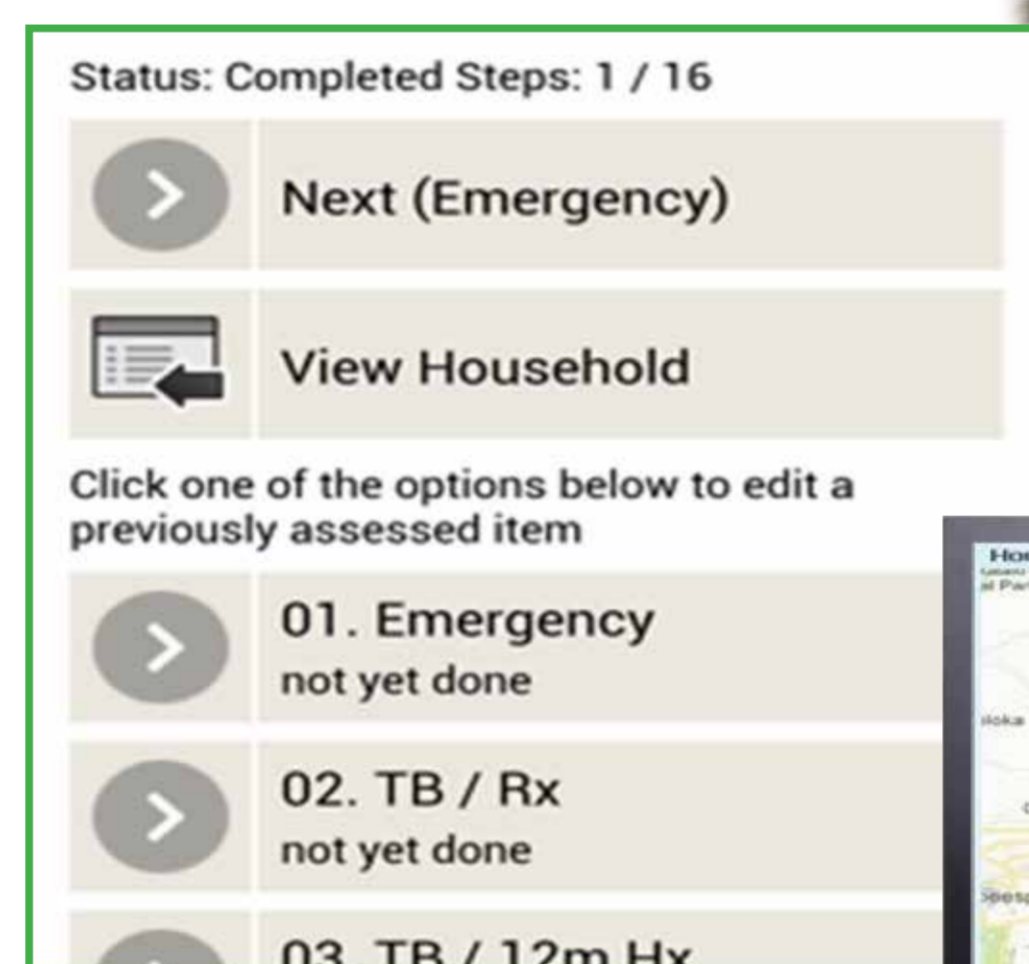


LEARNING DELIVERY CASCADE



INFORMATION AND COMMUNICATION TECHNOLOGY FOR 21ST CENTURY HEALTHCARE DELIVERY

- **Purposely developed ICT** that supports quality care and manages service performance:
- **AitaHealth™** - a real-time health assessment, service support and reporting device and web platform tool to support community-based health care delivery.
- **Care Pathway Support - PPOServe™** - a diagnostic and health care management tool to support individual patient care plans.
- **Vula™** - ICT-enabled specialist support and clinical referral
- **Patient record systems** such as Synaxon™ PHRS.
- **Supply chain management** such as MezzanineWare SVS™ (Stock Visibility System) to ensure essential medicine availability at all service levels



AitaHealth



COMMUNITY-ORIENTED SUBSTANCE USE PROGRAMME (COSUP)

COSUP



Partnership City of Tshwane, University of Pretoria

Purpose

To minimise the health, social and economic impacts of substance use through prevention, identification and resolution of substance use disorders.

Place

20 sites across the city.

Domains of practice

- **Ensure harm reduction alignment** through engagement with stakeholders
- **Assure provision of bio-medical services**, especially opioid substitution therapy (OST), needle and syringe services (NSP), and referral for HIV and TB testing (HST)
- **Support and enable provision of psychosocial care and social reintegration**
- **Develop and enhance** healthcare professional, student, worker and peer educator **capacity** to use a harm reduction approach
- **Enhance service delivery**, improve the **quality of health care** and support, and manage performance through ICT
- **Research implementation and gaps**

RESEARCH



20 COSUP SITES UP/CITY OF TSHWANE 2016 - 2019

SERVICE



LEARN



Research + Monitoring & Evaluation

Education & Training

Services, Coordination & Integration