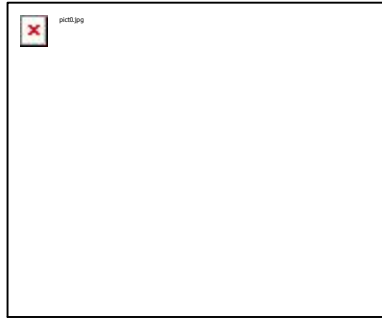


Health Information Systems Policy for Ekurhuleni

Item B-H (26a-2005) MC 10/11/2005	HEALTH AND SOCIAL DEVELOPMENT: HIS POLICY FOR EKURHULENI
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RESOLVED:

1. **That** the contents of the report regarding the Health Information Systems Policy for Ekurhuleni **BE NOTED**.
2. **That** the policy on Health Information Systems for Ekurhuleni, attached as **Annexure B** to the report, **BE APPROVED**.



EKURHULENI METROPOLITAN MUNICIPALITY

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EKURHULENI METROPOLITAN MUNICIPALITY

HEALTH AND SOCIAL DEVELOPMENT DEPARTMENT

SPECIAL PROGRAMMES DIVISION

Policy on:
Health Information flow
in Ekurhuleni Metropolitan Municipality

PURPOSE

The purpose of the Health Information policy is to:

1. Standardise the flow of information for the routine collection of data within the Health and Social Development Department
2. To align the Health Information System (HIS) of Ekurhuleni Metropolitan Municipality (EMM) with the National Policy of the National Department of Health (NDoH)

SCOPE

The policy will apply to all the divisions of the Health and Social Development Department (H&SDD).

OBJECTIVES OF THIS POLICY

The objectives of the policy are to:

1. To provide the National Policy of Data flow, see ANNEXURE H.
2. To provide a graphic flow of information within the H&SDD
3. To enhance compliance with the NHIS Policy.

ROLES AND RESPONSIBILITIES

The collection of routine data within the Health sector is vital. for decision making and therefore serves as a management tool for resource allocation. Data collection at source, for example facilities, after analysis is fed as information to various levels of government see ANNEXURE H (National Policy):

1. Local Government: It serves as management information for the identification of problems and act as source for follow up of interventions.
2. Provincial Government: In this case Gauteng Provincial Department of Health (GDoH) monitors and evaluates the implementation of policies throughout the province.
3. National Government: Monitors and evaluate policy implementation and decides on resource allocation.

At local government level (EMM) there are various role players in the data collection and analysis and the flow of information throughout the department, H&SDD. Most routine data is collected at source where practitioners interact in service delivery. The information is captured mostly on paper based data collection tools. Data Capturers transfer the information onto computer using data collection application systems. It is the responsibility of supervisors at this level to check on data completeness, accuracy, validity and reliability. The application systems apply data validation checks to assist with the accuracy of data captured.

At a regional level the Regional Executive Manager (REM's) have to sign off in order to certify that the information is a true reflection of the activities in his / her region. Information is then fed to the HIS Officer who concatenate the information, for the entire municipality. The HIS Officer also distribute reports back to the regions and or facilities for interpretation and to act on any untoward event(s). The information is then passed on to Provincial (GDoH) level, in the case of EMM initially to Region B and than to GDoH Head Office.

RELATED DOCUMENTS

- Health Act (Act 61 of 2003)
- National HIS of SA Committee — Data flow Policy; ANNEXURE H
- Council Item: Collection Tools: ANNEXURE J
- Collection Tools:
 - ❖ EDS / DHIS Collection Tools: ANNEXURES A, B, C, D, E, F, G.
 - ❖ PHA Collection Tool: ANNEXURE I.

PROCEDURE / STRATEGY OF ADHERENCE TO THIS POLICY

Collection tools have been developed to collect data on a routine basis for all the divisions of the H&SDD. Data is collected at source where service delivery takes place. These tools have been developed in consultation with NDoH (NHIS-DHIS) and the various divisions of the H&SDD. As far as possible elements of the various tools cover all the key performance areas (KPA's) of the H&SD Department. All role players will sign the source documentation as proof of accountability. The divisions function as follows:

1. Family Health Division

EMM has adopted the essential data set (EDS) following the introduction of the minimum data set by GDoH. Included are ANNEXURES A, B, and D which demonstrate the collection tools which were developed and implemented. These tools form part of the District Health Information System (DHIS) which was developed at the University of the Western Cape as an open source system and assists with the electronic capturing and reporting of health information. The NHIS is also based on this system. A standard definitions list support uniform interpretation of elements.

The H&SDD also report on the GDoH thrusts (Provincial strategic issues) on the PHA collection tool, ANNEXURE G. This annexure covers all the elements required by Province to monitor and evaluate the implementation of provincial policies and the integration process. After signing the Memorandum of Understanding (MOU) a new tool was developed to report on the implementation of the agreement, ANNEXURE I.

2. Environmental Health Division

Through a consultative process a collection tool was designed to capture elements required for the Environmental Health Division (EH). With the definition of Municipal health Services (MHS) as essentially EH issues, nationally there is a process underway to develop indicators to cover the EH / MHS KPA's. Enclosed as ANNEXURE C is the current tool in operation.

Several workshops, both national and provincial have been held to expedite the formulation of indicators for EH.

3. Community Development Division

There is no National or Provincial dataset for the collection of social development data elements. ANNEXURE D was developed in consultation with the Community Development Division based on the KPA's of the H&SDD.

4. Support Services Division

This division provides the administrative support for the H&SDD. It has two major KPA's to cater for:

- (i). Budget: Monthly budget expenditure reports are provided based on the "Venus" system in use by EMM. This provides a summarized report covering all the budget categories by vote numbers and the expenditure by date as a control measure.
- (ii). Training Section: ANNEXURE F is the collection tool devised with the manager training to collect routine data for the section.

All the collection tools have been approved by the Portfolio Committee: Health and Social Development see ANNEXURE J.

Information flow and Accountability

<u>No</u>	<u>Flow of Information</u>	<u>Documents</u>	<u>Accountability and Signature</u>
1.	International	Annual report	Minister of Health and DG
2.	National Department of Health	Annual Report	Minister of Health and DG
3	Provincial: <i>Gauteng Department of Health</i>	Annual Report	EC and HOD
4		PHA Report	HOD
5		MOU Report	HOD
6	Local Government: Ekurhuleni Metropolitan Municipality: Corporate Level	Annual Report .	Exec. Mayor MMC ED Directors: Special Programmes, FH, EH, CD and SS
7.		PHA Report	MMC ED Directors: SP, FH, EH, CD and SS
8.	.	MOU Report	MMC ED Directors: SP, FH, EH, CD and SS
9.	EMM: Regional Level	Monthly and Quarterly Reports	Directors: SP, FH, EH, SS, CD Manager: Epidemiology and HIS Officer
10.	EMM: Sub-district Level	Monthly and Quarterly Reports	Managers: FH, EH, CD, SS Supervisors
11.	EMM: At Source :	Monthly and Quarterly Reports. Collection tools	Operational managers: FH, EH, CD and SS Functional .Operators

The National HIS policy requires that accountability be accepted by all role players and that the accuracy, completeness and reliability of the information be certified all along the value chain.

A feedback system has been put into place for information to be fed back into the system for operational staff to interact with the data and to use the information to improve service delivery. Task Teams have been established for all divisions to attend to problems of a technical nature and also to assist with interpretation and implementation.

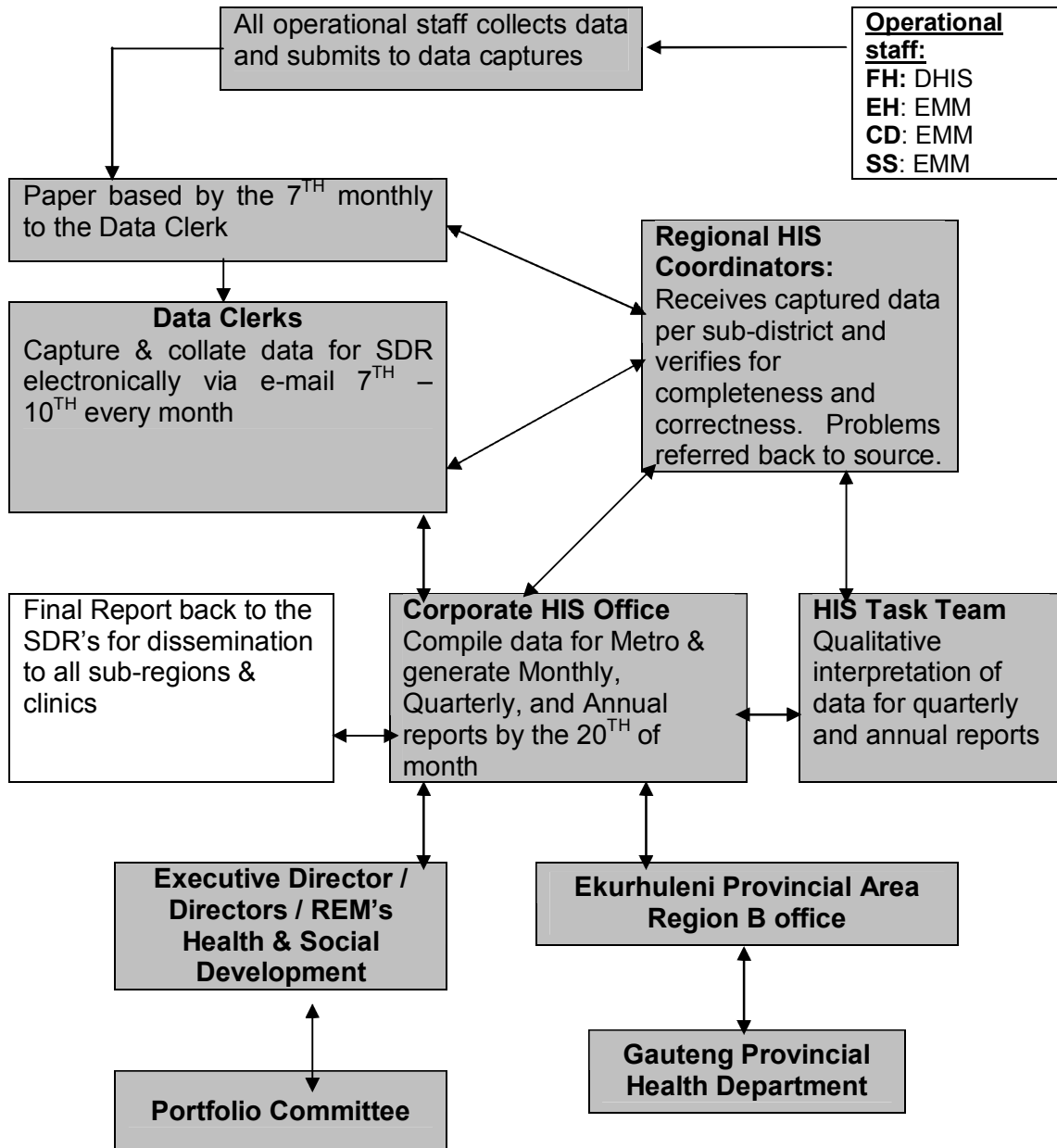
It is also important to note that the information is ultimately used to address epidemiological issues and for resource allocation. The completeness, accuracy, and reliability of the data and information is paramount and everybody in the value chain must assume responsibility for the data and information.

All source documentation will be adapted to provide for the signature of every incumbent responsible for data collection. Feed back documentation will likewise make provision for signatures for staff responsible to sign off documentation.

Ekurhuleni Metropolitan Municipality

Health and Social Development Department

Flow of Data



POLICY REVIEW

Because of the dynamic nature of the data collection system this policy will be reviewed on an annual basis. Currently lots of changes are made after the promulgation of the Health Act, Act 61 of 2003. Indicators are being developed to better address the KPA's of all concerned.

MONITORING AND EVALUATION

It is proposed that all the collection tools must be signed off by all operational staff in order to enforce compliance. Monthly reports, serving as the management information system, on submission will be signed by all supervisory staff. Quarterly reports have to be signed by the REM's and all Directors to vouch for the accuracy of the information.

It is expected of both the MMC and the ED to sign reports sent to other departments.

DEFINITIONS / ACRONYMS

1.	HIS	Health Information System. Routine data collection
2.	NHIS	National HIS
3.	DHIS	District HIS
4.	NDoH	National Department of Health
5.	GDoH	Gauteng Department of Health
6.	MEC	Member of the Executive Committee (Provincial)
7.	HOD	Head of the Department (Provincial)
8.	Exec Mayor	Executive Mayor of the Metropolitan Municipality
9.	MMC	Member of the Mayoral Committee of the EMM.
10.	EMM	Ekurhuleni Metropolitan Municipality
11.	ED	Executive Director of Health and Social Development
12.	H&SDD	Health and Social Development Department
13.	UWC	University of the Western Cape
14.	FH	Family Health Division
15.	EH	Environmental Health Division
16.	CD	Community Development Division
17.	SS	Support Services Division
18.	SP	Special Programmes Division
19.	DG	Director General: Health
20.	EDS	Essential Data Set
21.	MDS	Minimum Data Set
22.	MOU	Memorandum of Understanding
23.	PHA	Provincial Health Authority to change to Council
24.	KPA's	Key Performance Areas
25.	MHS	Municipal Health system
26.	LG	Local Government
27.	Data	Elements of variables measured and collected routinely
28.	Indicators	Combining elements into numerator and denominators to improve interpretation and comparisons

