



DEPARTMENT OF HEALTH
Republic of South Africa

CLINIC SUPERVISORS MANUAL

VERSION 3
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INTRODUCTION AND POLICY

INTRODUCTION

The purpose of this manual is to provide a set of flexible, adaptable tools and guidelines to facilitate quality clinic supervision. Extensive resources are available which deal with improving supervisor-supervisee relationships. This manual does not attempt to repeat the ideas in those resources but rather to provide concrete tools for organising and carrying out the complex and multi-faceted task of the clinic supervisor. Materials provided here have been drawn from a number of sources, all of which have been field tested to at least some degree. The ultimate aim of the manual is to support supervisors in their role of improving the quality of care in the clinics.

Clinic supervisors can influence quality of care at clinic level through both their administrative roles and their technical support role to service providers in guiding the provider-client interaction by:

Ensuring that **resources** are in place to ensure technically correct care

- adequate numbers of staff with appropriate skills
- drugs, clinical supplies and equipment
- procedures, guidelines, norms and standards
- a maintained infrastructure

Ensuring quality services from the **client perspective**:

- services are available at adequately convenient hours with enough staff
- respect, dignity and consideration from all staff for privacy and confidentiality

Tools are available in this manual to address these various aspects of quality. Supervisors or teams of supervisors in different authorities are encouraged to adapt the tools to meet local needs. For instance, some clinics are small and others very large, some urban and some rural, some are visited regularly by doctors some never, some are supervised by provincial authorities others by local government or even private agencies.

Experience has shown that a clear supervisory policy governing all elements of the supervisory process is vital to enable the development of good quality supervision. A provincial policy on supervision will clarify important issues found to be an impediment to effective supervisory processes. We have found that such a policy is essential before regular well-structured supervision of clinics can be expected. Each province must develop its own policy.

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Guidelines for the preparation of a Provincial Policy on Clinic Supervision

Elements to consider:

- Understand and clarify the structure of the clinic supervisory system
- Indicate the regularity and duration of supervisory visits
- Define the activities and components of a supervisory visit
- Define the responsibilities of provincial and district authorities to ensure effective supervisory practises

The structure of clinic supervisory system

- Who takes responsibility for supervising clinic facilities? What authority do they have? How is the authority designated, delegated and accounted for?
- What is the relationship of the supervisor to the district structure? Where are supervisors drawn from? What is the nature of their designation as a supervisor? The relationship, authority and responsibilities of the supervisor to other institutions and the district should be defined in writing.
- How do other visiting personnel (persons from specific programs, specialists or other occasional visitors such as pharmacy, lab etc) relate to the supervisor? How are requests, comments, instructions forwarded to clinic staff by other visiting personnel (Clinic supervisor – programme manager relationship)?

The regularity of supervisory visits

- Ensure that clinic visits have to occur in a regularly scheduled and planned manner. This will enable optimal use of the time of the supervisor and assure that clinic personnel have adequate opportunity to interact with the supervisor and to participate in the various activities for which she is responsible.
- Define the obligation and rights of the clinic staff in preparing for and receiving the visit: expectation of participation, reducing patient load during scheduled hours set aside for supervision activities like staff training etc
- Indicate the duration of visits and how best this is to be done – once monthly longer visits versus more frequent but shorter visits. Frequency and duration should be defined, along with the various options allowable (eg: minimum of 4 hours in the facility per month in one or more visits)

The activities and components of a supervisory visit

- Understand and define the activities and components of a visit. These are guidelines attempting to specify what the activities of supervisors are and may be adapted according to needs (Annexure 1).
- Time to prepare for the visit – follow up of previous visits, prepare in-service training, paperwork for visit, check with program managers to determine their inputs
- Time for follow up after visit to look into resolution of problems found, contact various services on behalf of the clinic and prepare written reports
- Link to activities the necessary responsibility and authority in writing to act on behalf of the clinic. A clear statement of the authority of clinic supervisors will enable the clinic supervisor to source the needed resources required in support of the clinics.

The responsibilities of provincial and district authorities to ensure effective supervisory practises

- Ensure reliable availability of transport to carry supervisors to clinics.

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- Ensure supervisors have enough time to supervise. They require adequate time for preparation, travel, clinic visits and clinic visit follow-up and report writing to enable them to carry out the responsibilities to their clinic and to report to their own higher authorities in an orderly way.
- Consider training needs of supervisors in order to enable them to understand, carry out their work and to carry on a program of continuing education and quality improvement in their work and in the primary health care provided at their clinics.
- Ensure that supervisors have adequate tools to facilitate their work – including educational materials and guides to provide to clinic staff, and needed authority to arrange for remedial action for problems identified (repair of equipment or infrastructure, liaison with hospitals or programs etc)
- Ensure that supervisors have the necessary tools/instruments to guide, facilitate, and document supervision work. These should be used, recorded and kept in an orderly file to document supervisory activities and be available for evaluation of outcomes.
- Develop an effective reporting system to ensure that work in clinics is effectively followed up and that district/provincial authorities are clear about what is happening in clinic service provision.

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Annexure 1

ELEMENTS OF THE SUPERVISORY VISIT

The clinic supervisor (CS) creates a vital link between service management and service delivery through clinics. In order to sustain this linkage, the CS needs to focus on a number of key areas during an on site clinic visit. These areas include:

1 Clinic Administration Review

The CS should review certain administrative aspects related to the clinic. This would include staff matters, financial matters, infrastructural aspects of the clinic (building, water supplies, electricity, grounds), equipment, supplies and legal issues (OHS Act requirements, collection of vital statistics).

2 Information System Review

A functioning PHC information system is essential for the effective management of District Health Services. The CS plays a very important role in ensuring the accuracy and validity of the information system. The CS concentrates on ensuring the proper use of the clinic registers, the correct completion of the monthly PHC report, the correct graphing of important data and the use of data for health service planning and monitoring accomplishments at the clinic level.

3 Referral System Review

Dealing with referral problems is an important element of the supervisory visit. Any problems with referrals, both in terms of patient movement as well as communication between clinics and higher levels will be investigated and facilitated.

4 Quality of Clinical Care Review

The correct application of standard treatment guidelines and use of the approved list of essential drugs is of great importance to ensure high quality care. The CS will concentrate on the correct use of STGs by clinic staff, reinforcing correct practices and insuring adherence to established standards.

5 Community Involvement Review

The CS will enquire about issues related to community involvement during each visit. Regularity and participation of clinic staff in clinic committee meetings will be assured. Concerns of the clinic committee which should be brought to the attention of the District Management and any community problems that need urgent attention (malnutrition, disease outbreaks, etc) will be noted. She will also encourage clinic staff to plan and conduct specific community outreach activities on a regular basis.

6 In-depth Program Review

During the course of the year the CS will conduct in-depth reviews of all important health programmes. Key programmes for review include – TB, STD, EPI, IMCI, maternal and perinatal care, chronic diseases including AIDS, family planning and the essential drug programme. Standard review lists will be provided by the province for each of these programmes.

7 Training

The CS carries a major responsibility to ensure that clinic staff are updated, trained and appropriately coached. She will conduct educational sessions during each visit designed to address specific needs of the clinic staff, covering elements of clinical service provision (updating and implementing programmatic changes), staff management (new rules and regulations related to government service) and clinic administration.

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ELEMENTS OF THE SUPERVISORY VISIT

- 8 Problem solving**
Solving problems related to all aspects of the clinic is an integral part of the supervisory process. The CS should engage with clinic staff around problems, which are being experienced. Many problems can be dealt with on the spot at the clinic whilst others will have to be taken to the District or other responsible areas. A note will be made of problems requiring solutions at a higher level and actions taken will be reviewed at the subsequent CS visit. The CS will be authorised to contact relevant authorities on behalf of the clinic.
- 9 Other**
Clinic staff often have personal issues/problems which need to be addressed. The CS should be available to sympathetically listen to these issues and support and assist staff as far as she can in dealing with personal problems/issues.