



VSAT switchover on track

Our IT Department has completed the first two phases of our switchover to a satellite-based data and telephone connection between our sites. The first phase saw Helen Joseph Hospital being connected with two other sites for testing, with a new data hub hosted by Vodacom. The second phase saw this rolled out to over 20 sites in Gauteng and Mpumalanga. Next, we will complete the network to targeted sites in the Northern Cape and Western Cape. This process should be finished in October. Once the data configurations are complete, we will be enabling the telephone system between sites. The system is expected to save Right to Care around R90 000 a month.

OUR MISSION

To deliver and support quality clinical services, in Southern Africa, for the prevention, treatment, and management of HIV and associated diseases.

OUR VALUES

Innovative
Responsive
Quality care

Setting the Right to Care strategy

By Kurt Firnhaber

As we begin our new year in Right to Care, it is a time to look forward, develop our strategies, assess our challenges and react to a changing environment. Our financial and programmatic year began this month, on 1 October 2010, and finishes 30 September 2011. Over the past four months, the managers and directors have worked together to identify our strategies and set in place our implementation plans for the coming year.

Our strategies have responded to a changing environment, which includes areas such as: a progressive cultural shift in the DoH, new treatment guidelines, shifts towards technical assistance, limited increases in funding, a new and expanded emphasis on prevention with medical male circumcision.

New technical opportunities in the form of instant CD4 machines, GeneXpert TB testing and expansion of Therapy Edge and other data systems have the potential to open up new opportunities. We have taken all of these challenges and outside influences into account to set our direction for the coming year.

In the coming year, Right to Care will focus on the following five key strategies:

Shifting emphasis from implementation to technical support. While we will continue to be known as a "treatment implementation organization", we will add further capacity and focus towards building the health sector through our clinical, programmatic, and technical expertise to leverage change with increased impact.

Increased focus on centres of excellence. The Themba Lethu Clinic has always been known as Right to Care's centre of excellence, where the latest innovations are implemented, clinical expertise is expanded and the latest technological advances are piloted. In the coming year we will be developing centres of excellence in both Mpumalanga and the Northern Cape. Provincially, the centre of excellence approach will also be advanced through increased focus on targeted districts where Right to Care becomes the responsible USAID partner for the coordination and success of all programme areas.

Becoming a service provider to the DoH. This is a strategy to provide

services to the DoH as a service provider. This will require us to compete for government tenders, to develop financial models for service delivery, and to develop, in cooperation with the DoH, a model for providing performance-based services.

Pharmacy supply chain management. Right to Care is increasing its capacity and expertise in supply chain management. We will be looking to develop new models of drug delivery to patients, including possibly post office delivery or even vending machine technology. This innovative idea came out of our management group and is a result of Right to Care's culture of fostering innovation.

Medical male circumcision. This is a new programme that will result in this prevention measure being rolled out to over 20 000 men in Mpumalanga and Gauteng.

We have faced many new challenges this year, with labour strikes, DoH integration, failure of public healthcare systems, and a lack of infrastructure. However, you can be part of the solution, by making innovative use of opportunities to implement strategies that will bring higher levels of impact and results. I hope that you will participate in moving these four strategies forward for an exciting year ahead.

In next the next issue of Let's Talk, we will share strategies for Right to Care Health Services.



We will be ordering a new batch of Right to Care branded shirts. The shirts will be of the new red design, expertly modelled above at Helen Joseph by Shabir Banoo and Shoni Nevhulaudzi! Each staff member will be issued with a shirt. Additional shirts are available at R175 each.

IN BRIEF

HIV book ready soon

Primary HIV Clinical Care, the fifth edition of Dr Clive Evian's book, will be published soon. The book provides a plain English guide to clinically managing people with HIV. This edition has been written in association with Right to Care. The Training Department will distribute a copy to each site.

SLC meetings

The new Staff Liaison Committee (SLC) met for the second time in September 2010. The committee has decided to meeting every second month. The next meeting will take place around 10 November 2010. The SLC is tasked with representing the interests of staff to management. Committee members hold office for two years.

New director for He²ro

The Health Economics and Epidemiology Research Office (He²ro) has a new field director. Prof Bill MacLeod has joined the organisation in place of Prof Matt Fox. Prof Bill, a demographer by training, is an Associate Professor of International Health at Boston University's Centre for Global Health and Development.

Paediatric training

A paediatric conference for doctors will take place on 5 November 2010 at Randburg Towers in Ferndale, Randburg. Doctors can earn CPD points, including ethics points, for attending the one-day course. It will address the subject of Emerging Problems in Paediatrics.

Screening in the FS

Cervical cancer screening is about to kick off in the Free State. In November, Bohlokong in Bethlehem will become the first support site. We are training staff and providing equipment for the programme. This is in partnership with the Free State DoH and district coordinators for Mother, Child, and Women Health (MCWH).

NHLS-TE integration up and running

The TherapyEdge (TE) Implementation Unit is proud to announce the NHLS-TherapyEdge integration is up and running. This integration has allowed the direct importation of patients' lab results into their TE files.

The integration has enhanced the quality

SEEN AROUND

Staff at Helen Joseph (below) and the Atrium (right) celebrated Heritage Day in style. Hopefully, the other provinces will catch the spirit for next year!



MMC pilot shows promise

As part of a national programme, Right to Care is rolling out a programme of medical male circumcision (MMC).

MMC has been found in clinical trials to be effective in lowering the risks of HIV infection from female to male. This is a national programme adopted by the National DOH and SANAC as one of a set of prevention tools, in order to contribute to the aim of reducing new HIV infections by 50% by 2011 (National Strategic Plan 2007-2011).

In support of prevention programmes and male sexual and reproductive services, a trial rollout of MMC is being carried out at Helen Joseph Hospital, where over 30 circumcisions have been performed to date.

The first phase will involve a few high-volume sites in each province. In partnership with the DoH, Right to Care will roll this out in three provinces: Mpumalanga, Northern Cape, and Gauteng. In Gauteng, three high volume sites will be used initially; two in the West Rand District and one in the City Of Johannesburg district.

This project will initially run parallel to all other programmes but will eventually be integrated.

Planning that involves dedicated staffing, their training, commodity procurements, community mobilisation, and communication strategies is at an advanced stage.

For more information, speak to your provincial programme manager.

of patient care and management as clinicians are able to make decisions much more quickly. Having results directly imported in each patient file has reduced keyboard errors. Furthermore, it has reduced costs arising from duplication of blood tests.

The NHLS lab results are matched using the unique NHLS AA number attached to the specimen. Therefore, the scanning the lab specimens is vital. Make sure it is working in your clinic.

Clinics that are scanning their blood samples have achieved integration levels of between 89% -100%. Those clinics that are not diligently scanning the blood samples are not having the results in many patient files. These results are not lost; they are stored as unmapped data pending integration. The person drawing the blood is responsible for scanning the sample ID. As a matter of utmost priority, team leaders and data managers at each clinic are to ensure the bloods samples are being scanned.