

**Integrating Health Services in
District Health of Mpumalanga
Province, RSA**

**Family Medicine and Chronic
Diseases Forum**

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Introduction

- Improvement in socio-economic conditions
- People live longer
- Some with more than one conditions for decades
- It places new, long-term demands on health care systems
- This should be seen as opportunity to develop effective responses
- Requires a multifaceted response

Enters :
Mpumalanga Chronic Diseases
Forum (MCDF, CDF)

MCDF or CDF

- Multidisciplinary team
- Composed of doctors, nurses, allied professionals and health services managers
- CDF work with the primary care clinicians (doctors and nurses) at the coalface
- Regularly visit clinics/District Hospitals to support practitioners and for in-service training to keep up-to-date in NCDs



Role of the family physician in CDF

- Care for chronic conditions needs coordination and continuity across time and health care settings, and sometimes across sectors.
- The role is best achieved by a clinician who can easily work across DHS facilities
- In our context the family physician easily plays this role.

CDF Activities

Activities undertaken are all interlinked

- Strengthening of health systems
- Capacity building for health professionals
- Empowering patients to understand their conditions and be actively involved in their management
- Advocacy for patients and communities
- Research and QIP
- Networking

Strengthening of health systems

- M&E of health facilities on Chronic diseases:
 - NDOH tools on the norms and standards for PHC clinics and District Hospitals
 - Also used are assessment tools for priority chronic diseases
 - Feedback and remedial activities for gaps and identified challenges
 - Develop guidelines and protocols for use in the Health facilities

Capacity building

- In-service training at facilities
- Hands-on and observed consultations
- Random Review of patients' charts
- Quarterly provincial workshops on priority chronic diseases
- CPD sessions for big groups on chronic diseases









Empowering patients

- Support groups
- Diabetes training camps
- Golden age games



**DIABETES CAMP
PIENAAR'S DAM
22-24 JUNE 2012**
Proudly sponsored by **ROCHE**











SOUTH AFRICAN GAMES Oct 2014, MBOMBELA STADIUM

Physio resources sponsored by Physio & Wellness Warehouse

Advocacy

- Report stock out of medicines/equipment
- Support struggling practitioners/facilities
- Direct line to HOD/Health in the Province
- Challenges also shared with managers of health services in the districts teams
- The local political authorities for health matters

Research and QIP

- MMed(FamMed)Dissertations with University of Pretoria
- Publications in peer-reviewed journals
 - *SAFPJ*,
 - *SAJEI*,
 - *JEMDSA*
- Many QIPs by FamMed registrars, BCMP and MBCHB students



Diabetes related admissions to the emergency room of a district hospital in South Africa

Background

The global threat of diabetes is immense. The prevalence of diabetes is increasing and is hitting lower income countries and communities hardest. Africa will not escape the impact of diabetes. Already it is caught in a double burden of infectious diseases and emerging chronic diseases. Undetected, untreated or poorly controlled diabetes can result in devastating complications.

The author wished to evaluate the reasons for diabetic patients visiting the emergency room of a district hospital in South Africa. The findings will go a long way to alert the practitioners in this and similar areas about the complications seen in diabetic patients at this underserved emergency room, so that improvement in the management of diabetic patients can be implemented to avoid unnecessary admissions to the hospital.

Method

Data from the emergency room register were retrospectively collected for the period of twelve months, from 01 January 2008 to 31 December 2008 for patients seen with the diagnosis of diabetes or diabetes related complications.

The diagnosis of diabetes or diabetes related complications was based on the findings by the doctor on duty as recorded in the emergency room register.

Other variables included diagnoses not related to diabetes in diabetic patients, or a co-morbidity diagnosed by the treating doctor.

Results

The figures 1, 2 and 3 below respectively represent the reasons for admission, the type of diabetes suffered and the co-morbidity in diabetic patients.

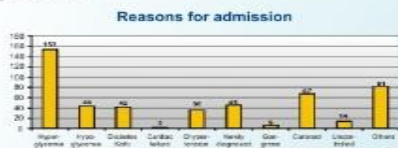


Figure 1: reasons for admission

The study found that diabetic patients were admitted to the emergency room for various different reasons with hyperglycemia, cataract, new diagnosis of diabetes, hypoglycemia, diabetic ketoacidosis and hypertension, respectively as the

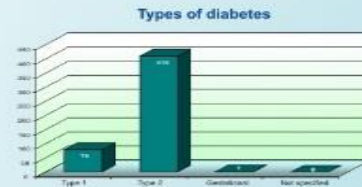


Figure 2: Types of diabetes in admitted patients

dominant diagnoses made on admission. The study also found that type 2 diabetes mellitus was the predominant type of diabetes seen in the emergency room and hypertension the most common clinically associated condition in most diabetics.

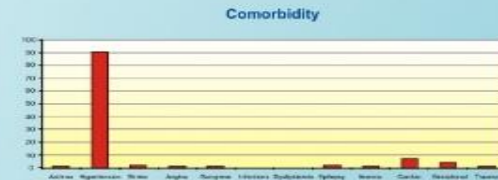


Figure 3: Co-morbidity in admitted diabetic patients

Conclusion

The survey established that patients suffering from diabetes mellitus do consult the emergency room for diabetes related complications and also for non-diabetes related problems. The diabetes complications, however, constitute the bulk of the diagnoses made by the casualty doctor.

Recommendations

The author recommends that tight control of diabetes in the patients have to be prioritised by all. Treatment of hypertension in diabetic patients should not be unnecessary delayed.

Appropriate and up-to-date management guidelines on treatment of acute complications of diabetes to be available in the emergency room at all times.

The establishment of diabetes clinics has to be encouraged and supported by all stakeholders. Regular "diabetes camps" events also have to take place in order to support patients and their families for optimal management of diabetes to avoid or delay complications.



Networking

- Family Medicine Department at University of Pretoria
- SA NCD Alliance
- SA hypertension society
- Diabetes South Africa
- SA NDOH NCD Directorate
- Local Pharmaceutical Companies With interest in NCDs
- Private general practitioners in the community
- World NCD Alliance

CHALLENGES

- Members as volunteers
- High turnaround of health professionals in the Province
- Tight provincial budgets
- Vertical health programmes
- Frequent stock out of essential medications/equipment
- Research not seen by managers as priority

Thank You

- Many thanks to:
 - The organisers of the Primafamed conference for the invitation
 - The Department of Family Medicine at University of Pretoria
 - MCDF
 - Colleagues volunteering their time
 - Many of the customers shown in pics
 - You for listening!

END