### PROJECT SCAFFOLD - BEST PRACTICE (Note: Areas is green for office use only)

**Organisation contributing the best practice**

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|  |  | | | | | | | | Best Practice Ref. Nr. | | | | |  | | | |
| Organization name: | Medwell SA | | | | | | | | Date: | | | | | 26/9/2022 | | | |
| Information  provided by: | Medwell SA | | | | | | Role within organization: | | | | | | Regional Healthcare Manager | | | | |
| Contact email: | Tracy.maddocks@medwell.co.za | | | | | | Contact number: | | | | | | 021-9497588 | | | | |
| **Stage of BP development:** | | Submitted | X | Under Review |  | Clarification | |  | | Legal Review |  | Sector Contributions | | | X | Published | X |

**BEST PRACTICE**

|  |  |
| --- | --- |
| Name of Best Practice | SOP’s, protocols and policies |

1. **This proposed best practice is *primarily* related to** (please *tick 2 most applicable boxes*)**:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What Customers want or value |  | Finances / Costs |  | Business Processes | x | Staff |  | Systems | X |
| Organization Structure |  | Quality of care |  | Care Service Delivery | x | Health & Safety |  | Morale |  |
| Other: Please indicate | |  | | | | | | | |

1. **Context:** Share information to give more context in relation to where this specific practice is used in your organisation.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Urban | x | Rural |  | Number of Social Grant Recipients | | | | |  |
| Care centre | x | Independent Living |  | Assisted Living | x | Nr. of In-house staff |  | Nr. of Outsourced staff |  |
| Nr. of rooms | 12 | Nr. of beds | 12 |  | | | | | |

1. **Description of best practice:**

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| --- | --- | --- | --- | --- |
| * 1. Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc. | | | | |
| All our processes and functions have an SOP that corresponds to what we do and how we do it. All our departments have a copy of the manuals which is used for training, orientation and guiding them on their day to day operations. | | | | |
| 3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this. | | | | |
| We needed continuity of practise throughout the organization. Too many people were doing their own thing. | | | | |
| 3.3 Why do you consider this to be a best practice? E.g., Outcomes noted | | | | |
| There is clarity of where we are and where we are going. | | | | |
| 3.4 Do you consider this to be compliant with the current Older Persons Act? | | | | |
| Yes |  | No |  | |
| If Yes, which portions does it comply with? | | If No, which portions does it not comply with? | | |
|  | |  | | |
| I do not know | | X | | |
| 3.5 How long has this practice been used within the organization? (State period in years) | | | | 5 years in a formal capacity |
| 3.6 What are essential aspects in the organization that directly support / maintain this practice? | | | | |
| Staff working for Medwell understanding the vision and mission of the company and how it translates to their day to day operations. | | | | |
| 3.7 What are the benefits for your residents and/or staff and other stakeholders? | | | | |
| Continuity of care and consistency | | | | |
| 3.8 What lessons were learned? | | | | |
| Everyone knowing what is expected of them results in more confidence and competence to reach to the common goal. This creates an efficiency which reduces the burden on the staff. We can do with less staff resulting in a costs being saved. | | | | |

**SECTOR CONTRIBUTION** *– to be completed once the best practice has been presented at a monthly meeting for sector review and contribution.*

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| --- | --- | --- | --- |
| Date presented: | | 8 February 2023 | |
| Question or Comment or suggestion | | | Response / change to best practice if applicable |
| 1. **How do you ensure everyone reads the SOP** | | | There is a signature list behind every SOP that staff need to sign once read. We have a product knowledge test that is based on the policies that staff have to write every year. If they have not read them, they will fail. The results are tied to their appraisals. |
| Contributor: | Unknown | | |
| 1. **How many policies do you have-** | | | Off the top of my head at least 100 clinical policies, not counting HR and Health and Safety.  We try keep them to a one pager, but some policies cannot be condensed. |
| Contributor: | Unknown | | |
| 1. **What is your philosophy towards policies?** | | | They are incredibly important to ensure continuity of practise throughout our facilities. I need to know that if I have a crisis in one facility that I can take staff from another and move them across, and the work will go on.  That said, having too many can get confusing. We try to keep them short and to the point. We keep the basic DSD policies but there are additional policies that speak to our operational needs ie: When covid happened, that resulting in us having to add to our list and when POPI came about- same happened. |
| Contributor: | Unknown | | |
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| Contributor: |  | | |
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| Contributor: |  | | |

**Questions:**