GAUTENG PROVINCE

REPUBLIC OF SOUTH AFRICA

Mr V.R.P Skosana
Gauteng Legislature
Johannesburg
Private Bag X52
2000

RE: RESPONSE TO LEGISLATURE QUESTION 5. HL057 TABLED BY MEMBER S J P DOS SANTOS OF THE DEMOCRATIC ALLIANCE (DA)

Regarding the operation of the Medicom system at the George Mukhari Hospital:

(i) What is the current operational status of this system;

Response:

The Medicom system is currently not functional. The End-users are using manual registers.

(ii) If it is not working, from what date or dates has it not been operational;

Response:

The system has not been operational from the 23 January 2022 to date.

(iii) Why has it not been working.

Response:

Medicom experienced system failure at both a software and hardware layer. The Department acquired and deployed the ICT infrastructure equipment for Medicom between 201 1 and 2012. The equipment was no longer under warranty or supported by the original equipment manufacturer (OEM). As a result of continuous exposure to occasional power outages and the age of the equipment, the equipment was compromised and failed.

v) What are the negative impacts on the hospital because of its non-functioning;

Response:

Inability to retrieve old patient files (paper-based) in case the patient lost their appointment cards (blue card) and are forced to open new files which has a negative impact on the patient's history.

Inability to retrieve files (paper-based) for medico-legal cases, Road Accident Fund claims, follow up of information for South African National Blood Services, follow up of complaints lodged. This has a huge negative impact on service delivery.

1) What alternative system is used instead and how effective is it'

Response:

Downtime Manual registers are used both to record and to bill patients. Manual Registers are not as effective as the electronic registers; however, information is not lost as it is registered. The retrieving of existing manual files is not possible without appointment cards and clerks end up having to open new files which makes the history of the patient inaccessible and compromises the overall management of the patients.

The Billing part is not effective because of the following reasons: It requires intense monitoring
It poses high risk for defrauding the system
The Register can be stolen/misplaced
The manual system has no back up

'i) What approximate revenue loss in rands and cents has there been because of the Medicom breakdown;

Response:

The approximate revenue loss the Hospital has suffered is R4,823,529.92 which was arrived at by comparing the last two financial years as stipulated below:

Months	2020/2021	2021/2022	Variances
	R2,529,225.67	RI 4 ,810.02	R684,415.65
	R2,579,953.62	R4,400,844.80	(R1,820,891.18)
	RI 1 ,091 , 149.44	R5,131 ,143.99	R5,960,005.45
	R16,200,328.73	RI 1,376,798.81	**R4,823,529.92**

(vii) What patient information and file problems are experienced because of the Medicom breakdown;

Response:

Patients whose files could not be retrieved misses the opportunity to get proper subsequent treatment. We ran out of downtime numbers due to the malfunctioning of the system and this affect our filing system negatively. Patient demographics including patient numbers such as the

GT numbers, and the GP numbers and we are unable to trace the patient's debts as well due to unavailability of system. Refer to iv) above

(viii) When will it be fixed;

Response:

Due to the outdated system, aged equipment and unsupported environment the Department is prioritising the replacement of the outdated system with the new health information system. The Department envisage to implement the new system on 11 July 2022.

(ix) What has delayed the fixing of this system; and

Response:

The system is outdated, and with no OEM support, attempts to fix the system became futile. Consequently, the Department has prioritized all efforts to deploying the new health information system to DRGMAH.

(x) Who is accountable for the breakdown and delays in fixing Medicom at the hospital?

Response:

Accountability for system breakdown cannot be apportioned to an individual as yet, as Medicom is an outdated system with no specialist support. The department has requested a formal technical report on the incident from the ICT team to identify the root cause of the equipment failure. Furthermore, replacing the system as part of the new health information system deployment would be more expedient than trying to fix an outdated system.

Approved /not approved / a

/ approved with amendment

Dr. N. E. Mokgethi (MPL)
MEC for Health: Gauteng
Date: 2--01 0K 202