



**KNOWLEDGE, ATTITUDE AND PRACTICES
SURVEY
MIDPOINT EXECUTIVE SUMMARY
2023**

Midpoint report prepared and presented to The Health Foundation on behalf of Stellenbosch University, Desmond Tutu TB Centre by:

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Executive summary

Electronic data systems are key to strengthening healthcare services, however implementation can be challenging. These challenges include health worker knowledge, training, and notably, acceptance of electronic systems. These factors serve as the primary determinants of users' inclination to embrace and employ any novel system.

Baseline survey

The Western Cape Government: Health and Wellness (WCGHW) (including Metro Health Services (MHS) and the Provincial Health Data Centre (PHDC)), and City Health, City of Cape Town (CCT Health), have implemented the 'Scaling Data use to Improve Patient Care' initiative to facilitate effective data use to improve various health outcomes in the province. From August 2021 to January 2022 the Human Science Research Council (HSRC), in partnership with The Health Foundation, undertook a baseline survey with 1974 health workers to measure knowledge, attitudes and practices of electronic health information systems (EHIS) amongst health workers in the Cape Metro.

SciP KAPS

This follow-up tracking study (SciP KAPS) was designed to show changes in the acceptance and use of electronic health information systems and to inform training needs, improve the design and use of the available tools and dashboards for improved uptake and use, to enable better patient care. We report on the midpoint survey results.

Methods

This study was implemented by the Desmond Tutu TB Centre (DTTC) in partnership with The Health Foundation (THF), at the request of the WCGHW and CCT Health. A multi-round open cohort panel survey of 'knowledge', 'attitudes', and 'practices' was implemented across 65 health facilities in the Cape Town district in the Western Cape Province, South Africa. A total of 1437 health workers accessed the SciP KAPS survey, and 1435 health workers completed the survey, providing information on EHIS usage, perceived

usefulness of EHIS, perceived ease of use of EHIS, and questions specifically related to use, knowledge, and attitudes of the Single Patient Viewer (SPV) system. Data was analysed using the Software, Analytic and Descriptive Statistics Programme (SAS). Descriptive statistics were calculated.

Findings

Most participants were employed by WCGHW or CCT Health (1226/1435; 85%). Of these participants, 839/1226 (68.4%) were clinical staff, 275/1226 (22.4%) were support staff, 81/1226 (6.6%) were management staff, and 31/1226 (2.5%) were “other” staff. Participants were mostly female (>80%) and 25-44-years-old.

Of all the participants approached for the midpoint Survey, 1036/1435 (72.1%) made use of EHIS. EHIS were mostly used for clinical management, tracking of patients and administration. Among *clinical workers*, 349/986 (35.4%) who accessed the survey did *not* use EHIS at all. In further analysis among clinical, management, and support staff from WCGHW and CCT Health using EHIS (n=921), more than 90% of participants reported that EHIS are easy to use, while 354/921 (38.4%) of these EHIS users rated their skills as ‘average’. One in four reported concerns about accuracy, completeness, and confidentiality when comparing EHIS to paper-based systems. More than a third reported that they did not access EHIS due to time constraints (37%), lack of access to a computer (36%), or limited internet (44%).

Overall, SPV awareness and use (i.e., participants reporting using SPV) is low across CCT Health and WCGHW facilities, with 368 EHIS users reporting that they were aware of or had heard of SPV. Of clinical, management, and support staff using EHIS from CCT Health or WCGHW, 184/921 (19.98%) were using SPV. Of those *aware* of SPV, 184/368 (50.0%) were using SPV. Those using SPV found it beneficial; 95.1% reported that it helped manage patients better and 96.2% stated that it was useful getting patient information from other facilities.

Among people who were using SPV, participants reported that they would use SPV *more* if they received support (59%) and that they are not using SPV to its full capacity (72%). Health workers using SPV would use it more if (a) if there was someone available to provide support and (b) they received feedback on their use of SPV. Only 133/368 (36%) of health workers aware of SPV had received training and 17% of health workers who had received SPV training reported not currently using SPV. Of the health workers using SPV, 83/184 (45%) did not received training. More than half of health workers using SPV reported

that they do not have the training they need to use SPV. SPV is not reported as the norm amongst managers and 38% of health workers reported that managers did not support the use of SPV.

Key recommendations

The following key recommendations were identified:

1. Communicating the usefulness and benefits of using EHIS and SPV as part of patient management together with addressing confidentiality and accuracy of EHIS systems is vital;
2. Providing targeted education and training across health services; escalating training and providing on-site user support and mentoring, especially with regards to SPV use, is key for improving SPV uptake;
3. Facilitating user feedback to the PHDC to ensure tool improvement is also important;
4. It is also recommended that training is provided using a top-down approach, where managers are prioritised to establish EHIS use as the norm.
5. Long term planning should address connectivity issues (access to computers, internet, especially with regards to power outages and 'loadshedding'), which is described as hampering EHIS usage.

