

# Case Study

## Department of Health Western Cape



### Client Background

The Department of Health Western Cape had, as part of their Hospital Revitalisation Program, identified the need for a comprehensive Physical Asset Management System. In 2007 Pragma Africa were commissioned to establish a pilot Asset Care Centre (ACC) at the recently revitalised Provincial Hospital in George for an assessment period of 18 months.

### Key Challenges

- An incomplete asset register.
- Lack of then preventive maintenance meant a shortened equipment life cycle and high failure rate.
- Internal culture was not conducive to proactive asset management.
- No formal co-ordination of work activities and communication.
- A rapidly deteriorating revitalised hospital.

**“ACC: the way to maintenance excellence!”**

*Hennie Rossouw, Chief Artisan Superintendent*

**“The first time we are up to date with maintenance orders.”**

*Sister Hantie Langehoven, Trauma Ward, George Hospital*

### Pragma Intervention

Pragma established the ACC office in George during August 2007. The first exercise performed involved taking a “snapshot” of the current asset management maturity and then compiling an improvement plan. This was facilitated through an AMiP assessment. One of the first activities performed by the ACC was a comprehensive Asset Identification and Verification exercise on both Engineering and Clinical equipment within the hospital.

The ACC’s On Key database was established during the initial days of the engagement along with the basic Work Planning and Control Procedures. To move the hospital from a reactive mode of operation the ACC, along with the hospital technical team, developed maintenance tactics and implemented preventive maintenance system for critical assets. The criticality ranking of the assets involved the development of a criticality matrix which incorporated the probability and consequence of failure.

Once system, method and process were established at the hospital focus was turned to the development of the clinical and technical staff with respect to better understanding the implication of good and bad asset management:

- Focus on work planning and control and the move towards being predominantly proactive.
- Method study and an integrated management system.
- Focus on long term and the strategic direction of the hospital.
- Regular performance monitoring of work execution.
- Work Planning and Control.
- Business process optimisation.
- Improved asset management reporting.
- Change Management.
- Asset management policy and strategy.
- Business intelligence reporting and optimisation.
- Maintenance Program Development (Tactics).
- Root cause failure analysis and continuous improvement.



### Value Add

#### Key benefits

- Accurate asset data.
- Standardised work planning and control procedures.
- Easier decision-making based on accurate data.
- Increased equipment reliability and availability.
- Improved focus on defect management.
- Significantly improved Clinical staff ownership.

#### Measured benefits

- 67% increase in Preventive Maintenance task compliance
- 25% decrease in Breakdowns.

- **2009** - CEO Award – (Pragma Awards)
- **2009** - Gold Award for ACC @ Client – (Pragma Awards).

### Tools and Technology

- On Key enterprise asset management system
- AMIP™ propriety methodology is used as the framework to facilitate continuous improvement.
- Asset Identification, verification and reporting in line with Financial reporting Standards (GRAP 17 compliant).
- Asset management policy, strategy and improvement plan (aligned to PAS55 and the Pragma AMIPTM framework).
- Asset management maturity assessments.
- Change Management.