

Developing a national set of core standards and conducting a baseline assessment across the South African health system

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Background

- Demographic & epidemiological
 - Midyear population
 - * 47,3 million (mid 2006)
 - * 48,6 million (mid 2008)
 - Burden of disease (morbidity + mortality)
 - * Communicable diseases [TB, influenza/pneumonia, intestinal infections, AIDS]
 - * Non-communicable [Diabetes M, cardio/cerebrovascular diseases]
 - * Injuries [MVAs + assaults]

Background (continue)

- Demographic & epidemiological (continue)
 - Health expenditure
 - * 2007: public sector expenditure R59 billion (€5,4 billion) on approximately 40 million population
 - * 2007: private sector expenditure R67 billion (€6,1 billion) on approximately 7,1 million population
 - Facilities (in 9 provinces)
 - 389 public hospitals (district, regional + tertiary)
 - 3000 PHC facilities (clinics + CHCs)

Background (continue)

- Prior to 2008
 - No mandatory performance assessment by Gov
 - Voluntary accreditation system (COHSASA)
 - Health Act of 2003 promulgated:
“ must establish an Office of Standards Compliance within the national department”
that will *inter alia* :
 - * advise the Minister on norms & standards for quality in health services
 - * monitor compliance with prescribed health standards

Standards developing process

- Small national team
- Existing standards (various sources: “no surprises!”)
 - core set
 - organisational
 - crosscutting
 - high level statements of expected/ acceptable service
 - focus on :
 - * patient safety
 - * patient dignity (Patients' Rights Charter)
 - * basic management practices

Standards developing process

- Framework : 7 domains
 - * Safety
 - * Access to care
 - * Clinical care
 - * Governance
 - * Patients' experience of care
 - * Infrastructure & environment
 - * Public Health

Standards developing process

- Critical areas within each domain identified
e.g. in **Safety** :
 - * Patient safety system (reporting and information)
 - * Infection Prevention and Control
 - * Medical device risk reduction
 - * Safe handling of medicines
- 76 Standards formulated
- 263 Criteria formulated

Preparing for appraisals

- Appraisal tools developed
 - * Appraisal questionnaire
 - * Self appraisal form
 - * Chart audits (labour, PMTCT, paed, medical, surgical, OPD, A&E)
 - * Checklist (basket of key drugs, hazardous waste management)
- Access database
- Training of provincial teams (peer review approach)
- Pilot tools in 1 hospital + 1 CHC
- Selection of 27 hospitals + 4 CHCs

Appraisals

- Logistics
- Team members split/ facility area
 - Administration
 - Clinical care
 - Laboratory
 - Radiology + Medical Technology
 - Pharmacy
 - Mortuary
 - Support services (laundry, food services, etc.)
- Data captured on site/ feedback provided

Results

- Performance variable (between and in facilities)
- Key areas for action :
 - IPC (especially airborne, e.g. TB)
 - Adverse Event monitoring / response
 - Clinical governance
 - Medical equipment (maintenance & use)
 - Information management
 - Waiting times / queue management
 - Integrated programming + planning (other authorities)
 - Safety of buildings

Conclusion

- Standards/ tools/ methodology need refinement (ISQua-requirements/ principles)
- Critical areas identified (system wide?)
- Appraisals resulted in QI plans
- Ownership (advocates + champions)

Thank you