Quality Assurance in South Africa

Quality Assurance

- Quality assurance is a process to ensure that the quality of a product or a service meets a predetermined standard.
- The process of quality assurance compares the quality of a product or service with a minimum standard, often set by some external authority.
- The aim in quality assurance is to ensure that a product or service is fit for purpose

Accreditation

- **Accreditation** is a process of review that **healthcare** organizations participate in to demonstrate the ability to meet predetermined criteria and standards of **accreditation** established by a professional **accrediting** agency.

Accreditation

- A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve."

What does accreditation mean?

- **Accreditation** is an external, independent review of a **health care** delivery organization against nationally-accepted standards and its own policies, procedures, processes and outcomes.

Accreditation

- Many countries have adopted external accreditation of health services as a vehicle for disseminating national standards and for public accountability
- In Australia, Canada and the United States these programmes were begun by voluntary collaboration of clinical associations (especially medical) and hospital administrators as a means of organizational development.
- driven by reimbursement schemes, central control, and an emphasis on primary care, health networks and community-based services.

International healthcare accreditation organisations

- ISQua is the umbrella organization responsible for accrediting the Joint Commission International accreditation scheme in the USA and Accreditation Canada International, as well as accreditation organizations in the United Kingdom and Australia.[5]
- Australia: Australian Council on Healthcare Standards International (ACHSI)[1]
- Canada: Accreditation Canada International (ACI)[2]
- France: HAS (Haute Autorité de Santé)[3]
- India: National Accreditation Board for Hospitals & Healthcare Providers (NABH)[4]
- New Zealand: Quality Health New Zealand (QHNZ); QHNZ quality standards are based on those used in Australia and Canada. QHNZ is accredited by the international umbrella organization, the International Society for Quality in Healthcare (ISQua).
- United Kingdom:QHA Trent Accreditation
- UKAF United Kingdom Accreditation Forum) is responsible for accrediting accreditation schemes in the United Kingdom.
- United States: Joint Commission International (JCI)

Joint Commission
International Accreditation

- **Joint Commission International (JCI) is a division of the Joint Commission in Oak Brook, Illinois**
- **Created in 1998 (2541)**

Philosophy of Accreditation

- **Evaluates the entire health care organization as a complex interaction of many clinical and management processes**

- **Uses published consensus standard in conducting an evaluation**

➢**Formal on-site evaluation every 3 years to assess compliance with the standards**

➢**Surveyors include a team of health care professionals such as physicians, nurses, pharmacists, and health care executives**

JCI Reputation

- Accredits over 17,000 organizations worldwide
- About 130 of those are acute care hospitals in 23 countries

Joint Commission International

Joint Commission International Standards

- Focus on the patient
- Designed to be interpreted/surveyed within the local culture and legal framework

Joint Commission International Accreditation Standards for Hospitals

- 360 Standards
- 1240 Measurable Elements

  Section I : Patient Centered Standards

  Section II : Health Care Organization Management Standards

Standards Content

Each JCI Standards contains 3 components :

- The *Standard*
- Description of the *intent* of the standard
- *Measurable element(s)* to be scored

Measurable Elements

- **Each standard has one or more *measurable elements* that incorporate the major principles addressed in the intent statement**
- **Each applicable measurable elements is scored**
  - **Met (10)**
  - **Partially Met (5)**
  - **Not Met (0)**

CoHSASA

- In 1994, the Pilot Accreditation Programme for South African Health Services was launched as a research and development programme in the Faculty of Medicine at the University of Stellenbosch under the directorship of Professor Stuart Whittaker.

- The programme grew rapidly and evaluation research showed that it was well received and perceived to be of considerable value to participating facilities.

- COHSASA as an independent, non-partisan unit was a logical development In 1995,

- Over the past 18 years, COHSASA has developed healthcare accreditation programmes for hospitals, sub-acute care, psychiatric facilities and programmes, primary health care clinics, ambulance services and medical emergency centres and general practitioners.

Policy on Quality in Healthcare in South Africa (1997)

- **The National Policy on Quality in Health Care provides a way to improve the quality of care in both the public and private sectors**
- There are four main targets of intervention, namely:
  - Health professionals;
  - Patients;
  - The community; and
  - The health service delivery system

Health Professionals

- Continuous Professional Education
- Outreach educational programmes
- Structured encounter forms
- Feedback

Patients

- Understanding patients perceptions and concerns is key to improving quality

Communities

- Partnerships with community structures such as non-governmental organisations (NGOs) and community-based organisations (CBOs) are important for mobilising community action and advocacy around health issues.

- Representative structures like clinic committees and hospital boards help to facilitate community participation in local decision-making on health issues of concern to the local community.

Health System

- District Quality Assurance Managers
- Quality monitoring procedures
  - Complaints Mechanism
  - Patient satisfaction surveys
  - Office of standards compliance
  - Provincial Health Establishments Inspection teams
  - Clinical audits
  - Facility quality teams
  - Supervisory visits

Office of Health Standards Compliance

- National Health Amendment Act- Chapter 10 establishes Office of Health standards compliance
- The objects of the Office are to protect and promote the health and safety of users of health services by—

(a)   monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and

(b)   ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.

79. (1) The Office must—

(a) advise the Minister on matters relating to the determination of norms and standards to be prescribed for the national health system and the review of such norms and standards;

(b) inspect and certify health establishments as compliant or non-compliant with prescribed norms and standards or, where appropriate and necessary, withdraw such certification;

(c) investigate complaints relating to breaches of prescribed norms and standards;

(d) monitor indicators of risk as an early warning system relating to serious breaches of norms and standards and report any breaches to the Minister without delay;

(e) identify areas and make recommendations for intervention by a national or provincial department of health, a health department of a municipality or health establishment, where it is necessary, to ensure compliance with prescribed norms and standards;

(f) publish information relating to prescribed norms and standards through the media and, where appropriate, to specific communities;

(g) recommend quality assurance and management systems for the national health system to the Minister for approval;

(h) keep records of all its activities; and

(i) advise the Minister on any matter referred to it by the Minister.

(2) The Office may—

(a) issue guidelines for the benefit of health establishments on the implementation of prescribed norms and standards;

(b) collect or request any information relating to prescribed norms and standards from health establishments and users;

(c) liaise with any other regulatory authority and may, without limiting the generality of this power, require the necessary information from, exchange information with and receive information from any such authority in respect of—

(i) matters of common interest; or

(ii) a specific complaint or investigation; and

(d) negotiate cooperative agreements with any regulatory authority in order to—

(i) coordinate and harmonise the exercise of jurisdiction over health norms and standards; and

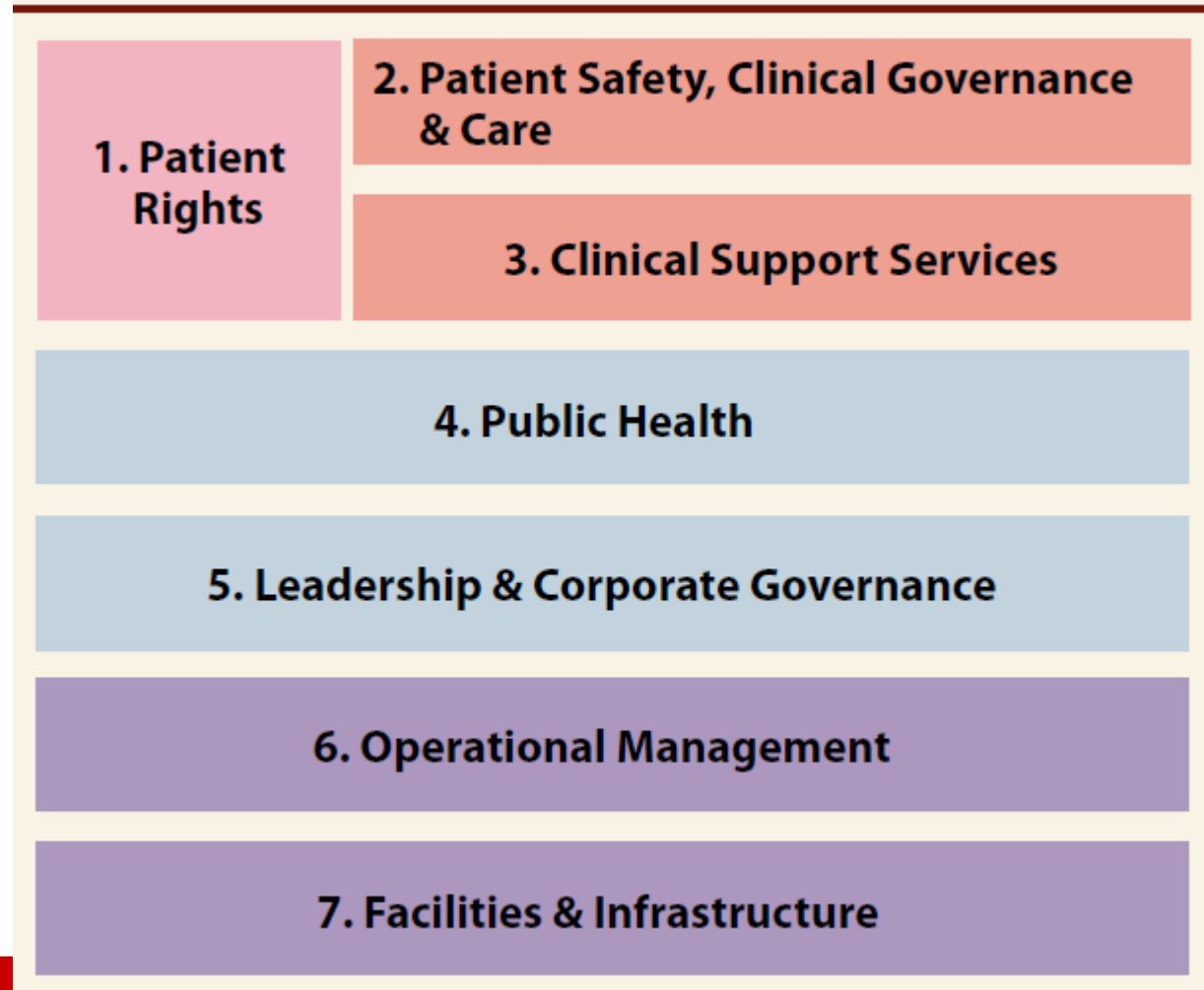(ii) ensure the consistent application of the principles of this Act.

National Core Standards

- The Office of Standards Compliance developed the National Core Standards for Health Establishments in South Africa, which will assist in setting the benchmark of quality care against which delivery of services can be monitored.

National Core Standards

- The main purpose of the National Core Standards is to:
- Develop a common definition of quality care which should be found in all health establishments in South Africa,
- as a guide to the public and to managers and staff at all levels;
  - Establish a benchmark against which health establishments can be assessed, gaps identified and strengths appraised; and
  - Provide for the national certification of compliance of health establishments with mandatory standards.

Domains for NCS

1. Patient Rights

2. Patient Safety, Clinical Governance & Care

3. Clinical Support Services

4. Public Health

5. Leadership & Corporate Governance

6. Operational Management

7. Facilities & Infrastructure

Domains and sub-domains

Domain 1. Patient Rights:

1.1 Respect and dignity

1.2 Information to patients

1.3 Physical access

1.4 Continuity of care

1.5 Reducing delays in care

1.6 Emergency care

1.7 Access to package of services

1.8 Complaints management

Domain 2. Patient Safety - Clinical governance & Clinical Care:

2.1 Patient care

2.2 Clinical management for improved health outcomes

2.3 Clinical leadership

2.4 Clinical risk

2.5 Adverse events

2.6 Infection prevention and control

Domain 3. Clinical Support Services:

3.1 Pharmaceutical services

3.2 Diagnostic services

3.3 Therapeutic and support services

3.4 Health technology services

3.5 Sterilisation services

3.6 Mortuary services

3.7 Efficiency management

Domains and sub-domains

Domain 4. Public Health:

4.1 Population based service planning and delivery

4.2 Health promotion and disease prevention

4.3 Disaster preparedness

4.4 Environmental control

Domain 5. Leadership & Corporate Governance:

5.1 Oversight and accountability

5.2 Strategic management

5.3 Risk management

5.4 Quality improvement

5.5 Effective leadership

5.6 Communications and public relations

Domains and sub-domains

Domain 6. Operational Management:

6.1 Human resource management & development

6.2 Employee wellness

6.3 Financial resource management

6.4 Supply chain management

6.5 Transport and fleet management

6.6 Information management

6.7 Medical records

Domain 7. Facilities & Infrastructure:

7.1 Buildings and grounds

7.2 Machinery and utilities

7.3 Safety and security

7.4 Hygiene and cleanliness

7.5 Waste management

7.6 Linen and laundry

7.7 Food services

Core priority areas

Patient Rights:

1. Values and attitudes
2. Waiting times
3. Cleanliness

Patient Safety, Clinical Governance & Care:

4. Patient safety
5. Infection prevention and control

Clinical Support Services:

6. Availability of medicines and supplies

egulation 67: Norms and Standards Regulations Applicable to Different Categories of Health Establishments

Definitions, Purpose and Application
1. Definitions
2. Scope and application
3. Purpose of regulations

User Rights
4. User information
5. Access to care

Clinical Governance and Clinical Care
6. User Health records and management
7. Clinical management
8. Infection prevention and control programmes
9. Waste management

Clinical Support Services
10. Judge and value
11. Assess major decisions
12. Provide info for planning

Facilities and Infrastructure
13. Management of buildings and grounds
14. Engineering services
15. Transport management
16. Security services

Governance and Human Resources
18. Governance
19. Human resources management
20. Occupational health and safety

General provisions
21. Adverse events
22. Waiting time
23. Short title and commencement

What is an Ideal Hospital? (1)

An 'Ideal Hospital' is a hospital with:

- Good infrastructure (i.e. physical condition and spaces, health technology, information and communication technology, adequate bulk supplies, and an appropriately managed and maintained motor vehicle fleet),
- Efficient patient administrative processes,
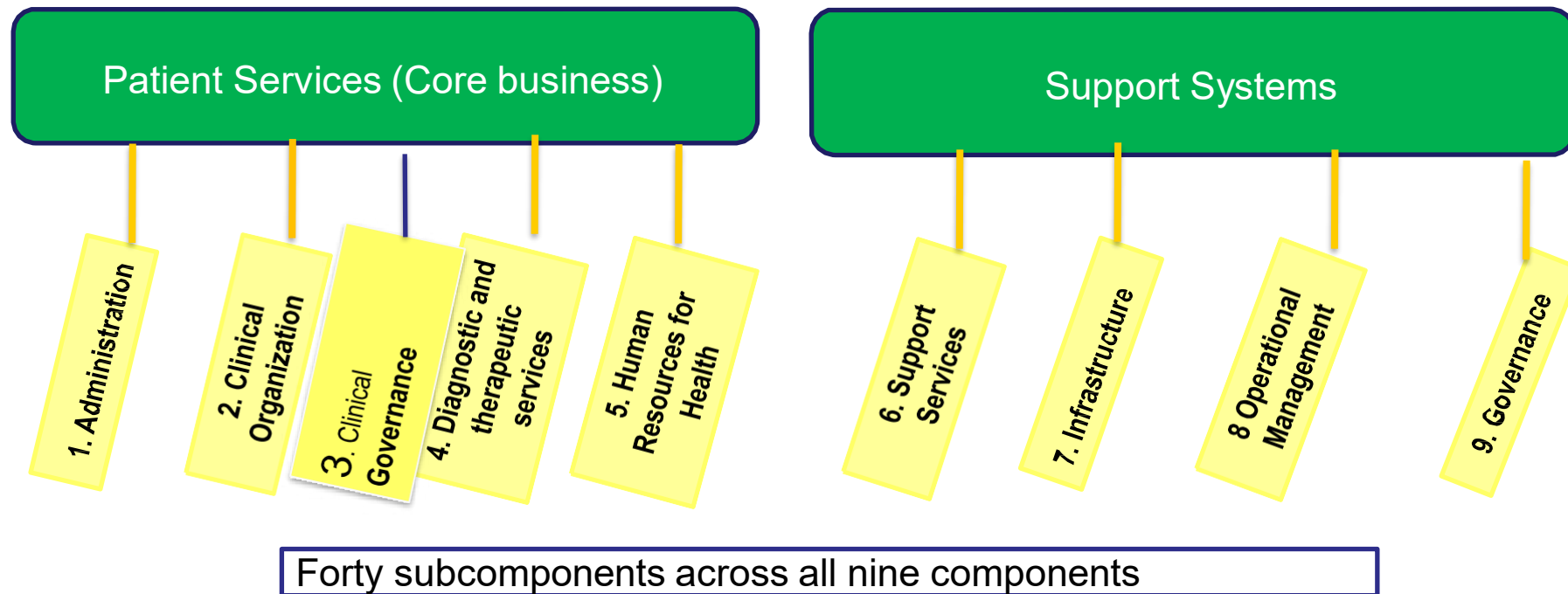- Adequate and appropriately managed staff,

What is an Ideal Hospital? (2)

- Provides evidence based clinical, therapeutic and diagnostic services consistent with the defined Package of services
- Uses patient experiences, communication and information for continuously improving quality of clinical care, optimisation of hospital processes, finance, system and risks mitigation and management
- Complies with highest standards of corporate governance and is accountable to the community, internal and external stakeholders.

Ideal Hospital Realisation and Maintenance Framework (IHRM-F)

Eight components- addressing core business and support systems

Patient Services (Core business)

Support Systems

1. Administration

2. Clinical Organization

3. Clinical Governance

4. Diagnostic and therapeutic services

5. Human Resources for Health

6. Support Services

7. Infrastructure

8 Operational Management

9. Governance

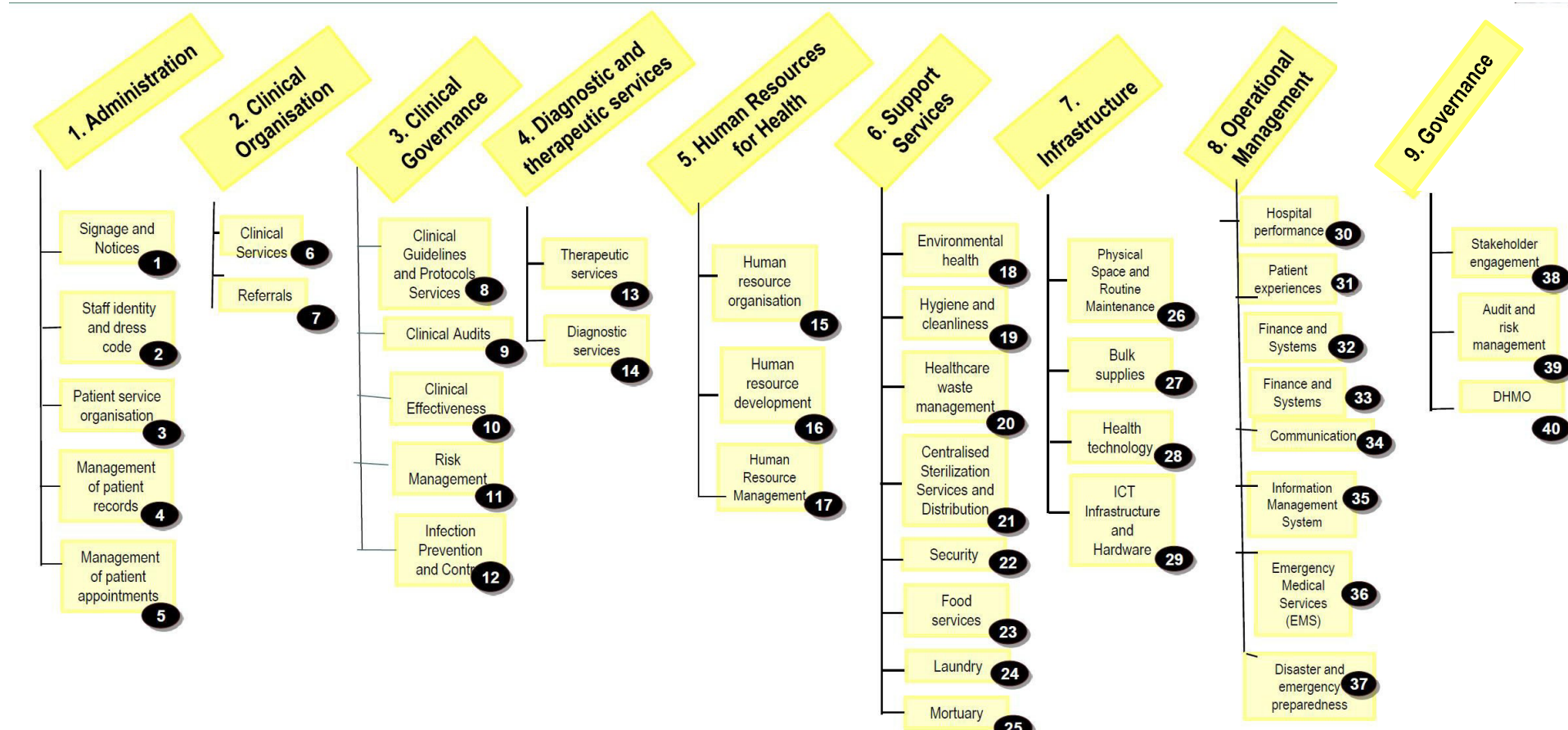Forty subcomponents across all nine components

Ideal Hospital Components

Components and 40 Subcomponents and 305 Elements

- Administration
- Clinical Services
- Clinical Governance
- Diagnostic and therapeutic services
- Human Resources for Health
- Support Services
- Infrastructure
- Operational Management
- Governance

Hospital Framework- Components and

IHRM-F
Total of 305 Elements

Administration	33
Clinical Organisation	32
Clinical Governance	30
Diagnostic and therapeutic	31
Human Resources for Health	28
Support services	51
Infrastructure	30
Operational Management	52
Governance	15