Core Quality Standards and the Private Hospital Sector

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The National Quality Programme

Goal

A National Quality Programme will aim to assure and improve quality throughout the health system as an integral part of health system strengthening efforts in order to **improve health outcomes, enhance staff motivation, improve patient satisfaction and improve efficiency**

"Putting quality at the centre of all we do"

"A call to action for excellence and quality"

Dr Molefi Sefularo

Quality – a complex field

Stakeholder perspectives

- Patients / users
- Professionals / providers
- Managers / establishments
- Funders / payers
- Policy makers

Four principles of quality assurance

- Client focus
- Understanding the system and/or process of care
- Measuring performance and improvement
- Success is dependent on teamwork

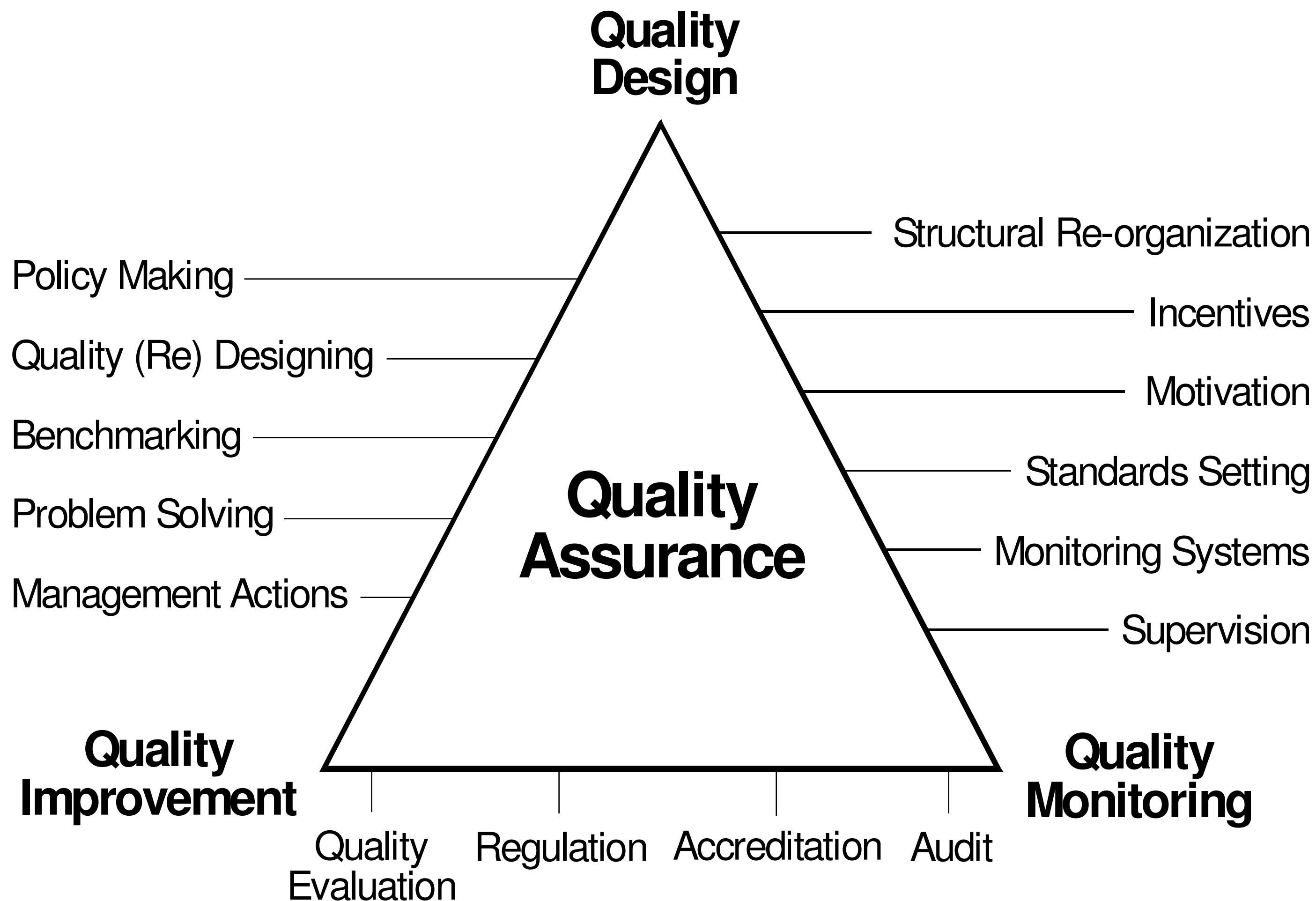
Dimensions of quality

- Technical competence
- Access to services
- Effectiveness
- Interpersonal relations
- Efficiency
- Continuity
- Safety
- Amenities

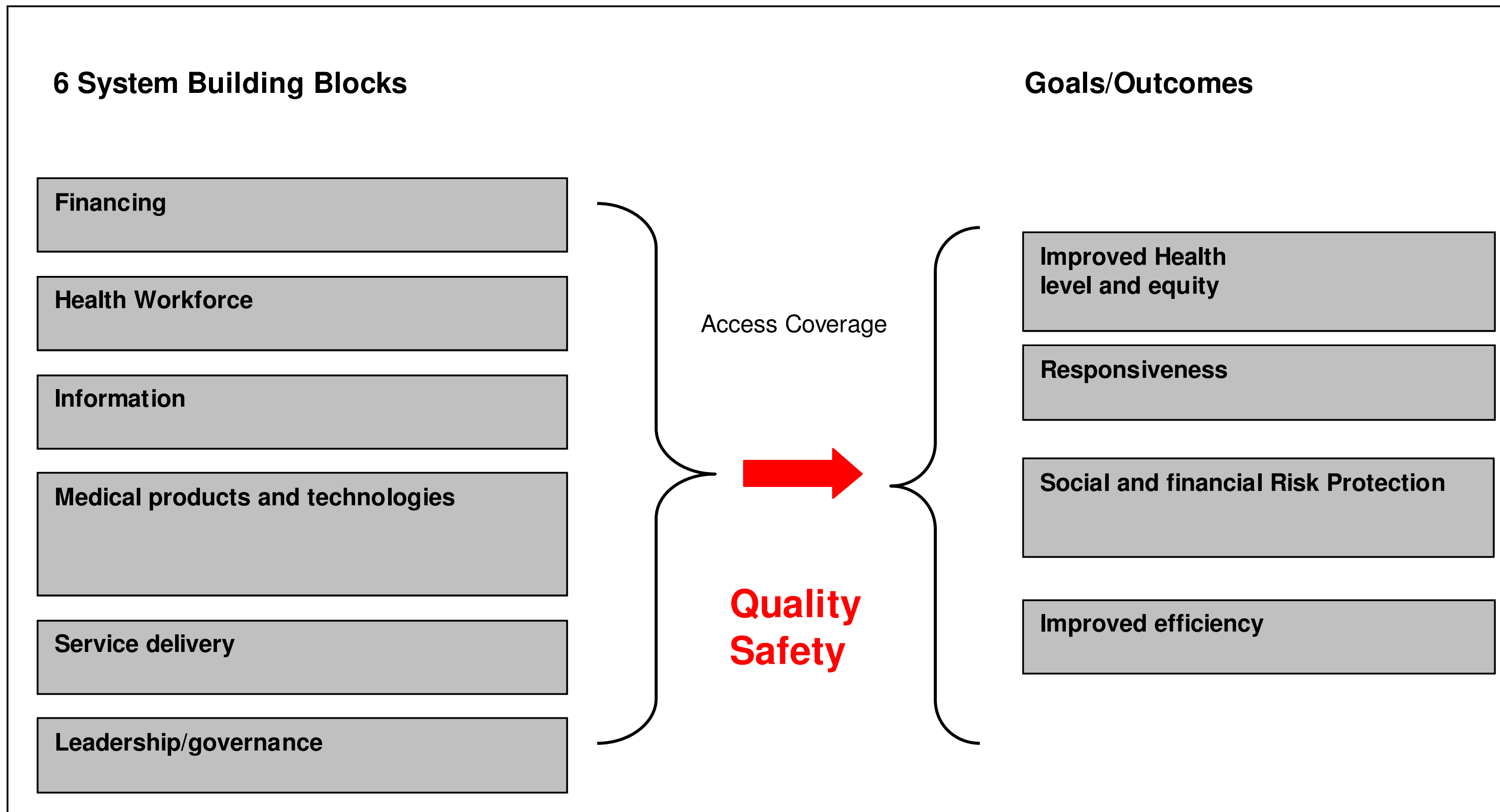
Attributes of quality of care

- Structure
- Process
- Outcome

Quality assurance: The classic triangle of "design – measure – improve"



“Everybody’s Business” - the WHO framework for **Health Systems Strengthening** (HSS)



Defining the field ....

- ***Quality*** --- is getting the best results possible within the available resources

OR

- ***Quality*** ------ is meeting standards

- ***Standard*** = a statement of expected performance

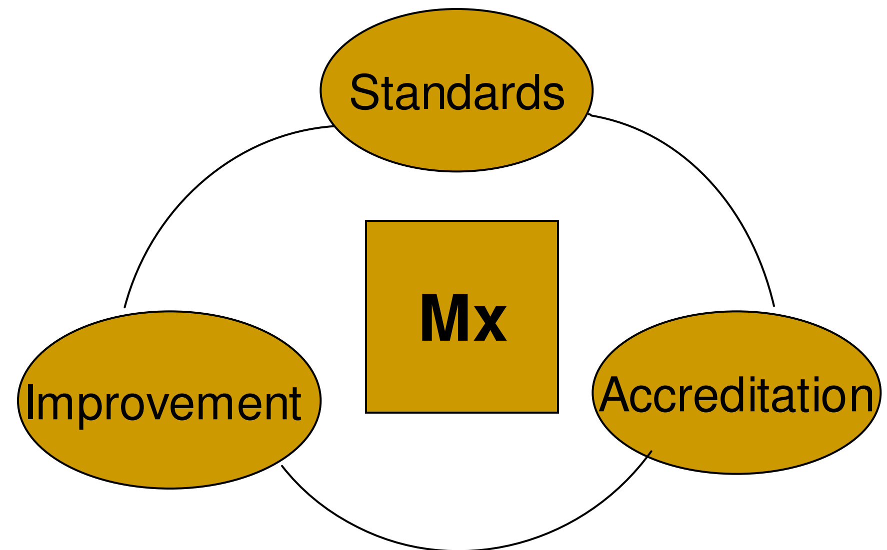
- Legal definitions
- Regulations / rules
- Consistent terminology

- ***Quality assurance*** ----- defines and measures the basic organisational prerequisites for ensuring quality as a mandated government responsibility

- ***Quality improvement*** ---- includes any activities or processes that are designed to improve efficiency and effectiveness of service delivery and lead to better health outcomes, as an ongoing and continuous process

Components of the National Quality Programme

1. Standards, norms, guidelines
2. Measurement, benchmarking, accreditation
3. Improvement – multiple management support mechanisms to close identified gaps (reactive, proactive)



National Core Standards for Establishments

- **Purpose:**
  - A guide for managers at all levels / in all sectors – "what we should be doing"
  - A basis for measuring own performance or being objectively measured and benchmarked against others
  - ***The future basis for public funding and public accountability***
- **Target audience or intended users:**
  - Managers and their teams
    - CEO and hospital management team
    - District / sub-district manager and the (sub-) District Management Team
  - Supervisors and support
  - Public and private sectors
  - Next steps - GPs, other establishments, EMS …
- **"Core" standards** = the basics required for decent, safe care in South Africa.
  - Where public safety, dignity or ethical use of public resources at risk = compliance regulated / obligatory.
  - other types of standards beyond this scope (developmental, detailed)
- **Based on existing legislation, policies, guidelines and protocols**,
  - constitute a reasonable expectation of managers: should already be doing / have been hired to do
  - not a new initiative or an added burden
- **A screening tool not a compilation**
  - Risk-based QI
  - universal coverage for use by all sections / programmes

Addressing critical systemic problems

Broad areas of concern in the public sector

- Lack of standardization of care with poor reliability and poor outcomes
- Lack of accountability for delivery of care and use of resources
- Insufficient and inadequate skills
- Lack of responsiveness to inadequate patient outcomes and to patient and staff concerns

Ethics and values

- Leadership conveys and demonstrates the expectation that values underpin the delivery of health care and are the motivating factor for most health professionals

Enhanced accountability in the public and private sector

- Leaders hold managers accountable for achieving a defined set of standards; with performance objectively measured and monitored and with clear consequences. Will focus initially on the basic or essential aspects of care

Developing capacity and skills

- Specific skills and knowledge widely diffused and supported throughout the system to assure and improve Quality as core outcome of a single national plan

Universal standards – what are equivalent issues in the private sector?

- **Barriers to access**
  - Costs
  - Bureaucratic processes
  - Geographic / physical location
  - Emergency care
- **Operation of incentives**
  - Over-servicing / supply-driven demand
  - Profit maximisation
  - Improved efficiencies and innovations
  - Little accountability apart from "customer" choice
- **Market share / growth**
  - Undue focus on aesthetics
  - Excellence in customer care at vulnerable moments
  - Avoiding litigation / "brand" weakening
- **Health outcomes**
  - Split accountability driven by regulations
  - Professional and / vs national policies
  - Patient safety and medical error
  - Nil for population health

- Do the Core standards adequately cover these?
- Planned interaction with key stakeholders to review this
  - Establishments
  - Professionals
  - Payers
  - Policy makers

Revision process

Domains retained, some changes :

- Patient experience and Access consolidated into Patient rights
- Patient safety and Clinical care combined
- Clinical support now a separate domain
- Governance split into Leadership / governance and Operational management

Domains re-ordered and clustered

- 1-3 = Patient rights and Care
- 4-5 = Leadership, planning
- 4-7 = Operational support

Standards and criteria re-formulated; universally applicable

Universally applicable standards and criteria

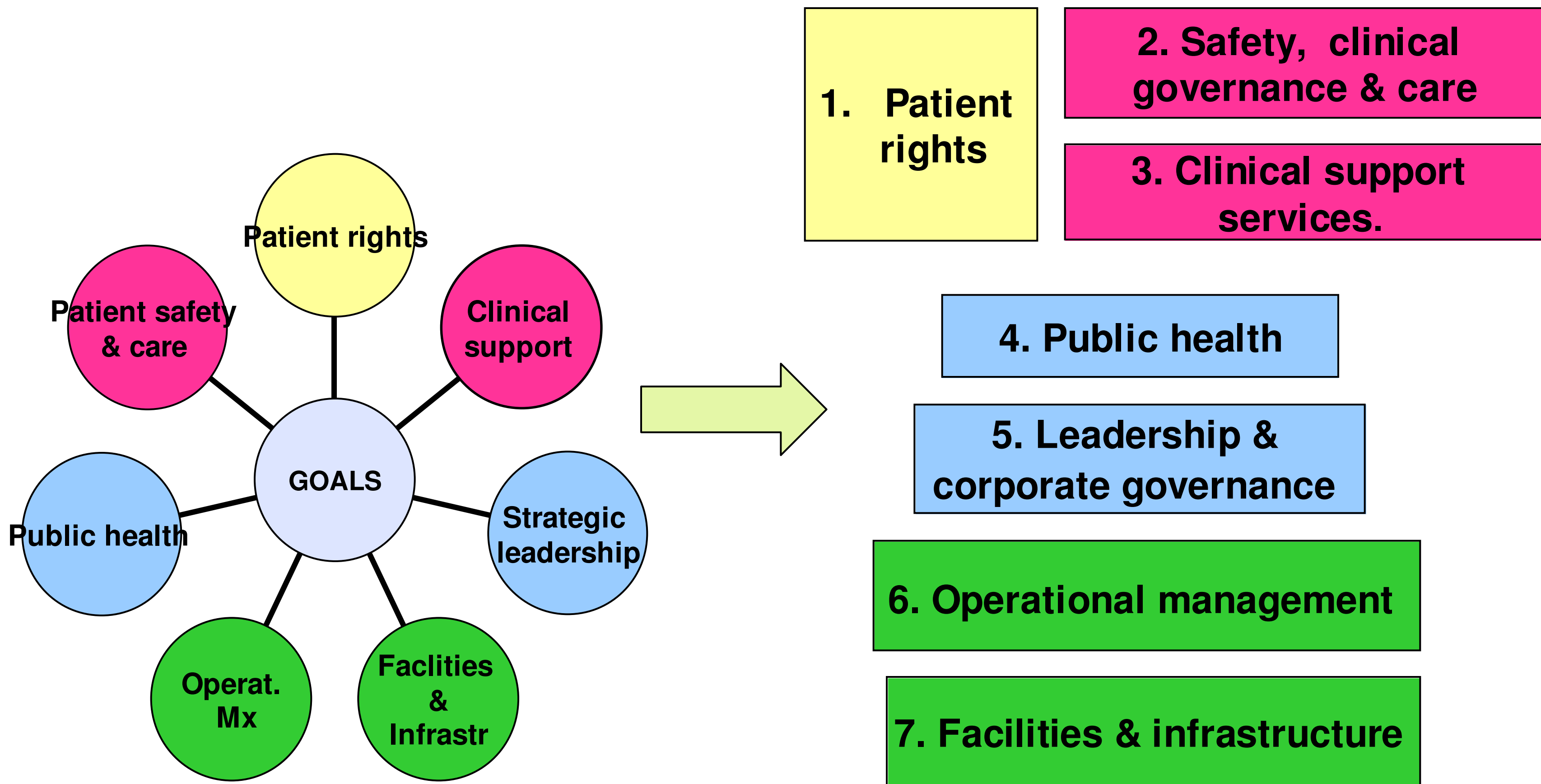
- Stakeholder reviews
  - private sector, Military Health services, SALGA, Professional bodies
- What is vital / essential / developmental?
- Review the Introduction
- Indicators

Assessment tools and data base

- being extensively revised,
- Specific tools for public sector hospitals, PHC
- Was piloted in March 2010 in all provinces
- Process of finalisation underway

Standards and systems –

facility-based compliance (hospital, sub-district)



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 Delivery of package of services 1.8 Complaints management
2. Patient Safety - Clinical governance & Clinical Care	2.1 Patient care 2.2 Clinical leadership 2.3 Clinical management of priority health programmes 2.4 Clinical Risk 2.5 Adverse events 2.6 Infection prevention and control
3. Clinical support services	3.1 Pharmaceutical services 3.2 Clinical support services 3.3 Clinical equipment and supplies 3.4 Medical records 3.5 Health care technology maintenance

4. Public Health	4.1 Population based service planning and delivery 4.2 Health promotion and disease prevention 4.3 Disaster preparedness
5. Leadership & Corporate Governance	5.1 Planning 5.2 Strategic Leadership 5.3 Stakeholder representation 5.4 Oversight 5.5 Risk management 5.6 Communication and public relations 5.7 Quality Improvement

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
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

Assessment tools: context specific

Public hospitals and PHC facilities

- An access data base links cross-cutting domains, standards and criteria to where the function is performed
- Allows for flexibility in relation to actual structural arrangements including (sub)-district offices, PHC
- Range of methods to collect evidence of complaince
- Triangulation with outcome indicators
- Reporting by domain and standard, by management / functional area/ by administrative area

Private sector

- Privacy / confidentiality
- Business models / units

Patient care	Casualty OPD / clinics Maternity Wards Operating theatre / procedures
Clinical support	Radiology Pharmacy Laboratory
Manage ment	CEO / (sub)-district manager Clinical care Mx Nursing services Mx …
General support	Housekeeping Waste management Maintenance

Accreditation and licensing

International experience and evolution

- Up to 1990's: NGO process focused on developmental standards
- Since then a doubling of national programmes:
  - Government-mandated / driven process to enhance public accountability
  - Link to payment mechanisms (health insurance)

Quality Management and Accreditation body

- Body to function independently of National, Provincial departments – **amendment to National Health Act**
- **Mandate and accountability review as a basis for functions**
- Business case and budget being developed
- **Possible options** being examined,
  1. Provincial function with external verification of a sample
  2. Secondment of staff on rotation to external body
  3. Full permanent staff complement for universal coverage
  4. Contracting of agencies

Process to establish the system

- **Accreditation required for operating licence for all establishments** –
  - Private and public; linked to funding via NHI in the future
- **Core standards and assessment tools to inform regulations to be drafted**
  - Public and private sectors, hospitals / PHC
  - Later: non-health establishments, support offices, EMS, GP practices
- **"Deemed licensed" for specified period (3-5 years)**
  - time to achieve compliance
  - baseline and confirmation appraisals / audits
- **Sanctions / "consequences" for compliance / non-compliance** -
  - to be determined
- Private sector concerns
  - Existing systems
  - Accountabilityy

Quality improvement

- “Reactive” – response to identified gaps in accreditation, complaints, other
- “Proactive” – deliberate improvement in areas of priority

- **Standards & Accreditation** - avoid or respond to non-compliance
- **Call centre and ombud** – national toll-free line; serious complaints trigger investigation
- **Fast track quality priorities**
  1. **Attitudes and values**
  2. **Cleanliness**
  3. **Waiting times**
  4. **Patient safety**
  5. **Infection prevention and control**
  6. **Availability of medicines and supplies**

Priority areas and core standards

Patient rights:
1. Values and attitudes
2. Waiting times
3. Cleanliness

Safety and clinical care:
4. Patient safety
5. Infection prevention and control

Clinical support services:
6. Availability of medicines and supplies

1. **Patient rights**
2. **Safety, clinical governance & care**
3. **Clinical support services.**
4. **Public health**
5. **Leadership & corporate governance**
6. **Operational management**
7. **Facilities & infrastructure**

Conclusions

- Continued collaboration essential and very welcome
- A national effort towards a collective goal and values
- A pre-requisite for NHI – preparation, implementation
- Introspection and improvement within all sectors
- Quality at the centre = values-based health care