HASA 2017
CONFERENCE

THE HEALTHCARE PUZZLE

integrating healthcare

Outlining the role and functions of the OHSC

Presenter:

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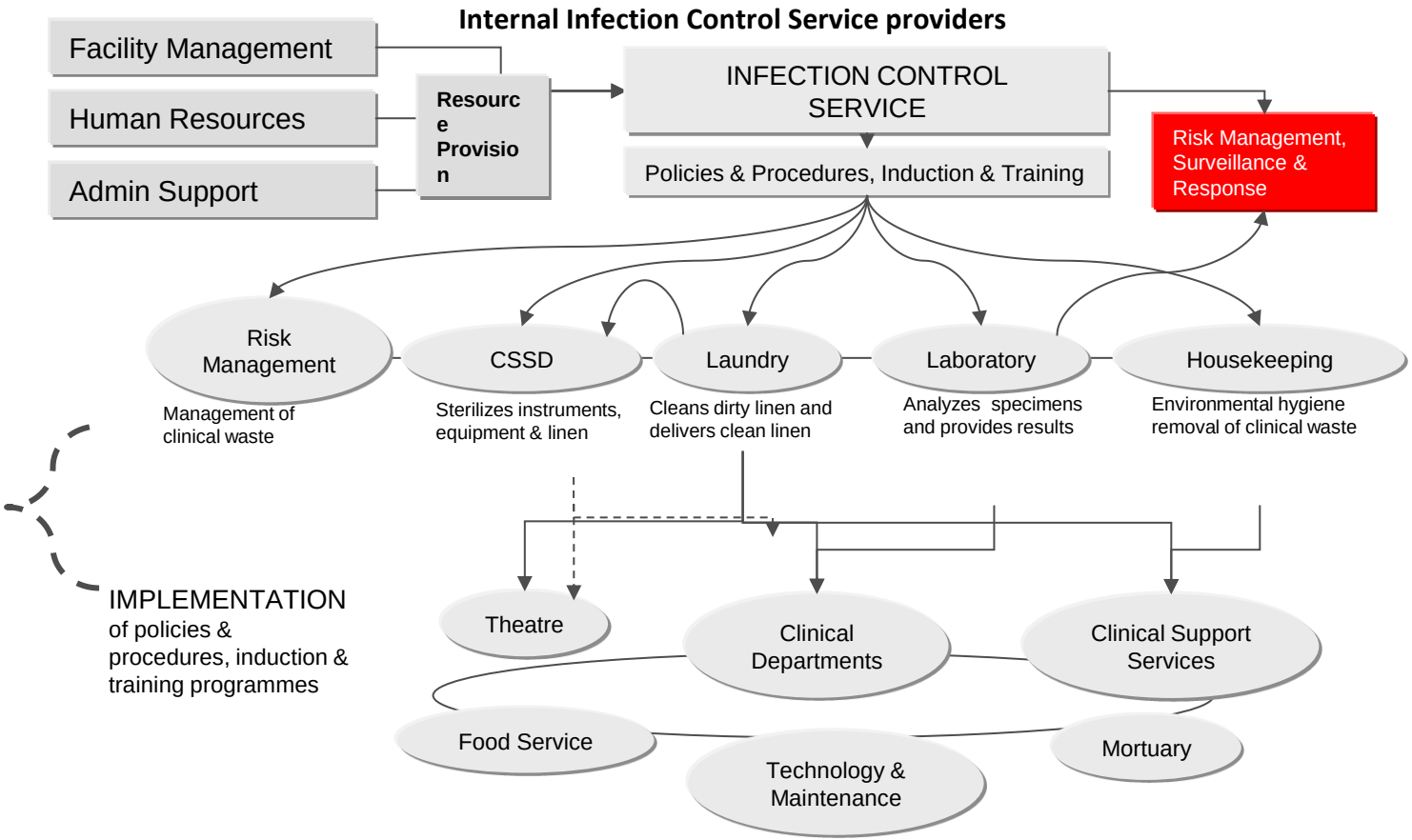
OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

Outline

The strategic outcome orientated goals of the OHSC

- Prioritize weaker establishments with the most disadvantaged users to shift the system towards safer care, while still recognizing excellence wherever it is found;
- Develop a progressive and developmental approach to enforcement in order to enhance change at different levels of the system;
- Use the power of information and communication, ranging from awareness and guidance through monitoring, analysis, reporting and publication, as a strategic tool to influence decisions and behaviour;
- Create and effectively use platforms for interaction with key user, providers and leadership groups to foster collaborative efforts towards improved outcomes; and
- Develop the capacity of staff and those who work directly with the Office as agents of change through training, rigorous control of the quality of outputs and ongoing learning.

When developing standards there are a number of factors to take into account, for example, Infection control requires the co-ordination of a number of different departments



The departments and services within healthcare establishments are called Functional Areas (FA)

M 01 - CEO / Hospital manager
M 03 - Communications PRO
M 04 - Facility infrastructure
M 05 - Financial management
M 06 - HR management
M 07 - Infection control
M 08 - Management of information
M 10 - Procurement
M12 - Occupational Health and Safety
M 14 - Clinical management group
M 16 - Case Management
P 01 - A+E
P 02 - Outpatients
P 03 - Maternity
P 04 - Medical ward
P 05 - Surgical ward
P 06 - Paediatric ward
P 07 - Generic wards
P 08 - Physiotherapy
P 09 - ICU / HCU / Burns / speciality ward
P 10 - Operating theatre incl. cath labs
P 11 - Psychiatric ward
P 12 - Occupational therapy
P 13 - Speech therapy

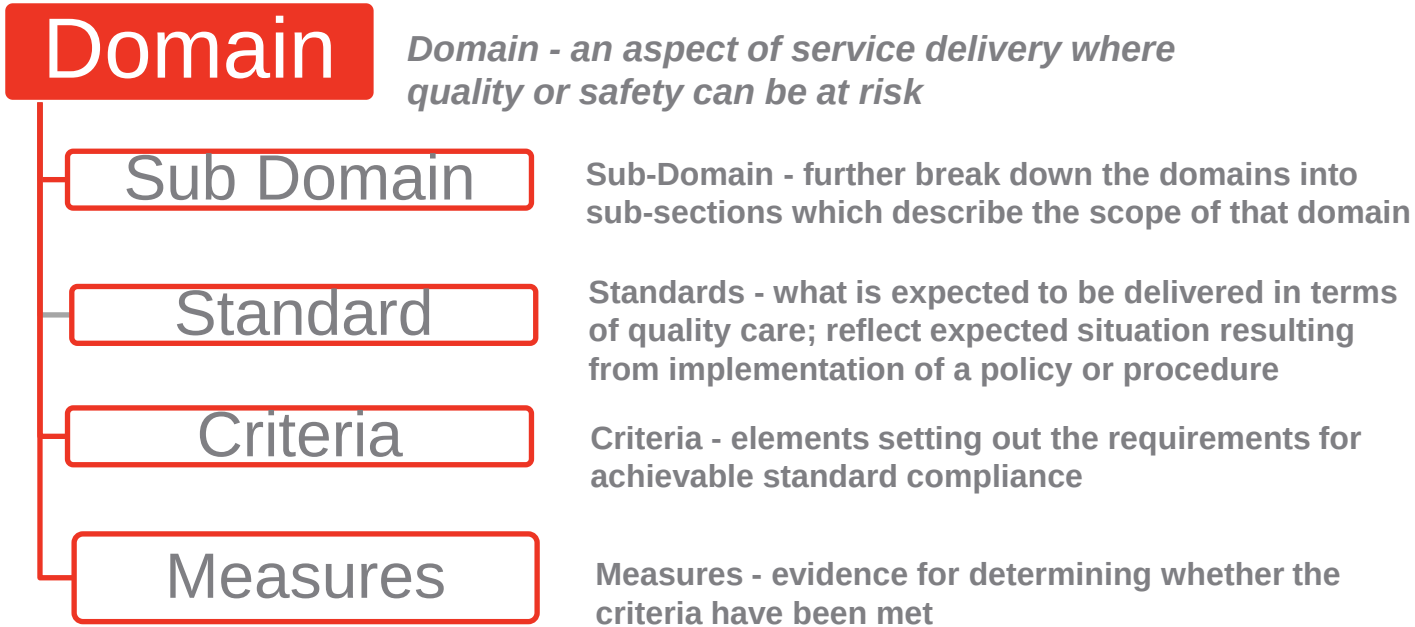
C 01 - Blood services
C 02 - Lab services
C 03 - Health technology services
C 04 - Pharmacy
C 05 - Radiology
S 01 - CSSD
S 02 - Cleaning services
S 03 - Food services
S 04 - Laundry services
S 05 - Maintenance services incl. garden services
S 06 - Record archive
S 07 - Waste management
S 08 - Transport services
S 09 - Security services
S 10 - Entrance reception and help desk
S 11 - Patient administration
S 12 – Mortuary services

M = Management, P = Patient Care, C = Clinical support, S = Support Services

Infection control is a requirement in the majority of the FAs.

EARLY DEVELOPMENT OF THE NCS

Initially, the decision to set standards that focused on reducing risks related defined by the evaluation chain of the seven domains was taken.



Domain - an aspect of service delivery where quality or safety can be at risk

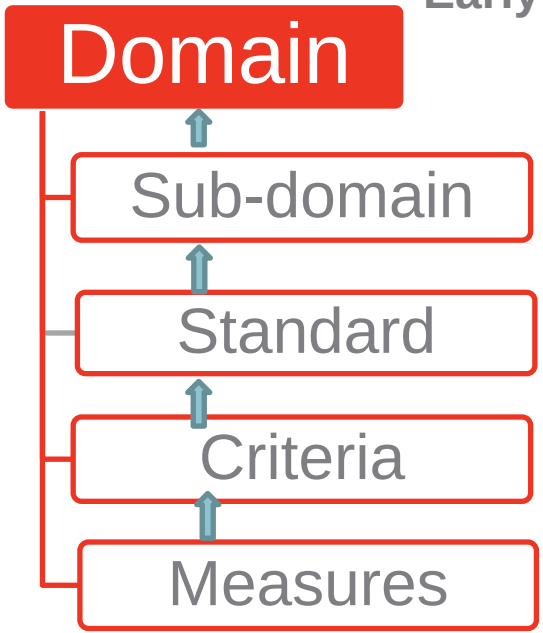
Sub-Domain - further break down the domains into sub-sections which describe the scope of that domain

Standards - what is expected to be delivered in terms of quality care; reflect expected situation resulting from implementation of a policy or procedure

Criteria - elements setting out the requirements for achievable standard compliance

Measures - evidence for determining whether the criteria have been met

Early evaluation Tools



The domain-focused standards that were applicable to the FAs were grouped together into questionaries' to facilitate inspections, without taking into account other risks, outside the chosen 7 domains that were specific to the FA under consideration..

This created inspection problems due to:

1. incorrect standards being allocated in error
2. multiple visits being required to the same FA, since FAs usually have more than 1 applicable domain

The underlying challenges

- Unacceptably poor quality and unsafe health services
  - High levels of inequality in per capita health expenditure
  - Public health system with poor outcomes / ROI
    - UNDER RESOURCED / OVER-BURDENED
    - FRAGMENTED
    - HIGHLY VARIABLE
    - POORLY MANAGED
    - WEAK CLINICAL GOVERNANCE / INFLUENCE
  - Concerns regarding knowledge and skills / competence
  - Inefficient and costly private health care
  - System characterised by a lack of accountability at multiple levels
  - **Public concern becoming increasingly apparent, contributing to opposition to envisaged “National Health Insurance” (our “NHS”)**

Inspection findings to date – what do they tell us?

- **Large variations and deficits in the quality of health services:**
  - Between health establishments and types of HE (particular problem with clinics – cornerstone for NHI)
  - Between provinces (persistent inequities)
  - In the functionality of SCM and oversight at all levels
  - In the degree of personal responsibility and accountability (managerial, clinical) for delivering basic quality care
  - In the level of accountability (Clinical Policies development and implementation)
  - Poor Contract and equipment management

CURRENT WORK DONE IN OFFICE

Development of Norms and Standards

- Norms and Standards for different categories of HEs were developed and submitted to the Minister for consideration and publication for comments in 2015.

  (**Public hospitals; Public clinics and CHCs and Private hospitals and clinics)**
- In September 2016 the standards were reviewed with the technical support from WHO experts
- In January 2017 the standards were published for comments for three months.
- The Department of Health are incorporating comments received

Development of Standards for General Practice

- The OHSC started the process to develop standards for General Practice in August 2016.
- The following stakeholders were engaged in the development process:
  - ✓ Health Professional Council of South Africa
  - ✓ South African Medical Association
  - ✓ Independent Practitioners Association Foundation
  - ✓ Board of Health Care Funders
  - ✓ National Department of Health
  - ✓ University of Pretoria Department of Family Medicine
  - ✓ University of Cape Town School of Family Medicine

Standards for General Practice

- In June 2017 the standards for General Practice were submitted to the Minister of Health for consideration.

ANNUAL RETURNS

- All health establishments and users that are required by the Office to provide information relating to norms and standards, in terms of section 79(2)(b) of the Act, must do so by 31 March of each year.
- A request for information from health establishments must be in writing
- The Office may publish the request for information, in the Government Gazette or on its public website.
- The request for information from users, by details of the required information and the manner in which such information must be submitted.
- Any information that may be required by the Office from health establishments or users, in terms of section 79(2)(b) of the Act, may be submitted electronically.
- If the person in charge, referred to in regulation 6(1), fails to provide the Office with the required information within the specified period, the Office must refer the matter to the head of the national or provincial department of health, the health department of a municipality or health establishment, as the case may be.

EARLY WARNING SYSTEM (EWS)

The inspection programme produces "snap-shots" in time every four years on the degree of compliance to agreed standards.

Although establishments are also required to submit annual self-assessments, their accuracy is uncertain and hence the degree of compliance between inspections is generally unknown.

The following two OHSC programmes have been designed to alleviate, to some degree this problem.

Early Warning System (EWS)

Section 79(1)(d) of the NHAA empowers the Office to 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.

The EWS was designed to identify health establishments where patients, staff or services are highly likely to suffer serious harm.

These indicators will be used as part of the system to prioritise inspections and to monitor risk in health establishments in the intervening years between inspections.

Data collected via the EWS will contribute to research on areas of risk to patient safety and improve the accuracy in predicting risk to prompt corrective action.

Examples of Indicators reported monthly aligned to National Guideline on Management of Patient Safety Incidents

	Indicator	Short definition	Reporting requirement	Indicator type	Reporting frequency	Applic-ability
1	Patient falls	Any case of a patient falling irrespective of the position/ surface and the cause of the fall	Total number of in-patients who fell per month	Number	Monthly	Hospital CHC
2	Anaesthetic deaths	Death of a patient within 24 hours of undergoing surgical procedure that required general anaesthesia	Total number of patients who died within 24 hours of undergoing surgical procedure that required general anaesthesia	Number	Monthly	Hospital
3	Hospital acquired klebsiella	Case of positive klebsiella cultures	Total number of cases of positive klebsiella cultures	Number	Monthly	Hospital
4	Pressure ulcer incidence	Sacral Grade 1 pressure ulcers developed in the hospital	Total number of sacral grade I pressure ulcers developed in the hospital	Number	Monthly	Hospital

Complaints Management

Two sections: Complaints Call Centre and Assessment and Complaints investigation

The mandate: to receive, investigate and resolve complaints about health establishments that breach of regulated standards.

The Unit provides support to the Health Standards Ombud who provides added depth to the service through adjudicating particularly complex matters and overseeing the decisions of staff.

The aim is to provide an easily accessible, responsive service for individuals to lodge legitimate complaints, which have not been resolved to their satisfaction after exhausting all local processes.

Complaints \will be investigated by appointed and trained Investigators to facilitate the satisfactory resolution of the complaint. The OHSC will make recommendations in relation to any deficiencies in systems and processes identified during the investigation.

Complaints can be reported by phone, email, in writing or in person.

All complaints, are recorded electronically by a Complaints Call Centre staff into a database, following which they are evaluated and dealt with appropriately.

Some will require full-scale investigations, which may also involve the inspection of health facilities and the use of our staff's powers to question individuals and scrutinise evidence.


We are committed in guiding, monitoring and enforcing healthcare safety & quality standards in all healthcare facilities
OHSC
Office of Health Standards Compliance
For complaints or feedback on our services, please call 080 911 6472 or email complaints@ohsc.org.za

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THANK YOU!