
A POLICY ON QUALITY IN HEALTH CARE FOR SOUTH AFRICA

National Department of Health, Pretoria

April 2007

Abbreviated version

Foreword

This abbreviated version of the *Policy on Quality in Health Care for South Africa* follows on the original that became national policy in 2001. It comes at a time when the public health care system is in dire need of again refocusing its collective efforts towards improving the quality of care provided in public health facilities and communities. Knowing that quality is never an accident, always the result of high intention, sincere effort, intelligent direction and skilfull execution, and that it represents the wise choice of many alternatives, this abbreviated version attempts to provide to all public health officials in a nutshell and in a more reader friendly language, the strategic direction health facilities and officials need to follow to assure quality in health care and continuous improvement in the care that is being provided. Health care personnel are encouraged to use this copy of the Policy to focus their intentions and guide their efforts.



MR T D MSELEKU
DIRECTOR-GENERAL: HEALTH

Contents

A. Background to the policy	2
1. A quality assurance policy for the whole health system - public and private	2
2. The key aims of the policy	2
3. The problems with quality in health care	3
4. Issues addressed in developing the policy	3
4.1 Improve access to quality health care	3
4.2 Increase patients' participation and the dignity afforded to them	4
4.3 Reduce underlying causes of illness, injury, and disability	5
4.4 Expand research on treatments specific to South African needs and on evidence of effectiveness	5
4.5 Ensure appropriate use of services	5
4.6 Reduce errors in health care	6
5. Targeting quality assurance interventions	6
5.1 Interventions aimed at health professionals	6
5.2 Interventions aimed at patients	7
5.3 Interventions aimed at the community	7
5.4 Interventions aimed at systems	8
B. The policy	
1. Creating the environment in which quality health care will flourish	9
1.1 Strengthening the hand of the user	9
1.2 Focusing on equity of health care and vulnerable populations	10
1.3 Promoting public/private partnerships and the accountability of both sectors for quality improvement	10
1.4 Reducing errors and increasing safety in health care	12
2. Building the capacity to improve quality	12
2.1 Fostering evidence-based practice and innovation	13
2.2 Adapting organisations for change	14
2.3 Engaging the health care workforce	14
2.4 Training and professional development	15
2.5 Investing in information systems that measure quality improvements	16
3. Delivering quality care - in the public sector	17
3.1 The District Health system	17
The District Health team	17
Provincial Departments of Health	19
3.2 Monitoring standards	19
Quality monitoring by the user of services	19
Quality monitoring through structures of governance	20
Quality monitoring by the provider of services	21
Quality monitoring by professional bodies	22

A. Background to the policy

1. A quality assurance policy for the whole health system - public and private

Each year 8% or more of the gross national product (GNP is an indicator of the wealth produced by the country) is spent on the national health system, including both the public and private health sectors. On average 60% of this is spent in the private sector, which provides care to 20% of the population. 80% of the population relies on the public health system for health care. This sector receives 40% of total expenditure on health. Any national policy must therefore include both private and public sector issues, and by so doing contribute towards strengthening the partnership between the public and private sector.

2. The key aims of the policy

The National Policy on Quality in Health Care provides a way to improve the quality of care in both the public and private sectors.

The policy sets out the main objectives of Government to assure quality in health care and to continuously improve the care that is being provided.

Achieving the goal of a quality health care system requires a national commitment to measure, improve and maintain high-quality health care for all its citizens. This involves measuring the gap between standards and actual practice, and working out ways to close the gap.

National aims for improvement include, but are not limited to:

Addressing access to health care;

Increasing patients' participation and the dignity afforded to them;

Reducing underlying causes of illness, injury, and disability through preventive and health promotion activities;

Expanding research on evidence of effectiveness;

Ensuring the appropriate use of health care services; and

Reducing health care errors (adverse events).

The national aims also reflect the needs of specific vulnerable populations and geographical areas.

Within each of these broad aims, health care providers should establish specific measurable objectives so that they can track progress in achieving these aims.

Priority is given in the policy to:

- **Conditions where most improvement can occur**, and which have the greatest impact on reducing the burden of disease, mortality and improving patients' quality of life and their ability to function;
- **Conditions where there is wide variation in service**, indicating that many health care practices may be inappropriate and not in line with current knowledge about effective health care; and
- **Conditions that is common and/or costly**, where improvements will most broadly result in better health of the population and more appropriate use of health resources.

3. The problems with quality in health care

Many quality problems in health care have been identified, in both the public and the private sectors. These include:

- Under-use and overuse of services;
- Avoidable errors;
- Variation in services;
- Lack of resources;
- Inadequate diagnosis and treatment;
- Problems relating to the reallocation of funds from “better off” to “historically poorer” communities and facilities;
- Inefficient use of resources;
- Poor information;
- An inadequate referral system;
- Disregard for human dignity;
- Drug shortages;
- Records not well kept; and
- Poor delivery systems.

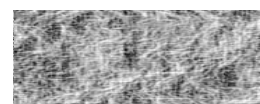
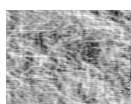
These shortcomings endanger the health and lives of all patients, add costs to the health care system, and reduce productivity.

To achieve necessary improvements, a national policy on quality in health care is needed, together with commitment from all stakeholders, beginning with leadership from the highest levels of government, the national health system, labour, and the health care professions.

4. Issues addressed in developing the policy

4.1 Improve access to quality health care

Reduce excess capacity, plan packages of care at each level of care and allocate resources equitably to improve access to appropriate health care.



Health care capacity should be matched to the health needs of the population - There is a need to reduce excess capacity, avoid waste and reduce costs, as well as increase capacity in other areas to ensure access for under-served populations, and ensure that the care provided across the health care system is appropriate.

Improved co-ordination of capacity - Access to knowledgeable and experienced health professionals is essential to improve access to quality health care. Also, research shows that facilities and practitioners that perform a higher volume of specific procedures can achieve better results than those that perform relatively few of the same procedures. Improved planning for which services are to be provided at which levels can help to maximize the benefits of volume and expertise.

An increase in health care capacity increases health care use - With more services and resources available, more people will want to use these services. This can help to extend the delivery of health care services to previously under-served populations.

Inadequate health care capacity, particularly in rural areas - In these areas, there needs to be targeted development efforts and new methods of delivering quality health care. For example, good quality care cannot be provided without high-quality doctors, but in many remote rural areas there are too few doctors. One approach is to limit new private medical practices in areas where there is already an oversupply of doctors, using the “certificates of need” procedure contained in the National Health Act, i.e. Act 61 of 2003.

4.2 Increase patients' participation and the dignity afforded to them

Community participation and the adoption of the *Batho Pele* principles are key to empowering users of services to take control of their own health care and that of their families.

Informing patients and involving them in decision-making - The active participation of patients in their care can improve the effectiveness of care as well as their satisfaction with their care. Patients who are treated with dignity and are well informed and able to participate in treatment decisions are more likely to comply with their treatment plans.

Enabling patients to care for themselves - Empowering individuals with the skills and tools to care for themselves is especially important for individuals with chronic illness or disability. Enabling users to assess their health, practise preventive health care, and self-care, will improve their health and reduce unnecessary health care services and costs.

Community participation - Not only individuals need to be encouraged to participate in health care, but also whole communities. The importance of community action has already been clearly demonstrated in the fight against AIDS.

4.3 Reduce underlying causes of illness, injury, and disability

Prevention is a good way to reduce the burden of disease and improve the quality of life.

Ensuring that correct clinical preventive services are available and used is an important way to reduce the underlying causes of illness, injury, and disability.

The shift from treatment to prevention has perhaps been most complete in the public sector. In the private sector many preventive services are either not sufficiently offered to appropriate patients or are widely provided despite a lack of evidence of their effectiveness.

While health care is important, many other factors contribute to the health status of the population. For example, injuries are the single greatest cause of disability and death, so injury prevention is essential to preventing avoidable disability and death.

Also, major gaps in health status among racial, socio-economic, and underserved populations need to be targeted to reduce the underlying causes of illness, injury, and disability. For example, individuals living in poverty are more likely to experience delays in receiving appropriate treatment, or to lack access to water and sanitation within their dwelling. Lack of transport is also a problem.

4.4 Expand research on treatments specific to South African needs and on evidence of effectiveness

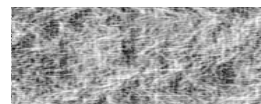
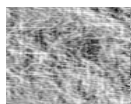
Research and its application will help us to understand what treatments work best in South Africa.

Improving health care treatments through innovation and applying practices based on evidence of effectiveness is a major aim for improving the health status of South Africans. Additional efforts are needed to improve the ability to prevent, diagnose, and treat conditions that are common, costly, or significantly reduce health or functional capacity.

Until recently many health care practices lacked scientific evidence to demonstrate their effectiveness. More and better research is beginning to provide a sound base on which to develop evidence-based clinical practice. The commitment to evidence-based health care requires a long-term effort to evaluate new and existing health care practices.

4.5 Ensure appropriate use of services

The appropriate selection of treatments and use of services require the practice of evidence-based health care.



A major aim for improving the quality of health care in South African should be to seek more appropriate use of health services through the practice of evidence-based health care, which is where scientific research has demonstrated the effectiveness or ineffectiveness of care.

The inappropriate use of many health care services has negative effects on the quality of care. Inappropriate care can result from either under-use (the failure to provide a service whose benefit is greater than its risk) or overuse (when a health service is provided even though its risk outweighs its benefit).

4.6 Reduce errors in health care

Health care can be improved by increasing patient safety.

Significant levels of error occur with health care, which often result in injury to patients. Health care and health status can be improved by way of improving patient safety and reducing the level of error in health care delivery. Systems can be designed and health professionals trained in methods to improve patient safety by reducing hazards in health care, and to make the consequences of errors less serious when they do occur.

5. Targeting quality assurance interventions

There are four main targets of intervention, namely:

- Health professionals;
- Patients;
- The community; and
- The health service delivery system.

Many interventions are directed at a combination of these targets.

5.1 Interventions aimed at health professionals

There is a need to develop expertise to help clinicians modernise their practice.

One of the greatest challenges facing health professionals is the rate of change and technical innovation in the health sector. Every year brings advances in the interventions available to screen for diseases, prevent diseases from developing, make diagnoses, treat conditions, and monitor the progress of disease. Keeping up with these changes is a daunting task. Also, the sheer volume of information available to the health professional is enormous and dealing with this information overload is a serious challenge. One cause of quality of care problems is that the health professional has erroneous, outdated, or no information or skills.

The traditional approach to keeping health professionals up-to-date is continuing professional development, using the continuing medical education (CME) conference.

Research has shown that the conference is not, by itself, an effective mechanism of change. More individualised outreach educational efforts involving leaders, often referred to as academic detailing, are more effective than traditional educational interventions. The outreach approach uses a combination of methods such as a departmental lecture by an expert, printed guidelines, and one-on-one visits with each practitioner.

Another method for improving care is structured encounter forms. Prenatal care forms are one example. Trials have shown that practitioners using a structured form had greater adherence to standards than those without the form. Patient satisfaction was also higher.

Feedback to health professionals about their performance has also proved to be a useful way of improving quality.

The policy recommends a range of interventions - rather one or two single measures - to assist health professionals to keep abreast of changes in health care knowledge and practice.

5.2 Interventions aimed at patients

Understanding patients' perceptions and concerns is key to improving quality.

There is a growing emphasis in health care on partnerships between the patient and the provider. It is clear that improved communication between the health professional and the patient, and providing patients with understandable information about their condition and treatment options, has a positive effect on health outcomes

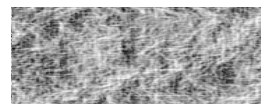
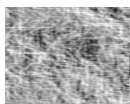
A common problem is patient refusal to participate in recommended interventions, such as in the treatment of TB. Strategies that focus on the needs and attitudes of patients - most commonly to enhance the use of preventive services and improve management of chronic conditions - have been found to be one of the successful approaches to this problem.

As with changing the behaviour of practitioners to improve quality, single approaches, such as user education strategies, are often not effective on their own. Rather, multiple approaches are required.

5.3 Interventions aimed at the community

The active involvement of communities improves the overall health status of the population.

Not only is individual patient participation important in improving quality, but also the active involvement of whole communities. This has been amply demonstrated in the key role played by communities in the fight against HIV and AIDS.



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. These could include environmental awareness (for example, avoiding pollution of rivers and ground water, waste management, sanitation), domestic violence, road safety, and awareness raising campaigns around prevalent diseases and conditions like HIV and AIDS, diabetes, hypertension and obesity. NGOs and CBOs also play a vital role in the delivery of services like home-based care and community health workers. 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.

5.4 Interventions aimed at systems

Managers can help to improve quality through modernising health care delivery systems.

Perhaps the most important innovation in quality improvement has been the increased focus on problems with systems.

By identifying weaknesses in systems that cause errors in processes or outcomes, the systems can be redesigned to avoid these errors and improve the quality of health care delivery. The results of changes to systems can be monitored and evaluated and further adjustments made where necessary. This is an ongoing process of assessment, redesign and monitoring and evaluation that ensures that systems are constantly evaluated and, where necessary, modernised to improve quality.

B. The Policy

This policy is based on a two-pronged approach to quality improvement:

- Creating the environment in which quality health care will flourish; and
- Building capacity to improve quality.

1. Creating the environment in which quality health care will flourish

Creating the environment will be done by:

- Strengthening the hand of the user;
- Focusing on equity of health care and vulnerable populations;
- Promoting public/private partnerships and the accountability of both sectors for quality improvement; and
- Reducing errors and increasing safety in health care.

1.1 Strengthening the hand of the user

Strengthening the hand of users requires information that they can use to make informed choices.

The needs of the users of health care services are of utmost importance. Empowered users have the ability to influence the quality of the care that they receive. This policy therefore includes several steps to strengthen the hand of users. These steps include:

- Ongoing user education;
- Providing users with reliable and relevant information on quality;
- Developing effective ways of communicating information;
- Providing assistance to users who need help in making informed health care decisions;
- Promoting user involvement in governance and oversight; and
- Conducting further research on promoting the effective use of information by users.

Users need understandable, reliable information about quality to effectively participate in efforts to improve health care quality and fully exercise their rights and responsibilities.

Even when data on health care quality is available, it can often only be understood by researchers and clinicians - not by the general public. Therefore, there is a need to:

- Translate accurate, reliable quality data into user-friendly information that the public can understand;
- Use plain language and languages with which users are most familiar;
- Use a variety of communication approaches - not just the written word; and
- Ensure that information is available at the right time, when people need it.

1.2 Focusing on equity of health care and vulnerable populations

Equity can be used as the driving force to improve quality care to underserved populations.

Equity means ensuring that the whole population has access to quality health care. This means addressing the uneven distribution of health care resources across the country, as well as the wide variation in the quality of care throughout the health care system. In particular, there is a need to focus on the needs of historically disadvantaged individuals and communities and the most vulnerable sectors of society, i.e. women, children, older people and people with disabilities.

Equity requires:

- Redistributing health expenditure to achieve equity - those with equal need should receive the same level of funding;
- Redistributing health resources, in particular doctors and nurses;
- Setting national norms and standards to judge that all people receive an acceptable quality of care; and
- Monitoring progress.

Setting norms and standards is one important way of addressing the issue of equity as they help to ensure a basic minimum standard of care for all users of the health system, and their implementation can be monitored and evaluated.

Primary health care is the vehicle for achieving the long-term ambition of bringing the quality of health care for all people up to an acceptable standard. Norms and standards for primary health care spell out the standards of quality that are expected of the primary health care services in the public health sector.

Packages of care and associated norms and standards need also to be developed for other levels of care. These packages of care and associated norms and standards for the public sector will also be useful in the private sector to help address the problems of oversupply and overuse of services.

1.3 Promoting public/private partnerships and the accountability of both sectors for quality improvement

All participants in the health care system must be accountable for improving the quality of health care in South Africa.

A national initiative to provide leadership and direction to quality improvement in the National Health System requires collaboration between the public and private sectors. Through co-ordinated effort, the two sectors can complement each other.

Build on existing resources, experience, and expertise

A successful national effort to improve health care quality will need to build on existing resources, experience, and expertise. All efforts should promote and

strengthen existing innovative work that is being done. Competing with, stifling, or slowing down these actions will not advance the national agenda for quality improvement.

Incorporate the views and expertise of all stakeholders

The commitment and active participation of all relevant parties is required to advance a co-ordinated national effort to improve health care quality. The various departments of health at each level of government, group purchasers, users of health services, public health officials, and health care organisations need information on quality to inform their purchasing or policy decisions.

Individual health professionals and health care organisations need to produce data and information on quality for both external and internal purposes. In order to provide stakeholders with the useful information they require, and to build their commitment and participation, their views on quality improvement will be actively sought. Not all stakeholders will be able to directly participate in policy-making processes. Therefore, these processes must be as open, accessible, and accountable to the public as possible. They must also make available information that is easily accessible to all parties with an interest in health care quality.

Ensuring accountability for quality improvement in both the public and private sectors

To ensure that the public and private health sectors are collectively accountable for improving quality of health care throughout the country, strong public/private partnerships need to be developed through structures such as the National Consultative Health Forum, the Provincial Health Councils, Provincial Consultative Bodies and District Health Councils. These structures are ideally placed to ensure all stakeholders are incorporated or involved, the required technical expertise is accessed, and a nationwide agenda to improve health care quality is promoted and followed.

It is proposed that the governance structures mentioned above:

- Advise the National Health Council and/or Office of Standards Compliance on any matter relating to the quality of health care;
- Promote the development of national, provincial and local capacity to provide the technical requirements to further the quality care agenda;
- Suggest new additional quality systems; and
- Support the nationally located Office of Standards Compliance and the provincially based Inspectorates for Health Establishments in their respective tasks of ensuring compliance with the National Health Act, No 61 of 2003.

All participants in the health care system are accountable for improving the quality of health care in South Africa. To ensure that the national, provincial and local level structures mentioned above serve their full purpose of assuring and improving quality in health care, private sector organisations and national professional organisations will need to make a commitment to participate in these legal entities and in the national quality improvement processes they follow. Also, medical schemes will need to continue to strengthen their accreditation, certification, quality measurement, and other quality-related activities in support of the national quality improvement strategy.

Private sector organisations and national professional organisations could demonstrate their commitment by:

- Participating in developing a comprehensive quality measurement strategy to address the national aims for quality improvement;
- Providing the said structures with information on compliance with the Patients' Rights Charter;
- Providing the Inspectorates for Health Establishments and/or the Office of Standards Compliance with information on the extent to which medical schemes, facilities, and other entities are reporting core sets of quality measures;
- Producing, for the public, comparative quality reports on the institutions they oversee;
- Recommending strategies for achieving greater improvements in health care quality;
- Identifying issues pertaining to quality improvement as required by the structures mentioned;
- Participating in the development of a research and development agenda for quality improvement;
- Implementing public education and communication initiatives in line with a national strategy; and
- Helping to agree on the measurement and reporting of quality for public accountability, and ensure implementation of standardised core measurement sets, and widespread compliance with an agreed national measurement and reporting strategy advanced by the Office of Standards Compliance.

1.4 Reducing errors and increasing safety in health care

An "adverse events" reporting system will help to reduce errors and increase safety.

Identifying and reducing errors and focusing on systems changes, can substantially reduce injuries and adverse events. Therefore an adverse events (incidents) reporting system will be developed for the National Health System to identify errors and prevent their recurrence.

2. Building the capacity to improve quality

This will be done by:

- Fostering evidence-based practice and innovation;
- Adapting organisations for change;
- Engaging the health care workforce;
- Providing appropriate training; and
- Investing in information systems that measure quality improvements.

2.1 Fostering evidence-based practice and innovation

Fostering evidence-based practice requires building-up expertise in research on effectiveness issues, technology assessments and dissemination processes.

Improving the quality of health care requires a commitment to delivering health care based on sound scientific evidence and continuously introducing innovative, effective health care practices and preventive approaches. The lack of evidence supporting effective health care practices contributes to inappropriate care. Encouraging evidence-based practice, and promoting appropriate, effective health care requires a robust health care research enterprise, careful assessments of the effectiveness of health care technologies and practices, and approaches to encourage the widespread dissemination of effective health care.

Both public and private sector funding needs to focus on:

- Basic, clinical, prevention, and health services research specific to the needs of South Africa;
- Strengthening the scientific evidence base for health care practices through collaborating in technology assessment and research targeted at gaps in existing knowledge, in the South African context; and
- Encouraging widespread adoption of innovations that have been demonstrated to be effective, through awareness raising, information, and technical and other support for implementation programmes.

Dissemination of information on effective health care practice

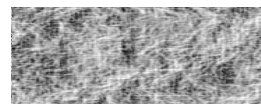
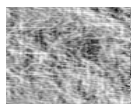
To overcome the information overload described earlier, and promote evidence-based health care practices, it is essential to make existing clinical literature more accessible to practitioners and to develop practice guidelines.

Practice guidelines will be developed by respected institutions, and allow for local adaptation. Guidelines will actively involve local clinical leaders, and enable health professionals to use clinical judgement to determine whether they are applicable to particular patients.

Technical assistance and implementation programmes will be developed to encourage the widespread implementation of effective evidence-based health care practices.

Health care technology assessments

Any technology, device, new technique or therapy that has not been positively assessed elsewhere, should not be introduced in South Africa. Should the latter not be the case such technology, device, new technique or therapy should undergo an assessment procedure in South Africa. Where necessary, local expertise will be used to adapt assessments undertaken internationally for the South African health environment and culture.



2.2 Adapting organisations for change

Being able to adapt organisations for change requires skilled managers with a commitment to creating learning organisations seeking excellence, focused on users and working with clinicians.

Health care organisations (health sciences faculties, medical schemes, hospitals, nursing homes, other health establishments, and health professionals) need to keep up with the rapid pace of change in the science of health care.

Quality health care depends heavily on building strong relationships between patients and those who care for them. However, the systems of care that surround those relationships are becoming increasingly complex and difficult to manage. Health care organisations must be willing to learn from other industries that have demonstrated success in making complex systems function better in order to improve quality. While numerous health care organisations already have begun to tackle this task and provide good role models for others, much remains to be done.

The three key areas that need to be considered when looking at the organisational development required to improve quality in the National Health System, are as follows:

- **Quality improvement requires leadership** - Only strong leadership can build an organisational culture that supports change, establishes aims for improvement, and mobilises resources to meet those aims.
- **Quality improvement requires learning** - A health care organisation dedicated to continuous improvement must become a learning organisation.
- **Quality improvement requires organisational change** - Not all change is improvement, but all improvement requires change.

2.3 Engaging the health care workforce

Health professionals need to be closely involved in working out ways to improve the way they work.

The changes taking place in health care systems and the efforts to improve quality mean that many health professionals are taking on new roles and responsibilities. Some health professionals are excited about these changes and the new opportunities they create. Others are unsure about whether their training has adequately prepared them for such dramatic changes. Also, while they understand the need for change, many of these health professionals want a greater voice in the process of change.

Health professionals who are strongly dedicated to caring for patients, knowledgeable, well trained, committed to continuous quality improvement and secure in their employment, need to be further developed to improve the quality of care.

The impact of restructuring on the workforce

Understanding the impact of industry change on workers is an important part of assessing the industry's overall quality improvement efforts. While policymakers, consultants, and managers can design quality improvement strategies, it is health professionals, ancillary personnel, technicians, and other health care workers who ultimately have to implement those strategies. Their willingness to strive for continuous improvement in their work depends on that work remaining intellectually and emotionally rewarding and on the extent to which health care workers are treated as stakeholders in all respects.

Evaluation of work systems

As is the case in many other industries, health care organisations are looking to re-engineer internal operations to increase efficiency and effectiveness and improve quality and patient satisfaction. Changes are being made not only in how work is organised, but also in workplace culture. Traditional hierarchies are being challenged and workers are being asked to take on new roles and responsibilities.

The reorganisation of work often involves:

- Breaking down departmental barriers and professional alliances;
- Challenging commonly accepted assumptions about the need for centralised clinical support functions (e.g. lab, radiology); and
- Re-examining and reconfiguring job requirements and skills.

There are many different terms used to describe these processes, including patient-centred care, work redesign, operational re-engineering, or simply restructuring.

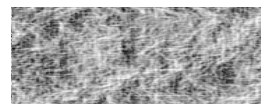
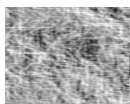
2.4 Training and professional development

Providing quality care to patients requires training skilled health workers and establishing a culture that values lifelong learning and recognises its important role in improving quality.

Training

The philosophy and approaches of this policy need to be reflected in under-graduate training curricula of all categories of health care workers and in the post-graduate training curricula of all categories of health professionals.

Continuous Quality Improvement (CQI) skills and techniques need to become an integral part of the management training of health workers. A learning framework for quality assurance will be developed and the National Health Council will use this framework to ensure that a critical mass of expertise is established at each level of care. Every training programme will provide a strategy for on-going support and mentorship.



Continuing Professional Development (CPD)

Continuous advances in health technology and patient care require that the skills of health professionals be continually developed. Professional competencies directly impact on the quality of care being provided and on the amount of trust patients and their families place in health professionals.

Continuing Professional Development will be expanded to include all categories of health professionals registered in terms of applicable legislation.

Health professionals and professional bodies, in collaboration with their colleagues will develop Continuing Professional Development programmes. The programmes will meet the National Health System's service development needs and the learning needs of individual health professionals, including specific professional development needs, or different learning preferences such as peer group or individual learning, and learning on-site.

Outcome review programmes will be developed to continually measure the competence of health professionals.

Adjusting education to changes in health care provision

Changes in the National Health System are bringing changes in the skills health professionals within that system need to do their jobs. The institutions that educate health professionals, such as academic institutions, employer-based programmes, and other entities, need to embrace change if they are to succeed in preparing the next generation of physicians, nurses, allied health professionals, and other health care workers.

2.5 Investing in information systems that measure quality improvements

National standards for private and public information systems are required to measure quality improvements across the National Health System.

Health care information systems must be able to:

- Guide internal quality improvement efforts;
- Generate data on the individual and institutions' comparative performance;
- Help improve the co-ordination of care;
- Advance evidence-based health care; and
- Support continued research and innovation.

Existing information systems generally are not adequate for these purposes.

National standards for the structure, content, definition, and coding of health information will be established to support improvements in information systems. Whenever possible, this effort will encourage the widespread adoption of existing

standards and build on the work of existing public and private entities rather than creating additional layers of oversight.

3. Delivering quality care - in the public sector

While it is sensible to have a national policy and develop national standards for both public and private health care, it is the task of staff in each sector to deliver the quality improvements. This requires a Quality Assurance culture and approach to the delivery of health care. For the public sector this requires action at all levels. This part of the policy document describes proposed methods to be used that follow the approaches outlined above.

Consistent local action is needed to ensure that national standards and guidelines are reflected in the delivery of services. The District Health System is ideally positioned to facilitate this local action, because it is close enough to the community to be responsive to their needs, and is a powerful vehicle for improving the quality of care.

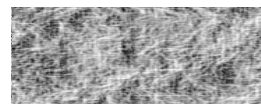
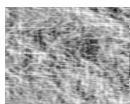
However, Level II (Regional), Level III (Tertiary) and Specialised Hospitals that are not viewed as part of the health district will also require very special attention. The need for action at the local and hospital level demands that competent health professionals are available to assure quality in health care and to continuously improve the care that is being provided. Competent and skilled health professionals can only be obtained by continual training and professional development.

3.1 The District Health System

The District Health Team

Each District Health Team will, among other things, be required to:

- Nominate at least one person to take responsibility for quality assurance (QA) and continuous quality improvement (CQI) activities within the district. This person(s) will be accountable to the District Health Manager;
- Ensure that proper processes are in place for assuring and improving the quality of the clinical services they provide within communities, clinics, community health centres, district hospitals and other district-based health facilities. This will include, among other measures, processes to ensure an effective referral system;
- Ensure that local communities are empowered to actively participate in the development of local health policies and in decision-making on matters affecting their health. This will be done through establishing functional facility-based committees/boards in all health facilities and through the training of committee/board members.
- Ensure the catchment areas of all facilities are mapped and a clear picture is provided of the population to be served, the needs of the community and the role of the health facility in providing appropriate services.
- Demonstrate to governing authorities such as the District Health Council, the metropolitan or district municipal council, or to the local municipality within



the relevant health district, that actions have been taken to address issues highlighted by regular Patient Satisfaction Surveys.

The responsible person(s) within a health district will collaborate with the Inspectorate for Health Establishment to ensure that quality standards are being met. The responsible person(s) will also ensure that quality improvement teams are established within and/or amongst health establishments in the district and that all health professionals participate in the programmes of these teams. Guidance will be provided to health facilities to establish these Facility Based Quality Teams (Service Improvement Teams) and programmes will be designed to empower employees.

Hospitals at all levels and Specialised Hospitals will also be required to nominate one or more persons to take responsibility for quality assurance (QA) and continuous quality improvement (CQI) activities within their hospital or hospital complex. These activities will also be undertaken through Service Improvement Teams.

The Facility or District Based Quality Teams responsible for ensuring and improving quality and for resolving quality problems, will apply the following five main principles:

- **A focus on user needs:** User needs and desires will be central in the planning and performance of any activity. The term ‘user’ refers, in this case, to both, (a) external user, i.e. the beneficiaries of health services, and (b) internal user, i.e. those within the organisation who rely on fellow workers for products and services that help them to fulfill their part in providing quality care to the external user. Internal users include front-line health professionals, supervisors, and other health team members;
- **A focus on systems and processes:** A system is a set of processes that function together, e.g. a vaccination system includes processes for the delivery of vaccines, their storage and distribution, vaccine administration, and programme evaluation;
- **A focus on data-based decisions:** Improving processes requires information about how they function. Decisions about problem areas and improvements shall therefore be based on accurate and timely data, not assumptions;
- **A focus on participation and teamwork:** All health workers need to participate in making changes in their organisation’s systems and processes; and
- **A focus on leadership:** Leadership will be developed and nourished to ensure that each district and each hospital has a critical mass of leaders and managers.

Public health facilities and private health practitioners have a close relationship, especially where the private health practitioner depends on the public health facility for accessing technology such as aseptic operating theatre suites with anaesthetic machines, intensive care units and radiological services. This relationship demands that the district ensures private health practitioners contribute towards:

- Planning the facility’s clinical services;
- The functioning of the facility’s multidisciplinary team(s);
- The facility’s patient record;
- Ensuring a safe clinical environment;

- Ensuring safe delegation of responsibility to other staff members; and
- Monitoring the quality of care in the facility environment.

Health Districts, as health care providers, will enter into contracts or agreements with the funders of services. These agreements will also focus on matters that relate to quality of care.

Provincial Departments of Health

Provincial health departments will control and improve the quality of all health services and facilities in their respective provinces. This will be achieved by utilising their respective Inspectorates for Health Establishments, Provincial Health Councils, Provincial Consultative Bodies, and District Health Councils.

A dedicated unit to manage all provincial initiatives regarding quality assurance and continuous quality improvement, needs to be established in each Provincial Health Department. This unit shall closely collaborate with the provincial Inspectorate for Health Establishments, and establish strong links with the Provincial Health Council, the Provincial Consultative Body, and the various District Health Councils within the province to support quality improvement in health services.

3.2 Monitoring Standards

There will be an ongoing Quality Monitoring (monitoring compliance with standards) process within the National Health System to determine whether health services really are delivering the quality care patients have a right to expect.

Quality monitoring by the user of services

A National Complaints Procedure

The user of services within the National Health System is entitled, personally or by representative, to obtain a full explanation and a speedy and effective remedy for a professional or other fault from a public, private or non-governmental health establishment, its governing body, its directors, or employees or a health care provider.

Therefore:

- A National Complaints Procedure needs to be established and should be upheld by all health establishments.
- The National Complaints Procedure allows for:
 - (a) Resolving complaints at the point of service delivery; and/or
 - (b) Referral of unresolved complaints.
 - (c) Providing feedback on the outcome of the procedure.
- Mechanisms will be established to inform communities of these procedures.

A Patient Satisfaction Survey

The views and experiences of users of the National Health System are an important element in assessing performance of the health services. The surveys will enable health establishments to assess their own progress and compare their performance with services elsewhere.

Therefore:

- Regular national patient satisfaction surveys will be held to collect information on patient and user experiences and views;
- The results of the surveys will be published in national reports that will be made available to the public; and
- The surveys will include, among other measures, an assessment of compliance with standards that relate to the National Patients' Rights Charter.

Quality monitoring through structures of governance

The Office of Standards Compliance

The Office of Standards Compliance will select a standard national set of a limited number of indicators for each level of care to monitor, so that it can provide the Minister of Health and/or the National Health Council with an annual General Assessment Report on quality.

The Office of Standards Compliance will conduct specific ad hoc surveys to obtain baseline information, to determine progress after a defined period of time, and to set national benchmarks.

The provincial Inspectorate for Health Establishments will measure standards compliance in private and public health establishments in accordance with standards agreed by the Office of Standards Compliance. Compliance will be rewarded through a system of accreditation, licensure and certification.

The provincial Inspectorate for Health Establishments

The provincial Inspectorate for Health Establishments will develop and monitor a standard provincial set of indicators that will include the national set of indicators, so that it can, (a) compare establishments within a specific province, and (b) report to the relevant member of the Executive Council and the Office of Standards Compliance every quarter.

The Inspectorate for Health Establishments will monitor aspects of quality contained in the contracts or agreements between providers and funders of health care services. The Inspectorate for Health Establishments will also monitor how health establishments comply with conditions imposed on them relating to the certificate-of-need process.

Hospital Boards and Clinic Committees

Every hospital and every clinic will establish a board or committee with members from the community and from management. The board or committee shall, among other matters, deal with matters relating to the quality of care provided to the community. Such matters include:

- Whether patients' health rights are being upheld;
- Whether *Batho-Pele* principles are adhered to in service delivery; and
- Collective complaints.

Quality monitoring by the provider of services

A Staff Satisfaction Survey

A national Staff (Provider) Satisfaction Survey will run together with the national patient satisfaction surveys. Information on the experiences and views of health care providers will be collected and used to identify what aspects are negatively impacting on the quality of care that is being provided.

Clinical audit

Clinical audit is essential in patient care as it brings together professionals from all divisions of health care to:

- Consider clinical evidence (evidence-based health care);
- Promote education and research;
- Develop and implement clinical guidelines;
- Enhance information management skills; and
- Contribute towards better management of resources.

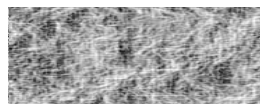
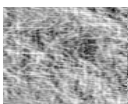
All health professionals at all levels of care will participate in clinical audit. Self-assessment needs to take place to accurately assess performance in relation to established standards. Clinical audit teams will be established to perform the following tasks:

- Determine what aspects of current work are to be considered for auditing;
- Describe and measure present performance and trends;
- Develop standards, if these are not available;
- Decide what needs to be changed;
- Negotiate change;
- Mobilise resources to effect change; and
- Review and renew processes.

A standardised managerial model will be developed to prevent the clinical audit and peer review process developing into a search for error only, which could lead to the denigration and condemnation of others.

To enjoy public confidence, the process of peer review will be:

- Open to public scrutiny;
- Responsive to changing clinical practice and service needs;
- Publicly accountable for nationally set professional standards; and



- Publicly accountable for the action taken to maintain these standards.

Professional bodies will have procedures in place to ensure prompt action when problems occur.

Supervisory visits

Supervisors will agree with staff on the number and format of formal supervisory visits to take place each year. These formal supervisory visits shall ensure all aspects of service delivery are addressed and health workers' needs are met. Supervision will, include:

- Providing support in solving problems;
- Training to help improve performance;
- Reviewing individual performance;
- Monitoring clinic services; and
- Inspecting mandatory or statutory functions.

Facility Based Quality Teams

Facility Based Quality Teams (Service Improvement Teams) will monitor the quality of the services they provide through analysing the core data they collect on, for example, health resources, management information, maternal, child & women's health (mortality and morbidity data), and infectious diseases.

Quality monitoring by professional bodies

Professional bodies will continue to monitor standards of professional conduct in accordance with relevant legislation.