DEPARTMENT OF HEALTH

POLICY ON QUALITY IN HEALTH CARE

FOR

CITIZENS IN KWAZULU-NATAL

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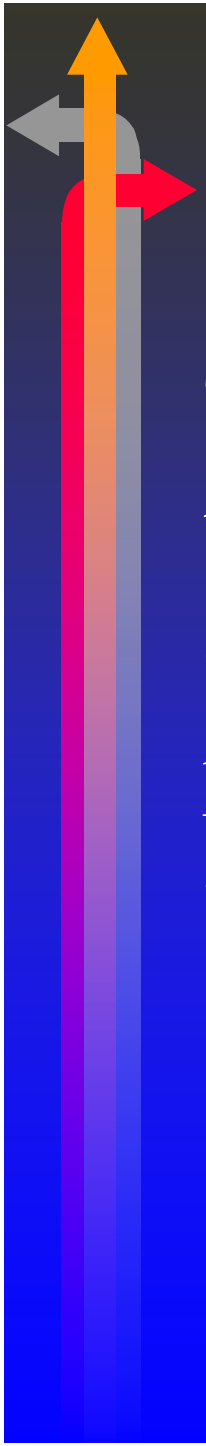


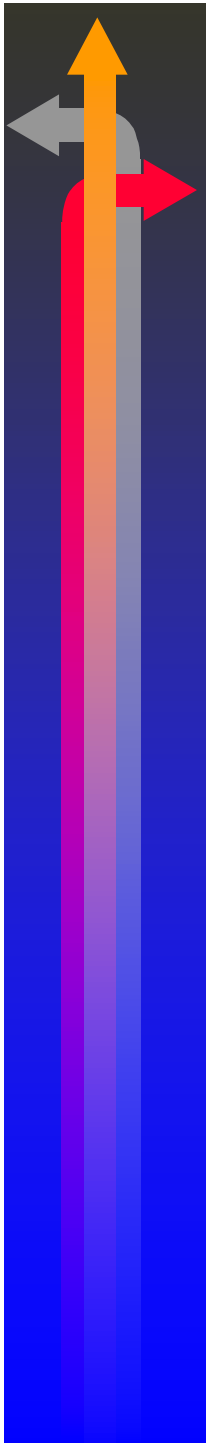
CONTEXT

The Goal of Quality in Health Care is to translate the constitutional rights of all citizens into a strategic framework for practical action and to continuously improve the care that is being provided.

CONTEXT

- **COPING WITH A RAPIDLY EXPANDING BASE OF KNOWLEDGE**

  The rapidly expanding base knowledge, coupled with technology, contributes to an ever-widening gap between the best care possible and the care that is actually delivered. The ability to detect problems is relevant to both clinical practice and quality assessment.



CONTEXT

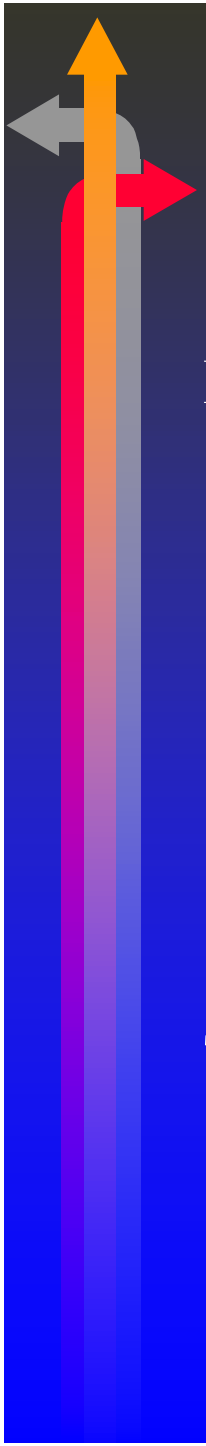
- QUALITY IMPROVEMENT REQUIRES LEADERSHIP

  Only strong leadership can build an organizational culture supportive of change, establish aims for improvement, and mobilize resources to meet those aims.

CONTEXT

- ORGANISATION CULTURE

  Organisation culture ie. the beliefs, values and norms of the organisation shapes its behaviour and affects the capacity of the organisation to improve its performance. Improvement requires change, organisation that supports innovation and risk taking that is successful in quality improvement efforts.



CONTEXT

Many quality problems have been identified, including :

- Disregard for human dignity
- Underuse of health care services
- Overuse of services
- Avoidable errors
- Variations of services

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

COMMITTMENT

The KZN DOH is committed to measure, improve and maintain quality care for all citizens

DEPARTMENT OF HEALTH KZN : **VISION**	**DEPARTMENT OF HEALTH KZN :** **MISSION**
To achieve optimal health status for all persons in KwaZulu-Natal	To develop a sustainable, co-ordinate, integrated and comprehensive health system at all levels, based on the primary health care approach through the DHS

COMMITTMENT

QUALITY ASSURANCE & ACCREDITATION UNIT

VISION

To promote an optimal level of compassion quality health care for all persons in the Province of KZN

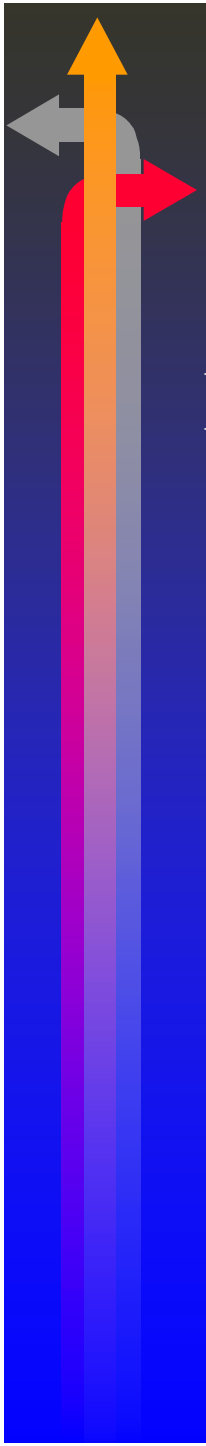
MISSION

To empower al KZN health facilities to achieve and maintain service excellence by :

Providing strategic framework for the development, implementation, monitoring and evaluation of quality programs involving stakeholdres;

Promoting implementation of institutional quality improvement program initiatives through coaching and mentoring;

Facilitating the Accreditation program through an integrated and co-ordinated approach within available resources.



TARGETS

Four main targets of intervention are :

- Patient/client
- Community
- Health professionals
- Health service delivery system

INDICATORS

1. **Access to Health Care**
   - DHS System, referral Pathways
   - Strengthening clinic services – sufficient resources
   - Decongesting OPD's/Reduce Patient Waiting Times
   - Revamping facilities to cater for the physically disabled
   - Engaging EMRS and Transport services

2. **Patient participation and paying attention to dignity**
   - Making information available to all through Board meetings, community forums, pamphlets, videos etc.
   - Strengthen customer participation focusing on equity, promoting partnership and accountability in the Private and Public sector

INDICATORS

3. Preventive and Promotive Health Care

- Open DHS health information freely available, morbidity and mortality meetings

4. Appropriate Use of Services

- Levels of services – District, Regional, Tertiary and Quarternary
- Referral pathways, co-ordination of information available
- Re-engineering health service delivery through appropriate funding initiatives to alleviate poverty
- Managing HR issues eg. Appropriate staffing
- Services relevant to health and increasing safety

INDICATORS

5. Reducing Health Care Errors

- Practice risk management
- Guidelines on negative incidents management
- Conformity to service standards
- Service standards to report to customers and staff
- Service commitment charter to inform customers of what each level is and what to expect
- Clinical audit system, clinical care guidelines
- Admission and discharge criteria and after – discharge care criteria

INDICATORS

6. Social Acceptability

- Align health practices to the culture and methods of local community
- Sensitivity to social context, privacy, express information in a user-friendly manner

7. Expanding Research

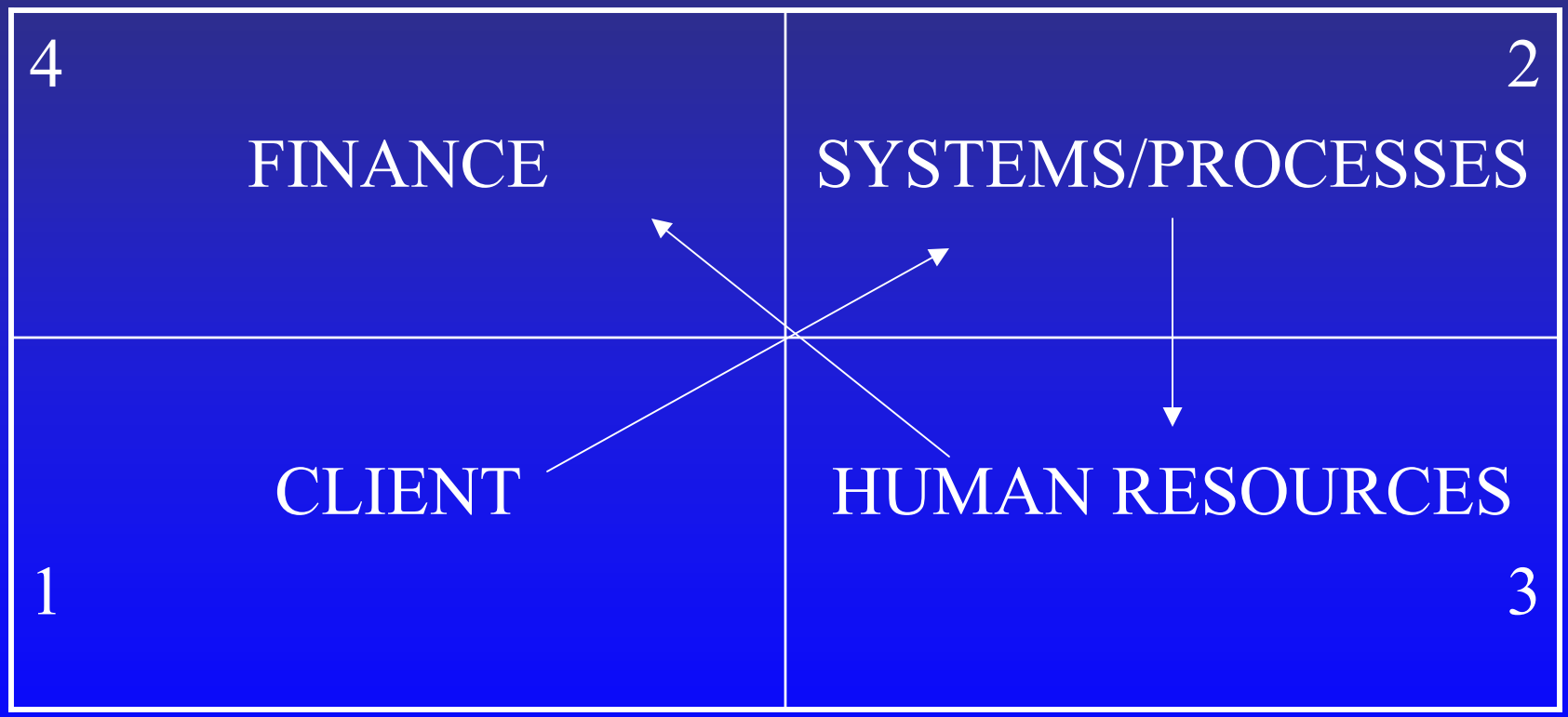
- Strengthening Good Governance initiatives
- Optimise research opportunities
- Encourage research and evidence based practice to adapt to focus on quality, engage health professionals and to improve information about quality

QUALITY IMPROVEMENT TECHNIQUES

The transformational methodology of using the Balanced Score Card (Norton Kaplan) provides a tool to bring the Kwazulu-Natal Department of Health's vision into existence by design.

QUALITY IMPROVEMENT TECHNIQUES

1. BALANCED SCORE CARD



QUALITY IMPROVEMENT TECHNIQUES

2. GOALS

Improved quality of life
Citizen focus
Integrate service delivery
Stakeholder partnerships
Demographic representation
Outcome - led

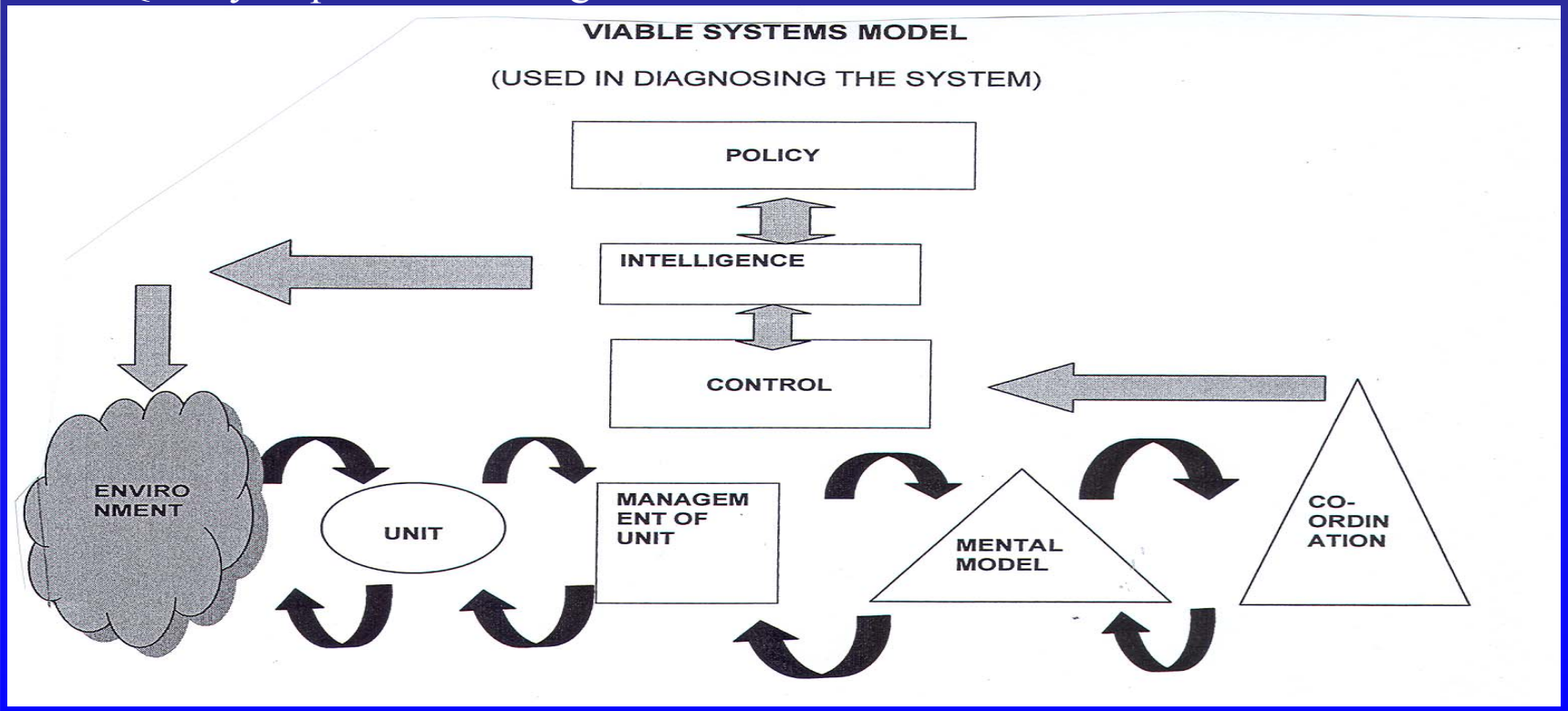
QUALITY IMPROVEMENT TECHNIQUES

- The re-orientation of health care provides for focusing on finance, as a priority to emphasising the client then systems/processes, human resources and finance requires clarity in strategic thinking activities & outcomes. This can be achieved through a multi-disciplinary team approach to Quality Improvement Programmes.

QUALITY IMPROVEMENT TECHNIQUES

3. THE VIABALE SYSTEM MODEL (VSM)

Is another methology of ensuring that the systems & processes are diagnosed to develop an enabling environment for implementation, monitoring & evaluating Quality Improvement Programmes.



QUALITY IMPROVEMENT TECHNIQUES

ENVIRONMENT ie. CONTEXT

UNIT ie. UNIT

MANAGEMENT = Roles & Functions of Q A Team, DH Teams and feedback mechanisms

MENTAL MODELS ie. managers mind - sets = organisational culture

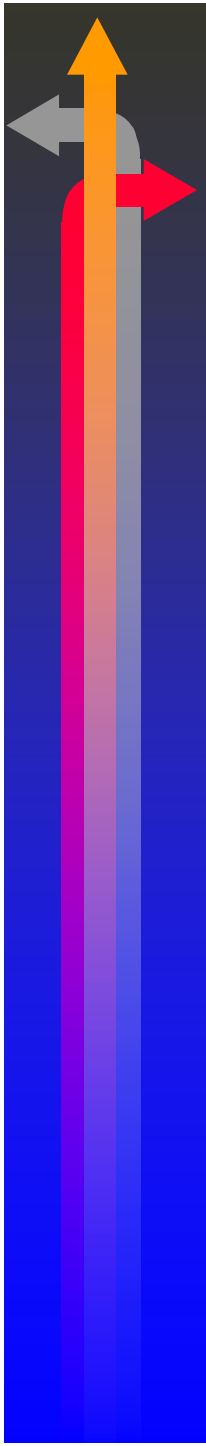
CO-ORDINATION amongst stakeholders – within & outside the organisation

QUALITY IMPROVEMENT TECHNIQUES

CONTROL – at all levels of management, internal & now management

INTELLIGENCE external & future management

POLICY – frameworks that align to health service legislative reforms, DOH strategic objectives & priorities



ENHANCING TRANSFORMATIONAL ORGANISATION CULTURE

The objective is to create the environment in which quality care will develop.

The Provincial commitment is to create a learning organisation in which quality care is encouraged. This will be done through the following :

ENHANCING TRANSFORMATIONAL ORGANISATION CULTURE

- Strengthening the competencies of the user by:
  - encouraging user education
  - Providing users with reliable information on quality that meets their purchasing (health needs)
  - Creating effective information dissemination mechanisms
  - Providing assistance to those users who require help in making informed health care decisions
  - Seeking opportunities for user involvement in governance and oversight, and
  - Conducting research on promoting effective use of information by users

ENHANCING TRANSFORMATIONAL ORGANISATION CULTURE

- Promoting private/public partnership and the accountability of both sectors for quality improvement by :
  - Promoting partnership between public and private sectors,
    a.) building on existing resources, experience and expertise
    b. Incorporate the views and expertise of all stakeholders, and

ENHANCING TRANSFORMATIONAL ORGANISATION CULTURE

- Adapt organisations for change
- Engage the health care workforce by
  - Adjusting education to changes in the health sector
  - Understanding and being sensitive to the impact of necessary restructuring on the workforce
  - Evaluating work systems to improve patient and staff satisfaction – retention
  - Improving the physical environment in which health professionals work

ENHANCING TRANSFORMATIONAL ORGANISATION CULTURE

- Invest in information systems that measure quality improvements both in the public and private sector by :
  - reviewing their information strategies to make quality a key component
  - developing and agreeing on norms and standards for both sectors for primary, secondary and tertiary care
  - Agreeing on Provincial standards for the structure, content, definition and coding of health information, and
  - Joint participation in regional and/or Provincial health information networks

DELIVERING QUALITY CARE

1. FUNCTIONAL UNIT

   Teams and structures that will address Quality Areas.

- District Health system and teams
- Provincial Advisory Board for Quality on Health Care
- Hospital management team
- Extended Management Teams
- Quality Improvement Teams
- Clinical Heads of Departments

DELIVERING QUALITY CARE

- Providing guidance, leadership and advice
- Promoting an agenda for improvement
- Setting up a virtual institute of partner organisations which have expertise in health care quality
- Drawing up programmes of technical work required to support the policy initiatives contained in this policy paper and its agenda for improvement
- Commissioning partner and other organisations to undertake the technical work , and
- Monitoring progress of the Provincial Health System in agreed action and achieving the agreed aims

DELIVERING QUALITY CARE

Norms and standards are also being prepared for hospital services (at districts, regional and tertiary levels). Although written for the public sector they need be useful in the private sector to help constrain oversupply and overuse of Services.

DELIVERING QUALITY CARE

2. IMPROVING TRAINING AND PROFESSIONAL DEVELOPMENT

Building the capacity to improve quality

Building capacity will be done through the following :

Foster evidence-based practice and innovation by –

- Using health care technology assessments
- Dissemination of effective health care practice, and
- Seeking to put evidence into practice follows organisational culture
- Evaluating existing conditions of service in view of improvement

DELIVERING QUALITY CARE

Continuing Professional Development (CPD)

The continuous advances made in health technology and in patient care, necessitate the need for continually developing the skills of health professionals, because (professional competencies directly impact on the quality of care being rendered and on the amount of trust patients and their families place in health professionals.

DELIVERING QUALITY CARE

i. Continuing Professional Development programmes will meet the learning needs of individual health professionals

ii. The wider service development needs of the Professional Health System & provide outcome review programmes, which will be developed to measure the competence of health professionals on a continuous basis

SYSTEMS & PROCESSES

MANAGEMENT OF UNIT

District Health Services

Each District Health Team will, *inter-alia, be required to :*

- Nominate at least one person to take responsibility for quality assurance (QA) and continuous Quality Improvement (COI) 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 facilities. This will, inter alia, include processes to ensure an effective referral system.

SYSTEMS & PROCESSES

District Health Services

- 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 al health facilities and through the training of committee/board members.
- Ensure the catchment areas of all facilities are mapped in order to provide a portrayal of the entire population to be served along with insights into the needs of the community and the subsequent role of the health facility in providing the services.
- Demonstrate to the governing health authority that actions have been taken to address issues highlighted by regular Patient Satisfaction Surveys.

SYSTEMS & PROCESSES

FACILITY BASED QUALITY TEAMS

Facility Based Quality Teams will monitor the quality of the services they render through analysing the core data they collect with regard to health resources, management information, maternal, child and women's health and mortality/morbidity rate, infectious disease, etc.

SYSTEMS & PROCESSES

FACILITY BASED QUALITY TEAMS

A close relationship exists between public health facilities and private health practitioners, especially where the private health practitioner is dependant upon the public health facility for accessing technology such as aseptic operating theatre suites with anaesthetic machines, intensive care units and radiology services. This relationship demands that the district ensures that these private health practitioners contribute towards :

SYSTEMS & PROCESSES

FACILITY BASED QUALITY TEAMS

1. Planning of the facilities clinical services
2. Functioning of the facilities multi-disciplinary team(s).
3. The facilities patient record
4. Ensuring a safe clinical environment.
5. Ensuring safe delegation of responsibilities to other staff members.
6. Monitoring the quality of care in the facility environment.

SYSTEMS & PROCESSES
Monitoring Standards

- Developing measures linked to the DOH Strategic objectives.
- Regular pt satisfaction surveys.
- Quality Monitoring and reporting thro' structures of governance.
- Health Professional Satisfaction Surveys
- Clinical Audits
- Supervisory visits
- Facility based QIP teams.

Clinical Governance

Facility is responsible and accountable for:

- Continuous improving the Quality of service
- Safeguarding high standards of care
- Creating the best clinical outcomes for pt care
- Creating an environment in which excellence in clinical care will flourish

Clinical Governance

This requires:

- Commitment from all levels
- Organizational Culture
- Procedures and Practices
- Effective teamwork

Clinical Governance

This includes:

- Mortality and Morbidity reviews
- Pt/ Client Record reviews
- Peer reviews
- Adverse events and near misses reporting and reviews
- EB Culture of Clinical Practice
- Measuring performance using indicators

Clinical Audits

- EBM, promotes education and research, develop and implement clinical guidelines, enhances information Mx skills, contributes towards better Mx of resources.
- All health care professionals at all levels need to participate in clinical audits. QIP process.
- Not just be a process that searches for error only, leading to denigration.
- To enjoy public confidence, process must be subject to public and peer review, responsive to change, publically accountable for action taken to maintain standards.
- Professional bodies have in place procedures to tackle problems as they arise.

Supervisory Visits

- Supervisors agree with staff on no. and timing of visits
- Structured to ensure that all aspects of service delivery are covered and HP needs are met.
- - Providing support in solving problems
- - Training to improve performance.
- - Reviewing individual performance.
- Monitoring services.
- Inspecting mandatory or statutory functions

Control

- Hospital Boards and Clinic Committees.
- Public sector institutions.
- Delivering quality of care in the public sector through the DHS.
- Provincial Advisory board for Quality in Health Care – reps from each district.