



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Transforming Health Care and Overhauling the Health Systems

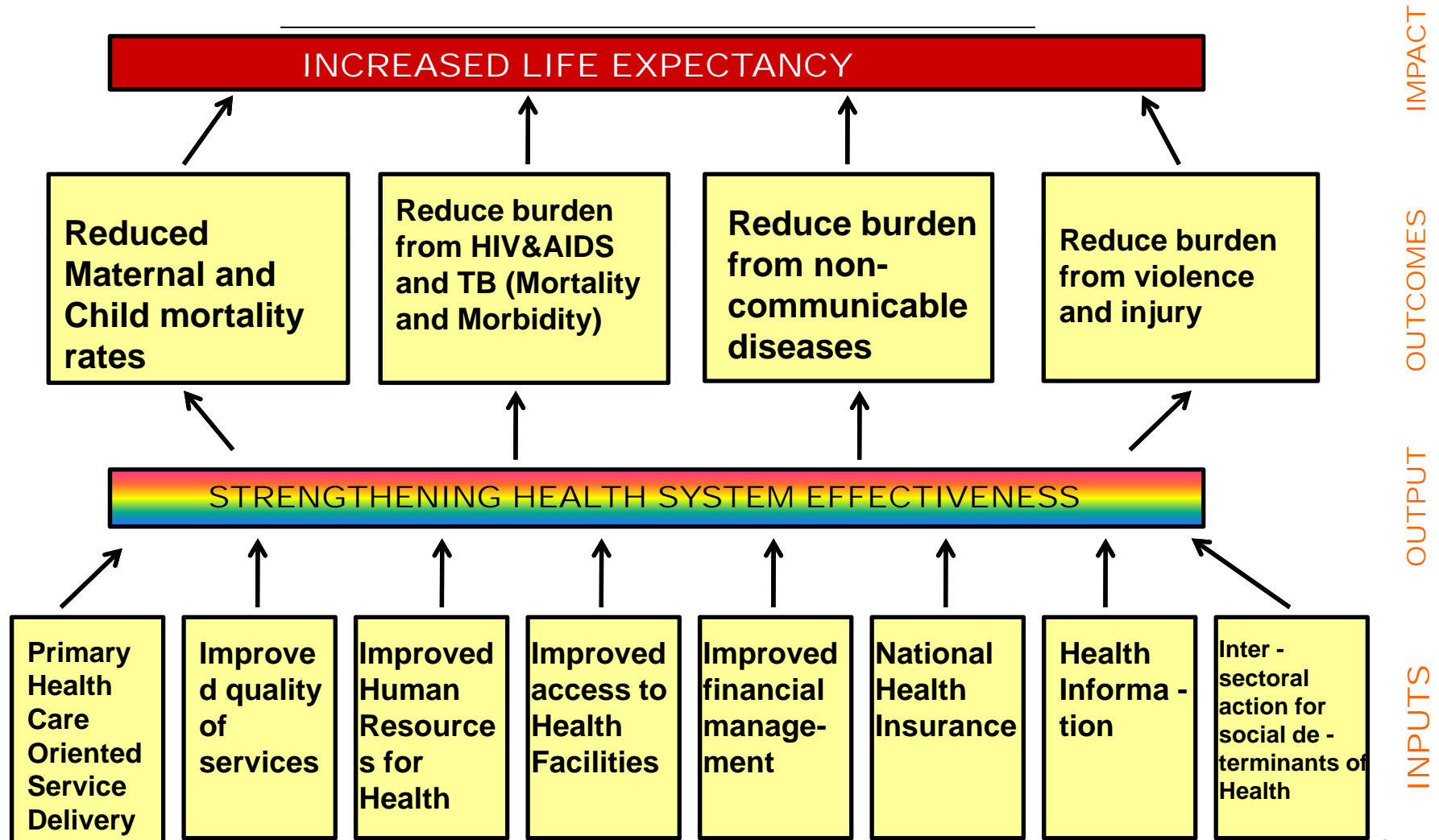
**PRESENTATION TO
KZN Health Summit –Commission 5
3 September 2011**

OUTLINE

1. Introduction
2. Overhauling and transforming the health system
 - Integrated planning and Decision Making
 - Quality
 - Self Assessments
 - Health Facility Audits
 - Quality Improvement Strategies
 - Establishment of OHSC
 - PHC Re-engineering
 - Improving the functionality of the Health System
 - Hospital Reforms and Management Improvements
 - Human Resources Strategy Development
3. Commission deliberations

1. INTRODUCTION

HEALTH SECTOR NSDA 2010 - 2014



THE 10 POINT PLAN OF THE HEALTH SECTOR: 2009-2014...../1

1. **Provision of Strategic leadership and creation of a social compact for better health outcomes;**
2. Implementation of National Health Insurance (NHI);
3. **Improving the Quality of Health Services;**
4. **Overhauling the health care system by:**
 - Refocusing on Primary Health Care (PHC);
 - Improving the functionality and management of the Health System
5. **Improving Human Resources, Planning, Development and Management;**

THE 10 POINT PLAN OF THE HEALTH SECTOR: 2009-2014...../2

6. Revitalization of infrastructure, with a focus on:
 - Accelerating the delivery of health infrastructure through Public Private Partnerships (PPPs);
 - Revitalizing Primary Level Facilities;
 - Accelerating the delivery of Health Technology and Information Communication Technology (ICT) infrastructure;
7. Accelerated implementation of HIV and AIDS and Sexually Transmitted Infections National Strategic Plan, 2007-2011 and reduction of mortality due to TB and associated diseases;
8. Mass mobilization for better health for the population;
9. Review of the Drug Policy; and
10. Strengthening Research and Development.

2. STRATEGIES FOR OVERHAULING THE HEALTH CARE SYSTEM

2.1 PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF A SOCIAL COMPACT

- Role played by NHC
 - Stewardship role around Public Health Programmes
 - HIV/ AIDS
 - TB
 - NCD
 - Maternal and Child Health
- Critical role that should be played District Health Councils (only 12 DHC created)

2.2 INTEGRATED PLANNING AND DECISION MAKING

2.2 STRENGTHENING INTEGRATED PLANNING AND DECISION MAKING...../1

Development of an Integrate Health Information and Knowledge Centre:

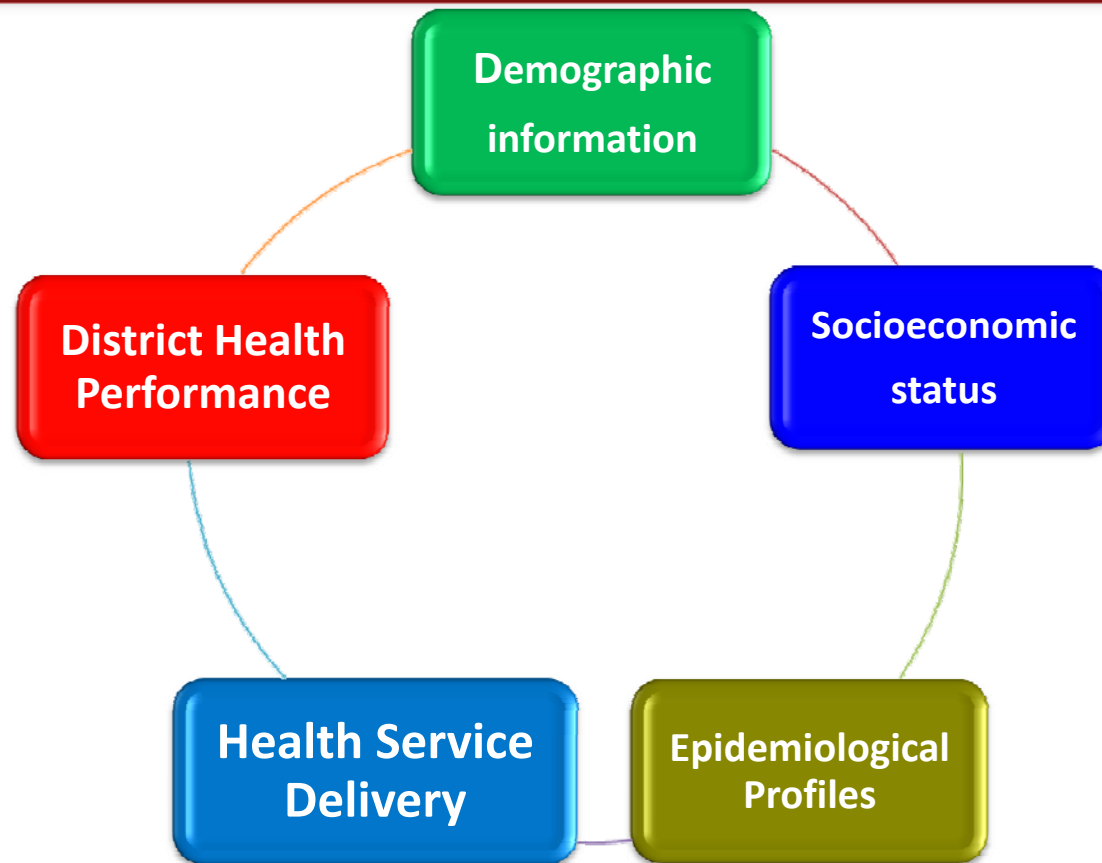
Purpose:

- To provide up to date information not only on routine National Indicator/Data Sets (NIDS) data and indicators but also
- To provide a unified and integrated repository for data such as
 - The annual HIV and Syphilis survey,
 - Demography and Health Surveys,
 - Child Health and HCT campaigns,
 - Aggregated financial data from the BAS systems including District Health Expenditure Review (DHER) Data,
 - Human Resource data from PERSAL and municipal HR systems, and
 - A range of data sets from other government departments (e.g. StatsSA, HSRC, MRC) and national/international development partners.

STRENGTHENING INTEGRATED PLANNING AND DECISION MAKING...../2

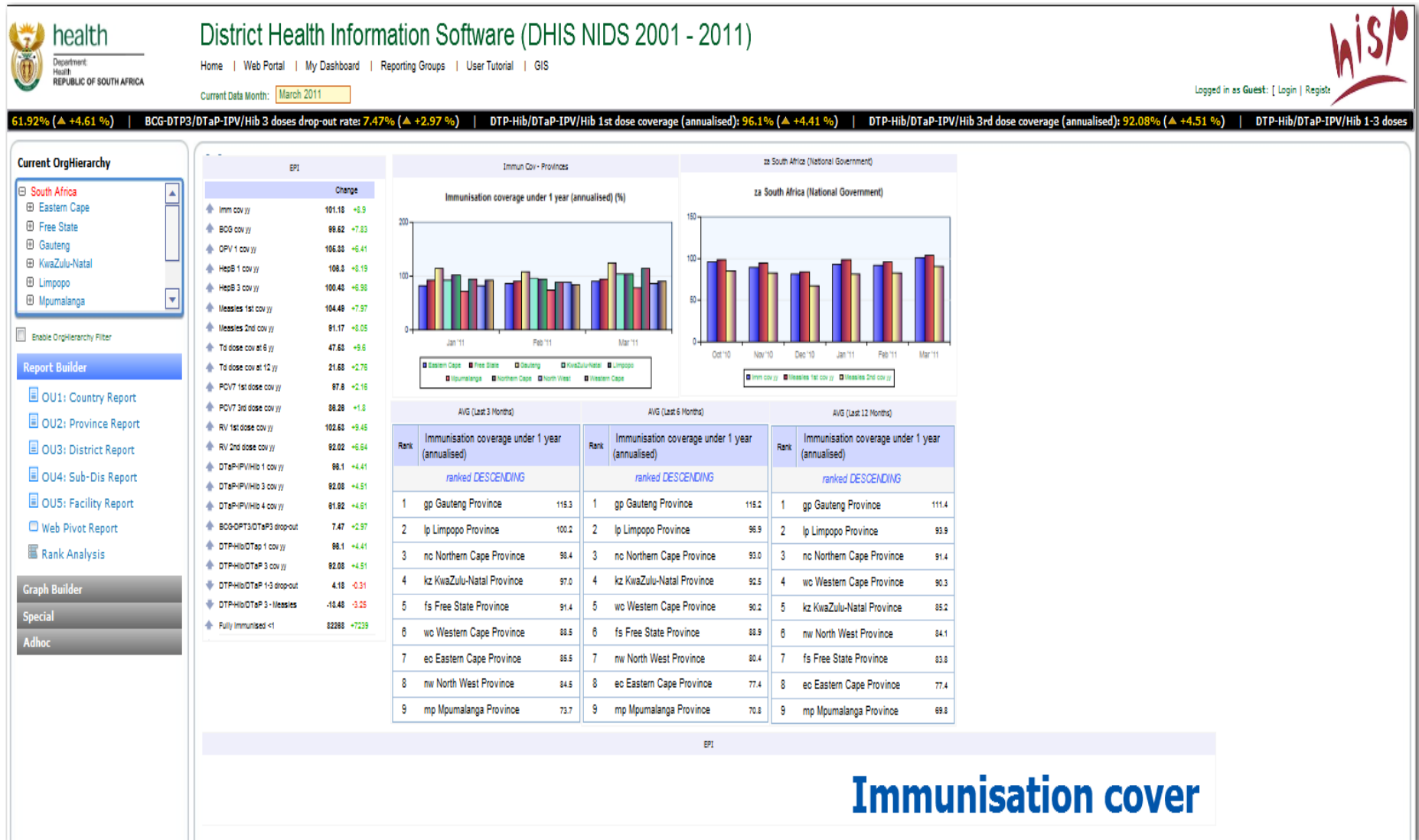
- The Information Centre will become a "data warehouse" integrating data from the various specialist information systems that exist so as to be able to develop composite indicators on e.g.:
 - Staffing workloads
 - HR cost per patient seen (etc), and
 - To compare and understand the status of health services from multiple perspectives.

2.2 DIMENSIONS FOR MAPPING FOR DISTRICT HEALTH PROFILES...../3

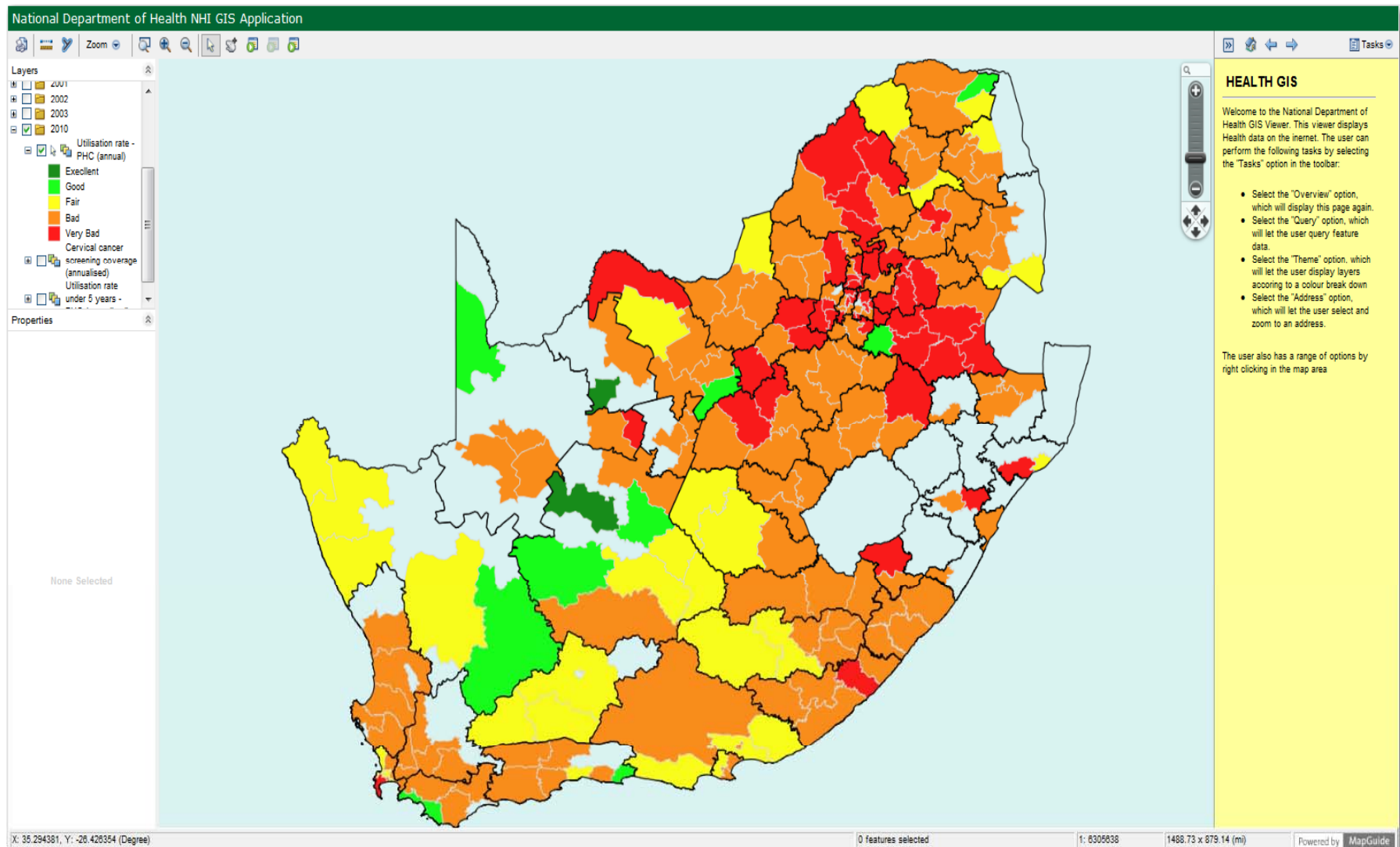


- Data has been collected to develop profiles of health districts, for selection and prioritization for piloting
- Data from all 52 health districts has been analyzed and preliminary ranking of districts based on these dimensions have been completed

WEB BASED SYSTEM – EXAMPLE IMMUNISATION COVERAGE



WEB BASED SYSTEM – EXAMPLE PHC UTILISATION



2.3 IMPROVING QUALITY

2.3.IMPROVING QUALITY OF SERVICES

1. Self Assessments
2. External Audits
3. Improvement Plans

2.3 SELF ASSESSMENTS FOR QUALITY..../1

- The Department of Health published a set of core standards by which all health facilities will be assessed.
- These criteria include: *patient rights, patient safety, clinical care and governance, infrastructure quality and fit-for-purpose, and operational functionality.*
- Provinces are conducting self assessments – minimum of 20% of facilities per annum
- Facility managers to develop quality improvement plans using the results of the self assessments

DOMAIN AREAS

Baseline Information for the following areas

Domain	Sub Domain Focus Areas
Patient Rights	<ul style="list-style-type: none">•Access to the package of service•Access to information for patients•Complaints management•Emergency Care•Reducing delays on care•Respect and Dignity
Patient safety/Clinical Governance /Clinical Care	<ul style="list-style-type: none">•Adverse events•Clinical Leadership•Clinical Management for improved health outcomes•Clinical Risk•Infection Prevention and Control•Patient Care
Clinical support services	<ul style="list-style-type: none">•Clinical efficiency Management•Diagnostic services•Health Technology•Pharmaceutical Services•Sterilisation Services•Therapeutic Support Services

DOMAINS CONT....

Domain	Sub Domain Focus Areas
Public Health	Disaster Preparedness Environmental Controls Health Promotion and Disease Prevention
Operational Management	Financial Management Human Resource management and development Medical Records management Staff Welfare and employee wellness Supply chain and asset management
Facilities and Infrastructure	Buildings and grounds Food Services Hygiene and Cleanliness Linen and laundry Machinery and utilities Safety and Security Waste management

2.3 EXTERNAL FACILITY AUDIT...../2

- The Department appointed a consortium to conduct an External Audit of all Health Facilities
 - started February 2011 and to be completed in May 2012

2.3 FOCUS AREAS OF THE AUDIT...../1

- The range of health services that are being provided by each health facility
- The facility profile (semi-permanent data) for each facility including its location, catchment population, referral networks, accessibility to communities, availability of basic services such as water, sanitation, electricity and telecommunication and physical infrastructure
- The condition, safety and compliance with building regulations for the infrastructure of each facility
- The availability and functionality of medical equipment including an age analysis of equipment to determine a replacement plan

2.3 FOCUS AREAS OF THE AUDIT...../2

- The degree of compliance with the national quality standards in specific priority areas namely **values and attitude of staff, the cleanliness of facilities, waiting times, patient safety and security, infection prevention and control and the availability of critical medicines and supplies**
- The level of allocation and availability of human resources in the various categories of occupation and skills breakdown in the facility
- Status and utilization of Health Information Systems applicable to Regional, Specialised and Tertiary hospitals
- General utilization rates of health care services and facilities in order to develop norms and standards

2.3 QUALITY PRIORITIES : 6 PRIORITY CORE STANDARDS...../3

1. Availability of medicines and supplies
2. Cleanliness
3. Improve patient safety
4. Infection Prevention and Control
5. Positive and caring attitudes
6. Waiting times

2.3 FACILITY AUDIT PROGRESS...../4

At the end of August the facilities Audit in the following districts were complete.

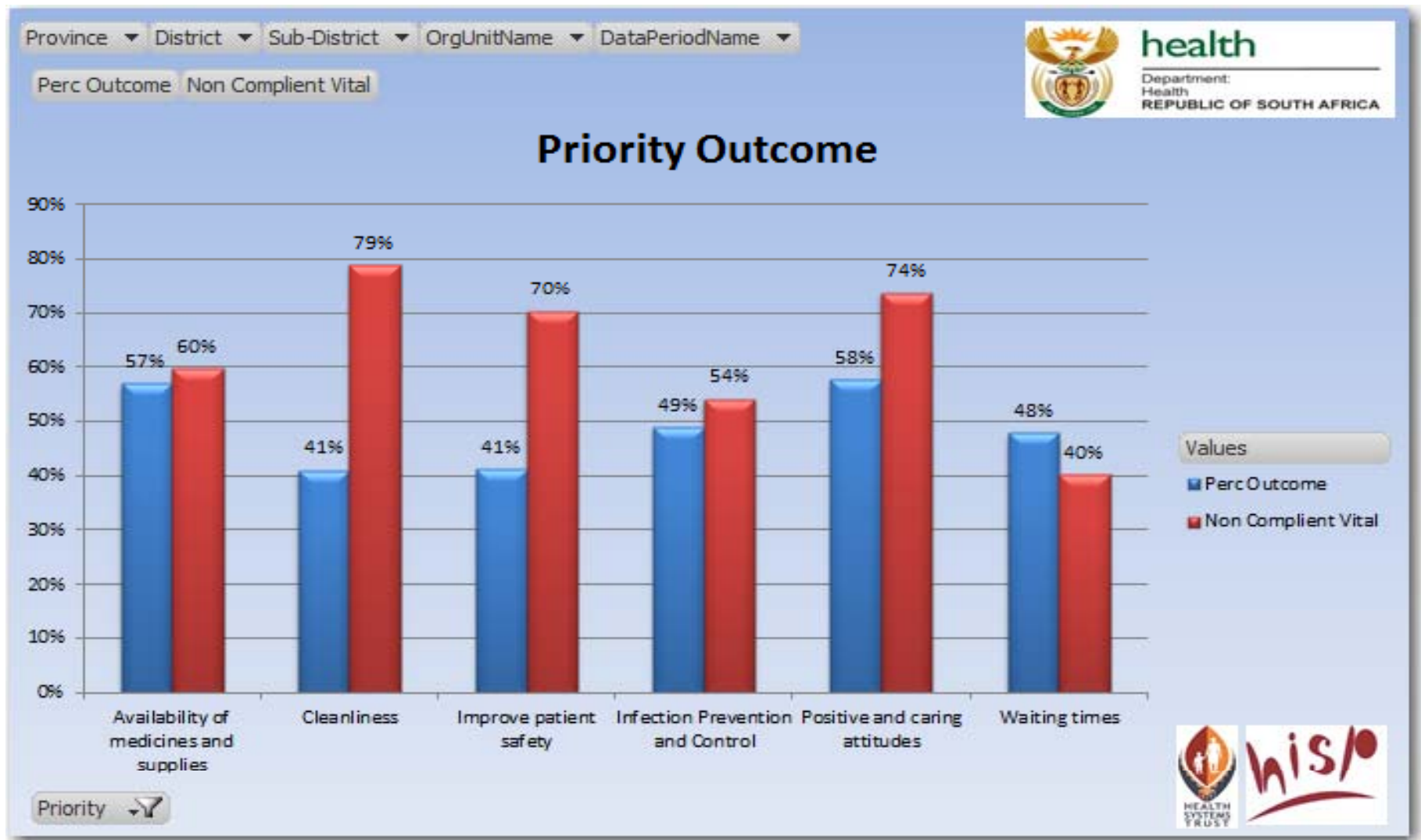
- KwaZulu-Natal: Umkhanyakude, Uthukela, Ugu and Zululand
- Gauteng: Sedibeng
- Limpopo: Greater Sekhukhune
- North West: Ngaka Modiri Molema
- Northern Cape: Frances Baard, Pixley Ka Seme, Siyanda and Namakwa
- Western Cape: Eden

SUMMARY OF COMPLETION RATE

END OF AUGUST 2011

	Hosp	CHC	Clinic	Prov Total	Tot Fac	% Completed at the end of August
EC	29	10	242	281	880	32%
FS	16	6	136	158	312	51%
GP	16	17	132	165	453	36%
KZN	23	2	247	272	662	41%
LP	14	7	166	187	504	37%
MP	16	20	104	140	338	41%
NW	11	28	140	179	387	46%
NC	23	35	157	215	235	91%
WC	13	6	59	78	439	18%
Total	161	131	1383	1675	4210	40%

BASE AUDIT PRELIMINARY OUTCOME



2.3 IMPROVEMENT PLANS...../5

- The results of the external audit will be used to develop improvement plans for each audited facility
- This will be coordinated at a provincial level
- Resources have been mobilized and budgets have been allocated to provinces
- The target is 1000 facilities to have undergone improvement initiatives by December 2011
- Establishment of 10 teams of 9 people each-one person in the team is a quality expert

2.3 IMPROVEMENT TEAM COMPOSITION...../6

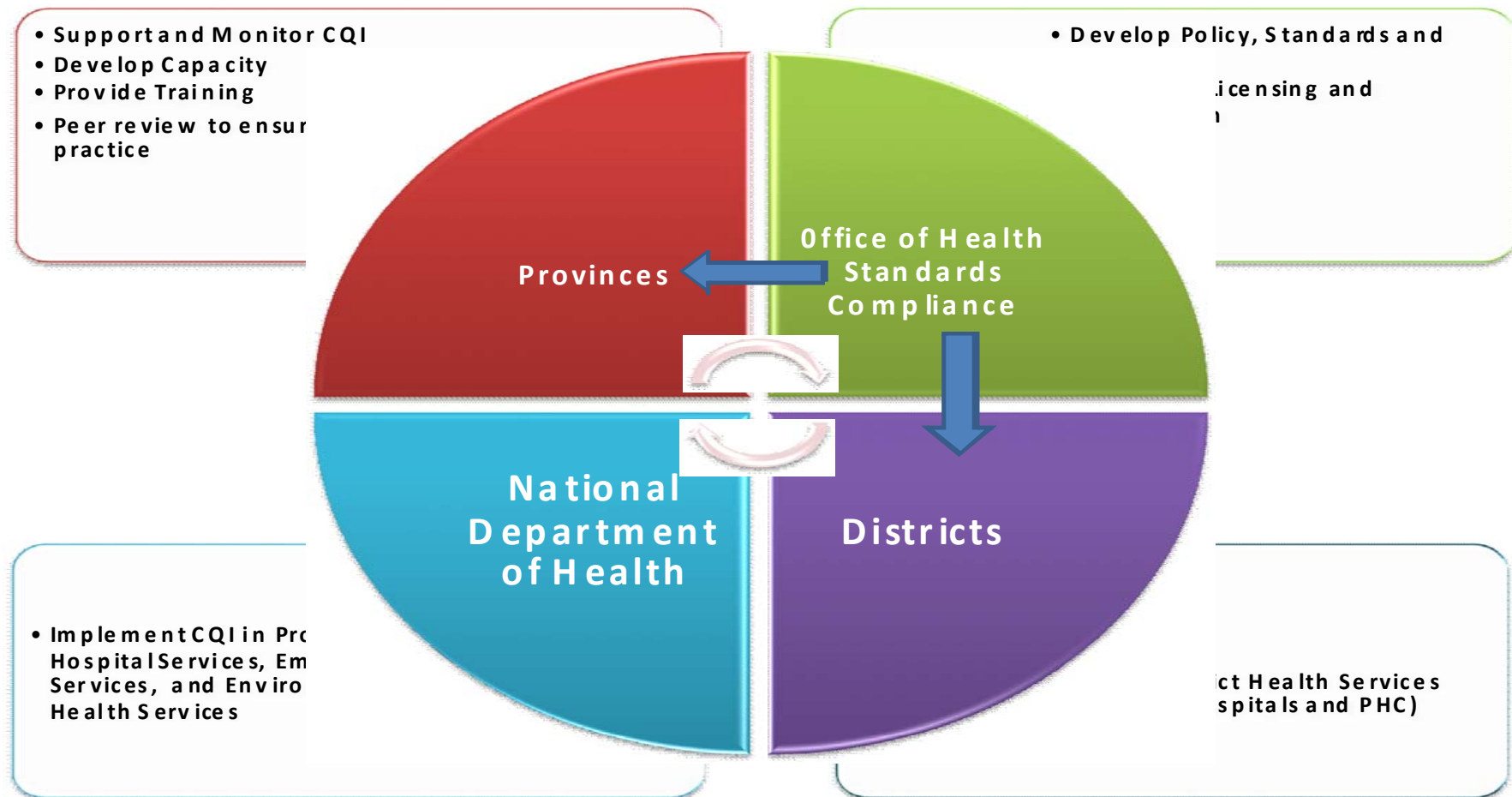
SYSTEMS STRENGTHENING

1. Finance (TAU)
2. HR
3. Information Management
4. NDOH official
5. PDOH official

CLINICAL HEALTH OUTCOMES

6. Quality
7. Health Systems
8. Clinician
9. Nurse

QUALITY IMPROVEMENT, CERTIFICATION AND ACCREDITATION MODEL



2.4 OFFICE OF HEALTH STANDARDS COMPLIANCE

2.4 OFFICE OF HEALTH STANDARDS COMPLIANCE

- OHSC Bill has been tabled for Parliamentary process and anticipated that the Bill will be passed end of 2011 or early 2012
- Structure and post-establishment to be finalized in tandem with the promulgation of the OHSC Act
- An independent Office of Health Standards Compliance to be established with 3 main units:
 - **Inspection**
 - **Ombudsperson**
 - **Norms and Standards for Certification of health facilities**
- Will facilitate the development of multidisciplinary organisational standards for healthcare facilities using evidence-based principles for standard development to evaluate compliance and to monitor progress
- Accreditation of audited facilities that comply with quality standards will commence in January 2012

2.5 RE-ENGINEERING OF PHC

2.5 PHC Re-engineering

- The PHC model is based on the Brazilian Model for Primary Health Care.
- Three streams to be implemented focusing on:
 1. District Specialist Support Teams
 2. Ward Based Family Health Teams with PHC Agents
 3. School based health Programmes

DISTRICT SPECIALIST SUPPORT TEAMS...../1

- Consisting of at least:
 - Principal Obstetrician and Gynaecologist
 - Principal Paediatrician
 - Principal Family Medicine Specialist
 - Advanced Midwife
 - Principal Primary Health Care Nurse
 - Principal Anaesthetist

DISTRICT SPECIALIST SUPPORT TEAMS...../2

Functions:

- To provide oversight, clinical governance and clinical management at district level
- Quality of health care for mothers, newborns and children
- Equitable access
- Coordinate, monitor, supervise and support MNCH services
- Surveillance system, HIS, referral systems and M&E systems
- Recruitment, training, development, mentorship support
- Clinical governance
- Community engagement

DISTRICT SPECIALIST SUPPORT TEAMS...../3

Ministerial Task Team appointed to advise on the following areas:

- How to improve the maternal, neonatal & child care; and health outcomes in the Districts
- Recommendations from the three Ministerial Committees - Saving Mothers, Saving Babies and Saving Children
- Models for deployment (Urban, Peri-urban, Rural)
- Key stakeholder consultations – Specialist Societies, Nurses and Midwifery Professionals, COMD's, Colleges of medicine
- Generic Job description for all the components of the Specialists Support Teams
- Recruitment strategies for the Specialists

DISTRICT SPECIALIST HEALTH TEAMS...../4

- Budgets have been mobilized and allocated
- Faculties of Health Sciences have been engaged

2.6 MUNICIPAL WARD-BASED PHC AGENTS...../1

- A team of PHC agents will be deployed in every municipal ward
- At least 10 people will be deployed per ward
- Each team will be headed by a health professional depending on availability
- Each member of the team will be allocated a certain number of families
- The teams will collectively facilitate community involvement and participation in:
 - Identifying health problems and behaviours that place individuals at risk of disease or injury
 - Vulnerable individuals and groups
 - Implementing appropriate interventions from the service package to address the behaviours or health problems

MUNICIPAL WARD-BASED PHC AGENTS...../2

- Audit of Community Health Workers has been completed (72 000 but called different names in different Departments and NGO's) e.g.
 - Home-based care workers
 - Community Development workers (CDW)
 - TB DOTS Supporters
 - HIV Lay counselors
 - Masupatsela , Community Liaison Officers
- 5000 to be trained by the end of the year
- Appointment of first 5000 PHC Agents (March 2012)
- Appointment of PHC teams (April 2012)

2.7 SCHOOL HEALTH SERVICES

- Delivered by a team that is headed by a professional nurse
- Services to be reintroduced will include health promotion, prevention and curative health services that address the health needs of school-going children, including those children who have missed the opportunity to access services such as child immunization services during their pre-school years
- In initial phases focus will be on Quintile 1 and 2 schools (+/- 11000 schools)

2.6 IMPROVING THE FUNCTIONALITY AND MANAGEMENT OF THE HEALTH SYSTEM

2.6 HOSPITAL REFORMS AND MANAGEMENT IMPROVEMENTS...../1

- As part of the overhaul of the health system and improvement of its management, hospitals in South Africa will be re-designated as follows:
 - **District hospital**
 - **Regional hospital**
 - **Tertiary hospital**
 - **Central hospital**
 - **Specialized hospital**
- Each level of hospital designation will be managed at a newly defined level with appropriate qualifications and skills as defined by the National Health Council

2.7 IMPROVING HUMAN RESOURCES PLANNING DEVELOPMENT AND MANAGEMENT

2.7 HUMAN RESOURCE FOR HEALTH STRATEGY...../1

- Draft HR Strategy for Health presented March 2011 and in two Technical NHC meetings since then – last one in June 2011
- Consultations underway with key players.
- Consultations involve provincial HR colleagues, deans and heads of health science faculties and colleges of medicine, NGO groupings, Higher Education and union and labour organizations
- Final draft will be out by September 2011

2.7 IMPROVING NURSING AND INCREASING NUMBERS...../2

- Nursing summit report developed and social compact developed with a road map for nursing reform
- Nursing college revitalization package being developed to the value of R260 million over the MTEF period
- Ministerial nursing task team established to elaborate implementation plan for nursing, and to work on policy and plan for nurse education and training by the end of 2011 financial year

HRH-CHW'S AND CLINICAL ASSOCIATES

- Professional categories considered especially in terms of those required for reengineering PHC
- **CHW curriculum** innovation for their employment at CHCs possible in short term
 - Training curriculum for reorientation of CHWs in their new role developed
 - FPD considered as a PEPFAR conduit.
 - HWSETA development of CHW qualification for medium term
- **Clinical Associates** participation in Community Service is essential for service provision

INCREASED THROUGH-PUT FROM HEALTH SCIENCE FACULTIES

- Refocusing the NTSG and HPTDG for optimal production of trained personnel and for retention post-graduation in health services
- Clinical training grant expansion being considered to cover mid level categories (Clinical Associates) in the MTEF

2.7 HUMAN RESOURCE FOR HEALTH STRATEGY...../3

- **HR Norms and Standards**
- **Costed scenarios being developed** for expansion of training – to be implemented alongside planned interventions for decisions to be made about likely scenarios for strengthening the health workforce
- **Proposals for foreign workforce management** interventions and for leveraging on statutory council mandates

2.8 REVITALIZATION OF INFRASTRUCTURE

ACCELERATION INFRASTRUCTURE AND HEALTH TECHNOLOGY REVITALIZATION

INFRASTRUCTURE	Envisaged dates of commencement
1. Refurbishment and equipping of 122 nursing colleges <ul style="list-style-type: none"> • First 72 nursing colleges by end of financial year 2011-2012 	March 2012
2. Building of 6 Flagship hospitals and Medical Faculties through PPP's <ul style="list-style-type: none"> • King Edward VIII Academic (KZN) • Dr George Mukhari Academic (Gauteng) • Nelson Mandela Academic (E. Cape) • Chris Hani Baragwanath Academic (Gauteng) • Polokwane Academic (Limpopo) • Nelspruit Tertiary (Mpumalanga) 	Commence 2012
3. Refurbishment of public sector facilities	Ongoing
4. Launch of Health Technology Policy	



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THANK YOU FOR YOUR ATTENTION

COMMISSION DELIBERATIONS

Quality Improvement

1. Is the Quality Improvement strategy relevant and appropriate?
2. What is the view of the Commission on the audit of facilities that is currently taking place

PHC Re-engineering

1. How does the Commission see the model working?
2. What type of skills should a PHC Agent have?
3. Feasibility of implementing School Health Programme
 - The tasks of the SHP: are they appropriate and relevant?
4. Feasibility of implementing the District Specialist Support Programme?
5. Is it feasible for the 3 streams to account to the District Health Authority
6. What is the most appropriate management structure to which the PHC streams should account/ report to?
7. How should the streams interact with other structures within the District e.g. DMT and DHC?

Hospital Reform

Inputs in respect of:

1. Designations

2. Management of hospitals

- Autonomy
- Decentralization
- Delegations
- Financial Performance
 - District Health Expenditure Reviews versus expenditures at regional, tertiary and central hospitals

Human Resources

- HR Strategy
 - Are there any areas that need improving on the HR Strategy for Health