Cohsasa

THE COUNCIL FOR HEALTH SERVICE ACCREDITATION OF SOUTHERN AFRICA

Cohsasa Bulletin

JULY 2007

COHSASA internationally accredited for the second time

LEADING THE WAY: *From Left: Dr Desmond Yen from the Australian Council on Healthcare Standards, COHSASA Chief Facilitator, Tshawekazi Ncedana, former Deputy Chairman of COHSASA's Board, Dr Deon Moulder, and CEO of COHSASA, Professor Stuart Whittaker.*

ISQUA – the International Society for Quality in Health Care has accredited COHSASA for a second time, effective until 2010. This follows COHSASA's first four-year accreditation awarded in 2002 and once again acknowledges COHSASA as a credible healthcare standards and monitoring body. COHSASA's clients can be confident that the standards, training and processes being used to survey the performance of healthcare systems meet the highest international benchmarks and are continuously improved.

> *"It is obvious that COHSASA is well led by its Managing Director, is innovative, is supported by the wider health community and is making a significant difference to the quality of South African health services."*
> *– ISQua Report, Nov 2006*

Three international surveyors appointed by ISQua – Roisin Boland of Ireland, Martin Beaumont of Canada and Dr Desmond Yen from Australia, conducted the survey in November 2006. It was a gruelling but rewarding week with excellent peer inputs and reviews. ■

From left: Jacqui Stewart, Chief Operations Manager, Martin Beaumont, director of the Canadian Council of Health Services Accreditation, Roisin Boland, Chief Executive of the Irish Health Services Accreditation Board (IHSAB) and Lyn Rayment, COHSASA Standards Development Co-ordinator.

COHSASA launches web-based information system

AFTER 18 MONTHS of intense development, COHSASA has launched the COHSASA Quality Information System (CoQIS), a secure, web-based client interface that will provide clients with ongoing access to current compliance data relating to their hospitals.

This will enable management at all levels – national, provincial and hospital – to make informed decisions, respond to triggers demanding immediate action and, in this way, bring about continuous quality improvements through the ongoing monitoring of performance indicators.

CoQIS enables licensed users, via a secure login, to view and query data and access the latest progress reports of healthcare facilities participating in its quality improvement programmes.

According to the CEO of COHSASA, Professor Stuart Whittaker, many healthcare facilities in the country face numerous problems that hinder their ability to provide effective healthcare – including financial constraints and poor physical infrastructure, as well as shortages of medication and consumable supplies. He believes that CoQIS will enable COHSASA to become more efficient in providing quality improvement programmes to healthcare facilities and empowering healthcare facility managers to become more responsive by providing them with relevant, meaningful information at their fingertips.

(Continued on page 12)

CoQIS Cohsasa Quality Information System

STANDARDS INTERNATIONALLY ACCREDITED – again

FOUR SETS OF COHSASA's standards – the *Standards for Hospitals v 6.4.2;* the *Standards for Hospice and Palliative Care*; the *Primary Care Standards* and the *Standards for HIV Management* – have been accredited by ISQua until 2010. This is the second time that COHSASA's hospital standards have been accredited.

Says Professor Whittaker, CEO of COHSASA, "COHSASA is on a firm footing for 2007/8. It enters the new financial year with increased vigour and determination to support its clients as they strive to provide the highest possible standard of care to South Africa's citizens. *(Continued on page 3)*

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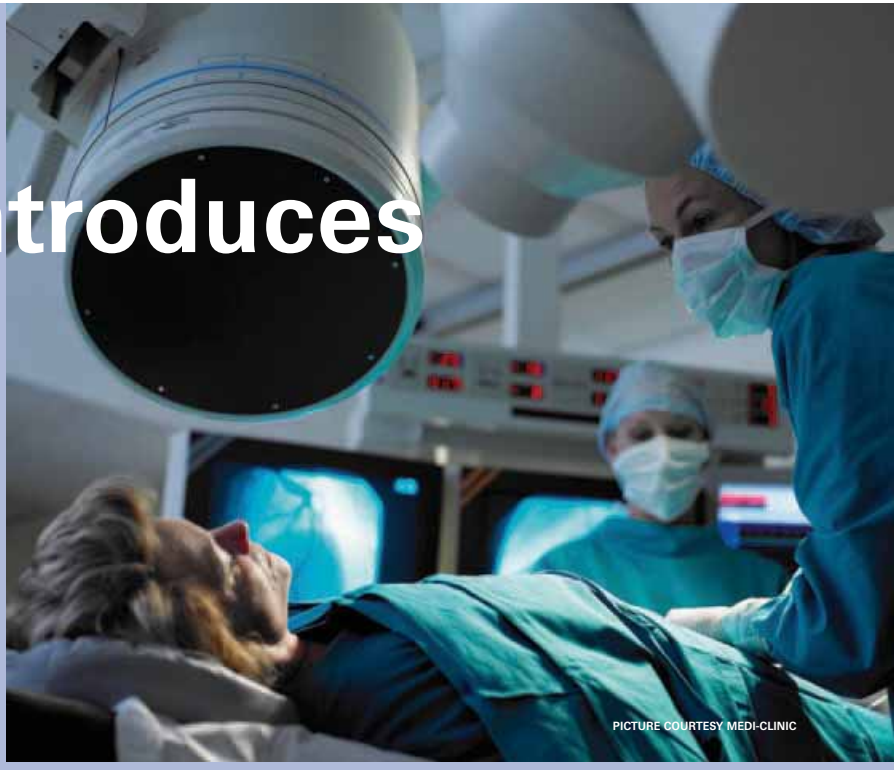
COHSASA introduces adverse event monitoring to South Africa – bringing medical error into the light


PICTURE COURTESY MEDI-CLINIC

COHSASA has introduced an Australian-based incident monitoring system to South Africa in order to address the growing frequency of incidents in health services that cause harm to patients as a result of poor quality care – a situation which is cause for deep concern.

The issue has emerged as one of the greatest causes of death and morbidity in the First World. In keeping with global developments, COHSASA has become a leading role player in the concerted efforts that are being made worldwide to define, understand and reduce the incidence of adverse events.

Chief protagonist

COHSASA has established itself as one of the chief protagonists in the field of incident reporting in developing countries. It has been represented at World Health Organisation workshops on patient safety in Egypt and at the first meeting of the Steering Committee of the World Health Collaborating Centre on Patient Safety in Illinois. Years of research have finally brought about two major developments: a WHO-sponsored research study to examine adverse events using the retrospective method of reviewing medical records and a prospective system developed in Australia that may mark the beginning of a serious attempt to address levels of adverse events in South Africa.

Up to now, there has been no reliable system in place to monitor incidents as they occur in South African hospitals – their nature and impact has remained unmeasured.

This is because South Africa has not yet developed the software for a suitable incident monitoring and response system. Following an extensive literature search and testing of the retrospective record audit system, COHSASA has been authorised to use the Australian Advanced Incident Management System (AIMS) and has used the system to conduct a pilot study in the Western Cape.

AIMS is a computerised system, developed over a 20-year period by Patient Safety International, the commercial arm of the Australian Patient Safety Foundation, for monitoring, analysing, reporting, and managing problems, ranging from near misses to sentinel events, across the entire spectrum of health care.

Says CEO of COHSASA, Professor Stuart Whittaker, "COHSASA is now in a position to provide its clients with clear reasons for non-performance and how these are aggravated by incidents that cause patients harm. We are intent on establishing a non-punitive culture in South Africa – which means that hospital staff will not be afraid to report incidents and near-misses – and authorities will then be able to get to the root of problems and design solutions around them."

Enhance capacity

To assist in determining the associative and causative factors related to incidents and the development of strategies to reduce their incidence and impact, the integration of the AIMS programme into COHSASA's Facilitated Accreditation Programme (FAP) will enhance the capacity to identify and address deficiencies in healthcare facilities.

Central to this initiative is the capacity of the COHSASA programme to measure systems performance against quality standards and the AIMS programme to identify weaknesses in both standards and their use in the context of healthcare delivery in South Africa. Problems aggravated by caseloads and morbidity will be targeted with a view to understanding incidents, preventing them, and ameliorating their impact.

Incident data is captured from primary reporters (doctors, nurses, allied workers and management) via a call centre located off site in the COHSASA offices. This approach has been selected because of the advantages associated with using a central call centre which acts as a single point of entry for all hospital departments via the telephone.

Hospital staff are guided through a series of simple questions by trained interviewers to provide detailed data specific to the incident. A cascading questioning process is used taking, on average, only 7 to 10 minutes to capture, thus reducing the need for staff to supply time-consuming written reports. Reporting facilities do not need to acquire and maintain complicated paper or computer systems and software, nor the staff to run them.

The call centre is staffed by nurses trained to capture the incident data required by the AIMS system according to the severity of the incident. All incidents captured are classified by the call centre according to the AIMS – Healthcare Incident Types (HITS) classification.

Participating facilities are notified by e-mail as soon as incidents are reported. The call centre provides participating facilities with weekly summary reports of all incidents reported by the hospital during the previous week.

In investigating and analysing incidents, facility staff will be trained to use appropriate COHSASA standard compliance information to gain an understanding of the system components that may have contributed to the incident and to plan quality improvement activities that may lead to an improvement in the facility.

COHSASA will use its established performance indicators to monitor the performance of facilities on a quarterly basis. The most frequent incident types and their contributing factors will be analysed weekly, and summarised and reported quarterly. The number of serious incidents addressed – according to agreed protocols – will also be reported quarterly.

The development of strategies, their implementation, and evidence of changes in patterns of iatrogenic harm will be able to be reported in time to greatly empower healthcare workers in the frontline. ■

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FROM THE DESK OF THE CEO

Professor Stuart Whittaker (centre), Chief Executive Officer of COHSASA, at a recent training session with Tshawekazi Ncedana (left), COHSASA's Chief Facilitator and former Chairman of the Board, and facilitator Damaria Molepo.

> *It is a reality: COHSASA can help improve the quality of healthcare services in Southern Africa. We always knew it, but now we can show how we do (and did) it.*

DEVELOPMENTS AT COHSASA have resulted in a change of focus in our operations. After 12 years of pioneering work in sub-Saharan African in more than 600 facilities, we have extracted the lessons of our learning, sharpened our scalpels and announce, with humility, that we now have the measuring instruments, the computer firepower, the systems and the methods to make a difference. It is a reality: COHSASA can help improve the quality of healthcare services in Southern Africa. We always knew it, but now we can show how we do (and did) it.

The tools are CoQIS (the COHSASA Quality Information System) and the authorised use of AIMS (the Advanced Incident Management System) from Patient Safety International (PSI) based in Adelaide, Australia. Used in judicious combination, these two systems become a powerful tool for health facilities to improve patient safety and monitor progress in hospitals as they move towards compliance with internationally accredited standards.

CoQIS, the revolutionary web-based system will allow designated staff members in facilities to access their own data and track changes as they happen. Clients can access 35-50 different areas of service provision in their hospitals or clinics and capture changes in compliance level at the deepest level – criteria level – to the highest and broadest level – standards compliance in a hospital, across hospitals in a region or in one country.

COHSASA has developed a system of triggers and performance indicators – a diagnostic analysis of hospital data – that pinpoint deficiencies in a series of alerts to assist hospitals create a "priority" work programme to meet professional quality standards. CoQIS provides clear and unambiguous guidance to hospital managers and health policy makers on what is wrong with their hospitals, how they can fix it and what is most important to fix first.

The reality in South Africa is that most public sector hospitals have a mile and a half to go before they can achieve accreditation – that's the nonpareil goal – but at present it is unquestionable that the more feasible option is for COHSASA to assist health facilities to concentrate on improving quality over time in all service areas until accreditation is achievable. This is happening. Many hospitals that started out in the COHSASA programme a few years ago with less than enviable external survey scores are now candidates for full accreditation.

It is gratifying to note that a number of hospitals, who may have found the task daunting – even overwhelming at first – are coming back for seconds and re-entering our quality improvement programmes with more understanding and less fear and therefore moving towards accreditation via COHSASA quality improvement methodology.

COHSASA has had great support from both the National Department of Health and the private sector. Medi-Clinic, a founding supporter, has recently re-entered most of its hospitals into COHSASA quality improvement and accreditation programmes. Other private healthcare groups have expressed renewed interest in a Proudly South African, homegrown accreditation body that is only one of seven such bodies around the world assessed and accredited by the International Society for Quality in Health Care.

Many provincial health authorities are now seeing that COHSASA can assist the most disadvantaged hospitals move forward and that our information system can help prioritise the correction of life-threatening and critical deficiencies. CoQIS incorporates a broad reach but, paradoxically, provides a microscopic view that gets down to fine detail as well. This system – a comprehensive roadmap with the bulls-eye accuracy of triggers and performance indicators – guides hospitals to better service delivery using the most direct route to get there.

We have become a player among developing countries in the global effort to develop and implement feasible adverse event (incident) monitoring systems and have contributed to the debate at international level. COHSASA participates in Patient Safety Solutions developed by the World Health Organisation's Collaborating Centre on Patient Safety (Solutions) and works closely with the World Health Organisation on research projects to improve patient safety.

COHSASA has been involved in the first ever survey of injection safety in 159 South African public sector hospitals with international partners, John Snow Inc, the CDC in Atlanta, USA and local partners, the Medical Research Council of South Africa and the National Department of Health.

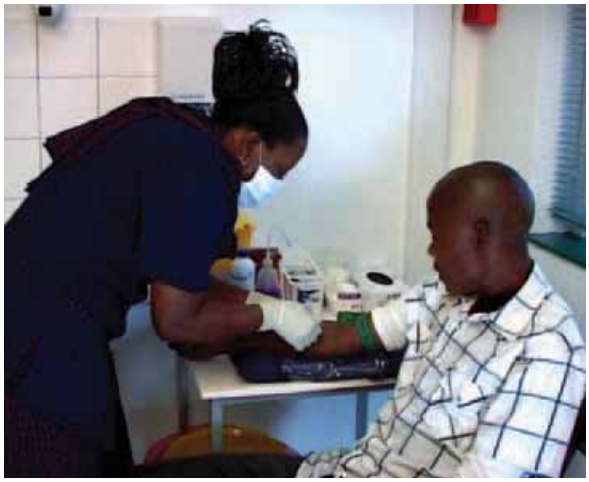
We work closely with the Directorate: Quality Assurance of the National Department of Health (NDOH) to assist with those initiatives where COHSASA can best make a contribution: most notably providing input into the assessment of ARV sites and adding content to the Norms and Standards for District Hospitals.

Despite the "bad news" that unfortunately travels side-by-side with the public health sector in South Africa, COHSASA can offer a ray of hope: not only for hard-pressed health staff battling against history's most catastrophic pandemic (which happens to be worst in sub-Saharan Africa with its haemorrhage of professional clinical staff) but also for patients who might be justifiably afraid of entering the portals of the 21st century's houses of healing. ■

(Continued from first page)

STANDARDS INTERNATIONALLY ACCREDITED – again

"COHSASA is now re-accredited and its standards meet the highest international principles for accrediting bodies. With an acknowledged excellent management structure; dedicated, quality staff; sharpened performance indicators and world-class information systems, it will be in an even better position to assist its clients on the journey to excellence." ■



First national survey of injection safety in South Africa

JOHN SNOW INC, (JSI) with support from the National Department of Health, recently commissioned COHSASA and the Medical Research Council of South Africa to conduct the first national survey of injection safety at 159 hospitals across all nine provinces of South Africa with results and recommendations due for presentation to the National Health Council in the near future.

According to the World Health Organisation (WHO), the unsafe administration of injections in health care around the world is responsible each year for approximately 8 to 16 million cases of hepatitis B infection; 2.3 to 4.7 million cases of hepatitis C; and 80 000 to 160 000 cases of HIV infection. Certain high-risk practices add to these cases, including – notably – the reuse of syringes and needles without sterilisation, inappropriate use of personal protective equipment, poor hand washing techniques and the improper disposal of used injection equipment.

Given this situation, WHO, in collaboration with partners from the Safe Injection Global Network (SIGN), developed an intervention strategy aimed at reducing the number of injections and promoting the administration of safe injections. The SIGN strategy is based on three core areas:

1. Modifying behaviour of healthcare workers and patients to ensure safe injection practices and reduce unnecessary injections.
2. Ensuring the availability of equipment and supplies.
3. Managing waste safely and appropriately.

In the majority of developing countries, the WHO strategy is justified by the fact that, until now, outside vaccination programmes, the issue of safe injections and waste management has not received appropriate attention from the government or the community of development partners.

COHSASA was sub-contracted by JSI to evaluate the current situation regarding injection safety in the country as part of the global Making Medical Injections Safer (MMIS) project. By the end of the project (the first survey was completed between May and July 2006), it is hoped the initiative will have assisted in establishing an environment in which patients, healthcare workers, and the community are better protected from the medical transmission of HIV and other blood-borne pathogens.

This initiative is part of the President's Emergency Plan for AIDS Relief (PEPFAR), focusing on countries with high HIV prevalence. The US Centers for Disease Control and Prevention (CDC) has contracted JSI to implement the project to improve the safety of injection administration in 11 African and Carribbean countries.

To date, the programme has consisted of a baseline survey to evaluate the current risks involved in injection administration. This involves assessing injection administration practices against internationally accepted guidelines. The next step is to put in place training programmes to assist hospitals to establish safe injection procedures, the efficient management of waste, the safe disposal of sharps, the use of protective equipment, the re-inforcing of hand washing routines as well as other positive behaviour practices, including the reduction of unnecessary injections. Where appropriate, the project will also procure and distribute injection safety supplies and personal protective equipment (PPE) for health workers.

Communication messages are currently being directed at healthcare workers and community members through a variety of media, including door-to-door campaigns, pamphlets, posters, and audio and visual education materials.

The vision of the project is that, by 2009, in every health facility, trained healthcare workers will be administering only necessary and safe injections and using appropriate, safe injection devices and methods. The goal will also be to ensure that healthcare waste is efficiently managed using methods that are safe for the community and the environment. ■

Getting South Africa's emergency medical services up to scratch

CAPE TOWN – A set of standards to assist provincial authorities to bring emergency transport medical services (EMS) in line with international standards in time for the Soccer World Cup in 2010 is being developed and piloted in the Free State. Proposals are on the table to extend the work to accreditation programmes for hospital emergency centres in the rest of South Africa.

Soon after the National Department of Health declared that strengthening the country's EMS was one of its strategic priorities for 2004-2009, it promulgated regulations in the new National Health Act and allocated more resources for infrastructure and training for South Africa's EMS. Soon afterwards, the Free State Department of Health approached the country's health facility standards setting and quality improvement body, the Council for Health Service Accreditation of Southern Africa (COHSASA) to ensure that disaster planning and emergency services were thoroughly overhauled by 2010.

Against this background of concern regarding the readiness of the country's emergency medical facilities for the World Cup, COHSASA is proposing a programme of accreditation for both pre-hospital emergency medical services (EMS) and hospital emergency units. Services would be inspected and only accredited if they met certain standards.

"Very often, health services can be improved by better spending of existing budgets," says Dr Miranda Voss, consultant surgeon with extensive experience of emergency work in resource-limited countries, "by measuring shortfalls in a systematic way, we can make recommendations for the most efficient allocation of scarce resources."

We'd like to know

We would like to know what you think of the COHSASA BULLETIN. Please let us know if we are/are not meeting your needs for information about what is happening in terms of COHSASA's contribution to improving the quality of health services in Southern Africa.

Let us know!

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Tell us what you think about

COHSASA STANDARDS, MANUALS AND REPORTS

In our continuing efforts to improve the relevance and clarity of the standards and our Standard Assessment Manuals, COHSASA would like you to tell us about your experiences of using the standards and whether you have difficulties with the standards or with reports. Your feedback will be taken into account by our Standards Committee to improve the content of our standards, to ensure that our standards and clear, relevant and practical in the field and that our manuals are user-friendly.

Send your comments to marilyn@cohsasa.co.za

Ready for action...

A further advantage to this measurement process is that local emergency medical capabilities can be catalogued so that a regional disaster response can be planned.

While the starting point of these standards has been internationally benchmarked standards, they have been adapted to make them appropriate to the South African context without compromising on the level of quality demanded. They have also been made as concise as possible in recognition of the high workload in many units. COHSASA has been working with representatives of the Trauma Society of South Africa and the Emergency Medicine Society of South Africa (EMSSA) as well as EMS representatives from the Western Cape and the Free State to ensure that the contents meet the requirements of professional societies and users. The initiative also has the backing of the National Department of Health.

"Our traditionally fragmented health services have not made much progress towards a uniform standard of emergency care for all citizens and there are fears that a major civil accident or bio-terrorist attack at a high profile event like the World Cup could exceed the capabilities of the system," says Voss. "There are also community benefits from well-organised emergency medical transport systems and functioning hospital emergency departments which go well beyond an international sporting event."

> *COHSASA is proposing a programme of accreditation for both pre-hospital emergency medical services (EMS) and hospital emergency units. Services would be inspected and only accredited if they met certain standards.*

The picture was taken at a South African hospital where the Quality Assurance team from the Swaziland Ministry of Health, including the Director of Health services and the Chief Nursing Officer, went to benchmark with a hospital that had shown major improvements despite starting from a low base and with limited resources.

COHSASA assists Swaziland and Lesotho

COHSASA HAS BEEN awarded a grant to be part of the USAID-funded Southern Africa Human Capacity Development Coalition (SAHCD-C), which came together as a response to the human capacity crisis facing Southern Africa particularly in managing the HIV/AIDS epidemic. Southern Africa is currently reported to have the highest HIV prevalence in Africa and the world. For example, an estimated 33.4% of adults (ages 15-49) in Swaziland and 23.2% in Lesotho were living with HIV/AIDS by the end of 2005.

At the same time, the region is losing human resources like nurses and doctors to overseas countries thus creating a big gap in the health system.

There is an urgent need for greater human capacity building for human resources in health to allow HIV/AIDS services to be delivered more effectively and more holistically. SAHCD-C seeks to increase the human capacity of human resources for health through establishing new or strengthening existing indigenously-managed mechanisms to share information on strategic planning, program implementation and progress, results, best practices and lessons learned.

The goal of the SAHCD-C is to improve the delivery of HIV/AIDS services in both the public and private sector by strengthening the capacity of health workers, policy makers and planners, programme managers, educational facilities and institutions and communities and families that deliver those services.

The limited human, material and infrastructural capacity to respond effectively in this region is one of the biggest challenges facing the President's Emergency Plan for AIDS Relief (Pepfar) in the effort to support ARV treatment for about 2-million people in Southern Africa and prevent further escalation of the epidemic as well as treat those affected.

To meet the challenge, the United States Agency for International Development (USAID) issued a regional award for the SAHCD-C, which was formed in 2006. COHSASA is a partner along with five other organisations - IntraHealth International, Management Sciences for Health (MSH), Training Resources Group (TRG), Foundation for Professional Development (FPD) and the Eastern, Central and Southern African (ECSA) Health Community to implement the programme.

Among COHSASA's many contributions will be the role of helping the Swaziland Ministry of Health establish quality assurance teams and strengthen existing ones, transfer skills in evaluation, quality improvement and quality assurance to local health staff, identify gaps in service delivery, support local organisations to fill the gaps and where necessary, facilitate input from partner organisations to meet these needs.

COHSASA will develop a template for local countries to make this work sustainable and introduce an adverse event monitoring system in line with the indicators for quality in health and developing sustainable systems for continuous quality improvement processes for healthcare service delivery.

COHSASA's "toolbox" includes adapting standards, conducting baseline evaluations at selected hospitals, implementing the HIV District Evaluation Tool (HIV-DET) and the Comprehensive Care Site Evaluation Tool (CCSET), together with facilitation visits and surveys. ■

COHSASA facilitator, Lorna Papo (in red) on a taxi in Butare.

COHSASA working in Rwanda

COHSASA HAS BEEN evaluating hospitals in Rwanda to introduce quality improvement and eventual accreditation as part of the Rwandan Ministry of Health's drive to improve health services in the government's post-genocide reconstruction drive.

The 1994 genocide, which claimed the lives of an estimated 800 000 Tutsis and moderate Hutus in 100 days, resulted in a massive loss of professional health staff and the collapse of the health infrastructure. Since 2002, the Ministry of Health in Rwanda has committed itself to improving health service delivery.

COHSASA has surveyed three national teaching and referral hospitals (the first survey was conducted at the 145-bed King Faisal Hospital in Kigali in March 2006) and these surveys will continue in rotation about 12 months apart for three consecutive evaluations.

The other hospitals are Central University Hospital of Kigali and the Central University Hospital of Butare (Centre Hospitalier Universitaire de Butare) about 140 kms south west of the capital. Independent contractor, Healthcare Quality Solutions, is handling the facilitation process. ■

Working with the Free State Department of Health

COHSASA works closely with provinces in South Africa. This is a recent photograph of COHSASA members with senior officials from the Department of Health in the Free State who came to our Pinelands HQ for an orientation session.

(Back row, from left): Professor Stuart Whittaker CEO of COHSASA, Dr M Schoon Clinical Head of Pelonomi Regional Hospital, Dr N van Zyl, Clinical Head of Universitas Academic Hospital and Me. T C Busakwe, Quality Assurance Coordinator at Free State Department of Health Head Office.
In the Middle Row (from left): Dr C Makada, General Manager, Free State Health Department, Me M Moqhoba, Assistant Manager, Quality Assurance Unit, Corporate Office, Professor Herman A van Coeverden de Groot, Me S Liebenberg, Quality Coordinator, Eastern Free State and Me G Montsisi, Nursing Manager at Dihlabeng Regional Hospital.
In the front row: Me C S P Belot, Assistant Manager of the Quality Assurance Unit, Corporate Office, Dr Sipho Kabane, Acting Executive Manager of Clinical Health Services for the Free State Health Department, Advocate C Kruger, Manager of Legal Services for the Free State Health Department and Norma Jordaan, Chief Executive Officer for Thusanong, Nala and Mohau Hospitals.

Combo-programme:

adverse event monitoring and quality improvement for Free State hospitals

> *"This study – which will introduce a consistent and reliable method of identifying, classifying and addressing adverse events and near misses – is very important as it will for the first time give us an indication of the extent of the problem of adverse events in the province.*

COHSASA AND the Free State provincial authorities have teamed up to conduct a research programme in 24 hospitals to test the impact of quality improvement initiatives coupled with an adverse event monitoring system. Two randomly selected samples of 12 intervention and 12 control hospitals will be monitored to determine the impact – if any – of the adverse event reporting and quality improvement initiatives.

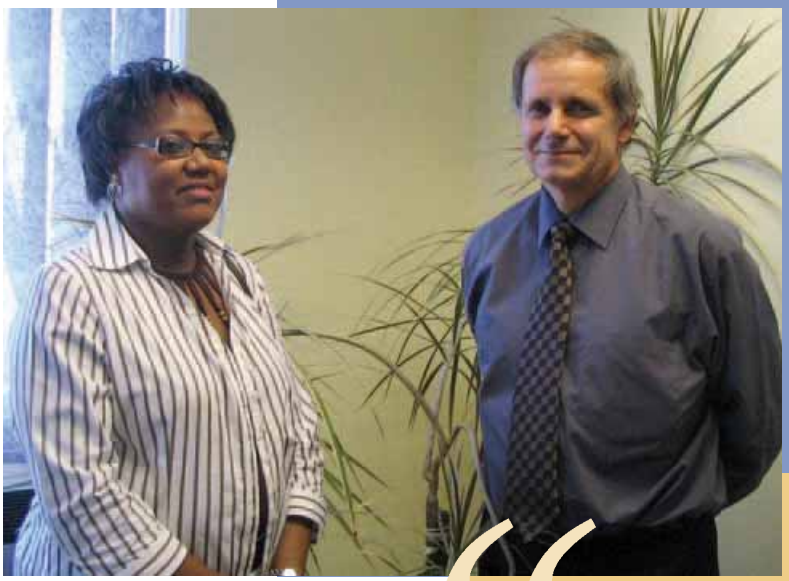
The study will examine whether the type, seriousness and associations of incidents change positively as hospitals implement quality improvement programmes. These changes will be examined in relation to the quality improvement programme's requirement of finding solutions to regularly identified incidents through improving facility-wide organisational standards.

Hospitals involved in the project will have access to CoQIS – the revolutionary COHSASA Quality Information system – that provides immediate and comprehensive data on deficiencies, how they can be improved and how compliance levels are progressing.

Positive results expected from the research are that hospitals will have an information system that clearly identifies when quality standards are met – or otherwise – and an incident monitoring and response programme that will allow facilities to analyse and respond effectively to clinical incidents.

As partners, COHSASA and the Free State hope that patient safety will be significantly improved, resulting in a consequent reduction in medico-legal claims.

Says Dr Sipho Kabane, Acting Executive Manager of Clinical Health Service for the Free State Health Department "This study – which will introduce a consistent and reliable method of identifying, classifying and addressing adverse events and near misses – is very important as it will for the first time give us an indication of the extent of the problem of adverse events in the province. This will make a contribution towards measurement of the adverse event rate in South Africa. I believe this is the necessary, initial step to drawing attention and focus to the problem, in the same way that it was done in the United States, the United Kingdom and Australia." ■



Key players in the COHSASA improvement programme: (left) Dr Lebu Manthata, Group Manager: Clinical Services and Dr Deon Moulder, Medical Director of Medi-Clinic.

Medi-Clinic re-enters the COHSASA programme

> *A major objective of this process is that all hospitals will be required to maintain the highest level of standard compliance during the full three-year cycle and that hospital management and Medi-Clinic Head Office will continuously review key performance indicators in all service areas on a daily/weekly/monthly basis.*

MEDI-CLINIC HAS issued a vote of confidence by entering into a new contract with COHSASA to place 35 of its facilities in a rolling three-year quality improvement and accreditation programme designed to ensure that all Medi-Clinic hospitals substantially comply with internationally-accredited multi-disciplinary standards.

These standards cover all clinical, clinical support, managerial, technical and hotel services provided by Medi-Clinic.

Medi-Clinic has been a stalwart supporter of COHSASA's aims and objectives over the past 12 years of its existence with 32 of its facilities previously accredited – some of them more than once and some of them for a period of three, rather than two years (which signals sustainable momentum of quality initiatives).

The latest move has been prompted by a recognition that COHSASA's internationally recognised quality improvement programme, supported by the benefits of CoQIS, the COHSASA Quality Information System, can provide the necessary foundation for its clinical governance programme, which is central to the private group's operations. This clinical governance programme focuses on high standards of care, transparent responsibility and accountability for those standards and continuous quality improvement.

COHSASA will train Medi-Clinic's quality assurance and clinical governance teams to implement the quality improvement and accreditation programme but COHSASA, because of its international standing as an accreditation body, will conduct external, peer-review surveys at all the hospitals to measure compliance with the standards and confer accreditation awards where due.

The facilities will be measured against COHSASA's *Standards for Hospitals Version* 6.4.3, which recently received international accreditation from 2007 to 2011 from the International Society for Quality in Healthcare. Four hospitals, new to the COHSASA accreditation programme, will be entered into COHSASA's Facilitated Accreditation Programme.

Medi-Clinic staff, trained by COHSASA, will use CoQIS to capture baseline and progress evaluation data and COHSASA will provide secure log-in access to designated officials to view compliance data and generate reports. COHSASA will support Medi-Clinic through ongoing surveillance of quality improvement initiatives and will report back on trends, strengths and weaknesses found in the external and maintenance surveys.

Med-Clinic Head Office will be able to monitor all the hospitals in the quality improvement programme via CoQIS, identify organisation-wide deficiencies and implement quality improvement programmes and monitor all hospitals to co-ordinate the quality improvement efforts.

A major objective of this process is that all hospitals will be required to maintain the highest level of standard compliance during the full three-year cycle and that hospital management and Medi-Clinic Head Office will continuously review key performance indicators in all service areas on a daily/weekly/monthly basis. This will ensure an immediate response when any service in any hospital drops below a required minimum standard. ■

PICTURE: RIËL LE ROUX

See next page for caption.

Knowledge is power

DR ARIE VERBURGH, Director: Quality Assurance for the North West Department of Health, visited COHSASA headquarters in Pinelands, Cape Town for an intense two-day orientation session. Dr Verburgh met with CEO of COHSASA, Professor Stuart Whittaker and other key staff members to look at COHSASA's operational systems, particularly the new web-based information system, the adverse event monitoring programme and information about facilities in the North West Province.

Dr Verburgh, who has an extensive IT background, said the orientation meant that he had a better understanding of the COHSASA programme and what can be achieved through using the COHSASA Quality Information System (CoQIS).

"I hope that a considerable number of our hospitals in the COHSASA programme receive accreditation by March 2008, and that the remaining facilities make substantial progress in the Graded Recognition Programme.

"We want to use this information system to focus our interventions not only at a hospital level but at a provincial level as well. Access to this detailed information will arm us to ensure that we are able to make necessary changes not only within the Department of Health itself, but also in other provincial departments such as the Department of Public Works."

Dr Verburgh was also introduced to the AIMS system of monitoring adverse events, which COHSASA is introducing in South Africa with an Australian partner.

"This system will help us to improve our current activities around patient safety. Instead of focusing on individual cases only, we will move towards looking at common errors in the system, which can be identified and corrected. This will have a huge impact on the manner in which we deliver health services. We need to move from tinkering with bad results to a systematic, proactive approach, " said Dr Verburgh. ■

Dr Arie Verburgh begins to see a picture for the North West Province using the COHSASA information system

PROFESSOR MARIE MULLER

PROFESSOR MARIE MULLER, Registrar and former Executive Dean of the Faculty of Education at the University of Johannesburg and Professor of Nursing and Dean of the Faculty of Education and Nursing at the former Rand Afrikaans University, has been appointed Chairperson of COHSASA's Standards Development Committee (SDC). This is an active advisory committee that develops and updates relevant standards for healthcare organisations in compliance with ISQua requirements. Development of the standards takes place in consultation with appropriate stakeholders, experts and legal authorities to ensure that they are relevant and valid. Standards are updated with due regard for the professional, legal and ethical context of healthcare service delivery in Southern Africa and according to local, provincial, national and international best practice principles. Membership of the SDC reflects various healthcare disciplines, fields of interest, professional bodies and/or government organisations. ■

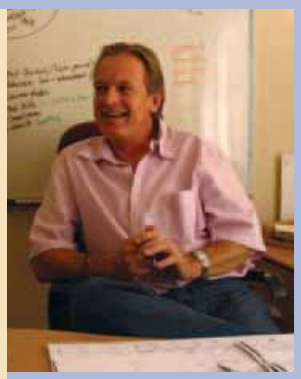
Thusanong strikes gold

Above: Riël le Roux, COHSASA facilitator, with members of the Steering Committee of the Quality Assurance Committee at Thusanong District Hospital, Odendaalsrus, celebrate the accreditation of their hospital.

Left: Board Member of COHSASA, Professor Gert van Zyl, hands the accreditation certificate to Norma Jordaan, CEO of the Thusanong, Nala and Mohau Complex.

The drivers of a third accreditation for Stepping Stones (from left) were Phyllis Sorour, Nursing Services Manager, John Brock, Chief Executive Officer, Carry Bekker, Programme Director and Peter Powis, Psychological Services Director.

> *"We are proud of our COHSASA accreditation and appreciate the benefits that achieving and maintaining it have brought to Stepping Stones, including the confidence of our patients, the respect of our peers and the personal growth of our team members"*
>
> *– Programme Director and co-founder of Stepping Stones, Carry Bekker.*



John Brock, CEO of Stepping Stones, celebrates their third accreditation.

A hat trick for **Stepping Stones!**

STEPPING STONES Addiction Centre, situated off the sparkling waters of the Atlantic Ocean in the little village of Kommetjie near Cape Town is rapidly gaining a reputation as being the finest of its kind in South Africa. This is the first addiction treatment centre in South Africa to be awarded a second, successive three-year accreditation from The Council for Health Service Accreditation of Southern Africa (COHSASA) and the third time Stepping Stones has been accredited since its first entry into the quality improvement programme in 2000. These milestones signify excellent compliance with standards over the past six years. In 2003, Stepping Stones won the Hospital Association of South Africa Award for Excellence in Healthcare.

Congratulating Stepping Stones, CEO of COHSASA, Professor Stuart Whittaker said, "Stepping Stones is testimony to the fact that dedication to quality improvement carries with it some real long-term benefits."

"The Stepping Stones team is thrilled to have achieved our third successive COHSASA accreditation," says John Brock, CEO of Stepping Stones. "We see our accreditation as much more than just a result of the ongoing quality improvement programme at Stepping Stones – it is an integral part of a continuous process aimed at constant improvement in our patient care and treatment outcomes."

The core focus of Stepping Stones is the delivery of intensive, effective residential treatment of alcohol and other drug addiction, eating disorders, compulsive gambling and related disorders. They are also recognized experts in the treatment of dual diagnosed patients, effectively treating both the addiction and the co-existing psychiatric disorder.

"The Stepping Stones team views the work it does as helping people to save their lives. The way we are structured, the evidence-based treatment programme we deliver and the processes we apply are driven by our mission: to provide the most effective addictions treatment available and ultimately, the best possible patient outcomes," says Brock.

He believes that the complexities of the disease of addiction and its treatment have become significantly more apparent over the last decade. "Changing drug use trends and robust scientific and medical research demand adjustments in addiction treatment regimes. The needs and expectations of our patients, their families, referring health professionals and medical schemes have also changed," he says.

"In this environment, a continuous and measurable quality improvement effort, incorporating every aspect of our organisational performance, is absolutely imperative. Ensuring the maintenance of COHSASA standards through accreditation has added further impetus to our efforts and critically, has given us a stringent and independent measurement of our performance," says Brock.

Programme Director and co-founder of Stepping Stones in 1998, Carry Bekker, views quality assurance as a patient-focused team effort. "The COHSASA quality standards provide the Stepping Stones team with challenging benchmarks against which we can continually measure and improve our service delivery."

Stepping Stones is accredited until November 17, 2009. ■

Members of the workshop in Luxor. COHSASA representatives Saskia Blakeway and Stuart Whittaker are in the back row, far left.

ADVERSE EVENT workshop in Egypt

CEO of COHSASA, Professor Stuart Whittaker and Programme Manager Saskia Blakeway attended the 3rd Patient Safety Research Workshop in Luxor, Egypt to present COHSASA's research findings about adverse events in two selected Western Cape hospitals using the retrospective review of records method. Professor Whittaker also presented findings of a research project in the Western Cape using the Advanced Incident Management System (AIMS) combined with the COHSASA Facilitated Accreditation Programme. ■

Adverse Events guru visits Cape Town

Professor Bill Runciman met with top health officials, scientists and hospital representatives from both the Eastern and Western Cape.
From left: Dr Deon Moulder, Medical Director of MediClinic, Deputy Director of Quality Assurance for the DOH Western Cape, Anne-Marie van den Berg, Ms Annie Jautse, Deputy Director of Quality Assurance for the National Department of Health, Professor Bill Runciman from Australia, Dr Buyiswa Mjamba-Matshoba, Chief Director of Quality Assurance and Research Directorate of the Eastern Cape, Professor Stuart Whittaker, CEO of COHSASA, Professor Marc Blockman, Senior Specialist in the Department of Clinical Pharmacology in the Faculty of Medicine at the University of Cape Town and Dr Nozuko Mkabayi, acting Director of the Quality Assurance Directorate of the Eastern Cape.

PROFESSOR BILL RUNCIMAN from the Australian Patient Safety Foundation Inc. (APSF) visited South Africa in a preliminary visit with a view to working with COHSASA to set up an incident reporting and monitoring programme.

The Adelaide-based Foundation is a non-profit independent organisation dedicated to the advancement of patient safety. APSF, through its commercial subsidiary Patient Safety International (PSI), provides a software tool, the Advanced Incident Management System (AIMS) to capture information from a wide variety of sources to enable de-construction and classification of incidents from near misses to sentinel events for subsequent, detailed analysis.

COHSASA and PSI have signed a Memorandum of Agreement for the first contract to work in the Free State on recording incidents in hospitals there.

Professor Bill Runciman is President and founder of APSF. In 1988 Bill and APSF colleagues conceptualised and implemented AIMS in the form of a nation-wide paper-based anaesthesia incident monitoring project. Since then he has provided leadership and made fundamental contributions to patient safety and quality research both in Australia and internationally. Bill is concurrently the Foundation Professor of Anaesthesia and Intensive Care at the University of Adelaide and Head of Department at the Royal Adelaide Hospital. He has been a member of the Australian Council for Safety and Quality in Health Care (2000-2005) and of the Australian Health Information Council (2003-2005). He has been President of the Australian Patient Safety Foundation since its inception in 1988. Bill was a co-author of the landmark Quality in Australian Health Care Study published in the Medical Journal of Australia (MJA) in 1995, one of the top 10 cited studies published in the MJA. Bill has been involved in the publication of about 200 scientific papers and chapters and has given 500 lectures by invitation. He has been a member of task forces, which produced world Patient Safety Standards for both Anaesthesia and Intensive Care. He is a joint co-ordinator of groups developing research tools and an International Classification for Patient Safety for the World Alliance for Patient Safety of the World Health Organisation.

Professor Stuart Whittaker said it was a privilege to meet him and thanked him for the time he was spending in South Africa. Professor Runciman visited several hospitals around the country and spoke to a range of clinicians about the use of the AIMS system. ■

Snippets from Runciman's latest book

Bill Runciman, Alan Merry and Merrilyn Walton have written what James Reason calls a "landmark publication" in the field of patient safety, *Safety And Ethics In Healthcare – A Guide To Getting It Right.*

IT IS ABOUT:

- **Doing the thing right –** appropriate and based on best evidence, but acceptable to the recipient;
- **In the right way –** in a way that is safe, effective and efficient;
- **At the right time –** when it is needed most or most effective;
- **For the right people –** those who will benefit most from the proper use of the available resources; this implies equitable access to care.

The authors argue that adverse events have often been accepted as part of the risks associated with sophisticated medical treatments and these adverse events have been given a variety of labels with no uniform system of counting them.

"Occurring singly, they do not have the same public impact as disasters such as airline crashes in which several hundred people may die at one time. In fact, travelling in an airplane is far safer than being a patient in a hospital."[1]

"The substantial advances that have been made in healthcare lie mainly in changes driven and maintained by individuals. In order to properly harness the enormous resource represented by the healthcare worker force, we need to understand how to collect and access the necessary information, respond appropriately to things that go wrong, and develop and apply effective strategies for preventing similar problems in the future. We need to understand how the various components of the system interrelate and how the available information may be used effectively. To this end, we have developed several frameworks...to underpin our recommendations for safer, better healthcare."[2]

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(Continued from page 11)

Snippets from Runciman's latest book

Professor Lucian Leape made the point that the number of iatrogenic deaths in the US was equivalent to three jumbo jets full of passengers crashing every two days.[3] This needs to be qualified since a subsequent study demonstrated that the vast majority of the iatrogenic deaths were in elderly and/or very sick patients, so few would have been alive, well and at home three months later.[4]

Notwithstanding this, there is general agreement that the problem of iatrogenic harm is a major one, although undue emphasis may have been placed on deaths and high profile catastrophic events.[5]

Reviewing all the sources of information that bring to light the occurrence of an adverse event, Runciman believes that what is really needed is a uniformly classified national repository of all the things that go wrong in healthcare, and a properly structured system for root cause analysis of all the serious adverse events, 'sentinel' or otherwise.

The cost of harm done by healthcare is staggering. Before the year 2000, the direct financial costs of iatrogenic harm in the US were estimated at around US$20 billion per year, those in Australia at AU$2 billion and those in the UK at around £2 billion. This worked out roughly to one US dollar per week for every man, woman and child in each of these countries, and accounts for approximately five per cent of the cost of healthcare.[6]

"We are only now beginning to standardize terminology and refine methods of assessing the scope, nature and impact of things that go wrong in healthcare. The emphasis should not be on counting problems but on improving safety. The limited resources should be spent on understanding how and why the problems are occurring, so that preventive and corrective strategies can be devised and implemented.[7]

Many factors contribute to iatrogenic harm – not least the evolution of healthcare systems themselves. Iatrogenic harm is the natural outcome of the way healthcare is designed and delivered. Indeed, the healthcare system has not really been designed at all, but instead has evolved haphazardly over time, and continues to do so."[8]

Among many "design" faults in the system, Runciman cites a lack of horizontal communication within healthcare systems, which tend to be reactive rather than proactive and focussed on a hub – the hospital – in the 'dead heart' of a city. He advocates more communication between clinical specialities, appropriate care within walking distance by bringing medicine back to a community level and integrating healthcare systems with an eye on sharing of information, co-ordination and continuity of patient care.

"A mechanistic approach to fixing deficiencies in the system has been largely ineffective. The machine metaphor, which implies that a problem in one part can be easily fixed without reference to other parts, is particularly inappropriate because the health system is not static. Its components are complex, dynamic and interdependent. In the imagery of Mant, healthcare is not like a bicycle, on which components can be interchanged without disruption of overall function, but like a frog. A frog does not respond well to partial dismemberment in the interests of re-structuring."[9] ■

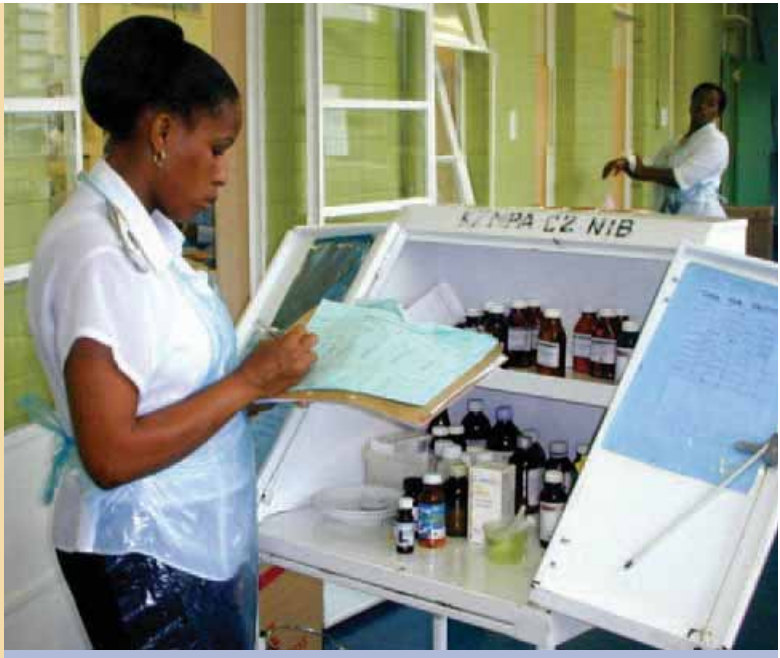
[1]Ibid.
[2]Ibid.
[3]Leape, L.L. (1994) 'Error in Medicine', Journal of the American Medical Association 272: 33, 1851-7
[4]Hayward, R.A. and Hofer, T.P (2001), 'Estimating Hospital Deaths Due to Medical Errors: Preventability is in the Eye of the Reviewer', Journal of the American Medical Association, 286:4, 415-20.
[5]Op cit. Runciman et al page 41
[6]Op cit. Runciman et al page 50
[7]Op cit. Runciman et al page 51.
[8]Op Cit. Runciman et al page 65
[9]Op Cit. Runciman et al (see page references) on page 66

(Continued from page 1)

COHSASA launches web-based information system

"Hospital managers will be able to use COHSASA's information system as a management tool and access it online for planning and prioritising." The information available to management will provide a detailed picture of what is happening in their facility, including deficiencies and whether they are being addressed, " says Whittaker.

The new system, which went live on 26 June 2006, has been undergoing ongoing improvement and functionality enhancements but is now ready for wide use in both the public and private sector. ■



HOT OFF THE PRESS

A world first for COHSASA

COHSASA'S SET of HIV Management Standards has been accredited by the International Society for Quality in Health Care (ISQua). It is the first and only set of standards in the world dealing with HIV management to be accredited by ISQUA.

The accreditation is for the period March 2007 to February 2011. ■

HIV MANAGEMENT: *A staff nurse carefully checks the medicine record before administering medication.*

See our website www.cohsasa.co.za to access the standards

Norms and Standards report-back

DISTRICT HOSPITAL CEOs, quality assurance officials and members of COHSASA gathered at the Woodlands Farm conference centre near Bloemfontein for a feedback on a pilot evaluation of four Free State Hospitals against the national DOH package of Norms and Standards for District Hospitals using CoQIS, COHSASA's web-based information system. At the report-back, Professor Stuart Whittaker, CEO of COHSASA, commended the Free State for its dedication to quality and said that this province – now part of a research project to pilot an incident monitoring system – was at the forefront of research measuring the dual impact of quality initiatives and adverse event reporting on facility service delivery. ■