

Cohsasa

THE COUNCIL
FOR HEALTH
SERVICE
ACCREDITATION
OF SOUTHERN
AFRICA

Cohsasa Bulletin

While COHSASA's 10 years have been marked by triumphs and setbacks, it's moments like these when Wentworth Hospital in Durban celebrated its accreditation at the start of the new millennium that linger forever...



We've come a long way

COHSASA HAS been working in the field of quality improvement in South African healthcare facilities for over 10 years. Part of the Proudly South African movement, COHSASA has achieved global recognition and is one of only a handful of internationally accredited accrediting bodies recognised by the International Society for Quality in Health Care (ISQua).

Since its inception, COHSASA has focused on providing South African solutions for South African problems. This has resulted in the development of facilitated accreditation programmes for South African healthcare facilities that enable specific identification of areas of strength and deficiency. Through a process of ongoing training, monitoring and evaluation, skills transfer to local staff enables facilities to become accredited as centres of excellence for healthcare provision.

Because of the legacies of the past, many facilities in South Africa face significant obstacles in provision of health care, including problems with finance, physical infrastructure, medication and consumables supply, as well as staffing shortages. To assist facilities to overcome these deficiencies and acting in response to local needs, COHSASA developed the graded accreditation process – unique in the world – that allows all facilities in the country to access world-class accreditation processes that are tailored to their specific requirements. Responses to these programmes over the last decade have repeatedly

demonstrated the value of this local approach in improving the delivery of quality health care to all our citizens.

In the past ten years of operation, with COHSASA's work in 595 facilities in both the public and private sector, the following milestones have been reached:

- In 1994, the Pilot Accreditation Programme for South African Health Services was launched as a research and development programme in the Faculty of Medicine at the University of Stellenbosch under the directorship of Dr Stuart Whittaker. The programme grew rapidly and, in October 1995, COHSASA was registered as a not-for-gain organisation.
- The first hospital to be accredited in South Africa – the Medi-Clinic Group's Louis Leipoldt Hospital in Bellville – was issued with a two-year COHSASA accreditation certificate on June 1, 1995.
- The first public sector hospital to be accredited – Addington Hospital in Durban – was awarded a two-year accreditation on November 21, 1997.
- COHSASA signed the first major contract to accredit 29 public sector hospitals in KwaZulu-Natal on November 12, 1998.
- In May 2002, COHSASA's standards were recognised by the International Society for Quality in Health Care (ISQua) as meeting its principles.
- In September 2002 COHSASA was accredited by ISQua for four years. This is formal, worldwide

recognition that COHSASA meets agreed international standards specifically developed and tested for healthcare external evaluation bodies.

- In August 2004 COHSASA became the first organisation in the world to undertake the development of standards for the evaluation and management of HIV and AIDS within a district and across the continuum of care – from prevention and VCT to terminal care.

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New Chairman for COHSASA

Mr Albert N Ramukumba, B.Dent.Ther (Hons), AMP (Manchester), PDH (UCT), PG Dip. in HIV/AIDS (Medunsa), formerly Chief Executive Officer of the Hospital Association of South Africa (HASA), has been appointed as Chairperson of the COHSASA Board of Directors.

Speaking soon after his election, Mr Ramukumba said he believes in teamwork and aims to encourage full participation from Board members to carry COHSASA into the future. ■

In December 2005, windblown staff celebrated COHSASA's 10th birthday in Cape Town.



May 2006

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North West Province Quality Summit

SENIOR OFFICIALS and hospital staff of the North West Province assembled at a hotel near Rustenberg during the November 2005 Quality Month to take stock of service provision in their facilities.

The province has just completed its first contract with COHSASA. Eight of its hospitals earned Progress Awards, seven received Entry Awards and one achieved an Intermediate Award. Klerksdorp/Tshepong Hospital was awarded a three-year accreditation and Witrand Psychiatric Hospital was accredited for two years.

The aims of the summit – Restoring Dignity through Quality Health Service – were to create a common understanding and awareness of quality and quality assurance and to gain clarification of the role of quality assurance and its relationship to other programmes initiated in the province. The rationale was to give impetus to QA activities and mark Quality Month in South Africa. COHSASA was invited to attend and gave feedback on the status of the hospitals in the province participating in its programmes, and encouraged the institutions to continue with the process of quality improvement.

In his presentation, Dr Stuart Whittaker, CEO of COHSASA, said his organisation could assist the province to improve the quality of health services provided to the public, but that the programmes were not a 'magic bullet'. He said quality improvement is an investment over time and that if standards are to be fully maintained and become ingrained in everyday hospital practice, the hospitals needed to make a long-term commitment. ■



COHSASA celebrates 10 years

In 2005, the Council for Health Service Accreditation of Southern Africa celebrated a decade of involvement in quality improvement for healthcare facilities. A special dinner was held at a city restaurant after COHSASA's Board meeting in November.

Those who attended this historic event were, from left (back row): Magda van Wyk from the Board of Healthcare Funders, Professor GJ van Zyl, Head of the School of Medicine in the Faculty of Health Sciences at the University of the Free State, Dr Shadrack Mazaza, member of the QUALSA Board of Directors (Clinical Governance Executive and Chairman of the Clinical Governance Exco), Dr Louis Claassens, Director: Quality Assurance for the National Department of Health and Fanie Maritz, COHSASA's auditor.

Front row: Dr Helene Visser, Manager of Quality Assurance and Training for City Health in Cape Town, Professor Marie Muller, Dean of the Department of Nursing and Education at Johannesburg University, Dr Jill Hurst, Hospital Manager of Addington, Mr Albert Ramukumba (Chairman), Dr Stuart Whittaker (CEO) and Dr Deon Moulder (Deputy Chairman).

Absent: Tevern Japhta from the South African Quality Institute.



FROM TOP

- The two-day summit was hosted by Connie Masiangoaka of the Quality Assurance Unit of the North West Province
- Enjoying a tea break were (from left to right): Salvation Baloyi, Matipi Kgaje, Esther Viljoen and Eunice Abrams
- Participants broke into smaller groups to discuss aspects of quality care
- Attentive audience in the main hall
- Grissel Ncedana from COHSASA making friends
- Key players at the Quality Summit

We've come a long way *(Continued from first page)*

- On December 17, 2004 COHSASA became an accredited member of the Proudly South African campaign.
- In January 2005 COHSASA assisted the World Health Organisation (WHO) to launch its World Alliance for Patient Safety in Durban, which aims to conduct studies around the world to determine the nature and the extent of adverse events in developing countries.
- In 10 years COHSASA has provided valuable input for global health bodies: it formed part of the Joint Commission on Accreditation of Healthcare Organizations task team to develop healthcare standards; is part of the editorial team of the *ISQua Journal*; and regularly provides input for the World Health Organisation on issues of patient safety, quality assurance and accreditation. ■

FROM THE OFFICE OF THE CEO

IT IS DIFFICULT to fully comprehend that a decade has gone by since the Council for Health Service Accreditation of Southern Africa first registered as a not-for-profit organisation in 1995.

COHSASA has enjoyed its share of both success and disappointment over the past 10 years and like all pioneers heading out on that rough, rocky road due West, there have been a number of obstacles along the way. Uncertainty has been part of this journey, but it has also been the reason why – at least it can now be said – that COHSASA does know what works and what doesn't, and because of the wisdom gained and implemented, has made a difference to the quality of health care in Southern Africa.

Health facilities in COHSASA's quality improvement programme are now beginning to meet international professional standards. In the public sector, this has proved to be more difficult than first thought. However, it is now known that with enabled and committed management in place, it is possible for any facility (even those with poor resource bases) to achieve accreditation.

To meet these specific challenges, two compensatory systems have been pioneered: facilitated accreditation and the graded system of recognition. Instead of leaving hospitals to their own devices, COHSASA sends teams to assist with understanding and implementing the standards and provide training (in infection control, leadership, resuscitation, quality assurance) in identified areas.

The graded system of accreditation means that instead of hospitals and clinics becoming despondent about not meeting the standards first time round, they are awarded certificates at defined levels of progress (Entry and Intermediate) that encourage further participation until the quality assurance process becomes institutionalised and endemic, rather than viewed as an add-on at the end of a long day.

In this decade, it has become extremely clear that accreditation is merely the "cherry on the top" and that the most important component of the COHSASA programme is the quality improvement process itself

and the maintenance of standards. It has become crucial to view participation in an accreditation programme not as a "one-off" hit with a magic bullet, but rather as a long-term investment that pays huge dividends in terms of patient safety, credibility, avoidance of waste and minimisation of costly lawsuits.

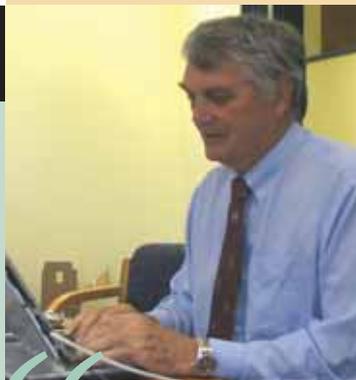
In ten years, COHSASA has positioned itself as only one of four health accrediting bodies in the world to be recognised as meeting the competency requirements of the International Society for Quality in Health Care Inc. (ISQua). COHSASA's professional standards – derived from the collective wisdom of 41 countries around the world – have been gleaned and honed by local representative bodies, tested locally, and have been officially recognised as meeting the principles of ISQua.

COHSASA is a member of the Proudly South African movement and has been invited to share what it knows about improving the quality of health in the developing world on many international podiums around the globe. Our experience over time on a wide range of issues that impact on accreditation and quality assurance processes in our country has become a valuable asset.

Operations have increased in geographical impact too, with COHSASA now working in six of the nine provinces in South Africa, as well as having contracts in Namibia, Botswana and Rwanda. The work has taken place in 595 different facilities of all kinds in both the private and the public sector. Sets of standards have been developed for hospitals, clinics, and psychiatric hospitals, rehabilitation centres; sub-acute care centres and emergency services.

COHSASA has developed one of the health accreditation industry's most sophisticated computerised systems to keep clients informed about progress. The system provides feedback which comprehensively outlines and prioritises deficiencies, maps progress and tracks client commitment to the process of improving health care.

Reports generated are a valuable management tool for facilities and overseeing authorities because they isolate and identify individual and



*The CEO of COHSASA,
Dr Stuart Whittaker*

COHSASA has made a difference to the quality of health care in Southern Africa

endemic weaknesses, trends that endanger patient safety and patterns of poor administration that result in waste and duplication.

After an intense and extensive process, COHSASA has notched up a world first: the first set of standards that evaluate how effectively HIV disease is being managed across a district with its component network of hospitals, clinics, hospices and community services. The HIV and AIDS District Evaluation Tool (HIV-DET) systematically evaluates the quality of HIV care provided to patients in a geographically defined district.

Over the years COHSASA has partnered with both local and international organisations to conduct research. These links have become the firm foundation leading to further collaboration with major players in global health such as the World Health Organisation.

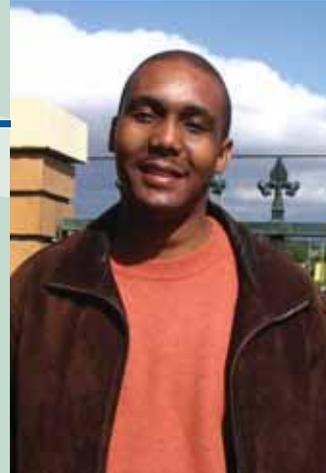
COHSASA will soon be embarking on a major infection control improvement programme with an international partner and the development of an adverse event reporting system to improve patient safety. These initiatives are part of an international movement to improve the current status of patient safety throughout the world.

I am extremely grateful to all those who have participated in COHSASA's first 10 years. Some of our achievements have been quite remarkable.

I would like to extend a thank you to all those who have believed – and contributed to – the vision of ensuring that all Southern Africans receive equitable and quality healthcare. The journey continues ...

– Dr Stuart Whittaker

New Board member



TERVERN JAPHTHA, acting CEO of the South African Quality Institute in Pretoria, has been formally appointed as a COHSASA Board member. Mr Japhta brings to the COHSASA board business skills he learnt while studying for a B.Admin degree (Public Administration and Business Management) at the University of Pretoria and a Diploma (Quality Management Technician) from the College of Production Technology.

He has been with the South African Quality Institute since 2000, serving in several capacities including marketing, strategy, financial and personnel management, and corporate governance. He is a member of the Boards of Directors of the South African Auditors and Training Certification Association (SAATCA), the South African Excellence Foundation and the Ulwazi Ubuntu CC. We welcome him to COHSASA. ■

COHSASA appoints new Chief Operations Manager

JACQUI STEWART, a recognised expert in leadership at the most senior levels in the UK's National Health Service (NHS), has joined COHSASA as Chief Operations Manager.

Her return to this country (she graduated as a nurse from the Victoria Hospital in Wynberg, Cape Town, in 1978, receiving the Award for Outstanding Achievement) constitutes a determined swim against the tide: coming back to invest her global knowledge in a developing country when so many other health professionals are leaving our shores.

"I have returned to South Africa because there is a worthwhile job that needs doing and I hope I can contribute something. The corporate ethos I have found in COHSASA makes me believe I have found the right organisation in which to practise those values I believe in – honesty, integrity, and doing the best I possibly can with that which is available," she says.

In February and April 2005 Ms Stewart visited Mpumalanga with a team from the UK. Her brief was to provide leadership and management input into the COHSASA Health Executive Development Programme for CEOs and medical, nursing and administrative managers. The team went on a reconnaissance trip to the Rob Ferreira and Shongwe hospitals before conducting the training at regional centres.

These on-site visits are part of Ms Stewart's firm belief that one cannot develop people without understanding the context they work in and the challenges that go with it. For example, when she was with the East Kent Health Authority she took the trouble to go into the field for home visits with the doctors in the early hours of the morning on the Sunday of a Bank Holiday weekend. In this way she could understand the conditions they work under and match it with the necessary support and, where possible, resources.

A substantial part of the training method used in Mpumalanga was participation and using actual experiences to bring theory to life. This was a deliberate course of



Jacqui Stewart, the new Chief Operations Manager

action because her observations led her to conclude that most participants were used to lectures and conferences only.

"We needed to get people to take an active interest in their own learning process and asked them to submit evaluations on what they had learnt. It was extremely rewarding for me when one particularly pessimistic individual sent back an evaluation saying that while he had not anticipated learning much from the exercise, he had indeed learnt a great deal to take with him into the next phase of his career," she says. "We also asked the leaders to take a single COHSASA standard and work as a team on a project to improve that standard within their hospital. The results were great with a tangible enthusiasm to share what they had done."

Before returning to SA, Ms Stewart was the Programme Director (Director of Career Development and Succession Planning) at the Leadership Centre of the NHS Modernisation Agency.

She has occupied many key positions in NHS organisations over the years, including Senior Nurse in the Harefield Hospital Transplant Unit, Director of Primary Care Development for East Kent Family Health Services, Performance Director for the East Kent Health Authority, Project Director for the Kent and Medway Health Authority, as well as organisational

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development and leadership lead for the Directorate of Health and Social Care in the Midlands and the east of England.

Currently studying for her Doctorate in Professional Health Studies at Middlesex

University, Ms Stewart believes that health management should ensure that people have what they need to do the job. They also need to understand the value one brings as a manager to support those giving direct patient care.

"I enjoy developing the capacity and capability of people, finding the talent and watching it grow. Here in South Africa, it will be about sharing my knowledge with COHSASA staff and helping health managers who have gone through the COHSASA programme to manage and lead, reach their goals and grow," she says.

She will also be helping to train facilitators and extending the Health Executive Development Programme in the provinces where COHSASA works. Her ultimate and ideal goal, however, will be to "work herself out of a job" in the sense that capacity and capability will have increased to an extent where developing leadership will be on everyone's agenda.

With an outlook fired by a healthy balance between idealism and realism, Ms Stewart has a strong belief in the human ability to transcend the limits of education and environment.

"I do not believe all leaders are born. I believe they can be developed. We need leaders in all spheres of an organisation, not just at the top. True leadership is having vision and the

skills to motivate others. A leader will guide people to a goal and give them enough space to achieve it on their own," she says.

She will also take over the day-to-day operations of COHSASA from CEO Dr Stuart Whittaker so that he will be able to spend more time on planning, strategy and research projects.

Who else – in the space of one month – could change jobs, change countries, become part of the senior management team of an organisation, return to the country she has just left (the UK) for a wedding, skip across to America, move house, get a banking account in SA and host a family for Christmas ... all with the tranquil demeanour of Mona Lisa on Valium?

Obviously someone very special. ■

"Quality in health care can be defined as meeting agreed standards that define the expectations of health care professionals, patients and the community"

Dr Stuart Whittaker, 2005

MESSAGE FROM THE ACTING CHAIRMAN AT 10-YEAR CELEBRATION

THE COUNCIL FOR Health Service Accreditation of Southern Africa was founded in 1995 with the mission to empower Southern African healthcare facilities to deliver quality, cost effective and compassionate care through an integrated quality improvement and accreditation approach.

Accreditation is a formal process by which a recognised organisation assesses and certifies that a healthcare facility meets applicable, predetermined, published standards. These standards are regarded as optimal and achievable. They are also designed to encourage continuous improvement of patient care. Accreditation is a voluntary process in which healthcare facilities choose to participate rather than be coerced by legislation.

ISQua (the International Society for Quality in Health Care) in 2002 recognised the COHSASA standards as complying with international principles. There are 45 countries that have healthcare accreditation organisations, of which only four have current international accreditation.

1. South Africa – COHSASA
2. Australia – ACHS
3. New Zealand – NZCHS
4. Canada – CCHSA

Health care funders and consumers are applying pressure on healthcare providers to prove that they deliver quality patient care. Hospital performance measures and quality improvement methods are complex interventions and not easy to evaluate.

COHSASA standards provide a mechanism for healthcare facilities to structure and implement quality improvement methodology. Avedis Donabedian, the founder of healthcare quality assurance, defined the following categories that should be assessed to evaluate and improve patient care:

1. Structure: Resources to deliver care and equipment

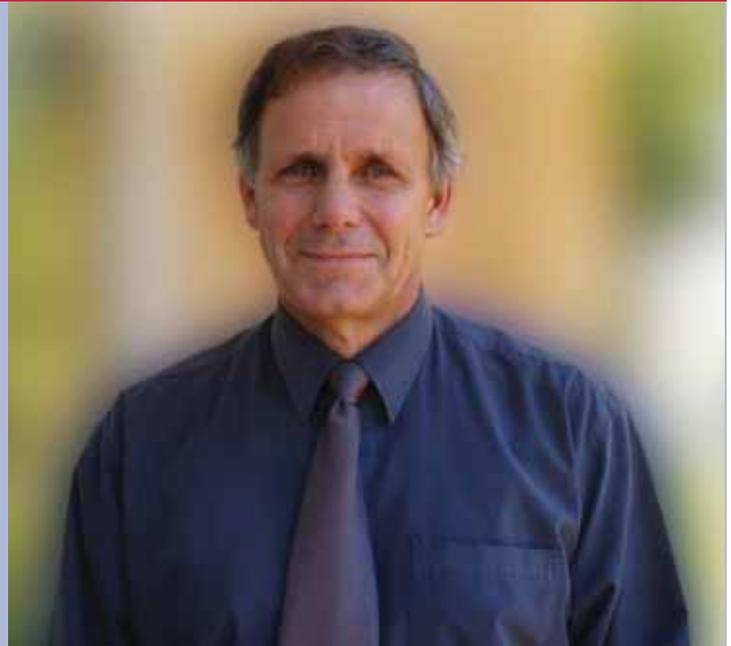
- Credentials of doctors
- Infrastructure
- Standard procedures

2. Process: The care itself

- How the diagnosis is made
- Which procedures are performed
- What medication is used

3. Outcomes: The valued results of care

- Life enhancement
- Relief of suffering
- Satisfied consumers



The accreditation standards provide the foundation to develop a structure that can be applied to the whole hospital, i.e. non-clinical as well as clinical services. This must be seen as a holistic approach to enable management, administration and patient care professionals working as a multi-disciplinary team to produce good patient and business outcomes.

An organisation cannot be successful in continuous improvement without laying the foundation of the quality system, i.e. structure. Business and clinical process will be effective if the structure is sound and this will result in the desired outcomes.

It is for this reason that COHSASA has become an essential part of quality assurance in the healthcare business. ■

Dr Deon Moulder, the Acting Chairman, pictured at COHSASA's 10th birthday. He is also a director of the Medi-Clinic Private Health Care Group.

– DW Moulder, Acting Chairman of the Board of COHSASA, November 2005



COHSASA visits Deputy Minister of Health

A DELEGATION OF COHSASA senior staff visited the Deputy Minister of Health, Ms Nozizwe Madlala-Routledge, at her offices in Parliament to present a review of COHSASA's work in Southern Africa to date. The presentation outlined common problems encountered in public sector hospitals and how standards have been developed to manage HIV within all service points in a district.

From left, Dr Morris Mathebula, programme manager of the HIV and AIDS District Evaluation Tool (HIV-DET), Dr Stuart Whittaker, CEO of COHSASA, Ms Nizizwe Madlala-Routledge, Mr Gerard Locke, healthcare technology management consultant for COHSASA, and Ms Grissel Ncedana, Chief Facilitator of COHSASA. ■

Addington Hospital celebrates its second COHSASA accreditation



Representatives of Addington Hospital crowded into the auditorium in 2002 to hear what they were letting themselves in for the second time around.

ADDINGTON HOSPITAL IN Durban, KwaZulu-Natal, has been accredited by COHSASA for a second time.

Attending the ceremony to present the certificate, Dr Stuart Whittaker, CEO of COHSASA, said the occasion affirmed a cherished notion for him that, "given sufficient support and encouragement, health care in South Africa's public sector can be transformed to meet the increasing demands of a society having to grapple with serious public health concerns: the AIDS pandemic, TB, malaria and many other chronic illnesses."

He said he found the professional level of Addington's participation in the accreditation very encouraging, as they have a firm grasp of the quality improvement concept.

"It means that this hospital has reached – and I hope will continue to reach – quality standards approved not only by all the relevant professional bodies in South Africa but also by ISQua – the International Society for Quality in Health Care – an organisation that represents some 30 countries around the world," said Whittaker.

On its journey to quality, Addington Hospital has brought about many impressive improvements. At ground level, several programmes are in place that have won awards, including a patients' complaint and compliments audit; an in-house preventative maintenance programme; a 24-hour rotating equipment pool and a preventative programme for occupational exposure to HIV.

On November 21, 1997 Addington Hospital became the first public sector hospital to receive a COHSASA accreditation certificate, remaining accredited for two years until 1999. There was a time lapse between programmes, and the hospital re-entered the accreditation programme in October 2002. Addington has now received a second accreditation award, valid until March 2007, making it one of the first public sector hospitals to receive a second COHSASA accreditation on re-entry into the programme.

In 2000 and 2001 the hospital won a silver medal in the Premier's and Price Waterhouse Coopers Awards for Good Governance. In 2001, it achieved the Best Practice award for a needle-stick injuries contribution to a preventative programme for occupational exposure to AIDS, and in 2002 scooped the Gold Medal for the Premier's and Price Waterhouse Coopers Good Governance Award. ■



Theuns Oosthuizen -
Clinical Manager at Witrand Hospital
in the North West Province

QIP

results in lower epilepsy rate

By Dr Theuns Oosthuizen, Clinical Manager at Witrand Hospital

WHEN I WAS appointed as Clinical Manager for Witrand Hospital in the North West Province, one of my first observations was the high epilepsy rate at the facility. This obviously carried the potential for serious adverse events given the disease profile of the inpatient population.

Witrand Hospital is a 1152-bed mental health institution rendering services to three broad disease groups treated in a 60-bed psychiatric unit, a 15-bed physical medicine and rehabilitation unit and 1077 beds for mentally retarded patients.

It was clear that in trying to address the problem of an unacceptably high seizure rate (specifically in the mentally retarded section), a few quality improvement processes would have to be used to identify the root cause or causes. Through a series of corrective measures we hoped to achieve a decrease in the rate of seizures.

These processes included development of a Quality Improvement Programme (QIP), an analysis of patient profiles regarding the diagnosis of epilepsy as part of their mental retardation, as well as the daily data of epileptic seizures.

This data needed to be evaluated against best practice epilepsy diagnosis and management policy (clinical audit) with root causes identified and addressed. These root causes include incorrect doses or non-administration of anti-epileptic drugs, mentally retarded patients not swallowing their drugs and co-morbidity of other diseases.

It was necessary to undertake in-service training for all stakeholders to ensure a common understanding of the diagnostic features and treatment regimes of different epileptic syndromes. Furthermore, all staff received in-service training regarding the diagnosis and management of epilepsy and best practice guidelines.



Delegates have a tea break

- The first step was to capture electronic data of all 850 inpatients, identify epileptic patient numbers and the frequency of seizures. This revealed that 33% of patients at Witrand Hospital were epileptic and that the initial epilepsy rate was 19,1%.
- The second step was to develop a best practice guideline for the diagnosis and management of epilepsy. Available best practice guidelines were researched on the Internet from worldwide sources and a guideline was developed.
- A clinical audit form was then designed and completed for every patient who had an epileptic attack. This was analysed by the Clinical Manager's office against the best practice guideline and a root cause identified.
- A number of causes emerged, ranging from systems failures to patient co-morbidity factors and staff error. These were addressed in order of priority.
- At the time, the institution used separate medication prescription and administration systems, which resulted in nurses having to transcribe scripts to administer prescribed medication. This system could lead to errors.
- Doctors customarily would only prescribe chronic treatment once every three months. To ensure that prescriptions were not outdated, all 850 chronic medication scripts were captured electronically and the format changed to a prescription as well as 31-day administration format. This was printed monthly, checked by

doctors and re-signed or adapted if applicable. Copies were handed over to dispensary.

- It was then identified that stock issued in bulk to the wards led to incorrect administration (evidenced by clinical audit and repeated blood levels of anti-epileptic drugs making no sense). This systems-related problem was subsequently corrected through implementation of a pre-packed dosette dispensing system via the pharmacy. Wards with the highest number of epileptic patients were given first priority.
- Other causes for the patient to have fits, i.e. the possible side effects of anti-epileptic drugs and the development of hyponatremia associated with the syndrome of inappropriate antidiuretic hormone secretion (SIADH) with electrolyte disturbances, were identified via full blood counts and electrolyte tests. In certain patients the choice of an anti-epileptic drug was changed.
- Night duty staff allocations were adjusted to create higher levels of supervision and decrease the workload of the professional nurses who rotated through the wards in an effort to administer all medication.

The above-mentioned actions resulted in a drop in the epilepsy seizure rate from 19,1% of all epileptic patients at the start of the quality improvement programme to only 1,5% of patients for the third quarter of the 2005/2006 financial year.

It definitely had other positive outputs regarding the quality of life for some patients: a decrease in the

number of after-hour consultations for epileptic fits and a decrease in medication for the treatment of acute seizures.

It was a learning experience for the team who developed and implemented the QIP. They did not have all the knowledge in the beginning but by implementing a number of quality improvement processes after identifying a problem and its cause, they realised that systems are often the culprit.

Systems in health need people to implement them and thus motivation and continuing in-service training is a daily task. We used a multi-professional team approach and it resulted in an overall organisational achievement.

This QIP is an example of the quality improvement spiral that works to this day. We focused on the patient, implemented quality improvement through teamwork, understood systems and processes and re-organised them where necessary, used the best available information, did not ignore the human element, and now we can celebrate because we see the effect of this QIP in patient care daily.

To ensure sustainability, all epileptic fits are monitored daily. Root causes found are addressed with ward doctors and staff. It has become an ingrained part of the ward round. My sincere thanks go to all my colleagues and staff who were part of this QIP and who sustain it to this day. ■

Eastern Cape enters the COHSASA PROGRAMME

The following hospitals in the Eastern Cape have entered into the COHSASA Facilitated Accreditation Programme:

- All Saints Hospital
- Bedford Orthopaedic Hospital
- Bisho Hospital
- Cecilia Makiwane Hospital
- Dora Nginza Hospital
- Fort England Hospital
- Frere Hospital
- Frontier Hospital
- Grey Hospital
- Komani Hospital
- Livingstone Hospital
- Madwaleni Hospital
- Nelson Mandela Academic Hospital
- PE Provincial Hospital
- Rietvlei Hospital
- St Barnabas Hospital
- St Elizabeth's Hospital
- St Lucy's Hospital
- St Patrick's Hospital
- Taylor Bequest Hospital
- Umtata General Hospital
- Umzimkulu Hospital
- Zithulele Hospital

Once accredited, each of the hospitals will receive two maintenance visits (one per year) to ensure that standards are sustained. The audits will focus on high-risk areas within the hospitals identified during the implementation of the Facilitated Accreditation Programme and a randomised assessment of all areas to determine the degree to which the standards have been maintained and/or improved.

Eastern Cape implements a national imperative

IN A DEVELOPMENT that may have a considerable impact on the quality of health care delivered to the people of the Eastern Cape, the province's Department of Health has entered 23 facilities into the COHSASA quality improvement and accreditation programme.

Among these facilities – which include four major hospital complexes, psychiatric hospitals and district hospitals – are hospitals that are part of the National Department of Health's revitalisation programme.

Under the supervision of Dr BN Mjamba-Matshoba, Chief Director of the Quality Health Care Assurance Systems Directorate of the Eastern Cape, the province joins several other regions across the country in a drive to meet basic best practices and improved standards of health care as envisioned in the National Department of Health's key strategic objectives.

"In our experience, a long-term investment in continuous quality improvement and accreditation leads to improved patient care. The COHSASA programme has proved to be an appropriate management tool that – if picked up and used – empowers health facilities to provide a safer and better service to its patients," says Dr Stuart Whittaker, CEO of COHSASA. ■

QI evolution in Free State Hospitals

IT IS PART OF the uplifting history of the Free State that five of the first batch of 12 hospitals that entered into the COHSASA programme in 2001 achieved accreditation awards – this represented the highest percentage accreditation score achieved by any province in the country.

The hospitals that did not achieve accreditation were given either Entry or Intermediate pre-accreditation awards from the portfolio of COHSASA's Graded Recognition programme and the drive for quality has been continuing ever since.

Mr Shadrack Shuping, Executive Manager of the Free State Department of Health, has said that the subsequent decision by the Department to enrol all 31 hospitals in the COHSASA process was inspired by its desire to maintain a sustainable level of quality hospital services in the province.

"Quality services for us means improved patient safety, comprehensive risk management, the cost-effective use of resources and client satisfaction. We are excited that we are achieving the results we are: they are the sweet fruits of hard labour."

Henna van Zyl, Manager of the Quality Assurance Directorate for the Free State Provincial Health Department, says the decision was taken some time ago to take action to address the quality of public healthcare in the province. After examining several options, the department chose to go the internationally accepted accreditation route.

"We now have policies and structures in place that are key to maintaining high standards of quality healthcare," says van Zyl. "During the accreditation process, a lot of team building has taken place. There has also been a lot of development in the hospitals and among the personnel, which has not been restricted to management and management processes, but is reflected across all categories of staff."

Dr Stuart Whittaker, CEO of COHSASA, says that the Free State provincial government has clearly demonstrated a commitment to deliver the highest possible standards of quality healthcare to members of the public.

He pointed out, however, that some of the hospitals' accreditation certificates have lapsed and that it was "really important" that these hospitals re-enter the programme. "Without ongoing external vigilance that inspires staff to meet and maintain standards there is a human tendency to let things slip. Facilities need to be motivated by the knowledge that external audits take place regularly. Part of COHSASA's strength is that it helps hospitals to maintain standards over time. It is important to build on improvements that have been built up over time and to sustain the momentum."

The accreditation certificates of two of the five hospitals - Bongani Regional in Welkom and Nala District in Bothaville have recently expired but the Free State Psychiatric Complex, Universitas Academic in Bloemfontein (previously accredited from 1997 to 1999) and the Mafube District in Frankfort hold their accreditation certificates until November this year. ■



All roads lead to ...

This is one of the most frequent signs that COHSASA facilitators see when they travel on the dusty byways and back roads of South Africa. Dirkie van Jaarsveld, one of our facilitators who often finds herself in remote parts of the country, captured this one with a graffiti quality improvement solution: Fix it.

COHSASA's unique assets

- COHSASA has spent the past ten years researching and developing quality improvement and accreditation programmes specifically designed for South African healthcare facilities.
- COHSASA is the only healthcare-accrediting organisation in South Africa accredited by the International Society for Quality in Health Care (ISQua).
- COHSASA has developed standards in collaboration with local professional bodies to ensure they constitute a blueprint for excellence.
- Our 6th edition of *Hospital Standards* is recognised by the International Society for Quality in Health Care as meeting its principles.
- COHSASA has a unique computerised information system to ensure an objective, scientific scoring of standards compliance within hospital departments, in hospitals overall and across hospitals within specific districts and regions.
- COHSASA has developed a multi-tiered reporting system that provides valuable information for hospitals and regional, provincial and national managers.
- Quality Improvement Programmes are developed in response to customer needs.
- We are a Proudly South African NGO committed to capacity building and empowerment.
- We are affiliated to the South African Quality Institute as its only healthcare partner.
- COHSASA has wide national and international networks and works closely with the World Health Organisation, the Joint Commission on Accreditation of Healthcare Organisations, the International Society for Quality in Health Care and the German Society for Technical Co-operation – *Die Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH*.
- We have multi-disciplinary standards, revised every two years, for hospitals, clinics, step-down facilities and HIV district management that are a blueprint for excellent practice and the optimal use of resources.
- The COHSASA system is a valuable management tool for hospitals, provincial services and national services.
- The COHSASA programme can be used by the National Department of Health, provincial health services and private hospital groups as a surveillance tool (we can monitor a whole discipline, e.g. infection control or resuscitation).
- Ours is a scientifically validated quality improvement training programme.
- We can call on a trained team of medical and academic experts.
- Over the last 10 years, we have developed world-class instruments and tools specifically tailored for the South African environment.

Mission

To empower Southern African healthcare facilities to deliver quality, cost-effective and compassionate care through an integrated quality improvement and accreditation approach

Vision

To enable all Southern Africans to receive equitable and quality health care

FACILITATOR TRAINING

a central operation at COHSASA

FULL-TIME AND part-time facilitators attended a staff training session at the COHSASA head office in December 2005. In addition to training sessions held in August and April, this two-day training workshop included discussions on challenges faced in the field, new sets of standards and amendments to existing ones.

Also up for review were the special requirements for COHSASA standards that evaluate management of HIV across the spectrum of care (HIV District Evaluation Tool), an introduction to the NDOH Health Charter, and reviews of staff policies as well as the processes that apply to facilitators' operations. These included an update on the refinements to database reports that will help facilitators to monitor the degree of an institution's performance and commitment to the programme, and the consistent application of criteria scores.

Dr Stuart Whittaker, CEO of COHSASA, said that the facilitators' workshops were significant events in the company's annual activities because they gave all staff – both those based at head office and those in the field – the opportunity to review their activities and consider improvements where they might apply.

"We deal with issues facilitators experience in the field and find solutions. We are not just consultants. We prioritise deficiencies for our clients so they can use our programme as a management tool," he said. "Armed with the information we give them, hospitals are empowered to make improvements in the best possible order and thereby achieve maximum effect." ■

COHSASA trains health executives in Mpumalanga

COHSASA HELD AN executive training course for Mpumalanga Department of Health hospital managers and administrators at White River in the last quarter of 2005 – the third of similar workshops held this year. Aspects of the training course included an outline of various quality improvement concepts, the difficulties involved in implementing such programmes, guidance on establishing infection control and risk assessment programmes, and areas of concern about health and safety and healthcare technology management.

CEO of COHSASA, Dr Stuart Whittaker, outlined progress from baselines in the Mpumalanga hospitals and the areas that need further attention. Participants were asked to outline why some hospitals do better than others, why hospitals find it difficult to meet the standards and what can be done to improve the current situation. The interactive session resulted in valuable feedback: including the fact that hospitals that do well in the COHSASA programme have committed, motivated managers who build team spirit.

Reasons given for the difficulties experienced by some hospitals in meeting the standards included lack of understanding of the programme by both managers and staff or the wrong attitude or approach towards the programme. Many staff felt that it increased their workload and that



COHSASA Standards Developer, Mrs Lyn Rayment, has a well-earned cup of tea during the training of Mpumalanga health managers.

it was difficult to replace deep-seated, bad habits with new ones. Some of the solutions offered included the notion of identifying "champions" of quality and appointing quality co-ordinators at facility level to drive the process forward. There were also suggestions that special time slots should be assigned for staff to dedicate to the programme and that staff should be sensitised to use COHSASA standards as part of their everyday duties.

A presentation on the prevention and control of infection by Lyn Rayment, head of COHSASA's Standards Development and Training, was followed by another group session in which the participants were asked to identify areas of potential infection risks in their institutions. Delegates were charged to return to their institutions and undertake risk assessments before documenting comprehensive infection control programmes for their hospitals.

Gerard Locke, COHSASA's clinical engineer, presented areas of general concern about health and safety and healthcare technology management. This was followed by another group session where participants were asked to identify deficiencies within their institutions that could present problems with regard to health and safety in general, deficiencies that could be in direct contravention of any of the relevant Acts of Parliament or other regulations, standards, guidelines, etc and any other problems that could present risks to the patients, staff and visitors or to the institutions themselves.

Evaluation results revealed that participants' perception of the workshop was very positive. Three further workshops for hospital managers and Mpumalanga district health staff are set for the future.

Presenters were: Dr Stuart Whittaker (CEO of COHSASA), Mrs Lyn Rayment, head of Standards Development and Training, Mr Gerard Locke, COHSASA's Clinical Engineer and Ms G Ncedana, COHSASA's Chief Facilitator. ■



FROM TOP LEFT

Part of the facilitator training programme features a healthy debate about reaching consensus as to whether a criterion is compliant or not.

A group of COHSASA facilitators provide input into the Charter of the Public and Private Health Sectors for the National Department of Health.

Is the Mpumalanga Department of Health turning a corner?

AFTER A SPATE of negative publicity, the Mpumalanga Department of Health may be turning a corner: some of the hospitals have set up quality improvement projects that are delivering positive results for patients and saving taxpayers' money.

The changes in these hospitals – known as quality improvement projects – have come about because of requirements for compliance with professional standards in the programme administered by the Council for Health Service Accreditation of Southern Africa (COHSASA).

Dr Keith Michael, Chief Director of Hospital Services for the Mpumalanga Province, says that from his perspective at the provincial level, the greatest advantage of the COHSASA programme is its power as an objective monitoring instrument.

"Although we knew that some hospitals were performing better than others, we had no way of monitoring progress or decline, objectively," he said. "The programme has clearly identified those hospitals that require special attention and support from district and/or provincial office level."

The Mpumalanga Department of Health has entered 26 hospitals into the COHSASA Facilitated Accreditation Programme. The full extent of the hospitals' achievements and progress will be known in the near future when they undergo an evaluation survey to establish what levels of compliance they have reached with professional standards.

WITBANK HOSPITAL reports ...

Last month, the nursing sister in charge of infection control at Witbank Hospital, Ms Nkobo Kobeli, discovered three positive cases of Klebsiella infection. She picked these up during regular surveillance of laboratory results and by monitoring trends in wound infection as required by COHSASA's standards. She immediately began an intensive 'manhunt' for the culprit – an organism that was causing a disturbing rate of wound sepsis and spiking temperatures among C-section patients in the post-natal wards.

Backing her all the way and encouraging her efforts was the CEO of the complex of three Mpumalanga hospitals (Witbank, Bernice Samuel and Impungwe), Dr Juliet Manny.

Using an infection prevention approach as defined in COHSASA's standards, Miss Kobeli isolated the affected patients and took throat and nasal swabs from a sample of the staff and patients. She took environmental swabs from the darker corners of the hospital and from theatre instruments and cleaning cupboards – all the places that featured in her risk assessment

as to where the Klebsiella was likely to be colonising.

She closed down the affected ward and set up an intense systemised cleaning programme – a difficult task given the perennial problem of staff shortages.

New patients were admitted to a clean, isolated ward while the post-natal ward was being scrubbed out. She then broadened her search to include the neonatal wards, the baby room and the labour wards. She checked the theatres for rats, although she did not find any. She examined the records of all patients with septic wounds to establish an incidence rate. She created separate areas for wound dressings, where new patients were treated from a dressing room and infected patients were treated at their bedsides.

After a long, hard search – and when she had found one person whose hands contained the bacteria – she immediately began her battle plan. She galvanised key staff to oversee a hand-washing campaign in all suspect areas of the post-natal wards, the labour wards, the CSSD and the operating theatre. Then she embarked on a drive to ensure that all professional, cleaning



Champions of Quality in Mpumalanga... (from left): Dr Juliet Manny, CEO of the Witbank, Impungwe and Bernice Samuel Complex, Josh Motlhamme, Director of Nkangala District Health, Andre Hansen, Principal Pharmacist at Bernice Samuel Hospital and Miss Nkobo Kobeli, sister in charge of Infection Control at Witbank Hospital.

staff and visitors wore the correct protective clothing such as gowns, head covers, gloves and masks.

She rallied her 'link' infection control nurses (manning every ward and recently trained in infection control) to ensure that stocks for hand washing – soap, clean towels and sparkling hand basins – were available. Then she monitored the results.

By mid-February, although she was still hunting for the actual source of the Klebsiella bacteria, the number of septic cases had dropped from 90% of post-natal caesarean cases to 20% and, arguably, lives had been saved.

Dr Juliet Manny, overseeing CEO of the Witbank, Impungwe and the Bernice Samuel hospitals said, "COHSASA came into our lives when we needed it most. What this organisation brings is work that we should be doing already: these quality improvement processes and the actions that flow from them

should be an integral part of our daily routine. The drive to improve quality brings with it the opportunity to document our difficulties, prioritise our actions and then do something about it," said Dr Manny. "Too often we hear the plaintive comment that our staff have a 'low morale'. It is true that our staff feel overwhelmed at times, but using the quality improvement methodology we can do things right – the first time, the right way. It is time to meet the challenge head on and to move ahead. COHSASA has got the toolbox that will assist us to do so". ■

BERNICE SAMUEL HOSPITAL reports ...

Saving the tax payer's money

Andre Hansen, Principal Pharmacist at Bernice Samuel Hospital, noticed stock losses in the ward dispensary and instituted a weekly reconciliation of drugs handed out with a regular Friday afternoon stocktake.

A policy was agreed on how and when the dispensary was to be locked and staff were asked to record how many pills and medicines were handed out each time the dispensary was unlocked – particularly after hours and over weekends. At first, staff resisted the initiative and were reluctant to follow through with the new policy but, according to Hansen, visits from COHSASA “definitely contributed” to an increase of over 50% of nursing staff adhering to the policies.

Hansen (who gets to work an hour earlier to implement his quality improvement project) compared the amount of medicine dispensed with the weekly figures at stocktaking and noticed a discrepancy. Within three months, the discrepancy had fallen from R12 288 (medicines not accounted for) in December 2005 to R8 764 in January 2006 to R4 400 in February this year, with figures continuing to fall every week.

“I now have hard data – proof – to record the discrepancies. I believe that the audit will save the hospital at least R12 000 a month in stock that is lost or unaccounted for. If we extrapolate that figure, it comes to about R144 000 a year,” he said. ■

RIGHT: A move to change ...

Chief Director of Hospital Services in Mpumalanga, Dr Keith Michael, is working with the province's Quality Assurance Unit to bring about improvements. From left: Aurelia Mkhize, Beauty Nkuna, Sipho Motau (Head of the QA Unit), Mavis Motshwene and Johanna Mashego.



ABOVE: Many hands ...

Damaria Molepo (left) and Petro de Beer (right), COHSASA facilitators in Mpumalanga who have assisted Infection Control Sister at Witbank Hospital, Miss Nkobo Kobeli, with her quality improvement project.



Three Medi-Clinics join international programme

SANDTON MEDI-CLINIC. Panorama Medi-Clinic and Welkom Medi-Clinic have joined the international Vermont-Oxford Network that audits the outcomes of tiny babies.

The improved survival rate of micro-premature infants – those with a birth weight below 1000 g – over the past two decades is attributed to the improved care of mothers during pregnancy and delivery as well as to improved newborn intensive care facilities such as sophisticated ventilators, feeding techniques, medical and nursing care.

Healthcare providers such as newborn intensive care units and hospitals are accountable to both the consumers (parents of sick babies) and purchasers (medical aid schemes) for the quality and safety of medical care. Accurate information regarding the care provided by a specific newborn unit could help to fulfil these obligations.

For this reason, newborn intensive care units in the Medi-Clinic group have joined the Vermont-Oxford Network Database, situated in Burlington, Vermont, USA. More than 400 newborn intensive care units worldwide voluntarily submit data on the babies treated in their intensive care units. The information ranges from birth weight, duration of ventilation, type of milk feeding, deaths and complications in the different weight categories to weight of the baby at discharge.

Welkom Medi-Clinic's neonatal intensive care unit has been part of the Vermont-Oxford network since August last year, submitting information to the network. To date, 140 records have been processed. The Panorama Medi-Clinic neonatal ICU joined the Vermont-Oxford Network in June 2001 and, since then, 700 newborn high-risk infants have been entered in the network's extended database.

One of the many success stories of the Panorama NICU is Jarryd Grootboom who, at 410 grams, was one of the smallest surviving babies in the country. This little boy who was born at 26 weeks gestation has grown into a healthy and happy three-year-old and is living proof that quality neonatal care can greatly improve the outcome of premature infants. ■

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Dr Rose Mulumba, Country Director of the JSI Research and Training Institute, who has been visiting COHSASA



COHSASA teams up to improve injection safety

COHSASA HAS TEAMED up with John Snow Inc Research and Training Institute of Boston, USA, to conduct a preliminary pilot study to test a questionnaire for their Making Medical Injections Safer (MMIS) project.

The MMIS project is designed to assist hospitals in improving the administration of injections. The exploratory group will be looking at the safe administration of injections, waste management of used syringes and needles, the prevention of needle-stick injuries and other infections, as well as stock control.

Poor injection and sharp waste disposal practices for preventive and curative services pose an avoidable risk of transmission of deadly diseases such as HIV/AIDS, hepatitis B and hepatitis C to consumers, healthcare providers, and communities. In 2004, as part of the President's Emergency Plan for AIDS Relief (PEPFAR) focusing on countries with high HIV prevalence, JSI Research and Training Institute, Inc, and its subcontractors – Program for Appropriate Technology in Health (PATH), Academy for Educational Development (AED) and the Manoff Group – were awarded funds through the Centers for Disease Control and Prevention (CDC) and the US Agency for International Development (USAID) to implement 'Rapid Interventions to Decrease Unsafe Injections' in 11 countries. The project is commonly known as Making Medical Injections Safer (MMIS). In 2009, at the end of the five-year project, MMIS and national counterparts will establish an environment where patients, health care workers and the community are better protected from the medical transmission of HIV and other blood-borne pathogens.

Pilot studies to test the JSI questionnaire have been conducted in the North West Province and, subject to peer research and ethical clearance, may soon go nationwide. ■

Making Medical Injections Safer (MMIS) and Mindset Health Channel bring health education to urban and rural areas via new technology

COHSASA WAS INVITED to attend a signing ceremony to mark a new partnership between the MMIS project and the Mindset Network, with signal carrier Sentech. This will bring health education to hospitals and health facilities in nine provinces, as well as an additional 80 facilities. The partnership has the support of the National Department of Health (NDOH) and will enable healthcare workers and the public in both urban and rural areas to access training and information through satellite transmission.

With support from MMIS, a John Snow Research and Training Institute project funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (Department of Health and Human Services), the Mindset Health Channel will enable staff to access

on-demand information on critical health topics such as injection safety, healthcare waste management, and infection prevention and control. Healthcare providers and workers waiting for services will be able to view videos on infection control and injection safety.

The goal of the partnership is to improve the infrastructure currently available to educate healthcare workers and patients on key health topics and to create an environment that supports positive health behaviour changes. This will increase the success of – and improve the service delivery of – prevention, care, management and treatment programmes of major diseases, including HIV and AIDS. Inequalities in health education and communication will also be addressed by using technology to reach rural areas.



We'd like your views

The **COHSASA BULLETIN** is designed to obtain feedback from our clients, the public and other stakeholders on information in this newsletter, as well as to find out what you would like to read about.

While it is principally an information source on the work that COHSASA is doing in sub-Saharan Africa to improve health care in both the public and private sectors, your thoughts and views on issues of quality improvement, accreditation and the subjects at hand are welcome.

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