



COHSASA assists WHO with global safety campaign



Sir Liam Donaldson, Chief Medical Officer of the United Kingdom and Chairperson of the World Alliance for Patient Safety (left) and Professor Didier Pettet, Director of the Infection Control Programme, University of Geneva Hospitals, Switzerland, use alcohol rub to wash their hands at the bedside of a Prince Mshiyeni Hospital patient as part of the Alliance's campaign, "Clean Care is Safer Care". The VIPs went on a walkabout visit to Durban hospitals during a recent visit to South Africa.

COHSASA worked behind the scenes to assist the World Health Organisation launch its World Alliance for Patient Safety in Durban at the end of January. More than 145 delegates from Africa, South Africa and KwaZulu-Natal attended the daylong event, which was described as 'highly successful'. The purpose of the meeting was to discuss the proposed programmes that the Alliance will focus on during 2005, which include 13 studies that will be conducted around the world to determine the nature and the extent of adverse events in developing countries.

The conference at the ICC was opened and hosted by Professor Ronald Green-Thompson, Superintendent-General of the Department of Health in KwaZulu-Natal, a province that has been extremely committed to improving patient safety and the quality of health care provided in its hospitals.

The purpose of the World Alliance for Patient Safety is to create an awareness and commitment at political, health care, public and patient levels around issues of patient safety. It will also provide knowledge by facilitating research, developing solutions

and reporting and learning about adverse events that occur in healthcare settings. The Alliance will catalyse urgent action through the support of partners and stakeholders and mobilise support and resources to tackle patient safety challenges at global and country levels.

International speakers at the meeting included the Chairman of the Alliance, Sir Liam Donaldson, Chief Medical Officer for the United Kingdom, Professor Didier Pettet, hospital epidemiologist and Director of the Infection Control Programme at the University of Geneva Hospitals and Clinics, and Karen Timmons, President and Chief Executive Officer of the Joint Commission Resources based in the United States. Professor Stuart Whittaker, CEO of COHSASA, was among the line-up of nine local speakers in the afternoon session with a presentation entitled 'Identifying System Risk in South African Public Hospitals'. His presentation and those of other speakers can be accessed via the World Alliance for Patient Safety website at http://www.who.int/patientsafety/events/05/durban_presentations/en/ ◇

The Council pilots the HIV-AIDS District Evaluation Tool

COHSASA's pilot programmes for the holistic management of HIV/AIDS services within a district are nearing completion. This initiative is being executed in collaboration with the National Department of Health (NDOH) and provincial authorities, and has the financial backing of the German Society for Technical Co-operation – *Die Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH*.

Prof Stuart Whittaker, CEO of COHSASA, attended GTZ's Second Annual Review Meeting in Geneva in November 2004 to report on the progress made with the KwaZulu-Natal project. Baseline surveys have been completed in five hospitals and 16 of their associated clinics.



Some of the COHSASA team involved in piloting the HIV-DET standards in KwaZulu-Natal.

The aims of this programme have been to develop organisational standards and indicators to evaluate the performance of organisations within a district that manage HIV patients according to national and international norms and standards. Known as the HIV and AIDS District Evaluation Tool (HIV-DET), the programme is to design and implement a quality improvement programme specific to a district HIV disease management programme (DMP) across a representative group of facilities to assist health providers to improve quality of HIV-related services.

The COHSASA standards, which measure the efficacy of district HIV and AIDS services, have been developed and tested over the past year with the expert input of HIV clinicians, reference to local and international literature, government guidelines – specifically the National Department of Health's Strategic Plan for HIV management – and the World Health Organisation's standards for the management of HIV patients in resource-limited settings.

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The standards have also been devised in accordance with The International Society for Quality in Health Care's (ISQua) ALPHA principles.

The district – as a whole – is the vehicle of service provision to HIV patients and the COHSASA HIV-DET standards cover the district in its entirety. Facilities and services that will be assessed as part of the district include hospitals, a significant sample of primary health clinics (CHC, TB/STI services), district-designated ART sites, hospice services, home-based care and community organisations involved in HIV-related initiatives – treatment literacy and

adherence support programmes.

COHSASA will report back to NDOH and funders on areas of deficiency differentiated according to individual facilities and service elements within those facilities and services. This will allow the district management team and provincial authorities to pinpoint areas requiring strengthening throughout each service within a district, across provinces and nationally.

In collaboration with the NDOH, COHSASA will refine the programme so that it can be used to assist districts to manage HIV-infected and affected patients optimally and to monitor compliance of the district with national norms and standards. ♦

Universitas Academic Hospital Accreditation Ox-braai

**Report by Linda Strydom
Quality Assurance Co-ordinator
Universitas Academic Hospital**

The Universitas Academic Hospital in Bloemfontein celebrated its newly acquired accreditation status in February, marking the event with an ox-braai for 2000 people. The hospital received an accreditation certificate (valid for two years from November 2004) and is the first academic complex in South Africa to raise its standards to this internationally accepted status at first attempt.

Reverend Moshe Musapelo, CEO of Universitas Hospital, decided to mark the event with a big *moketi* (feast) and ox-braai, with 130 prizes to thank all those who had put in so much hard work over the past three years.

Rain threatened to wash out the braai and wash away the tents festooned with streamers and balloons, but the planning committee switched to Plan B and 1800 staff members had a sumptuous feast in the spacious nurses' hall in House Idahlia instead.

The Grey College *Boere Orkes* started the

day on a festive note with the audience hanging on each note that the scholars produced with such style. Traditional dancers from Mangaung had the audience screaming in delight and ended the festivities on an upbeat note.

Prof Gert van Zyl, Head of the School of Medicine at the University of the Free State and a Board Member of COHSASA, presented the hospital with its accreditation certificate (valid until 18 November 2006) and Riel le Roux, facilitator from COHSASA, handed over individual accreditation certificates to all thirty-seven service elements.

There was no waste: leftovers from the ox-braai were handed out to 250 surprised and grateful outpatients who had travelled from far-flung regions for appointments with specialists at the Universitas Hospital clinics the next day.

The children of *Iphahamiseng* (*Lift yourself up*) Home in Batho danced with joy when the 30-kilogram Kassegriller sausages were delivered to their doorstep on the same day. And so the last of the ox-braai went back to the community. ♦



Rev Moshe Musapelo, CEO of Universitas Hospital (left), with members of staff of the Universitas Hospital in Bloemfontein who received special trophies for their contribution towards the hospital's achievement of a two-year accreditation from COHSASA. From left to right (back row): HC van Pletzen, L van Turha, L Strydom, AM Augustyn, EE Laing, MA Mabandl. In the front row (left to right): Rev MM Musapelo, M Taljaard, BE Mekwa, J Phalane, Dr A Sheriff and S Lithakanyane
Picture: Linda Strydom

South African: and very proud of it



Legal and Corporate Affairs Manager, Carol Balchin, hangs up the certificate

There is a new certificate hanging on the wall of the reception area at COHSASA's head office in Pinelands – one that makes staff extremely proud. It is a certificate that tells the world that we are *Made in South Africa* and that, because COHSASA meets the local content, quality, fair labour and environmental criteria, we are qualified members of the Proudly South African campaign.

This certificate and the fact that COHSASA celebrates its 10th birthday this year (it was registered as a not-for-profit organisation in 1995) means that we have a proven track record and valuable experience as an accrediting body of healthcare facilities in Southern Africa.

Our membership also means that we are part of a reputable band of South African companies that are helping to fulfil the mission of Proudly South African. Tim Modise, Chairman of Proudly South African, says of member companies listed in the Proudly South African directory, "The companies listed in this directory have qualified not only in terms of local production: if you procure from the Proudly South African member company, you can rest assured that the product or service complies with environmental and fair labour standards, and is a quality product/service as well."



COHSASA heartily endorses Modise's statement about the Proudly South African campaign... "And that's what's special about this campaign – it's not just about profit and the bottom-line. It's about winning the hearts and souls of all South Africans to join us in unlocking the vast potential in this wonderful country of ours."

COHSASA's membership is valid until December 2005. ♦

Patient Safety a major issue on the global agenda ...and COHSASA will be getting involved

Prior to the South African meeting held in Durban recently, the CEO of COHSASA, Professor Stuart Whittaker, was invited to Shanghai, China, to attend the first Alliance Day for the WHO World Alliance for Patient Safety, after the annual regional committee session of the WHO in Shanghai.

The Alliance Day was attended by delegates to the committee meeting, policy-makers and experts from China and other countries, along with a number of senior policy and technical experts from other WHO regions. The purpose of the meeting was to discuss the proposed programmes that the Alliance will focus on during 2005 and to debate the priorities for the first year. Thirteen studies will be conducted around the world in 2005 to determine the "nature and the extent of adverse events" in developing countries.

Soon after that the WHO World Alliance for Patient Safety was launched – 27 October 2004 – by World Health Organisation Director-General, Dr Lee Jong-wook, in Washington.

International initiatives

These international initiatives follow from May 2002¹ when the World Health Assembly passed resolution WHA55.18, which urged the WHO's Member States to pay the greatest possible attention to issues around patient safety and to "establish and strengthen science-based systems necessary for improving patients' safety and the quality of health care, including the monitoring of drugs, medical equipment and technology."

The Resolution also called on the WHO to carry out a number of activities to improve patient safety and quality of care: the development of global norms and standards; the promotion of evidence-based policies and mechanisms to recognise excellence in patient safety internationally; encouragement of research on the subject; and assistance to countries.

It was in December 2002 that Professor Whittaker was invited to Geneva as a temporary advisor, along with other consultants, to take the process further. It was felt that developed countries could assist developing countries and expand the global knowledge base estimating the extent to which existing healthcare systems pose a hazard to their patients.

The consultants focused on the advantages and disadvantages of various methodologies for estimating the extent of hazards caused by the healthcare systems.

This process was taken forward by consulting with health leaders in South Africa and the National Patient Safety Agency of the United Kingdom to investigate the feasibility of developing an appropriate adverse event reporting system for South Africa that would be used in conjunction with its accreditation programmes.



Delegates in Shanghai for the first Alliance Day for the World Health Organisation's Patient Safety Alliance.

In May 2004, the question of patient safety again came before the Health Assembly. A technical briefing was held and the 57th World Health Assembly considered a progress report on the work on patient safety and a proposal that an international alliance should be formed to further the progress of the improvement of patient safety as a global initiative.

Significant step

The creation of a world alliance has been a significant step in the quest to improve the safety of health care in all Member States. Says the WHO, "At present no single player has the expertise, funding or research and delivery capabilities to tackle the full range of patient safety issues on a worldwide scale. To this end, the World Alliance for Patient Safety was established under the chairmanship of Sir Liam Donaldson, Chief Medical Officer of the U.K and Northern Ireland."

The World Alliance for Patient Safety has identified key action areas for implementation in Member States. A starter element of the Alliance will be the formulation of a "Global Patient Safety Challenge" for action over an initial two-year cycle. The topic chosen for the first Global Patient Safety Challenge for 2005–2006 is **healthcare-associated infection** because infection complicates the treatment and care of millions of patients worldwide every year.

The Challenge will be entitled *Clean Care is Safer Care* and countries will be invited to adopt this challenge for their own healthcare systems encompassing key principles.

The Council for Health Service Accreditation of Southern Africa (COHSASA) is playing a major role not only in consulting on issues surrounding patient safety and quality health care but in regional initiatives to address this global issue.

¹ COHSASA acknowledges that contents in this report draw from the World Health Organisation document **World Alliance for Patient Safety**, Evidence and Information for Policy, Geneva, Switzerland, September 2004, WHO/EIP/SPO/04.1. Permission has been obtained to do this. ♦

Consulting in Kenya



Members of the Kenyan Consultancy Mission

COHSASA has been requested to provide technical assistance to the Kenyan health authority's Centre for Quality in Healthcare (CQH), in collaboration with the World Health Organisation (WHO) and a development agency owned by the German government, the German Society for Technical Co-operation – *Die Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH*.

The establishment of the accreditation system follows the development and introduction of the Kenya Quality Model (KQM) in 2001 and the establishment of the Centre for Quality in Health Care (CQH) in 2004.

Technical assistance includes the drafting of standards, training of surveyors and facilitators and conducting pilots in three hospitals in the country.

In November 2004, and again in February 2005, Professor Stuart Whittaker, CEO of COHSASA, was invited to the Kenyan Ministry of Health in Nairobi to join a Consultancy Mission to advise on strategic and operational issues for the roll-out of a comprehensive and co-ordinated Kenyan approach to managing and improving quality of care. The outcome of the Mission will be the establishment of a Kenyan accreditation system that conforms to the International Society for Quality in Health Care's (ISQua) international standards. ♦

COHSASA consultant highlights concerns about risk management

The lack of proper safety and risk management programmes in South African hospitals – in many instances in direct conflict with legislation – is a source of extreme concern according to Healthcare Technology Management Consultant for COHSASA, Gerard Locke, who delivered the keynote address at the Appropriate Medical Technologies – Africa 2004 Conference in Sandton, Johannesburg, recently.

“It is disturbing to note that there are many institutions that do not have any form of risk management programme in place at all. In many instances this is because there is nobody available with the knowledge required to formulate and implement such a programme,” said Mr Locke.

In his address, Mr Locke pointed out that the South African situation is possibly unique in its mix of First and Third World technologies and levels of service delivery. “It must be almost inconceivable to our colleagues in the developed countries that it is possible to have a tertiary level healthcare institution – capable of performing the most complex of diagnoses and clinical interventions – while sometimes less than 30 minutes’ drive away one can find rural clinics without basic essentials such as running water, electricity and telecommunications, not to mention the most elementary of medical equipment and supplies,” he said.

The conference was attended by delegates, not only from various African countries, but also from the UK, USA and Philippines.

The Deputy Minister of Health – Ms Nozizwe Madlala-Routledge – opened the conference and delivered the opening address.

Outlining issues surrounding technology support for healthcare-related equipment, Mr Locke pointed out that one of the main problem areas is a tremendous shortage of appropriately qualified and experienced healthcare technology management personnel in the public service. Complicating the issue is the fact that when a foreign country has donated technology – as is often the case – there is either no technical documentation available, or it is written in a foreign language.

“There is also the question of the availability of replacement parts and, perhaps even more important, the consumable items required to be able to operate the device. Poorly supported equipment – be it related to medical technology or hospital engineering – puts the owner/user at grave risk with regard to possible litigation.”

Mr Locke said that although one of the most common causes of death due to malfunctioning medical equipment is electrocution caused by micro-shock, it was a major concern that there are probably many hospitals in South Africa that do not have adequate electrical safety programmes in place.

“Of greater concern is the relative ease with which these institutions pass their inspections. Health Department inspections should include an examination, by competent persons, of all aspects relating

to the safety of both the basic installations – plant and electrical – and the medical equipment that they support.”

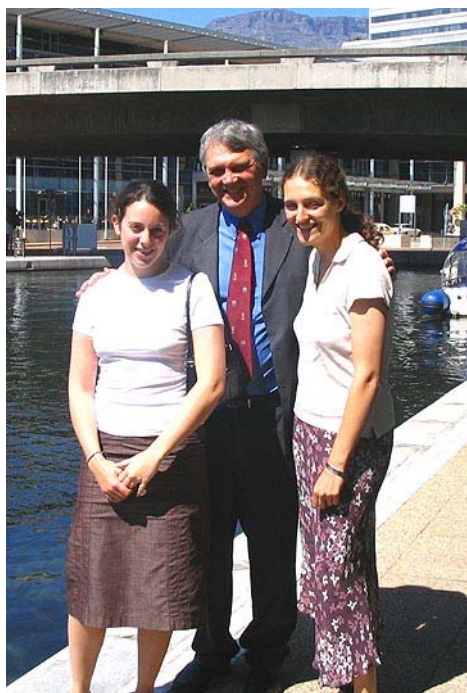
Mr Locke outlined the requirements of a comprehensive medical equipment management system and how it could be implemented to help reduce the risk of equipment failure; identify problem areas in the maintenance system; contribute to sound budgeting and cost-containment, and reduce risks to patients and staff. Essential for the proper functioning of such a system was training staff thoroughly in the use of medical equipment, ensuring that inspection programmes were soundly orchestrated and maintenance programmes carefully planned and that hospitals understood and were aware of the potential medico-legal issues involved when medical equipment failed.



Gerard Locke of COHSASA

He also emphasised that the technology base used to provide health care involved more than just medical equipment and included plant and machinery that provided power, water, steam, hazardous waste disposal, incineration and air-conditioning – among others. These aspects of technology were also vulnerable to litigation processes if found to be deficient. ♦

NHS trainee managers work with COHSASA in Cape Town



CEO of COHSASA, Professor Stuart Whittaker, with Sarah Bowman (left) and Emily Kuhl who visited the Council from England

COHSASA recently hosted management trainees Emily Kuhl and Sarah Bowman from the National Health Service (NHS) in the United Kingdom for their three-month electives in South Africa. The NHS Management Training Scheme in the UK is a two-year programme that trains graduates in health service management through full-time practical placements and through an academic component. The two ‘electives’, as COHSASA staff knew them, worked in several areas of operation, including the facilitation visits database and preparing reports and presentations for the Free State and North West Provinces.

They spent a week in the Free State visiting hospitals and meeting with staff at the facilities to get a better understanding of quality initiatives in the field. Both electives spent time at head office and in the field. Emily visited the Rob Ferreira Hospital in Mpumalanga with visiting senior NHS management to conduct workshops, among others, on infection control and budget management. Sarah worked with the facilitators in KwaZulu-Natal who are collecting data for the development of

COHSASA’s pilot programme to evaluate the management of HIV and AIDS patients in a district setting.

Says Sarah, “I chose to visit South Africa as I was keen to find out how its health system is managed with its particular resource-constraints, political influences and epidemiological issues. My objective is also to take learning and ideas back to the UK.” The electives also visited hospitals and clinics in the Western Cape alongside COHSASA staff and senior NHS managers. ♦

Are you aware that:

- ★ COHSASA has worked with 463 health facilities in Southern Africa
- ★ Works in six of the nine provinces of South Africa
- ★ We are a Proudly South African company.
- ★ COHSASA is accredited by ISQua



Hospice accreditation programme in full swing...



Dr Giel van Schalkwyk (centre) leads discussion on the surveyor training.

Over 20 representatives of the Hospice Palliative Care Association of South Africa (HPCA) participated in a mock survey at the St Luke's Hospice, Lentegur, as part of a three-day COHSASA Surveyor Training Workshop. The training is part of the HPCA's ambitious programme to set standards for auditing the quality of care delivery among its 55 individual members. The training session was led by Dr Giel van Schalkwyk, Chief Surveyor of COHSASA.

The HPCA and COHSASA are developing standards for palliative care, including the care of children, and for the management and good governance of hospices. COHSASA is in the process of conducting an audit of member hospices to assess levels of compliance with a view to awarding accreditation. In the process of undergoing an accreditation programme, strengths and weaknesses are being identified in individual hospices and recommendations for improvement are being catalogued in COHSASA's database.

Models for excellence are to be established and, using COHSASA's comprehensive data, areas of care across regions will be identified for improvement. COHSASA will provide regular reports that will evaluate the quality improvement efforts and identify indicators for measuring impact. The two organisations will combine their efforts to develop a palliative care monitoring and evaluation system via a pilot study. ♦



Trainee surveyors from the Hospice Palliative Care Association of South Africa compare notes.



Surveyors check with staff at St Luke's of Lentegur whether sharps bins are compliant with COHSASA standards.

COHSASA to monitor Mpumalanga progress

At the request of the Mpumalanga Department of Health, COHSASA is measuring the degree of progress made by hospitals in that province through its Facilitated Accreditation Programme. Using its information system, COHSASA will aggregate standard compliance scores at different stages in the programme and monitor improvements made as the programme progresses.

Specific categories of standards assessed include clinical support, administrative, hotel components and standards that measure adherence to the Batho Pele principles. The performance of individual hospitals will be monitored at the COHSASA head office in Pinelands, Cape Town, using standard compliance data collected during the COHSASA six-weekly facilitation visits. Based on the results achieved, the hospitals will be divided into groupings that reflect good, fair and poor progress. ♦

Keeping you in touch with us

The *COHSASA Bulletin* is designed to keep you up to date with developments at the Council and the work we are doing to assist the South African authorities and the private hospital sector to improve the quality of healthcare services.

It is also hoped that you will give us feedback on what you would like to see in the *Bulletin*. Please let us know what you think about the *Bulletin* as a means of keeping you in touch with COHSASA and issues about quality in health care.

If you have stories to tell us about what is happening in your hospital as far as the quality of health service provision is concerned, please let us know at info@cohsasa.co.za - we are interested.

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All information about patient safety issues can be found on the World Health Organisation website at:

<http://www.who.int/patientsafety/en/>

The Global Patient Safety Challenge for 2005 to 2006 is "Clean Care is Safer Care"

These critical systems should inform your challenge:

- Assesses the scale and nature of healthcare-associated infection in your healthcare systems;
- Use an internationally recognised approach to get a baseline level of incidence and then monitor progress;
- Do a root-cause analysis and THINK SYSTEMS;
- Rely on evidence-based best practice;
- Engage patients and staff in your plans;



- Improve safety and reduce risk by focusing on five action areas - clean hands, clean practices, clean products, clean environment and clean equipment;
- Ensure the plan can be sustained.

Medi-Clinic: A decade dedicated to quality



The 99-bed Windhoek Medi-Clinic in Namibia, which is currently accredited for three years.

Picture: Medi-Clinic

Ever since 1 June 1995, when the Louis Leipoldt Hospital in Bellville, Western Cape, became one of the first hospitals in South Africa to be accredited by COHSASA, the Medi-Clinic Group (commanding some 23% of the market share in the private health sector, with about 5 500 beds in South Africa and Namibia) has repeatedly entered and re-entered its hospitals into the accreditation programme. During this period 28 Medi-Clinic hospitals have been awarded accreditation.

During this time, Medi-Clinic has set a number of impressive records. In 2002, twelve Medi-Clinic hospitals became the first hospitals in the country to achieve three-year accreditation – awarded only when hospitals have been shown to be maintaining excellence over time. Since then, 14 Medi-Clinics have achieved this distinction and have been awarded three-year accreditation certificates. Currently there are 21 accredited Medi-Clinic hospitals and a further seven are undergoing the process of accreditation.

Dr Deon Moulder, Medical Director of the Medi-Clinic Group and Acting Chairperson of the COHSASA Board, believes that “The COHSASA accreditation of our hospitals has enabled us to lay a sound foundation to continuously improve our patient safety, quality care and management systems. The fact that the COHSASA standards are internationally accredited by ISQua (The International Society for Quality in Health Care) gives our hospitals automatic international accreditation status. The regular external audits done on our governance and operational processes by COHSASA ensures that we will not only maintain an ever-improving standard of management and patient care but secure a competitive edge in the hospital patient care industry.”

Mr George Harris, Manager of the Panorama Hospital near Cape Town, which has been accredited three times and

currently holds a three-year accreditation certificate from COHSASA says:

“Going through the accreditation process gets easier and easier. Once systems are in place one just needs to ensure that they are followed; if changes are made to a procedure or system, the change is recorded and documented.

“The accreditation process provided us with a lot of focus in terms of operational issues and helped in strategic planning and quality control. By following the systems put in place through accreditation it made us more efficient – patient safety and quality of care is therefore improved.

“We would definitely do it again.”

COHSASA News Bulletin is keen to publish Quality Improvement Programmes that have helped you in your facility operations. If you believe you have a QIP worth publishing, please send it to info@cohsasa.co.za for consideration. If you are not on our mailing list and would like to receive this Bulletin, please send a request to this same address and we will add you to our list.

Mr Pieter Lotz, Hospital Manager of the Hermanus Medi-Clinic:

“The process which you need to go through to achieve COHSASA accreditation is excellent. You measure yourself. You get so used to doing things in a certain way that you need an outside perspective to show you the error of your ways or a better way or improved way of doing things.

“The process provides a new perspective. You get to see yourself or the organisation in a mirror.

“The process highlighted the need for us to strengthen areas of Health and Safety for personnel. We are a small hospital in a

small town and one forgets that security risks are present. This was a big learning for us.

“The preparation was hard. It took us two or three months of solid work requiring buy-in from all levels of staff. The preparation required before the first investigation was huge, especially in light of the fact that we had never done it before. We took strain but the effort was worthwhile in the end. It is also comforting to know that our hospital is up to scratch and in alignment with Medi-Clinics nationwide. We can also now compare ourselves to other hospitals. Apples to apples.

“Our challenge is now to keep it alive – we now need to make sure that the systems are adhered to and followed by all working in the hospital.”



Dr Deon Moulder, Medical Director of the Medi-Clinic Group and Acting Chairperson of the COHSASA Board.

Current status of Medi-Clinic hospitals:

(Orange indicates three-year accreditation, yellow two-year accreditation)

Barberton Medi-Clinic
Bloemfontein Medi-Clinic
Cape Town Medi-Clinic
Curomed Medi-Clinic
Ermelo Medi-Clinic
Highveld Medi-Clinic
Hoogland Medi-Clinic
Klein Karoo Medi-Clinic
Limpopo Medi-Clinic
Louis Leipoldt Medi-Clinic
Nelspruit Medi-Clinic
Paarl Medi-Clinic
Panorama Medi-Clinic
Pietermaritzburg Medi-Clinic
Potchefstroom Medi-Clinic
Stellenbosch Medi-Clinic
Vereeniging Medi-Clinic
Vergelegen Medi-Clinic
Welkom Medi-Clinic
Windhoek Medi-Clinic
Worcester Medi-Clinic

New COHSASA accreditations

Following a meeting of the Technical Committee and Board of Directors of the Council for Health Service Accreditation of Southern Africa (COHSASA) on March 18, 2005, five hospitals and a clinic in South Africa have been accredited by the organisation.

The addition of public-sector facilities Mafube Hospital in Free State (accredited for 2 years), Addington Hospital in Durban (2 years), the Klerksdorp-Tshepong Hospital Complex in the North West Province (three-years); private sector hospitals, Elim Hospital (3 years) and the Hermanus MediClinic (2 years); and the Seawinds Clinic (three years) in Cape Town brings to 130 the number of hospitals, clinics, rehabilitation centres and nursing agencies in South Africa to be accredited by COHSASA in its 10 years of operation.

A total of 463 healthcare facilities have entered COHSASA's programme. While many of them do not achieve full accreditation status, they have been awarded pre-accreditation awards in Entry and Intermediate categories in the Council's Graded Accreditation Programme. ♦

North-West pays a visit



Dr Esthras Tlou Confidence Moloko, Chief Director: Health Service Delivery of the North West Province, spent two very full days at the Council for Health Service Accreditation of Southern Africa (COHSASA) headquarters in Cape Town. Dr Moloko flew down from Mafikeng to acquaint himself with the inner workings of the Council including the corporate structure, functions of the different business units within COHSASA, the database and aspects of the accreditation process. He is pictured here with data-typist, Miss Precious Makgoe.

What our clients say

Norma Jordaan, CEO of the Nala, Thusanong, and Mohau Hospital Complex in Free State.

"We have found the COHSASA programme to be excellent. It has been a groundbreaking experience to be exposed to the standards required at an international level and peer-reviewed by an independent body.

"Since our accreditation we have continued to build upon and maintain our standards.

"One of the great things about the COHSASA programme is the manner in which it is structured that requires constant teamwork. Rather than working in isolation, staff members are encouraged to work together and thus they begin to depend on each other. The programme allows for personal growth and development of staff. We had a case where one of the cleaners in our hospital began to drive the housekeeping and laundry sections of the programme and, in doing so, she clearly displayed such strong leadership qualities that she has been promoted to a supervisor's post. Like many others who have embraced this quality improvement method, she now takes pride and ownership in the kind of services we are providing to the public. I believe that we are delivering a much better quality of service to our customers.

"The programme has shown us how to manage our resources in the most cost-effective way, how to maintain and use our technology properly and how to place the customer first.

"At first staff thought that the COHSASA programme was a burden and added to their already heavy workload but now that they have incorporated the standards into their work they feel confident that they are doing things correctly and this security has created an excellent working environment."

Kathy Wiebe-Randeree, Hospital Manager of the Klerksdorp-Tshepong Complex in the North-West Province

According to Kathy Wiebe-Randeree, Hospital Manager at the 875-bed Klerksdorp-Tshepong in the North-West Province, the process of accreditation is an extremely positive one. This hospital has been accredited once (in 1998) and awaits the results of an external survey for further accreditation soon.

"The programme left the institution in a better place than when we started. It has brought a great deal of team-work to the organisation and assisted top management in that staff at middle management levels understood their role and took responsibility and accountability for their actions," said Ms Wiebe-Randeree.

She said that planning and co-ordination of a quality improvement programme as comprehensive as COHSASA's was quite a task - particularly with the hospital complex being in different locations and with a staff component of 1600 people. "They were busy with routine work and because staff needed to learn and understand what is being asked of them in the COHSASA programme, they sometimes found it confusing and energy-depleting after a long day. We made a slow start but once staff internalised the process and realised that many of the policies and systems required by the COHSASA programme already exist in the facility but need to be formalised and properly implemented, it became more manageable.

"Because we had been accredited before, we have been able to build on that strong foundation and our baseline this time around shows that we were about 75 to 80 percent compliant with standards which made it easier this time around," she said. ♦

COHSASA welcomes facilitators from Botswana for training



COHSASA has recently held several facilitation workshops to train quality improvement (QI) teams from hospitals both in South Africa and beyond. Here, Lyn Rayment is pictured with staff from the Jwaneng and Orapa hospitals in Botswana who attended a two-day workshop in Cape Town. From left: Gagothona Monthe, Kgomotso Kubisa, Lyn Rayment, Gabarate Palalani and Maria Seone.

New Appointments



Dr Morris Mathebula has joined COHSASA as the Operations Manager of the HIV and AIDS District Evaluation Tool (HIV-DET) Programme. Dr Mathebula is an MBChB graduate from the University of Cape Town, where he served as the Vice-Chairperson of the Medical Students' Society.

In 1999 he moved to Pretoria to serve his internship at the Pretoria Academic Hospital and since then has moved steadily up the ladder with his involvement in managing a rural hospital in the Eastern Cape and running a maternity ward at Odi Hospital in the North West Province.

He was the Director of the Rural Support Network, which aims to create a model for the recruitment, training and retention of service providers in rural communities of South Africa. Before relocating to Cape Town to join COHSASA, he was a site facilitator and health information systems facilitator for Health Systems Trust. He is currently registered for a Master's degree in Public Health at the University of the Western Cape. Dr Mathebula will spend a substantial part of his time in the field overseeing pilot programmes for COHSASA.



Paddy O'Leary joined COHSASA towards the end of 2004 and is a part-time proof-reader and copy-editor in the Data Processing Division. She is a nurse by training, having specialised in paediatric nursing.

Reading – anything and everything – is a passion for her, which is what led her into proof-reading. Previous proof-reading experience includes checking and correcting several volumes of *Woordeboek van die Afrikaanse Taal* after early editions of the dictionary were converted to digital format.



Dr Fikile Sithole has been appointed as a COHSASA surveyor and will work principally on the HIV-DET pilot programme. He graduated from the University of Cape Town with an MBChB where, as a student, he was an organiser and tutor for the Medical Students' Society, chairperson of the medical residence at UCT and Student Representative for the Faculty Board of the Medical School.

Dr Sithole has been actively involved in the affairs of rural doctors, having performed his own community service at Elim Hospital and having served as a co-director of the rural Support Network and the CPD co-ordinator for Philadelphia Hospital doctors.

He has served as the Medical Officer at Western Deep Levels Hospital and Philadelphia Hospital, and was the Clinical Assistant in the Department of Obstetrics and Gynaecology at the University of Pretoria before joining COHSASA's full-time staff.

Changes in the Accounting Department



Company accountant Elsa Wiehman (left) is leaving COHSASA after six years – to the day. While sorry to be leaving COHSASA and her colleagues (whom she says she will "miss very much"), Elsa believes that she leaves behind a smoothly functioning accounting system.

Elsa will be replaced by **Audrey Mack** (above) who joined COHSASA in 2000. Audrey has a secretarial background and began her career as a data typist in the company. She was moved to accounting in 2002 and has worked closely with Elsa since then. She looks forward to the challenge but feels confident about her new role because she has acquired the knowledge to handle the job at the feet of someone she believes to be a capable mentor – Elsa.



Ms Grissel Ncedana, formerly the Deputy Director of Nursing Services at the Klerksdorp/Tshepong Hospital Complex and COHSASA's Technical Adviser for Hospital Nursing Services, has been appointed as COHSASA's Chief Facilitator. Until her appointment, she has served on COHSASA's Board (including Chairperson) and Technical Committee since 1996.

Ms Ncedana will be working with a team of ten full-time and seven part-time facilitators deployed in facilities in five of the nine provinces of South Africa. Her duties will include providing provincial and other governing authorities with feedback about the progress of hospitals in the COHSASA programme.

Ms Ncedana believes that COHSASA has a significant role to play in the transformation of hospital services and equity of access. Her vision is to assist COHSASA to achieve its goal of ensuring that the highest standards of service delivery are achieved and maintained in South African healthcare facilities.

A qualified general nurse with diplomas in Midwifery and Intensive Nursing Science, Ms Ncedana has a BA Curr, with majors in Nursing Administration and Community Health Nursing Science.

She served in the Provincial Bargaining Council from 1996 to 1998 and was a member of – and chairperson from 1999 to 2000 – of the North West Provincial Clinical Investigating Committee.

New Appointment in Accounting



Elsa Workman has been appointed as an administrative assistant in the accounts department.