

# Healthcare Quality and Clinical Benchmarks in SA

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# Acknowledgements

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## Initiating committee:

- Dr Hennie du Plooy (NHN Independents/Arwyp Medical Centre)
- Dr Kim Faure (Netcare)
- Dr Warrick Sive (Life Healthcare)
- Dr Dena van den Bergh (Life Healthcare/HASA Board)
- Dr Charl van Loggerenburg (Life Healthcare)
- Dr Ronnie van der Merwe (Medi-Clinic)

# Participating HASA members

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- LIFE HEALTHCARE
- MEDI-CLINIC
- NETCARE
- NHN - INDEPENDENTS
  - ARWYP MEDICAL CENTRE
  - AURORA HOSPITAL
  - BROAD ROAD SURGICAL CLINIC
  - KILNERPARK ANAESTHETIC CLINIC
  - MOOIMED HOSPITAL
  - OPTIMED EYE AND LASER CLINIC
  - PRETORIA UROLOGY
  - RIEMLAND CLINIC
  - WILMED PARK PRIVATE HOSPITAL

# Healthcare Quality and Clinical Benchmarks in SA

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- Quality is a multi-faceted concept, with many different and legitimate views as to what comprises the critical elements of the delivery of quality care.
  
- Quality Healthcare
  - Safe
  - Effective
  - Patient-centered
  - Timely
  - Efficient
  - Equitable

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- “However, every day, patients are harmed, or nearly so, in healthcare institutions across the country. The harm is not intentional – but it nonetheless contributes to the Every person who seeks care in a healthcare facility should expect to receive safe care that is delivered in a safe environment”
  - suffering and even death of those who entrust their health and their lives to the healthcare system”
  - **Global call:                    We must all do better**

# A call to collaboration in quality in healthcare in South Africa

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Our vision is to embark on the journey to establish an independent National Quality Forum representing all stakeholders in healthcare in South Africa.

Common aim:

Continuous improvement of patient safety and healthcare quality

# Agenda

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## ➤ Background

- private sector, public sector, SA challenges and international lessons

## ➤ Some initial private hospital measures and comments

## ➤ Examples of opportunities

## ➤ Conclusion

# Background – Private Hospitals

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- There is no doubt that the provision of quality healthcare in line with global standards has been a key driver for South Africa's private hospital sector
- The high standards of quality have in recent years been further substantiated by a number of the hospital groups securing large international contracts against contenders comprising some of the best global healthcare organisations
- High level of commitment to sustainable quality healthcare and wide range of quality measures are available across hospital groups and individual hospitals

# Background – Public sector

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- Many key interventions aimed at improving efficiency, quality, safety and access to care over the past 13 years.
- Proposed quality-enhancing interventions already form part of the Hospital revitalisation Programme
- DOH initiated a process of identifying and measuring performance against a core set of standards.
- National policies:
  - Policy on Quality in Health Care for SA. DOH 2007
  - National Infection Prevention and Control Policy and Strategy. DOH 2007

# Background - South Africa

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- “standards and guidelines are developed by more than twenty programmes and units at national level and in many cases these efforts are mirrored or adapted at provincial and even municipal levels”
- “ contributions are made in different formats and with differing monitoring systems, making the task of benchmarking and implementing effective and integrated corrective action at delivery level very difficult”
- Call for a single set of national core standards, criteria and indicators and the tools for their assessment in health establishments.

# Background - International lessons

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- Complex, resource intensive measurement systems
- US - one source showed over 154 categories of measures, highlighted the burden of reporting to multiple government and non-government organisations.
- NEJM 2003; 348: 439 indicators of clinical quality of care
- Poor, disparate perception of any value added
- Increasing trend to identify and drive core safe practices rather than try to capture all activities that might reduce adverse healthcare events:  
**NQF** – 30 Safe Practices , **IHI** – 100K lives, 5m lives, **Leapfrog** 28 Events and 7 Never Events, **WHO** - World alliance for patient safety

# INTERNATIONAL REVIEW OF RESEARCH ON STRATEGIES TO IMPROVE PATIENT SAFETY

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- There is an ample body of evidence to show that punitive and blaming cultures create disincentives for professionals to report adverse events and learn from their mistakes.
- Current research highlights the benefits of a well balanced, “just” culture where the concept of human error is recognized but reckless acts are not tolerated.

## EMPHASIS

- 100% reporting, investigating, root cause identification, trend review and implementation of preventative actions.

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**Reporting is only one side of the equation.  
Without organisational systems and processes to  
extract, evaluate and implement  
**LEARNINGS** from the reports,  
sustainable, beneficial change will not occur.**

**Collaborative process of learning and sharing,  
not one-upmanship**

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# Categories of measurement



Facilities and overall quality management systems



Patient health and safety



Healthcare related Infections



Patient experience



Clinical

# Categories of measurement



Facilities and overall quality management systems



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Two key approaches:

- Compliance to legislation/regulations
- Certification/Accreditation

# Accreditation/Certification of facilities and quality management systems

**COHSASA**

Hospital plan to improve services

By DEBORAH GRAHAM

THERE are plans to make public hospitals in South Africa safer and more efficient, and the Council for Health Service Accreditation of Southern Africa (COHSASA) is working closely with provincial Departments of Health to accomplish this.

COHSASA has developed two strategies: a system of recognising gradual improvements as the hospital strives for accreditation, and a facilitation component that helps hospital staff to implement the required systems and standards that lead to quality improvement.

"Hospitals accredited by COHSASA offer patients the peace of mind that they are receiving treatment in a healthcare facility that has clear objectives guiding its practice, systems monitoring the quality of service delivery, adequate hospital management systems and staff that are trained and competent, and a safe and clean environment that meets definite safety and legal requirements," said the Council's CEO, Professor Stuart Whittaker.



**ISO 9001:2000**

**HAQU**



- Hospitals in private and public sector are at various stages
- Over 110 hospitals in the participating hospitals and hospital groups have achieved certification/accreditation.

# Total adverse events per 1000 patient days



Facilities and overall quality management systems



Patient health and safety



Healthcare related Infections



Patient experience



Clinical

- Falls
- Medication errors
- Skin lesions

SA Private Hospitals = 3,74\*

\* HASA Quality Task Group participating hospitals - Oct 2006-Sept 2007

# Healthcare related infections



Facilities and overall quality management systems



Patient health and safety



Healthcare related Infections



Patient experience

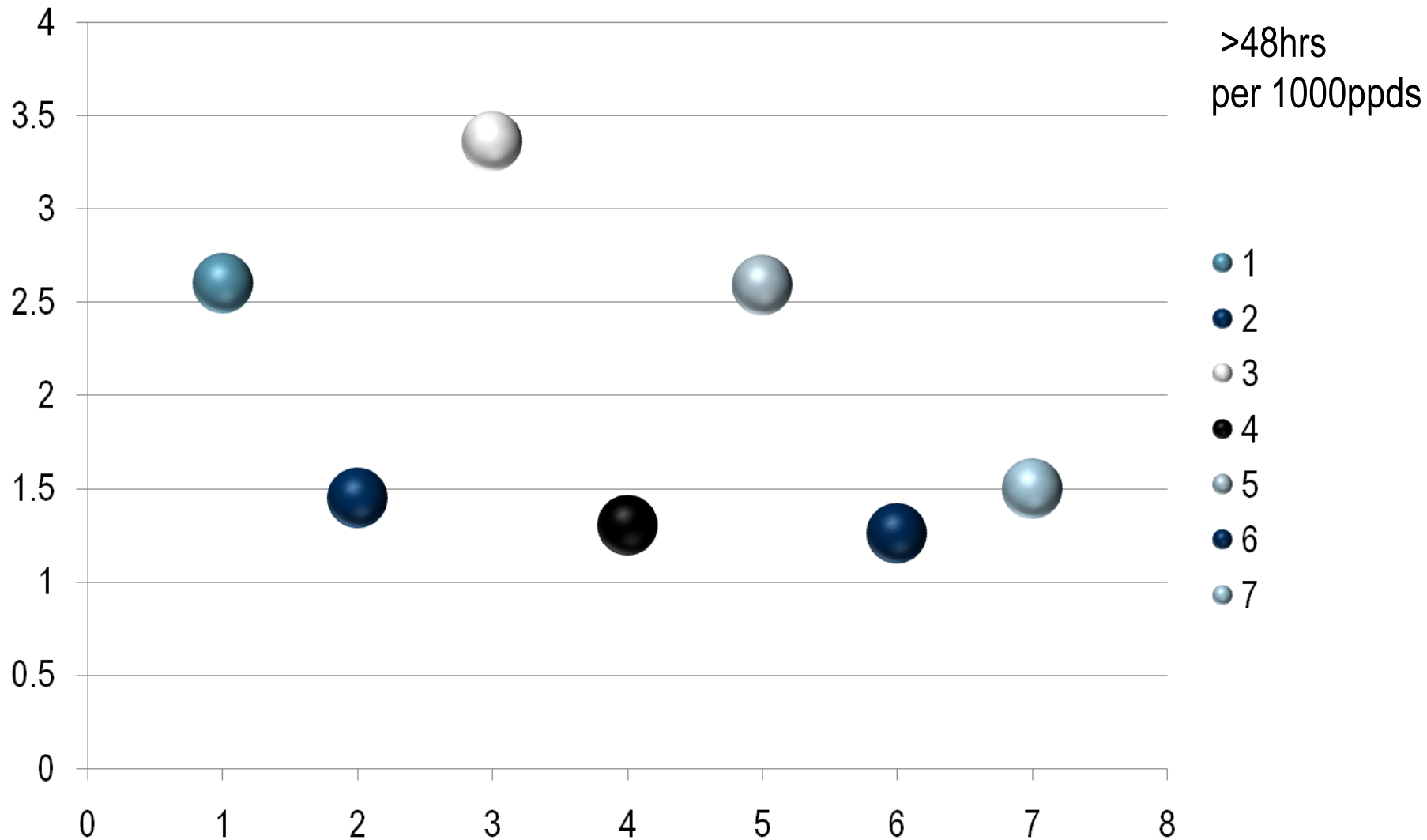


Clinical

In general :

- Well-established, detailed protocols aligned to internationally defined elements of successful infection control as set by the US centre for disease control and prevention (CDC)
- 2 participating hospitals 3 day-clinics did not have data.

# Healthcare Associated Infection Rate



\* HASA Quality Task Group participating hospitals - Oct 2006-Sept 2007

# Wide range of different patient satisfaction measures



“Understanding and respecting patients’ values, preferences and expressed needs are the foundation of patient-centered care”  
*Harvey Picker*

84% – 97%

Only 3 participating not measure

# Clinical measurements – complex



Facilities and overall quality management systems



Patient health and safety



Healthcare related Infections



Patient experience



**Clinical**

Crude death rate for all inpatients as % of admissions

1,13% including day cases

1,47% excluding day cases

US – between 1-3%

UK/NHS – 8,5%

Ultimately need to progress to procedure specific , case mix adjusted measures

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# Challenges for All Nations

- Making improvements
- Holding the gains over time
- Spreading results within health care organizations
- Spreading results among health care organizations

# ALIGNING TO INTERNATIONAL BEST PRACTICE

- 1. Prevention of Central Line Infections** by implementing a series of interdependent, scientifically grounded steps called the CENTRAL LINE BUNDLE.
- 2. Prevention of Ventilator-Associated Pneumonia** by implementing a series of interdependent, scientifically grounded steps called the VENTILATOR BUNDLE
- 3. Prevention of Surgical Site Infections**



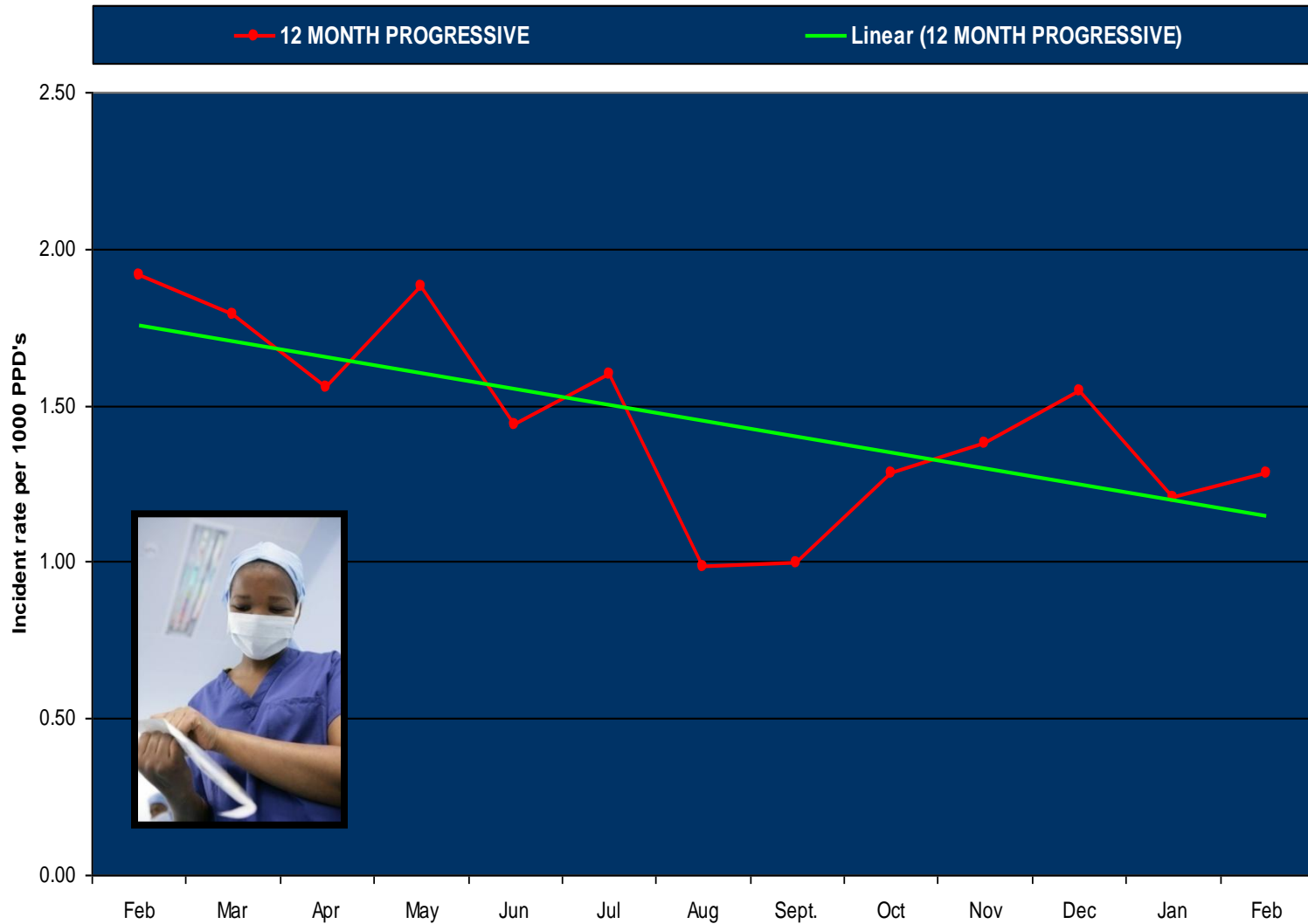
# PREVENT CENTRAL LINE INFECTIONS

- **Hand hygiene**
- **Maximal barrier precautions**
- **Chlorhexidine skin antisepsis**
- **Optimal Catheter site selection, with subclavian vein as the preferred site for catheters in adults**
- **Daily review of line necessity with prompt removal of unnecessary lines**

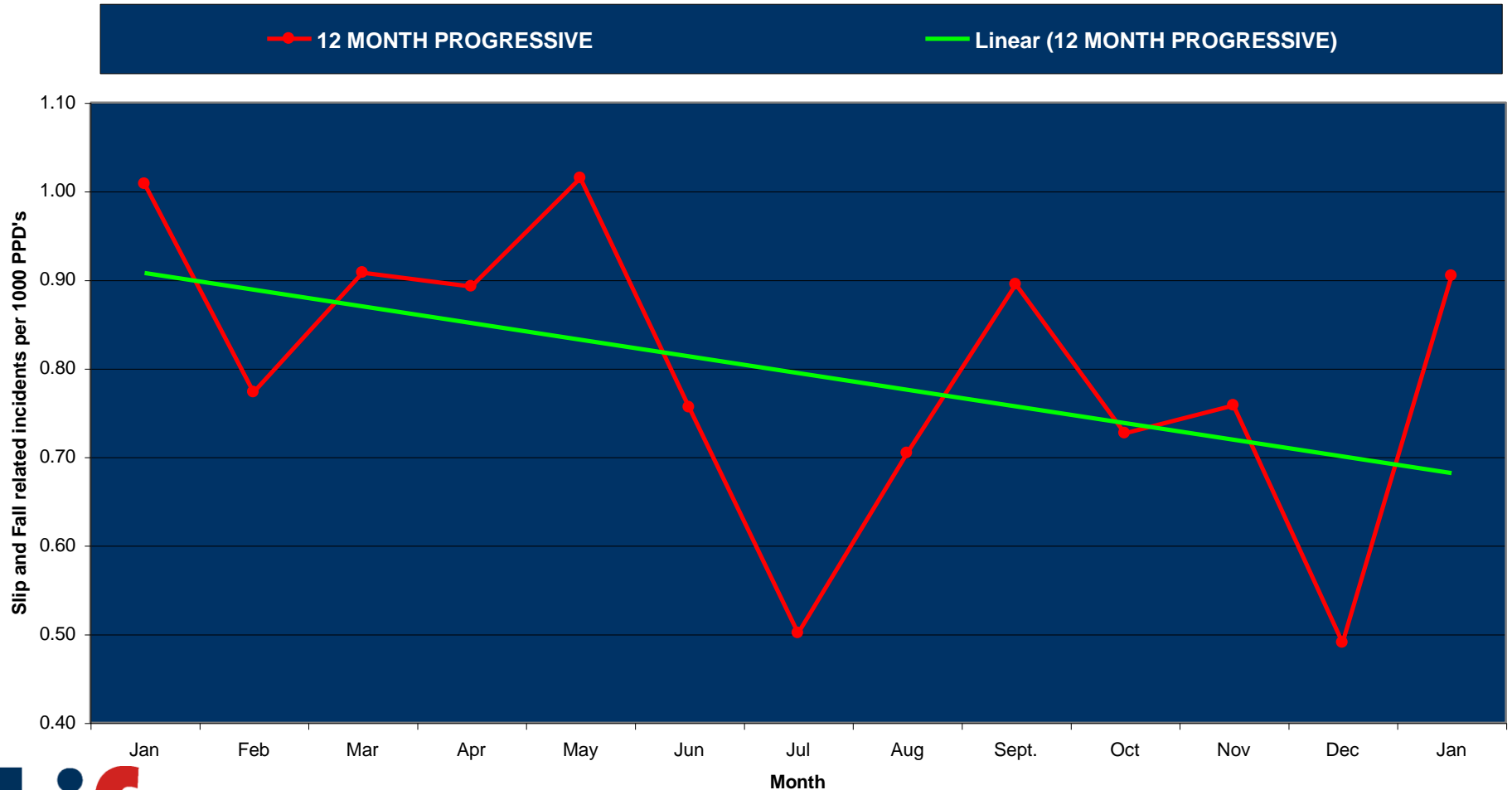


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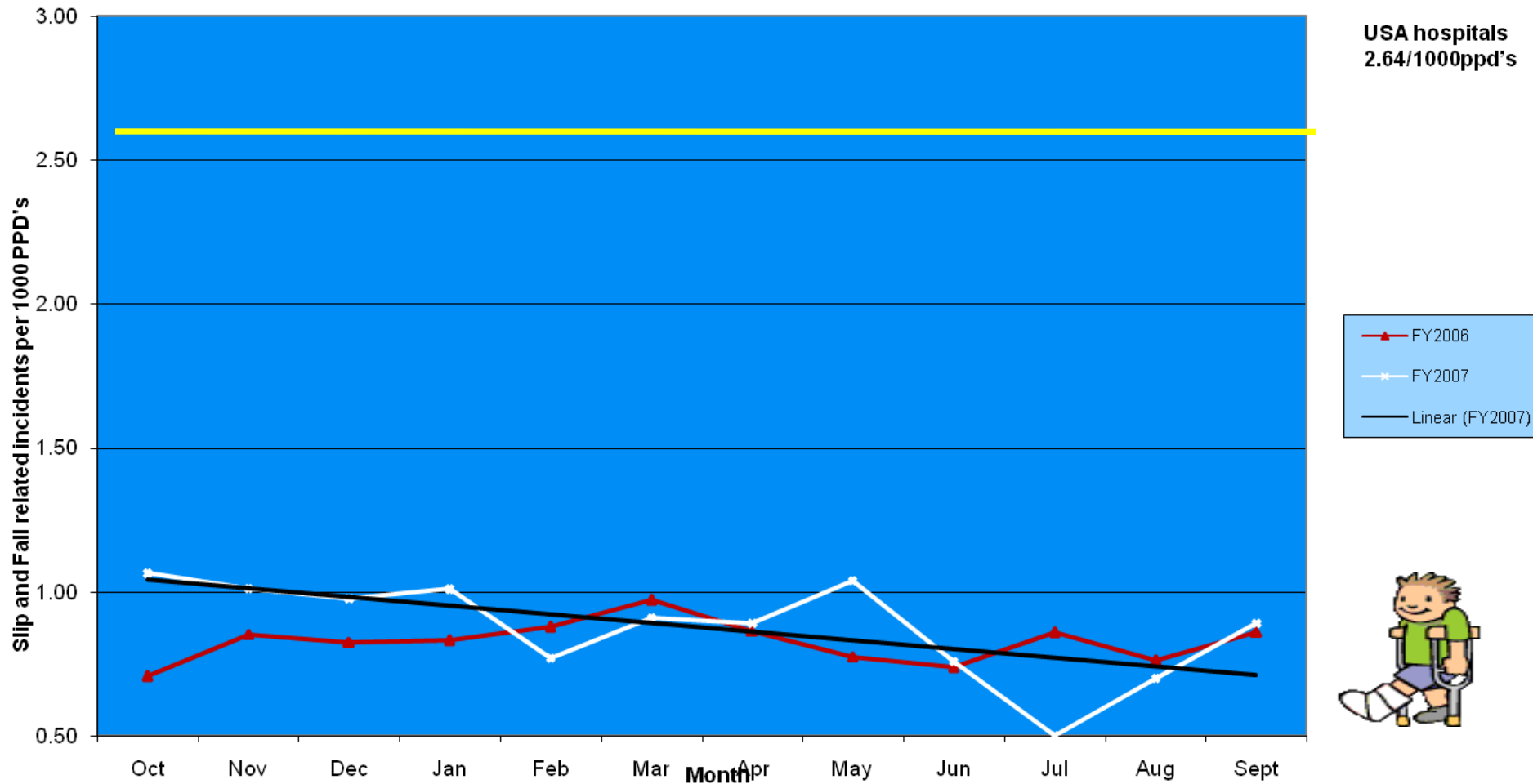
# Nosocomial Incident Rate



# Quality Slips and Falls Incident Rate – progressive to January 2008



# Patient Slips and falls Incident Rate



# Our immediate next steps



Facilities and overall quality management systems



**Patient health and safety**



**Healthcare related Infections**



**Clinical**



Patient experience

# Conclusion

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- **Every healthcare stakeholder group should demonstrate their commitment to promoting patient safety, reducing healthcare error and improving healthcare quality**
- **Every health provider and health provider organisation should put in place systems that**
  - promote compliance to evidence-based safe practices
- **Importantly we must ensure we learn from our mistakes and those of others within a blame-free culture of safety**
- **Finally – we need your active collaboration and participation**

# Conclusion

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**We need a constructive, collaborative, co-operative national quality forum where we can work together on this important journey.**

**These are the times , we are the people**  
If not you then who?

*Thank you*

B·E·L·I·E·F



The future belongs to those who believe in the beauty of their dreams.