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Africa embraces COHSASA



CLOSING THE DEAL: from left: Prof Stuart Whittaker, CEO of COHSASA and Dr Yemi Onabowale, CEO of Reddington Hospital in Nigeria, shake hands after signing a contract to improve the quality of service at the facility. Two other Nigerian Hospitals, Port Harcourt Hospital and Warri Hospital have also entered the COHSASA programme. For more information on Nigeria, please see Page 4-5.

Nigeria signs on

IN THE PAST year several sub-Saharan and countries further north on the African continent have approached COHSASA to assist with quality improvement activities leading to accreditation and have entered into contracts. Some of the countries show a keen interest in applying a self-evaluation model using the COHSASA quality improvement web-based information system (CoQIS) to monitor progress with quality initiatives. Interest in CoQIS and contracts have come in from Zambia, Nigeria, Yemen, Rwanda and others. With its activities in both Swaziland and Lesotho as part of the Southern African Human Capacity Development Coalition funded by USAID and with visits from Botswana and new work in Namibia, COHSASA is beginning to set down roots on the whole continent. Top management at COHSASA recently went to train staff from facilities in Nigeria in Lagos. ■

Zambian facilities enter COHSASA programme

KONKOLA COPPER MINES Plc (KCM), the largest mining and Metals Company in Zambia, has entered two hospitals and eight primary health care clinics into the COHSASA programme. The contract follows a preliminary visit to the healthcare facility network by Chief Operations Manager of COHSASA, Jacqui Stewart. The facilities are the Nchanga South Hospital with its three attached primary care clinics in Chingola, the Konkola Hospital in Chililabombwe and its four attached primary care clinics and the Nampundwe Primary Care Clinic situated 48 kilometres west of Lusaka.



SETTING THE STANDARD: Staff of the dispensary at Konkola Mine Hospital in Chililabombwe, Zambia. (From left, standing): Ngoma Elliott and Ng'onga Mwansa and (from left, seated) Tukupashya Twininge and Meroonisa Yusuf.

Ms Stewart visited the hospitals and gave a detailed presentation of the COHSASA accreditation process including the important aspect of continuous quality improvement using the COHSASA Quality Information System, CoQIS. (Continued on page 2)

Botswana BLOWS IN

A DELEGATION from the Botswana Ministry of Health, in the form of a Health Inspectorate charged with developing healthcare standards and mechanisms for monitoring and maintaining them in the whole health system, visited COHSASA HQ in Cape Town with a view to exploring ways in which COHSASA might be able to assist their Ministry of Health with accreditation matters.

The delegation spent two days learning about COHSASA's standards, CoQIS, quality management and adverse events. ■

GETTING TO GRIPS WITH CoQIS: from left: Gothusang Tawana, Senior Nursing Officer, Olenkie Tebogo, Principal Pharmacist, Dr Howard Moffat, Consultant Physician and co-coordinator of the Health Inspectorate for the Ministry of Health. Overseeing the process is Prof Stuart Whittaker (back), CEO of COHSASA. The Health Inspectorate Division of the Botswana Ministry visited COHSASA in March.



Dr Olive Shisana, CEO of the Human Science Research Council met a high-level delegation from the Philippines in her Cape Town office. The delegation had come to gain insight into the workings of quality improvement and accreditation programmes in a lower resource setting as used in the COHSASA model. From left: Dr Olive Shisana, Dr Rey Aquino, President and CEO of the Philippine Health Insurance Corporation, Dr Michael Adelhardt, Programme Manager of the GTZ Health Program, who facilitated the visit and Professor Stuart Whittaker, CEO of COHSASA.

See Story on Page 3.



Adverse Event Programme progresses in two provinces in South Africa

PARYS HOSPITAL AIMS FOR EXCELLENCE: The Management Team at Parys Hospital involved in adverse event reporting research. From left: Fanyana Charles Moloi, CEO of the Metsimaholo and Parys District Complex, Nomasonto Martha Mokoena, Nursing Services Manager of Parys Hospital, Nooana Martha Makatsa-Monaheng, Quality Co-ordinator and Jabulile Joyce Phoofofo, Assistant Manager of the Metsimaholo and Parys District Complex.



The AIMS system deployed by COHSASA is user-friendly and staff members experience it as a convenient and non-threatening method of calling in errors.

– Professor Stuart Whittaker

APART from a research programme being implemented in 24 facilities in the Free State Province, additional facilities in the North West Province (22) have become involved in the Advanced Incident Management System (AIMS) programme managed by COHSASA.

In the Free State province, research is being conducted using AIMS, a web-based incident reporting system on licence from Patient Safety International in Australia, and CoQIS (COHSASA's Quality Information System) to determine whether a statistically significant inverse relationship exists between the frequency of adverse events and near misses and compliance rates with COHSASA standards.

The overall aim of this project is to determine if the development and implementation of a hospital clinical adverse events prevention programme linked to quality improvement initiatives will result in the improvement of the performance of hospitals.

In June, COHSASA provided preliminary training on adverse events and incident reporting and monitoring to 16 representatives

from the Eastern Cape Provincial Department of Health and the East London Complex in East London.

The initial results from the Free State are encouraging and the original research design has been extended for seven months to accommodate an infection control study. One of the important aspects of the study has been to encourage a new ethos regarding the reporting of adverse events among health professionals in South African facilities. This includes fostering a "just culture" regarding adverse events.

Indications that the methodology is gaining impetus in the Free State (albeit slowly) is that staff have been reporting adverse events in higher volumes than previously, when they relied on a written reporting system. In August 2008, calls to the COHSASA call centre reached over 100 – more than double the rate in previous months according to Adverse Events Co-ordinator, Petro de Beer.

In September, Professor Stuart Whittaker, CEO of COHSASA, and Dr Siphon Kabane, Executive Manager of Clinical Health Services, gave a presentation on the work

being done regarding adverse event reporting systems and patient safety to the Health Professions Council of South Africa (HPCSA).

"Providers of healthcare services should be encouraged to report incidents – both adverse events and near misses. It is important to get staff buy-in if adverse events and near misses are to be adequately managed and prevented. To do this one has to encourage people to report errors by instilling a just culture. The monitoring system has to be easy to use.

"The AIMS system deployed by COHSASA is user-friendly and staff members experience it as a convenient and non-threatening method of calling in errors. When things go wrong in hospitals, two essentials are required if patient safety is to improve: a rapid response to the situation and an analysis that ensures the event or near miss is less likely to occur in the future. The AIMS programme achieves this," Whittaker says.

"By regularly classifying incidents into causal, severity and impact categories and by routinely reporting such analyses, a careful analysis of causes and associated factors can bring about preventative strategies. Detailed analysis of catastrophic adverse events (Root Cause Analyses) may lead to solutions that could greatly reduce the frequency of catastrophic events and thus improve health service delivery and patient safety in South African facilities," he says. ■

Major research underway on incident monitoring systems in South Africa

COHSASA is involved in groundbreaking research to establish whether an inverse correlation exists between the incidence of adverse events and compliance with professional standards.

The research began on Jan 1, 2008 at 12 control and 12 intervention hospitals in the Free State Province and makes use of two powerful information systems.

The COHSASA Quality Information System, CoQIS, provides powerful answers to specific queries and the Advanced Information Management System (AIMS) is a pioneering method for incident monitoring.

It is hoped that together the two computer systems form a powerful instrument to report incidents and manage them in South Africa. ■

(Continued from page 1)

Zambian facilities enter COHSASA programme

Dr Fikile Sithole and Mrs Thandiswa Mngadi went to Zambia to carry out the presentations to the two groups of facilities and a second team provided training on standards interpretation and evaluation.

COHSASA expressed the wish that all staff in the facilities would find the Quality Improvement programme motivating and lead all facilities to accreditation and a culture of continuous quality improvement in the future.

Dr Mada Banda, Manager of Medical Services for the Konkola Mining Group says, "Our vision is to become a centre of excellence in the provision of health care. The COHSASA programme will help improve the quality of service we provide through the process of benchmarking via formal international standards and continuous quality improvement. This will also provide us with the opportunity to network with partners to improve healthcare quality." ■

High-powered delegates

visit SA from the Philippines

A 12-MEMBER delegation of senior health representatives from the Philippines visited COHSASA and some of its clients in the Free State, Medi-Clinic and Cape Town City Health for a week-long study tour to gain an understanding of the COHSASA model. In the context of developing a quality framework for the Philippines, the purpose of the visit was to understand how an internationally accredited body such as COHSASA works, why clients choose COHSASA and what benefits are to be derived from a third-party accrediting agency.

Included in the delegation were representatives from Philippines Department of Health, the Philippine Health Insurance Corporation (PhilHealth) and the Health Program of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH.

The trip was facilitated by GTZ – part of German Technical Cooperation – a government-funded global cooperation enterprise with a core objective to improve people's living conditions on a sustainable basis. The *German Support to Health Sector Reform and Population Management Program* is a GTZ program which has been active in the Philippine health sector since 1983 and provides both long- and short-term technical assistance and policy support to its partner agencies, the Department of Health (DoH) and



THE PHILIPPINE DELEGATION AT BOPHELO HOUSE (HOME OF THE FREE STATE DEPARTMENT OF HEALTH) IN BLOEMFONTEIN: From left: Mr. Manolito Novales, Senior Technical Coordinator, Social Health Insurance Unit of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) program, German Support to Philippine Health Sector Reform and Population Management; Dr. Amador Catacutan, Advisor on Local Health Systems Development for the GTZ Health Program; Dr. Maria Linda Buhat, President of the Association of Nursing Services Administrators of the Philippines; Dr. Madeleine Valera, Senior Vice-President, Health Finance Policy Sector of the Philippine Health Insurance Corporation (PhilHealth); Dr. Israel Francis Pargas, Department Manager, Accreditation Department of PhilHealth, Attorney Nicholas B. Luterio III Bureau of Health Facilities and Services of the Philippine Department of Health; Dr. Rey Aquino, President and Chief Executive Officer of PhilHealth, Dr. Michael Adelhardt, Program Manager of the GTZ Health Program, Dr. Criselda Abesamis, National Centre for Health Facilities and Development for the Philippines DOH; Mr. Ruben John Basa, Vice President, Corporate Affairs for PhilHealth; Dr. Yolanda Oliveros, Director, National Centre for Disease Prevention Control, Philippines DOH and Mr. Tito Mendiola, First Vice President for Northern Luzon and National Capital Region of PhilHealth.

the Philippine Health Insurance Corporation (PhilHealth), on issues such as health reform, quality of care and health care financing.

Dr Michael Adelhardt, Program Manager of the GTZ Health Program, played a large part in coordinating the visit to South Africa so that a useful exchange of information could take place for future action. At the end of the week the delegates agreed that much had been learnt, the tour had been particularly helpful and collaboration between the two countries appeared inevitable.

After a day's orientation at the COHSASA headquarters learning about the organisation, as well as overviews of the South African Health System and quality initiatives, the delegation went on a wide-spectrum trip to a range of

facilities. First stop was a visit to the Free State Province, the second-poorest in South Africa with 50% of the population living below the breadline (life expectancies for women 49 years and men 45 years) and with an estimated unemployment rate of 67%.

The visit began in Bloemfontein with a top-level meeting at Bophelo House, headquarters of the Health Department of Provincial Government, with Mr. Sakhawo Belot, Health Member of the Executive Council (MEC) in the Free State Province, Professor Pax Ramela, Head of the Department of Health and senior officials. Dr Siphokhabe, Executive Manager for the Clinical Health Services Cluster, gave an in-depth presentation on his province's partnership with COHSASA since 2001. He and Prof Whittaker are

spearheading research in the province on adverse events and investigating whether an inverse correlation exists between standards compliance and adverse events.

The delegation then visited one of COHSASA's accredited hospitals in Bloemfontein, the Universitas Academic Hospital, where a walk around to ICUs, cardio-thoracic units and neonatal sections offered sufficient evidence that the facility has achieved compliance with international standards.

The journey continued into the dust and litter of Botshabelo ("Place of Refuge"), a poor settlement about 45 kilometres east of Bloemfontein with its 135-bed district hospital serving 177 000 people. The delegation was able to ask direct questions about obstacles in the way of achieving full standard

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Linda Strydom, quality assurance coordinator at the Universitas Academic Hospital in Bloemfontein (third from the right), discusses standards compliance in the ICU with members of the Philippine delegation. On her left is Sibusiso Zuma, Senior Manager, Standard Quality Compliance for the Free State.



BIG PLAYERS IN FREE STATE HEALTH: Big players in Free State Health (from left): Head of the Department of Health for the Province, Professor Pax Ramela, Dr Siphokhabe, Executive Manager Clinical Health Services Cluster and Me SRO "Moeder" Khokho, Executive Manager: Strategic Health Programs and Medical Support.



HAPPINESS IS A COMPLETED COQIS TRAINING COURSE – NOW FOR THE REAL WORK! Teams from Port Harcourt, Warri and Reddington Hospitals took place at Freeman House, Shell HQ in Lagos. From left: Dr Fred Eigbe, Community Health Medicine, Shell Lagos, Bimpe Oyeluyi, Maureen Williams, Buloala Lilly-West of Port Harcourt, Monique McCusker from COHSASA, Margaret Affia, Gloria Adim, Professor Stuart Whittaker, Elizabeth Princewill, Dr Nicholas Audifferen, George Oguntayo, Jacqui Stewart, Dr Yemi Assemuta, Dr Rita Akintola, Dr Modupeola Oludipe, Nkem Osakwe and Rakiya Lyamabo.

Training in CoQIS – a user-friendly approach

THROUGH A process of learning and experience, COHSASA trainers who have been working with our clients constantly come up with new ideas about imparting CoQIS skills. Imparting this knowledge relies on adult education methods, role-playing and experiential learning so that trainees can evaluate their facility against standards, input their standard compliance data into CoQIS via the web, report on the resulting information and then use the accurate information to manage their facility better.

This approach has evolved over time and was used by a senior team of COHSASA staff (Professor Whittaker, Monique McCusker and Jacqui Stewart) for an intensive training session for Nigerian hospitals in Lagos.

The aim of the training is to ensure that hospital staff understand quality, quality standards, quality assurance and quality improvement and be able to recommend and implement quality improvement strategies. Participants are trained to understand the scope, intent, basic structure and arrangement of CoQIS and use it as a management tool to improve quality. They are

trained to use the computerised analytical tools to:

- obtain standard compliance and related data scores using specific CoQIS instruments
- identify high risk deficiencies using the critical indicator and policy compliance assessment tools
- develop quality improvement plans for individual service elements and the hospital as a whole using the situation analysis report, facilitation and accreditation reporting tools, and the graded recognition regimen
- monitor progress and quality improvement programmes using the quality improvement reporting tool
- determine the accreditation status using the accreditation reporting tool and the graded recognition regimen at any point during the programme
- monitor the progress of groups of hospitals simultaneously using the scores query tool
- use the various CoQIS reporting tools to solve quality problems affecting hospitals. ■



The aim of the training is to ensure that hospital staff understand quality, quality standards, quality assurance and quality improvement and be able to recommend and implement quality improvement strategies.

SOLVING IT: Staff from Warri Hospital work on a solution... (From left) with her back to us, Dr Rita Akintola, consultant physician, Rakiya Lyamabo, pharmacist, George Oguntayo, Medical Laboratory Scientist and Matron Nkem Osakwe.



PORT HARCOURT TEAM WORKS ON CoQIS: from left: Buloala Lilly-West, Dr Yemi Assemuta and Gloria Adim.



OUT AND ABOUT: COHSASA was invited to attend a dinner with the Nigerian Quality Council at the "Jade Palace" in Lagos, Nigeria. From left: Dr Dudley Wang, Regional Health Manager for Shell Exploration and Production, Africa, Prof Stuart Whittaker, COHSASA CEO, Jacqui Stewart, Chief Operations Manager COHSASA and Monique McCusker, Financial and Informatics Manager.



NORTH WEST PROVINCE TAKES THE PLUNGE: Jacqui Stewart, left, COHSASA's Chief Operations Manager, imparts self-evaluation skills to quality coordinators of the North West Province using CoQIS to track quality data. The North West Province currently has 22 hospitals using CoQIS.

THE TRAINING AUDIENCE

TRAINING ON CoQIS is ideally provided to the following audiences although each training exercise depends on the client's needs and previous exposure to COHSASA.

- At strategic or director level, training is provided to assist decision-makers to respond to accurate information about facilities through the analysis of CoQIS-supplied data. The training imparts skills that enable them to make cost-effective and efficient decisions and deploy resources in the best way. This training usually takes one full day.
- At the provincial or regional /district level, managers are given a two-day training workshop to help them use CoQIS to manage their portfolio of facilities. They are trained to analyse information provided by CoQIS to get to the root of a problem quickly, compare results across various facilities and identify common problems (and the obstacles to resolving those problems).
- Facility level training is provided to quality assurance coordinators, CEOs of hospitals and nursing managers for three days to give them the ability to use CoQIS as a day-to-day management tool so that they can use the quality data to manage their facilities more efficiently. This includes specifically selected organisational standards compliance data that can be used as key performance indicators. These managers, are in, turn equipped to train hospital staff to implement the quality assurance programme using the CoQIS system and thus embed quality improvement as a continuous process. They are trained to structure and monitor effective, ongoing quality improvement processes and to achieve standard compliance through self-evaluation.
- Data capture training for three days enables both public and private sector clients to capture their own data onto the CoQIS system as an integral part of their continuous quality improvement programme. This eventually provides the foundation that permits a true self-evaluation model to be developed.
- COQIS training has gone international with healthcare leaders in Zambia and Nigeria learning to use the system. ■

USE OF CoQIS SPREADS RAPIDLY

CoQIS is being enthusiastically used by more than 400 clients with continuing positive feedback including constructive suggestions to improve the functionality of the system. Client usage of the system is being closely monitored and the help-desk is now fully operational. Statistics keep an accurate account of the most common difficulties encountered.

CoQIS is becoming an indispensable tool that helps managers to keep track of what is going on in their hospitals and regional governing bodies to compare compliance levels between hospitals.

In South Africa private hospital group Medi-Clinic is using CoQIS for self-evaluation in 35 of its hospitals. CoQIS is being used in 24 hospitals in the Free State and 24 hospitals in the North West Province and clinics in Cape Town are being monitored from their respective head offices using CoQIS. Hospitals in Zambia and Nigeria have also opted for CoQIS evaluation.

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High-powered delegates visit SA from the Philippines

compliance, given the obvious resource constraints and a shortage of professional staff.

Acting CEO of the hospital, Mr Tsekiso Motalosa, said the constant movement of staff (because not many choose to work in far-flung Botshabelo) impacted on the continuity of reaching standards compliance and low levels of literacy in certain departments impeded progress. However, it was clear to observers walking around the hospital that although the facility undoubtedly has to cope with resource constraints, it is not hopeless. From the meticulous signposts on corridor walls to the spotless floors, there is a sense of change, of cheerful effort and a resolute determination to achieve accreditation. Staff said that using COHSASA policies gave direction to their activities and improved teamwork and accountability.

The delegation was able to see authentic COHSASA fieldwork as they joined a hospital round with COHSASA surveyor, Joyce Mabaso, who was conducting a sampled validation; a process of checking standards compliance as evaluated by hospital staff and who are in the COHSASA self-evaluation programme.

Back in the Western Cape, the delegation met with senior staff of the Medi-Clinic Group in Stellenbosch where Chief Clinical Officer of the Medi-Clinic Corporation, Dr Ronnie van der Merwe, outlined reasons why his group had opted for COHSASA. "Quality and safety of patient care has always been an indispensable component of the company's business model, and the company continues to focus relentlessly on improving this aspect. Information systems, such as CoQIS developed by COHSASA, are an important instrument to ensure that Medi-Clinic is able to provide tangible evidence of quality improvement.

"Two years ago, the Medi-Clinic Group re-evaluated the idea of using an external accrediting agency and after research into

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Members of the Philippine delegation watch on as COHSASA surveyor, Joyce Mabaso (left), checks expiry dates on syringes during a sampled validation visit to Botshabelo Hospital.



ALL SMILES: Dr Lindiwe Simelane (left), General Manager for the District Cluster Zululand, Uthungulu and Umkhanyakude in North-Eastern KwaZulu-Natal with Professor Stuart Whittaker, CEO of COHSASA, at the Accreditation Ceremony of Lower Umfolozi District War Memorial Hospital.



HAND OVER: from left: Cebo Myeza, CEO of Lower Umfolozi District War Memorial Hospital, Dr Lindiwe Simelane, Area Manager Three, Dev Palium, Quality Assurance Manager, Thandiwe Mngadi, COHSASA facilitator, and Prof Stuart Whittaker CEO of COHSASA.

A great day for the KwaZulu-Natal DOH

THE END OF 2007 was a good time for the KwaZulu-Natal Department of Health when three of its hospitals – Lower Umfolozi War Memorial District Hospital in Empangeni, the Port Shepstone Hospital on the South Coast and Grey’s Hospital in Pietermaritzburg – received full accreditation for two years each. The accreditation awards came after all the hospitals made determined and sustained efforts through the Graded Recognition Programme to persevere with the COHSASA quality improvement process until they had achieved compliance with international standards.

The ceremonies – attended by senior health officials in the Province and civic dignitaries – were a joyous celebration of accomplishment. Hospital choirs sang, hospital managers danced (as they collected their accreditation certificates) and hospital staff swayed to music in chiffon-swathed marquees. The pageantry spelt out hope amid the general national gloom regarding public sector healthcare.

Professor Stuart Whittaker, who spoke at all the ceremonies, said these hospitals were a “beacon of light” and that what the hospitals had achieved was testimony to the fact that any public sector hospital in South Africa could achieve compliance with quality standards provided there was commitment, ownership of the quality improvement process and hard work.

When Lower Umfolozi War Memorial District Hospital first entered into the COHSASA programme, in October 1998, it emerged nearly two years later at external survey with a Pre Accreditation Entry Level Award. The hospital persevered in the COHSASA programme and in July 2003 was again surveyed and received a Pre-Accreditation Intermediate Award.

In March 2005, the hospital entered into the COHSASA programme for a third time; an external survey was done in April 2006 and the hospital was awarded an Intermediate Pre-accreditation level award with a

focus survey. The focus survey was completed in December 2006 and the result was an Accreditation Award for two years expiring on March 7, 2009. The remarkable fact is that the average baseline score of this hospital was 50 and the average score of the focus survey was 98 – the highest score ever attained for a focus survey by a public sector hospital in South Africa.

Port Shepstone Hospital also entered the COHSASA programme a few times, gradually making progress on each entry, before it was awarded accreditation.

Said Professor Whittaker at the Accreditation ceremonies: “These hospitals are proof that quality can be improved in South Africa – even in hospitals with staff shortages and a lack of resources.”

Cebo Myeza, Hospital CEO of Lower Umfolozi District War Memorial Hospital, who skipped jubilantly across the stage to collect the Accreditation Certificate said accreditation meant a lot of things to the hospital but most important of all was the knowledge that they had to maintain standards “so that when 2009 comes round we will be ready for our next accreditation award.” ■



IN HONOUR: Mhlengi Gumede (above), widow of the late Mrs Nonkazimlo “Noisy” Gumede attended the occasion in her honour. Mrs Gumede drove many of the quality improvement and revitalisation efforts at the hospital and these were not forgotten. Hospital staff considered Mrs Gumede to be “one of the greatest public servants ever produced,” and said that they would miss her strong and efficient leadership.

“These hospitals are proof that quality can be improved in South Africa – even in hospitals with staff shortages and a lack of resources.”

– Professor Stuart Whittaker

REWARDING ACHIEVEMENT: Proudly holding Lower Umfolozi District War Memorial hospital’s accreditation certificate. From left: Dr Lindiwe Simelane, Area Manager Three, Mr Cebo Myeza, CEO of Lower Umfolozi District War Memorial Hospital and Prof Stuart Whittaker CEO of COHSASA.



Second time around for Grey's Hospital

GREY's Hospital in Pietermaritzburg celebrated its accreditation award in great style. There were choirs, dancers, awards to staff who had excelled and certificates handed out to service elements that had reached compliance with standards. In addition to 34 certificates handed out to individual hospital departments and services for achieving standards compliance of over 80, the most important certificate handed over to CEO of the hospital, Ruben Naidu, was the accreditation certificate presented by Professor Whittaker. This is the second time Grey's Hospital has received an accreditation award, the first being granted from 2001 – 2003. In his address to hundreds of staff in the crowded hall, Mr Naidu said that the challenge for the hospital was to sustain and better their service to the community and to guard against complacency. ■



CERTIFICATE OF ACCREDITATION: From left: Prof Stuart Whittaker, Richman Mkongwa, Systems Manager, Dr Kandolo Bilenge, Medical Manager, Felicity du Preez, Deputy Nursing Manager, Ruben Naidu, Hospital Manager, Zinhle Buthelezi, Finance Manager and Sihle Hlongwa, Human Resources Manager.



REACHING THEIR GOALS: Prof Whittaker hands over the certificate to Grey's quality improvement team who were the motivators of action that lead to the accreditation. From left: Prof Whittaker, David Naidu, Katie McKenzie and Zinhle Buthelezi.

FROM TOP:

CELEBRATORY SONGS: The Lower Umfolozi District War Memorial Hospital Choir kept the crowd entertained with a wonderful array of songs.

JUBILANT: Hospital staff at Lower Umfolozi District War Memorial Hospital joined in the spirit of joyful celebration.

CONGRATULATORY: Dr Siyabonga Cwele, MP for Port Shepstone and Minister of Intelligence, applauds COHSASA on the role it has played in providing the platform that assisted Port Shepstone Hospital to achieve accreditation.

WELL DONE: Prof Stuart Whittaker hands over the COHSASA accreditation certificate to Gabriel Khawule, Port Shepstone Hospital CEO and Buyisile Ngesi, Nursing Manager.

TRADITIONAL: The Jet Entertainers performed an Indlamu – a traditional Zulu dance – wearing their skins (amabeshu), head rings, ceremonial belts, ankle rattles, shields and brandishing knobkerries and spears.



Two of the KZN hospitals received beautiful murals that were donated to them by the **Foundation for Hospital Art**, an organisation based in Atlanta, Georgia USA, who mission is to bring comfort and hope through art to people in healthcare facilities around the world and to ensure that one artwork is donated to every hospital on earth. It is a wonderful and selfless organization that has brightened at least two of our public sector hospitals – no doubt with more to come.

The Free State continues its quest for quality assurance

TWO HOSPITALS in the Free State – Mohau District Hospital (formerly known as Hoopstad Hospital) and National District Hospital have been accredited by COHSASA and ceremonies were held at both hospitals to mark the occasion.

Mohau District Hospital entered the COHSASA programme on the 23rd of April 1997. After nine facilitation visits, the hospital received a two-year accreditation in August 1998. The hospital re-entered the COHSASA programme in August 2004 and following a Focus Survey in March 2008, the hospital received a second accreditation.

A later entry to the COHSASA programme, the National District Hospital underwent a baseline survey in April 2003. After 11 facilitation visits, the hospital had an External Survey but fell short of full accreditation because there were a number of non- and partially compliant criteria. In April 2007, following a Focus Survey the Hospital was awarded Full Accreditation.

In his speech at the accreditation ceremony at National District Hospital, the MEC for Health, Sakhwi Belot said that the COHSASA programme in the Free State is “now a fully fledged management tool which we constantly use to monitor the quality of service in our health facilities.”

Belot said that in May 2000 the Free State Province Quality Services Improvement Strategy was developed by a departmental task team and, as recommended by the strategy document, a Quality Assurance Unit was established in 2001. The then department also took a decision to enrol all its hospitals for an accreditation programme facilitated by COHSASA. The first batch of 12 hospitals started the accreditation programme in August 2001 and 18 hospitals started in June 2003.

Said Mr Belot. “The accreditation programme has heightened awareness of quality of care to new levels and quality standards and the process of QA is entrenched among the service providers in the province.”

The latest accreditations bring the tally of fully accredited hospitals in the Free State to 12. In addition, in terms of COHSASA’s Graded Accreditation Programme, several hospitals have achieved awards in these categories. ■



Norma Jordaan (above) gives COHSASA facilitator, Thandi Mngadi a commemorative plate to celebrate the accreditation of Mohau Hospital.



ABOVE LEFT – A VERY PROUD MOMENT: Professor Stuart Whittaker (left) congratulates Piet Saliwe, Senior Artisan Foreman on the excellent results of the Maintenance Department at Mohau Hospital. In the background are (left) Norma Jordaan and Piet Tamane, Tradesman AID II.



ABOVE RIGHT – NATIONAL DISTRICT HOSPITAL ACCREDITATION: From Left: Sakhwi Belot, MEC for Health in the Free State Province, Agnes Sesing CEO of the National District Hospital and Professor Pax Ramela, Head of the Department of Health.

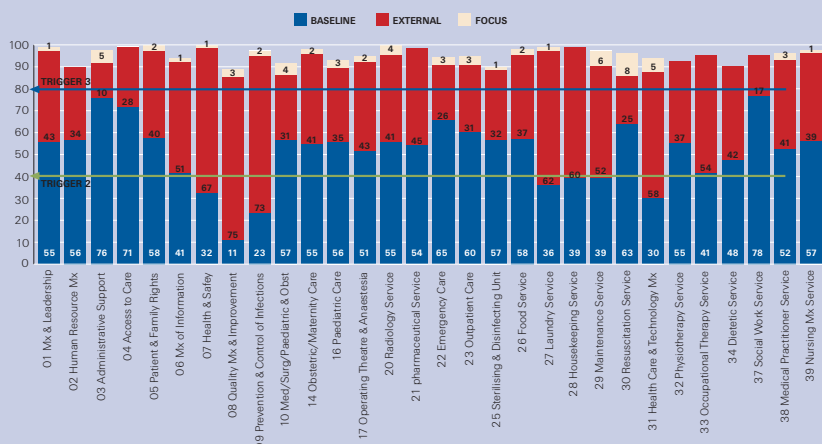
ACCREDITED

- Bongani Hospital (2008 - 2011)
- Dr J.S. Moroka District Hospital
- Free State Psychiatric Complex (2008 - 2010)
- Metsimaholo Hospital
- Mofumahadi Manapo Mopeli Reg Hospital (2008-2010)
- Mohau District Hospital
- National Hospital
- Nketoana Hospital
- Pelonomi Regional Hospital
- Phekolong Hospital
- Thusanong Hospital
- Universitas Hospital (2008 - 2011)

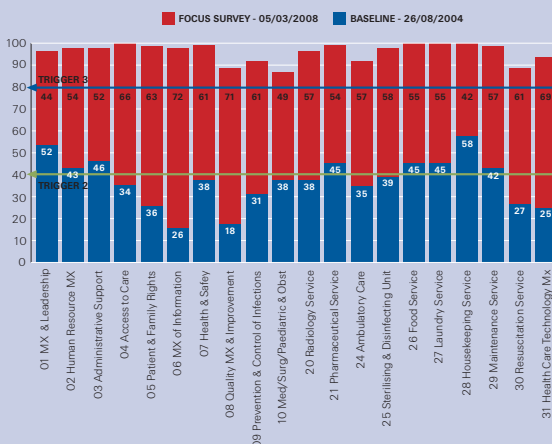
The COHSASA accreditation programme has heightened awareness of quality of care to new levels and quality standards and the process of QA is entrenched among the service providers in the province

– Mr. Sakhwi Belot, MEC for Health, Free State Province

AGGREGATED SE SCORES FOR NATIONAL DISTRICT HOSPITAL



MOHAU HOSPITAL – BASELINE AND FOCUS SURVEYS



Notice the sharp improvement from the baseline to focus survey in the various departments and services of Mohau Hospital (above). The hospital achieved an average score of 96 out of a possible 100.



SETTING HIGH STANDARDS: Members of the Quality Assurance Unit of the Lesotho Ministry of Health during a tea-break when COHSASA finalised the country's hospital and health centre standards. From left: Mme Mzondoase Mohapi - PPP Co-ordinator, Dr Juliana Samson-Akpan - Medical Superintendent Roma Hospital, Mamonyane Mohale - PHC co-ordinator CHAL, Kate Jackson-Lesotho Boston Health Alliance, Sister Immaculate Pooka - SNO Seboche, Mme M Ramaseme - Chief Statistician MOHSW, Dr J Tetteh - Quality Assurance Coordinator MOHSW, Ntate A Makhalemele - Administrator Scott Hospital, Lyn Rayment of COHSASA and Mme N Motsokane - Assistant QA Coordinator MOHSW.

Work begins in earnest in

LESOTHO

A PROCESS TO amend existing standards used in Lesotho hospitals has been underway during 2008. The standards amendment and implementation process is part of COHSASA's contribution as a member of the USG/PEPFAR-funded Southern Africa Human Capacity Development (SAHCD) Coalition to improve the quality of health in the mountain kingdom.

The main aim of the Coalition is to improve the capacity of both private and public sectors to deliver quality HIV/AIDS services. Those pulled into the process include health workers, policy makers and planners, programme managers, educational facilities as well as communities and families.

Following a meeting in March with representatives of the Lesotho Ministry of Health and Social Welfare (MOHSW), detailed amendments were made to the Lesotho standards. Using the amended standards, a COHSASA-led SAHCD team conducted a pilot baseline assessment at Motebang Government hospital in Leribe mid-year. This is one of the 16 hospitals to be included in the quality assurance activity.

The Quality Assurance team of the Lesotho MOHSW, who participated in the baseline assessment, identified additional activities/indicators (detailed

inventory checks and facility inspections) to be included in the assessment process.

A set of standards for Lesotho's health centres was developed and sent to Lesotho MOHSW representatives for input and these were piloted in June 2008.

According to Dr. Fikile Sithole COHSASA's representative on the Coalition and Lyn Rayment, COHSASA's Standards Development Co-ordinator, the new Lesotho Quality Assurance Standards used in the pilot were a combination of the previous Lesotho quality assurance standards and the Sixth Edition of COHSASA's Hospital Standards. These combined standards are now called the Lesotho Quality Assurance Standards.

A workshop was held with the Lesotho National Quality Assurance Team and the SAHCD quality assurance consultants from COHSASA in August to review both hospital and health centre standards.

The combined team of the Lesotho National QA team and the SAHCD QA consultants from COHSASA will conduct baseline surveys in the rest of the facilities (16 hospitals and 32 clinics in all). ■

Integrating quality improvement

BY DR. FIKILE SITHOLE

COHSASA, a member of the USG/PEPFAR-funded Southern Africa Human Capacity Development (SAHCD) Coalition, has been working with the Swaziland Ministry of Health and Social Welfare (MOHSW) to introduce and run a Quality Assurance Programme. The Programme has been placed under the Directorate of Health Services overseen by the Director of Health Services, who serves as the Chairperson of the Swaziland National Quality Assurance for Health.

Through the SAHCD, COHSASA assisted the MOHSW to establish a National Quality assurance team. The MOHSW requested COHSASA to run a quality improvement programme using the skills transfer approach. This means COHSASA would lead this process, with the

appointed members of the National QA team shadowing, and finally taking over the running of the QA programmes in-country when COHSASA finally leaves.

A sample of health facilities in Swaziland were put into the COHSASA two-year programme by the Swaziland MOHSW – 6 hospitals, 4 health centers, 7 clinics and one Primary Health Unit.

Based on the baseline findings, a process of strengthening the service delivery system began. This involved all the relevant stakeholders including other SAHCD member organisations, other MOHSW programmes like Swaziland National Aids Programme (SNAP) and other United States Government/PEPFAR partners.

The process involved sharing the results with the stakeholders so

that each could see how to integrate quality improvement into existing programmes. Some responded very speedily and some (due to various challenges) responded at a slower pace.

The facilities formed Quality Assurance Teams (called steering committees), and the National Quality Assurance team formed teams to support the facilities in certain functions (Infection Control, Health and Safety, Resuscitation, etc). The members of the National QA team also adopted facilities to support.

Preliminary results of the process: In all the facilities, a communication process began between the departments because for the first time they all faced a common challenge, that of ensuring that each of their

departments contributed towards improving the quality of the health service. This has also stimulated the concept of integration of services. Communication also improved between clinics and referral pathways were reviewed.

The HOD of the medical department in one of the hospitals introduced a comprehensive internal referral system between all the departments to ensure that HIV/AIDS patients are appropriately referred and not lost in the broad treatment regimes of other illnesses or surgical conditions. This will ensure holistic care of the patients presenting at the facilities. ■

Swaziland Hospital wins international 2008 award

"IT'S REWARDING, especially after the hard work of the team!" These were the excited words of Dr. Raymond Aristide Bitchong, team leader at the Raleigh Fitkin Memorial Hospital (RFMH), after hearing that the 350-bed regional referral and teaching hospital situated in Manzini City in Swaziland, had tied with another organization for first place for the Management Sciences for Health (MSH) 2008 Leadership and Management Award.

The award recognises teams of healthcare professionals that have undergone leadership and management development to overcome challenges and achieved measurable results. With teams competing from around the globe for this award, victory is a great achievement for the RFMH.

The team worked on a challenge to address how RFMH could increase the patients' assessment level at the hospital's Outpatient Department to 80%, given that the baseline assessment reflected 61.3% and there were no clear policies and procedures for assessing patients at OPD. The team felt that by addressing this challenge, they would address other underlying issues. Specific goals included reducing patient waiting times, improved accuracy of diagnoses and increased patient satisfaction.

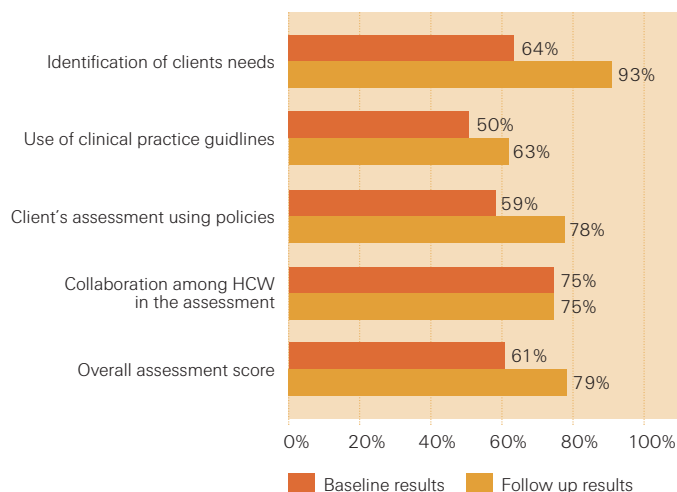
RFMH leveraged on the integrated intervention from the PEPFAR/USAID-funded Southern Africa Human Capacity Development (SAHCD) Coalition through the Leadership Development Program (LDP) and the COHSASA Quality Assurance Programme. They did this by the sensitizing of operational policies as well as clinical skills training to holistically equip themselves to improve their service delivery and to achieve great results.

To ensure sustainability, RFMH has included policies into the hospital in-service training programme, integrated supervision tools and integrated monitoring and evaluation of the programme. The achievement mirrors the vision of the owners of the hospital, the Church of the Nazarene, to "provide quality healthcare services in a holistic approach that is physical, emotional, social and spiritual to the catchment population of the Manzini Region." ■



PRESENTING IDEAS: The RFMH core team from left: Dr Raymond Bitchong, Mrs Twala, Mrs Zwane, Mrs Mamba and Dr. T. Lukoji.

Comparison of Baseline and follow up results of the evaluation of patients' assessment at OPD



COHSASA TO CONTINUE ITS ROLE IN SWAZILAND

SINCE 1ST OCTOBER 2006, COHSASA has been part of two-year associate cooperative agreement issued by USAID to the Southern Africa Human Capacity Development (SAHCD) Coalition. The Coalition is USG/PEPFAR-funded through the regional HIV/AIDS program (RHAP) with a mandate to improve the quality and performance of facilities in Swaziland by working directly with the Ministry of Health and Social Welfare (MOHSW) there.

This project is a means whereby the quality of HIV/AIDS service delivery and client care is improved through a regional human capacity building programme. The Coalition has been structured to respond to the current human resource crisis in sub-Saharan Africa by implementing local and coordinated strategies to address workforce planning policy issues and improving skills and knowledge. The Coalition strengthens the capacity of

all those involved in the delivery of HIV/AIDS services.

To achieve this, COHSASA seconded one of its full-time clinicians, Dr Fikile Sithole, to the project with its Regional Office in Pretoria. Dr Sithole, in cooperation with the other Coalition partners, has been instrumental in assisting the SAHCD to achieve one of the many goals – to facilitate quality and performance improvement at health facilities.

Achievements to date include baseline assessments conducted in the first year in all facilities with the support of the National QA team from the MOHSW. In year two, the information gathered at these baselines was analysed using the COHSASA Quality Information system (CoQIS) and the resulting reports enabled the Swaziland National Quality Assurance team and all the SAHCD coalition members to identify deficiencies in

the facilities. Coalition members were then able to use their expertise to focus their support and training activities so as to enable the facilities to address the deficiencies.

COHSASA is to conduct an analysis of the current understanding of quality assurance (QA) processes with the current QA team and facility staff managing the quality improvement programmes. Where there are obvious gaps, appropriate refresher programmes will be instituted.

COHSASA will also continue its role of strengthening health systems in the country by providing ongoing quality improvement training by regular 6-weekly visits to the six hospitals, four community centres, a single public health unit and seven clinics spread over four regions. These quality improvement visits will assist the national and facility QA teams to identify and address areas of deficiency. COHSASA will

also continue to support the development of quality assurance activities when the National TB Hospital opens. In 2007, a site visit to the TB Hospital resulted in a number of critical areas in relation to engineering aspects of the project being identified and which needed to be addressed as a matter of urgency.

A detailed proposal to support the commissioning of the hospital and bring it into the overall quality improvement programme at the earliest opportunity was provided. This will include leading the National Quality Assurance to conduct a baseline assessment of the hospital in consultation with the Ministry's national TB programme. Based on findings COHSASA will work with the Ministry and facility staff to develop and implement a facility-wide quality improvement programme from the outset.

THE ART OF PERSEVERANCE

THE CAPE TOWN City Health Department, under the Executive Director, Dr Ivan Bromfield, (who is an alternative director at COHSASA), has shown its continued support by entering into another three-year contract. Another 14 primary health care clinics and 16 environmental health offices (including outlying offices in Brackenfell, Kraaifontein, Somerset West and Kuilsriver) will be self-evaluating quality improvements using CoQIS.

Among the most recent clinic accreditations for the Cape Town City were Saxonsea Clinic and the Tafelsig and Seawinds Clinics which were each accredited for three years, indicating that they have consistently maintained standards between surveys. At a recent ceremony to hand over the accreditation certificate to staff at Seawinds, Tessa Carolissen, manager of Seawinds and a quality champion, said that the clinic had become an oasis in the desert of the informal settlements surrounding it. She said her staff were proud to be part of the quality movement and hoped that Seawinds would

continue to provide excellent healthcare to its catchment population for many years to come.

At the ceremony, Dr H el ene Visser Manager: Specialised Health for Cape Town City Health, said that working with COHSASA had provided facilities with a means of monitoring the quality of services they provided to citizens of Cape Town and its surroundings and that the process – “although painful at times” – had been worth it.

To date, the municipality has achieved accreditation for 17 of its 82 clinics and three of its 16 environmental health offices from COHSASA.



Staff responsible for the accreditation of the Seawinds Clinic near Vrygrond on the windswept Cape Peninsula. From left: Brenda van Niekerk, Primary Health Care and Programmes Manager; Winston Wippenaar, Gail du Plooy, Tessa Carolissen Clinic Manager; Asa Petersen, Rashieda Alexander, Rosaline Jacobs, Elizabeth Rose (who facilitates the quality assurance programme), Anne Stevens, Fatima September and Boolie Tabiso.



IN FRONT OF COHSASA OFFICES: from left: Gerard Locke, COHSASA's Healthcare Technology Management Consultant, Maureen Corbett, Director of Programmes, Intrahealth International/Chapel Hill, Prof Stuart Whittaker, CEO of COHSASA, Collin Sikwibele Monitoring and Evaluation Officer, South African Human Capacity Development Coalition and Shannon Salentine, Monitoring and Evaluation Manager, IntraHealth International in North Carolina.

IntraHealth and COHSASA strengthen ties

VISITORS FROM IntraHealth International in Chapel Hill, North Carolina in the United States popped into the offices of COHSASA in Cape Town to familiarize themselves with the Council's neoteric information system and operating processes. The visit was carried out to establish whether COHSASA's resources might provide a valuable data source for the M&E functions of the Southern Africa Human Capacity Development Coalition (SAHCD) in both Swaziland and Lesotho. Intrahealth is the lead partner in the coalition. SAHCD is working to improve the delivery of HIV/AIDS services. To foster a strong, coordinated response to HIV/AIDS among Southern African organizations, the Coalition provides technical assistance and evaluates and shares promising practices and successful models for strengthening human resources for health.

This two-year \$5 million program is funded by USAID. IntraHealth's partners in the programme include the East, Central and Southern Africa (ECSA) Health Community, the Foundation for Professional Development, the Council of Health Service Accreditation of Southern Africa (COHSASA), Management Sciences for Health (MSH) and Training Resources Group Inc. (TRG).

About a month later, several members from the Pretoria office of the SA Southern Africa Human Capacity Development Coalition (SAHCD) were given a two-day training course in using the quality information system, CoQIS, so as to be able to run queries about the status of interventions in health facilities in Swaziland. They were taught how to access performance indicators and levels of progress in meeting compliance with standards and how to recognize and identify obstacles to improvement. ■

LOTS OF LEARNING: members of the Southern Africa Human Capacity Development Coalition enjoy two days of learning. In front from left: Priscilla Ngwenya and Tsitsi Mkombe from IntraHealth, Chauke Ngoma from Management Sciences for Health (MSH) and Cheryl Adams from COHSASA's IT department. Back row: Prof Whittaker, Collin Sikwibele from IntraHealth and Jennifer Kaahwa from ECSA. Dr. Fikile Sithole, COHSASA's representative and a key player is absent from the picture.



A central focus is on developing capacity at facility and national levels in Swaziland. At the facility level this is to be achieved by supporting quality improvement teams in individual departments and between departments as they engage in QI activities to reach compliance with standards. There will be ongoing monitoring of trends and common deficiencies using the CoQIS system to identify areas that would benefit from further MOHSW intervention or country-wide training programmes.

COHSASA's CoQIS system will be used to enter the adapted country level standards for baseline and periodic assessment data. The data collected and analysed will allow for the assessment of individual facility performance, comparison between facilities' performance and identification of trends within facilities or across all the facilities. ■



HEALTH FORUM: The North West Provincial Consultative Group with COHSASA CEO, Stuart Whittaker (in the middle of the back row).

Eastern Cape Health & Safety Risk Management Workshop

BY GERARD LOCKE

IN A COMMENDABLE initiative aimed at improving the status quo with regard to health and safety within their institutions, the Bisho-based Health and Safety Unit of the Eastern Cape Department of Health (ECDOH) approached COHSASA with a view to presenting a workshop on basic health and safety and risk management related issues for health and safety co-ordinators in the Province's hospitals.

The initial one-day workshop, held at the Osner Hotel in East London on 12th May 2008, was attended by +/- 80 delegates. Feedback, obtained from randomly handed out evaluation forms, confirmed initial concerns that one day would be insufficient to allow for adequate coverage of the subject matter and meaningful interaction during question and answer sessions.

Following up on the successful outcome, the Department decided to hold a further workshop – this time over two and a half days – the target audience being hospital CEOs and top management. Both workshops were presented by Gerard Locke, COHSASA's Clinical Engineer and Healthcare Technology Management Consultant – who also specialises in healthcare and technology related risk management.

The second workshop was held at the Halyards Hotel in Port Alfred and was attended by over 120 delegates. The ECDOH's choice of venue was spot on. Situated in the Port Alfred Marina, it provided a congenial atmosphere where participants could relax and discuss the day's activities over dinner in the evenings.

The programme was well directed by the Department, with Ms T. Kakaza, Chief Director of Internal Audit and Risk Assessment standing in for the Superintendent-General Mr LM Boya. The programme director for day one was Mr L Mosana (CEO - East London Hospital Complex), for day two Mr A Wild (Director - Non-Pers Primary Healthcare) and for day three – Mr L Tshoko (Director - Strategic Planning).

In addition to the main focus of imparting a thorough understanding of the Occupational Health and Safety Act and basic risk management strategies, a number of subjects having a direct bearing on patient safety and related litigation were also discussed. These included presentations on engineering controls in the limitation of TB cross-infection and the essential requirements for a functional resuscitation service, while the use of CoQIS as risk management aid was also demonstrated. Other topics included the functions of the ECDOH Risk Register and its use as a management tool – presented by the Directorate of Internal Audit and Risk Assessment, and the role of the Quality Assurance Unit presented by the Unit's director, Mrs DD Pemba.

In her closing address, Ms Kakaza (on behalf of the Superintendent-General) thanked all concerned in making the event the success that it was, and said that, although not contractually obliged to, COHSASA had attended the third day as well, and their presence and support had been noted with appreciation. ■

COHSASA is Member of North West Consultative Forum

COHSASA WAS invited by the North West Province to be part of the Province's Consultative Health Forum. The launch was held at the Mount Amanzi Resort in Hartbees.

In terms of Section 28 of the National Health Act, MECs are required by law to establish consultative bodies in their provinces that promote and facilitate interaction, communication and the sharing of information on provincial health issues. At the launch, MEC Nomonde Rasmeni welcomed COHSASA as part of the core North West Province's health stakeholders' base to formalise a consultative approach to healthcare service delivery that would meet at least once every 12 months.

This body may influence certain policies and the direction that the department takes and requires the department to report to the stakeholders and executive authorities of the department to be accountable to the same.



IN DISCUSSION: from Left: Andrew Robinson, Deputy Director General, Nomonde Rasmeni, MEC for Health in the North West Province and Superintendent General Dr Lydia Keneilwe Sebege at the launch of the Consultative Forum.

Ensuring essential Healthcare to Africa



PAYING CLOSE ATTENTION: Delegates at the conference at the Westin Grand Hotel in Cape Town

PROFESSOR Stuart Whittaker gave the keynote address, "Improving Patient Safety in Africa", at one of the sessions of the Healthcare Expansion Congress in Cape Town in mid-year. Professor Whittaker was one of 19 speakers selected by the organisers, NASEBA, to address issues around improving the delivery of health care on this continent.

He touched on international perspectives and responses to adverse events and near misses and outlined COHSASA's experience with identifying incidents, responding to them, managing the adverse events and reducing the risk of them occurring in the future.

Unlike many other conferences where people arrive, sit in a chair and go home (and the world usually stays the same), delegates at this congress are matched with potential suppliers – rather like a sophisticated village market – and most people are given the opportunity, via pre-arranged meetings, of hooking up with someone who can make a real difference in their world. This is the brainchild of NASEBA (listed on the Paris Stock Exchange), which sets up these subject-specific platforms so that delegates can

make the most of meetings that attract delegates from across the world.

The purpose of the Healthcare Expansion Congress was to expose participants to current advances, latest solutions and services in the health care industry to overcome obstacles that block efficient service delivery in Africa. COHSASA was identified as one of the providers of a solution – in this case the use of AIMS and CoQIS - to identify deficiencies and improve quality and to identify and manage adverse events. Professor Whittaker drew attention to the human and material costs involved in adverse events and ways of managing the problem in Africa. He also outlined the advantages of the CoQIS system as an efficient monitoring tool to identify deficiencies and eradicate them. ■

(Continued from page 5)

High-powered delegates visit SA from the Philippines

the subject, including the use of international alternatives, the company settled on COHSASA as the best option, particularly because CoQIS enables continuous tracking of quality improvements," he said.

The delegation then visited the Louis Leipoldt Hospital in Bellville, the first hospital accredited by COHSASA in 1995 and in line for another accreditation soon. It was clear from comments made by the outgoing facility manager, Jo Hofmeyr and incoming manager, Alosha Rayray, that being part of quality improvement under COHSASA's wing had made a vast difference to their performance and operations.

The group then headed out through the graffiti and wrought iron of the Cape Flats to attend the accreditation ceremony of Seawinds Clinic, a small but effective primary healthcare facility in an informal settlement operated by the City of Cape Town. (See Story on page 11)

By the end of the week Dr Rey Aquino, head of the delegation and President and CEO of PhilHealth, said it became clear after hearing unsolicited and honest comments from COHSASA's clients about why they used the accrediting body that it was an appropriate model for the Philippines. He felt there would be a long and constructive engagement ahead.

"With its experience in developing a quality management tool and information system carried out in a facilitated process; and used by both private and government facilities, by rich and resource-challenged hospitals, by stand-alone clinics and network hospitals, manned by a professional, lean and mean staff, I affirm that the COHSASA model is an inspiration for us," he said. Dr Aquino said he appreciated being exposed to actual and technical experience of accreditation in South Africa and that the visit had allowed for a forthright, candid and honest discussion with various stakeholders.

Professor Stuart Whittaker, CEO of COHSASA said, "Regarding accreditation in South Africa, we have learnt that we have to be patient. Accreditation does not just happen – particularly in poorly-resourced facilities. The catch with quality is the erroneous belief that there is an end to it. Quality never ends and one needs a constant injection of energy to sustain it." He said it was imperative that hospitals be built up through a process of continuous quality improvement and that COHSASA's new information system, CoQIS, was the backbone to achieve this. "You cannot manage quality unless you know from moment to moment what is happening." ■



Exploring Louis Leipoldt Medi-Clinic were (from left): Nicholas Lutero III, Ruben John Basa and Dr Israel Francis Pargas.



The proud Manager of Cape Town City Health's Seawinds Clinic shows the visiting Philippine delegation her bank of COHSASA policies.

IN SESSION:
COHSASA Informatics and Finance Manager, Monique McCusker, answers some queries from the group.



Medi-Clinic managers trained to use COHSASA's new quality information system

“CoQIS is a brilliant addition to the COHSASA toolbox

– Jo Hofmeyr, Manager of Louis Leipoldt Hospital”

GROUP WORK: Prof Stuart Whittaker oversees a group project in the CoQIS training programme.



SENIOR MEDI-CLINIC staff from all over South Africa and Namibia, including regional managers, hospital managers and head-office personnel spent several days participating in training session workshops in order to familiarise themselves with COHSASA's new web-based Quality Information System (CoQIS).

The training, in both theory and practical application of the web-based system, means that managers will now understand how to monitor compliance with standards and the progress – or otherwise – of quality improvement initiatives in their own hospitals using CoQIS.

Regional managers, now empowered to monitor quality improvements in facilities that fall under their jurisdiction, are able to observe strengths and weaknesses in hospitals and take strategic and cost-effective corrective action.

In the Western Cape, the training took place over three days in Somerset West where 39 participants engaged with the new programme. Although some trainees found the process intense with a lot of information to assimilate, Jo Hofmeyr, Manager of Louis Leipoldt Hospital, said he could not wait to use the new system in his facility. Hofmeyr said CoQIS was a brilliant addition to the COHSASA toolbox and that it would be a sound way to identify a problem in his hospital, accumulate details of the problem and why it had occurred and assist staff to manage and improve the situation by monitoring performance indicators.

Managers had flown down from as far as Walvis Bay in Namibia to attend the training session. The training formed part of the rollout of the CoQIS programme in 35 Medi-Clinic hospitals that have entered the COHSASA quality improvement and accreditation programme. ■



REPORT BACK: from left Hendrica Ngoepe, Regional Nursing Manager WC and Isabel Heigan, Training Manager at Medi-Clinic head office share scenarios of how they've identified deficiencies in a hospital and worked on a quality improvement solution to address it.

COHSASA part of WHO initiative on safe technology

COHSASA HAS been invited to be part of a World Health Organisation initiative that may have major implications for improving the quality and safety of health services in South Africa. This follows a high-level meeting at the Imperial College in London where CEO of COHSASA, Professor Stuart Whittaker was appointed as a member of the core group of the Technology for Patient Safety Project by the World Health Organisation's World Alliance for Patient Safety.

This is a key initiative within the Forward Programme 2008-09 of the World Alliance for Patient Safety. In 2002 the World Health Organisation passed a resolution acknowledging that patient safety required global action. This led to the establishment of the Alliance in 2004.

The core group of the Technology for Patient Safety Project will provide an overarching steer to the project and to the four sub-groups that will address four main work areas, namely: Information Technology for Patient Safety; Making Technology Safer; Introducing New Technology Safely and Training

and Simulation Technology.

Professor Whittaker was appointed to co-chair the sub-group "Making Existing Technologies Safer" with Professor Masanori Akiyama of the Massachusetts Institute of Technology (MIT) Center for Digital Business in Cambridge, USA. This group will investigate the current situation across the globe regarding patient safety in relation to existing healthcare technology.

The safe technology initiative will be an ongoing project and, after an initial scoping exercise to identify potential projects and the possibility of developing a substantive technology programme (including the identification of high-risk technologies), the core group will develop methods to reduce risks and suggest different approaches to various countries depending on their particular circumstances. This initial scoping paper, Technology for the Advancement of Patient Safety will define technology for patient safety, identify the breadth of the topic and introduce the four streams of work. This paper will be complete by April 2009.

BUILDING LINKS WITH Australia

By Delia Dent,
Business Development Manager

PATIENT Safety International (PSI) a leading provider of incident management, healthcare quality and patient safety improvement software tools has entered into a distribution deal with COHSASA, the leading provider of quality improvement services in sub-Saharan Africa.

With 1 in 10 patients admitted to hospital suffering an adverse event, healthcare systems around the world are urgently looking for practical solutions to poor quality and compromised patient safety. PSI's AIMS incident management software empowers healthcare services to improve performance by providing insight into how and why things go wrong.

Under the deal, COHSASA will distribute and support PSI's AIMS software for incident reporting across the southern African region. According to Professor Stuart Whittaker, CEO of COHSASA, "integration of AIMS into the COHSASA Accreditation Programme provides a powerful tool for health facilities to improve patient safety and monitor progress as they move towards compliance with internationally accredited standards".

Knowing where and how to apply limited quality improvement funds is particularly important in South



HARD AT WORK: (from left): Petro de Beer, AIMS Co-ordinator, Prof. Stuart Whittaker, Nicola Wasserfall, Helena Tredoux and Kim Bannon of PSI Australia.

Africa as the health system strains under the burden of HIV/AIDS. AIMS has been adapted to the HIV/AIDS context to provide a highly relevant evidence base, enabling a strategic approach to patient safety improvement.

Professor Whittaker says that "by adding the AIMS incident management software to our set of quality improvement tools, COHSASA can now help even the most disadvantaged hospitals to prioritize the correction of life-threatening and critical deficiencies."

The relationship between the two companies began in 2006 with an AusAID project to develop an adverse event monitoring and risk

reduction programme to assist in the management of HIV and AIDS patients in Southern Africa. Following the success of this initial patient safety project, the two companies continued to collaborate and today COHSASA has signed up many facilities and established a national call centre. The call centre drastically reduces training and equipment needs. Hospital staff can report incidents in just 7 to 10 minutes using a simple telephone. To help front-line staff identify, understand and deal with problems, COHSASA provides incident notification by e-mail and regular summary reports. COHSASA also manages all technical aspects via an ASP (Application Service Provider)

hosted AIMS database. For struggling hospitals and clinics this centralized, service oriented approach is essential because it reduces cost and complexity.

Commenting on the new relationship Rod Smith, CEO of PSI said "COHSASA has achieved remarkable results by helping South African hospitals to understand and improve their performance. We're really excited about the integration of AIMS patient safety data with COHSASA's quality improvement programmes. This work demonstrates the practical value of incident information for quality improvement and accreditation." ■

The first core group meeting was chaired by Professor Guang Zhong Yang of the Imperial College in London at the end of September 2008. This College, one of the largest medical schools in the United Kingdom and with a strong research reputation in technology and patient safety, is an official partner of the Alliance initiative.

As chair of an expert sub-group, Professor Whittaker presented his initial thoughts and ideas on the subject, drawing on personal experience of work COHSASA has conducted in the field of healthcare technology in Southern Africa. He emphasised that hospitals and clinics in the developing world faced major challenges with regard to healthcare technology and discussed issues such as the non-availability and poor servicing of medical devices, inappropriate disposal of medical waste, obsolete equipment, poor training in the proper use of technology, the potential danger of well-meaning but unsupervised donations of equipment/medical devices and limited regulations around medical technologies.

He said reporting and monitoring systems were key to managing healthcare technology and that COHSASA had been successfully using systems of

monitoring and accreditation to improve the quality and safety of health facility care.

Professor Whittaker has invited well-known patient safety expert, Professor Bill Runciman of Australia, to join the group and it is likely that COHSASA's clinical engineer and healthcare technology consultant, Gerard Locke, will also be a member. The technology programme is being supported by a large extra-budgetary contribution from the Japanese government.

The first global challenge of the World Alliance for Patient Safety, Clean Care is Safer Care, focused on infection control, particularly hand hygiene, as a vehicle to spread the message about patient safety. Governments representing 80% of the world's population have signed to join the initiative. The second challenge, Safe Surgery Saves Lives, is in the process of launching a global checklist for safer surgery. The Alliance recognises that technology presents a number of untapped opportunities for patient safety, and that it can also be a potential hazard that requires active management. ■

A VOTE OF THANKS: Prof Whittaker (left) accepts a token of gratitude for his presentation to "People to People" in Cape Town from Dr Steve Schoenbaum, leader of the US delegation of Physician Executives and Executive Vice President for Programs at The Commonwealth Fund.



People to people Programme

PROFESSOR Stuart Whittaker was invited to give a talk on the concept of a "Just Culture" as applied to adverse event reporting and monitoring in South African health care facilities to an International Delegation of Physician Executives from the United States. The delegation was visiting Cape Town as part of People to People International founded by President Dwight D. Eisenhower in 1956 as a cultural, educational, economic and social exchange between the USA and the rest of the world to advance international understanding and friendship through the exchange of ideas and experience among people of different countries.

Professor Whittaker highlighted areas of concern affecting South African health care and the extent of COHSASA's contribution to improving patient safety and the quality of care in service delivery. The delegation was led by Dr Steve Schoenbaum, Executive Vice President for Programmes at the Commonwealth Fund and Executive Director of its Commission on a High Performance Health System. The Commonwealth Fund is a national foundation based in New York City devoted to improving coverage and access to health care and quality of care through its support of health services research and health policy analysis. ■

Chosen as a top leader of health in South Africa

ON OCTOBER 4, 2007 the South African Institute of Health Care Managers recognised the CEO of COHSASA, Professor Whittaker, as one of the 25 Top Influential Leaders in Healthcare in South Africa at an awards ceremony in Pretoria. The awards were chosen by a majority peer vote in reviews of the following qualities:

- record of achievement;
- a recognised advocate for some population with specific needs;

- demonstrated leadership behaviour;
- provided cross-cultural leadership; and
- shown commitment to innovation and transformation

The structure of the SA Institute for Health Care Managers is based on best practices, as identified in other international models but has been adapted to meet South Africa's specific needs in the field. The Institute aims to be a centre of

excellence to advocate for the interest of consumers of health services in South Africa and for its members. The commitment is demonstrated through the efforts to enhance the status and qualifications of Health Care Managers within the framework of the SA Qualification Framework.

Speaking after the ceremony, Whittaker said he felt honoured to have been selected and to be in the company of other leaders he admired for their contribution to health in this country. ■

ISQua Accreditation Research Website

New!

ISQUA, in partnership with the Accreditation Canada, formerly known as the Canadian Council on Health Services Accreditation (CCHSA) has now launched the ISQua Accreditation Research website. It is designed to provide you with access to a growing database of research projects in accreditation being implemented across the world.

The research projects range across all topics relevant to accreditation work, for example, the impact of accreditation on the quality of health care, the tools used in hospital evaluations, performance measures, and more. Projects are easily searchable based on multiple criteria, and can also be browsed for your convenience. Each project contains useful information including the project abstract, the results of concluded projects, and contact information.

The goal is that the site will improve and increase collaboration in accreditation research through the sharing of project data, providing quick and easy access to material on current projects, and improving the quality of accreditation worldwide. We invite your feedback on the site and its usefulness to your work. Contact ISQua

<http://www.isquaresearch.com/>

We'd like to know

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

Let us know!

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