

Improving patient safety in South Africa

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Coverage of health care facilities in South Africa



Types of facilities include:

- Public and private hospitals
- Mental health hospitals and clinics
- Primary care clinics (public and private)
- Alternate site facilities (step-down facilities)
- Home care facilities

The quality of facilities varies from excellent to poor

Public urban



Private hospitals mainly in urban areas



Public rural hospitals



The majority of citizens use the public health sector

Public sector hospitals cater mainly for patients who cannot afford to pay for their own health care



While the quality of care is satisfactory in many public sector hospitals, the majority are struggling to overcome the inequities of the past.

There is no formal national patient safety programme in South Africa at present.

But a quality improvement and accreditation programme is operating in five of the nine provinces.

This programme assesses high risk areas and uses quality improvement methods to help the facilities improve deficiencies.

The programme assesses the following areas within facilities:

<u>Systems</u>	<u>Hospital services and departments</u>
1. Facility management system	Hospital management Hospital administration
2. Patient management and care systems	Inpatient units (e.g. medical, surgical, paediatrics, maternity, critical care) Nursing management Treatment units (operating theatres [including CSSD]) Outpatient units (outpatient departments, casualty) Investigative units (radiology, nuclear medicine, pathology laboratories) Clinical support (physiotherapy, occupational therapy) Pharmacy Preventive/emergency support (infection control, resuscitation)
3. Technical support system	Facility maintenance Medical and life-support equipment management Health and safety
4. Hotel system	Laundry, Housekeeping, Kitchens

The following measurement system is used to assess standard compliance

Each standard has a set of defined measurable elements (criteria):

Criteria scores are aggregated to yield standard scores

Aggregated standards measure the quality of key functions within departments

Functional scores within departments are aggregated to give department scores

Department scores are aggregated to give the overall hospital score

Crt1
Crt2
Crt3
Crtn

Std 1

Std 2

Std n

Fnt 1

Fnt 2

Fnt n

Department
summary
scores

Overall
hospital
score

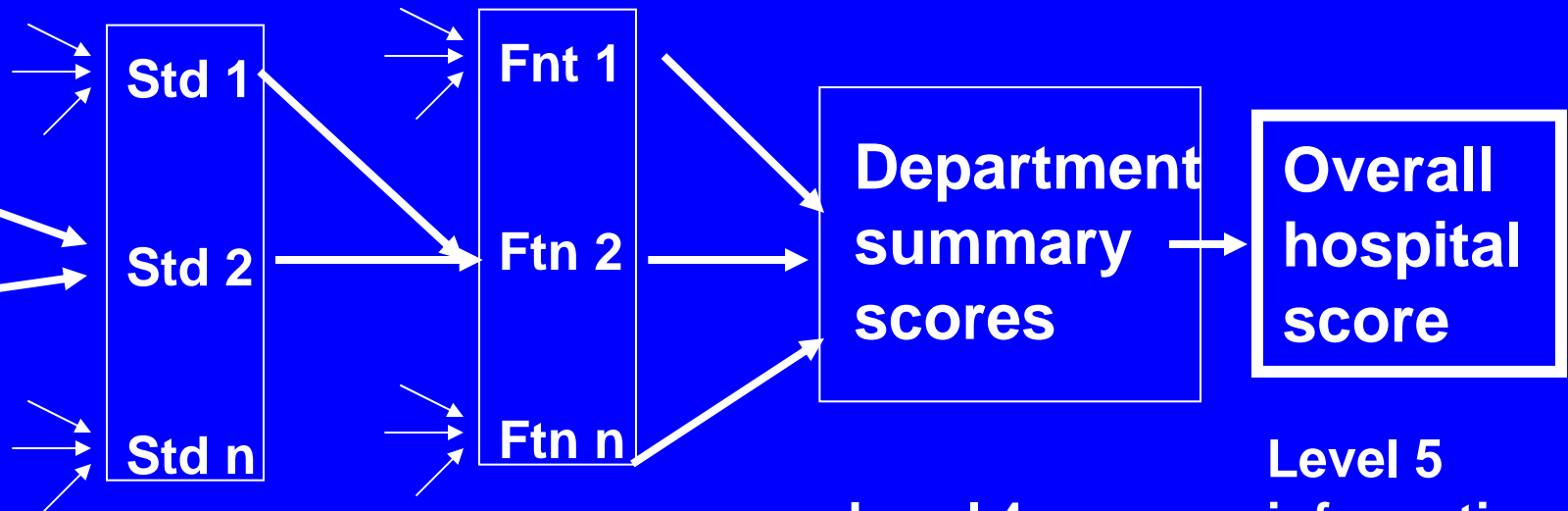
Level 1
information

Level 2
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Level 3
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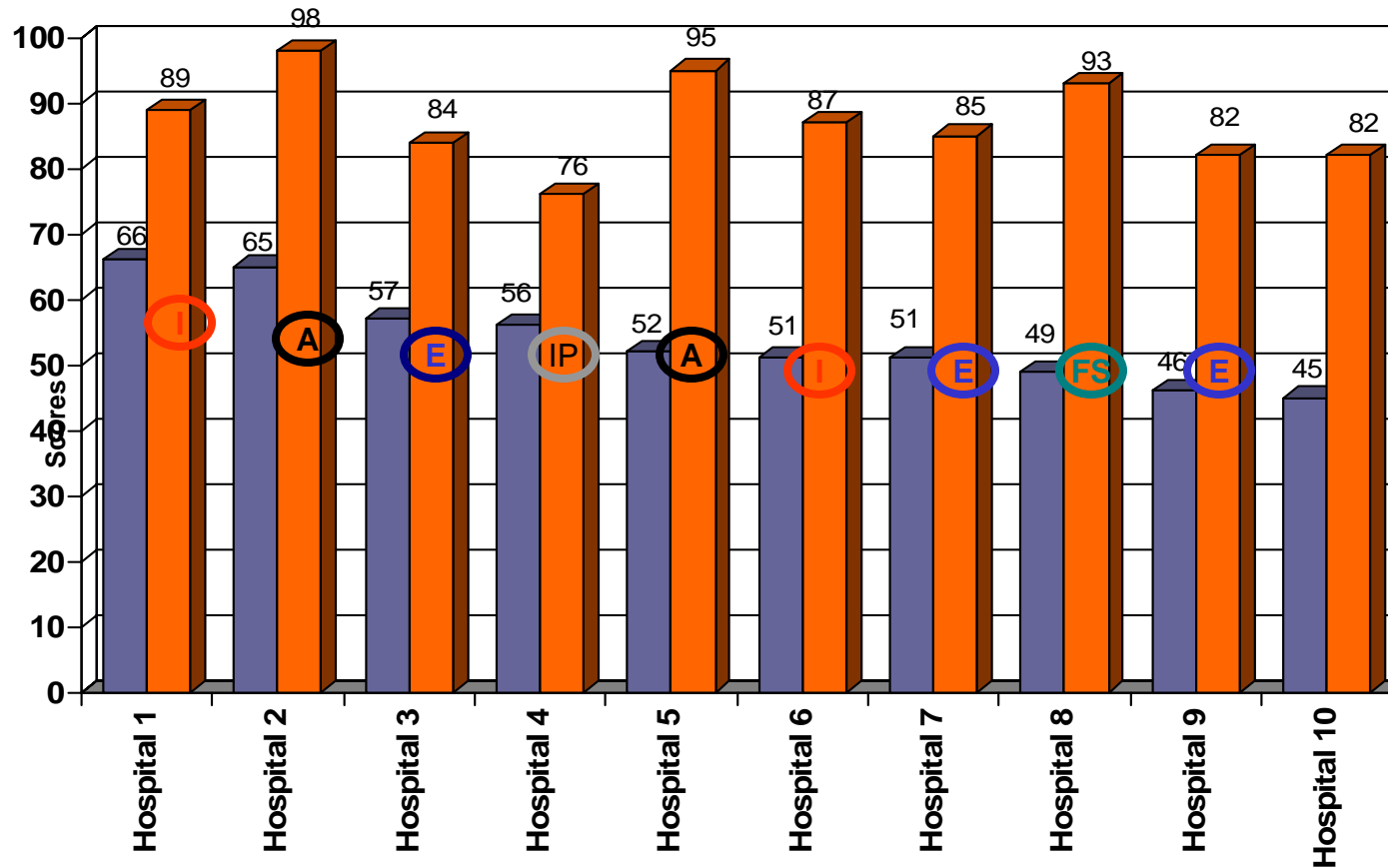
Level 4
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Level 5
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Success of the quality improvement programme depends on the human and physical resources within the facilities and provincial service concerned

Overall Baseline – External Scores (descending) Across Facilities



Accredited = A

Focus survey = FS

Intermediate pre-accreditation = I

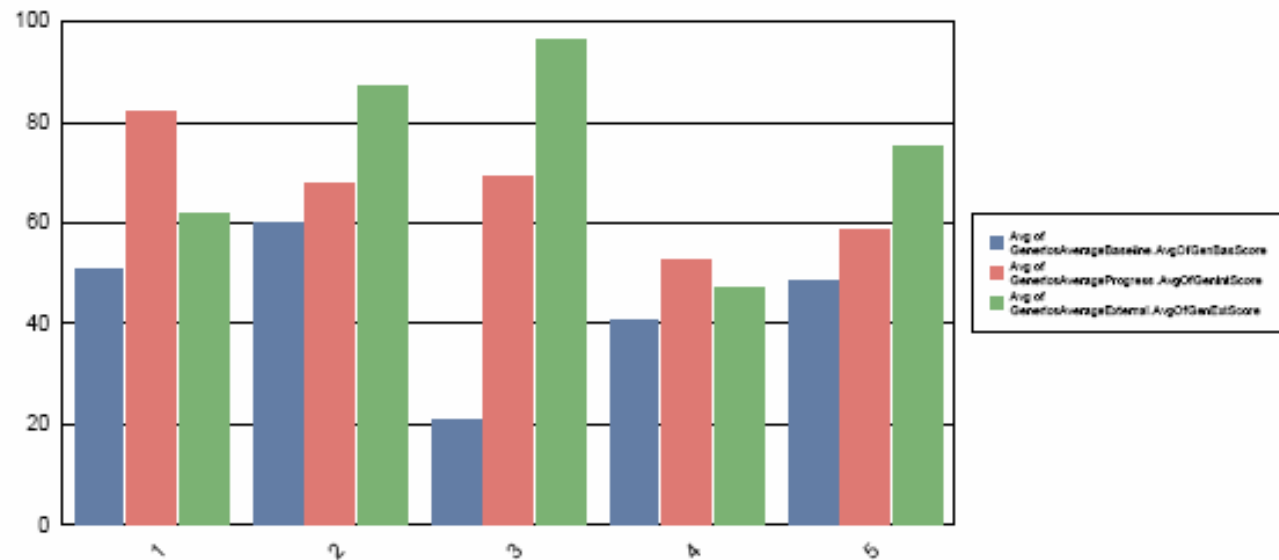
Entry pre-accreditation = E

Insufficient progress = IP

Risk management is a central theme in the programme and this is assessed in all areas within facilities. Examples of typical findings in some high risk areas:

Average overall infection control functional scores in hospitals that were awarded entry and intermediate pre-accreditation awards

Service	Baseline Average	Progress Average	External Average
9: Prevention and control of infections	44.25	65.93	73.44
	Generic Baseline Score	Generic Progress Score	Generic External Score
1: Infection control management	50.81	82.13	61.75
2: Infection control processes	60.15	67.64	86.89
3: Obtaining of laboratory cultures	21.00	69.00	96.33
4: Infection control quality management	40.70	52.50	47.22
5: Infection control education for staff	48.60	58.40	75.00
Service average:	44.25	65.93	73.44



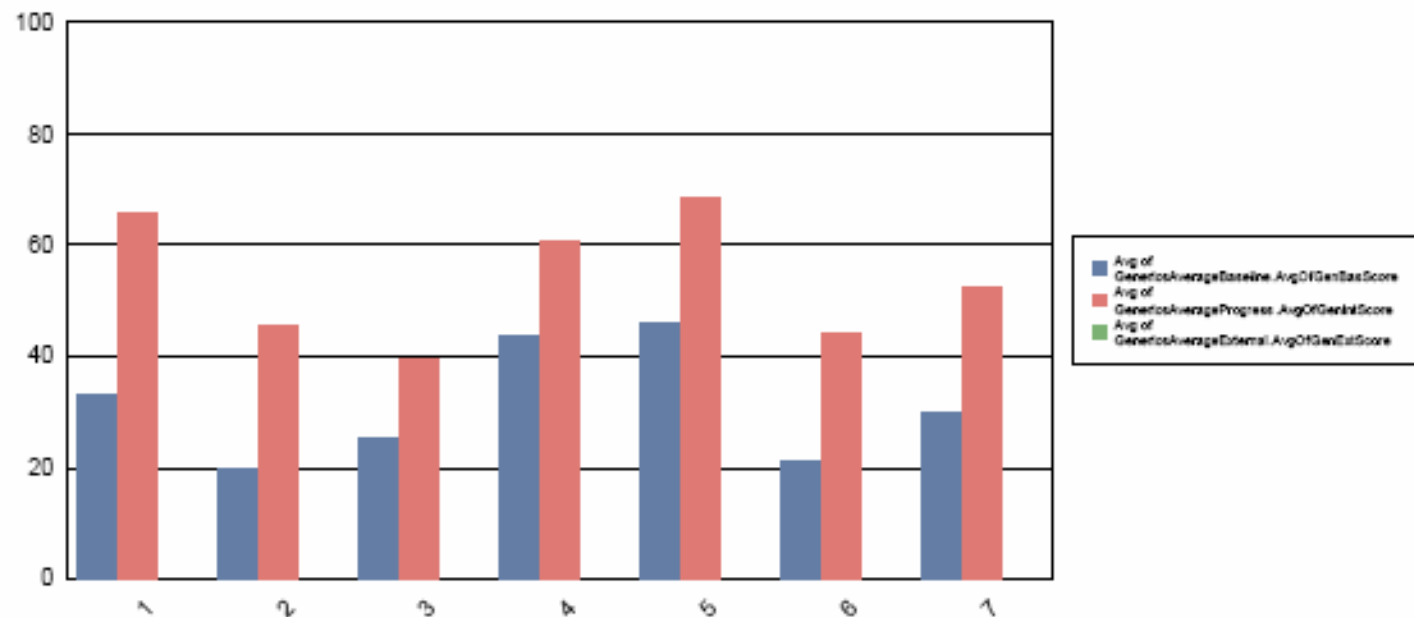
Great difficulties are experienced in improving standards in rural areas.

The following are examples of quality improvement work currently being carried out in rural hospitals

Health and Safety Service scores in a group of poorly resources rural hospitals in programme:

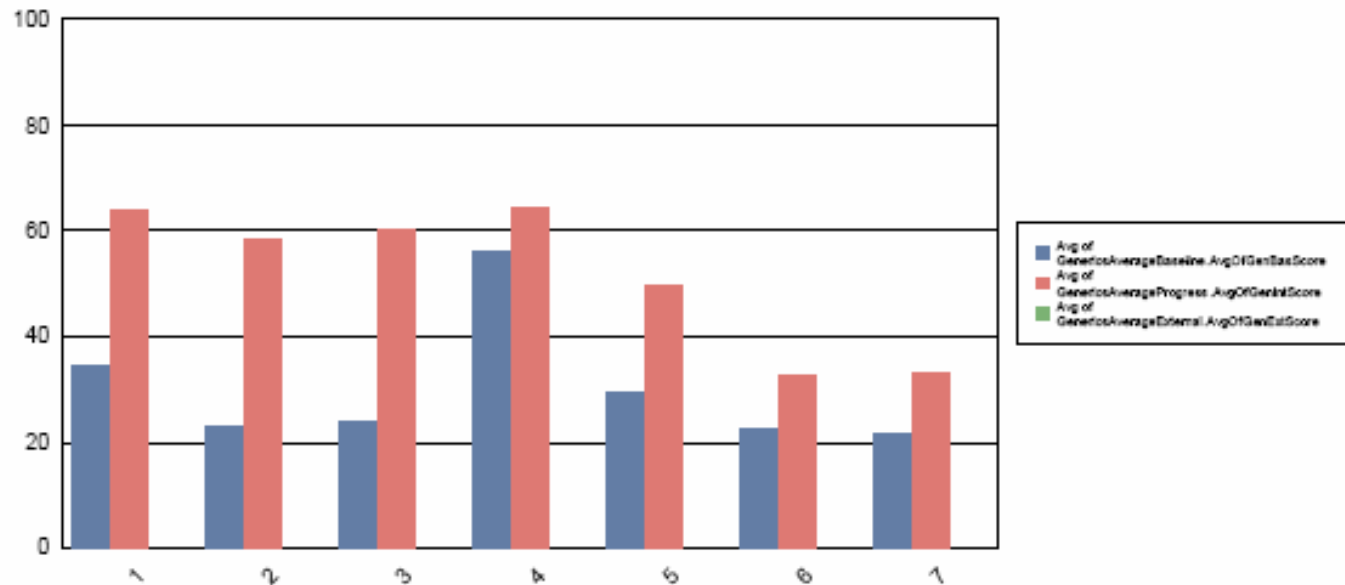
Service	Baseline Average	Progress Average	External Average
7: Health and safety	31.26	53.77	

	Generic Baseline Score	Generic Progress Score	Generic External Score
1: Occupational health and safety	33.16	65.85	
2: Fire safety	20.00	45.45	
3: Emergency planning	25.05	39.51	
4: Clinical waste	43.50	60.86	
5: Security	45.97	68.47	
6: Training in health and safety	21.14	43.98	
7: Quality improvement	30.00	52.27	
Service average:	31.26	53.77	



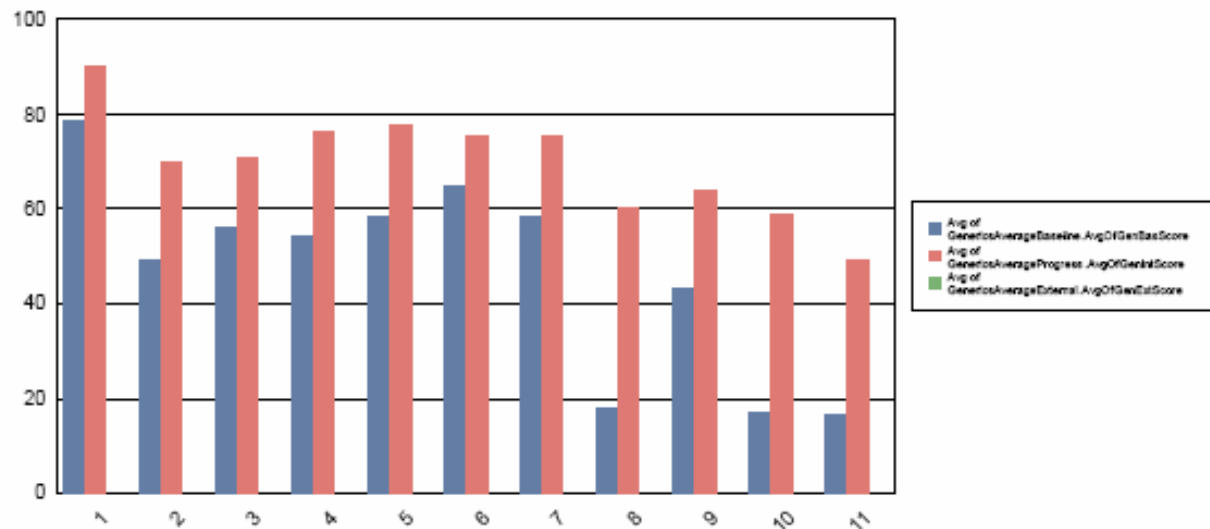
Health Care Technology Management Service scores in a group of poorly resourced rural hospitals in programme

Service	Baseline Average	Progress Average	External Average
31: Health care technology management	30.12	51.69	
	Generic Baseline Score	Generic Progress Score	Generic External Score
1: Medical equipment support	34.45	64.06	
2: HTM plan	23.11	58.18	
3: Policies and procedures	23.75	60.11	
4: Medical equipment management	56.23	64.29	
5: Staff training	29.37	49.49	
6: Equipment safety	22.29	32.39	
7: Quality improvement	21.41	33.28	
Service average:	30.09	51.69	



Average Medical and Surgical Service scores in a group of poorly resources rural hospitals in programme

Service	Baseline Average	Progress Average	External Average
10: General medical and surgical care	46.73	69.72	
	Generic Baseline Score	Generic Progress Score	Generic External Score
1: Co-ordination of patient care	78.59	89.95	
2: Assessment of patients	49.39	70.06	
3: Patient care	56.09	70.91	
4: Medication	54.28	76.28	
5: Food and nutrition therapy	58.20	77.50	
6: Patient and family education	64.63	75.26	
7: Continuity of care	58.22	75.39	
8: Quality improvement	17.86	60.04	
9: Patient rights	43.09	63.81	
10: Prevention and control of infection	17.00	58.75	
11: Occupational health and safety	16.70	48.93	
Service average:	46.73	69.72	



Planned introduction of patient safety programme

Aim:

To develop a sentinel-type adverse event monitoring programme and track changes in trends over time in high risk areas and test whether this correlates with changes in standard compliance scores as they improve.