

Fast Track to Quality

The Six Most Critical Areas for
Patient-Centered Care

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Fast-Track to Quality – The Six Most Critical Areas for Patient-Centred Care

According to the Constitution of South Africa, all citizens have the right to healthcare that is caring, free from harm and as effective as possible. For more than 10 years, the principles of Batho Pele or "people first" have encapsulated the stated values of our public service, and the Patient Rights Charter has made clear the responsibilities of our health facilities in delivering care.

The Batho Pele principles are a simple and transparent mechanism which is intended to empower patients to hold the health services accountable for the quality of care they deliver. These principles are intended as a benchmark or standard for effective quality service delivery within the public sector.

Similarly the Patients' Rights Charter specifies that the most critical rights of patients should be respected and upheld, including the rights of access to basic care and to respectful, informed and dignified attention in an acceptable and hygienic environment. Patients should be empowered to make informed decisions about their health and to complain if they have not received decent care.

The National Core Standards have been developed over the past 2 years as a tool for management to guide their expected practice (including the requirements of the Patients Rights Charter) and assess whether they are in line with this. They will also serve to benchmark all establishments against the same expected standards and form the basis for external inspections to certify whether or not they are compliant.

What patients are concerned about

Good quality care is both about technical excellence as well as about the perceptions and experience of our patients and users, and of our staff. Based on the concerns and complaints raised by our patients, the results of surveys that have been carried out, and reports in the media, the Department of Health has identified some very specific areas where our patients feel that our services are furthest from what they expect and want – and deserve:

1. Caring staff and the feeling of being cared for:

Our staff are far too often rude and uncaring to their patients. Patient complaints and patient satisfaction surveys both highlight this problem – patients don't feel they have been treated well or in a caring manner at all times. Our own staff in turn often tell us about their feelings of demotivation and a lack of recognition for their efforts.

2. Cleanliness of facilities:

Contrary to our expectations about health facilities, our hospitals and clinics are often found to be dirty, untidy and unhygienic, showing that the staff do not care for or respect their patients or their own colleagues. Cleaning materials and equipment are often not adequate or not available at all when budgets are tight. Lack of maintenance reinforces the impression of neglect. This is one of the commonest problems raised in media reports, complaints and by visitors.

3. Waiting times to receive care:

Patients must wait for hours to get their files, to see the nurse or doctor, and then to get their medicines. There are frequent reports of patients having to come back the next day to be seen; and even more shocking reports of patients who have died in the queue without being seen.

4. Safety from accidental harm or medical errors:

It is a common finding that even simple guidelines and protocols are not reliably implemented. The true frequency with which patients are actually harmed (though unintentionally) while in our care and due to our actions or omissions is not known – however available reports of avoidable deaths or injuries, complaints we receive, and charges of professional negligence or malpractice, all point to a large problem. The physical security of patients and staff in our hospitals and facilities is also a major concern.

5. The risk of being infected in hospital:

One very specific area of harm that is directly under our control is that of preventing the spread of infection in our hospitals and other facilities. In this respect many of the most basic rules and practices of hygiene are found not to be observed. Essential professional knowledge is not applied, procedures are not followed adequately and management does not prioritise this, with inadequate supplies of essential disinfectants and equipment and often problems with the proper disposal of medical waste.

6. Shortage of medicines:

Shortages of medicines and supplies have become more and more common across the country. There are many reasons for this – from supplier-related problems to budget-related lack of payment or failure to place orders with suppliers, from failure to distribute drugs to health facilities to problems with ordering things in time. Patients who are unable to receive the treatment they need on the day they come to collect it suffer not just the inconvenience and costs but possibly also the worsening of their condition.

Addressing patient concerns: The six quality priorities

Based on the concerns raised by patients and the public, the Department of Health has identified six priority quality areas for fast-track implementation and focus over the next 3 years.

In choosing a few basic things and making sure they work well NOW, we will improve the way patients feel about the care they are receiving. They must be part of all our performance plans and all managers must focus on achieving these basic outputs every day.

1. **Improving values and attitudes –**
 - *listening to and caring about the opinions and concerns of our patients so that we can offer them better care*
2. **Cleanliness of our hospitals and clinics –**
 - *making sure our staff have the materials and use them properly to keep our facilities spotlessly clean and tidy*
3. **Reducing waiting times and queues –**
 - *monitoring how long patients wait and changing our processes to reach targets or how long people wait*
4. **Keeping patients safe and providing reliable care -**
 - *measuring and analysing the care we provide so as to follow best practice every time*
5. **Preventing infections from being passed on in our hospitals and clinics -**
 - *every hospital and later every district to have a specialised, trained person in charge who makes sure everyone follows basic rules and procedures*
6. **Making sure medicines, supplies and equipment are available -**
 - *all the steps in the supply chain must make sure that patients get their prescribed medicine on the same day*

Different ways of working to strengthen health systems

Making sure that we do fast track improvement in these propriety areas while also moving towards overall improvement, we will combine a number of ways of working:

Quality assurance and compliance: to set standards and norms and make sure all our facilities are compliant with the set of standards over time though periodic independent inspections, monitoring and reporting

Quality improvement: to rapidly improve the situation in specific areas, especially in the idnetiified priority areas, through using a number of different approaches and scaling them up once we are sure we have a set of interventions that actually make a measurable difference.

To achieve a measurable improvement in quality, we have identified 4 concrete action tracks:

1. Leadership with the will to bring about change, including a change in culture, values and approach
2. Results-driven action to achieve improved delivery at scale using effective improvement and management methods
3. Information that is collected and analysed regularly to guide change and
4. Communication of results and lessons on what works, with colleagues, with management and with the public

Factors for success and successful scale-up

Many different units or programmes at national and provincial levels have plans to improve quality in their specific areas of work, including strengthening management and skills, improving systems and processes, and tracking outcomes and outputs for specific conditions. Several basic things are needed from **national and provincial departments** for the facility managers to be able to implement these plans, including

- better coordination and integration of efforts, clear policies, standards and norms, control systems that prevent fraud without preventing the delegation of needed authority, and making sure that all administrative and bureaucratic processes are fast and efficient.

Although the situation is very variable, many hospitals and clinics are already implementing successful initiatives and some are clearly already compliant with standards for quality care. In our generally **better facilities**, such projects or improvement plans are already in place (reaching nearly 50%), driven by their management teams or staff or by groups of professionals and academics, and in some cases with support from partners or service providers.

- Such efforts and the impact on the quality of care tend to be found in hospitals and clinics that are already striving to improve and to provide excellent care.
- Such facilities need to be helped to improve further through sorting out the obstacles and barriers to improvement and scale-up, making sure that information systems can continuously drive improvement and show results, and that successes are recognised and shared.

Of concern however is a number of **weaker facilities** (or certain departments within some large facilities) where care is poor, staff are demotivated and management appears to be ineffective.

- Such facilities or departments need a different approach that will probably be driven by external assessments, certification of non-compliance, and concerted efforts to correct the weakness found.
- This will need to be linked to providing strong support, development and training where needed, and to performance management processes

Compliance with core standards: steps to delivering the six quality priorities

These 6 priorities are part of the National Core Standards, forming an integral part of the first three domains: Patient rights, Patient Safety and Clinical care, and Clinical Support Services. Each of these quality priorities require a number of different inputs or processes to achieve the objectives. These are listed in detail in the core standards and criteria and the tools for measuring compliance, and are summarised below.

Quality Priority 1: Positive and caring attitudes of staff

All clinical staff and those staff working in non-clinical areas should exhibit a caring and positive attitude towards their patients and visitors. Staff and management should ensure that the following evidence of a supportive and caring culture is found in their facility:

- a. Patients have the right to be treated in a caring and respectful manner by staff with the appropriate values and attitudes that respect patient privacy and choice
- b. Patient opinions provided through patient satisfaction surveys and via complaints and queries are used to improve quality services
- c. Patients can ask about the services and service times of the healthcare facility from a help desk and get other important information from clear signage.
- d. Staff should wear name badges to identify themselves and their position
- e. Patients receive the information they need before they formally agree to any treatment or participate in a study. They also receive information when they are discharged to allow them to continue their care at home or receive ongoing care at a clinic or doctor
- f. Patients who wish to complain about poor service are helped to do so and their concerns are properly responded to by management
- g. Complaints are used to improve service delivery at that facility
- h. Leaders at all levels provide positive role models to staff and encourage a culture of caring and positive attitudes that support service delivery.

Quality Priority 2: Cleanliness of the facility

All healthcare facilities should have properly managed procedures in place to ensure they are clean and hygienic and free from waste.

- a. Patients when surveyed are satisfied with the cleanliness and hygiene of the facility and their accommodation.
- b. The buildings, wards, public areas and grounds are kept clean and hygienic to maximise safety and comfort
- c. Cleaning materials and equipment are available to allow staff to perform their duties to ensure the cleanliness of the facility
- d. General waste (e.g. office, kitchen, garden or household waste) is managed to ensure general cleanliness and visual aesthetics
- e. Healthcare clinical waste is handled and disposed of safely to reduce health risks to patients and protect the environment and public from unnecessary exposure

Quality Priority 3: Improvement in waiting times

Delays in receiving care should be constantly monitored and processes streamlined to reduce these, especially in situations of emergency or high risk and where queues are unacceptably long. Targets should be set for acceptable waiting times towards which managers must aspire.

- a. Waiting times and queues in busy areas (including outpatients, pharmacy and casualty) are managed to improve patient satisfaction and care and see to it that patients are helped on the day they arrive seeking care
- b. Queues are managed to ensure that serious and high risk patients are attended to as first priority
- c. Waiting lists for elective procedures are kept as short as possible

Quality Priority 4: Improve patient safety and security

Inadequate clinical care can be provided to a patient, or an incident of injury or serious harm can occur through errors in diagnosis or treatment or the failure to follow established protocols. This can happen because of ignorance, lack of skills, lack of adequate inputs or system failure, or at times through negligence. The length of this list demonstrates the critical importance of this area to our work. Some of the steps to be taken in reducing these incidents and improving patient safety are:

- a. Patients receive care and treatment that meets their basic needs and contributes to their recovery by ensuring that basic nursing care and protocols are followed
- b. Proper care is provided according to guidelines especially for women and children and in cases of priority diseases as set out in the United Nations Millennium Development Goals (for HIV and tuberculosis)
- c. Patients with special needs or at special risk, such as pregnant women, children, the mentally ill or the elderly, receive special attention
- d. Specific safety protocols are in place for patients undergoing high risk procedures such as surgery or blood transfusions
- e. Specific emergency procedures are followed to ensure effective resuscitation of patients who collapse
- f. Proactive clinical risk identification occurs in each ward in order to prevent patient safety incidents from occurring
- g. All patient safety incidents are identified and promptly responded to, in order to protect the patient from further harm and suffering. A quality improvement programme is implemented and monitored
- h. Patient safety incidents are routinely analysed and managed in order to prevent recurrence to future patients and to learn from our mistakes and Medico-legal incidents and cases are properly managed
- i. A quality improvement programme is implemented for all identified patient safety risks or poor clinical outcomes and monitored
- j. Mortality and Morbidity meetings are held at least monthly to evaluate patient deaths and put in place measure to stop further preventable deaths
- k. Sorting systems in waiting areas identify patients requiring urgent attention and allow them to be treated as a priority, including the stabilisation of emergency patients prior to any transfer
- l. Medicines are prescribed according to treatment guidelines and pharmacists educate their patients to understand how and when to take their medication correctly
- m. Reactions to drugs or severe side effects are reported and the patient is properly cared for
- n. Laboratory and X-ray services are available and provide accurate and good quality results or reports in an acceptable time
- o. Medical equipment and devices for safe and effective patient care are available functional and properly maintained and staff are trained in its correct use
- p. The hospital board or clinic committee makes sure that quality care is provided and that any shortcomings are addressed by management

- q. Senior leaders and managers proactively drive efforts to foster a non blame culture and address the underlying causes of medical errors to improve patient safety.
- r. Buildings are adequately compliant with legislation and safety standards to ensure a safe environment for staff and patients
- s. Buildings are maintained and regularly inspected to identify safety risks
- t. Adequate physical security and access control of the buildings and grounds is provided to protect patients and staff from security threats
- u. Emergency plans in the facility are aimed at protecting public safety in the event of significant disease outbreaks or other health emergencies

Quality Priority 5: Infection Prevention and Control

The infection prevention and control programme within a facility is designed to identify and reduce the risk of healthcare associated infections affecting patients or staff and to limit the negative impact of these infections on the clinical condition of the patient. In order to implement this priority the following key areas need to be ensured:

- a. An Infection Prevention and Control Programme to reduce healthcare associated infections is implemented at the facility including a strategy and policy, and a reporting and surveillance system
- b. A trained healthcare professional oversees and drives the infection prevention and control in the facility with a formal Committee structure for support and guidance
- c. Specific precautions are taken to reduce or prevent the spread of respiratory infections
- d. Universal precautions are applied to prevent health care associated infections
- e. Strict infection control practices are observed in all clinical areas and milk kitchens to prevent infection risks
- f. Decontamination and sterilisation services are available and effective
- g. Staff are protected from exposure to risks (including infection) through occupational health and safety systems
- h. General waste management in the establishment and surrounding environment complies with legal requirements, national standards and with good practice
- i. Healthcare waste is handled, stored and disposed of safely to reduce potential health risks and to protect the environment

Quality Priority 6: Availability of medicines and supplies

A smooth and efficient supply chain ensures that medicines and supplies are available to patients when they require them. Therefore:

- a. Prescribed medicines and medical supplies are available as needed and their delivery to the hospital or clinic is reliable and on time
- b. Stock levels of medicines and medical supplies are managed to prevent stock shortages and stock loss and they are properly stored and controlled.

VK
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