ANNUAL INSPECTION REPORT 2018/19

OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

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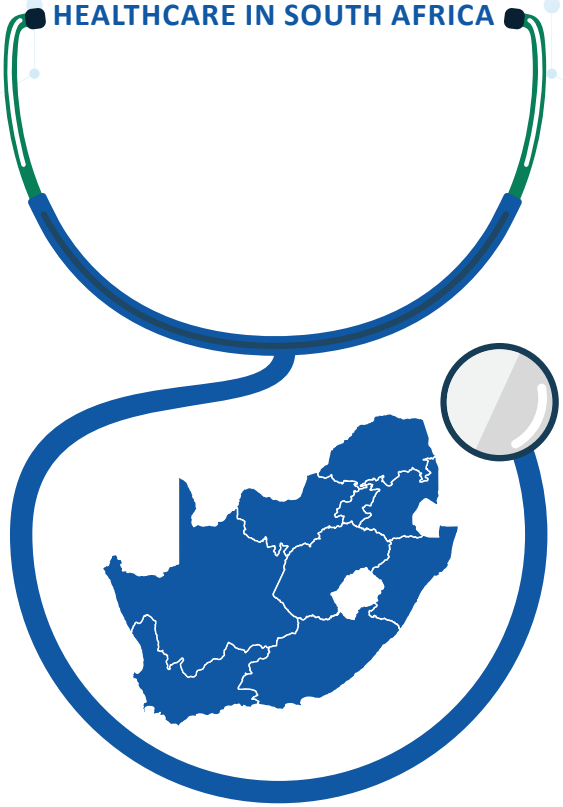
IMPROVING THE QUALITY OF HEALTHCARE IN SOUTH AFRICA



ABBREVIATIONS & ACRONYMS

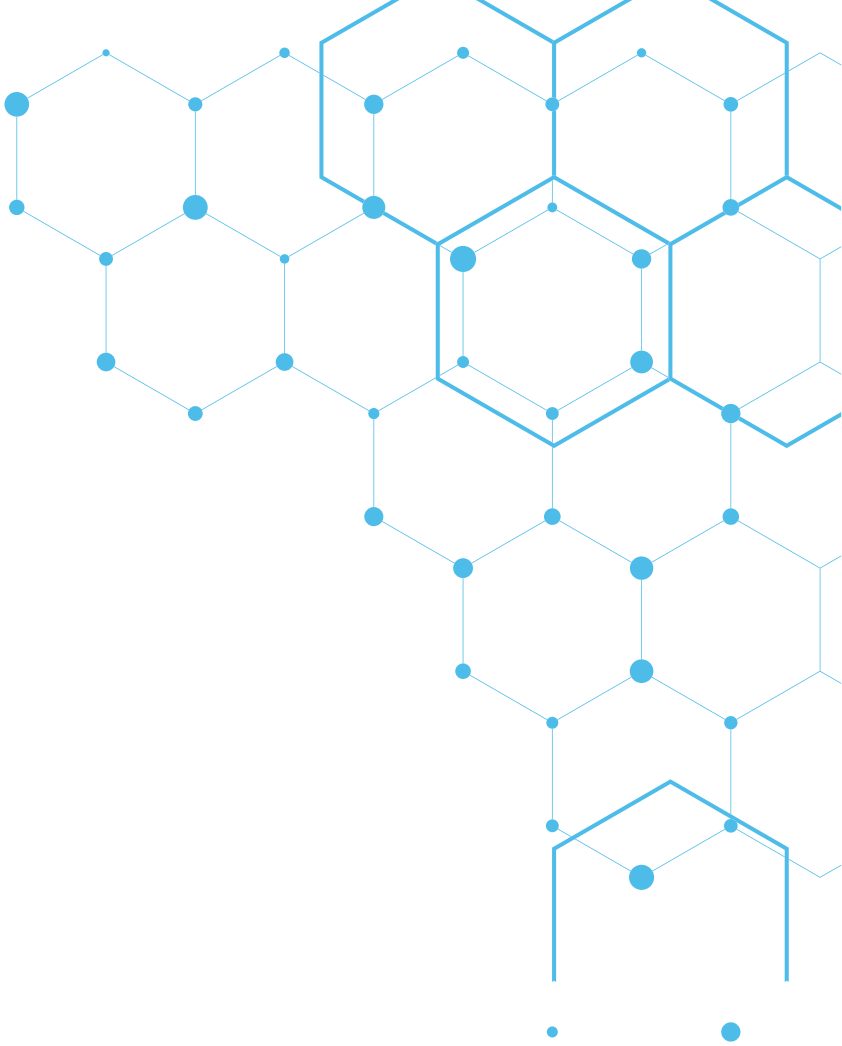
CEO	Chief Executive Officer
CIS	Compliance Inspection System
DHIS	District Health Information System
DM	District Municipality
EC	Eastern Cape
EWS	Early Warning System
FAs	Functional Areas
FS	Free State
GP	Gauteng
HE	Health Establishment
HOD	Head of Department
KZN	KwaZulu-Natal
LP	Limpopo
MM	Metropolitan Municipality
MP	Mpumalanga
NC	Northern Cape
NDOH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHI	National Health Insurance
NW	North West
OHSC	Office of Health Standards Compliance
PAs	Priority Areas
PECS	Patient Experience of Care Surveys
PHC	Primary Healthcare
QCP	Quality Control Process
QIPs	Quality Improvement Plans
sd	Standard Deviation
SAS	Statistical Analysis Software
SLAs	Service Level Agreements
SOPs	Standard Operating Procedures
WC	Western Cape

GLOSSARY OF TERMS

Access	Ability of service users or potential service users to obtain required or available services when needed within an appropriate time.
Accountability	Responsibility and requirement to answer for tasks or activities. This responsibility may not be delegated and should be transparent to all stakeholders.
Adverse event	An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
Assessment tools	Questionnaires which are used by the inspectors to assess the Health Establishment usually within a functional area.
Availability of medicine	Refers to the system where the management of medicines is ensured by making sure that there are documents guiding the management of medicines. These documents are implemented, and they include processes such as following principles of ordering, stock taking, storage, stock availability, prescribing and issuing of medicines.
Cleanliness	It is the system, processes and programs that ensures that the environment where patients are cared for is clean and infection control principles are followed. It includes availability of all the well-functioning cleaning equipment and adequate material for cleaning to ensure the safety of patients and staff.
Clinical audits	A quality assurance tool that seeks to monitor and improve the quality of clinical practice; user care and outcomes through the systemic review of care against explicit standards.
Clinical governance	A system through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.
Clinical outcomes	the condition of the user at the end of treatment or a disease process, including the degree of wellness and the need for continued care, medication, support, counseling, or education.
Clinical risk	The likelihood that an adverse incident will cause injury or harm to users.
Domain	An aspect of service delivery where quality or safety can be at risk.
Emergency	An unanticipated or sudden occasion, as in emergency surgery needed to prevent death or serious disability.
Essential medicine list	A list of medicines that satisfy the priority health care needs of the population and should be available within the context of a functioning health system at all times in adequate quantities in the appropriate dosage forms with assured quality and adequate information and at a price the individual and the community can afford.
Facilities and infrastructure	Covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment), functional, well managed hotel services and effective waste disposal.
Functional area	Department, ward or place where the services are provided and inspection occurs i.e. Medical ward, CEO's office, laundry room etc.
Hazard	Any source of potential damage, harm, adverse health effects on users or health care personnel, or any threat to their safety; / a circumstance, agent or action with the potential to cause harm (PSI Framework) p10.

Health establishment	The whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services.
Health record	Any record made by a health care provider, at the time of or shortly after seeing the user, upon examination or treatment, that contains information about the health of the user and includes any results of diagnostic investigations performed on the user and is recorded by a health care provider, either personally or under his or her direction.
Healthcare associated infection	Nosocomial or hospital-associated infection is an infection acquired in a healthcare facility by a healthcare user, healthcare worker or a visitor to a healthcare facility who was in a facility for a reason other than infection. Such infection should have neither been present or incubating at the time of admission or when initial contact with the facility was made.
Healthcare user	Refers to a person receiving care, treatment or rehabilitation services or using a health service at a health establishment.
Improving staff values and attitudes	Core values and the way health workers, supervisors and managers interact with users, visitors, family members and colleagues and respectfully address their concerns.
Infection prevention and control programme	A comprehensive programme that encompasses all aspects of infection prevention and control, covering education and training, surveillance, environmental management, waste management, outbreaks investigation, development and updating of infection prevention and control policies, guidelines and protocols, cleaning, disinfection and sterilisation, employee health and quality management in infection control.
Informed consent	A process of communication between a patient and their medical officer that results in the patient's authorisation or agreement to undergo a specific medical intervention or procedure.
Inspection	On site visits to health establishments for the purpose of gathering information and evidence to assess compliance or investigate breaches of norms and standards.
Medical equipment	Any instrument, apparatus or machine, intended for use in the clinical diagnosis, treatment, monitoring and direct care of users, that needs to be calibrated, maintained, repaired and decommissioned.
Medical supplies	Products and devices other than medicines that are used for therapeutic purposes.
Occupational health and safety	WHO (World Health Organisation) definition: Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. It encompasses the social, mental and physical well-being of workers.
Operational management	Covers the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and of information and records.
Patient rights	Sets out what a hospital or clinic must do to make sure that patients are respected and their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with the Batho Pele principles and the Patient Rights Charter.
Patient safety	It is the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.

Patients' safety incident	An event or circumstance that could have resulted or did result in harm to a user of healthcare services provided, and not due to an underlying health condition.
Personal protective equipment	Items specifically used to protect the healthcare worker from exposure to body substances or from droplet or airborne organisms. Personal protective equipment includes but not limited to glove, gowns, caps, masks and protective eye wear.
Priority areas	Six most critical areas linked to National Core Standards for patient- centered care.
Referral letter	A letter used to refer clients: - from one level of care to another within the health care system; - from different departments/health practitioners within a health establishment; - to other services outside the health establishment or sector.
Risk assessment	The assessment of an environment to identify any hazards or circumstances which compromise safety and have the potential to cause harm or loss.
Risk management	All processes involved in identifying, assessing and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.
Security system	Systems to ensure safety of staff, clients, patients and the public. In this context includes lighting (particularly at night in commonly used public areas); codes for doors with limited access; security guards present and screening movement; security cameras, in working condition and monitored with radio control.
Service operating times	The times during which the health establishment will be providing services.
Standard	A statement that defines the performance expectations, structures, or processes that must be in place for an organisation to provide safe and quality services.
Tracer medicine/ medical supplies	Essential medicines/supplies as per EDL or formulary.
Triage	The process of determining the priority of users' treatments based on the severity of their condition. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately.
User experience of care	A mechanism to get feedback from user as per district, provincial or national protocol. It could include a formal survey, individual interviews and/or focus group discussions. It can also include an analysis of other mechanisms to get user feedback e.g. suggestion boxes, comment book. Can be done internally or by an external organisation.
Waste management system	All the activities, administrative and operational, involved in the production, handling, treatment, conditioning, storage, transportation and disposal of waste generated by healthcare establishments.



FOREWORD BY THE ACTING CHAIRPERSON

The mandate of the Office of Health Standards Compliance (OHSC) is to monitor and enforce compliance with the prescribed norms and standards and take enforcement action against non-compliant health establishments. The OHSC will play a key role in strengthening the health system towards achieving a Universal Healthcare Coverage as outlined in the National Insurance Policy. The OHSC has been conducting mock inspections at public health establishments to monitor compliance with the National Core Standards (NCS).

In terms of Section 78 of the Act, the objectives of the OHSC are to protect and promote the health and safety of users of health services in South Africa by:

- Monitoring and enforcing compliance by HEs with norms and standards prescribed by the minister of health in relation to the national health system; and
- Ensuring consideration, investigation and disposal of complaints relating to non- compliance with prescribed norms and standards for HEs in a procedurally fair, economical and expeditious manner.

In line with its legal mandate, the OHSC compiled the Annual Inspection Report of public sector health establishments during the 2018/19 financial year. The mock inspections were conducted using the NCS in public health establishments to identify gaps and strengthen the healthcare system.

The OHSC remains committed to acting independently and impartially in executing its legislative mandate and contribute towards the improvement of quality in the provision of healthcare services as part of all initiatives intended to improve overall health outcomes.

The gaps identified in inspected HEs during 2018/19 were similar to findings in previous financial years, such as, lack of effective governance structures in the majority of inspected HEs. This impacted negatively on leadership as there was no evidence of oversight and/or accountability.

The OHSC inspection teams used electronic Compliance Inspection System structured tools to collect data in public sector clinics, CHCs and hospitals. The database was structured to allow analysis of domains, sub-domains, standards, criteria, measures and values, as well as aggregation of the values by province, district, sub-district and HEs.

In future the OHSC will no longer be conducting mock inspections but will be conducting regulated inspections of both public and private health establishments using the Norms and Standards Regulations which were promulgated in February 2018 and came into effect in February 2019.

MS OAITSE AUDREY MONTSHIWA
ACTING CHAIRPERSON
DATE: 27 December 2019

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NATIONAL

EASTERN CAPE

FREE STATE

GAUTENG

KWAZULU-NATAL

LIMPOPO

MPUMALANGA

NORTH WEST

NORTHERN CAPE

WESTERN CAPE

EXECUTIVE SUMMARY

The OHSC compiled its Annual Inspection Report for the mock inspections conducted in 730 public sector health establishments (HEs) during the 2018/19 financial year. The report provides collated data aggregated by national, provincial and HE type that relates to compliance with the National Core Standards (NCS), designed to develop a common definition of quality care, expected for all HEs in South Africa. A convenient sampling method was used in inspected HEs in provinces and districts in accordance with the type of HEs. The OHSC inspections used the electronic Compliance Inspection Tool to collect data in public HEs including hospitals, clinics and community healthcare centres (CHCs) during the 2018/19 financial year. The method used to collect the data included review of documentations, observations, patient records audit and structured patient and staff interviews.

The results presented below do not necessarily represent generalized findings for a national outlook in terms of compliance with the NCS as inspections were conducted in selected health establishments in the country.

The results show common trends amongst inspected HEs findings with minor differences across the nine provinces. The inspection findings noted that the largest number of HEs inspected in descending order were in the Eastern Cape, followed by KwaZulu-Natal, Limpopo, Gauteng, North West, Mpumalanga, Free State, Western Cape, and Northern Cape. Many of those inspections were conducted in clinics (86%) and 7% in hospitals and CHCs.

Of the 730 HEs inspected, 137 were compliant, while some were compliant with conditions to be addressed. Five hundred and forty-three HEs were conditionally compliant with serious concerns, and some critically non-compliant with conditions to be addressed.

A further analysis shows that the Patient Rights domain had better outcomes indicating that patients are treated with respect and dignity. The domains Public Health, Operational Management, and Leadership and Governance scored low. Analysis further reflects that where HEs are scoring high on extreme and vital measures the overall performance scores are high.

Overall, the average score for documents was low confirming the performance of the domain leadership and governance which scored low. Leadership plays a huge role in ensuring the availability of documents. A steady increase in performance shows that with support and guidance, HEs can comply with the norms and standards for regulations. The improved performance of HEs is required in the provision of quality health care as South Africa advances towards the implementation of the National Health Insurance (NHI).

The OHSC recommend the following actions to be implemented:

- ▢ Continual guidance and support to provinces on compliance to norms and standards.
- ▢ Implementation of follow up mechanisms for HEs that do not meet compliance status.
- ▢ Strategic direction should be provided for health establishments through the provision of guidelines, policies, standard operating procedures, and support through quality improvement initiatives.
- ▢ Management of human resources, finances, assets and consumables, and of information and records should be strengthened to ensure delivery of safe and effective patient care.
- ▢ For the safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys should be strengthened.

1. INTRODUCTION

1.1 BACKGROUND

Legislative framework and other mandates

1.1.1 The National Health Act, 2003, (Act No. 61 of 2003) (NHA)

The OHSC was established in terms of the NHA as an independent entity and regulator in the healthcare sector. The objectives of the OHSC as defined in the NHA are "to protect and promote the health and safety of users of health services" within the Republic of South Africa. The regulatory role of the OHSC is influenced by among others, the following legislation, regulations and policies: Constitution of the Republic of South Africa, particularly Chapter 2 (Bill of Rights); The National Health Act, 2003, (Act No. 61 of 2003) as amended (NHA); National Development Plan (NDP), the NCS and the National Health Insurance (NHI) Policy.

The OHSC acts independently, impartially, fairly and fearlessly on behalf of the people of South Africa in guiding, monitoring and enforcing quality health care and safety standards in HEs.

The OHSC powers to protect and promote health and safety are ummarized below:

Table: 1. Powers to protect and promote health and safety

How does the OHSC "protect the health and safety of users"?	**How does the OHSC "promote the health and safety of users"?**
Powers that enable the OHSC to achieve this objective are: ▢ Advise on the determination of the norms and standards to be prescribed – S79(1)(a) ▢ Inspect and certify Hes as compliant or non-compliant with norms and standards and withdraw certification where applicable –S79(1)(b) ▢ Investigate complaints relating to breaches of prescribed norms and standards- S79(1)© ▢ Monitor indicators of risk as an early warning system relating to serious breaches of norms and standards – S79(1) (d) ▢ Identify areas of non-compliance and make recommendations for intervention – S79(1) © ▢ Collect or request any information relating to prescribed norms and standards from Hes and users – S79(2)(b) ▢ Liaise with any other regulatory authority in respect of matters of a specific complaint and investigation – S79(2)©	**Powers that enable the OHSC to achieve this objective are:** ▢ Advise on the review of norms and standards – S79(1)(a) ▢ Publish information in relation to prescribed norms and standards through the media, and where appropriate to specific communities – S79(1)(f) ▢ Recommend quality assurance and management systems for the national health system – S79(1) (g) ▢ Issue guidelines for the benefit of Hes on the implementation of prescribed norms and standards – S79(2)(a) ▢ Collect or request any information relating to prescribed norms and standards from Hes and users – S79(2)(b) ▢ Liaise with any other regulatory authority in respect of matters of common interest -S79(2)© ▢ Negotiate cooperative agreements with any regulatory authority S79(2)(d)

1.1.2 Policy mandates

- **The National Development Plan (NDP)**

The NDP vision 2030, Priority 2 focuses on strengthening the health system and includes the role of the OHSC as an independent entity mandated to promote quality by measuring, benchmarking and certification of compliance against quality norms and standards.

- **The National Health Insurance (NHI)**

The NHI is based on the principles of universal health care coverage through the establishment of a unified health system for equity, right of access to basic healthcare and social solidarity, irrespective of a person's socio-economic status. The NHI will extend the population coverage, improve the quality and quantity of services, as well as provide financial risk protection to individuals and households by reducing direct costs when accessing health care. An effective and well functioning quality health system with norms and standards that are implemented effectively is essential for the successful implementation of NHI. The NHI Policy published in June 2017 states that the OHSC will oversee certification of HEs to ensure compliance with quality standards. HEs that are compliant with certification requirements of the OHSC by meeting set quality norms and standards will be accredited by the NHI Fund as part of strategic purchasing of health services.

- **The National Core Standards**

The NCS were published as National Policy in February 2011. The purpose of the NCS is to: Develop a common definition of quality care which should be found in all HEs in South Africa, as a guide to the public and to managers and staff at all levels; establish a benchmark against which HEs can be assessed, gaps identified and strengths appraised; and set the framework for the national certification of compliance with mandatory standards as part of the regulated entity of the OHSC. The NCS is intended to set out the basics for quality of care from the 6 dimensions of quality which are: acceptability, safety, reliability, equity, accessibility and efficiency. Furthermore, the NCS assist managers in proactively establishing and implementing systems and processes to avoid risks to quality care or reduce the impact based on existing policies, protocols of the National Department of Health (NDOH), National Treasury, the Department of Public Service and Administration.

1.2 RATIONALE

The OHSC was established in 2013 following the amendment of the National Health Act No. 61 of 2003.

In terms of Section 78 of the Act, the objectives of the OHSC are to protect and promote the health and safety of users of health services in South Africa by:

- Monitoring and enforcing compliance by HEs with norms and standards prescribed by the Minister of Health in relation to the national health system; and

- Ensuring consideration, investigation and disposal of complaints relating to non- compliance with prescribed norms and standards for HEs in a procedurally fair, economical and expeditious manner.

This report therefore aims to provide an analysis of HEs performance following inspections of HEs in accordance with implementation of the NCS across the nine provinces of South Africa.

Six hundred and thirty-one (631) inspections were conducted in clinics, 49 in CHCs while 50 were in hospitals. The largest number of inspections were in the Eastern Cape Province where 154 inspections were conducted while 35 inspections were in the Northern Cape Province where the least number of inspections were conducted. The majority of inspections were in clinics with 86% of inspections.

2. METHODOLOGY

Inspections were conducted to monitor compliance with the NCS. The planned inspection target for the 2018/19 financial year was 726 of 3816 (19%) public HEs. The inspection teams utilised the electronic CIS tools to collect data in public sector HEs (clinics, CHCs and hospitals) during the said financial year.

2.1 SAMPLING OF HEALTH ESTABLISHMENTS

The sampling strategy took into consideration the distance between the HEs, allocated budget, time and number of inspectors available for a given inspection period.

A convenient sampling methodology was used where a target of 19% was applied in provinces and districts in accordance with the type of HEs as shown in tables 2 and 3. The location of HEs in sub-districts and districts was considered in the selection of HEs to maximise efficiency in the use of the limited inspection resources.

The projected number of HEs that were to be inspected per province to achieve the 19% coverage is summarised in Tables 2 and 3.

Table: 2. Inspections targeted in public HEs per level of care in the nine provinces for 2018/19

Period	Type of HE	Total Number of HEs targeted for inspection	Total Number of HEs	Expected Coverage	Average Targeted Percentage
2018/19	Clinics	601	3167	19%	19%
	CHCs	63	324	19%	
	Hospitals	62	325	19%	
		726	3816	19%	

Table: 3. Targeted public HE by province for 2018/19

Province	Number of HEs in South Africa	%	Total number of HEs targeted
Eastern Cape	830	19	158
Free State	245	19	47
Gauteng	393	19	75
KwaZulu-Natal	643	19	122
Limpopo	577	19	109
Mpumalanga	313	19	59
Northern Cape	173	19	64
North West	331	19	33
Western Cape	311	19	59
Total	3816	19	726

2.2 INSPECTION TOOLS

The inspection tool for clinics, CHCs and hospitals covered the following domains: Patient Rights, Patient Safety, Clinical Governance and Clinical Care, Clinical Support Services, Public Health, Leadership and Corporate Governance, Operational Management, and Facilities and Infrastructure. All seven domains have a built-in number of standards and HEs were inspected for compliance with these standards. Not all standards are applicable across all levels of care. There are standards that are only applicable to hospitals and not to clinics or CHCs. The tools were divided into FAs for clinics, CHCs and hospitals as shown in Table 4 below:

Table: 4. FAs per level of care

Level of Care	Management	Clinical Management		Clinical Support
Clinics	Clinic Manager Maintenance and Support	Clinical Services		Pharmacy/ Medicine Cup-board
Level of Care	**Management**	**Patient Care Areas**	**Support Services**	**Clinical Support**
CHCs	CHC Manager	Clinical Services Maternity Accident and Emergency Generic Ward Theatre	Maintenance Food Services	Pharmacy/ Medicine Cup- board Radiology
Level of Care	**Management**	**Patient Care Areas**	**Support Services**	**Clinical Support**
Hospitals	CEO/Hospital Manager Clinical Management Group Infection control HR Management Procurement Communication/PRO Management Information Systems Case Management Occupational health and Safety Financial Management Facility Infrastructure	Medical Ward Surgical Ward Maternity Ward Paediatric Ward Generic Ward Speciality Ward (Intensive Care or High care units or Burns unit) Operating theatre Psychiatric ward Out-Patient Department Accident and Emergency unit Therapeutic support services: Physiotherapy	Record/archive department Entrance, reception and help desk CSSD Mortuary services Cleaning services Food services Laundry services Maintenance services including gardens Waste management Transport services Security services	Blood Services Laboratory Health Technology Services Pharmacy Radiology

The tools consisted of measures which were rated as compliant or non-compliant or required a checklist to be completed. Non-compliant measures or non-compliant checklists required additional comments and, where possible, photographic evidence.

For each measure, the method to collect data was specified as follows:

- ▢ Review of documentation (policies, standard operating procedures (SOPs), operational plans, patient experience of care surveys (PECS), quality improvement plans (QIPs), service level agreements (SLAs) and minutes of meetings);
- ▢ Observations of the surroundings within the HE;
- ▢ Observations of interactions between providers and patients;
- ▢ Structured interviews for patients;
- ▢ Structured interviews for staff; and
- ▢ Assessment of patients' records.

Each measure had been allocated a risk rating of either extreme, vital, essential or developmental. The risk rating for a measure was based on the severity of the outcome and the number of patients/staffs likely to be affected if the HE was non-compliant for that measure. Health Establishments were required to score a minimum of 100% for extreme measures, 90% for vital measures, 80% for essential measures and 60% for developmental measures.

2.3 TYPES OF INSPECTIONS

2.3.1 Routine inspections

An inspector may, in terms of section 82(1) of the Act, enter any HE, at any reasonable time, for purposes of carrying out an inspection contemplated in section 82(1) of the National Health Act. A routine inspection is carried out to assess compliance with the NCS. HEs that are found to be compliant will be scheduled for a routine inspection once the certificate of compliance has expired.

2.3.2 Additional inspections

Section 82(1) of the National Health Act makes provision for an inspector to conduct an additional inspection at any given time should he/she have reasonable grounds to believe that such an inspection is needed to establish if non-compliance has been remedied within the HE.

2.4 THE INSPECTION PROCESS

2.4.1 Inspection teams

Eight inspection teams conducted inspections across the nine provinces. Each inspection team comprised five inspectors led by one team leader. The time allocated to conduct an inspection for the level of care was as follows:

- ▢ Clinics – full working day
- ▢ CHCs – full working day
- ▢ Regional and District hospitals – three working days
- ▢ Provincial Tertiary/Central hospitals – four working days

2.4.2 The inspection process flow in line with ISO 90011:2002

The major steps in the inspection process (pre, during, and post inspections), follow a logical cycle which results in continual improvement of the tools and methods of inspection. Each major step (Plan, Do, Check and Act) has a series of sub-steps which are defined in the SOPs of the inspectorate unit.

2.4.3 Pre-inspection planning

The planning process follows a review of HE profiles, early warning system (EWS), complaints, media reports and previous inspection reports by the inspection teams. Team members are allocated to FAs, and other necessary logistical arrangements.

2.4.4 Actual inspections

The inspections were unannounced. Upon arrival, the inspection team leader handed the Notice of Inspection (OHSC form 3) to the Chief Executive Officer (CEO) of the hospital or the Operational Manager of a primary health care facility or any delegated person in charge of the HE. The notice of inspection included the following information: the purpose of the inspection; the date of the inspection; the estimated duration of the inspection; the inspection plan; the number of authorised personnel expected to take part in the inspection of

the HE; the contact details of the inspector primarily responsible for the inspection and the responsibilities of the HE. Inspections commenced with a briefing to management and other relevant staff members.

2.4.5 Post-inspection quality control process (QCP)

The data collected was reviewed according to the data quality control steps outlined in the SOPs to ensure the validity of the inspection process.

2.5 DATA ANALYSIS

The data was captured using the CIS and was exported to MS Excel and Statistical Analysis Software (SAS) version 9.4. The database was structured to allow analysis of domains, sub-domains, standards, criteria, measures and values, as well as aggregation of the values by province, district, sub-district, facility name and facility type. Values of the measures were structured as zero (0) and one (1). The 0 (zero) represented non-compliant measures while 1(one) represented compliant measures. Checklists were also used to score performance of measures. The average score for checklists was obtained by dividing the number of compliant items on the checklist by the number of applicable items and ranged from 0 to 1. Pre-determined weights were attached to the value of the measures. The weights were determined based on the risk level of the measures and were structured as follows:

- ▢ Extreme=40%
- ▢ Vital =30%
- ▢ Essential =20%
- ▢ Developmental=10%

Average scores were determined by using the sum of the weighted compliant measures as the numerator and the sum of all weighted compliant and non-compliant measures as the denominator. This formula was used to calculate scores in the different levels of care for all HEs.

This infographic provides compounded and graphical information for the “Annual Inspection Report 2018/19”. It represents the National and Provincial findings at a glance.

INFOGRAPHIC

ANNUAL INSPECTION REPORT 2018/19

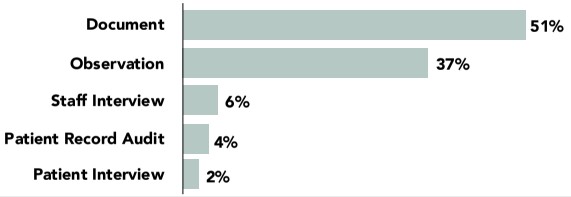
1. RATIO OF HEs TO NUMBER OF FUNCTIONAL AREAS (FAs) AND MEASURES

CLINICS		CHCs[1]		HOSPITAL	
1:4 Functional Areas	1:189 Measures	1:9 Functional Areas	1:262 Measures	1:42 Functional Areas	1:593 Measures

Each hospital recorded approximately 593 measures within 42 FAs, while each clinic recorded 189 measures within 4 FAs and each CHC recorded 262 measures within 9 FAs.

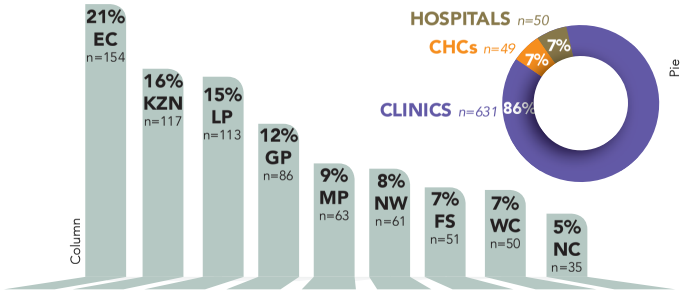
[1] Community Health Center

2. METHODOLOGY n=730



The Inspection methods recorded 51% review of documents, 37% observations, 6% staff interviews, 4% patient record audits and 2% patient interviews.

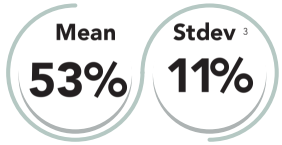
3. DISTRIBUTION OF HEs n=730



Clinics amounted to 86% of inspections, while 7% for hospitals, as well 7% for CHCs. Eastern Cape accounted to the highest number of HEs inspected that is 21% and Northern Cape the lowest with 5%.

4. AVERAGE OUTCOMES n=730

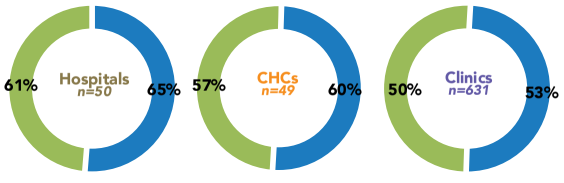
Compliance[2] %	HEs			FAs		
	CHC n=49	Clinics n=631	Hospitals n=50	CHC 9 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	1	5	3	0	0	8
70-79	4	25	8	3	1	13
60-69	16	86	17	2	0	6
50-59	16	190	8	3	1	5
40-49	10	226	12	0	1	4
< 40	2	99	2	1	1	6

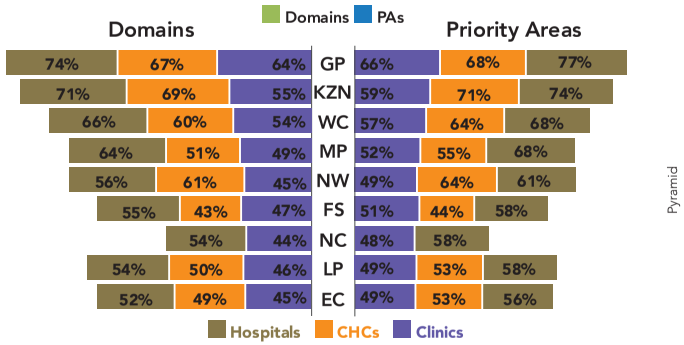


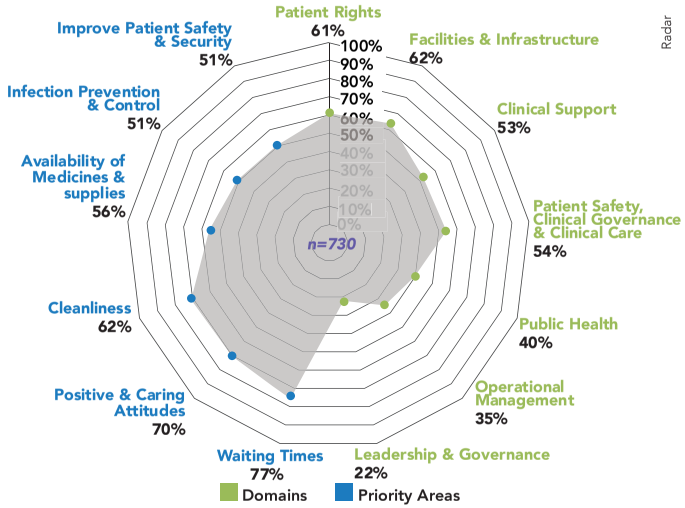
Inspected HEs recorded an average score of 53%. Three hospitals, 5 clinics and 1 CHC scored greater than or equal to 80%. Lastly, 2 hospitals, 99 clinics and 2 CHCs had scores less than 40%. Eight FAs for hospitals scored greater than or equal to 80%, whereas, 6 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored less than 40%.

[2] Compliance Status Framework: ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
[3] Standard Deviation.

5. AVERAGE SCORE BY DOMAINS AND PRIORITY AREAS (PAs) n=730





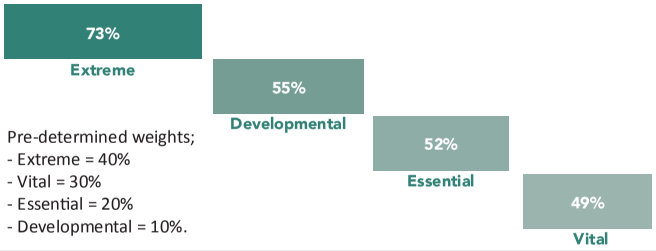


Domains: Hospitals, clinics and CHCs scored 61%, 50% and 57% for domains respectively. Gauteng hospitals scored 74%, clinics scored 64% and CHCs scored 67% for domains. Eastern Cape scored the lowest; hospitals, clinics and CHCs scored 52%, 45% and 49% respectively. Patient Rights had an average score of 61%, whereas Leadership and Corporate Governance scored 22%.

PAs: Hospitals scored an average 65%, clinics 53% and CHCs scored 60%. Gauteng hospitals scored 77%, clinics scored 66% and CHCs scored 68%. EC hospitals scored 56%, clinics scored 49% and CHCs scored 53%. Waiting Times scored 77%, Improve Patient Safety and Security as well as Infection Prevention and Control scored 51% each.

6. AVERAGE SCORE BY RISK LEVEL

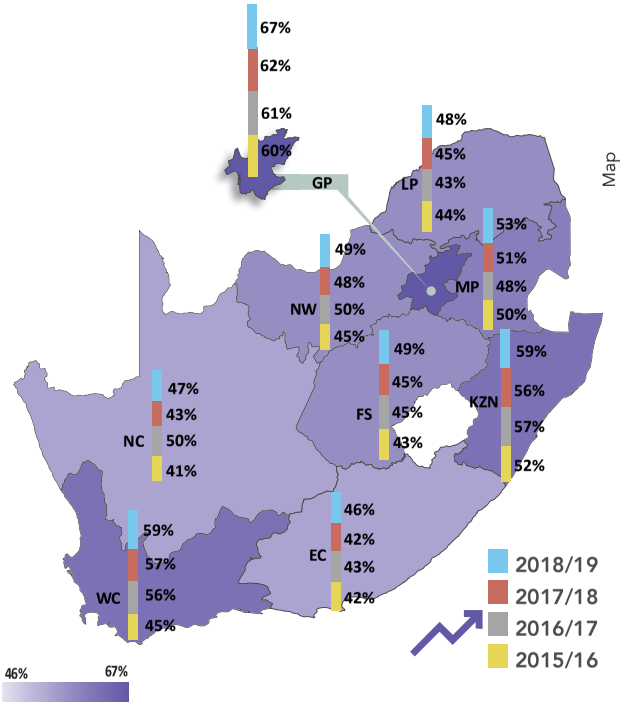
n=730



Pre-determined weights;
- Extreme = 40%
- Vital = 30%
- Essential = 20%
- Developmental = 10%.

Extreme measures had an average score of 73% and 55% for developmental measures. Essential measures scored 52%, while vital measures scored 49%.

7. AVERAGE SCORE BY PROVINCES n=730



The map includes average scores for each province for the past four years. Results for the financial year 2018/2019 reflected that GP had an average score of 67%, WC scored 59% and KZN had 59%. FS attained 49%, LP scored 48% and MP scored 53%. NW scored 49%, while NC scored 47% and EC scored 46%.

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Ensuring quality and safety in health care

3. NATIONAL OVERVIEW 2018/19

3.1 RATIO OF HEALTH ESTABLISHMENTS TO NUMBER OF FUNCTIONAL AREAS AND MEASURES

According to the results in Figure 1, notable differences existed in the number of FAs and measures for hospitals, clinics and CHCs. As reflected by the findings each hospital recorded approximately 593 measures within 42 FAs, while each clinic recorded nearly 189 measures within 4 FAs and each CHC recorded approximately 262 measures within 9 FAs.

Figure 1. Ratio of health establishments to number of functional areas and measures

3.2 METHODOLOGY

A closer examination of the results contained in Figure 2 reveals that close to 166 612 inspection records were reviewed. Various data collection methods applied during the inspections included 51% Review of Documents, 37% Observations, 6% Staff Interviews, 4% Patient Record Audits and 2% Patient Interviews.

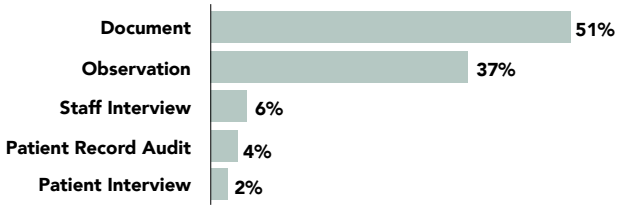


Figure 2. Data collection methods

3.3 DISTRIBUTION OF HEALTH ESTABLISHMENTS

With reference to Figure 3, the total HEs inspected during the financial year 2018/19 were 730. Clinics amounted to 86% equivalent to 631, while 7% were hospitals, amounting to 50, and lastly 7% were CHCs making up 49.

Further examination of the results on Figure 3 revealed that Eastern Cape accounted for 21% equal to 154 HEs inspected in the province. KwaZulu Natal recorded 16% making up 117 HEs and Limpopo 15% equivalent to 113 HEs inspected. Gauteng recorded 12% equivalent to 86 HEs. North West recorded 8% making up 61 HEs and Mpumalanga recorded 9% making up 63 HEs inspected. Free State recorded 7% equal to 51 HEs, while Western Cape recorded 7% equivalent to 50 HEs, and lastly Northern Cape accounted for 5% equal to 35 HEs inspected.

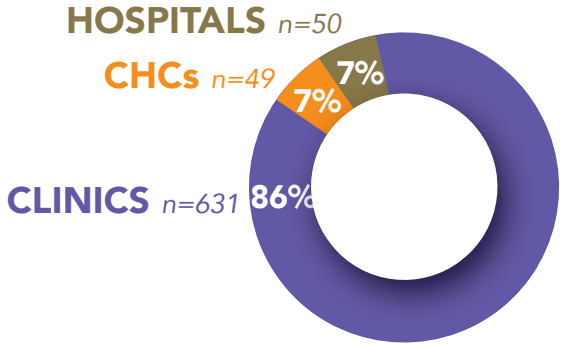


Figure 3. Distribution of health establishments

3.4 AVERAGE OUTCOMES (for HEs)

According to Figure 4, inspected HEs recorded an average score of 53%. Three hospitals, 5 clinics and 1 CHC scored greater than or equal to 80%. Eight hospitals, 25 clinics and 4 CHCs scored between 70% and 79%, while 17 hospitals, 86 clinics and 16 CHCs scored between 60% and 69%. A total of 8 hospitals, 190 clinics and 16 CHCs managed to achieve scores of between 50% and 59%, whereas 12 hospitals, 226 clinics and 10 CHCs scored between 40% and 49%. Lastly, 2 hospitals, 99 clinics and 2 CHCs had scores less than 40%.

Results in Table 5 further showed that 8 FAs for hospitals had scores greater than or equal to 80%, whereas, 13 FAs for hospitals, 1 FA for clinics and 3 FAs for CHCs scored between 70% and 79%. Six FAs for hospitals and 2 FAs for CHCs scored between 60% and 69% while 5 FAs for hospitals, 1 FA for clinics and 3 FAs for CHCs scored between 50% and 59%. Four FAs for hospitals, 1 FA for clinics scored between 40% and 49%. Lastly 6 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored less than 40%.

Table: 5. Average outcomes

Compli-ance %	HEs			FAs		
	CHC n=49	Clinics n=631	Hospitals n=50	CHC 9 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	1	5	3	0	0	8
70-79	4	25	8	3	1	13
60-69	16	86	17	2	0	6
50-59	16	190	8	3	1	5
40-49	10	226	12	0	1	4
< 40	2	99	2	1	1	6

3.5 AVERAGE SCORE BY DOMAINS AND PRIORITY AREAS (PAs), PROVINCE AND HEALTH ESTABLISHMENT TYPE

Average scores by domains and PAs for hospitals, clinics and CHCs illustrated by Figure 4 indicated that average domain scores for hospitals, clinics and CHCs were 61%, 50% and 57% respectively. In respect to average score by PAs, hospitals scored 65%, while clinics scored 53% and CHCs scored 60%.

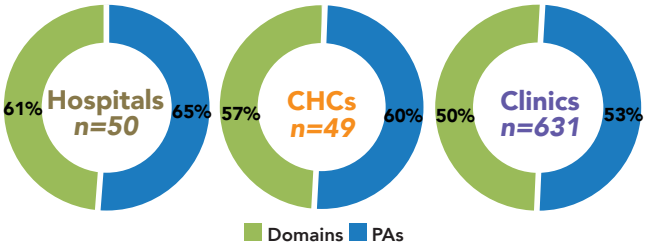


Figure 4. Average score by domains and priority areas (PAs), province and health establishment type

▢ Provincial score by health establishment type

Figure 5 depicts the provincial results by domains and PAs average scores according to HE types. According to the results, Gauteng hospitals scored 74%, clinics scored 64% and CHCs scored 67% in terms of domains. With reference to average score for PAs, hospitals in the same province recorded 77%, clinics 66% and CHCs 68%.

Inspected hospitals in KZN had a score of 71%, while clinics scored 55% and CHCs scored 69%. A further breakdown of the results according to the average score by PAs for the same province showed that hospitals scored 74%, clinics scored 59% and CHCs 71%.

Results for domain average score for Western Cape indicated that hospitals recorded 66%, clinics scored 54% and CHCs 60%. In line with the average score by PAs, hospitals scored 68%, while clinics scored 57% and CHCs 64%.

In terms of domains and PAs average score for Mpumalanga, hospitals scored 64%, clinics 49% and CHC 51%. Results for PAs for the same province indicated that hospitals scored 68%, clinics 52% and CHCs scored 55%.

Average domain and PAs score for hospitals in North West was 56% and 61% respectively. Results further indicated that clinics in the province scored 45% and 49% for domains and PAs respectively, while CHCs scored 61% for domains and Pas 64%.

Results in Figure 6 further elucidated that hospitals in Free State scored 55% while clinics scored 47% and CHC 43% in terms of average score by domains. In relation to average score for PAs, hospitals in the province scored 58% while clinics scored 51% and CHCs 44%.

Average scores in terms of domains for hospitals and clinics in Northern Cape were 54% and 44% respectively. No CHCs were inspected in the province. In relation to average score for PAs, hospitals in the province scored 58% while clinics scored 48%.

Inspected hospitals in Limpopo had an average score of 54% while clinics scored 46% and CHCs scored 50%. Average score by PAs for hospitals was 54%, clinics 46% and CHCs 50%. Results for PAs for the province indicated that hospitals scored 58%, clinics 49% and CHCs scored 53%.

Lastly, in Eastern Cape, hospitals, clinics and CHCs scored 52%, 45% and 49% for domains respectively while the average score for PAs for hospitals in the province was 56%, clinics scored 49% and CHCs 53%.

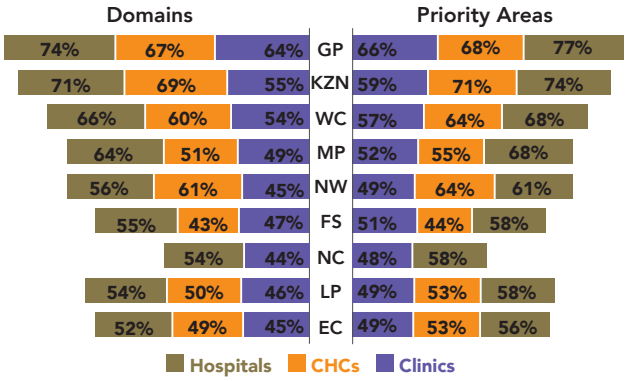


Figure 5. Average score by domains and priority areas (PAs), province and health establishment type

▢ Average score per seven domains

Results for average score by domains and PAs contained in Figure 6 illustrated that the domain Patient Rights scored 61%, Facilities & Infrastructure scored 62% and Clinical Support scored 53%. Patient Safety/Clinical Governance/Clinical Care recorded 54%, Public Health scored 40% and Operational Management 35%. Finally, Leadership and Corporate Governance scored 22%.

- **Average score per six PAs**

Waiting Times scored 77% and Improved Patient Safety and Security as well as Infection Prevention and Control both scored 51%. Positive and Caring Attitudes scored 70%, Cleanliness 55% and Availability of Medicines and Supplies scored 56%.

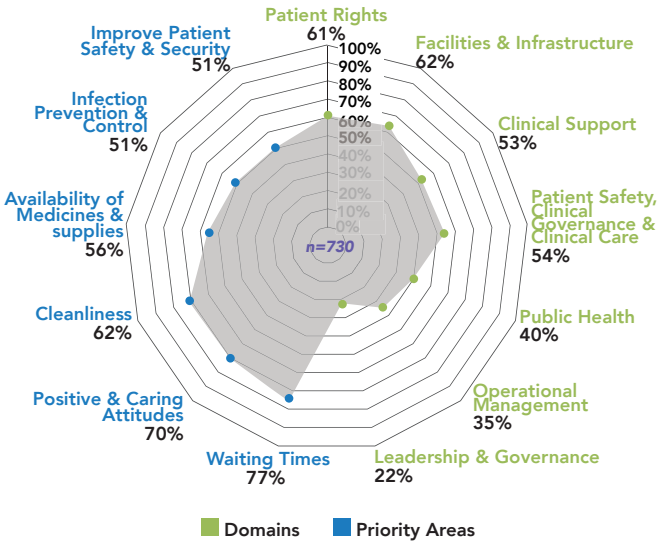


Figure 6. Average score by domains and PAs

3.6 AVERAGE SCORE BY RISK LEVEL

According to the results illustrated on Figure 7, which presented average score by risk level, Extreme measures scored 73%, developmental measures 55% while Essential measures scored 52%, and lastly Vital measures 49%.

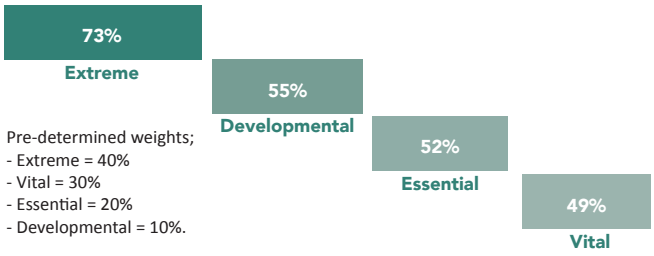


Figure 7. Average score by risk level

3.7 AVERAGE SCORE BY PROVINCES

Results for average score by provinces illustrated by the map on Figure 8 matched the provincial position and score in terms of implementation of the NCS for financial years 2015/16, 2016/17, 2017/18 and 2018/19.

A closer examination of the results presented in the map, during the financial year 2018/2019 Gauteng scored the highest average score of 67%, Western Cape scored 59% and KwaZulu Natal achieved 59% followed by Mpumalanga which scored 53%. Within the same financial year, Free State as well as North West each scored 49%, Limpopo scored 48%, whereas Northern Cape achieved 47% and lastly Eastern Cape attained 46%. Provinces scored slightly higher indicating an improvement compared to the previous financial year 2017/18 were Gauteng scored 62%, Western Cape 57% and KwaZulu Natal 56%, Mpumalanga 51%, Free State 45%, North West 48%, Limpopo 45%, Northern Cape 43% and lastly Eastern Cape 42%.

Provinces such as Gauteng and Western Cape have managed to maintain steady scores since the financial years (2015/16; 2016/17; 2017/18 and 2018/19), with Gauteng province maintaining its position as the province with a higher score compared to other provinces. Western Cape experienced a significant improvement from an average 45% score in 2015/16 to 59% in 2018/19. There has been also a noticeable improvement by Free State province from 43%, 45%, 45% and 49% scores for the past four financial years.

In the meanwhile, North West, KwaZulu-Natal, Northern Cape, Mpumalanga, Limpopo and Eastern Cape have been experiencing fluctuating scores though their scores for 2018/19 have improved in comparison to the previous financial year (2017/18).

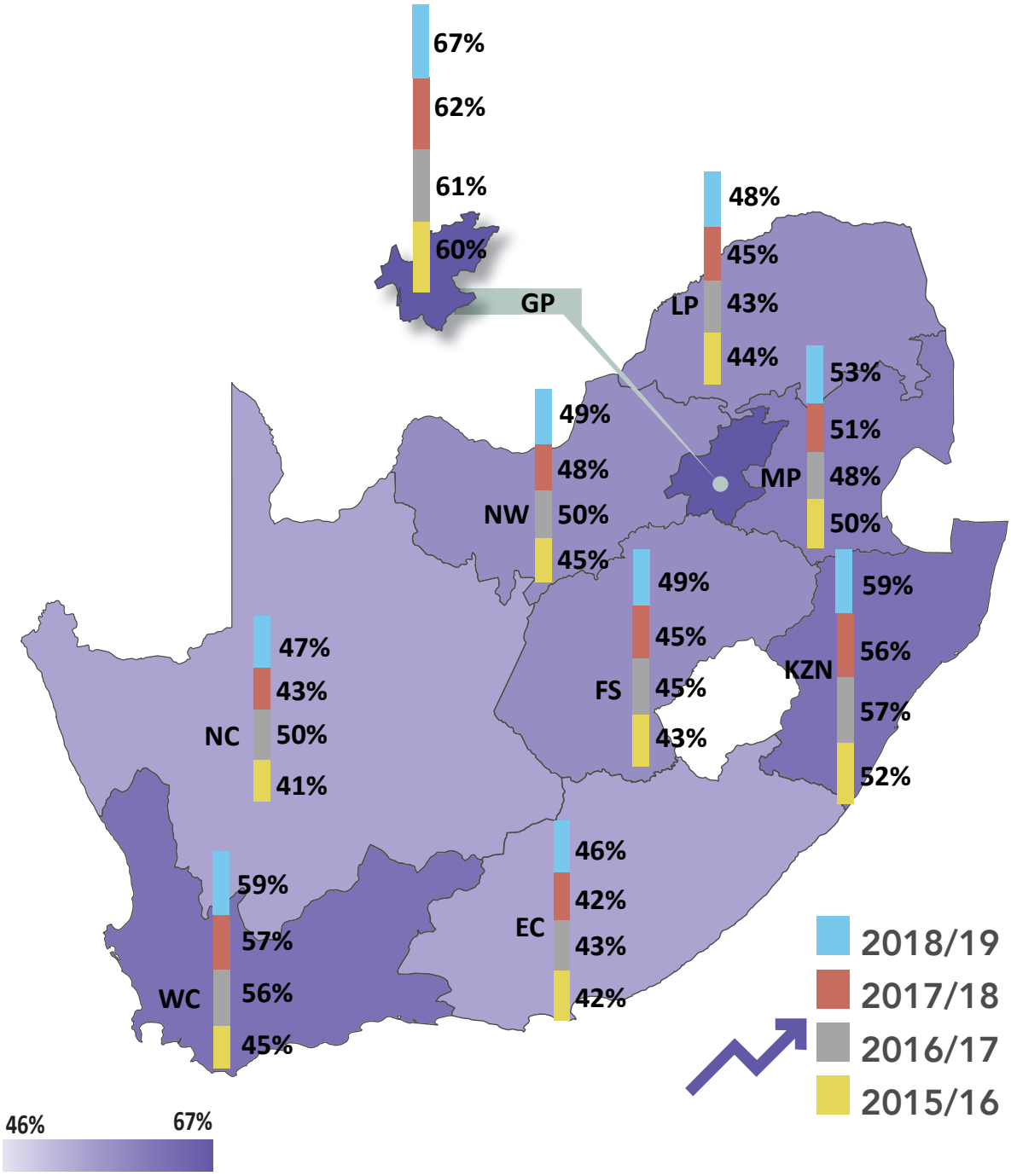


Figure 8. Average score by provinces

PROVINCIAL OVERVIEW

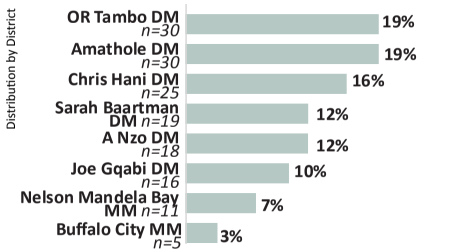
4. PROVINCIAL OVERVIEW

This section of the report provides individual findings for inspections conducted in selected HEs in all 9 provinces. The results provide a summary of provincial average scores in relation to domains and PAs. The three categories of HEs, which formed part of the inspections in each province, consisted of hospitals, clinics and CHCs. A summary of scores for each district is provided within the respective provinces as well as the highest and lowest performing HE.

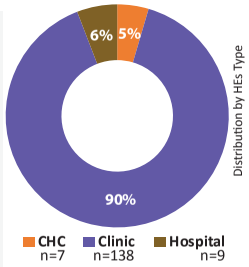
The results are presented in alphabetic order of provinces.

EASTERN CAPE

I. DISTRIBUTION OF HEs n=154



Eastern cape recorded 154 HE inspections; 132(90%) inspections were in clinics, 7 (5%) were in CHCs and 9 (6%) in hospitals. Of the eight districts inspected OR Tambo DM and Amathole DM had the highest number of HE inspections. Buffalo City had the lowest number of inspections.



II. AVERAGE OUTCOME SCORES BY HE TYPE

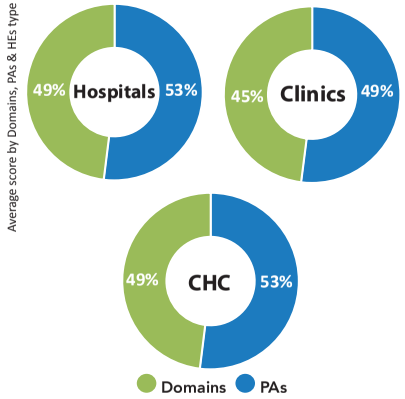
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=7	Clinics n=138	Hospitals n=9	CHC 6 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	0	0	0	0	0	4
70-79	2	2	0	1	1	11
60-69	5	7	2	1	0	7
50-59	0	37	0	3	1	2
40-49	0	50	6	0	0	7
< 40	0	42	1	1	2	11

Two clinics and two CHCs scored between 70%-79% and one hospital and 42 clinics obtained scores below 40%. Four functional areas in hospitals obtained scores above 80% and 11 FAs for hospitals, 2 for clinics and 1 for CHC's scored below 40%.

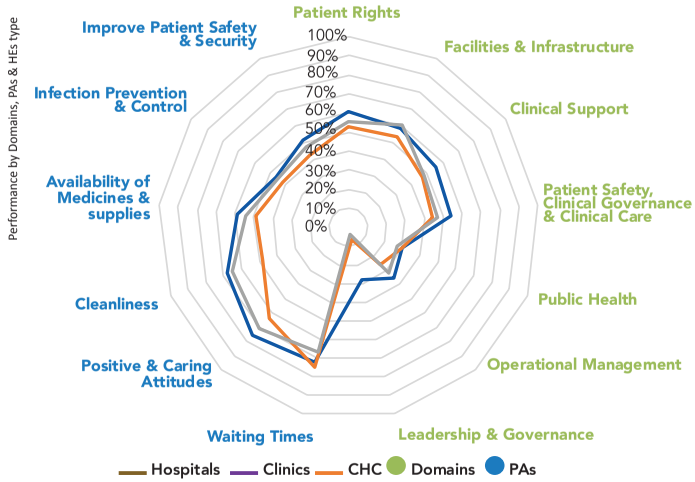
[1] Compliance Status Framework:
≥80% compliant,
70-79% compliant with a requirement,
60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns,
40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Hospitals, clinics and CHCs scored 49%, 45% and 49% for domains respectively. Hospitals scored 53%, clinics 49% and CHCs 53% for Priority Areas.

IV. AVERAGE SCORE BY DOMAINS AND PAs



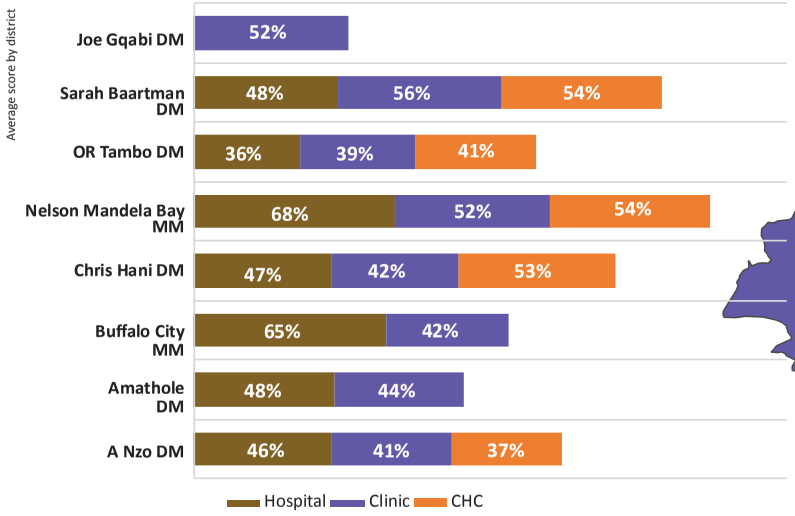
Average performance by Domains & PAs

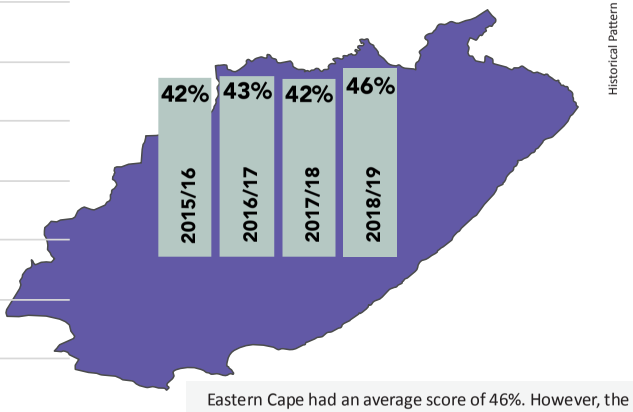
Domains	Hospital	Clinics	CHC
Patients Rights	61%	53%	55%
Facility & Infrastructure	59%	54%	61%
Clinical Support	56%	47%	48%
Patient Safety/Clinical Governance/Clinical Care	54%	44%	47%
Public Health	30%	30%	27%
Operational Management	36%	26%	31%
Leadership & Corporate Governance	28%	6%	4%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	73%	76%	67%
Positive & Caring Attitudes	75%	63%	70%
Cleanliness	68%	48%	65%
Availability of Medicines & Supplies	59%	49%	55%
Infection Prevention & Control	46%	42%	45%
Improve Patient Safety & Security	52%	43%	48%

Hospitals scored 61%, clinics 53% and CHCs 55% for the domain Patient Rights, while Hospitals scored 28%, clinics 6% and CHCs 4% for Leadership and Corporate Governance. Hospitals scored 73%, clinics 76% and CHCs 67% for Waiting Times while for Infection Prevention Control hospitals scored 46%, clinics 42% and CHCs 45%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





Eastern Cape had an average score of 46%. However, the province has seen a 4% increase for the FY 2018/2019 in comparison to other FYs where the Province scored 42%, 43%, 42%. Nelson Mandela Bay had an average score of 68% for hospitals, 52% for clinics and 54% for CHCs while in Joe Gqabi district only clinics were inspected with average score of 52%.

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4.1 EASTERN CAPE

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations for different categories of health care establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 154 of 830 HEs in the Eastern Cape Province during the financial year 2018/19.

4.1.1 Distribution of Health Establishments *(refer to figure 9 & figure 10)*

Inspection of Clinics contributed to 90% of HE inspections equivalent to 138, while hospitals constituted 6% equivalent to 9 HE inspections, and lastly 5% were CHCs equivalent to 7 HE inspections.

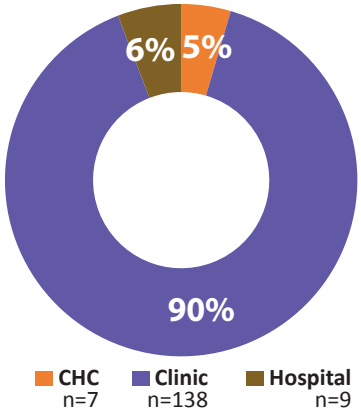


Figure 9. Distribution by HEs type

The inspections were conducted in the following eight districts; OR Tambo District Municipality (DM), Amathole DM, Chris Hani DM, Sarah Baartman DM, Alfred Nzo, Joe Ngqabi DM, Nelson Mandela Bay DM and lastly Buffalo City DM.

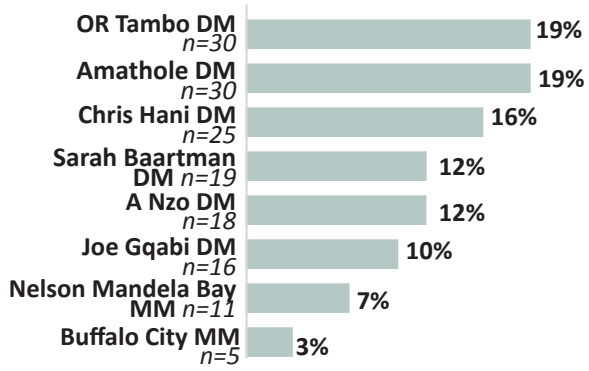


Figure10. Distribution by district

OR Tambo DM and Amathole DM recorded 19% equivalent to 30 HE inspections each, followed by Chris Hani DM, which recorded 16% equivalent to 25 HE inspections. Sarah Baartman DM contributed 12% equivalent to 19 HE inspections, while A Nzo DM recorded 12% equivalent to 18 HE inspections and Joe Ngqabi DM recorded 10% equivalent to 16 HE inspections. Nelson Mandela Bay MM and Buffalo City MM contributed 7% and 3% of HE inspections equivalent to 11 HEs and 5 HEs respectively.

4.1.2 Average Outcome Score by Health Establishment Type. *(refer to table 6)*

According to the results, none of the inspected HEs recorded an average score greater than or equal to 80%. However, 2 clinics and 2 CHCs scored between 70% and 79%, while 2 hospitals, 7 clinics and 5 CHCs scored between 60% and 69%. A score of between 50% and 59% was attained by 37 clinics. Six hospitals and 50 clinics scored between 40% and 49%. Meanwhile, 1 hospital and 42 clinics scored less than 40%.

Results further highlight that 42 FAs were measured for hospitals, 4 FAs measured for clinics and lastly 6 FAs measured for CHCs in the province. Among the measured FAs, 4 FAs for hospitals scored greater than or equal to 80%. Eleven FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 70% and 79%, whereas 7 FAs for hospitals and 1 FAs for CHCs scored between 60% and 69%. Conversely, 2 FAs for hospitals, 1 FA for clinics and 3 FAs for CHCs scored between 50% and 59%. Seven FAs for hospitals scored between 40% and 49%. Lastly, 11 FAs for hospitals, 2 FAs for clinics and 1 FA for CHCs scored less than 40%.

Table 6:Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=7	Clinics n=138	Hospitals n=9	CHC 6 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	0	0	0	0	0	4
70-79	2	2	0	1	1	11
60-69	5	7	2	1	0	7
50-59	0	37	0	3	1	2
40-49	0	50	6	0	0	7
< 40	0	42	1	1	2	11

[1] Compliance Status Framework:
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

4.1.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs)

(refer to figure 11 & figure 12)

The average domain scores for hospitals, clinics and CHCs were 49%, 45% and 40% respectively. In respect of average score by PAs, hospitals scored 53%, while clinics scored 49% and CHCs 40%.

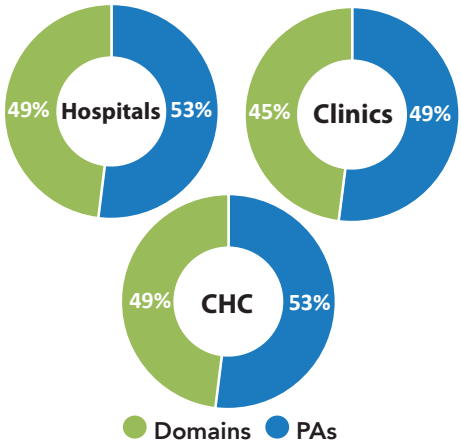


Figure11. Average score by domains, PAs & HEs type

☐ **Average score per seven domains**

According to the results provided, hospitals scored 61%, while clinics scored 53% and CHCs 55% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 59%, clinics 54% and CHCs 61%. Hospitals had an average score of 56%, clinics 47% and CHCs 48% for the domain Clinical Support. Patient Safety/Clinical Governance/ Clinical Care domain scores for hospitals, clinics and CHCs were 54%, 44% and 47% respectively. Operational Management domain score for hospitals was 36%, clinics 26% and CHCs 31%. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 28%, while clinics scored 6% and CHCs 4%. Public Health domain score for hospitals was 30%, clinics 30% and 27% for CHCs.

☐ **Average score per six PAs**

Hospital average score for Waiting Times was 73%, clinics 76% and CHCs 67%. Positive and Caring Attitudes score for hospitals was 75%, clinics 63% and CHCs scored 70%. Regarding average score for Cleanliness, hospitals scored 68%, clinics 48% and CHCs 65%. Meanwhile average scores for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 59%, 49% and 55% respectively. Infection Prevention and Control average score for hospitals was 46%; clinics scored 42% and CHCs 45%. Hospital average score for Improve Patient Safety and Security was 52%, clinics 43% and CHCs 48%.

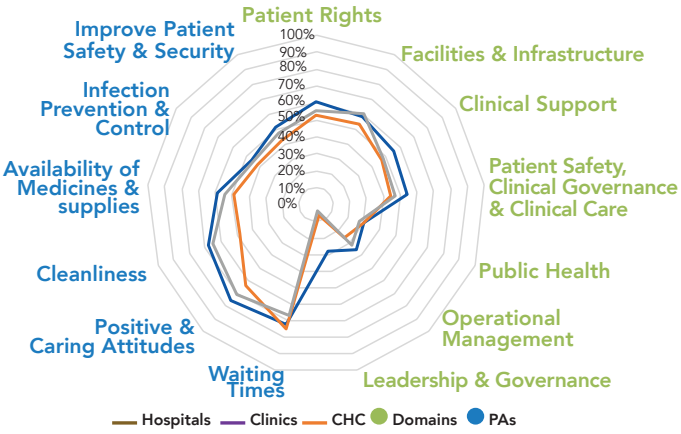


Figure12. Performance by domains, PAs & HEs type

4.1.4 Average score by district and Health establishment type *(refer to figure 13)*

A close examination of the results reflects that hospitals in Nelson Mandela Bay DM scored 68%, followed by Buffalo City DM, which scored 65%, and OR Tambo DM 36%. Amathole DM and Sarah Baartman DM each scored 48% and Chris Hani DM had a score of 47%.

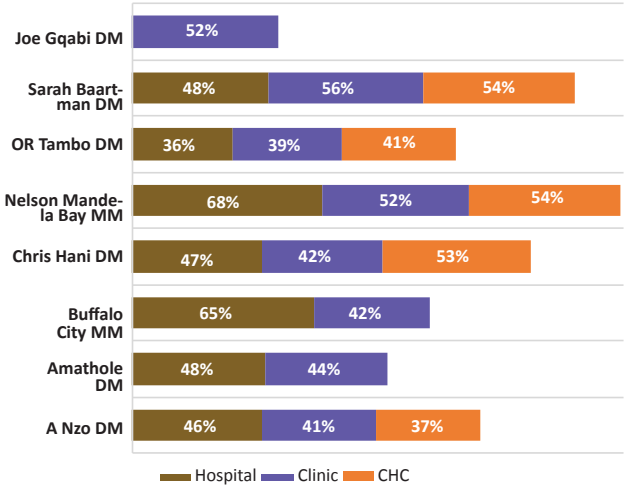


Figure13. Average score by district

Regarding average score for clinics, Sarah Baartman DM scored 56%, followed by Nelson Mandela Bay DM and Joe Gqabi DM which scored 52% each. Amathole DM got an average score of 44%, while Buffalo City DM and Chris Hani scored 42% each. OR Tambo DM had an average score of 39%.

Meanwhile, average scores for CHCs in the inspected districts were as follows: Nelson Mandela DM and Sarah Baartman DM scored 54% each. Chris Hani DM had an average score of 53% while OR Tambo DM and A Nzo DM scored 41% and 37% respectively.

4.1.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used. Four methods were used for inspection namely document review, patient record analysis, observation, patient and staff interviews.

- ▢ Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards;
- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine; and
- ▢ Interviews were used to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

The National Guidelines for Patient Safety Incident Reporting and Learning were available.

Standard operating procedures for the management of schedule 5 and 6 medicines were available.

The following standard operating procedures (SOPs) and guidelines were not available, where available were not signed or did not comply with all the requirements:

- ▢ Standard operating procedures and policy for referrals;
- ▢ Standard operating procedures for handover of patients from emergency medical services (EMS) to health establishment;
- ▢ Standard operating procedures for the management of emergency resuscitation;
- ▢ Standard operating procedures for conducting and acting on risk assessments of patients with reduced mobility;
- ▢ Standard operating procedures for safe administration of medicines to patients; and
- ▢ Standard operating procedures for requests, retrieval and filing of patient health records.

Operational plans were either not available or not monitored quarterly against targets and indicators and where gaps were identified remedial actions were not implemented.

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programs;
- ▢ Patient safety incident reports;
- ▢ Reports on health promotion activities done in the previous 12 months; and
- ▢ Monitoring records of service level agreements for waste removal and disposal.

The following Occupational Health and Safety documents were either not available or not approved:

- ▢ Medical examinations were not performed for health care personnel exposed to potential occupational hazards when performing their duties; and
- ▢ Staff who experience needle stick injuries have not been re-tested for blood borne diseases and were not provided with post exposure prophylaxis.

An annually updated inventory for all classes of assets, including disposed and redundant assets was not available.

Minutes of monthly maternal and perinatal morbidity and mortality meetings were not available.

Evidence that particle counts, and bacterial growth are performed in accordance with infection control guidelines was not available.

ii. Patient Record Analysis

Audited scripts showed that medicine dispensed correlated with medicine that was received as prescribed.

Patient records did not comply with the following aspects:

- ▢ The correct hand over procedure was not followed between emergency medical services and staff in health establishments, for example, method of transfer of patient from ambulance to consultation room was not specified in health records inspected in hospitals;
- ▢ The guidelines regarding examination and stabilisation had not been adhered to;
- ▢ Administration of blood and blood products was not done in accordance with standard operating procedures;
- ▢ Patient safety checks were not conducted comprehensively in patient health records before, during and after surgery as per the World Health Organization (WHO) guidelines in the health establishments, for example, antibiotic prophylactic and the estimated blood loss were not recorded;
- ▢ Patient safety checks were not conducted on inter-hospital transferals of patients and those transferred from one department to another within the health establishment;
- ▢ With respect to 72-hour observation of users, the required criteria were not met as the 24-hour report which must be given to the head of the health establishment was not done;
- ▢ Records of patients recently discharged showed that a comprehensive clinical assessment had not been conducted as files did not indicate that past medical history was recorded;
- ▢ Initial assessments of mental health care users did not reflect that a formal risk assessment has been conducted to identify users at high risk of harm to themselves or others; and
- ▢ Forms used for informed consent were not completed correctly by the health care providers; for example; age of patient not recorded.

iii. Observations

Areas for receiving soiled linen were separated from areas of clean linen.

The outside waste storage area was well maintained and posed no health risk.

Security systems were positioned at access and egress points.

The health establishment's rooms used for confirmed infectious tuberculosis (TB) patients were separated by means of adequate physical barriers from non-TB patients.

> Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans need to be implemented to address identified gaps and improve quality care

Emergency trolleys were not appropriately stocked. Blood and blood products were not administered in a manner which protect patients.

Ramps with handrails of an acceptable gradient were not available at the entrances to the clinics.

Regarding cleanliness the following were identified:

> Cleanliness, infection control and maintenance of grounds should be monitored and improved, including procurement and proper management of cleaning materials.

- Cleaning materials were not all available in health establishments and where available were not stored in safe, lockable areas with clear labels for chemicals;
- Daily inspections of cleanliness were not conducted;
- Areas such as toilets were found not clean, some had bad odours, with spills on the floor; and
- The outside general waste storage areas were not well maintained in most clinics.

Tracer medicines as per the Essential Medicines List or formulary were not all available in the medicine room.

Functional essential equipment was not all available.

Safety hazards observed during the visit were uncovered manholes, cracked walls and loose hanging electrical cables in hospitals.

iv. Interviews

The health care providers responsible for triaging and reviewing patients could explain how to triage and reviews patients.

Health care providers interviewed reported that they did not have adequate supervision.

4.1.6 Recommendations

Policies, Standard operating procedures and guidelines need to be available to guide processes within health establishments.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans need to be monitored and implemented for effective functioning of the health system.

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans need to be implemented to address identified gaps and improve quality care.

Occupational Health and Safety need to be given attention to ensure staff safety.

Security systems should be in place to safeguard patients and staff.

Monitoring of minimum and maximum stock levels needs be done to ensure efficient stock management.

Minutes of meetings need to be documented and signed to ensure that decisions taken inform service delivery.

Infection control practices need to be implemented to ensure safety of both staff and patients. Patient record documentation needs to be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines.

For safety of the health care users and staff, emergency disaster preparedness plans, management of emergency trolleys and blood administration need to be strengthened.

Cleanliness, infection control and maintenance of grounds should be monitored and improved, including procurement and proper management of cleaning materials.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management for medicines and supplies.

Health establishments should procure the required functional equipment to enable staff to render quality patient care.

Table 7:Average score by functional areas

HOSPITALS	
P05_2 Surgical ward	98%
P04_2 Medical ward	90%
C01 Blood Services	85%
P10_2 Operating theatre incl cath labs	80%
C05 Radiology	78%
P04_1 Medical ward	78%
C02 Laboratory	77%
S10 Entrance/Reception and help desk	77%
P07_1 Generic wards / Measure is generic to any ward or day ward	73%
P07_2 Generic wards / Measure is generic to any ward or day ward	72%
P05_1 Surgical ward	72%
P02 Outpatient department	72%
P08 Therapeutic support services - Physio	72%
P01 Accident and Emergency Unit	72%
P03 Maternity Ward incl maternity theatres	71%
S12 Mortuary Services	67%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	65%
P11 Psychiatric ward	65%
P06 Paediatric ward	64%
P10_1 Operating theatre incl cath labs	64%
C04 Pharmacy	63%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	62%
S02 Cleaning Services	55%
S03 Food Services	53%
M04 Facility Infrastructure	48%
M07 Infection Control	48%
M08 Management information system	47%
S04 Laundry Services	46%
S06 Record archive/department	46%
S09 Security Services	43%
S07 Waste Management	42%
M06 HR Management	34%
S05 Maintenance services includes garden	33%
M01 CEO or Hospital Manager	32%
M03 Communications/PRO	28%
S01 CSSD	25%
M14 Clinical Management Group	25%
M12 Occupational health and safety	24%
M10 Procurement	23%
M05 Financial Management	19%
C03 Health technology Services	19%
M16 Case Management	15%
CLINICS	
PC01 Clinical Services	72%
CC04 Dispensary / Medicine Cupboard	55%
SC01 Maintenance Support	35%
MC14A Clinic manager	22%

CHCs	
PC01C Clinical Services	73%
CC04C Pharmacy	61%
P03C Maternity Obstetric Unit incl maternity theatres	56%
P01C Emergency Unit	56%
SC01C Maintenance Support	51%
MC14C CHC Manager	22%

Table 8:Average score by health establishments (n=154)

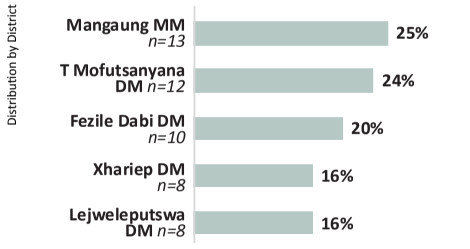
HOSPITALS	
Livingstone Hosp	68%
Frere Hosp	65%
Midland Hosp	49%
Sundays Valley Hosp	48%
Glen Grey Hosp	48%
Madwaleni Hosp	48%
Sipetu Hosp	46%
Hewu Hosp	45%
St Lucy's Hosp	36%
CLINICS	
Umasizakhe	73%
Bensonvale	71%
Rietbron Clinic	65%
Willowmore Clinic	65%
Frankfort	65%
Kroonvale	64%
Masakhane (Aberdeen)	62%
Esilindini	61%
L Grange Clinic	60%
Herschel	59%
Clarkson Clinic	59%
Walmer 14th Clinic	59%
Masakhane (NMMM)	59%
Robert Mjobo	58%
Wells Estate	57%
Stutterheim Clinic	57%
Ngqwaru	57%
Wongalethu	57%
Masincedane	56%
Burnshill	56%
Daliwe	56%
U Lafuta	56%
Zenethemba Clinic	55%
Sterkspruit Town Clinic	55%
Mahlungulu (Mhlo)	55%
Twee Riviere Clinic	54%
Hlankomo	54%
Nqabeni	53%
Kareedouw	53%
Kruisfontein	53%
Schauderville	53%
Hillside (Senqu)	52%
Vera Barford	52%
Mwaca	52%
Seymour	51%

Tsakana	51%
Gracey	51%
Tshungwana	51%
Nkwenkwezi	51%
Mt Frere Gateway	51%
A Mandla	51%
Mcewula	50%
Ncembu	50%
Mkapusi	50%
Civic Centre	50%
Ntsizwa	50%
U Xongora	49%
Donnington	49%
Lower Tsitsana	49%
Xhwili	48%
Pelandaba	48%
Maclear Clinic	48%
Katkop	48%
Ntafufu	47%
Qeto	47%
Tina Falls	47%
Humansdorp Clinic	47%
Tembelihle	47%
Mhlotsheni	47%
Thembalethu (Buff)	47%
Balfour Clinic	46%
St Augustine's	46%
Manzimahle	46%
Qhiba	46%
Hlamandana	46%
Cata	46%
Bengu (Emala)	45%
Lahlangubo (Ngcobo)	45%
Needs Camp	45%
Wesley	44%
Melani	44%
Woodlands Clinic	44%
Idutywa Nqabara	43%
Lubaleko	43%
Qunu	43%
Chatty	43%
St Patrick's Gateway	42%
N Knight Gateway	42%
Kwamagxaki	42%
Ikamvelihle	42%
Gura	42%
Sonwabile	42%
Mangqamzeni	41%
Jingqi	41%
Sifonondile	41%
Bityi	41%
Lower Seplan Clinic	41%
Ndwayana Clinic	41%
Mawusheni	41%
Loerie Clinic	41%
Ntshele	41%

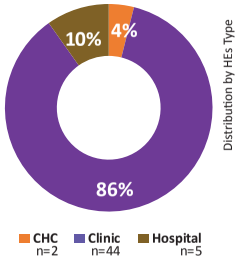
Qwilqwili	40%
Clarkebury	40%
Lota	40%
Queen Noti	40%
Lubisi	40%
Mbalisweni	39%
Badi	39%
L Regu	39%
Libode Clinic	39%
Lutubeni	39%
St Lucy's Gateway	38%
Qurhu	38%
Mdeni	38%
Double Falls	38%
Mevana	38%
Rwarwa	37%
Tyutyu Clinic	37%
Qitsi	37%
Ntshingeni	37%
U Ncera	36%
Zulu	36%
All Saints Gateway	36%
Tsilitwa	36%
Phakamile	35%
Ntshentshe	35%
Mantusini	35%
Isikelo	34%
Nqwathi Clinic	34%
Imizizi	34%
Soga	34%
Ngqungqu	33%
Ndawenzima	33%
Manzana	32%
Gilton	32%
Melitafa	32%
Qobo	32%
Mt Ayliff Gateway	32%
Isilimela Gateway	32%
Keti	31%
Ngwenya	29%
Ngxabangu	29%
Qwaninga Clinic	29%
Vukukhanye Gateway	27%
Mtakatye	27%
Gqubeni Clinic	25%
Qebe	24%
Ndanya	23%
CHCs	
Rosedale CHC	60%
Whittlesea CHC	58%
Graaff-Rein Day Hosp	54%
L Bam CHC	51%
Ngonyama CHC	47%
Mhlakulo CHC	41%
Tabankulu CHC	37%

FREE STATE

I. DISTRIBUTION OF HEs *n=51*



Free State recorded 51 HE inspections; 44(86%) inspections were in clinics, 5 (4%) were in CHCs and 5 (10%) in hospitals. Of the five districts inspected Mangaung MM recorded the highest number of inspections while Lejweleputswa DM and Xhariep DM recorded the least number of inspections.



II. AVERAGE OUTCOME SCORES BY HE TYPE

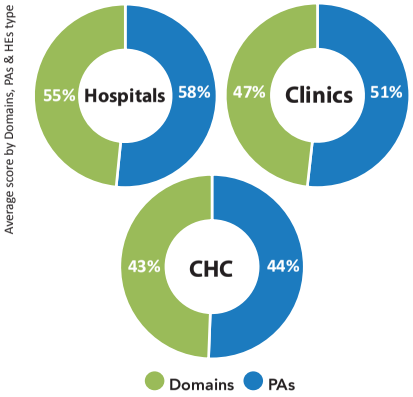
Average outcomes by HEs & FAs

Compliance[1] %	HEs			FAs		
	CHC n=2	Clinics n=44	Hospitals n=5	CHC 7 FAs	Clinics 4 FAs	Hospitals 41FAs
≥80	0	0	0	0	0	3
70-79	0	0	0	0	1	11
60-69	0	1	1	1	1	6
50-59	0	13	2	1	0	8
40-49	2	26	2	3	0	3
< 40	0	4	0	2	2	10

No HEs scored above 70% and one clinic and one hospital scored between 60% and 69% Four clinics obtained scores below 40%. Three functional areas in hospitals obtained scores above 80% and 10 FAs for hospitals, 2 for clinics and 2 for CHC's scored below 40%.

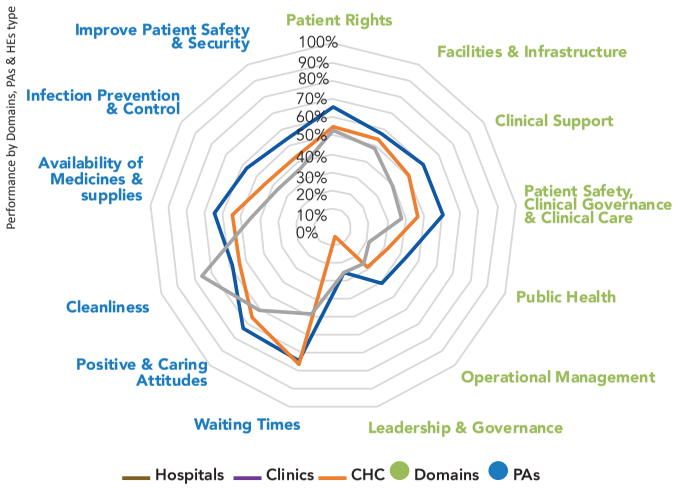
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Hospitals, clinics and CHCs scored 55%, 47% and 43% for domains respectively. Hospitals scored 58%, clinics 51% and CHCs 44% for Priority Areas.

IV. AVERAGE SCORE BY DOMAINS AND PAs



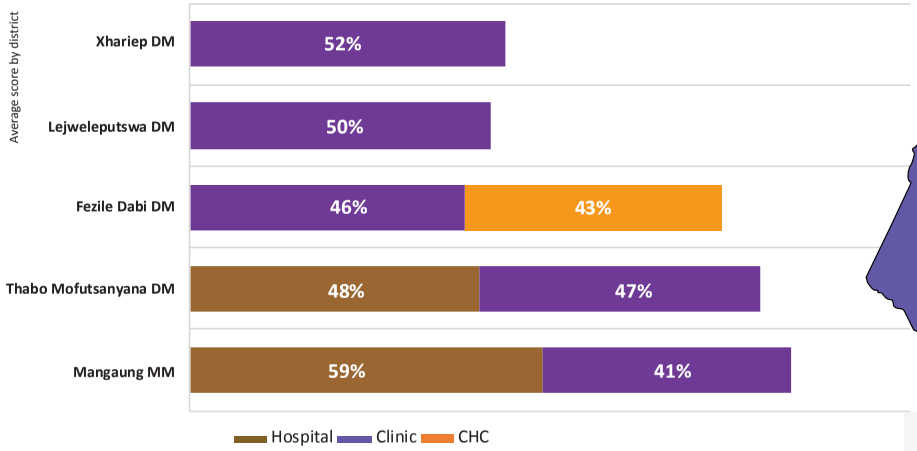
Average performance by Domains & PAs

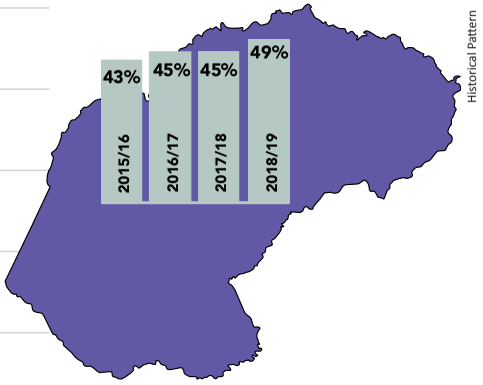
Domains	Hospital	Clinics	CHC
Patients Rights	66%	55%	53%
Facility & Infrastructure	57%	54%	49%
Clinical Support	60%	50%	39%
Patient Safety/Clinical Governance/Clinical Care	60%	47%	38%
Public Health	43%	32%	21%
Operational Management	40%	28%	26%
Leadership & Corporate Governance	25%	5%	25%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	75%	77%	48%
Positive & Caring Attitudes	74%	65%	61%
Cleanliness	58%	54%	76%
Availability of Medicines & Supplies	65%	55%	45%
Infection Prevention & Control	56%	43%	37%
Improve Patient Safety & Security	54%	43%	36%

Hospitals scored 66%, clinics 55% and CHCs 53% for the domain Patient Rights, while Hospitals scored 25%, clinics 5% and CHCs 25% for Leadership and Corporate Governance. Hospitals scored 75%, clinics 77% and CHCs 48% for Waiting Times while for Infection Prevention Control hospitals scored 56%, clinics 43% and CHCs 37%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





Free State showed steady and improved scores of 43%, 45%, 45% and 49% over the past four financial years.

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

4.2 FREE STATE

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations applicable to different categories of health establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 51 of 245 HEs in the Free State province during the financial year 2018/19.

4.2.1 Distribution of Health Establishments *(refer to figure 14 & figure 15)*

A larger percentage, that is 86% equivalent to 44 HEs inspected were clinics, while 10% equivalent to 5 HEs inspections were hospitals and lastly 4% equivalent to 2 HEs inspections were CHCs.

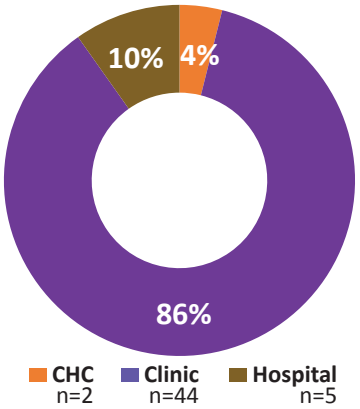


Figure14. Distribution by HEs type

Five districts namely Lejweleputswa DM, Xhariep DM, Fezile Dabi DM, T Mofutsanyane DM, Mangaung Metro Municipality (MM) were selected for inspections.

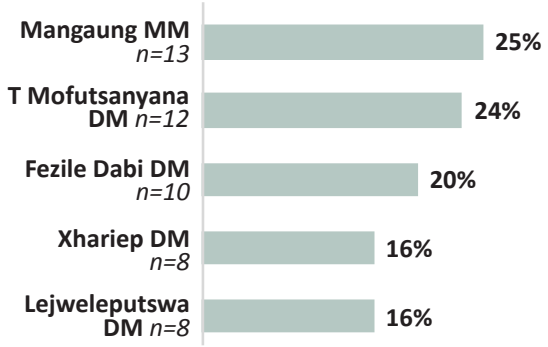


Figure15. Distribution by district

Mangaung MM recorded the highest number of inspections, that is 25% amounting to 13 HEs inspections. T Mofutsanyane DM had 24% equivalent to 10 HEs inspections, followed by Fezile Dabi DM, which contributed 20% equivalent to 10 HEs inspections. The lowest numbers of inspections were conducted in Lejweleputswa DM and Xhariep DM that recorded 16% equivalent to 8 HEs inspections in each.

4.2.2 Average Outcome Score by Health Establishment Type *(refer to table 9)*

Results for average outcome score by HE types for Free State province elucidated that no HEs managed to score between 70% and 79%, greater than or equal to 80% respectively. Meanwhile, 1 hospital and 1 clinic scored between 60% and 69%. Two hospitals in the province and 13 clinics managed to score between 50% and 59%, while 2 hospitals, 26 clinics and 2 CHCs achieved scores of between 40% and 49%. Lastly, 4 clinics achieved scores of less than 40%.

The results further depicted that 42 FAs were measured for hospitals, 4 FAs measured for clinics and lastly 7 FAs measured for CHCs in the province.

Three FAs for hospitals scored greater than or equal to 80%. Meanwhile, 11 FAs for hospitals and 1 FA for clinics scored between 70% and 79%, whereas 6 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 60% and 69%. Eight FAs for hospitals scored between 50% and 59%, while 3 FAs for hospitals and 3 FAs for CHCs scored between 40% and 49%. On the other hand, 10 FAs for hospitals, 2 FAs for clinics and 2 FAs for CHCs scored below 40%.

Table 9:Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=2	Clinics n=44	Hospitals n=5	CHC 7 FAs	Clinics 4 FAs	Hospitals 41FAs
≥80	0	0	0	0	0	3
70-79	0	0	0	0	1	11
60-69	0	1	1	1	1	6
50-59	0	13	2	1	0	8
40-49	2	26	2	3	0	3
< 40	0	4	0	2	2	10

[1] Compliance Status Framework:
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

4.2.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 16 & figure 17)*

The average scores by domains for hospitals, clinics and CHCs reflected that hospitals scored 55%, clinics 47% and CHCs 43%. With reference to average score by PAs, hospitals scored 58%, while clinics scored 51% and CHCs 44%.

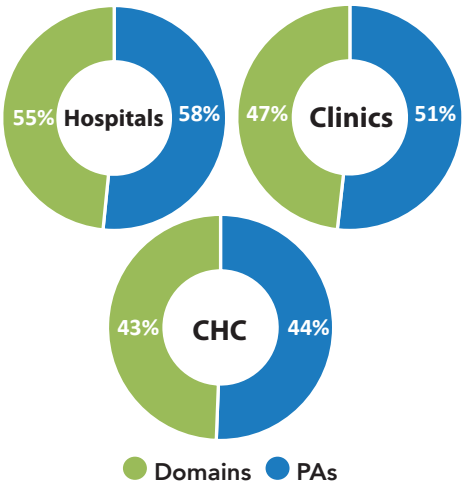


Figure16. Average score by domains, PAs & HEs type

☐ **Average score per seven domains**

According to the results hospitals scored 66%, while clinics scored 55% and CHCs 53% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 57%, clinics 54% and CHCs 49%. Hospitals scored an average of 60%, clinics 50% and CHCs 39% for the domain Clinical Support. Patient Safety/Clinical Governance/Clinical Care domain scores for hospitals, clinics and CHCs were 60%, 47% and 38% respectively. Meanwhile the Operational Management domain score for hospitals was 40%, clinics 28% and CHCs 26%. Public Health domain score for hospitals was 43%, clinics 32% and 21% for CHCs. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 25%, while clinics scored 5% and CHCs 25%.

☐ **Average score per six PAs**

Hospital average score for Waiting Times was 75%, clinics 77% and CHCs 48%. Average score for Positive and Caring Attitudes was 74% for hospitals, while clinics scored 65% and CHCs 61%. Meanwhile, hospitals scored 58%, while clinics scored 54% and CHCs scored 76% for Cleanliness. In addition, average scores for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 65%, 55% and 45% respectively. Infection Prevention and Control average score for hospitals was 56%; clinics scored 43% and CHCs 37%. Hospital average score for Improved Patient Safety and Security was 54%, while clinics scored 43% and CHCs 36%.

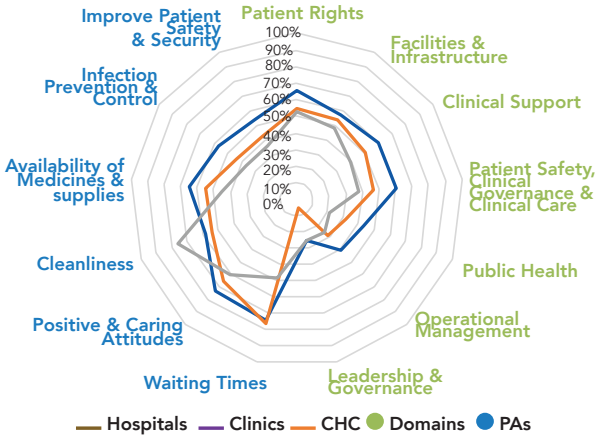


Figure17. Performance by domains, PAs & HEs type

4.2.4 Average score by district and Health establishment type *(refer to figure 18)*

According to results for average score by district HE types, hospitals in Mangaung MM had the highest score of 59%, followed by Thabo Mofutsanyane DM which had an average score of 48%.

Xhariep DM clinics scored 52%, followed by Lejweleputswa DM, which scored 50%. Thabo Mofutsanyane DM scored 48% while Fezile Dabi DM, Mangaung MM scored 46% and 41% respectively. The two CHCs inspected in Fezile Dabi had an average score of 43%.

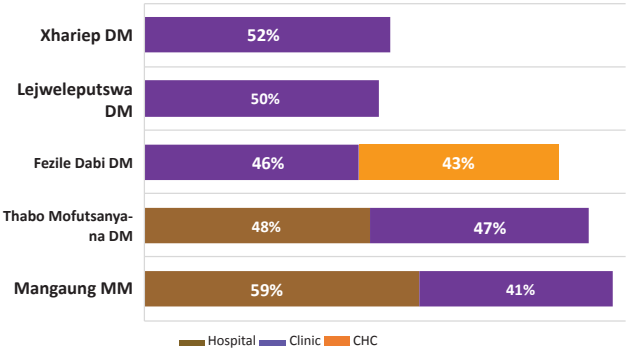


Figure18. Average score by district

4.2.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used.

Four methods were used for inspection namely; document review, patient record analysis, observation and interviews of patients and staff.

☐ Review of documentation entailed an analysis

of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards.

- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care.
- ▢ Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine.
- ▢ Interviews were used to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

The health establishments had a reporting system for needle stick injuries and other incidents related to failure of standard precautions.

The incidence of common health care associated infections was monitored.

Monthly maternal and perinatal morbidity and mortality meetings were conducted.

Hand washing drive was held annually in most health establishments.

The following standard operating procedures (SOP's) and guidelines were not available, where available were not signed or did not comply with the required aspects.

- ▢ Standard operating procedures for referrals;
- ▢ Standard operating procedures for handover of patients from emergency medical services (EMS) to health establishment;
- ▢ Standard operating procedures for the management of emergency resuscitation;
- ▢ Standard operating procedures for conducting and acting on risk assessments of patients with reduced mobility; and
- ▢ Standard operating procedures for safe administration of medicines to patients;

Regarding security the following were not available, where available did not cover all required aspects:

- ▢ The approved security plans for the health establishments;
- ▢ System to ensure patient safety and safe entry to health establishments;

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient safety incident reports; and
- ▢ Reports on health promotion activities done in the previous 12 months;

The following Occupational Health and Safety documents were either not available or not approved:

- ▢ Documented security measures to prevent incidents of harm to staff; and
- ▢ Reporting system for needle stick injuries or other incidents related to failure of standard precautions.

Inventory records for all classes of assets, including disposed and redundant assets were not available.

Maintenance records for critical equipment were not available:

Quality Improvement plans were not implemented as required for the aspects listed below:

- ▢ There was no documented evidence that actions were taken to reduce the incidence of infections where unfavorable trends were identified;
- ▢ There was no evidence that masks and respirators were fit-tested for all staff in the health establishments;
- ▢ The reports on health initiatives which show that quality improvement plans have been implemented to address shortcomings and improve outcomes were not available; and

- ▢ Remedial action taken to address gaps identified during the review of resuscitation attempts were not available.

Regarding Disaster management the following records were not available or did not meet requirements:

- ▢ Inter-sectoral plan for the management of possible health emergencies and disease outbreaks;
- ▢ In-service training plans which included response to disease outbreaks; and
- ▢ Reports of annual drills to test the effectiveness of the disaster plan.

Minutes of the following forums were either not available or where available were not signed:

- ▢ Minutes of the forum reviewing clinical risk, adverse events and patient safety incidents.
- ▢ Minutes of the forum reviewing infection control;
- ▢ Minutes of management meetings; and
- ▢ Minutes of governance structures.

ii. Patients records analysis

The prescriptions in the pharmacy correlated with the medicines dispensed and all medicines were received as prescribed in the health establishments.

Radiology results requested were available in the patient's health record or electronically.

Laboratory results were completed within the agreed-upon turnaround times.

Initial assessments of mental health care users reflected that a formal risk assessment was conducted to identify users at high risk of causing harm to themselves or others.

Patient records did not comply with the following aspects:

- ▢ The correct hand over procedure was not followed between emergency medical services and staff in health establishments, for example, the method used to transfer patients from an ambulance to consultation rooms was not specified in health records;
- ▢ The guidelines regarding examination and stabilisation had not been adhered to;
- ▢ Administration of blood and blood products was not done in accordance with standard operating procedures;
- ▢ Patient safety checks were not conducted comprehensively in patient health records before, during and after surgery as per the World Health Organisation (WHO) guidelines in the health establishments;
- ▢ Patient safety checks were not applied to all patients transferred from one department to another within the health establishment and to patients received from other health establishments; and
- ▢ With respect to 72-hour observation of users, the required criteria were not met as the 24-hour report which must be given to the head of the health establishment was not done.

iii. Observations

Functional systems to supply piped or portable suction and medical gas were available in most clinical areas.

Cleaning staff wore personal protective equipment while carrying out their duties.

The waste managers monitored and managed the service level agreements for waste removal and disposal.

Adequate infection control measures were implemented when providing care to patients requiring isolation.

Appropriate types of masks and NIOSH approved respirators were available.

Emergency trolleys were not appropriately stocked and regularly checked in health establishments.

Functional essential equipment according to level of care were not all available.

Tracer medicines as per the applicable Essential Medicines List or Formulary such as oral rehydration solution, were not available in the pharmacy and/or medicine storage room.

Dispensing was not done in accordance with applicable policies and legislation, including labelling of dispensed medicines which was not done

consistently.

Regarding cleanliness the following were identified:

- ▢ Cleaning materials were not all available in health establishments and where available not stored in safe, lockable areas with clear labels for chemicals;
- ▢ Daily inspections of cleanliness were not conducted;
- ▢ Areas such as toilets were found not clean, some had bad odours, with spills on the floor; and
- ▢ The outside general waste storage areas were not well maintained in most clinics.

iv. Interviews

The health care providers responsible for triaging and reviewing patients could explain how they triage and review patients in the health establishments

Health care providers indicated that they had access to supervision.

Staff members interviewed could not explain how the cold chain is maintained for all blood products.

Staff were not aware of the disaster management plan, including health emergencies, and their role in the plan

Patients indicated that they had no clear understanding of any other relevant information related to taking medicine like common possible side effects.

4.2.6 Recommendations

Policies, Standard operating procedures and guidelines should be available to guide processes within health establishments.

Occupational Health and Safety should be given attention to ensure staff safety.

Security systems should be in place to safeguard patients and staff.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the health system

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans should be implemented to address identified gaps and improve quality care.

For safety of the health care users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management.

Minutes of meetings should be documented and signed to ensure that decisions taken are informing service delivery.

All health promotion and prevention activities within districts relating to disease prevention, health promotion and staff wellness should be documented.

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines

Patients to be provided with information regarding side effects of medicine.

Cleanliness, infection control and maintenance of grounds should be monitored and improved.

Dispensing of medicines should be done according to good pharmacy practice.

Table 10: Average score by functional areas

HOSPITALS	
P05_2 Surgical ward	84%
C02 Laboratory	81%
S10 Entrance/Reception and help desk	80%
P05_1 Surgical ward	79%
C01 Blood Services	77%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	76%
P07_2 Generic wards / Measure is generic to any ward or day ward	75%
P04_2 Medical ward	75%
P07_1 Generic wards / Measure is generic to any ward or day ward	74%
P01 Accident and Emergency Unit	73%
P02 Outpatient department	71%
P08 Therapeutic support services - Physio	71%
S02 Cleaning Services	70%
P04_1 Medical ward	70%
C05 Radiology	69%
P10_1 Operating theatre incl cath labs	67%
P03 Maternity Ward incl maternity theatres	67%
C04 Pharmacy	66%
P06 Paediatric ward	64%
M08 Management information system	63%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	57%
S06 Record archive/department	57%
M07 Infection Control	57%
M03 Communications/PRO	57%
S07 Waste Management	56%
P11 Psychiatric ward	54%
S12 Mortuary Services	54%
M12 Occupational health and safety	53%
S04 Laundry Services	48%
S03 Food Services	47%
M14 Clinical Management Group	43%
M05 Financial Management	38%
M04 Facility Infrastructure	38%
S05 Maintenance services includes garden	34%
M10 Procurement	30%
M06 HR Management	28%
S09 Security Services	26%
S01 CSSD	25%
M01 CEO or Hospital Manager	25%
M16 Case Management	20%
C03 Health technology Services	15%

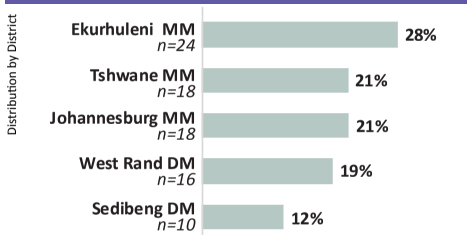
CLINICS	
PC01 Clinical Services	74%
CC04 Dispensary / Medicine Cupboard	61%
SC01 Maintenance Support	39%
MC14A Clinic manager	24%
CHCs	
PC01C Clinical Services	66%
SC01C Maintenance Support	51%
CC04C Pharmacy	49%
P01C Emergency Unit	41%
P07_1C Generic wards / Measure is generic to any ward or day ward	40%
P03C Maternity Obstetric Unit incl maternity theatres	34%
MC14C CHC Manager	28%

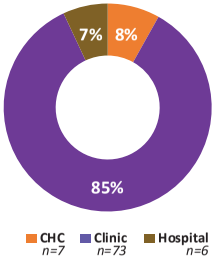
Table 11: Average score by health establishments (n=51)

HOSPITALS	
Pelonomi Hosp	62%
National Dis Hosp	57%
Dr JS Moroka Hosp	56%
MM Mopeli Hosp	49%
Phuthuloha Hosp	46%
CLINICS	
Bothaville Clinic	66%
Sandersville Clinic	59%
Sehularo Tau Clinic	57%
Lephoi Clinic	56%
Phillippolis	56%
Nelson Mandela Clinic	55%
Heilbron Clinic	54%
Hani Park Clinic	53%
Mamello (Tromp)	52%
Jacobsdal Clinic	51%
Rearabetsoe (Virg) Clinic	51%
Ikgomotseng Clinic	50%
National Dis Hosp Gateway	50%
Mphohadi Clinic	50%
Ethembeni Clinic	49%
Bethlehem Clinic	49%
OR Tambo Clinic	49%
Bakenpark Clinic	48%
Soetwater Clinic	48%
Phomolong (Ficksb) Clinic	48%
Thusanang (Sasol) Clinic	47%
Langenhovenpark Clinic	47%
Tseki Clinic	47%
Marakong Clinic	47%
Tshwaraganang (H) Clinic	46%
Dr Pedro Memorial Clinic	46%
Relebohile (Heil) Clinic	46%
Tebang Clinic	45%
Reitumetse Clinic	45%
Metsimaholo Clinic	44%
Sizabantu Clinic	44%
Marantha Clinic	44%
Luckhoff Clinic	43%
Dealesville Clinic	43%
Bayswater Clinic	43%
Bolata Clinic	43%
Refengkgotso Clinic	43%
Bophelong (Botsh) Clinic	42%
Daniel Ngatane Clinic	40%
W Mandela (Botsha) Clinic	40%
Lourierpark Clinic	38%
Seadimo Clinic	37%
Gabriel Dichabe Clinic	33%
Tsatsi SPS Clinic	31%
CHCs	
Kananelo CHC	46%
PAX CHC	41%

GAUTENG

I. DISTRIBUTION OF HEs n=86





Gauteng recorded 86 HE inspections during the financial year 2018/19. Seventy- three (85%) of the HE inspections were in clinics, while 6 (7%) HEs were in hospitals and 7 (8%) HE inspections were CHCs. The inspections were conducted in five districts, with Ekurhuleni MM receiving the highest number of HE inspections while Sedibeng had the lowest number of HE inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE

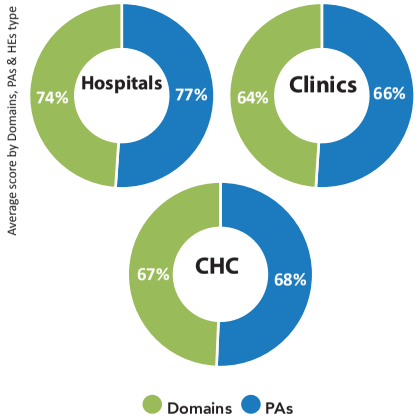
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=7	Clinics n=73	Hospitals n=6	CHC 7 FAs	Clinics 4 FAs	Hospitals 42FAs
≥80	0	4	0	1	1	25
70-79	3	17	5	3	1	3
60-69	4	27	1	1	0	4
50-59	0	24	0	2	0	5
40-49	0	1	0	0	2	3
< 40	0	0	0	0	0	2

Four clinics obtained scores above 80% and only one clinic scored between 40% and 49%. There were no HEs that scored below 40%. Twenty-five functional areas in hospitals, one FA in clinics and one in CHCs obtained scores above 80% and 2 FAs for hospitals scored below 40%.

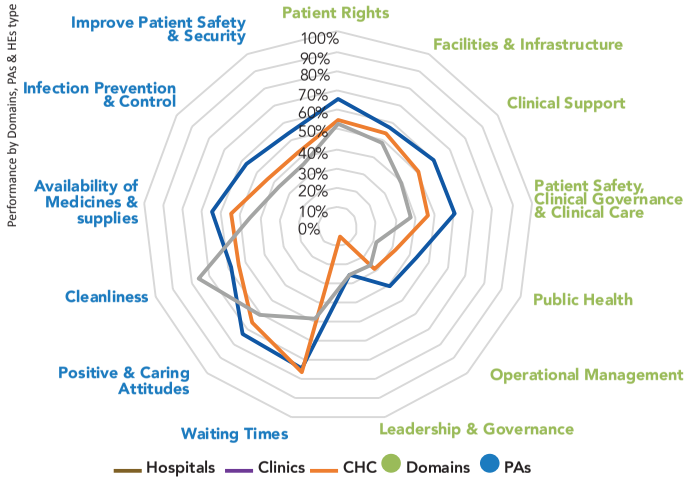
[1] Compliance Status Framework:
≥80% compliant,
70-79% compliant with a requirement,
60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns,
40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Average domain scores for hospitals, clinics and CHCs were 74%, 64% and 67% respectively. In respect to average score by Priority Areas, hospitals scored 77%, while clinics scored 66% and CHCs scored 68%.

IV. AVERAGE SCORE BY DOMAINS AND PAs



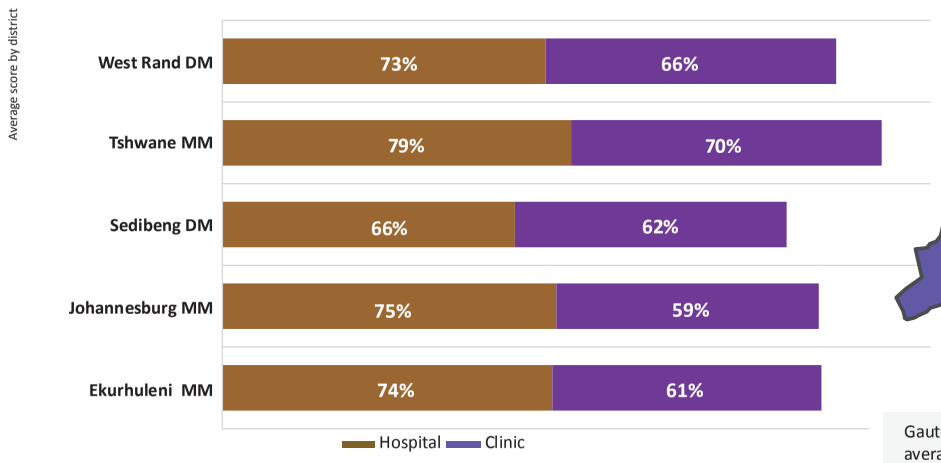
Average performance by Domains & PAs

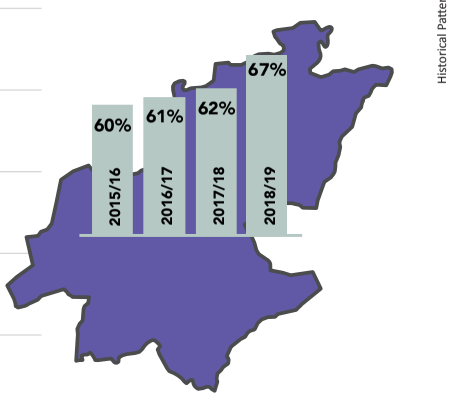
Domains	Hospital	Clinics	CHC
Patients Rights	80%	75%	76%
Facility & Infrastructure	78%	70%	73%
Clinical Support	77%	63%	62%
Patient Safety/Clinical Governance/Clinical Care	78%	66%	63%
Public Health	69%	55%	54%
Operational Management	56%	42%	46%
Leadership & Corporate Governance	59%	15%	57%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	79%	86%	77%
Positive & Caring Attitudes	89%	82%	89%
Cleanliness	84%	74%	74%
Availability of Medicines & Supplies	80%	68%	65%
Infection Prevention & Control	76%	65%	51%
Improve Patient Safety & Security	73%	58%	71%

Hospitals scored 80%, while clinics scored 75% and CHCs 76% for the domain Patient Rights. Hospitals scored 59%, clinics 15% and CHCs 57%for the domain Leadership and Corporate Governance. Hospital average score for Waiting Times was 79%, clinics 86% and CHCs 77%. Hospital average score for Improve Patient Safety and Security was 73%, while clinics scored 58% and CHCs 71%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





Gauteng province has shown steady increase in its average scores since the financial year 2015/16; 2016/17; 2017/18. The province experienced a 5% increase in score from 62% in 2017/18 financial year to 67% in 2018/19 financial year

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

4.3 GAUTENG

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations for different categories of health care establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 86 of 393 HEs in the Gauteng province for the 2018/19 financial year.

4.3.1 Distribution of Health Establishments *(refer to figure 19 & figure 20)*

Gauteng recorded 86 HE inspections during the financial year 2018/19. Eighty-five percent equivalent to 73 HE inspections were clinics, while 7% were hospitals constituting to 6 HE inspections, and lastly 8% were CHCs equivalent to 7 HE inspections.

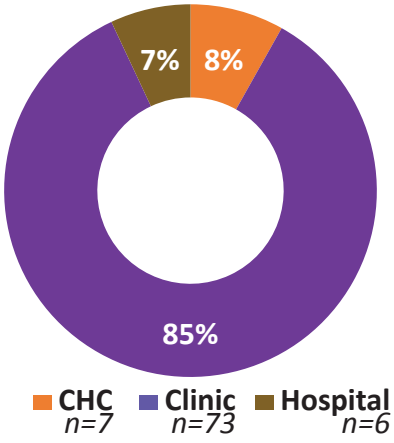


Figure19. Distribution by HEs type

The inspections were from Sedibeng DM, West Rand DM, Johannesburg MM, Tshwane MM and Ekurhuleni MM.

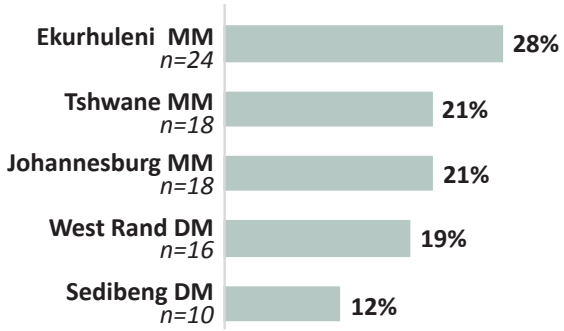


Figure20. Distribution by district

Ekurhuleni MM received the highest number of HE inspections with 28% equivalent to 24 HE inspections in the district. Johannesburg MM and Tshwane MM each recorded 21% constituting to 18 HE inspections in each of the two districts. West Rand DM contributed to 19% equal to 16 HE inspections. Sedibeng had the lowest number of HE inspections making 12% equivalent to 10 HE inspections.

4.3.2 Average Outcome Score by Health Establishment Type *(refer to table 12)*

A closer review of the results reflected that 4 clinics scored greater than or equal to 80% while 5 hospitals, 17 clinics and 3 CHCs scored between 70%-79%. In addition, 1 hospital, 27 clinics and 4 CHCs scored between 60%-69% as well as 24 clinics scored between 50%-59%. Only 1 clinic scored between 40%-49%.

Table 12: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=7	Clinics n=73	Hospitals n=6	CHC 7 FAs	Clinics 4 FAs	Hospitals 42FAs
≥80	0	4	0	1	1	25
70-79	3	17	5	3	1	3
60-69	4	27	1	1	0	4
50-59	0	24	0	2	0	5
40-49	0	1	0	0	2	3
< 40	0	0	0	0	0	2

[1] Compliance Status Framework:
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

Results further highlights that 42 FAs were measured for hospitals, 4 FAs measured for clinics and lastly 7 FAs measured for CHCs in the province.

Among the measured FAs, 25 FA for hospitals, and 1 FA for clinics and 1 FA for CHCs scored greater than or equal to 80%. Three FAs for hospitals, 1 FA for clinics and 3 FAs for CHCs score between 70%- 79%, whereas 4 FAs for hospitals and 1 FAs for CHCs scored between 60%-69. Conversely, 5 FAs for hospitals, and 2 FAs for CHCs scored between 50%- 59%. Three FAs for hospitals and 2 FAs for clinics scored between 40%-49%. Lastly, 2 FAs for hospitals, scored less than 40%.

4.3.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 21 & figure 22)*

In line with the results, the average domain scores

for hospitals, clinics and CHCs were 74%, 64% and 67% respectively. In respect to average score by PAs, hospitals scored 77%, while clinics scored 66% and CHCs scored 68%.

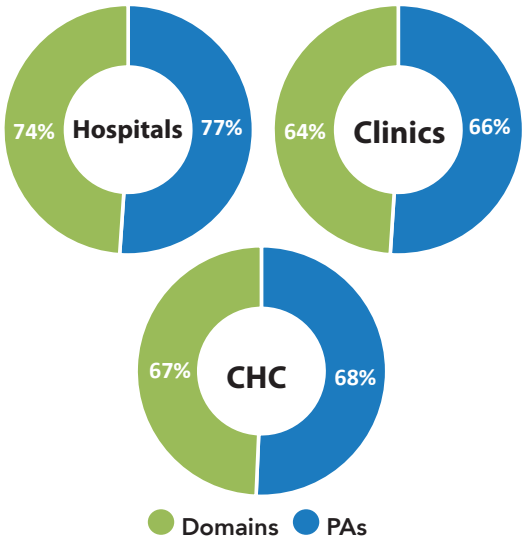


Figure21. Average score by domains, PAs & HEs type

☐ Average score per seven domains

Hospitals scored 80%, while clinics scored 75% and CHCs scored 76% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 78%, clinics had 70% and CHCs scored 73%. Hospitals had an average score of 77%, clinics 63% and CHCs 62% for the domain Clinical Support. Patient Safety/ Clinical Governance/ Clinical Care domain scores for hospitals, clinics and CHCs were 78%, 66% and 63% in that order. Public Health domain score for hospitals was 69%, clinics 55% and 54% for CHCs. Operational Management domain score for hospitals was 56%, clinics scored 42% and CHCs scored 46%. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 59%, while clinics scored 15% and CHCs scored 57%.

☐ Average score per six PAs

The results further indicated that hospital average score for Waiting Times was 79%, clinics scored 86% and CHCs managed to score 77%. Positive and Caring Attitudes score for hospitals was 89%, clinics attained 82% and CHCs scored 89%. Regarding average score for Cleanliness, hospitals scored 84%, while clinics and CHCs scored 74% each. Meanwhile average scores for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 80%, 68% and 65%. Infection Prevention and Control average score for hospitals was 76%; clinics scored 65% and CHCs 51%. Hospital average score for Improve Patient Safety and Security was 73%, while clinics scored 58% and CHCs scored 71%.

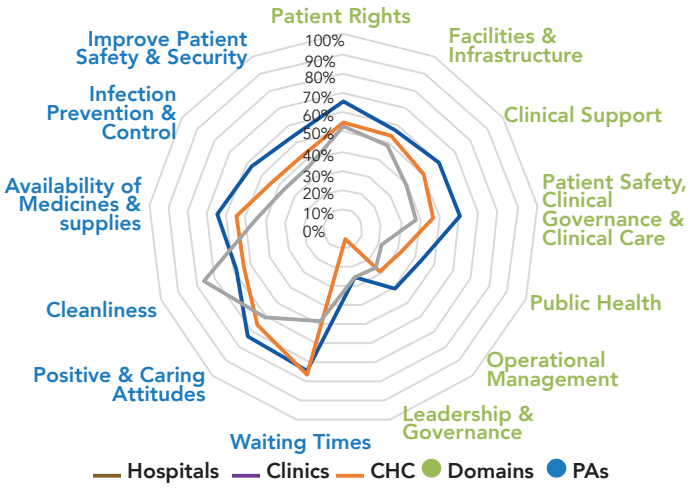


Figure22. Performance by domains, PAs & HEs type

4.3.4 Average score by district and Health establishment type *(refer to figure 23)*

A closer examination of the results reflects that hospitals in Tshwane MM had an average score of 79%, followed by Johannesburg MM, which scored 75%, and Ekurhuleni MM scored 74% whereas West Rand scored 73%. Hospitals in Sedibeng DM had an average score of 66%.

Regarding average score for clinics, Tshwane MM scored 70%, West Rand 66%, and Sedibeng 62%. Clinics in Ekurhuleni MM and Johannesburg MM scored 61% and 59% respectively.

Lastly, average scores for CHCs in the inspected districts were as follows; Ekurhuleni MM 68%, followed by Johannesburg MM with 67% and West Rand DM with 61%. There were no CHCs inspected in Tshwane DM and Sedibeng DM.

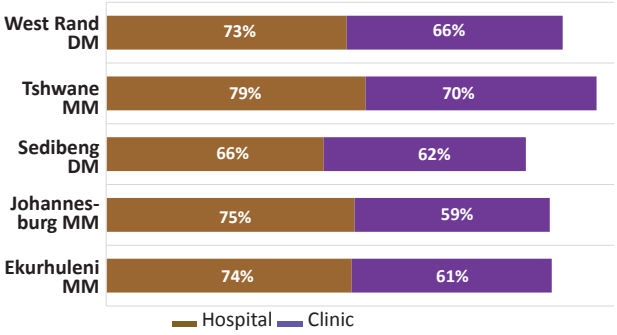


Figure23. Average score by district

4.3.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used.

Four methods were used for inspection namely document review, patient record analysis, observation and interviews of patients and staff.

- ▢ Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core stan- dard;
- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and inside of HE's, the interaction of staff and patients as well as availability of resources such as tracer med- icine, emergency equipment and medicine; and
- ▢ Interviews were conducted to assess whether patients were treated with respect, received information regarding their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

Standard operating procedures on support of staff affected by adverse events, decontamination process, infection control and for obtaining informed consent were available in most health establishments.

Service level agreements for laboratory services and removal of waste were available.

The following standard operating procedures (SOP's) and guidelines were not available, where available were not signed or did not comply with all the requirements:

- ▢ Standard Operating Procedure detailing the process to be followed for safe administration of medicines to patients;

> The following reports were not available or where available did not cover all the required aspects:
>
> – Clinical audit reports of national strategic priority programmes;
>
> – Patient safety incident reports; and
>
> – Reports on health promotion activities done in the previous 12 months.

- ▢ Standard operating procedure for the management of schedule 5 and 6 medicines;
- ▢ Standard Operating Procedure for requests, retrieval and filing of patient health records;
- ▢ The National Guideline for Patient Safety Incident Reporting and Learning; and
- ▢ The standard operating procedure for handling emergency resuscitations did not include the procedure to call for assistance and that resuscitation audit reports must be included as part of the clinic's morbidity and mortality reviews.

Operational plans were not monitored quarterly against targets and indicators and where gaps were identified remedial actions were not implemented.

Disaster management plans were not updated annually, and drills were not conducted to test the effectiveness of the disaster plans, including emergency, disease outbreak, fire and natural disaster.

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient safety incident reports; and
- ▢ Reports on health promotion activities done in the previous 12 months.

Annually updated inventory records for all classes of assets, including disposed and redundant assets were not available.

Maintenance records for critical equipment were not availed.

There were no records showing that medical examinations were performed for all health care personnel exposed to potential occupational hazards when performing their duties.

Evidence was not produced to show that staff who experience needle stick injuries have been re-tested for blood borne diseases and received post exposure prophylaxis.

> Cleaning materials were not all available in health establishments and where available not stored in safe, lockable areas with clear labels for chemicals

The entries in the schedule five (5) register were not complete and correct, some entries were not signed for.

ii. Patient Record Analysis

Laboratory results and copies of transfer letters were available in patients' files for enhancing continuity of care.

Forms used for informed consent were not completed correctly by health care providers, for example procedure to be done was not written in full.

iii. Observations

Oxygen and suction facilities were available and functional.

Lighting and ventilation were adequate in health establishments.

Waiting areas are situated in the areas where the service takes place.

Systems were not in place to ensure safe entry to the premises of the health establishments.

Safety hazards such as loose electrical wires and damaged ceilings were observed

Emergency trolleys were not stocked appropriately, items such as manual resuscitator for pediatric, laryngoscope and pulse oximeters were not available.

Functional essential equipment was not all available in the clinics.

Tracer medicines as per the Essential Medicines List or formulary were not all available in the dispensary or medicine room.

Dispensing was not done in accordance with standard operating procedures and legislation, for example labelling of medicine was not done consistently.

Regarding cleanliness the following were identified:

- ▢ Cleaning materials were not stored in safe, lockable areas with clear labels for chemicals;
- ▢ Daily inspections of cleanliness were not conducted; and
- ▢ Areas such as toilets were found not clean.

Sharps were not managed and disposed safely in all clinical areas.

iv. Interviews

Staff members indicated that they had access to supervision.

Patients reported that they were treated with respect and dignity.

> For safety of the health care users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

4.3.6 Recommendations

Policies, Standard operating procedures and guidelines should be available to guide processes within health establishments.

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans should be implemented to address identified gaps.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the health system.

Disease prevention, health promotion and staff wellness activities should be documented.

Public participation and intersectoral collaboration need to be strengthened in hospitals in order to support service planning and delivery.

Emergency disaster preparedness plans and management of resuscitation trolleys need to be strengthened to ensure staff and patient safety.

Sorting and triaging of patients should be done to ensure that patients receive timeous care.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management.

Dispensing of medicines should be done according to good pharmacy practice.

Security systems should be in place in health establishments to safeguard staff and patients.

Cleanliness, infection control and maintenance of grounds to be monitored and improved.

Waste should be managed appropriately especially the segregation of general and medical waste and avoiding recapping of needles.

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines.

Forms used for informed consent should be completed correctly, to include age of patient and signatures of health care provider and patient.

Table 13: Average score by functional areas

HOSPITALS	
P05_2 Surgical ward	97%
C01 Blood Services	96%
P10_1 Operating theatre incl cath labs	95%
P07_2 Generic wards / Measure is generic to any ward or day ward	95%
C05 Radiology	95%
S10 Entrance/Reception and help desk	93%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	92%
P02 Outpatient department	88%
P04_2 Medical ward	88%
P07_1 Generic wards / Measure is generic to any ward or day ward	87%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	86%
P05_1 Surgical ward	85%
P03 Maternity Ward incl maternity theatres	85%
C02 Laboratory	85%
M03 Communications/PRO	84%
P11 Psychiatric ward	84%
P10_2 Operating theatre incl cath labs	84%
M07 Infection Control	83%
P01 Accident and Emergency Unit	83%
P08 Therapeutic support services - Physio	83%
P04_1 Medical ward	83%
P06 Paediatric ward	82%
C04 Pharmacy	82%
S12 Mortuary Services	80%
S07 Waste Management	80%
M12 Occupational health and safety	77%
S04 Laundry Services	75%
S02 Cleaning Services	72%
S06 Record archive/department	69%
S09 Security Services	67%
S03 Food Services	66%
M08 Management information system	62%
M01 CEO or Hospital Manager	59%
M14 Clinical Management Group	58%
S01 CSSD	54%
M04 Facility Infrastructure	52%
M06 HR Management	50%
M05 Financial Management	49%
M16 Case Management	45%
S05 Maintenance services includes garden	43%
M10 Procurement	34%
C03 Health technology Services	27%

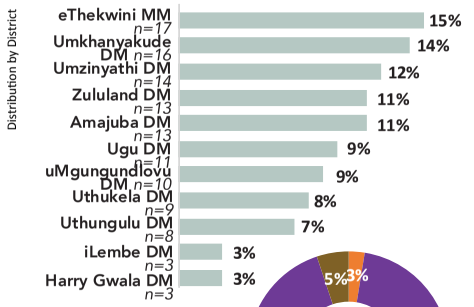
CLINICS	
PC01 Clinical Services	84%
CC04 Dispensary / Medicine Cupboard	72%
MC14A Clinic manager	47%
SC01 Maintenance Support	47%
CHCs	
P01C Emergency Unit	81%
PC01C Clinical Services	77%
P03C Maternity Obstetric Unit incl maternity theatres	76%
S03C Food Services	73%
CC04C Pharmacy	69%
SC01C Maintenance Support	59%
MC14C CHC Manager	51%

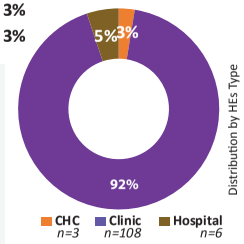
Table 14: Average score by health establishments (n=86)

HOSPITALS	
Steve Biko Academic Hosp	79%
Tembisa Hosp	79%
South Rand Hosp	75%
Dr Y Dadoo Hosp	73%
Thelle Mogoerane Regional Hosp	70%
Kopanong Hosp	66%
CLINICS	
Mamelodi West	85%
Holani	84%
Daveyton East	83%
M Rantho	80%
Tamaho	79%
Johan Deo	77%
Carletonville Cent	76%
Krugersdorp	75%
Zithobeni	75%
Rethabiseng	74%
Silverton	74%
Mpumelelo	74%
Tlamelong	74%
Fochville	72%
Kookrus	72%
Tsakane Ext 10	71%
Phedisong 1	71%
Soshang Block TT	70%
Sunriseview	70%
Pretorius Park	70%
Ubuntu	70%
R Martinez	67%
Zola Gateway	66%
Glenhavie	66%
Jabavu/Vusabantu	66%
Motsamai	66%
PJ Maree	66%
Wedela	66%
Nizamiye	65%
Witkoppen	65%
Nellmapius	64%
East Lynne	64%
Brackenhurst	64%
Randvaal	64%
Sebei Motsoeneng	64%
Odirileng Maponya	63%
Bekkersdal East	63%
Phedisong 6	62%
Zuurbekom	62%
Sosh Block X	62%
Davidsonville	62%
Reiger Park	62%
Maki Legwete	61%
Boksburg North	61%
Rondebult	61%
Simunye (West)	60%
Fanyana Nhlapo	60%
Halfway House	60%
Palmridge	59%
Slovoville	59%
Azaadville	59%
A Tambo	59%
Sedilega	58%
Mpumelelo Evaton N	57%
Market Avenue	57%
Moleleki	57%
Diepkloof LA Clinic	57%
Villa Lisa	56%
Jameson Park	56%
Vosloorus Poly	56%
Rensburg	55%
Thuthukani	54%
Pontshong	54%
Edenvale	54%
Mayibuye	53%
Khumalo	53%
Freedom Park	52%
Dawn Park	52%
Vosloorus Ext 28	51%
Endayeni	51%
Tswelopele	51%
Sol Plaatjies	50%
Diepsloot South	47%
CHCs	
Kwa-Thema CHC	73%
Lenasia S CHC	71%
Hillbrow CHC	70%
J Dumane CHC	66%
Phola Park CHC	64%
Stretford CHC	62%
Mohlakeng CHC	61%

KWAZULU-NATAL

I. DISTRIBUTION OF HEs *n=117*





KwaZulu-Natal recorded 117 HE inspections. A larger number of inspections were conducted in clinics amounting to 108 (92%) HEs, while 6 (5%) HE inspections were in hospitals and lastly 3(3%) HE inspections were in CHCs. Eleven districts were inspected in the province with the highest HE inspections from eThekwini MM, while the districts that had the lowest number of inspections was iLembe DM and Harry Gwala DM.

II. AVERAGE OUTCOME SCORES BY HE TYPE

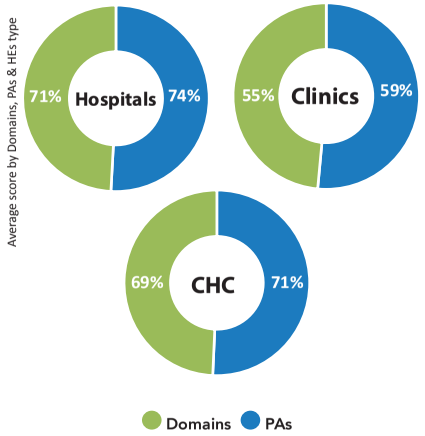
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=3	Clinics n=108	Hospitals n=6	CHC 8 FAs	Clinics 4 FAs	Hospitals 40FAs
≥80	1	1	2	5	0	15
70-79	1	5	1	1	1	11
60-69	0	29	3	1	1	8
50-59	1	42	1	0	0	3
40-49	0	28	0	1	1	1
< 40	0	3	0	0	1	2

Two hospitals, one CHC and one clinic obtained scores above 80% and 3 clinics scored below 40%. Fifteen functional areas in hospitals and 5 FAs in CHCs obtained scores above 80%. Two FAs for hospitals and one FA for clinics scored below 40%.

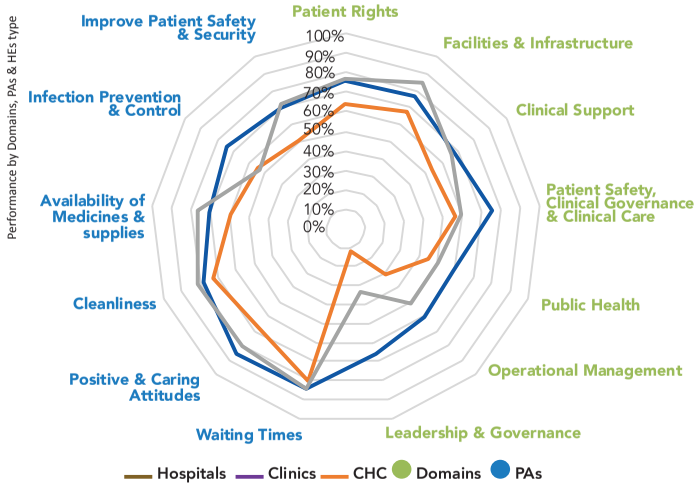
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Hospitals had an average score of 71% for domains, clinics 55% and CHCs 69%. With reference to average score by PAs, hospitals scored 74%, while clinics scored 59% and CHCs scored 71%.

IV. AVERAGE SCORE BY DOMAINS AND PAs



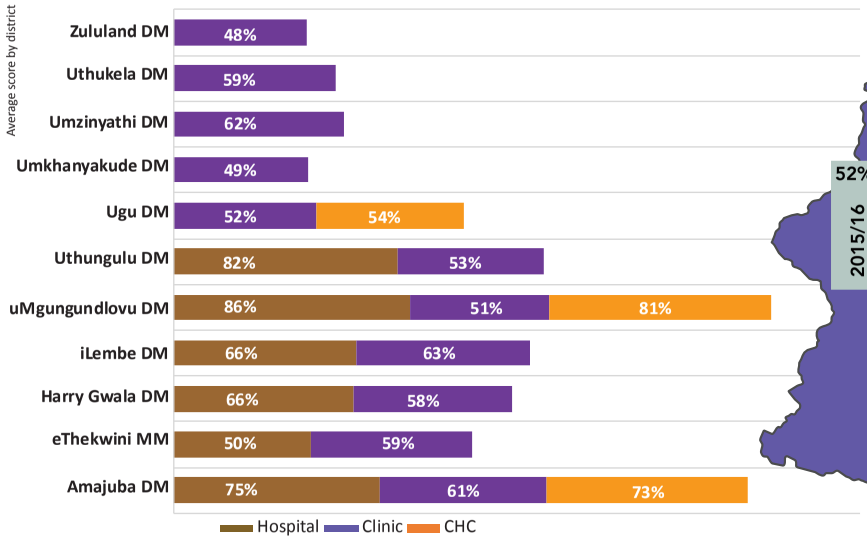
Average performance by Domains & PAs

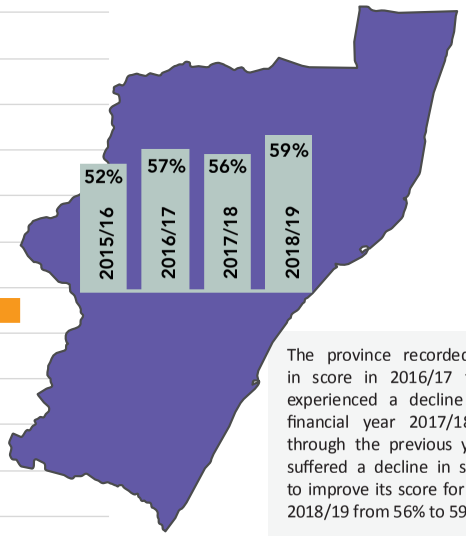
Domains	Hospital	Clinics	CHC
Patients Rights	76%	64%	77%
Facility & Infrastructure	76%	68%	84%
Clinical Support	68%	54%	66%
Patient Safety/Clinical Governance/Clinical Care	75%	56%	59%
Public Health	60%	45%	50%
Operational Management	61%	31%	51%
Leadership & Corporate Governance	66%	12%	33%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	85%	81%	84%
Positive & Caring Attitudes	85%	68%	80%
Cleanliness	78%	73%	81%
Availability of Medicines & Supplies	71%	59%	76%
Infection Prevention & Control	74%	55%	53%
Improve Patient Safety & Security	70%	51%	72%

Hospitals scored 76%, while clinics scored 64% and CHCs 77% for the domain Patient Rights. The average score for hospitals was 66%, while clinics scored 12% and CHCs 33% for Leadership and Corporate Governance. Hospital average score for Waiting Times was 85%, clinics scored 81% and CHCs scored 84%. Hospital average score for Improve Patient Safety and Security was 70%, while clinics scored 51% and CHCs 72%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





The province recorded a 5% increase in score in 2016/17 to 57% however experienced a decline in score in the financial year 2017/18 to 56%. Even through the previous year the province suffered a decline in score, it managed to improve its score for the financial year 2018/19 from 56% to 59%.

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

4.4 KWAZULU-NATAL

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations for different categories of health care establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 117 of 643 HEs in the KwaZulu-Natal province for the 2018/19 financial year.

4.4.1 Distribution of Health Establishments *(refer to figure 24 & figure 25)*

A larger percentage, that is 92%, equivalent to 108 HEs inspected were clinics, while 5% equivalent to 6 HE inspections were hospitals and lastly 3% equivalent to 3 HE inspections were CHCs.

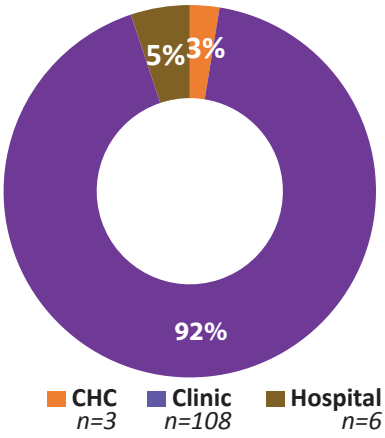


Figure24. Distribution by HEs type

Harry Gwala DM, iLembe DM, uThukela DM, uThungulu DM, uMgungundlovu DM, Ugu DM, Amajuba DM, Zululand DM, uMzinyathi DM, uMkhanyakude DM and eThekwini MM were the districts that were inspected for the 2018/19 financial year.

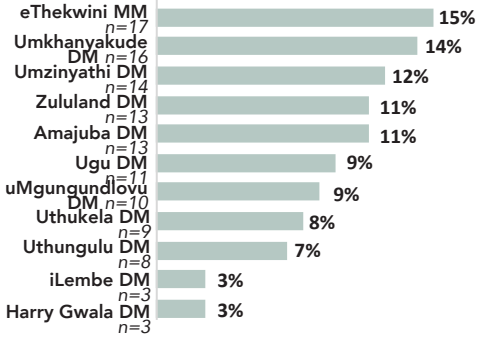


Figure25. Distribution by district

The highest HE inspections were from eThekwini MM, which recorded 15% equivalent to 17 HEs, inspected followed by uMkhanyakude DM, which recorded 14% equivalent to 16 HE inspections. uMzinyathi DM contributed to 12% equivalent to 14 HE inspections, while Zululand DM and Amajuba DM each amounted to 11% equivalent to 13 HE inspections in each of the two districts. uMgungundlovu DM recorded 9% equivalent to 10 HE inspections, and Ugu DM also contributed to 9% equivalent to 11 HE inspections. uThukela DM and uThungulu DM contributed to 7% and 8% of HE inspections respectively, which is construed as 8 and 9 HE inspections respectively in the two districts. iLembe DM and Harry Gwala DM recorded 3% each equivalent to 3 HE inspections.

4.4.2 Average Outcome Score by Health Establishment Type *(refer to table 15)*

The results show that 2 hospitals, 1 clinic and 1 CHC scored greater than or equal to 80%. In addition, 1 hospital, 5 clinics and 1 CHC scored between 70% and 79%. Meanwhile, 3 hospitals and 29 clinics scored between 60% and 69%, while 1 hospital, 42 clinics and 1 CHC scored between 50% and 59%. Lastly 28 clinics scored between 40% and 49% and the other 3 clinics got less than 40% each.

Table 15: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=3	Clinics n=108	Hospitals n=6	CHC 8 FAs	Clinics 4 FAs	Hospitals 40FAs
≥80	1	1	2	5	0	15
70-79	1	5	1	1	1	11
60-69	0	29	3	1	1	8
50-59	1	42	1	0	0	3
40-49	0	28	0	1	1	1
< 40	0	3	0	0	1	2

The results further show that 40 FAs were measured for hospitals, 4 FAs for clinics and lastly 8 FAs were measured for CHCs.

A total of 15 FAs for hospitals and 5 FAs for CHCs scored greater than or equal to 80%, while 11 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 70% and 79%, whereas 8 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 60%

and 69%. Three (3) FAs for hospitals scored between 50% and 59%, while 1 FA for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 40% and 49%. On the other hand, 2 FAs for hospitals and 1 FA for clinics scored less than 40%.

4.4.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 26 & figure 27)*

A closer look at the results for the average domain score for hospitals shows 71%, clinics 55% and CHCs 69%. With reference to average scores by PAs, hospitals scored 74%, clinics 59% and CHCs 71%.

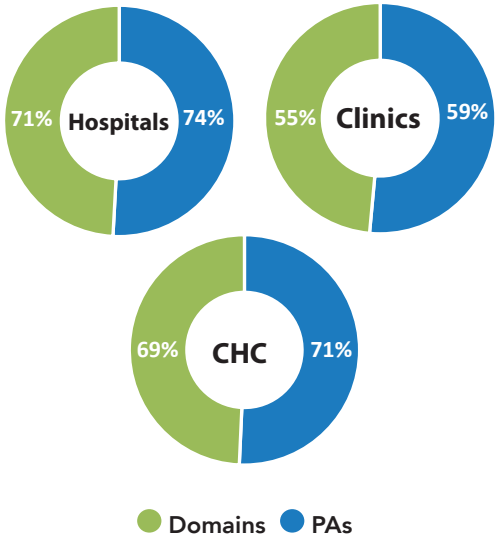


Figure26. Average score by domains, PAs & HEs type

☐ **Average score per seven domains**

The results show that the average score for hospitals was 76%, clinics 64% and CHCs 77% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, the average score for hospitals was 76%, clinics 68% and CHCs 84%. Hospitals managed an average score of 68%, clinics 54% and CHCs 66% for the domain Clinical Support. Patient Safety/Clinical Governance/Clinical Care domain scores for hospitals, clinics and CHCs were 75%, 56% and 59% in that order. Public Health domain score for hospitals was 60%, clinics 45% and CHCs 50%. Meanwhile the Operational Management domain score for hospitals was 61%, clinics 31% and CHCs 51%. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 66%, clinics 12% and CHCs 33%.

☐ **Average score per six PAs**

In relation to the PAs the average score for Waiting Time in hospitals was 85%, clinics 81% and CHCs 84%. The average score for Positive and Caring Attitudes for hospitals was 85%, clinics 68% and CHCs 80%. The average score for hospitals was 78%, clinics 73% and CHCs 81% for Cleanliness. In addition, average scores for hospitals, clinics and CHCs for Availability of Medicine(s) and Supplies were 71%, 59% and 76%.

Infection Prevention and Control average score for hospitals was 74%, clinics 55% and CHCs 53%. The average score for Improve Patient Safety and Security for hospitals was 70%, clinics 51% and CHCs 72%.

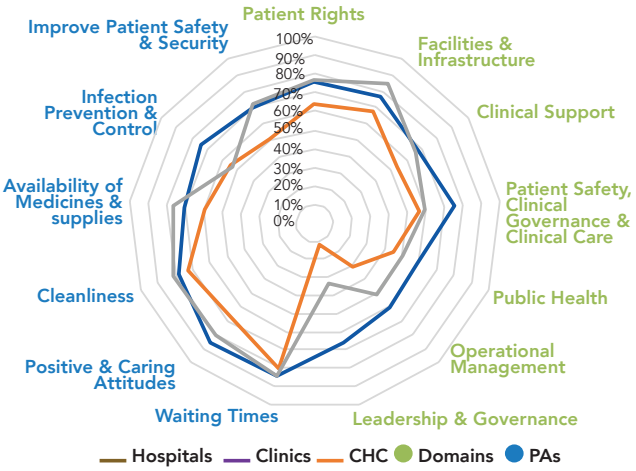


Figure27. Performance by domains, PAs & HEs type

4.4.4 Average score by district and Health establishment type *(refer to figure 28)*

According to the results illustrated for average score by district and HE type, hospitals in uMgungundlovu DM scored the highest at 86%, followed by uThungulu DM with 82%, while hospitals in Amajuba DM scored 75%. Hospitals in Harry Gwala DM and iLembe DM each scored 66%, whereas the hospitals which scored the least, were from eThekwini MM with 50%.

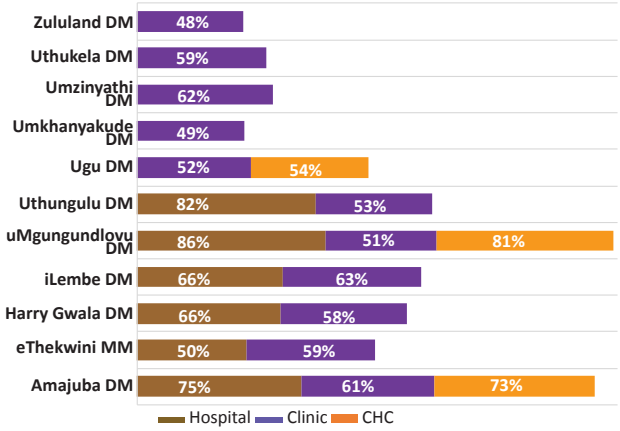


Figure28. Average score by district

The average scores for clinics were as follows: iLembe DM with the highest score of 63%, followed by uMzinyathi DM with 62%, Amajuba DM 61%, eThekwini MM and uThukela DM with 59% each. In addition, clinics in Harry Gwala DM, Ugu DM and uMgungundlovu DM achieved 58%, 52% and 51% in that sequence. Lastly, clinics in uMkhanyakude DM and Zululand DM had the least scores of 49% and 48% respectively.

Amongst the CHCs, uMgungundlovu DM scored 81%, followed by Amajuba DM with 73% and Ugu DM with 54%.

4.4.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used. Four methods were used for inspection, namely document review, patient record analysis, observation, staff and patients' interviews.

- ▢ Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards;
- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and the inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine; and
- ▢ Interviews were conducted to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

The following standard operating procedures and guidelines were available and compliant with requirements:

- ▢ The standard operating procedures for conducting and acting on risk assessments of frail and aged patients;
- ▢ The standard operating procedures for the management of infectious patients; and
- ▢ The National Guidelines for Patient Safety Incident Reporting and Learning.

Monitoring was done for the following:

- ▢ The incidents of common healthcare associated infections were monitored monthly; and
- ▢ There was evidence that hand washing drive or campaign was held at least annually.

Quality improvement plans were available for the following:

- ▢ Adverse event and patient safety incident reports reflected that immediate actions were taken at the time of an incident and an investigation was conducted to identify contributing factors and prevent recurrence;
- ▢ Actions have been taken to improve the quality of the service provided where gaps were identified; and
- ▢ Actions were taken to reduce the incidence of infections where unfavorable trends were identified.

Occupational health and safety

- ▢ Medical examinations are performed for all healthcare workers who are exposed to potential occupational hazards when performing their duties in hospitals;
- ▢ Staff are protected from exposure to workplace hazards through effective Occupational Health and Safety systems; and
- ▢ Records of the mandatory pre-placement tests for cleaning staff (hepatitis A and B) were available in most facilities.

The following standard operating procedures (SOPs) were not available, - and where available were not

signed or did not comply with all the requirements:

- ▢ The handover of patients from emergency medical services (EMS) to health establishment;
- ▢ Handling of emergency resuscitation in Clinics; and
- ▢ Safe administration of medicines to patients.

Operational plans were not monitored quarterly against targets and indicators and where gaps were identified remedial actions were not implemented.

Annually updated inventory records of assets, including disposed and redundant assets were not available.

Maintenance records for equipment were not available.

The following reports were not available or where available did not cover all the required aspects:

> Initial assessments of mental healthcare users' records did not reflect that a formal risk assessment was conducted

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient experience of care survey reports in clinics; and
- ▢ Reports on health promotion activities done in the previous 12 months.

There were no approved security plans for health establishments.

Records of monitoring the service level agreement for waste removal and disposal were not available.

Quality Improvement plans were not implemented as indicated for the aspects listed below:

- ▢ The reports on health initiatives which show that actions were implemented to address shortcomings and improve outcomes;
- ▢ Remedial action taken to address gaps identified during the review of resuscitation attempts;
- ▢ Action taken when items requested were not received within three months; and
- ▢ The entries in the schedule 5 register were not completed correctly in clinics.

ii. Patient Record Analysis

Scripts in the pharmacy correlated with the medicine dispensed and ensured that all medicine(s) were received as prescribed.

Radiology results requested were available in the patients' health record in Hospitals.

Audited health records demonstrated that the correct handover procedure was not followed between emergency medical services (EMS) staff and HE staff.

Forms used for informed consent were not legible and not witnessed in clinics.

Administration of blood and blood products was not done in accordance with SOPs in hospitals.

Initial assessments of mental healthcare users' records did not reflect that a formal risk assessment was conducted.

Audited files for the initial assessments of high-risk maternity patients did not reflect the identification of specific risk factors.

The health records of patients recently discharged did not show that a comprehensive clinical assessment had been done.

iii. Observations

Daily inspections of cleanliness were conducted in Hospitals.

There were functional systems for supply of piped and portable medical gas and suction in the emergency room of the ward.

Systems were in place to ensure safe entry into the HEs and were implemented in hospitals and not at clinics.

Areas checked for the state of cleanliness were compliant.

Sharps were safely managed and discarded.

Dispensing was not done in accordance with standard operating procedures and legislation, for example labelling of medicine was not done consistently.

Emergency trolleys were not appropriately stocked, items such as different sizes of endotracheal tubes were not available in the trolleys.

> Patient record documentation should be strengthened to ensure full assessment and treatment provided for patients in line with treatment guidelines

iv. Interviews

The healthcare providers responsible for triaging and reviewing patients could explain how they triage patients.

Interviewed healthcare providers indicate that they do have access to supervision.

Patients receiving medicine indicated that they had a clear understanding of how and when to take their medication and any other relevant information at clinics and not in hospitals.

Interviewed patients receiving medicine indicated that the side-effects of the medicine were not explained to them.

4.4.6 Recommendations

Standard operating procedures and guidelines should be available to guide processes within HEs.

Monitoring and reporting of health outcomes, patient experience of care and review of resuscitations and QIPs should be implemented to address identified gaps.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the health system.

Patient record documentation should be strengthened to ensure full assessment and treatment provided for patients in line with treatment guidelines.

For safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

Dispensing of medicine should be done according to good pharmacy practice (GPP), including education of patients on side-effects of the medicine.

Table 16: Average score by functional areas

HOSPITALS	
P04_1 Medical ward	100%
P05_2 Surgical ward	98%
C01 Blood Services	95%
P10_2 Operating theatre incl cath labs	92%
C05 Radiology	91%
P10_1 Operating theatre incl cath labs	90%
S10 Entrance/Reception and help desk	89%
P06 Paediatric ward	89%
P07_2 Generic wards / Measure is generic to any ward or day ward	89%
P03 Maternity Ward incl maternity theatres	84%
P02 Outpatient department	83%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	82%
P01 Accident and Emergency Unit	82%
C02 Laboratory	81%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	81%
S02 Cleaning Services	79%
P07_1 Generic wards / Measure is generic to any ward or day ward	79%
M07 Infection Control	77%
S12 Mortuary Services	75%
S06 Record archive/department	74%
P08 Therapeutic support services - Physio	73%
P11 Psychiatric ward	72%
S04 Laundry Services	71%
S03 Food Services	71%
C04 Pharmacy	70%
S09 Security Services	70%
S07 Waste Management	67%
M01 CEO or Hospital Manager	66%
M12 Occupational health and safety	66%
M03 Communications/PRO	65%
M05 Financial Management	64%
M08 Management information system	63%
S01 CSSD	62%
S05 Maintenance services includes garden	60%
M14 Clinical Management Group	57%
M06 HR Management	56%
M10 Procurement	55%
M04 Facility Infrastructure	48%
M16 Case Management	27%
C03 Health technology Services	23%
CLINICS	
PC01 Clinical Services	79%
CC04 Dispensary / Medicine Cupboard	62%
SC01 Maintenance Support	44%
MC14A Clinic manager	36%
CHCs	
SC01C Maintenance Support	86%
P01C Emergency Unit	85%
PC01C Clinical Services	84%
P07_1C Generic wards / Measure is generic to any ward or day ward	83%
CC04C Pharmacy	82%
P03C Maternity Obstetric Unit incl maternity theatres	71%
S03C Food Services	68%
MC14C CHC Manager	42%

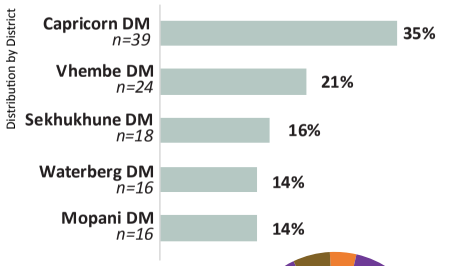
Table 17: Average score by health establishments (n=117)

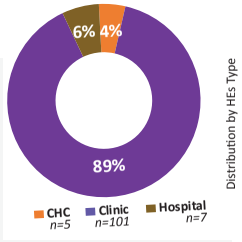
HOSPITALS	
Edendale Hosp	86%
L Umfolozi War Mem Hosp	82%
Newcastle Hosp	75%
Untunjambili Hosp	66%
EG Usher Mem Hosp	66%
Osindisweni Hosp	50%
CLINICS	
Zamimpilo Clinic	82%
Qinelani Clinic	78%
Isipingo Clinic	74%
Nagina Clinic	72%
Newlands West Clinic	71%
P Shepstone Clinic	70%
Woodhurst Clinic	69%
Singisi Clinic	68%
Mbekaphansi Clinic	68%
Forderville Clinic	68%
Mthimude Clinic	68%
Nocomboshe Clinic	67%
Stafford Clinic	67%
Mbangweni Clinic	66%
Mhlangana Clinic	66%
Hluhluwe Clinic	65%
Queensburgh Clinic	65%
Isandlwana Clinic	65%
Central City Clinic	65%
Ladybank Clinic	65%
Vumani Clinic	64%
Naas Farm Clinic	64%
Gcinalishone Clinic	63%
Mhlungwane	63%
Dukuza Clinic	62%
Charlestown Clinic	62%
Ndlangubo Clinic	62%
Madadeni 1 Clinic	62%
Madadeni Gateway	62%
Umlazi AA Clinic	62%
Swart Mfolozi Clinic	61%
Thathezakhe Clinic	61%
Ingogo Clinic	61%

	Waterloo Clinic	60%
	Ethembeni Clinic	60%
	Verdriet Clinic	59%
	Thembalihle Clinic	59%
	Pinetown Clinic	59%
	Klaarwater Clinic	58%
	Ntshongwe Clinic	58%
	Amazizi Clinic	58%
	Molokohlo Clinic	58%
	Ntumeni Clinic	58%
	Impilwenhle Clinic	58%
	Rockcliff Clinic	57%
	Gunjana Clinic	57%
	Fuduka Clinic	57%
	Oqondweni Clinic	57%
	Siphilile Clinic	57%
	Osungulweni Clinic	56%
	Ngcolosi Clinic	56%
	Cornfields Clinic	56%
	Azalea Clinic	56%
	Reservoir Hills Clinic	56%
	Braemer Clinic	55%
	Ophondweni Clinic	55%
	Mandleni Clinic	55%
	Mboza Clinic	55%
	Bhobhoyi Clinic	55%
	Ncemaneni Clinic	55%
	Busingatha Clinic	55%
	Sobantu Clinic	54%
	Osizweni 2 Clinic	54%
	Masotsheni Clinic	54%
	Rosary Clinic	54%
	Oliviershoek Clinic	54%
	Ekuphumuleni Clinic	54%
	Nondweni Clinic	54%
	Gingindlovu Clinic	53%
	Amaoti Clinic	53%
	Madlala Clinic	52%
	Shemula Clinic	51%
	Nondabuya Clinic	51%
	Makhathini Clinic	50%
	Northdale Clinic	50%
	Mkuze Clinic	50%
	RK Khan Gateway	50%
	Thonjeni Clinic	49%
	Ntabeni Clinic	49%
	Sihleza Clinic	48%
	Oakford Clinic	47%
	Samungu Clinic	47%
	Ndlozana Clinic	47%
	Siyakhathala Clinic	47%
	Ngubevu Clinic	47%
	Mbazwana Clinic	46%
	Gcilima Clinic	46%
	Fredville Clinic	45%
	Mondlo 2 Clinic	45%
	Ekubungazeleni Clinic	44%
	Madonela Clinic	44%
	Hlengimpilo Clinic	44%
	Lindelani Clinic	44%
	Mosvold Gateway	44%
	Taylors Halt Clinic	43%
	Ndumo Clinic	43%
	Ngubeni Clinic	43%
	Queen Nolonolo Clinic	42%
	KwaMbunde Clinic	42%
	Thembumusa Clinic	42%
	Bhekumthetho Clinic	41%
	Mhlekazi Clinic	41%
	Zama Zama Clinic	41%
	Ngudwini Clinic	41%
	Mason Str Clinic	40%
	Ludimala Clinic	37%
	Songonzima Clinic	37%
	Mseleni Gateway	33%
CHCs		
	Imbalenhle CHC	81%
	Dannhauser CHC	73%
	Turton CHC	54%

LIMPOPO

I. DISTRIBUTION OF HEs *n=113*





Inspections were conducted in 113 HEs in the province. Hundred and one (89%) HEs inspected were clinics, while 7 (6%) HEs were hospitals and lastly 5 (4%) HE inspections were CHCs. Five districts were inspected in the province. The district, which recorded the highest number of HE inspections, was Capricorn DM while Waterberg DM and Mopani DM had the lowest number of inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE

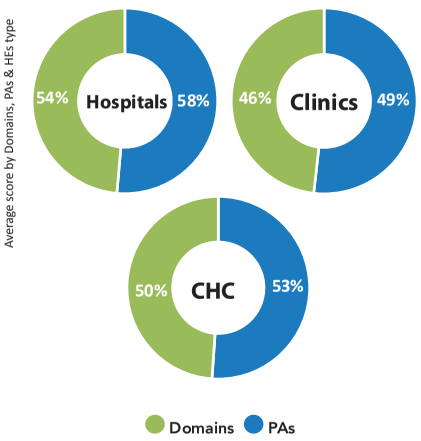
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=5	Clinics n=101	Hospitals n=7	CHC 5 FAs	Clinics 4 FAs	Hospitals 40FAs
≥80	0	0	0	1	0	2
70-79	0	0	0	0	1	8
60-69	1	5	3	0	0	8
50-59	1	23	1	1	1	7
40-49	3	51	3	1	0	6
< 40	0	22	0	2	2	9

There were no HEs with scores above 70%. Five clinics, 3 hospitals and 1 CHC obtained scores between 60% - 69% and 22 clinics scored below 40%. Two functional areas in hospitals and 1 FA in CHCs obtained scores above 80%. Nine FAs for hospitals, 2 FAs for CHCs and 2 FAs for clinics scored below 40%.

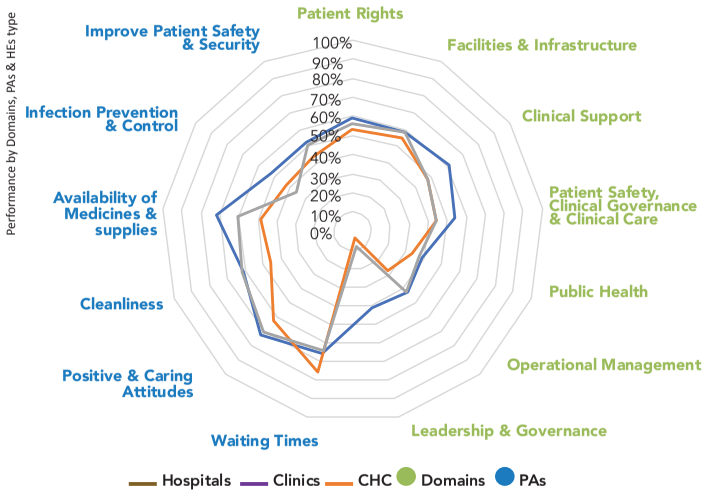
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Hospitals scored 54%, clinics scored 46% and CHCs scored 50% for domains. Hospitals scored 58%, clinics 49% and CHCs scored 53 for PAs. Hospitals scored 59%, clinics 53% and CHCs 57% for the domain Patient Rights.

IV. AVERAGE SCORE BY DOMAINS AND PAs



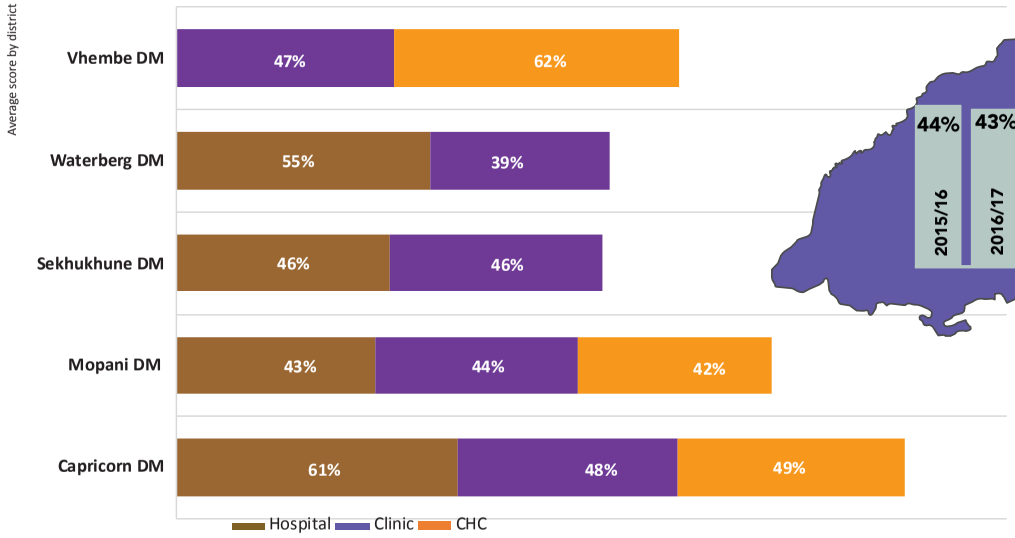
Average performance by Domains & PAs

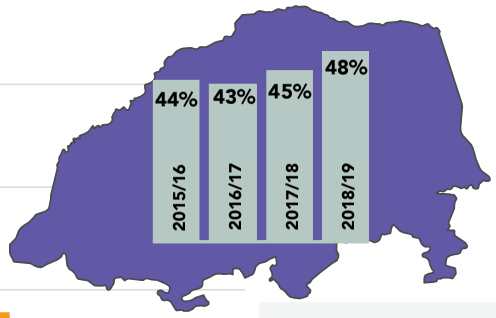
Domains	Hospital	Clinics	CHC
Patients Rights	59%	53%	57%
Facility & Infrastructure	58%	55%	59%
Clinical Support	61%	48%	48%
Patient Safety/Clinical Governance/Clinical Care	54%	44%	44%
Public Health	39%	33%	37%
Operational Management	43%	27%	43%
Leadership & Corporate Governance	42%	4%	8%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	66%	76%	65%
Positive & Caring Attitudes	72%	63%	71%
Cleanliness	61%	46%	62%
Availability of Medicines & Supplies	71%	49%	60%
Infection Prevention & Control	52%	43%	36%
Improve Patient Safety & Security	52%	44%	51%

Hospitals scored 54%, clinics scored 46% and CHCs scored 50% for domains. Hospitals scored 58%, clinics 49% and CHCs scored 53 for PAs. Hospitals scored 59%, clinics 53% and CHCs 57% for the domain Patient Rights. The average score for hospitals was 42%, clinics 4% and CHCs 8% for Leadership and Corporate Governance. Hospital average score for Waiting Times was 66%, clinics 76% and CHCs 65%. Hospital average score for Infection Prevention was 52%, while clinics scored 43% and CHCs 36%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





The province experienced fluctuating scores during the FYs 2015/16, 2016/17 and 2017/18. During the financial year 2016/17, the province experienced a decline in scores from 44% to 43% but saw an improvement to 45% in the financial years 2017/18. The province again had an increase from 45% to 48% for the financial year 2018/19.

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

4.5 LIMPOPO

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations for different categories of health care establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 113 of the 577 HEs in Limpopo province for the 2018/19 financial year.

4.5.1 Distribution of Health Establishments *(refer to figure 29 & figure 30)*

An 89%, equivalent to 101 HEs inspected were clinics, while 6% equivalent to 7 HE inspections were hospitals and lastly 4% equivalent to 5 HE inspections were CHCs.

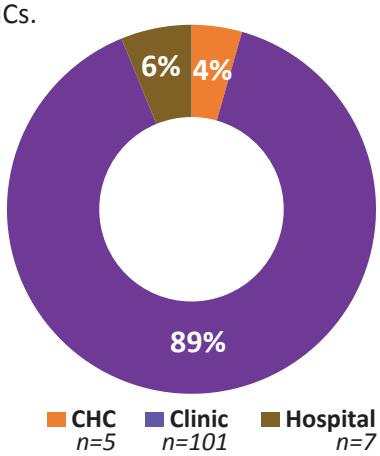


Figure29. Distribution by HEs type

Five districts namely; Mopani DM, Waterberg DM, Sekhukhune DM, Vhembe DM, and Capricorn DM were inspected in the 2018/19 financial year.

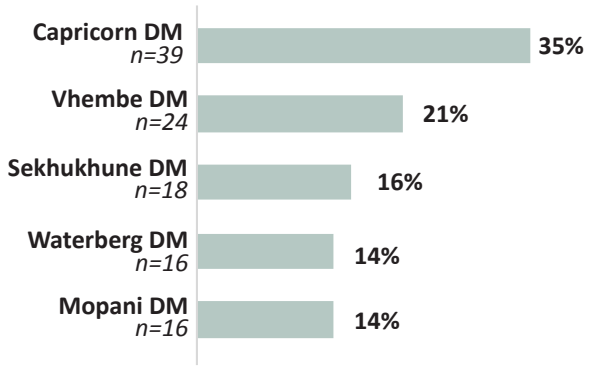


Figure30. Distribution by district

The district which recorded the highest number of HE inspections, was Capricorn with 35% equivalent to 39 HEs, followed by Vhembe DM, which recorded 21% equivalent to 24 HE inspections. Sekhukhune DM recorded 16% equivalent to 18 HE inspections, while Waterberg DM and Mopani DM recorded 14% equivalent to 16 HE inspections each.

4.5.2 Average Outcome Score by Health Establishment Type *(refer to table 18)*

The results show that 3 hospitals, 5 clinics and 1 CHC scored between 60% and 69%, while 1 hospital, 23 clinics and 1 CHC scored between 50% and 59%. In addition, 3 hospitals, 51 clinics and 3 CHCs scored between 40% and 49%. Lastly, 22 clinics scored less than 40%.

Table 18: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=5	Clinics n=101	Hospitals n=7	CHC 5 FAs	Clinics 4 FAs	Hospitals 40FAs
≥80	0	0	0	1	0	2
70-79	0	0	0	0	1	8
60-69	1	5	3	0	0	8
50-59	1	23	1	1	1	7
40-49	3	51	3	1	0	6
< 40	0	22	0	2	2	9

The results further show that 40 FAs were measured for hospitals, 4 FAs for clinics and lastly 5 FAs for CHCs.

A total of 2 FAs for hospitals and 1 FA for CHCs scored greater than or equal to 80%. However, 8 FAs for hospitals, 1 FA for clinics scored between 70% and 79%, whereas 8 FAs for hospitals scored between 60% and 69. Seven (7) FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 50%-59%, while 6 FAs for hospitals and 1 FA for CHCs scored between 40% and 49%. On the other hand, 9 FAs for hospitals, 2 FAs for clinics and 2 FAs for CHs scored less than 40%.

4.5.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 31 & figure 32)*

A closer look at the results for average domain score for hospitals shows 54%, clinics 46% and CHCs 50%. With reference to average scores by PAs, hospitals

scored the average of 58%, clinics 49% and CHCs 53%.

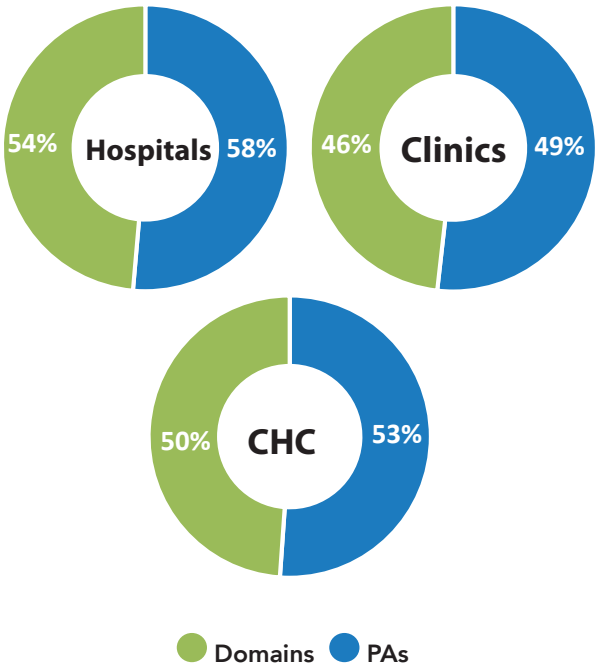


Figure31. Average score by domains, PAs & HEs type

☐ **Average score per seven domains**

The results show that the average score for hospitals is 59%, clinics 53% and CHCs 57% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 58%, clinics 55% and CHCs 59%. Hospitals scored an average of 61%, while clinics and CHCs both scored 48% for the domain Clinical Support. Patient Safety/Clinical Governance/ Clinical Care domain score for hospitals was 54%, both clinics and CHCs scored 44% each. Public Health domain score for hospitals was 39%, clinics 33% and CHCs 37%. Meanwhile the Operational Management domain score for hospitals was 43%, clinics 27% and CHCs 43%. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 42%, clinics 4% and CHCs 8%.

☐ **Average score per six PAs**

Hospital average score for Waiting Times was 66%, clinics 76% and CHCs 65%. Hospital average score for Positive and Caring Attitudes shows 72%, clinics 63% and CHCs 71%. Hospitals scored 61%, clinics 46% and CHCs 62% for Cleanliness. In addition, average score for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 71%, 49% and 60% respectively. Infection Prevention and Control average score for hospitals was 52%, clinics 43% and CHCs 36%. Hospital average score for Improve Patient Safety and Security shows 52%, while clinics 44% and CHCs 51%.

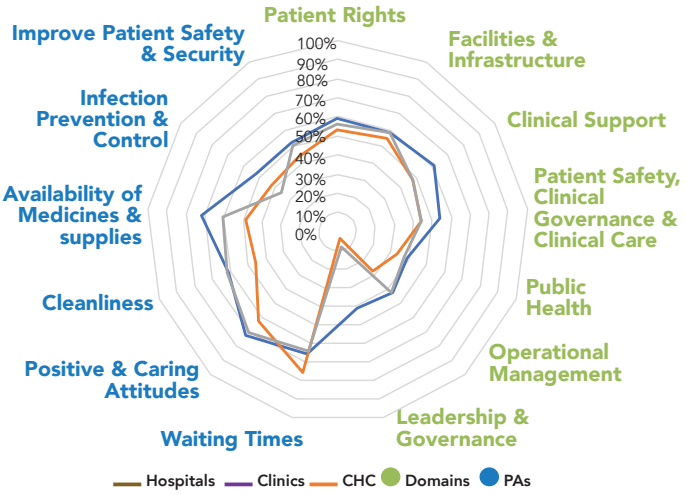


Figure32. Performance by domains, PAs & HEs type

4.5.4 Average score by district and Health establishment type *(refer to figure 33)*

According to the results illustrated for average score by district and HE type, Hospitals in Capricorn DM scored 61%, Waterberg DM 55%, Sekhukhune DM 46% and lastly Mopani DM 43%.

Clinics from Capricorn DM scored 48%, while clinics in Vhembe DM scored 47%, and 46% for clinics in Sekhukhune DM. In addition, clinics in Mopani DM and Waterberg DM scored 44% and 39% respectively.

The average score for CHCs in Vhembe DM was 62%, while CHCs in Capricorn DM and Mopani DM scored 49% and 42% respectively.

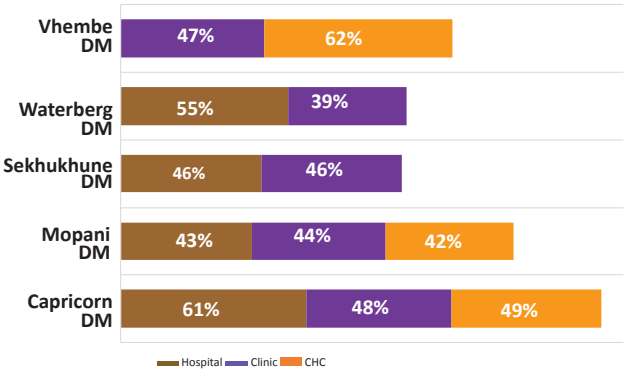


Figure33. Average score by district

4.5.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used. Four methods were used for inspection, namely document review, patient

record analysis, observation, staff and patients' interviews.

- ▢ Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards;
- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine;
- ▢ Interviews were conducted to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

i. Documentation

Standard operating procedure for the handover of patients from emergency medical services (EMS) to HE staff was available.

A protocol detailing the process to be followed for safe administration of medicine to patients, which includes safe administration of medicine to children was available at most hospitals.

The HEs had a reporting system in place for needle stick injuries or other incidents related to failure of standard precaution.

Most of the standard operating procedures and guidelines were not available, and where available were not signed or did not comply with all the requirements:

- ▢ Standard operating procedures which indicated how Schedule 5 and 6 medicines were stored in accordance with Good Pharmacy practice;
- ▢ Standard operating procedures to care for the terminally ill, and for conducting and acting on risk assessments of frail and aged patients;
- ▢ Standard operating procedures for the management of patients detained for 72- hours observations and the management of infectious patients;
- ▢ Standard operating procedure for conducting and acting on risk assessments of patients with reduced mobility;
- ▢ Standard operating procedures for the key functions of the medical records department such as, requesting, retrieval and filing of health records; and
- ▢ Standard operating procedures for the management of emergency resuscitations.

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient safety incident and adverse events reports;
- ▢ Reports on health promotion activities done in the previous 12 months; and
- ▢ The annual management inspection report on safety hazards and maintenance requirements.

The following Occupational Health and Safety documents were either not available or not meeting requirements:

- ▢ Documented security measures to prevent incidents of harm to staff;
- ▢ Reporting system for needle stick injuries or other incidents related to failure of standard precautions;
- ▢ Medical examinations records for all healthcare workers who were exposed to potential occupational hazards when performing their duties;
- ▢ Records of needle stick injuries showing that staff had received post-exposure prophylaxis; and
- ▢ Records of the mandatory pre-placement tests for cleaning staff (hepatitis A and B).

Minutes of the following forums were not available or where available but not signed:

- ▢ For the forum monitoring adverse drug reactions;
- ▢ For the forum reviewing clinical risk;
- ▢ For forum reviewing resuscitations;
- ▢ Of the forum reviewing infection control;
- ▢ Of the forum responsible for reviewing quality improvement activities; and
- ▢ Maternal and perinatal morbidity and mortality meetings.
- ▢ Maintenance records for equipment were not available.

ii. Patient record analysis

Scripts in the pharmacy correlated with the medicine dispensed to ensure that all medicines were received as prescribed.

Laboratory results were completed within the agreed-upon turnaround times.

Dispensing was not done in accordance with applicable policies and legislation, including labelling.

Informed consent forms used were not completed correctly by healthcare providers.

The health records of patients recently discharged showed that comprehensive clinical assessments had not been done.

Guidelines regarding examination and stabilisation were not adhered to.

Correct handover procedure was not followed between emergency medical services (EMS) staff and HE staff.

iii. Observations

Systems were in place to ensure safe entry into the HE.

Security measures were implemented to safeguard newborns.

Ramps of an acceptable gradient with handrails were not available at the entrances of the clinics where needed.

Safety hazards such as loose electrical wires and damaged ceilings were observed in health establishments.

Emergency trolleys were not appropriately stocked, items such as AED or defibrillator with pads, endotracheal tubes were not available, and oxygen was not ready for use.

> Safety hazards such as loose electrical wires and damaged ceilings were observed in health establishments.

Disaster management plans were not available.

Functional essential equipment such as Hb meter and pulse oximeter were not available in the clinics.

Tracer medicine as per the Essential Medicine List or formulary were not all available in the dispensary/ medicine room.

Sharps were not safely managed and disposed in the clinical areas at hospitals and clinics as recapping was observed.

Regarding cleanliness the following were identified:

- ▢ Cleaning materials were not all available in the health establishments and where available were not stored in safe, lockable areas with clear labels for chemicals;
- ▢ Daily inspections of cleanliness were not conducted; and
- ▢ Areas such as toilets were not clean.

iv. Interviews

The healthcare providers responsible for triaging and reviewing patients were able to explain how they triage and review patients.

Healthcare providers indicated that they have access to supervision.

4.5.6 Recommendations

Policies, Standard operating procedures and guidelines should be available to guide processes

within health establishments.

Monitoring and reporting of patient safety incidents, clinical audits, risk assessments and quality improvement plans should be implemented to address identified gaps and improve quality care.

Occupational Health and safety should be given attention to ensure staff safety.

Security systems should be in place to safeguard patients and staff.

Minutes of meetings should be documented and signed to ensure that decisions taken are informing service delivery.

> The safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

Maintenance plans should be monitored and implemented for effective functioning of the health system.

The safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management.

All health promotion and prevention activities within the districts relating to disease prevention, health promotion and staff wellness should be documented.

Patient record documentation should be strengthened to ensure that full assessment and treatment is provided for patients in line with treatment guidelines.

Dispensing of medicine should be done according to GPP and should include informing patients regarding the side effects of medicine.

Cleanliness, infection control and maintenance of grounds should be monitored and improved.

Table 19: Average score by functional areas

HOSPITALS	
C05 Radiology	87%
P10_2 Operating theatre incl cath labs	84%
C04 Pharmacy	76%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	76%
P07_1 Generic wards / Measure is generic to any ward or day ward	75%
C01 Blood Services	74%
P07_2 Generic wards / Measure is generic to any ward or day ward	73%
P10_1 Operating theatre incl cath labs	72%
P06 Paediatric ward	71%
C02 Laboratory	70%
P01 Accident and Emergency Unit	69%
P04_1 Medical ward	68%
P11 Psychiatric ward	68%
S10 Entrance/Reception and help desk	68%
P03 Maternity Ward incl maternity theatres	67%
S12 Mortuary Services	67%
S07 Waste Management	63%
P02 Outpatient department	61%
S03 Food Services	59%
M12 Occupational health and safety	58%
S06 Record archive/department	56%
M03 Communications/PRO	55%
P05_1 Surgical ward	53%
M07 Infection Control	53%
S09 Security Services	50%
P08 Therapeutic support services - Physio	48%
M08 Management information system	46%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	45%
M01 CEO or Hospital Manager	44%
S02 Cleaning Services	43%
M05 Financial Management	40%
S01 CSSD	39%
M04 Facility Infrastructure	37%
M10 Procurement	35%
S04 Laundry Services	34%
S05 Maintenance services includes garden	32%
M06 HR Management	31%
M14 Clinical Management Group	29%
M16 Case Management	22%
C03 Health technology Services	3%
CLINICS	
PC01 Clinical Services	72%
CC04 Dispensary / Medicine Cupboard	54%
SC01 Maintenance Support	36%
MC14A Clinic manager	24%
CHC	
PC01C Clinical Services	70%
CC04C Pharmacy	65%
SC01C Maintenance Support	61%
P03C Maternity Obstetric Unit incl maternity theatres	60%
P01C Emergency Unit	59%
P07_1C Generic wards / Measure is generic to any ward or day ward	45%
S03C Food Services	32%
MC14C CHC Manager	26%

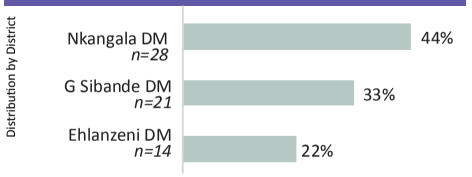
Table 20: Average score by health establishments (n=113)

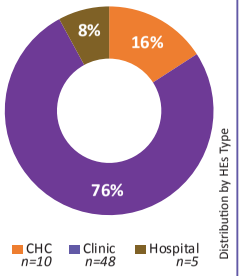
HOSPITALS	
WF Knobel Hosp	62%
Helene Franz Hosp	62%
G Masebe Hosp	61%
Botlokwa Hosp	58%
Ellisras Hosp	49%
Mecklenburg Hosp	46%
Kgapane Hosp	43%
CLINICS	
Hwelereng Clinic	66%
Goedentrou	64%
Eerstegeluk	63%
Selala Clinic	62%
Slypsteen	62%
Nobody Clinic	59%
Tshiungani	59%
Mulenzhe	59%
Dikgalaopeng	58%
Rosenkrantz Clinic	58%
Ledwaba	57%
Parliament	56%
Mukhomi	56%
Levubu	55%
Dikgale	55%
Matiyani	55%
Manenzhe	55%
Magukubjane	54%
Matlala Clinic (Aga)	54%
Manavhela	53%
Lebaka	53%
Elandskraal	52%
Mphephu	52%
Mampana	52%
Sello-Moloto	51%
Kromdraai Clinic	51%
Tshikuwi	50%
Indermark	50%
Moletlane Clinic	49%
Muyexe Clinic	49%
Zangoma	49%
Middelwater	49%
Zava	49%
Manamela Clinic	49%

	Alma Clinic	49%
	Sadu clinic	49%
	Dzwerani	48%
	Shayandima Clinic	48%
	Mamaselela	48%
	Mothiba	47%
	Sephaku	47%
	Zaaiplaas	47%
	Persie	47%
	Makanye	47%
	Uitkyk	47%
	Hlaneki	47%
	Madombidzha	47%
	Phasha	46%
	Mukula	46%
	Thomo	46%
	Mashashane	46%
	Grootdraai Clinic	46%
	Mogodi	45%
	Seshego IV	45%
	Mmotoaneng	45%
	Lebowakgomo Gateway	45%
	Lonsdale	44%
	Relela Clinic	44%
	Mulima	44%
	Goedgevonden	43%
	Nancefield	43%
	Sekororo Gateway	43%
	Charlie Rangaan	43%
	Malemati	43%
	Thondotshivhase	43%
	Pienaarsriver	42%
	Motetema	42%
	Montz	41%
	Bela-Bela	41%
	Vhufuli Tshitereke	41%
	Burgersfort	41%
	Magwedzha Clinic	40%
	Makgobe	40%
	Ambergate Clinic	40%
	Sterkspruit	40%
	Mankweng Clinic	40%
	Tswinga	40%
	Mapayeni	40%
	Vyeboom	40%
	Vaalkop	39%
	Lephalale Clinic	39%
	Klipspruit	39%
	Sophia/Sekwai	39%
	Masakona	39%
	Perskebult	39%
	Madimbo	37%
	Rietfontein HC Bosh	37%
	Mamitwa Clinic	36%
	Settlers	36%
	Ga Madiba	36%
	Dzingahe	36%
	Mankweng Gateway	34%
	WF Knobel Gateway	34%
	Mahwelereng	33%
	Mabuela Clinic	33%
	Matlala Gateway	33%
	Morutji	31%
	Dendron Clinic	30%
	Marapong	29%
	Voortrekker Gateway Clinic	27%
	Mecklenburg Gateway	25%
CHCs		
	Mutale CHC	62%
	Blouberg CHC	53%
	Rethabile	49%
	Dr Machupe CHC	44%
	Julesburg	42%

MPUMALANGA

I. DISTRIBUTION OF HEs *n=63*





Mpumalanga province recorded 63 HE inspections during the financial year 2018/19. Forty-eight (76%) HEs inspected were clinics, while 5 (8%) HEs were hospitals and 10 (16%) HEs were CHCs. The inspections were conducted in three districts, with Nkangala DM recording the highest number of HE inspections and Ehlanzeni DM the lowest number of HE inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE

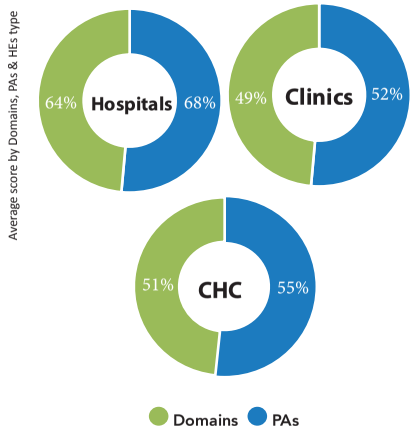
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=10	Clinics n=48	Hospitals n=5	CHC 6 FAs	Clinics 4 FAs	Hospitals 42FAs
≥80	0	0	0	0	0	15
70-79	0	0	1	1	1	9
60-69	1	5	3	2	0	3
50-59	5	17	1	1	1	6
40-49	3	20	0	1	0	5
< 40	1	6	0	1	2	4

There were no HEs with scores above 80% and one hospital had a score between 70%-79%. Six clinics and one CHC scored below 40%. Fifteen functional areas in hospitals obtained scores above 80% and 4 FAs for hospitals, 2 for clinics and 1 for CHCs scored below 40%.

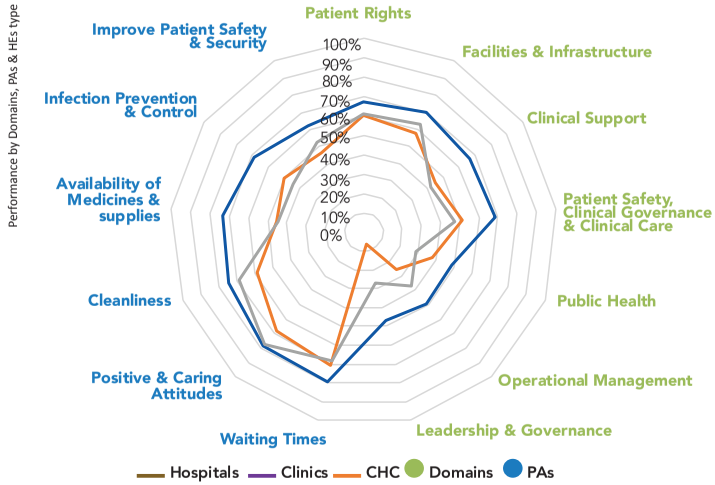
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



The average domain score for hospitals was 64%, clinics 49% and CHCs scored 51%. In respect to average score by Priority Areas, hospitals scored 68%, while clinics scored 52% and CHCs scored 55%.

IV. AVERAGE SCORE BY DOMAINS AND PAs



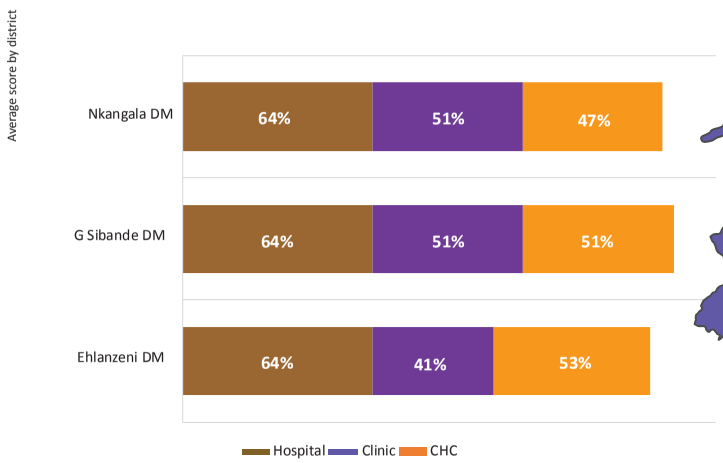
Average performance by Domains & PAs

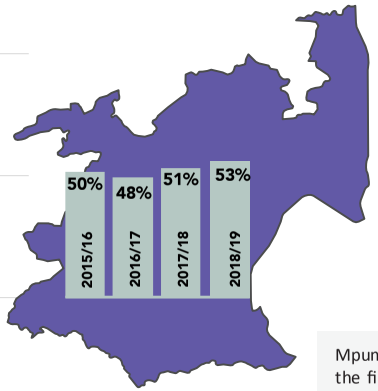
Domains	Hospital	Clinics	CHC
Patients Rights	68%	61%	61%
Facility & Infrastructure	70%	58%	63%
Clinical Support	67%	45%	42%
Patient Safety/Clinical Governance/Clinical Care	68%	51%	47%
Public Health	49%	38%	29%
Operational Management	49%	25%	37%
Leadership & Corporate Governance	47%	7%	27%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	79%	71%	69%
Positive & Caring Attitudes	79%	68%	78%
Cleanliness	74%	59%	69%
Availability of Medicines & Supplies	73%	46%	44%
Infection Prevention & Control	68%	50%	44%
Improve Patient Safety & Security	62%	46%	52%

Hospitals scored 68%, while clinics and CHCs scored 61% each for the domain Patient Rights. For Leadership and Cooperate Governance hospitals scored 47%, clinics 7% and CHCs 27%. Hospital score for Waiting Times was 79%, clinics 71% and CHCs 69%. Hospital score for Improve Patient Safety and Security was 62%, clinics 46% and CHCs 52%. Infection Prevention and Control score for hospitals was 68%, 50% for clinics and CHCs 44%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





Mpumalanga average score was 50% for the financial year 2015/16. The province recorded a 2% decline in score in 2016/17 to 48% however experienced a 3% rise in score in the financial year 2017/18. The province maintained an increase in score from 51% in 2017/18 financial year to 53% in the financial year 2018/19.

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4.6 Mpumalanga

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations for different categories of health care establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 63 of the 313 HEs in Mpumalanga province for the 2018/19 financial year

4.6.1 Distribution of Health Establishments *(refer to figure 34 & figure 35)*

Results presented reflected that 76% equivalent to 48 HE inspections were clinics, while 8% were hospitals, contributing 5 HEs, and lastly 16% were CHCs equivalent to 10 HE inspections.

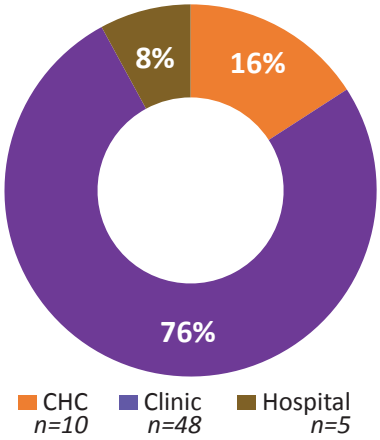


Figure34. Distribution by HEs type

The inspections were conducted in all three districts in the province namely, Ehlanzeni DM, Gert Sibande DM, and Nkangala DM.

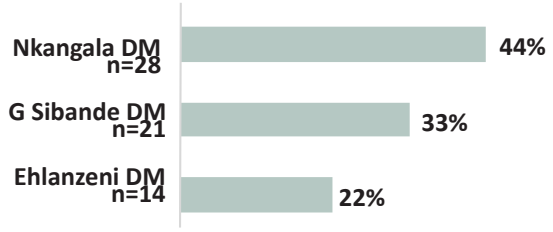


Figure35. Distribution by district

Nkangala DM had the highest number of HE inspections with 44% equivalent to 28 HE inspections in the district, and Gert Sibande DM recorded 33% constituting 21 HE inspections. Ehlanzeni DM had the lowest number of HE inspections, which is 22% equivalent to 14 HE inspections.

4.6.2 Average Outcome Score by Health Establishment Type *(refer to table 21)*

A close look at the results shows that no HE scored above or equal to 80% while 1 hospital recorded an average score of between 70% and 79%. In addition, 3 hospitals, 5 clinics and 1 CHC scored between 60% and 69%. Furthermore, 1 hospital, 17 clinics and 5 CHCs scored between 50% and 59%. Twenty clinics and 3 CHCs scored between 40% and 49%. Meanwhile, 6 clinics and 1 CHC scored less than 40%.

Table 21: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=10	Clinics n=48	Hospitals n=5	CHC 6 FAs	Clinics 4 FAs	Hospitals 42FAs
≥80	0	0	0	0	0	15
70-79	0	0	1	1	1	9
60-69	1	5	3	2	0	3
50-59	5	17	1	1	1	6
40-49	3	20	0	1	0	5
< 40	1	6	0	1	2	4

The results further highlight that 42 FAs were measured for hospitals, 4 FAs measured for clinics and lastly 6 FAs measured for CHCs in the province.

Among the measured FAs, 15 FAs for hospitals, scored more than or equal to 80%, while 9 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 70% and 79%. Three FAs for hospitals and 2 FAs for CHCs scored between 60% and 69%. On the other hand, 6 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs scored between 50% and 59%. Five FAs for hospitals and 1 FA for CHCs achieved between 40% and 49%. Lastly, 4 FAs for hospitals, 2 FAs for clinics and 1 FA for CHCs scored less than 40%.

4.6.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 36 & figure 37)*

As the results show, the average domain score for hospitals was 64%, while clinics scored 49% and CHCs

51%. In respect to average score by PAs, hospitals scored 68%, clinics 52% and CHCs 55%.

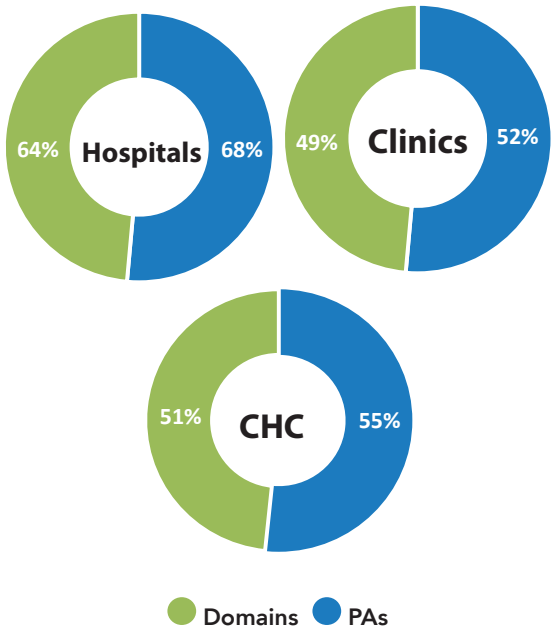


Figure36. Average score by domains, PAs & HEs type

☐ **Average score per seven domains**

Hospitals scored 68%, while clinics and CHCs scored 61% each for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 70%, clinics 58% and CHCs 63%. Hospitals scored an average of 67%, clinics 49% and CHCs 42% for the domain Clinical Support. Patient Safety/ Clinical Governance/Clinical Care domain scores for hospitals, clinics and CHCs were 68%, 51% and 47% respectively. Public Health domain score for hospitals was 49%, clinics 38% and 29% for CHCs. Operational Management domain score for hospitals was 49%, clinics scored 25% and CHCs 37%. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 47%, while clinics scored 7% and CHCs 27%.

☐ **Average score per six PAs**

The results further indicated that hospital average score for Waiting Times was 79%, clinics scored 71% and CHCs 69%. Positive and Caring Attitudes score for hospitals was 79%, clinics scored 68% and CHCs 78%. Regarding average score for Cleanliness, hospitals scored 74%, clinics 59% and CHCs 69%. Meanwhile average scores for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 73%, 46% and 44% respectively. Infection Prevention and Control average score for hospitals was 68%, clinics scored 50% and CHCs 44%. Hospital average score for Improve Patient Safety and Security was 62%, while clinics scored 46% and CHCs 52%.

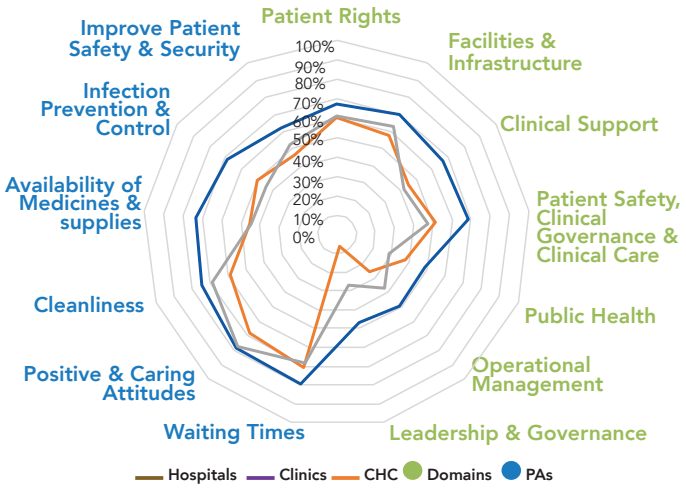


Figure37. Performance by domains, PAs & HEs type

4.6.4. Average score by district and Health establishment type *(refer to figure 38)*

A closer examination of the results reflected that hospitals in Ehlanzeni DM, Gert Sibande DM and Nkangala DM each scored 64%.

Average scores for clinics, Nkangala DM and Gert Sibande DM both scored 51% each, while clinics in Ehlanzeni DM scored 41%. Lastly, average scores for CHCs in the inspected districts were as follows: Gert Sibande DM 51%, Ehlanzeni DM with 53% and Nkangala DM 47%.

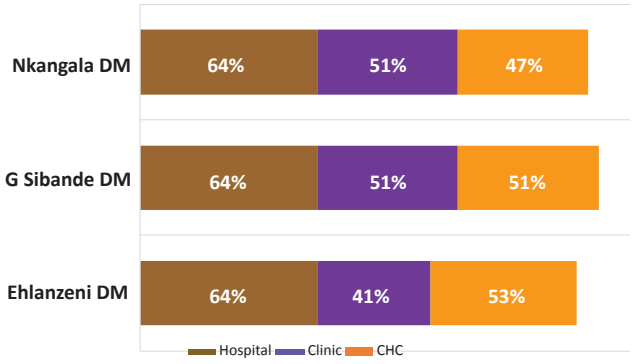


Figure38. Average score by district

4.6.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used. Four methods were used for inspection namely document review, patient record analysis, observation, staff and patient interviews:

- ▢ Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards;
- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine; and
- ▢ Interviews were conducted to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance

i. Documentation

Minutes from the previous six months of the Occupational Health and Safety Committee or Forum indicated that analysed data from occupational risk monitoring activities were discussed.

Medical examinations were performed for all health care workers who were exposed to potential occupational hazards when performing their duties.

The following standard operating procedures (SOPs) and guidelines were not available, where available were not signed or did not comply with all the requirements:

- ▢ Standard operating procedure for the handover of patients from emergency medical services (EMS) to health establishment staff;
- ▢ Standard operating procedure for handling emergency resuscitations;
- ▢ Standard operating procedure detailing the process to be followed for safe administration of medicines to patients, which includes safe administration of medicines to children;
- ▢ Standard operating procedure for management of schedule 5 and 6 medicines;
- ▢ Standard operating procedure for infection prevention and control practices;
- ▢ Patient referral policy and standard operating procedures for referral; and
- ▢ National Guidelines for Patient Safety Incident Reporting and Learning.

Regarding security the following were not available, where available they did not cover all required aspects:

- ▢ The approved security plans for the health establishments; and
- ▢ System to ensure patient safety and safe entry to health establishments.

The following Occupational Health and Safety documents were either not available or not approved.

- ▢ Documented security measures to prevent incidents of harm to staff;
- ▢ Reporting system for needle stick injuries or other incidents related to failure of standard precautions; and
- ▢ Reporting system for the mandatory pre-placement tests for cleaning staff (hepatitis A and B).

Regarding Disaster Management the following records were not available or did not meet requirements:

- ▢ Current disaster management plans updated annually and in response to staff turnover at clinics;
- ▢ Inter-sectoral plan for the management of possible health emergencies and disease outbreaks;
- ▢ In-service training plans which included response to disease outbreaks; and
- ▢ Reports of annual drills to test the effectiveness of the disaster plan.

The following reports were not available:

- ▢ Patient safety incident reports or other incidents

related to failure of standard precautions;

- Clinical audits of national strategic priority programmes such as STI and PMTCT; and
- Reports indicating that follow up is made when items requested from the health technology are not received.

Operational plans were not monitored quarterly against targets and indicators and where monitored; remedial actions were not implemented where gaps were identified.

Minutes of monthly maternal and perinatal morbidity and mortality meetings were not available and/or where available were not signed.

Maintenance records for critical equipment and emergency generators were not available.

ii. Patients' records analysis

Scripts audited correlated with medicine dispensed to ensure all medicines were received as prescribed.

Radiology results requested were available in the patient's health record or electronically.

Laboratory results were completed within the agreed-upon turnaround times.

Patient records did not comply with the following aspects:

- The correct hand over procedure was not followed between emergency medical services and staff in health establishments, for example, method of transfer of patient from ambulance to consultation room was not specified in health records inspected in hospitals;
- The guidelines regarding examination and stabilisation had not been adhered to;
- The initial assessments of high-risk maternity patients did not reflect the identification of specific risk factors for example, the maternal pulse was not recorded in the health records;
- Patient safety checks were not conducted comprehensively in patient health records before, during and after surgery as per the World Health Organisation (WHO) guidelines in the health establishments;
- Patient safety checks were not applied to all patients transferred from one department to another within the health establishment and to patients received from another health establishment;
- The health records of patients recently discharged showed that comprehensive clinical assessments had not been done; and
- Risk assessments were not conducted for frail or aged patients to identify those patients at high risk of falling or developing pressure sores.

> The correct hand over procedure was not followed between emergency medical services and staff in health establishments, for example, method of transfer of patient from ambulance to consultation room was not specified in health records inspected in hospitals

iii. Observations

The health establishment provided appropriate types of masks and NIOSH.

Emergency blood was available in designated areas onsite or within 30 minutes.

Appropriate isolation accommodation was available for patients with communicable diseases.

Regarding cleanliness the following were identified:

- Cleaning materials were not all available at health establishments, and where available were not stored in a safe, lockable area with clear labels.
- Areas such as toilets and kitchens were inspected for the state of cleanliness and were found to be non-compliant, for example, bins not having lids and fluid spillages observed on floors.

Regarding safety of patients and staff the following were observed:

- Obvious safety hazards were observed during the visits.

- Ramps with handrails of an acceptable gradient were not available at the entrances to most clinics and CHCs.

Emergency trolleys were not appropriately stocked and regularly checked in health establishments, items such as different sizes of endotracheal tubes were not all available.

Functional essential equipment according to level of care were not all available for example, pulse oximeters.

Tracer medicines as per the applicable Essential Medicines List or Formulary such as azithromycin, were not available in the pharmacy and/or medicine storage room.

iv. Interviews

Health care providers indicated that they had access to supervision.

The health care providers responsible for triaging and reviewing patients could explain how they triage and review patients in health establishments.

Staff could not explain how the cold chain was maintained for blood products.

Staff were not aware of the disaster management plan, including health emergencies, and their role in the plan.

Patients indicated that they had no clear understanding of any other relevant information related to taking medicine like common possible side effects.

4.6.5 Recommendations

Policies, Standard operating procedures and guidelines should be available to guide processes within health establishments.

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans should be implemented to address identified gaps and improve quality healthcare.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the health system.

Maintenance of buildings and grounds should be done regularly to ensure both patient and staff safety.

Emergency disaster preparedness plans and management of resuscitation trolleys should be strengthened and communicated to all staff for safety of the health care users and staff.

Patient record documentation should be strengthened to ensure that full assessment and treatment is provided for patients in line with treatment guidelines.

> Policies, Standard operating procedures and guidelines should be available to guide processes within health establishments

Health establishments should procure the required functional equipment to enable staff to render quality patient care.

Cleanliness, infection control and maintenance of grounds should be monitored and improved.

Patients should be provided with information regarding their medication and side effects of such medicine.

Security systems should be in place in health establishments to safeguard staff and patients.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management.

Table 22: Average score by functional areas

HOSPITALS	
P05_2 Surgical ward	91%
C05 Radiology	89%
P10_2 Operating theatre incl cath labs	87%
C01 Blood Services	87%
P04_2 Medical ward	87%
P07_2 Generic wards / Measure is generic to any ward or day ward	86%
S10 Entrance/Reception and help desk	86%
P05_1 Surgical ward	84%
C02 Laboratory	84%
M12 Occupational health and safety	83%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	83%
P02 Outpatient department	83%
P10_1 Operating theatre incl cath labs	81%
P01 Accident and Emergency Unit	80%
P04_1 Medical ward	80%
C04 Pharmacy	78%
P03 Maternity Ward incl maternity theatres	77%
S06 Record archive/department	77%
P08 Therapeutic support services - Physio	76%
P07_1 Generic wards / Measure is generic to any ward or day ward	76%
S02 Cleaning Services	74%
P06 Paediatric ward	73%
S07 Waste Management	73%
S03 Food Services	71%
M07 Infection Control	68%
P11 Psychiatric ward	65%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	63%
M03 Communications/PRO	57%
S12 Mortuary Services	56%
M04 Facility Infrastructure	53%
M08 Management information system	51%
S09 Security Services	50%
M06 HR Management	50%
S01 CSSD	44%
M05 Financial Management	42%
M14 Clinical Management Group	40%
M01 CEO or Hospital Manager	40%
S04 Laundry Services	40%
S05 Maintenance services includes garden	33%
M16 Case Management	24%
M10 Procurement	16%
C03 Health technology Services	0%

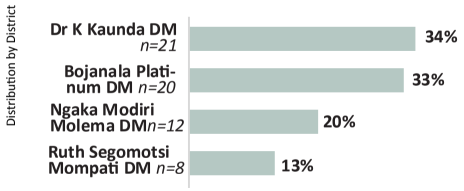
CLINICS	
PC01 Clinical Services	74%
CC04 Dispensary / Medicine Cupboard	50%
SC01 Maintenance Support	39%
MC14A Clinic manager	31%
CHCs	
PC01C Clinical Services	70%
P03C Maternity Obstetric Unit incl maternity theatres	62%
P01C Emergency Unit	62%
SC01C Maintenance Support	56%
CC04C Pharmacy	48%
MC14C CHC Manager	31%

Table 23: Average score by health establishments (n=63)

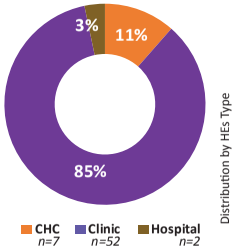
HOSPITALS	
Rob Ferreira Hosp	70%
Bethal Hosp	66%
Witbank Hosp	64%
Carolina Hosp	63%
Barberton Hosp	57%
CLINICS	
Chrissiesmeer	67%
Rhenosterkop	67%
Driefontein Clinic	65%
Belfast Gateway	63%
Mathyzensloop	60%
Kwazamokuhle	59%
Middelburg Ext 6	59%
Haakdoringlaagte	59%
Evander Clinic	58%
Nasaret	57%
Emthonjeni Clinic (Msuka)	57%
Tweefontein C	57%
Secunda Clinic	57%
De Beersput	56%
Witbank Poly	55%
Kinross/Thistle Grov	55%
Breyten	55%
Botleng Ext 3	54%
Mkhondo Town Clinic	52%
Sr Mashiteng Clinic	51%
Ermelo Clinic	51%
Ethandakukhanya	51%
Sakhile	48%
Pullenshope	48%
Middelburg Civic	47%
Middelburg Gateway	47%
Emzinoni	46%
Barberton Gateway	45%
Kameelrivier B	45%
Ntunda Clinic	44%
Balfour Clinic	44%
Derby	44%
Allemansdrift B	43%
MS Msimanga	42%
Jeppes Reef	42%
Masibekela	41%
Kaapschehoop	41%
Kwaggafontein A	41%
Steenbok	40%
Sikhwahlane	40%
Mzinti	40%
Vlaklaagte 1	40%
Phiva	39%
Vriesgewagte	39%
Goederede	37%
Boekenhouthoek	36%
Tonga Block B	35%
Langverwacht	29%
CHCs	
Grootvlei CHC	61%
M'Africa CHC	59%
Siyathemba CHC	58%
Lebohang CHC	57%
Phola CHC	54%
Empumelelweni CHC	50%
Mmametlhake CHC	48%
Matsulu CHC	47%
Nokaneng CHC	46%
Diphalane CHC	37%

NORTH WEST

I. DISTRIBUTION OF HEs *n=61*



North West recorded 61 HE inspections; 52(85%) inspections were in clinics, 7 (11%) were in CHCs and 2 (3%) in hospitals. Four districts were inspected, the highest HE inspections were from Dr K Kaunda DM while Ruth Segomotsi Mompati DM recorded the least number of inspections.



II. AVERAGE OUTCOME SCORES BY HE TYPE

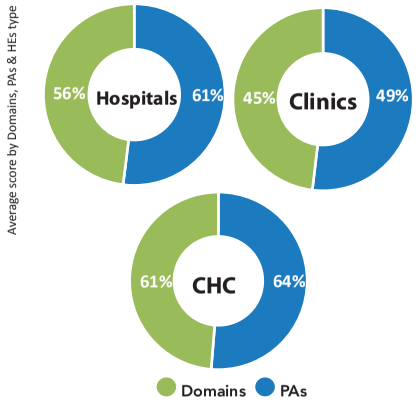
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=7	Clinics n=52	Hospitals n=2	CHC 9 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	0	0	0	0	0	11
70-79	0	0	0	5	1	5
60-69	5	1	1	2	0	8
50-59	2	12	0	0	1	4
40-49	0	28	1	1	0	3
< 40	0	11	0	1	2	11

There were no HEs with scores above 70%; one hospital, one clinic and 5 CHCs had scores between 60%-69%. Eleven clinics obtained scores below 40%. Eleven functional areas in hospitals obtained scores above 80% and 11 FAs for hospitals, 2 for clinics and 1 for CHC's scored below 40%.

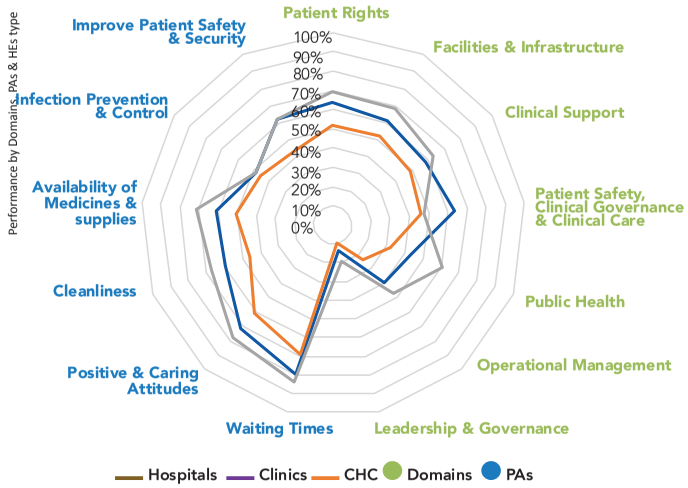
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant,
- <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



The average domain score for hospitals was 56%, clinics scored 45% and CHCs scored 61%. With reference to average score by Priority Areas, hospitals, clinics and CHCs scored 61%, 49% and 64%respectively.

IV. AVERAGE SCORE BY DOMAINS AND PAs



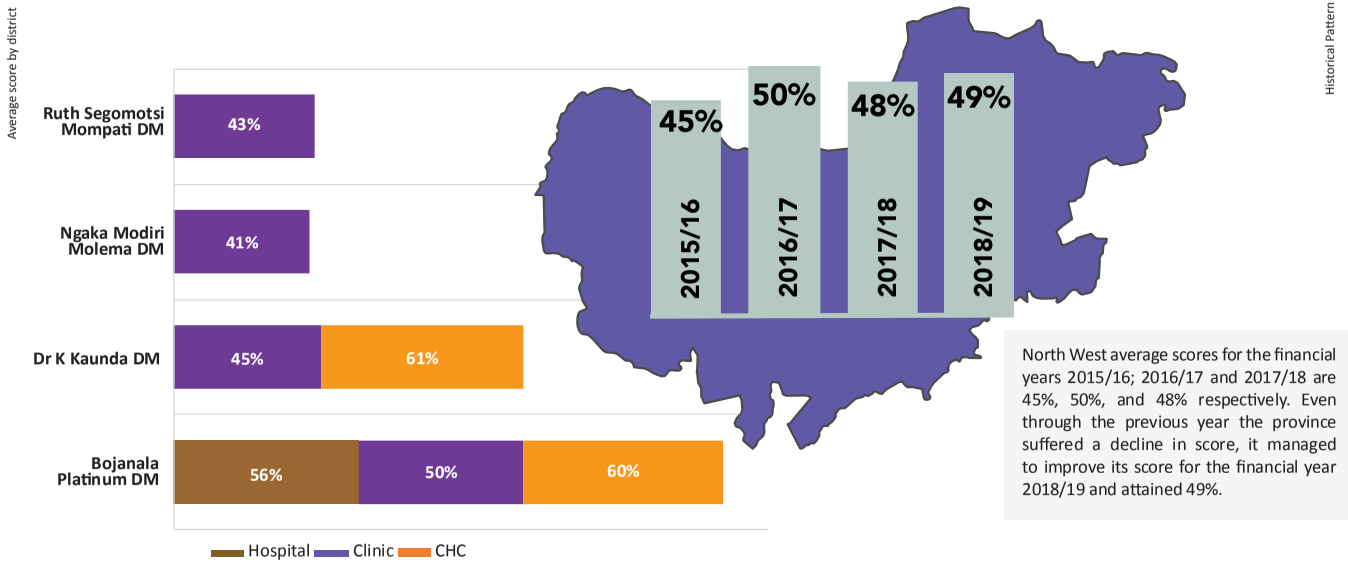
Average performance by Domains & PAs

Domains	Hospital	Clinics	CHC
Patients Rights	64%	52%	69%
Facility & Infrastructure	61%	53%	69%
Clinical Support	58%	49%	63%
Patient Safety/Clinical Governance/Clinical Care	63%	46%	47%
Public Health	43%	32%	61%
Operational Management	40%	23%	47%
Leadership & Corporate Governance	14%	9%	19%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	80%	69%	84%
Positive & Caring Attitudes	72%	61%	78%
Cleanliness	60%	46%	67%
Availability of Medicines & Supplies	61%	50%	71%
Infection Prevention & Control	48%	46%	49%
Improve Patient Safety & Security	62%	44%	62%

Hospitals scored 64%, clinics 52% and CHCs scored 69% for the domain Patient Rights. The average score for hospitals was 14%, clinics 9% and CHCs 19% for the domain Leadership and Corporate Governance. Hospital average score for Waiting Times was 80%, clinics 69% and CHCs 84%. Infection Prevention and Control average score for hospitals was 48%; clinics scored 46% and CHCs 49%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN



North West average scores for the financial years 2015/16; 2016/17 and 2017/18 are 45%, 50%, and 48% respectively. Even through the previous year the province suffered a decline in score, it managed to improve its score for the financial year 2018/19 and attained 49%.

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4.7 NORTH WEST

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations applicable to different categories of health establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 61 of 331 HEs in the North West province during the 2018/19 financial year.

4.7.1 Distribution of Health Establishments *(refer to figure 39 & figure 40)*

A larger percentage, that is 85% equivalent to 52 HE inspections was for clinics, while 3% equivalent to 2 HE inspections were for hospitals and lastly 11% equivalent to 7 HE inspections were for CHCs.

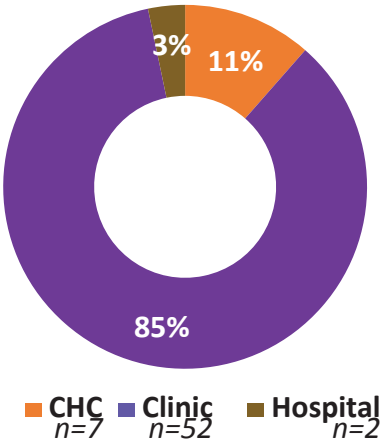


Figure39. Distribution by HEs type

Ruth Segomotsi Mompati DM, Ngaka Modiri Molema DM, Bojanala Platinum DM and Dr K Kaunda DM were the districts which were inspected.

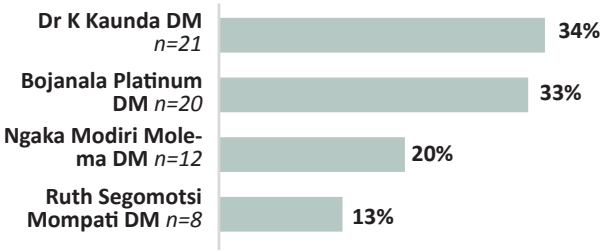


Figure40. Distribution by district

The highest HE inspections were from Dr K Kaunda DM, which recorded 34% amounting to 21 HE inspections, followed by Bojanala Platinum DM, which recorded 33% equivalent to 20 HE inspections. Ngaka Modiri Molema DM contributed to 20% equivalent to 12 HE inspections, while Ruth Segomotsi Mompati DM recorded 13% equal to 8 HE inspections.

4.7.2 Average Outcome Score by Health Establishment Type *(refer to table 24)*

The results highlighted that no HE scored between 70% and 79% and greater than or equal to 80%. Meanwhile, 1 hospital, 1 clinic and 5 CHCs scored between 60% and 69%, while 12 clinics and 2 CHCs scored between 50% and 59%. Twenty-eight clinics scored between 40% and 49%, while 11 clinics scored less than 40%.

Table 24: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=7	Clinics n=52	Hospitals n=2	CHC 9 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	0	0	0	0	0	11
70-79	0	0	0	5	1	5
60-69	5	1	1	2	0	8
50-59	2	12	0	0	1	4
40-49	0	28	1	1	0	3
< 40	0	11	0	1	2	11

The results further illustrated that 42 FAs were measured for hospitals, 4 FAs measured for clinics and lastly 9 FAs were measured for CHCs.

Eleven FAs for hospitals scored greater than or equal to 80%. Nonetheless, 5 FAs for hospitals, 1 FA for clinics and 5 FAs for CHCs scored between 70% and 79%, whereas 8 FAs for hospitals and 2 FAs for CHCs scored between 60% and 69%. Four FAs for hospitals and 1 FA for clinics scored between 50% and 59%, while 3 FAs for hospitals and 1 FA for CHCs scored between 40% and 49%. Whereas, 11 FAs for hospitals, 2 FAs for clinics and 1 FA for CHCs scored less than 40%.

4.7.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 41 & figure 42)*

The average domain score for hospitals was 56%, clinics scored 45% and CHCs scored 64%. With reference to average score by PAs, hospitals, clinics and CHCs scored 61%, 49% and 64% respectively.

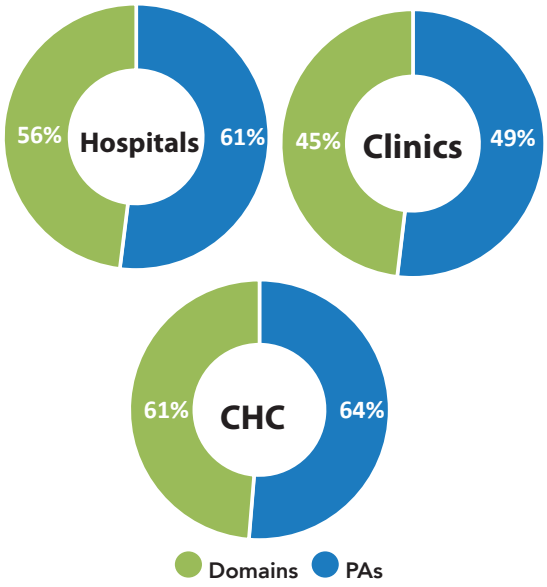


Figure41. Average score by domains, PAs & HEs type

☐ **Average score per seven domains**

The results reflected that hospitals scored 64%, while clinics scored 52% and CHCs scored 69% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 61%, clinics had 53% and CHCs scored 69%. Hospitals scored an average score of 58%, clinics 49% and CHCs 63% for the domain Clinical Support. Patient Safety/Clinical Governance/Clinical Care domain scores for hospitals, clinics and CHCs were 63%, 46% and 47% respectively. Meanwhile, the Operational Management domain score for hospitals was 40%, clinics 23% and CHCs 47%. Public Health domain score for hospitals was 43%, clinics 32% and 61% for CHCs. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 14%, clinics 9% and CHCs at 19%.

☐ **Average score per six PAs**

Hospital average score for Waiting times was 80%, clinics 69% and CHCs 84%. Hospital average score for Positive and Caring Attitudes was 72%, clinics 61% and CHCs scored 78%. Meanwhile, hospitals scored 60%, clinics 46% and CHCs scored 67% for cleanliness.

In addition, average scores for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 61%, 50% and 71% respectively. Infection Prevention and Control average score for hospitals was 48%, clinics scored 46% and CHCs 49%. Hospital average score for Improve Patient Safety and Security was 62%, clinics 44% and CHCs 62%.

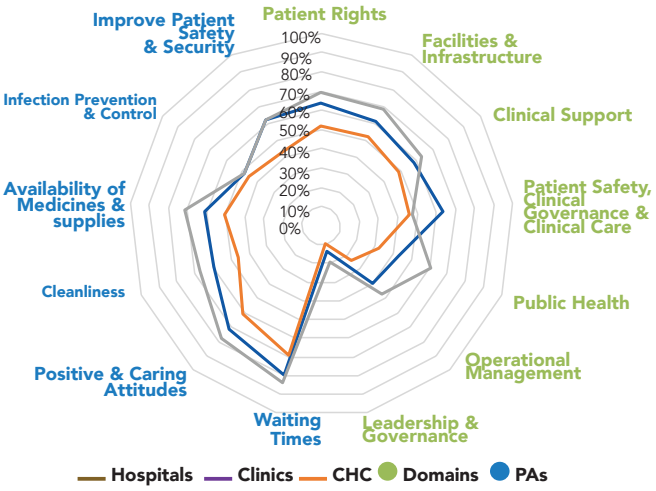


Figure42. Performance by domains, PAs & HEs type

4.7.4 Average score by district and Health establishment type *(refer to figure 43)*

According to results for average score by district, hospitals in Bojanala DM scored 56% while clinics in the same district scored 50%. The average scores for clinics in Ruth Segomotsi Mompati DM, Ngaka Modiri Molema DM, and Dr K Kaunda DM were 43%, 41% and 45% respectively. Amongst the CHCs, Bojanala DM scored 60%, while CHCs in Dr K Kaunda DM scored 61%.

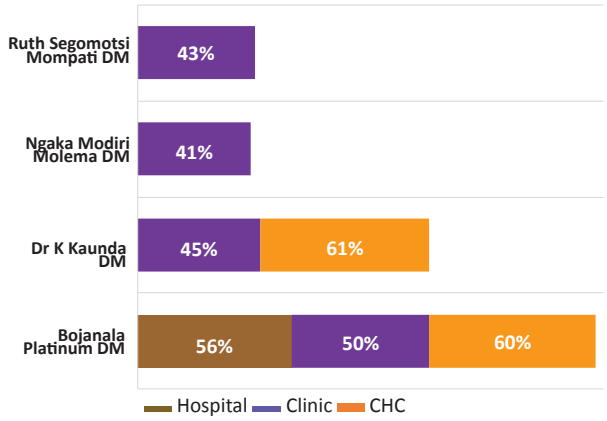


Figure43. Average score by district

4.7.5 Summary of findings

☐ The summary of findings is outlined in line with the inspection methods used. Four methods were used for inspection namely, document review, patient record analysis, observation, staff and patient interviews.

☐ Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements,

maintenance plans and minutes of meetings for compliance with the National Core Standards;

- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine; and
- ▢ Interviews were used to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

The following standard operating procedures were available and meeting requirements:

- ▢ Standard operating procedure for the management of schedule 5 and 6 medicines;
- ▢ Standard operating procedure for conducting and acting on risk assessments of frail and aged patients.

The following standard operating procedures (SOPs) were not available, where available were not signed or did not comply with all the requirements:

- ▢ Standard operating procedure for the management of emergency resuscitations;
- ▢ Standard operating procedure for requests, retrieval and filing of patient health records;
- ▢ Standard operating procedure for obtaining patient consent if patient identifiable information is to be communicated to a third party;
- ▢ Standard operating procedure and policy for referrals;
- ▢ Standard operating procedure detailing the process to be followed for safe administration of medicines to patients, which includes safe administration of medicines to children; and
- ▢ Standard operating procedure for the care of the terminally ill, which addresses the needs of the patient and their family.

Operational plans were either not available, outdated or not signed; where available they were either not monitored against targets and indicators or where gaps were identified remedial actions were not implemented.

Disaster management plans were not updated annually, and drills were not conducted to test the effectiveness of the disaster plan, including emergency, disease outbreak, fire and natural disaster.

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient safety incident and adverse events reports;
- ▢ Reports on health promotion activities done in the previous 12 months; and
- ▢ Report on hand washing drive or campaign.
- ▢ Minutes of the following forums were either not available or where available were not signed;
- ▢ Minutes of the forum reviewing resuscitation; and
- ▢ Monthly minutes of maternal and perinatal morbidity and mortality.

The following Occupational Health and Safety documents were either not available or not approved:

- ▢ Reporting system for needle stick injuries or other incidents related to failure of standard precautions; and
- ▢ Medical examinations for all health care

personnel exposed to potential occupational hazards when performing their duties.

Maintenance plans for buildings, grounds and equipment were not available.

A system to monitor that items requested from the health technology department were received within three months, was not available.

Monitoring reports for the service level agreements for waste removal and disposal were not available.

ii. Patient Record Analysis

The scripts in the pharmacy correlated with the medicines dispensed to ensure that all medicines were received as prescribed.

The health records of patients recently discharged showed that a comprehensive clinical assessment has been done and a diagnosis made

Radiology results requested were available in the patient's health record or electronically.

Forms used for informed consent were completed correctly by health care providers.

Patient records did not comply with the following aspects:

- ▢ The correct hand over procedure was not followed between emergency medical services and staff in health establishments, in example; method of transfer of patient from ambulance to consultation room was not specified in health records inspected in hospitals;
- ▢ The guidelines regarding examination and stabilisation had not been adhered to in audited files;
- ▢ Initial assessments of mental health care users reflect that a formal risk assessment had not been conducted to identify users at high risk of harm to themselves and/or others;
- ▢ The initial assessments of high-risk maternity patients did not reflect the identification of specific risk factors for example, the maternal pulse was not recorded in the health records;
- ▢ Administration of blood and blood products was not done in accordance with standard operating procedures;
- ▢ Patient safety checks were not conducted comprehensively in patient health records before, during and after surgery as per the World Health Organization (WHO) guidelines in the health establishments;
- ▢ Patient safety checks were not applied to all patients transferred from one department to another within the health establishment and to patients received from another health establishment; and
- ▢ With respect to 72-hour observation of users, the required criteria were not met as the 24-hour report which must be given to the head of the health establishment was not done.

> Minutes of forums i.e. Minutes of the forum reviewing resuscitation; and monthly minutes of maternal and perinatal morbidity and mortality were either not available or where available were not signed

iii. Observations

Systems were in place to ensure safe entry into the premises of health establishments.

Security measures were implemented to safeguard newborns.

Emergency blood was available in designated areas on-site or within 30 minutes.

Ramps with handrails of an acceptable gradient were available at the entrances to the health establishment and/or where needed.

Dispensing of medicine was done in accordance with applicable policies and legislation, including labelling.

Emergency trolleys were not stocked appropriately, items such as pulse oximeters and different sizes of endotracheal tubes were not all available in health establishments.

Regarding cleanliness the following aspects were identified:

- Areas such as toilets and storage rooms assessed for the state of cleanliness were not all clean;
- The outside general waste storage areas were not well maintained and posed health risks; and
- Cleaning materials were not all available in health establishments and where available, were not stored in safe, lockable areas with clear labels for chemicals.

iv.Interviews

Patients receiving medicine indicated that they have a clear understanding of how and when to take their medicine and any other relevant information related to their medicine.

The health care providers responsible for triaging and reviewing patients could explain how they triage and review patients.

Interviewed health care providers indicated that they do not have access to supervision.

4.7.6 Recommendations

Policies, standard operating procedures and guidelines should be available to guide processes within health establishments.

Occupational Health and safety should be given attention to ensure staff safety.

For safety of the health care users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans should be implemented to address identified gaps and improve quality care.

Minutes of meetings should be documented and signed to ensure that decisions taken are informing service delivery.

All health promotion and prevention activities within district relating to disease prevention, health promotion and staff wellness should be documented

Implementation of service level agreements should be monitored to ensure that service delivery is not hampered.

Security systems should be in place to safeguard patients and staff.

> Minutes of meetings should be documented and signed to ensure that decisions taken are informing service delivery

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines.

Cleanliness, infection control and maintenance of grounds should be monitored and improved. Staff should be provided with supervision and support.

Table 25: Average score by functional areas

HOSPITALS	
P10_1 Operating theatre incl cath labs	96%
P05_2 Surgical ward	89%
P04_1 Medical ward	89%
P04_2 Medical ward	87%
C05 Radiology	85%
P10_2 Operating theatre incl cath labs	85%
P02 Outpatient department	82%
S10 Entrance/Reception and help desk	82%
S06 Record archive/department	81%
C01 Blood Services	80%
P07_1 Generic wards / Measure is generic to any ward or day ward	80%
P07_2 Generic wards / Measure is generic to any ward or day ward	79%
P05_1 Surgical ward	77%
P01 Accident and Emergency Unit	73%
P06 Paediatric ward	73%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	71%
P11 Psychiatric ward	69%
P03 Maternity Ward incl maternity theatres	68%
C04 Pharmacy	67%
S03 Food Services	60%
M16 Case Management	60%
S12 Mortuary Services	60%
S09 Security Services	60%
P08 Therapeutic support services - Physio	60%
C02 Laboratory	56%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	54%
S07 Waste Management	53%
S04 Laundry Services	50%
S02 Cleaning Services	44%
M06 HR Management	44%
M07 Infection Control	40%
M03 Communications/PRO	39%
M12 Occupational health and safety	37%
M14 Clinical Management Group	35%
M04 Facility Infrastructure	31%
M08 Management information system	27%
S01 CSSD	18%
S05 Maintenance services includes garden	12%
M01 CEO or Hospital Manager	12%
M10 Procurement	11%
C03 Health technology Services	1%
M05 Financial Management	0%

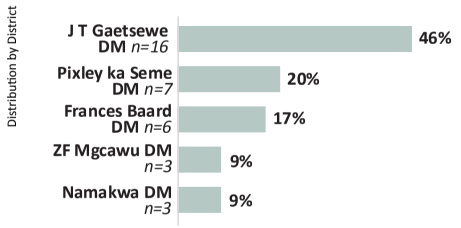
CLINICS	
PC01 Clinical Services	72%
CC04 Dispensary / Medicine Cupboard	55%
SC01 Maintenance Support	36%
MC14A Clinic manager	23%
CHCs	
P01C Emergency Unit	79%
PC01C Clinical Services	78%
P10_1C Operating theatre	75%
P07_1C Generic wards / Measure is generic to any ward or day ward	73%
CC04C Pharmacy	72%
P03C Maternity Obstetric Unit incl maternity theatres	60%
SC01C Maintenance Support	60%
S03C Food Services	49%
MC14C CHC Manager	37%

Table 26: Average score by health establishments (n=61)

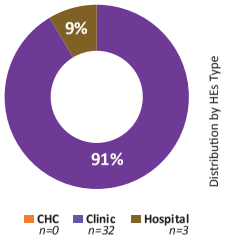
HOSPITALS	
JS Tabane Hosp	61%
Koster Hosp	47%
CLINICS	
Mononono Clinic	67%
Potchefstroom Clinic	57%
Brakkuil Clinic	57%
Loporung Clinic	56%
Vent Gateway Clinic	56%
Kraalhoek Clinic	54%
Lefatlheng Clinic	54%
Maubane Clinic	53%
Mohadin Clinic	52%
Delekile Khoza Clinic	51%
Lesetlheng Clinic	51%
Tlapeng (Gr Taung) Clinic	50%
Ga-Motla Clinic	50%
Silverkrans Clinic	49%
Kraaipan Clinic	49%
Tseoge Clinic	49%
Mathibestad Clinic	48%
Bophelo Clinic	48%
Bosplaas Clinic	48%
Eckron Clinic	47%
Khayakulu Clinic	47%
Siga Clinic	47%
Makouspan Clinic	46%
Dertig Clinic	46%
Tladistad Clinic	45%
Empilisweni Clinic	45%
Phaposane Clinic	45%
Austrey Clinic	45%
Ratjiepan Clinic	44%
S Tshwete Clinic	44%
N Pretorious Gatew Clinic	43%
Weltevrede Clinic	43%
Majara Sephapo Clinic	42%
Vriesgewacht Clinic	42%
Khuma Clinic	42%
Supingstad	42%
Ganalaagte Clinic	41%
Alabama Clinic	41%
Kgotso Clinic	41%
Mogopa Clinic	41%
Setlagole Clinic	40%
Vrede 2 Clinic	39%
Khudutlou Clinic	39%
Tswelelang 1 Clinic	39%
Goedgevonden Clinic	37%
Colridge Clinic	37%
Disaneng Clinic	36%
Boskop Clinic	36%
Gopane	35%
Mocoseng Clinic	34%
Mahikeng Gateway Clinic	33%
Matlapaneng Clinic	32%
CHCs	
Swartruggens CHC	67%
Ventersdorp CHC	66%
JB Marks CHC	63%
Botshabelo CHC	63%
Tigane CHC	62%
Mogwase CHC	53%
Jouberton CHC	51%

NORTHERN CAPE

I. DISTRIBUTION OF HEs *n=35*



Northern Cape recorded 35 HE inspections; 32(91%) inspections were in clinics, 3 (9%) were in hospitals. There were no CHCs inspected in the province. The inspections were conducted in five districts. J T Gaetsewe DM recorded the highest number of HE inspections while ZF Mgcawu DM and Namakwa DM were the two districts that recorded the lowest number of inspections.



II. AVERAGE OUTCOME SCORES BY HE TYPE

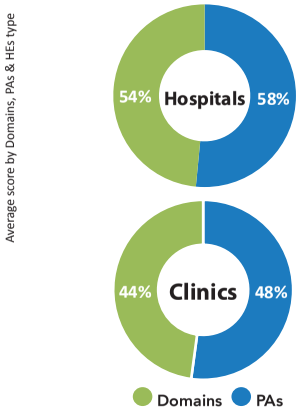
Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=0	Clinics n=32	Hospitals n=3	CHC 0 FAs	Clinics 4 FAs	Hospitals 39 FAs
≥80	0	0	0	0	0	4
70-79	0	0	0	0	1	9
60-69	0	1	2	0	0	5
50-59	0	7	0	0	1	7
40-49	0	18	0	0	1	5
< 40	0	6	1	0	1	9

There were no HEs with scores above 70%. Two hospitals and one clinic scored between 60%-69% and one hospital and 6 clinics scored below 40%. Four functional areas in hospitals obtained scores above 80%, 9 FAs for hospitals, and 1 FA for clinics scored below 40%.

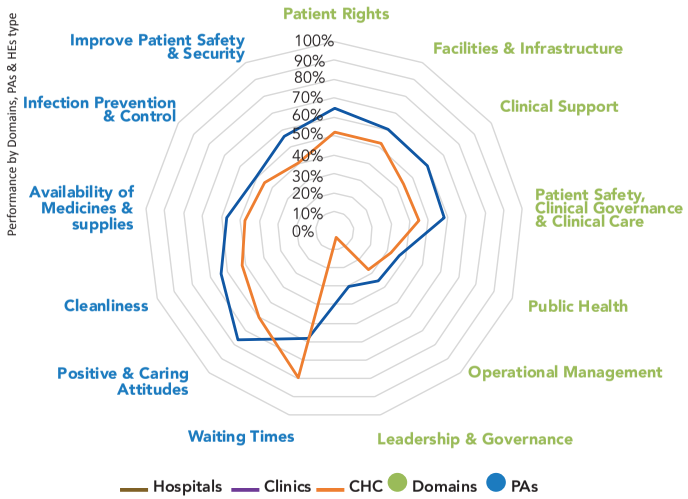
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Hospitals scored 54% for domains and 58% for Pas. Clinics scored 44% for domains and 48% for Pas.

IV. AVERAGE SCORE BY DOMAINS AND PAs



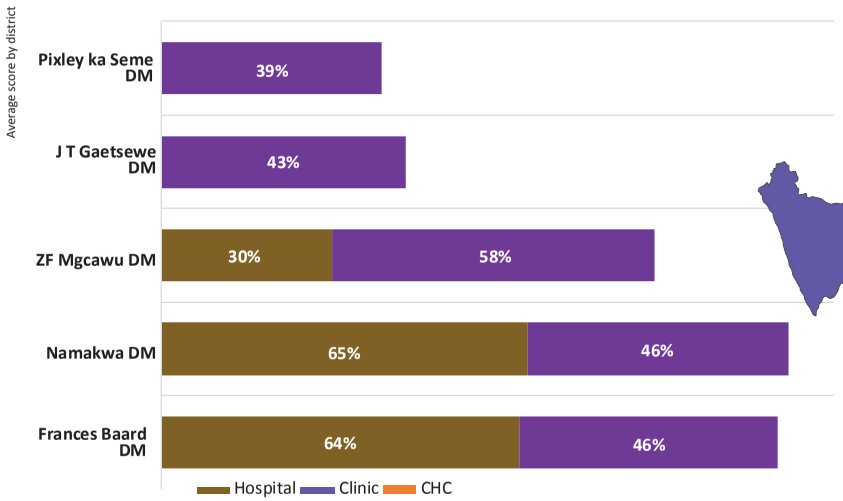
Average performance by Domains & PAs

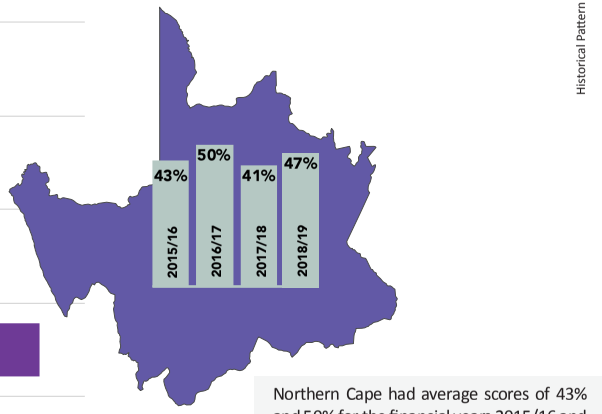
Domains	Hospital	Clinics
Patients Rights	65%	52%
Facility & Infrastructure	61%	52%
Clinical Support	60%	44%
Patient Safety/Clinical Governance/Clinical Care	58%	45%
Public Health	37%	31%
Operational Management	35%	27%
Leadership & Corporate Governance	31%	4%

Priority Areas	Hospital	Clinics
Waiting Times	58%	80%
Positive & Caring Attitudes	76%	60%
Cleanliness	64%	52%
Availability of Medicines & Supplies	57%	47%
Infection Prevention & Control	50%	45%
Improve Patient Safety & Security	56%	40%

The average domain scores for hospitals and clinics were 54% and 44% respectively. In respect to average score by PAs, hospitals scored 58% and clinics 48%. Hospitals scored 65%, while clinics scored 52% for the domain Patient Rights. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 31%, while clinics scored 4%. Hospital average score for Waiting Times was 58% and clinics 80%. Infection Prevention and Control average score for hospitals was 50% and clinics scored 45%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





Northern Cape had average scores of 43% and 50% for the financial years 2015/16 and 2016/17 respectively. The score declined to 41% in the 2017/18 FY but increased to 47% in the 2018/19 financial year.

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

4.8 NORTHERN CAPE

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations for different categories of health care establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 35 of 173 HEs in the Northern Cape Province during the financial year 2018/19.

4.8.1 Distribution of Health Establishments *(refer to figure 44 & figure 45)*

Clinics contributed 91% of HE inspections equivalent to 32, while 9% were hospitals constituting 3 HE inspections. No CHCs were inspected in the province.

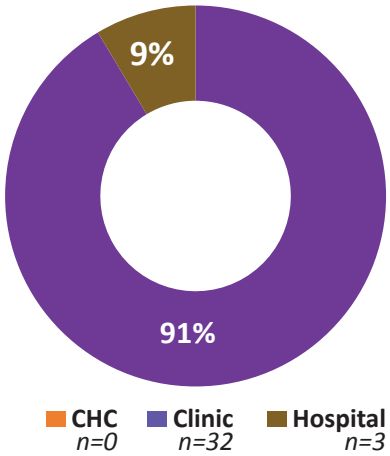


Figure44. Distribution by HEs type

The inspections were conducted in the following districts: Namakwa DM, ZF Mgcawu DM, Frances Baard DM, Pixley ka Seme DM and J T Gaetsewe DM.

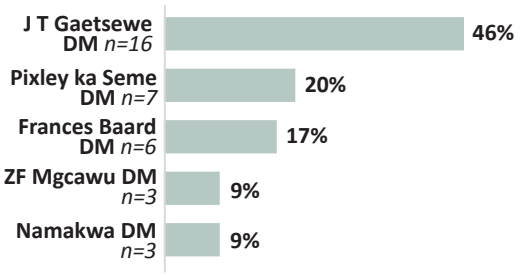


Figure45. Distribution by district

The district that received the highest number of HE inspections was J T Gaetsewe DM that recorded 46% equivalent to 16 HE inspections, followed by Pixley ka Seme DM and Frances Baard DM that recorded 20% and 17% respectively. The total number of inspections for each of the districts constituted 7 and 6 HE inspections respectively. ZF Mgcawu DM contributed 9% equivalent to 3 HE inspections, while Namakwa DM recorded 9%, equal to 3 HE inspections.

4.8.2 Average Outcome Score by Health Establishment Type *(refer to table 27)*

According to the results, none of the inspected HEs recorded an average score between 70% and 79%, and greater than or equal to 80%. However, 2 hospitals and 1 clinic scored between 60% and 69%. Seven clinics scored between 50% and 59%; 37 clinics had scores between 40% and 49%; 1 hospital, and 6 clinics scored less than 40%.

Table 27: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=0	Clinics n=32	Hospitals n=3	CHC 0 FAs	Clinics 4 FAs	Hospitals 39 FAs
≥80	0	0	0	0	0	4
70-79	0	0	0	0	1	9
60-69	0	1	2	0	0	5
50-59	0	7	0	0	1	7
40-49	0	18	0	0	1	5
< 40	0	6	1	0	1	9

Results further showed that 39 FAs were measured for hospitals, 4 FAs measured for clinics.

Among the measured FAs, 4 FA for hospitals had a score greater than or equal to 80%. Nine FAs for hospitals and 1 FA for clinics scored between 70% and 79%, whereas 5 FAs for hospitals scored between 60% and 69%. Seven FAs for hospitals and 1 FA for clinics scored between 50% and 59% while 5 FAs for hospitals and 1 FA for clinics scored between 40% and 49%. Lastly, 9 FAs for hospitals, and 1 FA scored less than 40%.

4.8.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 46 & figure 47)*

The results show that the average domain scores for hospitals and clinics were 54% and 44% respectively. In respect to average score by PAs, hospitals scored 58%, while clinics scored 48%.

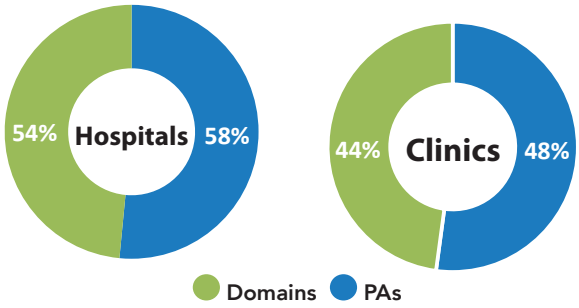


Figure46. Average score by domains, PAs & HEs type

- **Average score per seven domains**

According to the results, hospitals scored 65%, while clinics scored 52% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 61%, and clinics 52%. Hospitals scored an average of 60% while clinics scored 44% for the domain Clinical Support. Patient Safety/Clinical Governance/Clinical Care domain scores for hospitals and clinics were 58% and 45% respectively. Public Health domain score for hospitals was 37% and 31% for clinics. Operational Management domain score for hospitals was 35% and clinics 27%. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 31% while clinics scored 4%.

- **Average score per six PAs**

Hospital average score for Waiting Times was 58% and clinics scored 80%. Positive and Caring Attitudes score for hospitals was 76%, while clinics scored 60%. Regarding average score for Cleanliness, hospitals scored 64%, while clinics scored 52%. Meanwhile average scores for hospitals and clinics for Availability of Medicines and Supplies were 57%, and 47% respectively. Infection Prevention and Control average score for hospitals was 50% and clinics scored 45%. Hospital average score for Improve Patient Safety and Security was 56%, while clinics scored 40%.

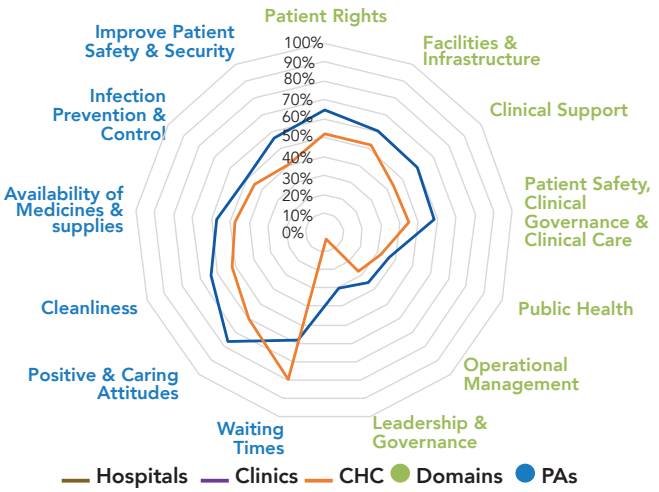


Figure47. Performance by domains, PAs & HEs type

4.8.4 Average score by district and Health establishment type *(refer to figure 48)*

The results reflect that hospitals in Namakwa DM scored 65%, Frances Baard DM and ZF Mgcawu DM, scored 64% and 30% respectively.

Regarding average score for clinics, Frances Baard DM and Namakwa DM scored 46% followed by J T Gaetsewe DM, which scored 43%. Clinics in Pixley ka Seme DM scored 39%.

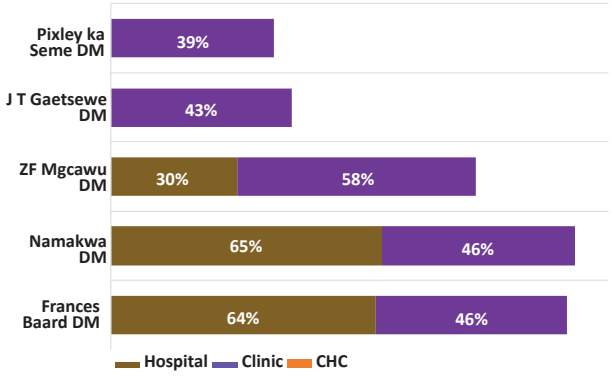


Figure48. Average score by district

4.8.5 Summary of findings

The summary of findings is outlined in line with the inspection methods used. Four methods were used for inspection namely document review, patient record analysis, observation; staff and patients' interviews.

- Review of documentation entailed an analysis of policies, standard operating procedures, operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards;
- Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine; and
- Interviews were conducted to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out

their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

The health establishments had a reporting system for needle stick injuries and other incidents related to failure of standard precautions.

The incidence of common healthcare associated infections was monitored.

Monthly maternal and perinatal morbidity and mortality meetings were conducted.

Hand washing drive was held annually in most health establishments.

The following standard operating procedures (SOPs) and guidelines were not available, where available were not signed or did not comply with all the requirements:

- ▢ Standard operating procedures for referrals;
- ▢ Standard operating procedures for handover of patients from emergency medical services (EMS) to health establishment;
- ▢ Standard operating procedures for the management of emergency resuscitation;
- ▢ Standard operating procedures for conducting and acting on risk assessments of patients with reduced mobility;
- ▢ Standard operating procedures for safe administration of medicines to patients;
- ▢ Standard operating procedures for the management of schedule 5 and 6 medicines;
- ▢ Standard operating procedures for requests, retrieval and filing of patient health records; and
- ▢ The National Guideline for Patient Safety Incident Reporting and Learning.

Regarding security the following were not available, where available did not cover all required aspects.

- ▢ The approved security plans for the health establishments; and
- ▢ System to ensure patient safety and safe entry to health establishments.

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient safety incident reports;
- ▢ Reports on health promotion activities done in the previous 12 months;
- ▢ Statistics on common healthcare associated infections; and
- ▢ Hand washing drive or campaign reports.

The following Occupational Health and Safety documents were either not available or not approved:

- ▢ Documented security measures to prevent incidents of harm to staff; and
- ▢ Reporting system for needle stick injuries or other incidents related to failure of standard precautions.

Inventory records for all classes of assets, including disposed and redundant assets were not available.

Maintenance records for critical equipment were not available.

Quality Improvement plans were not implemented as indicated for the aspects listed below:

- ▢ There was no documented evidence that actions were taken to reduce the incidence of infections where unfavourable trends were identified;
- ▢ There was no evidence that masks and respirators were fit-tested for all staff in the health establishments;
- ▢ The reports on health initiatives which show that quality improvement plans have been implemented to address shortcomings and improve outcomes; and
- ▢ Remedial action taken to address gaps identified during the review of resuscitation attempts.

Regarding Disaster Management the following records were not available or did not meet requirements:

- Inter-sectoral plan for the management of possible health emergencies and disease outbreaks;
- In-service training plans which included response to disease outbreaks;
- Reports of annual drills to test the effectiveness of the disaster plan;
- Minutes of the following forums were either not available or where available were not signed:
- Minutes of the forum reviewing clinical risk, adverse events and patient safety incidents; and
- Minutes of the forum reviewing infection control.

ii. Patients' records analysis

Patient safety checks were applied to all patients transferred from one department to another within the health establishment and to patients received from another health establishment in hospitals.

With respect to 72-hour observation of users, the required criteria were met.

Radiology results requested were available in the patient's health record or electronically.

Laboratory results were completed within the agreed-upon turnaround times.

Patient records did not comply with the following aspects:

- The correct hand over procedure was not followed between emergency medical services and staff in health establishments, in example, method of transfer of patient from ambulance to consultation room;
- The guidelines regarding examination and stabilisation had not been adhered to;
- The initial assessments of high-risk maternity patients did not reflect the identification of specific risk factors for example: the maternal pulse was not recorded in the health records;
- Administration of blood and blood products was not done in accordance with standard operating procedures;
- Patient safety checks were not conducted comprehensively in patient health records before, during and after surgery as per the World Health Organization (WHO) guidelines; and

iii. Observations

Functional system to supply piped or portable suction and medical gas were available in most clinical areas.

Cleaning staff wore personal protective equipment while carrying out their duties.

The waste managers monitored and managed the service level agreements for waste removal and disposal.

Adequate infection control measures were implemented when providing care to patients requiring isolation.

Appropriate types of masks and NIOSH approved respirators were available.

Emergency trolleys were not appropriately stocked and regularly checked in health establishments.

Functional essential equipment according to level of care were not all available.

Dispensing was not done in accordance with applicable policies and legislation including labelling of dispensed medicines.

"The initial assessments of high-risk maternity patients did not reflect the identification of specific risk factors for example: the maternal pulse was not recorded in the health records."

Sharps were not safely managed and disposed in the clinical areas as recapping was observed in sharps containers.

Security measures were not implemented to safeguard the newborns.

Access-control measures such as security guards and/or CCTV cameras were not available at the entrance of the paediatric wards.

Regarding cleanliness the following were identified:

- Cleaning materials were not all available in health

establishments and where available were not stored in safe, lockable areas with clear labels for chemicals;

- ▢ Daily inspections of cleanliness were not conducted;
- ▢ Areas such as toilets were not clean, some had bad odours, with spills on the floor; and
- ▢ The outside general waste storage areas were not well maintained in most clinics.

iv. Interviews

Health care providers indicated that they had access to supervision.

The health care providers responsible for triaging and reviewing patients could not explain how they triage and review patients.

Staff were not aware of the disaster management plan, including health emergencies and their role in the plan.

Patients indicated that they had no clear understanding of relevant information related to taking medicine such as common possible side effects.

4.8.6. Recommendations

Policies, Standard operating procedures and guidelines should be available to guide processes within health establishments.

Occupational Health and safety should be given attention to ensure staff safety.

Security systems should be in place to safeguard patients and staff.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the healthcare system.

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans should be implemented to address identified gaps and improve quality healthcare.

For safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys should be strengthened.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management.

Minutes of meetings should be documented and signed to ensure that decisions taken are informing service delivery.

> All health promotion and prevention activities within district relating to disease prevention, health promotion and staff wellness should be documented. Patient record documentation should be strengthened to ensure that full assessment and treatment is provided for patients in line with treatment guidelines

All health promotion and prevention activities within district relating to disease prevention, health promotion and staff wellness should be documented. Patient record documentation should be strengthened to ensure that full assessment and treatment is provided for patients in line with treatment guidelines.

Patients should be provided with information regarding side effects of medicine. Cleanliness, infection control and maintenance of grounds should be monitored and improved. Dispensing of medicines should be done according to good pharmacy practice.

Table 28: Average score by functional areas

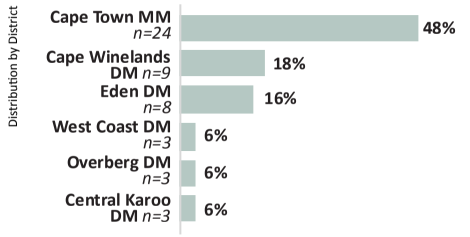
HOSPITALS	
C01 Blood Services	100%
P07_1 Generic wards / Measure is generic to any ward or day ward	88%
C02 Laboratory	88%
C05 Radiology	86%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	77%
S10 Entrance/Reception and help desk	75%
P10_2 Operating theatre incl cath labs	75%
P05_1 Surgical ward	74%
P11 Psychiatric ward	73%
P08 Therapeutic support services - Physio	73%
P01 Accident and Emergency Unit	72%
P04_1 Medical ward	71%
P07_2 Generic wards / Measure is generic to any ward or day ward	70%
P03 Maternity Ward incl maternity theatres	68%
M03 Communications/PRO	67%
S04 Laundry Services	67%
P06 Paediatric ward	65%
S03 Food Services	62%
S02 Cleaning Services	59%
S06 Record archive/department	58%
P02 Outpatient department	58%
C04 Pharmacy	57%
M04 Facility Infrastructure	55%
M12 Occupational health and safety	55%
S07 Waste Management	51%
M08 Management information system	49%
M07 Infection Control	47%
C03 Health technology Services	44%
S12 Mortuary Services	43%
M14 Clinical Management Group	42%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	38%
M05 Financial Management	37%
M16 Case Management	36%
M01 CEO or Hospital Manager	35%
S01 CSSD	34%
S09 Security Services	34%
M06 HR Management	20%
S05 Maintenance services includes garden	20%
M10 Procurement	16%
CLINICS	
PC01 Clinical Services	71%
CC04 Dispensary / Medicine Cupboard	52%
SC01 Maintenance Support	31%
MC14A Clinic manager	23%

Table 29: Average score by health establishments (n=35)

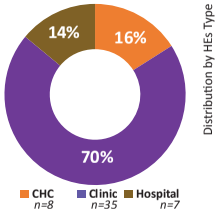
HOSPITALS	
Calvinia Hosp	65%
Kimberley Hosp	64%
Kakamas Hosp	30%
CLINICS	
Louisvaleweg Clinic	61%
Sarah Strauss	54%
Jan Witbooi	52%
Beaconsfield	52%
Gasehunelo Wyk 5	52%
Platfontein	51%
Bothetheletsa	51%
Laxey	50%
Pietersham	48%
Calvinia Clinic	47%
Katrina Koikoi Clinic	47%
Loeriesfontein Clinic	46%
Ethembemi	46%
Niekerkshoop Clinic	46%
Tsineng	46%
Churchill	45%
Mosalashuping	44%
Strydenburg	44%
Mecwetsaneng	43%
Phutanang Clinic	43%
Masakhane	43%
Gadiboe	42%
Dithakong	41%
Florianville (Floor)	41%
Prieska Clinic	41%
Padstow	40%
Lehlohonolo Adams Clinic	36%
Van Zylsrus Clinic	36%
Breipaal	36%
Pako Seboko	33%
Van Wyksvlei Clinic	27%
K Olepeng	27%

WESTERN CAPE

I. DISTRIBUTION OF HEs *n=50*



Western Cape Province recorded 50 HE inspections; 35(70%) inspections were in clinics, 8 (16%) were in CHCs and 7 (14%) in hospitals. The inspections were conducted in six districts, and most HE inspections were from Cape Town MM with 48% inspections. West Coast DM, Overberg DM and Central Karoo DM had the least inspections at 6% each.



II. AVERAGE OUTCOME SCORES BY HE TYPE

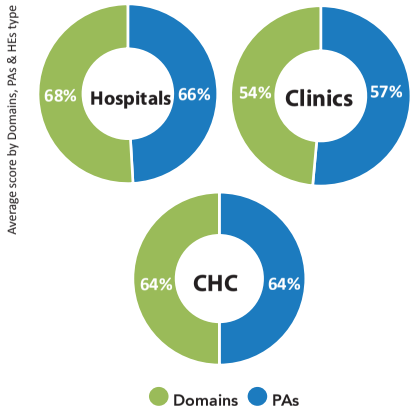
Compliance [1] %	HEs			FAs		
	CHC n=8	Clinics n=35	Hospitals n=7	CHC 6 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	0	0	1	0	0	17
70-79	0	1	1	3	1	5
60-69	4	10	2	0	0	9
50-59	4	15	3	1	2	4
40-49	0	4	0	0	0	4
< 40	0	5	0	1	1	3

Average outcomes by HEs & FAs

One hospital scored above 80% and 5 clinics obtained scores below 40%. Seventeen functional areas in hospitals obtained scores above 80% and 3 FAs for hospitals, 1 for clinics and 1 for CHCs scored below 40%.

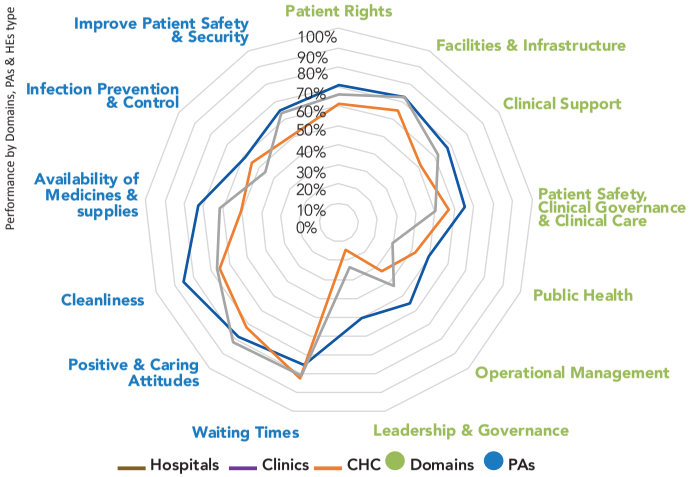
[1] Compliance Status Framework:
- ≥80% compliant,
- 70-79% compliant with a requirement,
- 60-69% conditionally compliant,
- 50-59% conditionally compliant with serious concerns,
- 40-49% non-compliant, <40% critically non-compliant.

III. AVERAGE SCORE BY HE TYPE (DOMAINS & PAs)



Hospitals, clinics and CHCs scored 68 %, 54 % and 64% for domains respectively. Hospitals scored 66%, clinics 57% and CHCs 64 % for Priority Areas.

IV. AVERAGE SCORE BY DOMAINS AND PAs



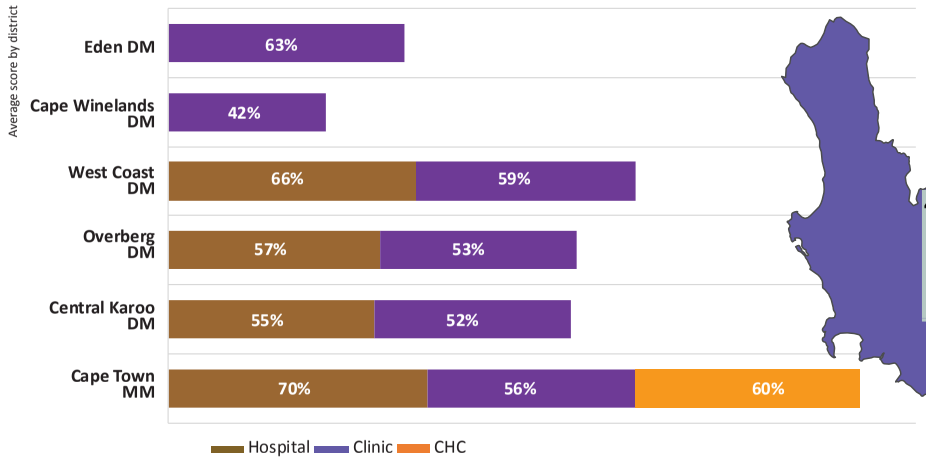
Average performance by Domains & PAs

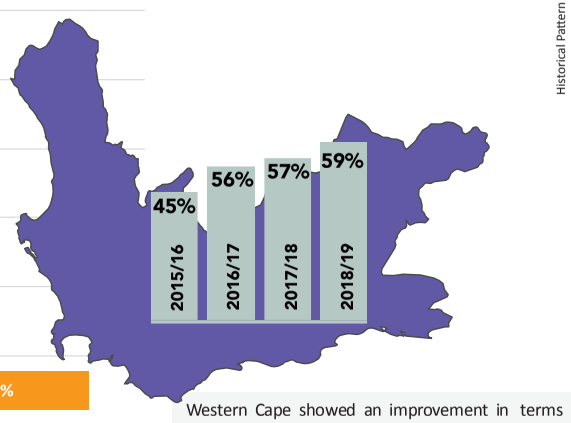
Domains	Hospital	Clinics	CHC
Patients Rights	70%	61%	66%
Facility & Infrastructure	73%	65%	73%
Clinical Support	68%	51%	62%
Patient Safety/Clinical Governance/Clinical Care	65%	57%	50%
Public Health	49%	42%	30%
Operational Management	56%	33%	43%
Leadership & Corporate Governance	50%	14%	23%

Priority Areas	Hospital	Clinics	CHC
Waiting Times	75%	82%	81%
Positive & Caring Attitudes	78%	72%	82%
Cleanliness	85%	66%	67%
Availability of Medicines & Supplies	73%	51%	61%
Infection Prevention & Control	59%	54%	46%
Improve Patient Safety & Security	65%	51%	63%

Hospitals scored 68%, clinics 54% and CHCs 64% for domains. Hospitals scored 66%, clinics 57% and CHCs 64% for Priority Areas. Hospitals scored 70%, clinics 61% and CHCs 66% for the domain Patient Rights. Leadership and Corporate Governance domain score for hospitals was 50%, for clinics 14% and CHCs 23%. Average score for Waiting Times was 75% for hospitals, clinics 82% and CHCs 81%. Infection Prevention and Control average score for hospitals was 59%; clinics scored 54% and CHCs 46%.

V. AVERAGE SCORE BY DISTRICT HE TYPE & HISTORICAL PATTERN





Western Cape showed an improvement in terms of average scores over the financial years 2015/16; 2016/17; 2017/18, the provincial score improved significantly overtime as follows: 45%; 56%; 57% respectively. The province has gradually maintained improved scores that saw it scoring 59% in the financial year 2018/19.

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

4.9 Western Cape

The Office of Health Standards Compliance has conducted inspections using tools developed and based on the National Core Standards whilst awaiting the promulgation of norms and standards. The mock inspections were conducted as a transitional measure contributing to other initiatives to improve quality and safety as well as prepare health establishments for a regulatory environment once norms and standards are implemented. The first set of regulations applicable to different categories of health establishments were promulgated in February 2018 coming into effect in February 2019. Inspections were conducted in 50 of 311 HEs in the Western Cape province during the 2018/19 financial year.

4.9.1 Distribution of Health Establishments *(refer to figure 49 & figure 50)*

Results presented reflected that Western Cape Province recorded 50 HE inspections. A larger percentage that is 70% equivalent to 35 HEs inspected were clinics, while 14% equivalent to 7 HE inspections were hospitals and lastly 16% equivalent to 8 HE inspections were CHCs.

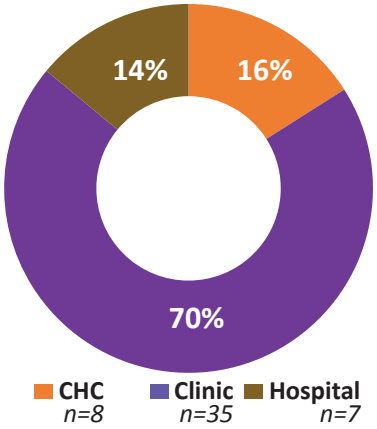


Figure49. Distribution by HEs type

The inspections in Western Cape were conducted in Central Karoo DM, Overberg DM, West Coast DM, Eden DM, Cape Winelands DM and lastly Cape Town MM.

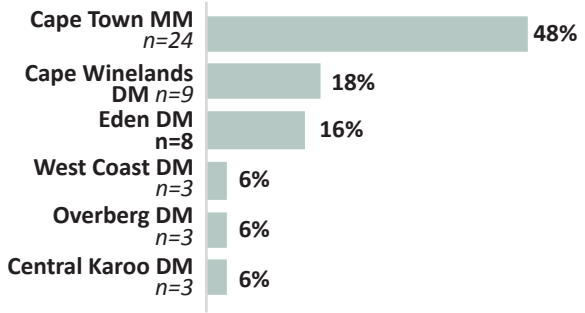


Figure50. Distribution by district

Most HE inspections were from Cape Town MM, which recorded 48% amounting to 24 HE inspections followed by Eden DM, which recorded 16% equivalent to 8 HE inspections. West Coast DM, Overberg DM and Central Karoo DM contributed to 6% equivalent to 3 HE inspections in each of the three districts.

4.9.2 Average Outcome Score by Health Establishment Type *(refer to table 30)*

The results clarify that 1 hospital scored greater than or equal to 80%. In addition, 1 hospital and 1 clinic scored between 70%-79%. Meanwhile, 2 hospitals and 10 clinics as well as 4 CHCs scored between 60%-69%, while 3 hospitals, 15 clinics and 4 CHCs scored between 50%- 59%. Four clinics and 5 clinics scored between 40%-49% and less than 40% respectively.

Table 30: Average outcomes by HEs & FAs

Compliance [1] %	HEs			FAs		
	CHC n=8	Clinics n=35	Hospitals n=7	CHC 6 FAs	Clinics 4 FAs	Hospitals 42 FAs
≥80	0	0	1	0	0	17
70-79	0	1	1	3	1	5
60-69	4	10	2	0	0	9
50-59	4	15	3	1	2	4
40-49	0	4	0	0	0	4
< 40	0	5	0	1	1	3

The results illustrated that 42 FAs were measured for hospitals, 4 FAs measured for clinics and lastly 6 FAs were measured for CHCs.

Seventeen FAs for hospitals achieved greater than or equal to 80%. Five (5) FAs for hospitals, 1 FA for clinics and 3 FAs for CHCs scored between 70%- 79%, whereas 9 FAs for hospitals scored between 60%-69%. Four FAs for hospitals, 2 FAs for clinics and 1 FA for CHCs scored between 50%- 59%, while 4 FAs for hospitals achieved between 40%-49%. On the other hand, 3 FAs for hospitals, 1 FA for clinics and 1 FA for CHCs score less than 40%.

4.9.3 Average Score for Health Establishment Type by Domains and Priority Areas (PAs) *(refer to figure 51 & figure 52)*

The average domain scores for hospitals was 68%, clinics scored 54% and CHCs achieved 64%. With reference to average score by PAs, hospitals managed to attain 66%, while clinics achieved 57% and CHCs scored 64%.

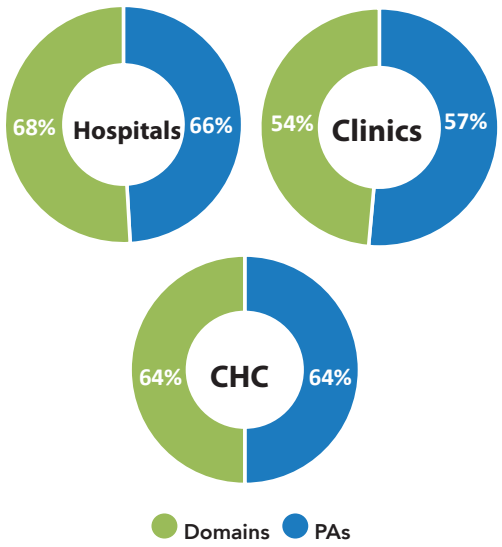


Figure51. Average score by domains, PAs & HEs type

- **Average score per seven domains**

The results revealed that hospitals scored 70%, while clinics 61% and CHCs 66% for the domain Patient Rights. In terms of the domain Facilities & Infrastructure, hospitals scored 73%, clinics 65% and CHCs at 73%. Hospitals had an average score of 68%, clinics 51% and CHCs 62% for the domain Clinical Support. Patient Safety/Clinical Governance/Clinical Care domain scores for hospitals, clinics and CHCs were 65%, 57% and 50% respectively. Meanwhile the Operational Management domain score for hospitals was 56%, clinics 33% and CHCs 43%. Public Health domain score for hospitals was 49%, clinics 42% and 30% for CHCs. In relation to the domain Leadership and Corporate Governance, the average score for hospitals was 50%, while clinics scored 14% and CHCs at 23%.

- **Average score per six PAs**

Hospitals average score for Waiting Times was 75%, clinics 82% and CHCs managed to attain 81%. Average score for Positive and Caring Attitudes for hospitals was 78%, while clinics scored 72% and CHCs scored 82%. Meanwhile, hospitals scored 85%, while clinics scored 66% and CHCs scored 67% for Cleanliness. In addition, average scores for hospitals, clinics and CHCs for Availability of Medicines and Supplies were 73%, 51% and 61% respectively. Infection Prevention and Control average score for hospitals was 59%; clinics scored 54% and CHCs 46%. Hospitals average score for Improve Patient Safety and Security was 65%, while clinics scored 51% and CHCs 63%.

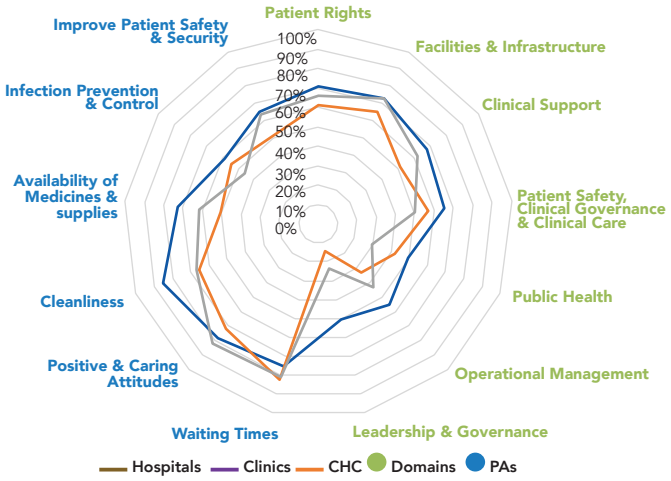


Figure52. Performance by domains, PAs & HEs type

4.9.4 Average score by district and Health establishment type *(refer to figure 53)*

According to results for average score by district, hospitals in Cape Town MM scored 70%, West Coast DM scored 66%, followed by Overberg DM with 57%, and lastly Central Karoo with 55%.

The average scores for clinics were as follows: Eden DM with 63%, West Coast DM 59% and Cape Town with 56%. Clinics in Overberg DM scored 53%, Central Karoo clinics 52% and lastly Cape Winelands DM clinics scored 42%. Cape Town MM CHCs scored 60%.

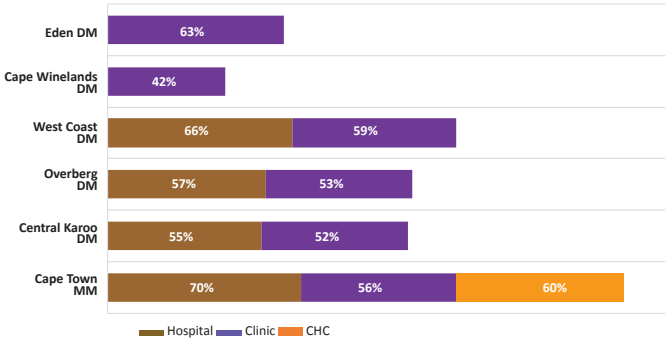


Figure53. Average score by district

4.9.5 Summary of Findings

The summary of findings is outlined in line with the inspection methods used.

Four methods were used for inspection namely document review, patient record analysis, observation, staff and patient interview:

- Review of documentation entailed an analysis of policies, standard operating procedures,

operational plans, service level agreements, maintenance plans and minutes of meetings for compliance with the national core standards;

- ▢ Patient record analysis involved a review of selected patient records for principles of record keeping, assessment of patient and implementation of patient care;
- ▢ Observations methodology was used to assess the surrounding and inside of HEs, the interaction of staff and patients as well as availability of resources such as tracer medicine, emergency equipment and medicine; and
- ▢ Interviews were conducted to assess if patients were treated with respect, received information about their health condition as well as to establish the processes followed by staff for carrying out their duties such as managing patient safety incidents and dealing with disaster.

For each methodology the report starts with best practice followed by areas of non-compliance.

i. Documentation

The National Guideline for Patient Safety Incident Reporting and Learning was available.

Particle counts and bacterial growth were performed in accordance with infection control guidelines.

Hospitals had a reporting system in place for needle stick injuries or other incidents related to failure of standard precautions.

There was documented evidence that the health establishments had participated in health promotion activities in the previous 12 months at hospitals.

The health establishments had service level agreements for the safe disposal of toxic chemicals, radioactive waste and expired medicines with an accredited service provider.

There was documented evidence that various communication channels have been employed to provide information to the public in response to a recent health-related issue.

The following standard operating procedures (SOPs) and guidelines were not available, where available were not signed or did not comply with all the requirements:

- ▢ Standard operating procedures and policy for referrals;
- ▢ Standard operating procedures for handover of patients from emergency medical services (EMS) to health establishment;
- ▢ Standard operating procedures on clinical risk management;
- ▢ Standard operating procedures for the management of schedule 5 and 6 medicines;
- ▢ Standard operating procedures for the management of emergency resuscitation;
- ▢ Standard operating procedures for conducting and acting on risk assessments of patients with reduced mobility;
- ▢ For requests, retrieval and filing of patient health records; and
- ▢ For management of infectious patients, were not available.

The following reports were not available or where available did not cover all the required aspects:

- ▢ Clinical audit reports of national strategic priority programmes;
- ▢ Patient safety incident and adverse events reports;
- ▢ Reports on health promotion activities done in the previous 12 months;
- ▢ Monitoring records of service level agreements for waste removal and disposal

The following minutes were not available:

- ▢ Minutes of the forum reviewing clinical risk and infection control;
- ▢ Minutes of monthly maternal and perinatal morbidity and mortality meetings; and
- ▢ Minutes of the forum reviewing resuscitations.

Regarding security the following were not in place:

- ▢ Approved security plans for hospitals; and
- ▢ Security systems which include the buildings, premises and grounds at clinics.

The following Occupational Health and Safety documents were either not available or not meeting requirements:

- Medical examinations for all health care workers who are exposed to potential occupational hazards when performing their duties;
- The annual management inspection report on safety hazards and maintenance requirements; and
- Records of the mandatory pre-placement tests for cleaning staff (hepatitis A and B).

Waste managers did not monitor and manage the service level agreements for waste removal and disposal.

Operational plans were not monitored quarterly against targets and indicators and where gaps were identified, remedial actions were not implemented.

Disaster management plans were not updated annually, and drills were not conducted to test the effectiveness of the disaster plans.

Maintenance plans for critical equipment were not available.

ii.Patient Record Analysis

Scripts in the pharmacy correlated with the medicines dispensed ensuring that all medicines were received as prescribed.

The guidelines regarding examination and stabilisation have been adhered to at hospitals.

Laboratory and radiology results were completed within the agreed-upon turnaround times

Patient records did not comply with the following aspects:

- The correct handover procedure was not followed between emergency medical services (EMS) staff and health establishment staff;
- The initial assessments of high-risk maternity patients did not reflect the identification of specific risk factors;
- Administration of blood and blood products was not done in accordance with standard operating procedures;
- The health records of patients recently discharged showed that a comprehensive clinical assessment had not been done and a diagnosis made at hospitals;
- Patient safety checks were not applied to all patients transferred from one department to another within the health establishment and to patients received from another health establishment; and
- Health records for patients who fall under the strategic national priority programmes indicated that primary prevention programmes were not all delivered as non- communicable disease patients were not part of a support group.

> Health records for patients who fall under the strategic national priority programmes indicated that primary prevention programmes were not all delivered as non- communicable disease patients were not part of a support group.

iii. Observations

Ramps of an acceptable gradient with handrails were available at the entrances to health establishments and where needed.

Security measures were implemented to safeguard the newborns.

The health establishments' rooms used for confirmed infectious Tuberculosis (TB) patients were separated by means of adequate physical barriers from non-TB patients.

The outside general waste storage areas were well maintained and posed no health risk.

Areas for receiving dirty linen were separated from areas where clean linen was handled and stored.

No obvious safety hazards were observed during the visit.

The health establishments were generally observed to be clean.

Systems to ensure safe entry to the premises were not in place at clinics.

Emergency trolleys were not appropriately stocked, items such as different sizes of endotracheal tubes were not available.

Sharps were not safely managed and disposed in clinical areas at hospitals and clinics as recapping was observed.

Tracer medicines as per the Essential Medicines List or formulary were not all available in the dispensary/ medicine room at clinics and hospitals, in example; lamivudine and azithromycin.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the healthcare system.

Dispensing was not done in accordance with standard operating procedures and legislation, including labelling.

Cleaning materials were not all available in health establishments.

iv Interviews

The healthcare providers responsible for triaging and reviewing patients could explain how they triage and review patients.

Healthcare providers indicated that they have access to supervision.

Patients receiving medicine indicated that they had no clear understanding of how and when to take their medicine and common side effects of medicines were not explained to them at clinics.

4.9.6 Recommendations

Policies, Standard operating procedures and guidelines should be available to guide processes within health establishments.

Occupational Health and safety should be given attention to ensure staff safety.

Security systems should be in place to safeguard patients and staff.

Operational plans, asset management for medical and non-medical equipment as well as maintenance plans should be monitored and implemented for effective functioning of the healthcare system.

Monitoring and reporting of patient safety incidents, clinical audits and quality improvement plans should be implemented to address identified gaps and improve quality healthcare.

For safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys need to be strengthened.

Monitoring of minimum and maximum stock levels should be done to ensure efficient stock management.

Minutes of meetings should be documented and signed to ensure that decisions taken are informing service delivery.

Patient record documentation should be strengthened to ensure that full assessment and treatment is provided for patients in line with treatment guidelines.

Patients should be provided with information regarding side effects of medicine.

Cleanliness, infection control and maintenance of grounds should be monitored and improved.

Dispensing of medicines should be done according to good pharmacy practice.

Table 31: Average score by functional areas

HOSPITALS	
C01 Blood Services	96%
P04_2 Medical ward	95%
P05_2 Surgical ward	91%
P04_1 Medical ward	91%
P05_1 Surgical ward	90%
P10_1 Operating theatre incl cath labs	86%
S08 Transport services-ambulances/Patient transport/ Staff transport/Other vehicles	86%
P02 Outpatient department	85%
C05 Radiology	83%
P07_2 Generic wards / Measure is generic to any ward or day ward	83%
P07_1 Generic wards / Measure is generic to any ward or day ward	83%
S12 Mortuary Services	82%
P10_2 Operating theatre incl cath labs	82%
P11 Psychiatric ward	82%
P06 Paediatric ward	82%
P01 Accident and Emergency Unit	81%
P08 Therapeutic support services - Physio	80%
S02 Cleaning Services	79%
S10 Entrance/Reception and help desk	77%
P03 Maternity Ward incl maternity theatres	75%
C04 Pharmacy	73%
M03 Communications/PRO	70%
P09 Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units	69%
M08 Management information system	68%
S03 Food Services	67%
M05 Financial Management	64%
S09 Security Services	63%
S06 Record archive/department	62%
S04 Laundry Services	62%
C02 Laboratory	62%
M16 Case Management	60%
M07 Infection Control	58%
M04 Facility Infrastructure	58%
S07 Waste Management	57%
S05 Maintenance services includes garden	53%
M10 Procurement	49%
M01 CEO or Hospital Manager	47%
M12 Occupational health and safety	46%
M06 HR Management	43%
M14 Clinical Management Group	33%
S01 CSSD	28%
C03 Health technology Services	5%

CLINICS	
PC01 Clinical Services	78%
CC04 Dispensary / Medicine Cupboard	55%
SC01 Maintenance Support	52%
MC14A Clinic manager	35%
CHCs	
PC01C Clinical Services	79%
P03C Maternity Obstetric Unit incl maternity theatres	75%
P01C Emergency Unit	73%
CC04C Pharmacy	68%
SC01C Maintenance Support	59%
MC14C CHC Manager	29%

Table 32: Average score by health establishments (n=50)

HOSPITALS	
Groote Schuur Hosp	80%
Red Cross Children's Hosp	72%
K Bremer Hosp	68%
Radie Kotze Hosp	66%
Hermanus Hosp	57%
Helderberg Hosp	56%
Laingsburg Hosp	55%
CLINICS	
Calitzdorp (Berg) Clinic	75%
Kasselsvlei Clinic	69%
Zoar Clinic	67%
Adriaanse Clinic	66%
Ladismith Clinic	64%
Albertinia Clinic	63%
Amalienstein Clinic	63%
Porterville Clinic	62%
E River Clinic	62%
Mayenzeke Clinic	62%
Riversdale Clinic	60%
Laingsburg Clinic	59%
Heidelberg Clinic	58%
Eerste River Clinic	57%
Parow Clinic	56%
Clanwilliam Clinic	56%
Kleinmond Clinic	55%
D'Almeida Clinic	55%
Delft Clinic	53%
Nolungile Clinic	53%
St Vincent Clinic	52%
Somerset West Clinic	51%
Empilisweni Clinic	51%
Blue Downs Clinic	51%
Soetendal/Hermon	50%
Stanford Clinic	50%
Touws River Clinic	49%
Leeu-Gamka Clinic	46%
Rawsonville Clinic	40%
Tulbagh Town Clinic	40%
Bella Vista Clinic	39%
Breerivier Clinic	38%
Zakhele Clinic	38%
Nduli Clinic	36%
Annie Brown Clinic	35%

CHCs	
Delft CHC	67%
H Park CHC	67%
Vanguard CHC	62%
Kraaifontein CHC	60%
Guguletu CHC	58%
Site B CHC	57%
E River CHC	56%
Retreat CHC	51%

5. CONCLUSION

Results indicate that inspected health establishments had common findings with minor differences across the nine provinces. A further analysis shows that the domain Patient Rights had better outcomes which indicate that patients are treated with respect and dignity in health establishments. The domains Public Health, Operational Management and Leadership and Governance had lower scores.

Analysis further reflects that where health establishments are scoring high on Extreme and Vital measures, the outcomes are better (the overall scores are high). Average scores for documents versus Leadership and Corporate Governance domain indicates that both had low scores. This reflects that leadership plays a huge role in ensuring availability of documents. A steady increase in performance shows that with support and guidance, health establishments have a potential to reach compliance with NCS. The performance of HEs is integral and instrumental to improving quality health care as South Africa embarks on the implementation of the National Health Insurance.

6. RECOMMENDATIONS

- ☐ Continual guidance and support to provinces on compliance to norms and standards.
- ☐ Implementation of follow up mechanisms for HEs that do not meet compliance criteria.
- ☐ Strategic direction should be provided for health establishments through provision of guidelines, policies, standard operating procedures and quality improvement initiatives.
- ☐ Management of human resources, finances, assets and consumables, and of information and records should be strengthened to ensure delivery of safe and effective patient care.
- ☐ For safety of the healthcare users and staff, emergency disaster preparedness plans and management of emergency trolleys should be strengthened.

OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care