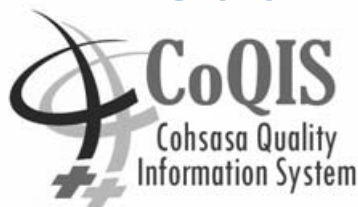




GOOD UPTAKE of CoQIS



COHSASA's improved web-based information system has been successfully introduced in five provinces and the private sector. Over the past six months COHSASA has been training selected hospitals to self-evaluate and capture data in the new system. Training has also been provided to managers,

regional and head office personnel to use CoQIS as a management tool to monitor and evaluate progress in standard compliance levels across multiple facilities. Successful training programmes on the use of CoQIS have been implemented for health officials in the Free State, the Eastern Cape, North West Province, Limpopo, Medi-Clinic and the Cape Town City Council.

Web-enabled access using protected passwords means that clients are able to log in to their secure information within seconds, avoiding the previous delays of posted paper-based reports. User passwords also control different permission levels to the data accessed in CoQIS. The system has the unique ability to allow personnel working in hospital departments to input their own compliance data, while providing 'view only' access to hospital managers and personnel at regional and provincial levels to monitor facility performance.

With the mere click of a button, a number of reports can be generated to inform managers how their hospitals are progressing in different services. Query tools also provide immediate information on how well a facility is faring as far as meeting requirements for infection control, health and safety, patient rights and so on.

Regional managers can also compare the performance of a number of their hospitals (either individually or in relation to compliance with any particular criterion or service). Information retrieved from CoQIS can also be aggregated and analysed across selected facilities, providing meaningful information for district, and provincial and national personnel in terms of strategic interventions.

CoQIS is a powerful management, monitoring and evaluation tool that sustains and enhances quality improvement initiatives. In addition, through key performance indicators and triggers, it provides a managed work plan essential to achieving accreditation. It offers supervisors, policy makers and provincial authorities the ability to pinpoint obstacles and deficiencies hindering standard compliance, tools to prioritize interventions and the opportunity to eradicate obstacles made visible through using CoQIS as a monitoring and evaluation tool.

A helpdesk call centre has been established at COHSASA to attend to queries about COQIS. (Telephone 021 - 5314212 or email coqis@cohsasa.co.za).



From Left: Cohsasa's Chief Facilitator, Tshawekazi Ncedana, CEO Professor Stuart Whittaker, Luvuyo Tshoko, Senior Manager Strategic Planning for the Eastern Cape Department of Health, Wezile Tshali, Deputy Director of Policy Development, Fumanekile Bekwa, Administration Officer, Ntombi Makinana, AD Policy Development. Back row: Lyn Rayment (left) Standards Development Coordinator for Cohsasa and Monique McCusker (Finance and Informatics).

CoQIS is a powerful management, monitoring and evaluation tool that sustains and enhances quality improvement interventions

Cohsasa to develop policy data bank for Eastern Cape DOH?

Senior officials of the Policy Unit within the Eastern Cape's Department of Health Strategic Planning Unit visited Cohsasa for a workshop recently. In an attempt to consolidate and grow quality improvement initiatives in the Eastern Cape, senior officials from the Department of Health's Eastern Cape (EC) Strategic Planning Unit are exploring the possibility of Cohsasa developing, collating and editing a data bank of generic and standardised policies and to monitor the implementation of these in public facilities in the province.

Cohsasa and the Department are involved in discussions to develop 'policy packs' for various facilities that could be accessed via CoQIS, CD or hard copy. The need is for hospitals to use benchmarked policies, which are made freely available. This is a departure for Cohsasa, which usually provides guidelines to policies only and leaves it up to individual facilities to develop their own policies in line with provincial and NDOH requirements. It is felt, however, that heavy workloads on personnel and capacity challenges sometimes make this an unrealistic expectation.

Joy and celebration as three hospitals accredited in KwaZulu-Natal



The hospital choir at Lower Umfolozi District War Memorial Hospital in Empangeni captures the essence of joy and celebration that always accompanies the accreditation of hospitals in the public sector. The other two hospitals accredited recently were Port Shepstone Hospital on the South Coast of KZN and Grey's Hospital in Pietermaritzburg.



Stuart Whittaker

Whittaker chosen as one of the country's top 25 leaders in health

The South African Institute of Health Care Managers has selected CEO of COHSASA, Stuart Whittaker, as one of South Africa's Top 25 Influential Leaders in Health Care. Prof Whittaker received the award at a ceremony in Pretoria. Commenting afterwards, Whittaker said he felt honoured to have been selected and to find himself among other leaders he admired for their contributions to health in this country. •

Keep in touch!

Please let us know what you think about the newsletter as a means of keeping you in touch with COHSASA and issues about quality in health care. Contact me directly:



isquaresearch.com LAUNCHED

COHSASA, in partnership with ISQua, the International Society for Quality in Health Care, has launched a new website focused on research: www.isquaresearch.com.

www.isquaresearch.com allows easy access to a growing database of international research focused on accreditation and external evaluation. The site promotes collaboration by sharing the latest research and best practices.

New submissions for inclusion on the website are invited and encouraged. If you have commenced or completed research in this area or completed a report directly relevant to accreditation / external evaluation we welcome hearing from you. Please see www.isquaresearch.com for more information! •

Adverse events programme takes shape in the Free State

If the number of calls logged by the Cohsasa Adverse Events Call Centre is anything to go by, attempts to encourage hospital staff in the Free State Province to report incidents via AIMS (Advanced Incident Management System) is gathering pace.

With one in 10 patients admitted to hospital suffering an adverse event, healthcare systems around the world are urgently looking for practical solutions to poor quality and compromised patient safety.

Since the start of the research project on January 1, 2008, 455 incidents have been reported by personnel working in the 12 intervention hospitals of the research project to the call centre at Cohsasa. These incidents include adverse events, near misses and environmental and organisational problems.

According to the Co-ordinator of the Call Centre, Petro de Beer, these telephonic reports have come in from the entire hierarchy of medical personnel – from Professors and consultants to cleaners and enrolled nurses.

"It is heartening that personnel are beginning to see AIMS as a non-threatening method of informing hospital and provincial authorities of problems in the hospitals," she says.

Patient Safety International in Adelaide, South Australia, a leading provider of incident management, healthcare quality and patient safety improvement software tools, licenses AIMS to Cohsasa. PSI's AIMS incident management software empowers healthcare services to improve performance by providing insight into how and why things go wrong.

In the 12 intervention hospitals, the integration of AIMS and the Cohsasa Quality Information System (CoQIS) provides a powerful tool for health facilities to improve and monitor patient safety and facility performance as they move towards compliance with internationally accredited standards. The system also identifies problems that may impede progress.

Unlike incidents reported in developed countries, the most common incidents reported have been classified as relating to clinical management. They emanate from operating theatres and obstetrics departments. A common problem, for example, is the late referral of complicated maternity cases from district to regional hospitals; this places patients' lives at risk and impacts negatively on infant mortality figures.

De Beer reports that when research started there was a "nervous" response from personnel who'd been primed via education messages and posters to report incidents. More recently, however, there has been a slight but perceptible shift from a "blame" culture to one where personnel feel confident and unafraid to report incidents.

"This incident monitoring programme works because personnel merely have to phone in the incident which is recorded at the call centre in a state-of-the-art computer information system with user-friendly drop-down menus. This is a far cry from having to write out what happened in a long explanation on paper and then wait, possibly for a long time, before action is taken about the incident."

AIMS uses a sophisticated web-based cascading questionnaire that takes between seven and 10 minutes to complete. As soon as details of the incident are complete, an email is sent to appropriate personnel at the hospital for follow up. A monthly summary report is also sent to provincial (or head office) personnel for action.

The purpose of this research project in the Free State is to establish whether an inverse correlation exists between quality improvement initiatives and the incidence of adverse events.

It is hoped that by monitoring adverse events and linking them to non-compliant Cohsasa standards and criteria that targeted quality improvement initiatives will result in a diminution of clinical incidents and improved healthcare quality. •



ADVERSE EVENTS CO-ORDINATOR FOR THE FREE STATE: Eunice Mokhethi (left) has been involved in the AIMS programme in the Free State. She is the Standards Compliance Manager for the Free State Department of Health.



This poster is up in many hospitals in the Free State encouraging staff to report adverse events and near misses.



From left: the CEO of Lower Umfolozi District War Memorial Hospital, Mr Cebo Myeza, Area Manager Three, Dr Lindiwe Simelane, Quality Assurance Manager, Dev Palium, COHSASA facilitator, Thandi Mngadi and CEO of COHSASA, Professor Stuart Whittaker.



Hats off to the KwaZulu-Natal Department of Health

Professor Stuart Whittaker hands over the COHSASA accreditation Certificate to CEO of Port Shepstone Hospital, Gabriel Khawule and Nursing Manager, Buyisile Ngesi.

The KwaZulu-Natal Department of Health has had a good run with three of its hospitals – Lower Umfolozi War Memorial District Hospital in Empangeni, the Port Shepstone Hospital on the South Coast and Grey's

Hospital in Pietermaritzburg – receiving full accreditation for two years each. The accreditation of the awards came after hospitals made determined and sustained progress through the Graded Recognition programme and continued with the COHSASA process until they had achieved compliance with international standards.

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

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

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

Medi-Clinic trains on CoQIS

COHSASA has been training Medi-Clinic personnel around the country on the new information system, CoQIS (Cohsasa Quality Information System). Training has been aimed at data capturers of individual hospitals, hospital managers, regional managers and national directors. This is a recent photograph of Medi-Clinic personnel from around Southern Africa who spent three days at Cohsasa head office training on CoQIS. •

Back row: Anelle Pinard from Medforum, Ndimiso Philani Ngcobo (Pietermaritzburg), Chantal Ehlers (Highveld) Adele van Schalkwyk (Windhoek) Eunice Borman (Vergelegen). Middle Row: Beverley Hearne (Worcester), Trizelle Yovounia Scheepers (Bloemfontein), Retha Serdyn (Hermanus) and, in front, Beatrice Martha (“Martie”) van Wyngaardt.



Eastern Cape health leaders train on CoQIS

TOP HEALTH officials in the Eastern Cape who will soon be accessing CoQIS were trained and tested on its use at the Pinelands headquarters of COHSASA recently. The three-day course enabled them to understand the principles on which CoQIS is built and its potential use in improving the performance of health care facilities in this province. The 13 participants were also taught how to use CoQIS to assist them in managing individual and groups of healthcare facilities. They used CoQIS to navigate through selected hospitals, obtain information on individual hospitals and use the system to solve problems. They examined CoQIS reports, used query tools to obtain information on groups of hospitals and solve associated problems. •



EASTERN CAPE HEALTH OFFICIALS USE THEIR LAPTOPS TO NAVIGATE CoQIS: From left: Dr Nozuko Mkabayi, Director of Clinical Audits, Didimalang Pemba, Director of Quality Assurance Management, Thandabantu Gwebindlala, Director of Hospital Revitalisation.

HARD AT WORK: From left: Dr Litha Matiwane, Chief Director of Hospital Service Management, Nozipho Sondiyazi Director of District Hospitals, Dr Buyiswa Mjamba-Matshoba Chief Director-QHCAS and Mr Mvuyo Dick, Deputy Director of Organisation Development and Quality Assurance.



Cohsasa's Chief Operations Manager, Jacqui Stewart, guides a group project in the training.



Medi-Clinic Managers trained on Cohsasa's quality information system

CAPE TOWN – SENIOR Medi-Clinic personnel from all over South Africa and Namibia, including regional managers, hospital managers and head-office personnel have spent some days in the past month participating in training session workshops in order to familiarise themselves with Cohsasa's new web-based Quality Information System (CoQIS). The training, in both theory and practical application of the web-based system, means that managers will now understand how to monitor compliance with standards and the progress – or otherwise – of quality improvement initiatives in their own hospitals using CoQIS. Regional managers, now able to monitor quality improvements in those facilities

that fall under their jurisdiction, will be able to observe trends in both strengths and weaknesses in hospitals and take strategic and cost-effective corrective action.

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

and why it had occurred and assist personnel to manage and improve the situation by monitoring performance indicators.

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



CoQIS is a brilliant addition to the COHSASA toolbox

Giving report-back on how they identified a deficiency in a hospital and worked on a quality improvement solution to address it were (left) Medi-Clinic's Hendrica Ngoepe, Regional Nursing Manager for the Western Cape and Isabel Heigan, Training Manager at head office.

Get familiar with COHSASA terminology

New developments in the Facilitated Programme

COHSASA works with a system of **Performance Indicators** and **Triggers** to assess compliance against standards and criteria.

What are these?

Performance Indicators are: *Points of reference for comparing actual performance with targeted objectives or standards.*

Triggers are: *Pre-established levels of performance for a process, service, or facility that should evoke a response.*

THERE ARE THREE LEVELS OF TRIGGERS:

TRIGGER 1: Critical standards or criteria are not met

An **immediate response** is required, as failure to comply with these standards and criteria (or 'critical ticks') will compromise patient and staff safety. If any of these critical criteria are not compliant at the time of the External Survey, the facility cannot reach full accreditation.

TRIGGER 2: Performance indicator score < 40 out of a potential 100

An **immediate response** is required, as these deficiencies will have a negative impact on patient safety.

TRIGGER 3: A performance indicator score of 40 – 80

The response can be prioritised according to the situation in the facility and it may be necessary to gather more specific information before the identified problem/s can be resolved.

This will assist you in prioritizing the interventions and ensure that you address the most important areas first. It is important for the facility personnel and the COHSASA facilitators to work in partnership. When we consider that, over the course of the contract, the facilitators only spend between 12 and 17 days in a facility, it is vital to make the very best use of the time available during a visit.

At each visit, the facilitators will look first at

Trigger 1 deficiencies and then Trigger 2 deficiencies. Between visits it is essential that facility personnel address the high priority areas. To assist the process facility personnel should document the improvements made on the checklist. This information should be given to the facilitator who will check that the reported improvements have been made. In this way the facilitators' time will be optimised. Any queries or uncertainties that facility personnel have can be directed to the facilitators at this time.

This will enable the facilitators to spend more time monitoring and evaluating deficiencies and progress and less time providing workshops. In-service staff training relating to areas such as policy development, resuscitation and disaster planning, is the responsibility of the facility and the Provincial Department of Health. The COHSASA facilitators are there to help and advise on what steps need to be taken to achieve compliance with standards and criteria. ●