Status of a health care quality review programme in South Africa

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Abstract

This paper provides an overview of an accreditation programme for health care facilities in South Africa. It traces the origin of COHSASA (The Council for Health Service Accreditation of Southern Africa) which began as a pilot programme in 1992, to its current status as the only accreditation body in the country. There are brief descriptions of its structure, how it is governed, and how standards were developed and organized. The authors sketch a background of the unique socio-political context and legal developments within which the programme operates in South Africa and how the programme is contributing towards the new government’s intention to provide equitable and quality health care to all its citizens. There is an outline of the principles on which the COHSASA programme is based and the structure and process of the programme. The programme incorporates an integrated, multi-disciplinary, continuous quality improvement approach with special emphasis on capacity building of hospital staff when necessary. The paper refers to groundbreaking research in Kwa-Zulu Natal where the impact of accreditation is being measured in a randomized control trial. It points to the benefits of accreditation being perceived in both public and private sectors of health care in South Africa and outlines some of the results of the program’s implementation.

Keywords: South Africa, health care, quality assurance, review programme

Origin

What began as private research and development in the medical faculty of a small-town university has been the genesis of The Council for Health Service Accreditation of Southern Africa (COHSASA). The accreditation project was initiated by Dr Stuart Whittaker who became interested in the concept of quality assurance while researching standard developments for long-term care of patients for a doctoral thesis. This interest in quality assurance was extended to include hospital organizational audit and accreditation programmes. As part of the process, he made contact with international authorities practising in the area.

In May 1993 Dr Whittaker – then attached to the Health Management and Administration Unit of the Department of Community Health of the medicine faculty at the University of Stellenbosch – led a team of health care professionals to Europe. The purpose was to investigate two models of external audit and information systems for quality assurance programmes in the UK, specifically the King’s Fund Organizational Audit Programme and the Bristol Hospital Accreditation Programme. The South African team was of course aware that these two programmes are themselves modelled on programmes in the USA, Australia, Canada and New Zealand.

The delegation came back convinced that both the British external organizational audit models for hospitals and primary health care facilities could, in part, be applied as a basis for the development of a South African accreditation model.

On his return to South Africa, Dr Whittaker invited stakeholders from both the private and public sectors to form a team to facilitate the establishment of a pilot accreditation project.

In 1994, the Pilot Accreditation Programme for South African Health Services was launched as a research and development programme in the Faculty of Medicine at the University of Stellenbosch. The programme grew rapidly and evaluation research showed that it was well received and perceived to be of considerable value to participating facilities. It became abundantly clear that an accreditation programme in South Africa – where many healthcare facilities did not comply with minimum standards – would need to incorporate a facilitation aspect with a strong emphasis
One of the tragic legacies of apartheid has been a fragmented health system that, in the main, delivers first-world health care to its white citizens and third-world care to the rest of the population. There is the additional complication that South Africa has 11 official languages and is a melting pot of several deeply entrenched cultures—a unique challenge which demands a unique solution. It was believed that an impartial, empowering accreditation process could help to facilitate the changes being envisaged in the South African health care system and allow for objective evaluation.

The constitution aims at ‘ensuring that a health system is developed which is capable of delivering quality health care to all the citizens efficiently and in a conducive and caring manner’. Within this milieu of economic and social diversity an accreditation programme for health services is developing.

COHSASA is the only body in South Africa implementing the accreditation of health care facilities. In the South African health industry, an organization must undergo an on-site survey by a team of health professionals at least every 2 years to earn and maintain accreditation. However, as the programme matures, deserving facilities that demonstrate a level of consistency in maintaining standards have been awarded 3-year accreditation periods, subject to random inspections by COHSASA surveyors.

The board members represent a wide range of interests: from the public sector by way of provincial and local authority health care professionals; from the private sector by way of stakeholders in the private hospital sector, mining hospital groups, managed health care organizations and health care funders. There are also representatives from the South African Consumer Council and the South African Quality Institute.

The board includes a cross-section of representatives from the medical and nursing professions (including hospital administration) and the pharmaceutical industry who are appointed in terms of their professional status and skills levels and alliances with relevant professional bodies.

The board appoints a managing director and executive team to implement the programme. COHSASA’s income is generated from fees paid for services rendered to participating facilities. Financial systems, supported by regular auditing, allow for transparent reviews and contracts have been developed by COHSASA’s legal consultants to ensure that clients know what to expect and in turn what their responsibilities are; they are also assured of confidentiality of information obtained during the accreditation process.

The social and legislative context of the programme

One of the tragic legacies of apartheid has been a fragmented health system that, in the main, delivers first-world health care and laboratory and ambulance services) to the population. The private sector provides the remainder. The White Paper for the Transformation of the Health System in South Africa (Government Gazette No. 17910) states that the function of the Provincial Health Departments is to control the quality of all health services and facilities. It aims to formulate and implement provincial health policies, norms, standards and legislation in accordance with the National Policy.

The National Health Bill (Draft 11) aims to promote a spirit of co-operation and shared responsibility among public, non-governmental and private health care professionals and service providers. Although this Bill deals with evaluation services and the establishment of an inspectorate for health establishments, such formal inspectorate has not yet been established. The existing inspectorate confines itself to licensure issues in the private sector.

The standards

Development

At the beginning of the process, subcommittees, led by experts in various disciplines, identified experts at a national level. They were requested to consult standards from accrediting bodies in Canada, the UK, Australia and the Joint Commission International Accreditation (JCIA) as a point of departure from which to reach a contextual consensus and formulate a provisional set of standards. When financial and time constraints precluded subcommittee formation, a macro approach was adopted with simultaneous intensified empirical testing.
Standards have been developed in three phases:

- In the first or so-called ‘normative’ phase, professional bodies such as the Society of Anaesthesiologists of South Africa, Association of Surgeons of South Africa, The Radiological Society of South Africa and the Democratic Nursing Organization of South Africa suggested standards and criteria.

- During the second phase, the ‘empirical’ phase, these were tested against the reality of situations in pilot hospitals and further adapted to meet the specific needs of South Africa.

- In the third phase, the ‘accommodation’ phase, the final draft of standards was prepared using guidelines to seek accommodation between academia and the coal-face while ensuring that patient and staff safety and issues of legality were not compromised.

Standards are continuously updated, refined, and adapted to local conditions in a gradual, dynamic process.

**Organization**

The analysis is dependent on a computerized information and analysis system, which uses composite paradigms to establish the degree of compliance of criteria, standards and service systems. The output is in the form of text and graphical reports that clearly show strengths and weaknesses of the facility as a whole and of individual departments and services.

The data and information generated in these processes is of fundamental value, not only in the standard assessment process, but also to the management of a facility. The report can be used to identify deficiencies and to monitor interventions that address problem areas.

**The structure of COHSASA’s standards and the Scoring System**

Standards are set for all services. These are of two types.

**General standards**

These are aimed at ensuring that the following common and essential functions are carried out in all services:

- Service areas are guided by a mission and a set of objectives to achieve the type and level of service set for the facility.
- Adequate resources (including human) and equipment are procured to ensure that the facility can meet its mission and objectives.
- Staff are trained to meet the requirements of the organization.
- Policies and procedures are developed and implemented to guide staff to meet the objectives of the service.
- There are formal monitoring systems to measure the extent to which the organization meets its objectives.
- There is a structured reaction system (CQI) to enable the facility to move towards achieving its full potential.

**Service-specific standards**

Within these general standards there are service specific sub-standards that define the specific requirements of individual services e.g. infection control in laundries, radiation protection in radiology departments etc.

**The criteria**

All standards have dedicated criteria that specify the conditions required for compliance. Criteria are used not only to define the scope and extent of standards but also to evaluate the degree to which facilities comply with the programme’s standards. Because the criteria are comprehensive, some criteria are more important because they contribute more significantly to the overall intent of the standard. However, the lesser criteria are also important because they show the full intent of a given standard.

**The programme**

**Principles**

COHSASA’s programmes have been designed to empower employees to achieve accreditation through their own efforts based on an integrated, multidisciplinary, CQI approach to ensure sustainability.

**The process**

The process begins with hospital staff conducting a baseline or self-assessment survey to determine an initial level of compliance with standards and identify areas of non-compliance (Figure 1). COHSASA analyses and validates these results and then generates reports for hospital staff to use as blueprints for the project management phase. A COHSASA facilitator is appointed to work with a new participating hospital for a period of 9–18 months, depending on how far the hospital is from...
meeting the standards. This approach facilitates capacity building to help the facility achieve accreditation.

Facilitators conduct in-service training programmes to help hospital staff understand the standards and assess the degree of compliance. Facilitators teach staff to use a variety of analytical tools so as to understand processes. The result is that members of staff develop a sense of ownership and become empowered to use their own skills and resources to understand, assess and work towards meeting the standards. They do this by applying a systematic problem-solving methodology based on project management principles.

To encourage the participation of physicians, COHSASA’s standards require that clinical audit, based on evidence-based medicine, be practised. COHSASA holds workshops to assist staff to develop such programmes. At the end of the preparatory phase, the hospital staff conducts an internal survey to evaluate performance. The results are again processed, analysed and presented by COHSASA.

The external survey is carried out after the preparatory phase and provides an independent assessment of the hospital. The survey is conducted by COHSASA’s surveyor teams, usually made up of a doctor, a nurse and an administrator. Facilitators who work with hospital staff during the preparatory phase of accreditation are not appointed as members of the surveyor team to avoid compromising the objectivity of the external review.

Reports are submitted to a technical committee, which consists of experts in the field of health care. The COHSASA Board makes the accreditation decision, based on the recommendations of the technical committee and the evaluation of all reports. An appeal and review process is available to any facility that questions the decision.

Current status

Over the past 4 years COHSASA has developed accreditation programmes for hospitals, subacute care facilities, psychiatric facilities and primary health care clinics. It is currently the only national accrediting body for health care facilities and is working with agencies to develop an international accreditation system that can be modified to meet South Africa’s specific needs.

From May 1996 to February 2000, 193 private and public facilities in seven provinces of South Africa (and Botswana and Namibia) have entered COHSASA’s accreditation programmes. Of these, 109 are currently in the standard implementation phase and 61 (79%) have been accredited.

A total of 60 public hospitals – 25 to be surveyed this year – are preparing for accreditation and 29 public clinics are preparing for accreditation.

Results

The accreditation process of COHSASA has been, and is, enabling improved provision of quality and compassionate health care to the people of South Africa in line with the directive of the Government. It is also helping to expedite the commitment of the Department of Health to provide accessible, equitable, affordable and appropriate health care.

In both the public and private sectors, most facilities entering the programme did not meet the majority of the standards at baseline level. However, on completion of the programme, the vast majority had reached a stage where they substantially complied with the programme’s standards and criteria.

Interviews with staff and administrators in both the private and public sector confirm that COHSASA’s programme – even before accreditation is awarded – has helped to streamline management functions. Likewise, formal feedback from participating hospitals indicates that the journey to accreditation has led to dramatic improvements in the communication between various service areas of the hospital and increased staff motivation.

Research

In KwaZulu Natal, the South African province most actively participating in an accreditation programme, a randomized control trial called the South African Accreditation Impact Research Project is underway. This is a joint South African and American research project funded by USAID and supported by the JCIA of the USA to measure the impact of an accreditation programme on health service. It involves a group of hospitals that entered the COHSASA programme at the onset of the project and a matched group of control hospitals. This control group was subsequently also allowed entrance to the program. This research project is the first of its kind internationally and preliminary results are expected towards the end of the year 2000.

Benefits and incentives

Incentives for entering the accreditation process vary depending on whether the facility is in the private or public sector. While there are no legal or formal incentives in South Africa at present, health care funders are moving to a position where they require proof that facilities provide safe, quality-assured and cost-effective care for patients.

By the same token, health care facilities are beginning to realize that the acquisition of accreditation status may enhance public image and the possibility of market-related recognition by health care funders, leading to possible financial reward.

The benefits of accreditation are starting to emerge within the private sector, particularly among health care funders needing to assess the quality of private facilities. In the public sector, provincial governments are looking towards the accreditation process to help them improve facilities (thereby enhancing public image) and provide a mechanism for obtaining important evaluative data to inform policy-planning decisions on a regional and provincial basis.

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