"Towards Quality Care for Patients"

National Core Standards
for Health Establishments in South Africa

Abridged version

National Department of Health
2011

National Core Standards for Health Establishments in South Africa
(Abridbed version)

Contents

1. Introduction

The Department of Health is committed to providing the best quality care to patients and users of health services, in order to meet their expectations and needs, and to improve service delivery.

The Department of Health, with support from its national and provincial staff and private sector partners, has compiled the ***National Core Standards for Health Establishments in South Africa – Revised 2010*** to set standards for a quality service through detailed definitions of what is expected. Achieving compliance with these standards will assist in proactively putting the systems in place to avoid the most important risks to poor quality care or reduce their impact.

In order to ensure the Core standards are accessible and easy to understand for wider distribution and use, this document outlines the standards only (not the more detailed criteria). This Abridged version of the National Core Standards should be read in conjunction with the main document if more understanding and clarity are needed.

Many standards already exist. These National Core Standards are not new or additional, but have combined existing policies and guidelines in a summary form that sets out the basic mandatory organisational requirements and expectations for safe and decent care in South Africa.

2. Purpose of national standards

The main purpose of the National Core Standards is to:
- Develop a common definition of quality of care, which should be found in all health establishments in South Africa as a guide to the public and to managers and staff at all levels;
- Establish a benchmark against which health establishments can be assessed, gaps identified, strengths appraised; and
- Provide a national framework to certify health establishments as compliant with standards.

3. Measuring how well we meet the national standards

In order to be compliant with standards, managers and staff need to know what the standards are as well as what their current situation is – that is, how far their performance is from meeting the standards.

For measuring purposes, the standards set out in this abridged document are then broken down further in other documents: firstly into a number of "criteria" that spell out what is needed in order for a standard to be met; and secondly into a questionnaire or audit tool and a number of checklists.

The audit tool used for measurement has been set up as part of the routine Health Management Information System (the DHIS or District Health Information System) and all managers will have access, undergo training and receive support to be able to use it. The system lists the "evidence" needed to prove that the health establishment complies with the standards.

Management of hospitals and districts, together with their clinics, are expected to use the standards and the tools themselves to assess and close the gaps in complying with standards through:
- Providing the initial information on the profile of their facility;
- Organising staff into teams and designate quality champions that can be trained to lead quality improvement initiatives and carry out a self-assessment:
- Ensuring these teams can work, with the full support of management, to address any gaps in implementing the standards or reducing the risk that non-compliance carries.

In doing this, teams are strongly encouraged to follow recognised quality improvement methodologies. This approach will make sure that frontline staff delivering care or providing services are implementing the standards in reality. To do this, management will need to regularly monitor performance in each area, and find ways to work smarter with available resources.

In the future, an independent National Inspectorate (the Office of Standards Compliance) will carry out inspections to determine the degree of compliance and issue a public report on their findings and a certificate of compliance.

4. Prioritising our attention for implementation

The process of improving quality recognises that service delivery and providing quality care for patients is our most important function, with provincial and district offices organised to assist managers to achieve this. An important part of this assistance is to solve the main obstacles preventing hospitals, clinics and districts from working well and meeting the standards; and therefore enable and require managers to manage effectively.
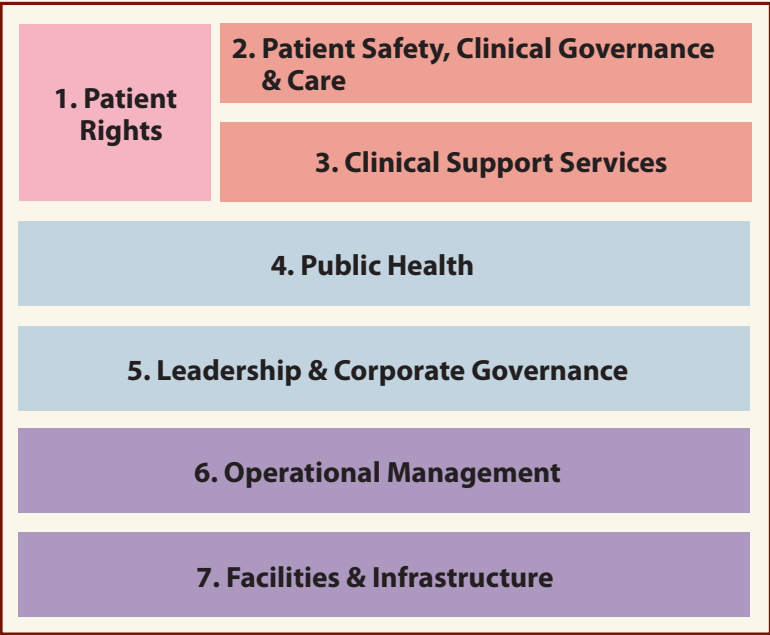
Ensuring implementation of, or compliance with, the standards, is a critical part of improving the quality of health services through reducing the risks of poor care and inadequate management. Based on the major concerns expressed by patients through surveys, complaints and media reports, six priority areas have been identified for fast-track improvement. Forming part of the core standards, these six priorities are:

1. Improving staff values and attitudes
2. Waiting times,
3. Cleanliness
4. Patient safety and security
5. Infection prevention and control, and
6. Availability of medicines and supplies

5. Structure of the National Core Standards

The standards are intended to be universally applicable – that is, they cover services in hospitals and clinics, and in the public and private sectors. They have been developed into seven cross-cutting areas (called "domains") where service quality or safety can be at risk. These domains are dependent on each other. The following figure 1 represents the structure of the seven domains.

Figure 1: Seven Domains of the National Core Standards
Their layout is deliberate, in that the first three domains (Patient Rights, Safety, Clinical Governance and Care, and

Clinical Support Services) relate to the core business of the health system: delivering quality health care to our users or patients.

The remaining domains (Public Health, Leadership & Corporate Governance, Operational Management and Facilities & Infrastructure) are essentially the support system that ensures this core business is delivered, although our internal clients (our staff) are absolutely key in achieving this.

The following is a summary of the intent of each domain:

The domain of **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 Batho Pele principles and the Patient Rights Charter.

The **Patient Safety, Clinical Governance and Clinical Care** domain covers how to ensure quality nursing and clinical care and ethical practice; reduce unintended harm to health care users or patients in identified cases of greater clinical risk; prevent or manage problems or adverse events, including health care associated infections; and support any affected patients or staff.

The **Clinical Support Services** domain covers specific services essential in the provision of clinical care and includes the timely availability of medicines and efficient provision of diagnostic, therapeutic and other clinical support services and necessary medical technology, as well as systems to monitor the efficiency of the care provided to patients.

The **Public Health** domain covers how health facilities should work with NGOs and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications; and ensure that integrated and quality care is provided for their whole community, including during disasters.

The **Leadership and Governance** domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management, supported by the hospital board, clinic committee as well the relevant supervisory support structures and includes the strategic functions of communication and quality improvement.

The **Operational Management** domain 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.

The **Facilities and Infrastructure** domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and functional, well managed hotel services; and effective waste disposal.

Domain 1: Patient Rights

The domain of **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 Batho Pele principles and the Patient Rights Charter.

Sub-domain	Standard
1.1 Respect and dignity	1.1.1 Staff treat patients with care and respect, with consideration for patient privacy and choice
	1.1.2 Patient satisfaction surveys and patient complaints are used to improve service quality
	1.1.3 Patients are satisfied with the cleanliness and hygiene of the facility and with their accommodation.
1.2 Access to Information for patients	1.2.1 Patients are given the information they need regarding their treatment, their care after discharge, and their participation in research where relevant.
	1.2.2 Information on services and service times is available, key service areas are clearly signposted and all staff are identifiable.
1.3 Physical access	1.3.1 Services are easy and safe to access, including for the disabled
1.4 Continuity of care	1.4.1 Patients who need to be referred or transferred receive the care and support they need
1.5. Reducing delays in care	1.5.1 Waiting times and queues are managed to improve patient satisfaction and care, and serious patients are attended to first
	1.5.2 Waiting lists are kept as short as possible.
1.6. Emergency care	1.6.1 Emergency patients are always attended to, examined and stabilised appropriately and then referred or transferred if needed
1.7. Access to a package of services	1.7.1 Services provided meet with national guidelines or licensing specifications.
1.8. Complaints management	1.8.1 Patients who wish to complain about poor service are helped to do so and their concerns are properly addressed
	1.8.2 Complaints are used to improve service delivery

Domain 2: Patient Safety, Clinical Governance and Clinical Care

The **Patient Safety, Clinical Governance and Clinical Care** domain covers how to ensure quality nursing and clinical care and ethical practice; reduce unintended harm to health care users or patients in identified cases of greater clinical risk; prevent or manage problems or adverse events, including health care associated infections, and support any affected patients or staff.

Sub–domain	Standard
2.1 Patient care	2.1.1 Patients receive care and treatment that follows nursing protocols, meets their basic needs and contributes to their recovery
2.2 Clinical management of priority health conditions	2.2.1 Care provided contributes positively to national priorities, including the United Nations Millennium Development Goals for maternal and child health, and HIV and Tuberculosis
2.3 Clinical leadership	2.3.1 Doctors, nurses and other health professionals constantly work to improve the care they provide through proper support systems
2.4 Clinical risk	2.4.1 Clinical risk identification and analysis takes place in every ward to prevent patient safety incidents
	2.4.2 Patients with special needs or at high risk, such as pregnant mothers, children, the mentally ill or the elderly, receive special attention
	2.4.3 Safety protocols are in place to protect patients undergoing high risk procedures such as surgery, blood transfusion or resuscitation
2.5 Adverse Events	2.5.1 Adverse events or patient safety incidents are promptly identified and managed to minimise patient harm and suffering
	2.5.2 Adverse events are routinely analysed and managed to prevent recurrence and learn from mistakes
2.6 Infection prevention and control	2.6.1 An Infection Prevention and Control Programme is in place to reduce health care associated infections
	2.6.2 Specific precautions are taken to prevent the spread of respiratory infections
	2.6.3 Standard precautions are applied to prevent health care associated infections
	2.6.4 Strict infection control practices are observed in the designated infant feed preparation areas

Domain 3: Clinical Support Services

Clinical Support Services covers specific services essential in the provision of clinical care and includes the timely availability of medicines, and efficient provision of diagnostic, therapeutic and other clinical support services and necessary medical technology, as well as systems to monitor the efficiency of the care provided to patients.

Sub-domain	Standard
3.1 Pharmaceutical services	3.1.1 Pharmaceutical services are licensed and supervised by a qualified pharmacist
	3.1.2 Medicines and medical supplies are in stock and their delivery is reliable
	3.1.3 Stock levels and storage of medicines and medical supplies are managed appropriately
	3.1.4 Medicines are prescribed according to treatment guidelines and patients are educated to understand how and when to take them.
	3.1.5 Reactions to drugs or severe side effects are reported and the patient is properly cared for.
3.2 Diagnostic services	3.2.1 Laboratory services are available and provide accurate results within agreed timescales
	3.2.2 X-ray services are available and provide good quality reports or results within agreed timescales, and staff are protected from unintentional exposure
3.3 Therapeutic and support services	3.3.1 Blood for transfusion is available within an acceptable time
	3.3.2 Rehabilitation and social support services are available where needed.
3.4 Health technology	3.4.1 Medical equipment for safe and effective patient care is available and functional
	3.4.2 Staff are trained in the correct use of medical equipment
	3.4.3 Medical devices are maintained to ensure safety and functionality
3.5 Sterilisation services	3.5.1 Decontamination and sterilisation services are available and effective
3.6 Mortuary services	3.6.1 The mortuary has adequate storage and refrigeration
3.7 Clinical Efficiency management	3.7.1 Clinical efficiency management systems ensure patients receive adequate, safe, quality health care

Domain 4: Public Health

Public health covers how health facilities should work with NGOs and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications; and ensure that integrated and quality care is provided for their whole community, including during disasters.

Sub-domain	Standard
4.1 Population-based planning and service delivery	4.1.1 Communities, as well as other government departments and sectors are involved in the planning and delivery of local health services
	4.1.2 Different health authorities work together effectively to improve service delivery to the community
4.2 Health promotion and disease prevention	4.2.1 Health promotion and the prevention disease or of its further progression are emphasised as part of patient care
4.3 Health emergencies and disaster preparedness	4.3.1 Emergency plans exist to protect public safety if there are significant disease outbreaks or other health emergencies
4.4 Environmental controls	4.4.1 Regulatory controls are in place to limit environmental damage and public health risks

Domain 5: Leadership and Governance

The **Leadership and Governance** domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management, supported by the hospital board, clinic committee as well the relevant supervisory support structures and includes the strategic functions of communication and quality improvement.

Sub-domain	Standard
5.1 Oversight and accountability	5.1.1 The national / provincial department or parent company oversees and supports the hospital or clinic.
	5.1.2 A functional governance structure is in place
	5.1.3 The governance structure ensures quality care and good management is provided
5.2 Strategic management	5.2.1 The management structure is appropriate for the health establishment and has the authority to ensure efficient service delivery
	5.2.2 Strategic plans set key priorities and operational plans show how the targets will be achieved
	5.2.3 Budget allocations and staffing ensure services can be delivered as planned
	5.2.4 Senior managers monitor and evaluate operational plans to ensure the health establishment's targets are met
5.3 Risk management	5.3.1 Risks are regularly analysed and controlled
	5.3.2 Medico-legal incidents and cases are properly managed
5.4 Quality Improvement	5.4.1 A quality improvement system is in place and monitored for effectiveness
5.5 Effective leadership	5.5.1 Senior managers are responsible for making sure that plans are implemented and targets are met
	5.5.2 Senior managers' actions demonstrate their leadership and values
5.6 Communications and public relations	5.6.1 Staff are involved in improving services and are kept informed about these efforts
	5.6.2 Public relations staff provide the public and the media with accurate and appropriate information when needed

Domain 6: Operational Management

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

Sub-domain	Standard
6.1 Human resource management and development	6.1.1 Staff is managed efficiently and fairly, and recruitment, administrative and registration processes ensure safe and effective service delivery
	6.1.2 Staff performance is regularly reviewed against job descriptions or performance plans to ensure these are achieved
	6.1.3 Labour Relations policies are supported by sound employee relations to protect employee and employer rights
	6.1.4 A comprehensive programme for staff training and continuing professional development is in place
6.2 Staff welfare and employee wellness	6.2.1 Staff health and welfare is actively promoted
	6.2.2 Staff are protected from workplace hazards through effective occupational health and safety systems
6.3 Financial management	6.3.1 Expenditure is managed and monitored to ensure efficiency within legal frameworks
6.4 Supply chain and asset management	6.4.1 All tendering and purchasing is transparent and fair and reflects planned needs and budgets
	6.4.2 Assets are properly registered, managed and controlled to maximise use and reduce losses
	6.4.3 Contracts for the supply of goods and services are managed and monitored to ensure performance, quality and value-for-money
	6.4.4 Stock and suppliers are efficiently managed to ensure supplies meet planned service needs at all times
6.5 Transport and fleet management	6.5.1 The availability and safety of vehicles are assured through proper maintenance, licensing of drivers and monitoring of utilisation
6.6 Information management	6.6.1 A health management information system collects, stores and provides data to meet management's needs
	6.6.2 Management uses information to inform decision-making and planning
	6.6.3 Confidential information is handled in line with data protection policies and legislation
6.7 Medical Records	6.7.1 Patient information is accurately and completely recorded according to clinical, legal and ethical requirements
	6.7.2 An efficient system is in place to archive and retrieve medical records or patient files

Domain 7: Facilities and Infrastructure

The **facilities and infrastructure** domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment), functional, well managed hotel services and effective waste disposal.

Sub-domain	Standard
7.1 Buildings and grounds	7.1.1 The building meets all applicable regulations
	7.1.2 Infrastructure is appropriately used according to level of care
	7.1.3 Waiting areas are appropriately located and provide adequate shelter and seating for patients
	7.1.4 Buildings are safe and adequately maintained
	7.1.5 The health establishment is organised, furnished and equipped to meet patient needs and comfort
	7.1.6 Grounds are maintained to be safe and orderly
7.2 Machinery and utilities	7.2.1 Electrical power, water and sewerage systems are functional and adequate for the needs of the establishment
	7.2.2 Operational plant, machinery and equipment is well maintained, fully functional and complies with regulations
	7.2.3 A reliable internal and external telephone system provides routine and emergency back-up communication
	7.2.4 A functional public communication system allows communication throughout the health establishment in the event of an emergency
7.3 Safe and secure environment	7.3.1 People and property are actively protected from safety and security risks
7.4 Hygiene and cleanliness	7.4.1 The buildings and grounds are kept clean and hygienic to maximise safety and comfort
7.5 Waste management	7.5.1 Waste management in the health establishment and surrounding environment complies with legal requirements, national standards and good practice
	7.5.2 Health care risk waste (HCRW) is handled, stored and disposed of safely to reduce potential health risks and to protect the environment
	7.5.3 Management of general waste (e.g. office, kitchen, garden or household waste) ensures general cleanliness and the safety of staff and patients
7.6 Linen and laundry	7.6.1 Linen and laundry services meet the needs of the hospital or clinic and safety standards
7.7 Food services	7.7.1 Food services are provided to meet patients' needs as well as safety standards