

National Department of Health



National Health Quality Improvement Plan

On behalf of Catherine Mbuyane

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National Department of Health



25th November 2021



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What is quality of care?



‘the safe, effective, patient-centred, timely, efficient and equitable provision of healthcare services to achieve desired health outcomes. It takes into account patient safety, meaning the prevention of harm to patients and it employs clinical governance processes to assure quality’

What is quality improvement?



‘a properly rationalised sequence of steps implementing evidence-based care, to make the changes that will lead to better patient outcomes (health), better system performance (care), and better professional development (learning)’

Introduction



National Quality Improvement Plan has been developed to support provinces to move from a mindset of compliance to a new mindset of continuous improvement in order to improve patient outcomes.

There is a need for a roadmap to improve the quality of the health system in an incremental fashion, recognizing that some establishments will need more time and investment.

Vision of the NHQIP



To ensure the best possible outcomes for the South African health system reflected in:

- improved health status;
- satisfied patients and staff; and
- best use of resources.

through **quality assurance** and **improvement** strategies



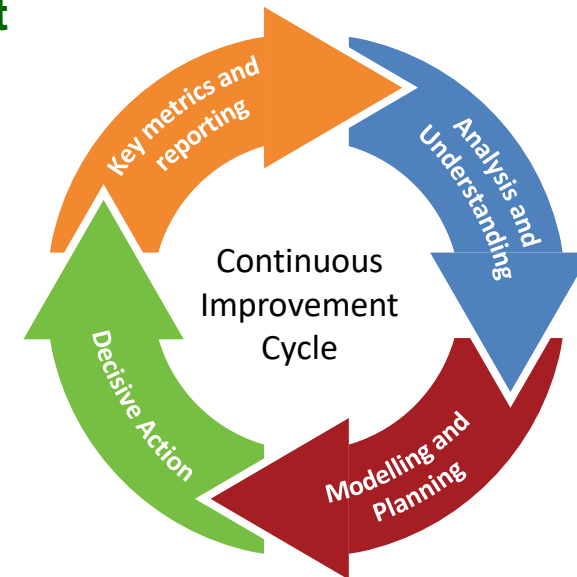
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- **Establish a culture of Continuous Quality Improvement** within health establishments and the health system
- Resilient health system which learns from experience
- Certification by the OHSC
- Maintenance of certification standards over time
- Ongoing improvements in care beyond certification
(Accreditation by NHI Fund, response to PSI / complaint reports, etc.)

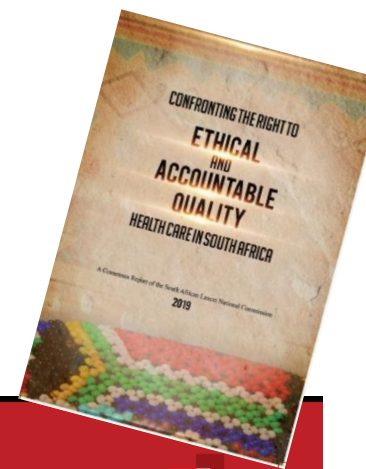


Background



Two documents which led to the development of the National Health Quality Improvement Plan (NHQIP)

- Presidential Health Compact (Pillar 5 – Quality)
- South African National Lancet Commission Report (Confronting the right to ethical and accountable quality healthcare in SA)
- The NHQIP was included as one of the interventions emanating from the recommendation of the Consensus Report of the South African National Lancet Commission to design an integrated, quality improvement Programme of Action
- Signed by the Director General: Health July 2020

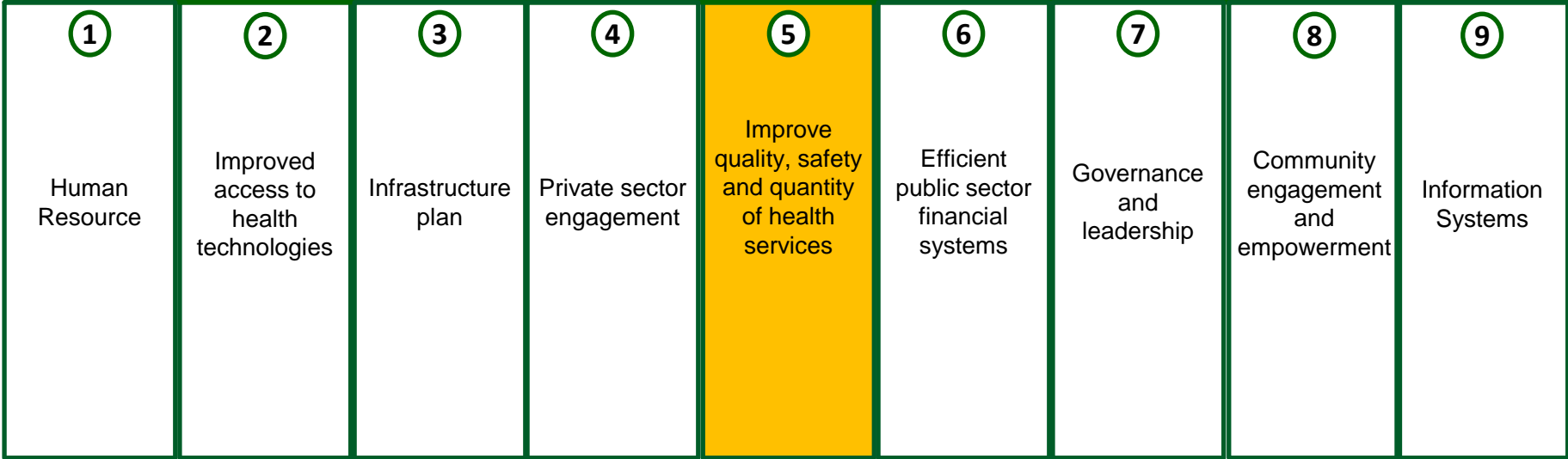


Presidential Health Compact



Presidential Health Summit Compact 2018

Agreement to strengthen the South African health system towards an integrated and unified health system, based on nine pillars



Key Intervention – Integrated National Quality Improvement Plan

Indicator – Number of public sector facilities implementing National Quality Improvement Plan



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IMPLEMENTATION



- Appointment of National Technical Team to oversee the process (Presidency, NDoH, OHSC, Hospital services, District Health Services, EMS) BHPSA for QI support
- Clarify roles and responsibilities for province, district and facility personnel
- Identify team to lead and drive the process at provincial level and within the Quality Learning Centre
- Identify the key personnel and champions in the facilities who will lead the programme – at least one person from every department



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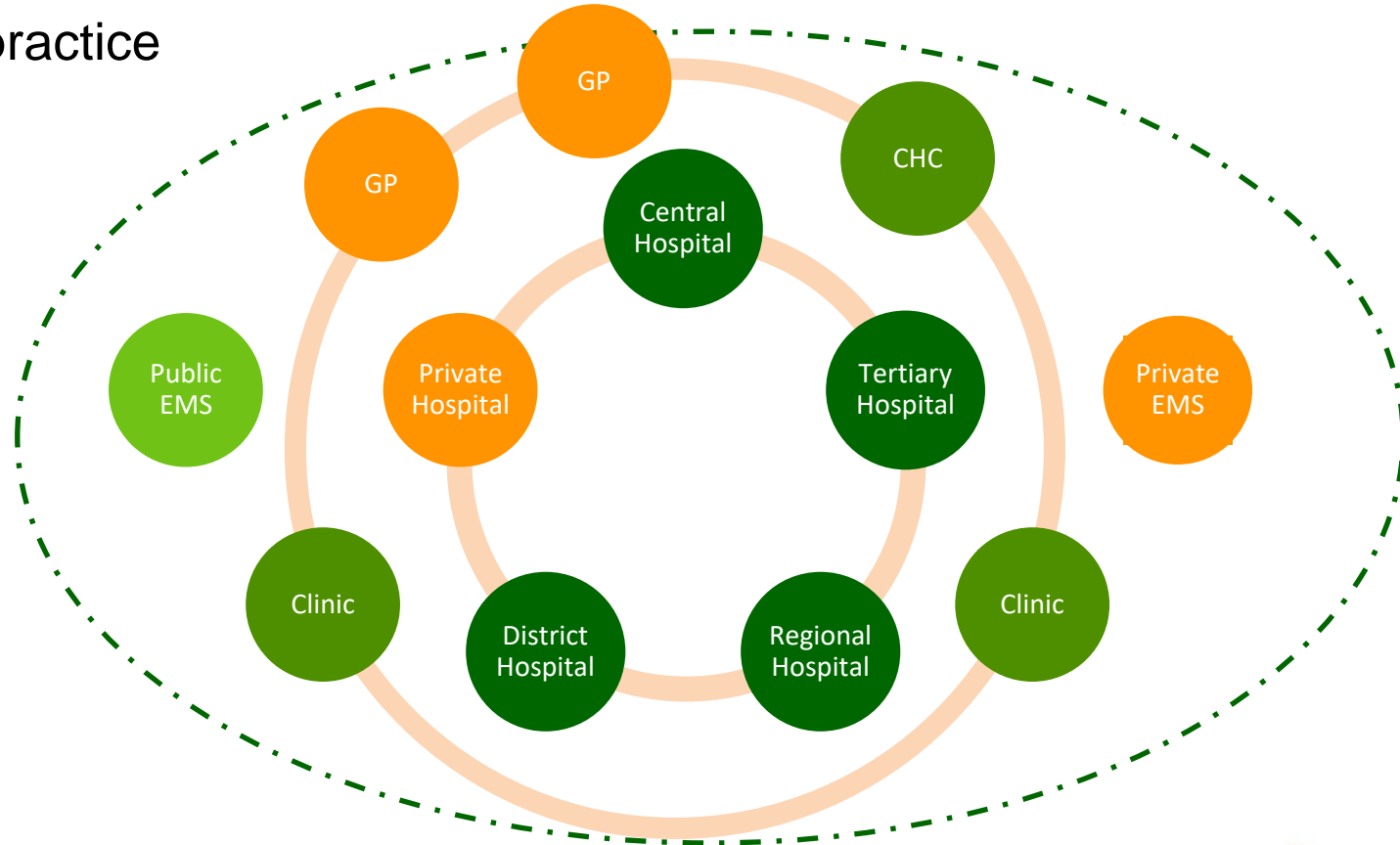
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Quality Learning Centres



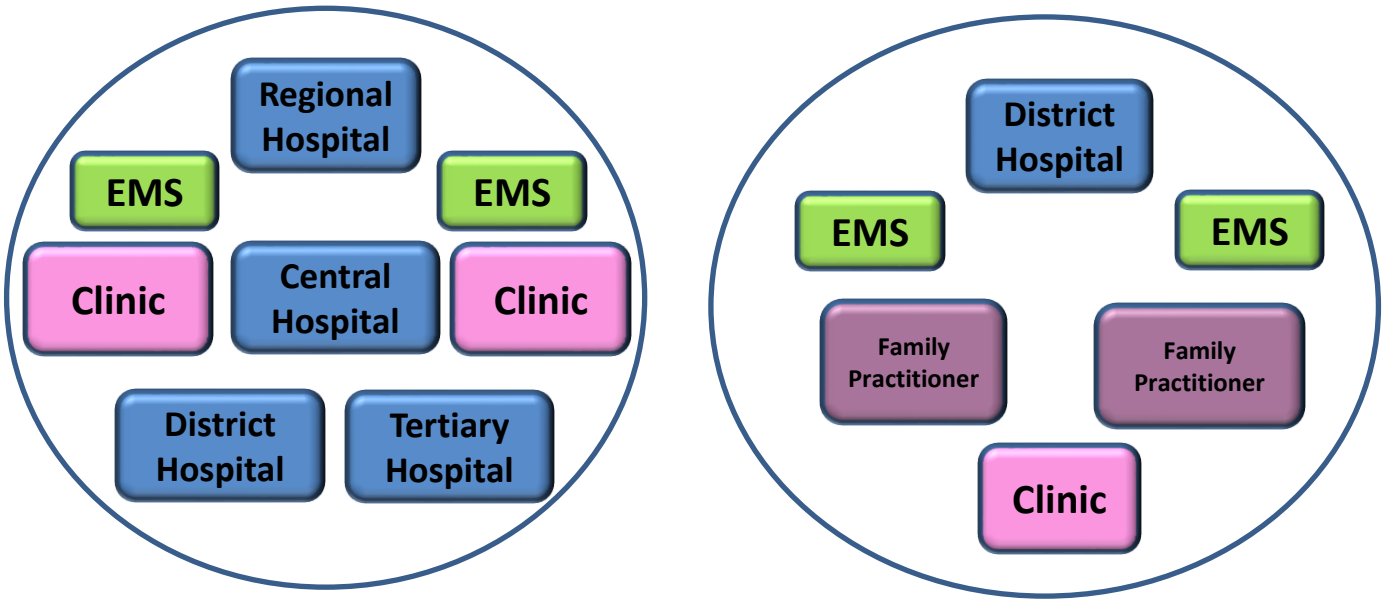
- To function as a single local health network and quality community
- Sharing of best practice
- Peer support



Quality Learning Centres



A Quality Learning Centre is a cluster of facilities in a geographic area made up of hospitals, PHC, EMS, private hospitals and private EMS, and family practitioner practices that will be the focus for learning and disseminating knowledge and skills.



The proposal is to have two to three centres in each province.



Phase 1:

- **training workshop** for appropriately skilled personnel from each of the participating facilities on Standards Interpretation, quality improvement methodology, initiatives and plan, identification of failed measures, quality data collection and analysis and CQIP.

Phase 2:

- All Departments to do **self-assessment** to embed learning, develop ownership of the process and share knowledge. This will be used as **baseline**



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Phase 3:

- The baseline data will be used to **identify shortcomings** through various quality analysis tools and techniques and **develop appropriate quality improvement plans** to address the causes using tried and tested methodologies.



Phase 4

- Monthly support visit will be done to **review progress made**.
- **Provide support and coaching** to identified service leads to continue with programme and train others, and the personnel will be empowered to make improvements in their own departments and test the impact of the improvement by analysing the data.



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Phase 5 & 6:

- Support visits will be done **two-monthly to review progress** made, provide support and coaching to identified service leads (champions) to continue with programme and train others.
- In between the support visits, **the facility teams will carry out self-evaluation and implement the quality improvements** that are required.
- **Remote support** will be provided.
- It will be important to **build support structures between the facilities** within the Quality Learning Centres to strengthen team working and referral
- After each support visit, **review of progress made and challenges** faced with representatives from all Quality and Learning Centres and Provincial leads will be identified and action plans developed together with Provinces, Districts and the facility.



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Phase 7:

- **External evaluation** will be carried out to evaluate if the facility meets the certification requirements.

Phase 8

- Reporting on the state of readiness and strategic review and roll-over of the plan beyond pilot phase



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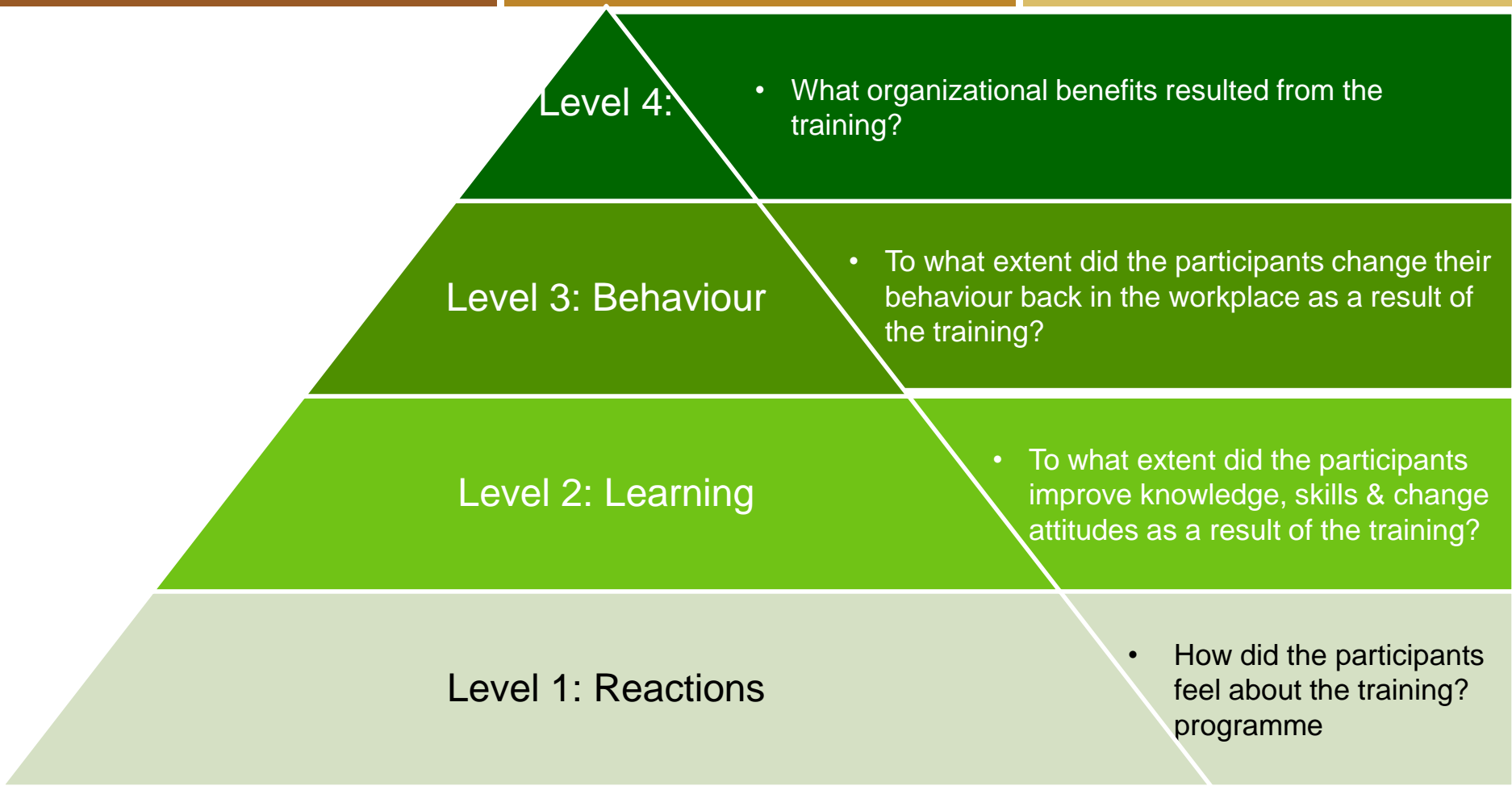
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- “Nothing for me without me”
- Engage patients in the planning and design of services
- Engage patients in monitoring the quality of services
- Main route of engagement via governance structures and patient satisfaction reporting systems

Evaluation of the impact of the training – using the Kirkpatrick Model



Quality Improvement Training



Backbone and key driver of change

Sustained implementation of QI techniques will result in culture change within the health system to embed a culture of continuous quality improvement in the health system

Skilling and equipping QI managers at senior, middle and operational management levels will enable change and ensure that positive change is sustained



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QI training

Proposed numbers of trainees



Category of health establishment	No. of trainees per facility
Central Hospital	100
Tertiary, Regional, District and Private Hospitals	60
CHC	2
Clinic	1
EMS Stations (public and private)	1
GP Practices	1
District Office	2
Provincial Office	2
National Office	12

Health establishment categories per province in QLC's



PROVINCE	QLCS	CENTRAL HOSPITAL	TERTIARY HOSPITALS	REGIONAL HOSPITALS	DISTRICT HOSPITALS	PRIVATE HOSPITALS	CHCs	CLINICS	EMS (PUBLIC)	EMS (PRIVATE)	GPS
EC	3	1	2	4	3	3	3	6	3	0	0
FS	2	1	1	1	5	2	2	4	2	0	0
GP	2	2	0	2	4	2	2	4	2	0	0
KZN	3	1	3	4	3	3	3	6	3	0	0
LP	2	0	1	1	6	2	2	6	2	0	0
MP	2	0	1	2	5	2	2	4	2	0	0
NC	3	0	0	1	2	3	4	7	3	0	0
NW	2	0	2	1	2	2	6	7	2	0	0
WC	1	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	0	0
TOTAL	20	5	10	16	30	19	24	44	19	0	0



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Total number of trainees per category



Category	CENTRAL HOSPITAL	TERTIARY HOSPITALS	REGIONAL HOSPITALS	DISTRICT HOSPITALS	PRIVATE HOSPITALS	CHCs	CLINICS	EMS (PUBLIC)	EMS (PRIVATE)	GPS	DISTR	PROV	NATIONAL
Total facilities	5	10	16	30	19	24	44	19	0 (20)	0 (40)	20	9	1 (TWG)
Certified trainees	500		4500			48	44	19	- (20)	- (40)	40	18	12

Number of trainees	
Current	5181
Additional: WC	125 (TBC)
Additional: Private EMS and GPs	60
Full anticipated total	5366

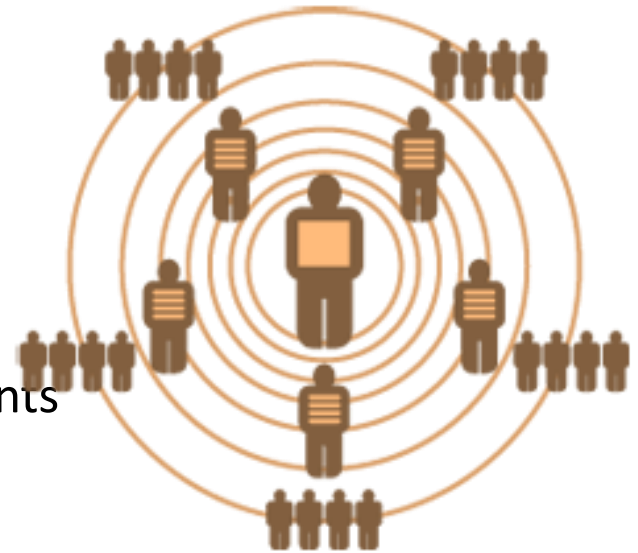
Dissemination of training



Quality champions to be trained within each QLC

Responsibilities:

- Overseeing implementation of QI activities
- Monitoring and evaluation of QI activities
- Trained as trainers to:
 - train others within the health establishment
 - provide training to other health establishments on OHSC inspection tools and quality improvement methodologies
 - support development of quality management structures in other health establishments



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Measuring progress



Impact

Improvement of the quality of care in health establishments

Assumptions 1: Impact of a new COVID-19 surge on programme implementation can be minimized and QI resources are not re-focused in response to a new COVID-19 / other disease outbreak

Outcomes

Establishment of a culture of Continuous Quality Improvement

Patient safety improved

Certification of health establishments by the OHSC

Assumptions 2: National commitment to the implementation and resourcing of the NHQIP and sufficient budget and human resources are allocated. All stakeholders in the public and private stakeholders work together to strengthen quality improvement

Outputs

Establishment of two quality learning centres in each province

Functional quality management structures / functions in all health establishments

Quality improvement plans in place and monitored

QI and QM skills and learnings disseminated

Improved utilisation of the PSIRS for reporting and analysis

Strengthened Clinical Risk Management in HEs

HEs empowered to conduct objective baseline & self assessment

HEs able to collect and analyse data for multi-disciplinary standards

Web-based information system for reporting and analysis of data available

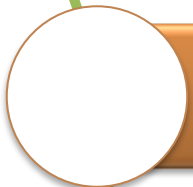
Capacity in QI at health establishments increased in preparation for NHI

Possible Barriers:
 Insufficient accountability at different levels
 Fragmented referral systems and lack of integration of services and communication between different health facilities
 OHSC unable to complete hospital tools and do not have the resources to undertake the training required on the tools

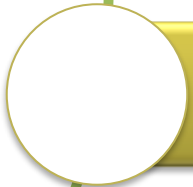
Expected outcomes



QLCs established in all Provinces



Capacitate the Provincial Leads to lead in the improvement of the health services in the catchment areas.



Enable certification process to be tested as an integral part of the quality improvement in preparation for the implementation of the NHI



It could enable facilities to be ready for testing contracting for the provision of services under NHI



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In progress and next steps



- National TWG has been appointed
- Governance structure established at other level (Provincial/district)
- 19 QLCs established, including private hospitals
- Training on OHSC Standards and Quality Improvement – well attended by public and private sectors;
- SWOT analysis conducted
- Dissemination of training within facilities (inspection tool training completed in some facilities)
- Self-assessments (completed in most CHCs and clinics, and some hospitals)
- Identification of participants for the pilot training
- Development of bespoke QI training package (in collaboration with UAB, SMU; Pilot: Jan 2022)
- Commencement of QI training – Apr 2022
- Inspection of facilities by OHSC – 4th Quarter 2021/22
- Engagement with relevant stakeholders to address bottlenecks hindering progress towards certification
- Establishment of 2nd and subsequent generation QLCs
- Analysis of data collected and reporting to NHC Tech
- Completion date: March 2023

Future plans



- Improve communication and collaboration with relevant units within NDOH and the health sector more widely; including other QI programmes
- Close collaboration with presidential health compact pillars and their activities;
- Mobilization of funding where necessary;
- Appointment of facility QI mentors
- Duplication of QLCs
- QI training through SMU/UAB

Conclusion



- Strengthening of the health system is a critical pre-condition for achieving the globally agreed upon aspirations. New investment in structural capacity, provision of leadership, culture change and innovation in the delivery of health services are required for health system strengthening.
- To achieve the aims of the NHQIP, it is critical that every level of the health system in the province plays their part. The actions taken by the province and district will automatically benefit health establishments as well, improving their chances of achieving certification
- The National Quality Improvement Plan is geared towards improving quality of services, which will assist facilities with certification, and finally accreditation with NHI.



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