Western Cape Government

Health

PUBLIC PRIVATE HEALTH FORUM MINUTES

Minutes of the meeting held on 27 September 2016 @ 16h00
Venue: Auditorium, Lentegeur Hospital

1. Present and Apologies

Please see attendance register attached as annexure to the minutes.

2. Welcome and Introduction

Dr Engelbrecht, Head of Department of Health, Western Cape Government, welcomed everyone present.

She informed the members that the time of the forum had changed to accommodate the doctors in private practice who usually cannot attend during the day. She mentioned that the purpose of the forum is for all facets of the private sector to engage with the public health sector in the Western Cape in an informal and open conversation to solve potential challenges. Entities such as Supply Chain Management and the Road Accident Fund engaged the private providers at previous meetings.

She introduced the Minister of Health, Dr Nomafrench Mbombo and mentioned that she is an amazing woman to work with and is usually the attraction of the meeting.

A special award ceremony would also be presented to the Western Cape Department of Health during the forum.

Questions to the speakers could be posted to the following social network platforms throughout the meeting which would thereafter be addressed at the Q&A session on the agenda:

- Live twitter feed through the *@westcapehealth page using the hashtag #PPHF2_16;*
- The Department's facebook page: *Western Cape Government Health; and*
- Email: *PPHF@westerncape.gov.za*

Dr Engelbrecht mentioned that the focus of the day is *Quality Care*. She presented the Department's approach on quality care and the progress made to date. She mentioned that the focus is on good governance and patient centeredness. There are a lot of instances where patient care is lacking but there are also amazing examples of exceptional service. She reported that quality assurance is measured in the Province by client satisfaction surveys, technical quality and looking at the care for the carer. A regulating framework guides quality assurance and clinical governance which is rolled out from Head Office to facilities and further to home based carers. The Department has implemented the Leadership Behaviours Charter whereby Managers are held accountable to ensure a culture that reflects the values. The Department keeps within the health compliance standards and compliance frameworks to obtain better health outcomes.

3. Matters Arising from Previous Minutes

Dr Gio Perez is the Chief Director for Metro District Health Services (MDHS) at the Department of Health.

He provided feedback on the GP Interface which looks at a meaningful partnership with private GPs and MDHS. He mentioned that the meeting was held in June 2016 which resulted in the establishment of common goals and principles such as:

- Better planning by providing links to shared clinical guidelines so that everyone operates from the same perspective.
- Share concerns within the Primary Healthcare system such as referrals that overlap.
- Circulate district health plans to have clear objectives and obtain a consensus on the goals that need to be achieved.
- Build the relationship incrementally rather than hastily as was previously attempted.

Similar concerns were shared by all parties. Meetings will be held on a quarterly basis of which the next meeting is in October 2016.

4. Quality Improvement: The science Behind QI

Ms Lauren de Kock is the Director and Head of Quality Improvement, Training and Mentoring at the Aurum Institute.

She presented various theories that can be used to obtain quality improvement in systems. A quick practical demonstration was done to prove that processes need to change to obtain different results. Analysing the science of improvement will assist to understand the problem. She reported that the process of mass production and standardisation does not care about the individual and it breaks down the relationship of leader and subordinate. Walter Shewhart's theory of statistical process control can be used to determine variations within a system using data. This teaches us to look at work over a period of time and to respond to random or special cause variation. Edward Demming's theory of profound knowledge is to understand the system, the human side of change and to build knowledge. This works better in conjunction with subject matter knowledge. The place of improvement will be where all the points meet and this will enable the acceleration and sustainability of improvement. The interconnectivity process of systems theory is utilised when one cannot create a process map of work resulting in difficulty in improving one's work. Theory of knowledge explains how systems operate. One of the best ways to understand systems is using the model for improvement. Don Berwick advised that we should build an environment and structure work in a manner that is mindful of variation, systems and to develop a theory of understanding to enable success. Further information about the theories can be found on the following website: www.auruminstitute.com

5. Quality Management: the Office of Health Standards Compliance (OHSC)

5.1. Standards, Quality Assurance & OHSC's Impact on Universal Health Coverage

Prof Lizo Mazwai is the Chairman of the office of Health Standards Compliance.

He presented some of the many engagements of the OHSC of which one is to explore whether universal health coverage is desirable for our country and if there is funding for it. He mentioned that funding will be mostly from the National Government as per the political and constitutional mandate which are: National Development Plain, Healthcare 2030, National Constitution, National Legislative

Framework, National Health Amendment Act 12 of 2013 and National Health Act on NHI which has been circulated for inputs.

He further mentioned that the purpose of universal health coverage is to improve and continually provide quality of health care delivery, look at re-engineering the systems of primary healthcare, affordable access and to avoid catastrophic financial implications. Reports will be submitted on the pilot sites to feedback on how to improve services and to identify the challenges. The potential risks are the long period over which it will be implemented and that the focus might be lost. Therefore implementation should be innovative with continuous evaluation and feedback. Affordability is under discussion and monitoring and evaluation will be managed by the existing board of trustees, reports and feedback of OHSC and Parliament.

5.2. Structure and Composition of the OHSC

Mr Bafana Msibi is the Acting CEO of the Office of the Health Standards Compliance.

He mentioned that its vision is for safety and quality healthcare for all South Africans. The mission is to act independently, impartially, fairly and fearlessly in guiding, monitoring and enforcing health care safety and quality standards in health establishments to serve the people of South Africa. He explained that the OHSC office reports to the Minister of Health, Dr Aaron Motsoaledi. The unit is managed by a board of 12 members which was nominated by the public. The Office comprises of four units: Complaints Management, Compliance Inspectorate, Health Standards Design Analysis and Support and Corporate Service. The office was started in 2008 but was officially established in 2014. The function of the office is to assess, advise, recommend and enforce. It is guided by the following legislature: Section 78, 79 (2) and 90 (1) of the National Health Amendment Act 12 of 2013. The Core Standards were established in 2011. It serves a population of 52.3 million people of which 17% is private sector and 83% is public sector.

He reported on the results of inspections revealing large variations and deficits in the quality of health services. There are inconsistent inequalities among provinces. OHSC has established norms and standards for public hospitals, clinics and CHCs as well as private hospitals and clinics to ensure that outcomes are regulated and promote change in behaviour.

6. Quality Accreditation: Continental Case Studies

Ms Jaqui Stewart is the CEO of the Council for Health Service Accreditation of Southern Africa (CoHSASA).

CoHSASA is a not-for-profit organisation that is based in Cape Town and has been operational since September 1995. They are the only African healthcare facility accreditation organisation that has been accredited by the International Society for Quality in Healthcare (ISQua.) This means that they have a certification of credibility for four years to accredit the quality of health standards. They are running programmes in 600 facilities across 8 countries in Africa. Their standards are quality and performance; client focus; a planned process; and consistence in measuring. Their process involves introducing the programme, performing a gap evaluation and implementing quality improvement plans. They use data and keep all documentation. External evaluations are done before accreditation is granted. After facilities receive accreditation, the healthcare staff feels empowered and more likely to manage and sustain continuous quality improvement programmes.

7. Patient Rights & Patient Safety: Adverse Events and Nursing Care

Prof Ethelwynn Stellenberg is the Head of Quality Management and Regulation, Division of Nursing at the Stellenbosch University.

She presented on patient safety and rights to healthcare. She mentioned some examples of malpractice litigation case studies. She mentioned problems such as non-protective ventilation strategy, inadequate training and supervision for junior staff. She did a pilot study on malpractice litigation in the nursing practice in South Africa and found that 100% of the problem is as a result of clinical management, 95.2% is human behavioural problems and 64.3% is organisational. This resulted in 7.1% deaths, 57.1% in disabilities, 92.9 increased hospital stays and 92.9% had their quality of life affected. Patient safety is recognised as a major threat to patients entering healthcare facilities. There is also the risk of developing acquired hospital infections. There are always risks but constitutional and basic human rights should not be violated. Malpractice claims have increased as reported in 2013 by Malherbe. In South Africa, litigation is pending with the Eastern Cape Province at R11 billion, Gauteng at R10 billion, and KwaZulu Natal at R9 billion. Globally, the United States of America had 4 billion dollars in 2006 and 55.6 billion dollars in 2008. The United Kingdom had 633.3 million pounds in 2007. Prof Stellenberg's opinion is that malpractice litigation will be the destruction of health care in the future. Urgent promulgation is required to provide safe quality patient care. Healthcare providers should be more caring compassionate, competent and knowledgeable to ensure that their clinical practices are beyond question.

8. QI in the Western Cape through the Best Care Always! Campaign

8.1. Introducing BCA & its Role in Quality Improvement

Dr Gary Kantor is co-founder of the Best Care Always!...Campaign.

Best Care Always is about identifying a problem and doing something about it. It started as a campaign in 2009 to establish best practice across hospitals with the support of experts. It was run in more than 200 public and private hospitals. There were 86 scientific abstracts from various areas such as infection prevention, patient centred care and system strengthening. Many workshops were conducted with staff. In the Western Cape, the problem was assessed then an intervention occurred and a study design was done. The hospitals that participated were: Groote Schuur, Tygerberg, Mowbray Maternity, George, Worcester, Paarl, Red Cross War Memorial Children's Hospital and the Western Cape Rehabilitation Centre. Standard methods do not always reduce problems. The intervention was the "Break Through" model by Health Institute for Healthcare Improvement. It ran over 18 months which implemented care bundles using improvement methodology. The model for improvement aims to measure change. The effects of the changes were implemented. Compliance was 80% which saved R1 million a year and less than 3 infections per month. They were also able to accommodate additional 300 patients per year. The Province decided to continue with the BCA programme independently. If these changes remain standard practice, future generations will learn safer ways of caring for patients.

8.2. BCA Quality Awards & IHI Forum Feedback

The awards were judged by an independent award sponsor and presented by Dr Kantor. Awards were given to the following people: Sister Yolander van Zyl at Tygerberg Hospital, Ms Mariam Marley from Stikland Hospital, Dr Schaik from BCA and Dr Bart Willems from Health Impact Assessment at the Department of Health. Dr Engelbrecht congratulated Dr Willems and mentioned that when he

qualified as a doctor, he did community service in the Eastern Cape, Africa, Europe and Asia. He founded a foundation and is an asset to the Department.

Dr Willems was unable to present his talk due to time constraints, but information regarding his talk can be found at the following link: https://youtu.be/UxD6LkShT0k

Dr Willems thanked everyone for the award and mentioned that it was a challenge trying to see how to spend the funds. He added that there is an international forum for quality and safety as many other countries are struggling as well therefore we can learn from them since they are willing to assist South Africa.

9. Questions & Answers

9.1. Is IC10 coding compulsory in the public sector and is it measured in the National Core Standards?

Prof Mazwai responded that currently it is highly recommended. There is confusion because of the two systems still running. It is not required and inspected yet until there is a unified standard. For billing purposes you need IC10 coding as a case managers tool.

9.2. What level of interaction should happen to align processes of district, provincial and national levels and how they can be incorporated to develop national core standards and how that can comply with the Office of Health Standards?

Mr Msibi responded that they are in the process of consulting with the Health Technology Unit from National Department of Health to define the tool and is collating inputs from all Provinces in terms of equipment compliance.

9.3. Dr Engelbrecht enquired if there is a place for voluntary accreditation when certification has to become compulsory?

Ms Stewart responded that there is a place for voluntary accreditation. Prof Mazwai agreed that it is an excellent concept and should be encouraged although it is not legislated.

9.4. Dr Engelbrecht enquired if there is a way to give recognition to the developmental approach towards meeting the National Core Standards?

Prof Mazwai responded that at the moment it is only black and white. There is no legislation that considers the progress as a developmental approach. There are many tools that can assist towards obtaining the standards but it is not measured.

9.5. Is there scope to improve or report more clinical outcomes using the District Health Information System?

Mr Msibi responded that an early warning systems component has been established in the OHSC. They have clinical indicators for inspecting both private and public sector to monitor quality of care that is provided. It uses real-time data to address issues relating to clinical care.

9.6. How can quality of care be developed and improved by intersectoral collaboration between various groups and providers of healthcare?

Dr Kantor responded that wellness of patients, exercise, and governance all has a role in affecting health. Public health sector should be linked to innovation. Innovation should be tested and applied to all health aspects. Dr Bart Willems added that his experience in Sweden was that health was incorporated in every policy of various departments in the Goverment. This makes it easy to measure it across departments and it creates accountability. Ms Stewart mentioned the mobile busses as an example of intersectoral collaboration in Cape Town which provides a healthcare service and improves learning at schools. To pursue excellence in Healthcare, people should go into the system voluntarily. Prof Mazwai responded that being accountable for your own personal health should be encouraged.

9.7. How is the performance of health systems measured?

Prof Stellenberg responded that there are 7 domains according to regulations of which dignity of patients is a critical one. Other domains are clinical support, leadership and governance. A possible solution is that Universities can assist to provide skills by offering short courses on continuous quality improvement in the clinical environment. Dr Willems added that structures, processes and inputs verses outcomes and impact are also considered. Sweden has quality registers for different diseases used for monitoring processes and outcomes which gets published by all facilities to compare and assist facilities that lag behind. Ms Stewart added that people are committed to quality but they might be reluctant if it is part of legislation. Rather encourage the developmental approach which might work better.

10. Closing Comments

Minister reflected on the discussion and mentioned that there are already a lot of tools for the implementation of quality of care in the Province and the Country. The Department produces good workers and there are patients that acknowledge and confirm that. Healthcare 2030 has an entire section on quality improvement. The only issues are driving compliance. She observed that the voice of the patient was not heard throughout the process but only at output level. Emphasis is too much on the process and not on the outcomes. Outputs are measured and the voice of the patient is also reflected in the output of surveys done. The OHSC is a legislative body and we have to comply but there are some challenges being addressed. A lot of the time the nursing fraternity is not included in the clinical issue discussions to explore how to make clinical issues work.

Minister congratulated the award winners and thanked everyone for attending, especially those who travelled from far as well as Prof Househam, the previous Head of Department.

Dr Engelbrecht enquired about the number of members who prefer the evening forum. Although a small number of members were in favour of it, majority of members still prefer a daytime meeting.

Dr Engelbrecht thanked everyone for attending.

The meeting closed at 19h11.

PRESENT	
Nomafrench Mbombo	WCGH
Beth Engelbrecht	WCGH
Deidre de Kock	WCGH
Gakeem Basardien	WCGH
Giovanni Perez	WCGH
Jessica le Roux	WCGH
Krish Vallabhjee	WCGH
Mandi Bell	WCGH
Michael Manning	WCGH
Mladen Poluta	WCGH
Muhammad Moosajee	WCGH
Raeesa October	WCGH
Roshan Saiet	WCGH
Nazli Johaardien	WCGH
Luyanda Mfeka	WCGH
Tendani Mabuda	WCGH
Salie Ahmed-Kathree	WCGH
Lameesa Ismail	WCGH
Sabela Petros	WCGH
Bart Willems	WCGH
Rone Murray	Alpha Pharm
Werner Styger	Alpha Pharm
Chibuzo Anaso	Anasodiabitiz Inc.
Clinton Van Zitters	Aspen Pharmacare
Lauren De Kock	Aurum Institute (SPEAKER)
Magda Kleinveld	Berea Placements
Gareth Kantor	Best Care…Always! Campaign (SPEAKER)
Mandla Moyo	Biotic Health
Ester Wilson	CANSA
Rene Petersen	CANSA
Siyabulela Mamkeli	City of Cape Town
Elize Fouche	Coloplast
Jacqui Stewart	Council for Health Service Accreditation of Southern Africa (SPEAKER)
Paula Arnold	Curanova Recruitment
Craig Househam	Deloitte
Tercia Ford	Dischem Pharmacy Group
Taryn Springhall	eHealthNews
John Pratt	EOH Health
Brett De Klerk	EOH Health
Elaine Ruck	EOS
Tim Willard	Equra Health
Preneshen Naidu	GE
Paul Hendey	Healthbridge
Phil Kantor	ICU Medical
Andre Kotze	ICU Medical
Thomas Koorts	Imdoc Healthcare

Rory Elshove	Immploy Medical Recruitment
Shane Maclons	Immploy Medical Recruitment
Michele Youngleson	Independent
Hannelie Fourie	Infocare
Erica Wiese	Innovation Edge
Angeliki Carvounes	Insight Actuaries and Consultants
Charlene Jones	Life
Trudy Petersen	Life Path Health
Lindsay Curran	M and L Medical Suppliers
Marlon Burgess	MDG Healthcare
Beverley Pedro	Med Scheme
Grant Pepler	Med X Solutions
Ruth Daniels	Mediclinic
Muneer Omar	Mediclinic
Yashmin Samlal	Mediclinic
Ria-Lee Botha	Medipost Pharmacy
Randal Pedro	Melomed Private Hospitals
Rene Anderson	Metropolitan Health (MMI)
Antoinette Frontini	MSO (Medical Services Organisation)
Leanne Bagley	National Renal Care
Liana Le Roux	National Renal Care
Makmwedi Makaopa-Madisa	Office of Health Standards Compliance
Winnie Moleko	Office of Health Standards Compliance
Bafana Msibi	Office of Health Standards Compliance (SPEAKER)
Lizo Mazwai	Office of Health Standards Compliance (SPEAKER)
Hazel Cooper	Omnicare
Marlene Lawrence	Parliament of RSA
Lee Roering	Philips HealthTech
Amy Williams	Private
Hloni Bookholane	Private
Nicola Steinhaus	Private
Melissa-Anne Boschmans	PWC
Carolyn Clark	PWC
Nkhumbuleni Maphangwa	RAF
Altech Bayoo	Ranfin
Harold Amaler	SA Metal
Nomsa Nkata	SAMS
Sarah Driver-Jowitt	Shonaquip
Shona Mc Donald	Shonaquip
Farzanah Behroozi	Stellenbosch University
Ethelwynn Stellenberg	Stellenbosch University (SPEAKER)
Dirk Wagener	Stone Three Venture Technology
Sarel Malan	University of the Western Cape (UWC) School of Pharmacy
JP Marais	Vencorp Group
Eugene Samuels	Vencorp Placements
Phila Zita	WELA Healthcare Centre
Siyanda Mdukulwana	WELA Healthcare Centre

APOLOGIES	
Sandras Phiri	Africa Trust Academy
Yaseen Harneker	Busamed
Kitumaini Makinde	CPUT
Gillian Stewart	Deloitte
Janette Mostert	Infinity Family Clinic
Leana Habeck	International Board of Lactation Consultant Examiners (IBLCE) SA Office
Robert Antoine	LeCoquin Foods
Len Deacon	Len Deacon and Associates (Pty) Ltd
Japie du Toit	Life Healthcare
Kobus Venter	Masincedane
Anneke Wessels	Mediclinic
Edmund van Wyk	Mediclinic Southern Africa
Michael Johnson	Ncuma
Garry Whitson	PN Medical
Zaidah Amlay	Tecmed
Bhavna Patel	WCGH
Ethel Linden-Mars	WCGH
Yusrie Jacobs	WCGH