

HIGHLIGHTS DAY 2: 25/02/2016

CREATING A QUALITY REVOLUTION IN HEALTH. WHAT ROLE FOR NURSES? PROF L. RISPEL

“waves of health systems reform”

Quality health service is non-negotiable, restoring patient and staff confidence

Is getting the best resources

Meeting specifies standards

Degree of which health services of individuals, families, groups and communities standards are met

BACKGROUND: PROF L.RISPEL

- ▶ There is relatively poor return on investment in terms of health
- ▶ There is a quest for greater efficiency, fairness and responsiveness to the expectations of communities
- ▶ There is South African overall of political and socio-economic reforms (NHI) white paper

Purpose of Initiatives

- ▶ Ensure patient safety & reduce /eliminate unavoidable error
- ▶ Improve clinical effectiveness
- ▶ Improve patient satisfaction

BACKGROUND

- ▶ Promote public accountability

PUBLIC HEALTH SECTOR

- ▶ Reconstruction and Development Programme (RDP)
- ▶ White papers (Transformation for Health Sector & Transformation for Public Sector)
- ▶ National Health Act
- ▶ Establishment of the Office of the Health Standards Compliance

OFFICE OF THE HEALTH STANDARDS COMPLIANCE

LEVERS

- ▶ Independent
- ▶ Enforces legislation
- ▶ Envisage links between compliance with quality standards
- ▶ Improve overall systems

GAPS

- ▶ Improper storage of medicines
- ▶ Incorrect handling and disposal of sharps
- ▶ Cleaning facilities
- ▶ Cross infection risk compromise patient's safety
- ▶ Compromised infection, control practices in the treatment room

WHY DOES QUALITY REMAIN ACHILLES HEEL?

- ▶ Sub-optimal governance, stewardship and leadership at various levels of health system
- ▶ Management instability
- ▶ Lack of district/provincial oversight
- ▶ No validation of information and feedback
- ▶ Unfamiliarity/inability to manage complexity
- ▶ Lack of “management by walking about/around”
- ▶ Lack of adequate monitoring

FRAGMENTATION OF INITIATIVES

- ▶ General lack of accountability
- ▶ Capacity problem
- ▶ Gaps in pre-service training (content & policies)
- ▶ Power struggles
- ▶ Lack of inadequate system (auditing)
- ▶ Gap between policy and implementation

HOW DO WE CREATE QUALITY AND REVOLUTION?

- ▶ Cleaning hospitals and clinics
- ▶ Patient safety prioritized
- ▶ Records management
- ▶ Proper storage of medicines

QUALITY REVOLUTION

- ▶ Monitoring and enforcing compliance
- ▶ Investigation and disposal of complaints

ROLE OF NURSES

- ▶ Clinical competence and scope of practice (code of ethics & pledge of service)
- ▶ Understand and teach members on the background to OHSC & objectives
- ▶ Leadership role in quality of care initiatives

BEHAVIOUR CHANGE

- ▶ Promote and recognise
- ▶ Discourage and penalise

NB: Do not underestimate the collective power of nurses to improve population health outcomes and health systems performance.

Individual responsibilities of nurses to update and keep abreast with national and international trends

MINISTER OF HEALTH ADDRESS : DR A. MOTSOALEDI

- ▶ There will be a workshop on NHI whitepaper in May 2016 for DENOSA whereby comments, inputs will be entertained by Minister of Health
- ▶ NHI is a health financing system that pools funds to provide access to quality health services for all South Africans based on their health needs and irrespective of their socio-economic status
- ▶ Historical context of health care financing dating back in 1928 whereby a Commission on Old age Pension and NHI
- ▶ the 1943 African Claims that proposed equal treatment in the scheme of Social Security;
- ▶ The Freedom Charter as adopted by the Congress of the People, 1955;

MINISTER OF HEALTH ADDRESS

- ▶ Under The African Claims in South Africa the Charter on Health states :“a drastic overhauling and re-organisation of the health services of the country with due emphasis on preventive medicine with all that implies in modern public health sense.., strongly urged the establishment of free medical and health services for all sections of the population” (14/12/1943)
- ▶ Declaration of Alma-Ata; International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978
- ▶ Declaration 11: The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

NATIONAL DEVELOPMENT PLAN: VISION FOR HEALTH 2030

- ▶ Life expectancy to increase to 70 years for both men and females
- ▶ Generation of under 20 HIV free
- ▶ Infant mortality rate less than 20 deaths per thousand live births
- ▶ Under fives mortality rate of less than thirty per thousand live births
- ▶ Significant shift in equity, efficiency, effectiveness and quality of health care provision
- ▶ Strong preventative health care
- ▶ The risk posed by the social determinants of diseases and adverse ecological factors to be reduced significantly

SUSTAINABLE DEVELOPMENT GOALS (SDGs) OF THE UNITED NATIONS

- ▶ Goal 3: Ensure Healthy Lives and promote wellbeing for all ages
- ▶ Goal 3.8 Achieve Universal Health Coverage including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Keynote address by Dr L.G. Sambo, Regional Director of WHO Regional Office for Africa at the Conference of Ministers of Finance and Health, Tunis 4-5 July, 2012

- ▶ MAJOR THRUSTS FOR ATTAINING UNIVERSAL HEALTH COVERAGE:
- ▶ *strengthening the capacities of public health infrastructure to provide effective, safe, and quality health services. Infrastructure includes “staffing, buildings, technologies; utilities such as power and water supply; waste management; transport and communication; and FINANCING investments, maintenance and recurring costs”.*
- ▶ Health infrastructure entails public investments and Governments will have to explore innovative ways of harnessing the resources of the private sector, NGOs and communities.

THE SIX (6) BUILDING BLOCKS OF A HEALTH CARE SYSTEM

According to WHO (World Health Organisation) a health care system has six (6) building blocks:

1. Leadership and governance;
2. Access to essential medicines and other commodities;
3. Health workforce (Human Resources)
4. Health systems financing
5. Health information systems
6. Health service delivery

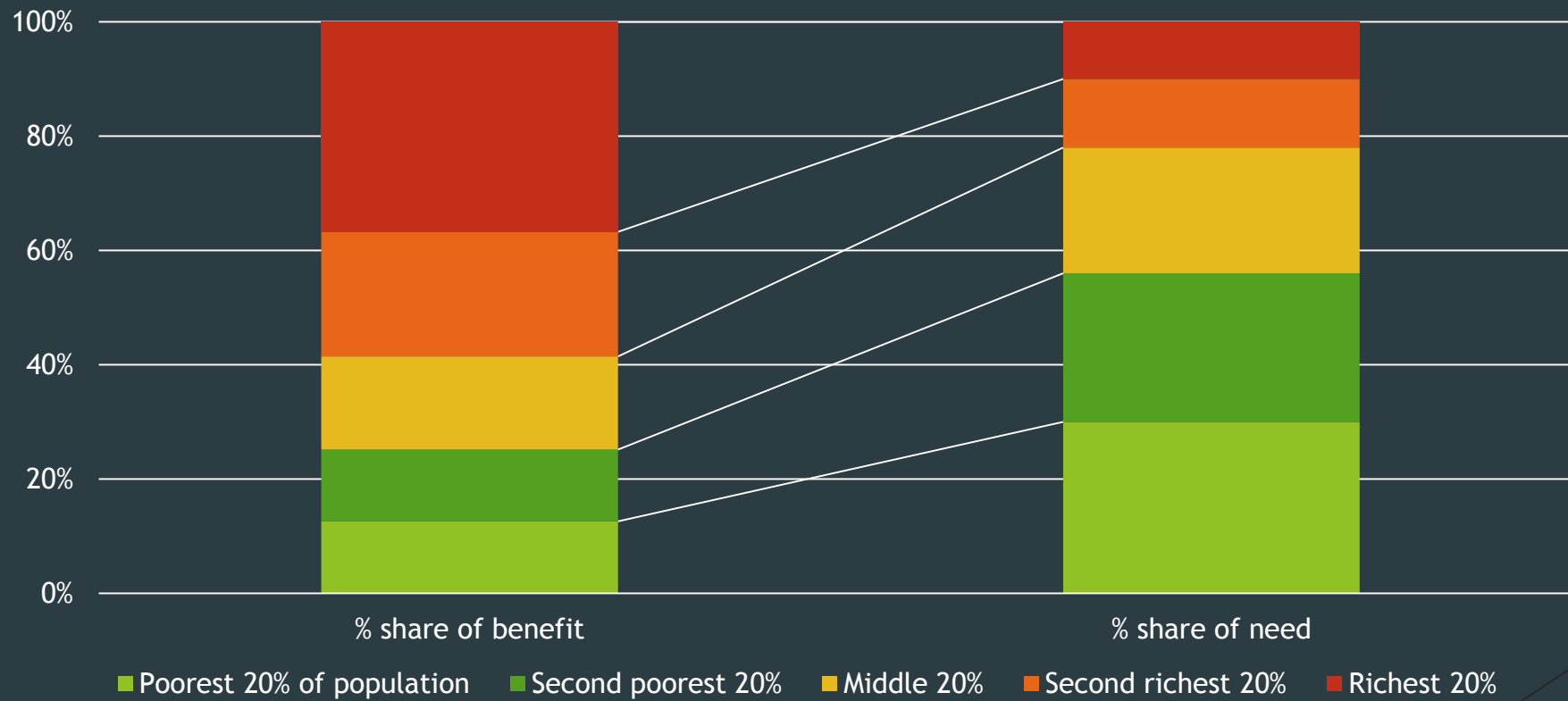
GLOBAL STRUCTURAL PROBLEMS OF HEALTH CARE SYSTEMS

Dr Margaret Chan Director-General (WHO)

► That is -

- (i) rising health care costs yet poor access to essential medicines, especially affordable generic products;
- (ii) an emphasis on cure that leaves prevention by the wayside;
- (iii) costly private care for the privileged few, but second-rate care for everybody else;
- (iv) grossly inadequate numbers of staff, or the wrong mix of staff;
- (v) weak or inappropriate information systems;
- (vi) weak regulatory control; and
- (vii) schemes for financing care that punish the poor.

WHAT IS WRONG WITH THE PRESENT SYSTEM?



SOLUTIONS

Three dimensions to consider when moving towards universal coverage

