Creating a quality revolution in health care: what role for nurses?

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Presentation at the 3rd South African Nurses Conference

25 February 2016
• “The importance of providing quality health services is non-negotiable. Improved quality of care is fundamental in improving South Africa’s current poor health outcomes and in restoring patient and staff confidence in the public and private health care system”.

• Minister of Health, Dr Aaron Motsoaledi, Foreword to the National Core Standards for Health Establishments in South Africa. Pretoria: DOH, 2010
• Context of health care quality initiatives
• Background
  – Quality of care initiatives in South African public health sector
  – Gaps in quality
  – Why does quality remain our Achilles Heel?
• Creating a quality revolution in health care
• Role of nurses
• Conclusion
• Globally, ‘waves’ of health systems reform
  • Relatively poor returns on investment in terms of health
  • Quest for greater efficiency, fairness and responsiveness to the expectations of communities
• Goals of health systems
• In South Africa, overall political and socio-economic reforms
  • National Health Insurance System

Sources: WHO 2000, 2008; DOH, 2015
WHAT IS QUALITY?

• “Getting the best results from available resources’

• “Meeting specified standards”

• “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes, are consistent with current professional knowledge, and meet the expectations of healthcare users.”

Sources: SA National Core Standards; Donabedian and Deming; Donabedian 2005, WHO 2009, DOH, 2010
QUALITY OF CARE INITIATIVES

• Improving quality important global health priority
  – Medical errors & patient dissatisfaction - costly

• Purpose of initiatives:
  – Ensure patient safety & reduce / eliminate avoidable errors
  – Improve clinical effectiveness
  – Improve patient satisfaction
  – Promote public accountability

Public Health Sector - Quality Initiatives

1994

Reconstruction & development programme (RDP)
High quality, efficient services through decentralized management & local accountability

1997

2 White Papers:
- Transformation of Health System-
  quality key principle & norms and standards
- Transforming Public Service Delivery-
  8 Batho Pele principles-consultation; setting service standards; increasing access;
  ensuring courtesy; providing information; openness and transparency; redress & value for money

2005

National Health Act
Patients’ Rights Charter

2010: National Core Standards
7 domains- Patient Rights; Patient Safety,
Clinical Governance and Care; Public
Health; Leadership & Corporate Governance; Operational Management;
Facilities & Infrastructure

2011: Green Paper on NHI
Ties re-imbursement & facility accreditation to quality standards

2013-15

• National Health Amendment Act-Office
  of Health Standards Compliance
• Draft Regulations

Sources: RDP; Government policy documents
Quality Gaps
Decanted medicine syrup

Opened needle on a syringe, inside a cooler box in labour ward.

Source: OHSC
INCORRECT HANDLING AND DISPOSAL OF SHARPS

Box used for disposal of syringes and vials

Miscellaneous items, opened needles, opened and sealed vials

Source: OHSC
Water for cleaning not changed, re-used

Decanting of cleaning solution

Source: OHSC
CROSS-INFECTION RISK
COMPROMISED PATIENT SAFETY

Source: OHSC
COMPROMISED INFECTION CONTROL PRACTICES IN TREATMENT ROOM
Why does quality remain our Achilles Heel?
WHY ONGOING QUALITY PROBLEMS?

• Sub-optimal governance, stewardship and leadership @ various levels of health system
  – Management instability
  – Lack of district/ provincial oversight
    • No validation of information or feedback
  – Unfamiliarity/ inability to manage complexity
  – Lack of “management by walking around”
    • Lack of or inadequate monitoring
    • Priority is meeting attendance
  – Fragmentation of initiatives

Source: OHSC
2. WHY ONGOING QUALITY PROBLEMS?

- **General lack of accountability**
  - Often no consequences for wrong doing
  - General risk aversion—’doing enough to stay out of trouble’
  - Lack of feedback – both up and down the hierarchy
  - Culture of blame or blame-shifting & victimisation

- **Capacity problems**
  - Numbers, skills, competencies & action

- **Gaps in pre-service training**
  - Graduates preparation vs reality of service delivery
  - Content of training
  - Problems with clinical training and service platform
  - Inadequate number of exemplary role models
  - Inadequate linkages between training institutions & health facilities
3 = WHY ONGOING QUALITY PROBLEMS?

- **Power ‘struggles’**
  - Patients and health professionals
  - Among health professionals
- **Lack of, or inadequate, systems**
  - Auditor-general → performance information ‘not useful’ or unreliable
- **Gap** between policy and implementation
- Lack of or insufficient resources and resourcing
- Monitoring and evaluation gaps

Sources: AGSA, 2010/11; Rispel & Moorman 2013
How do we create a quality revolution in health care?
CLEAN HOSPITAL

Source: OHSC
### Surgical Safety Checklist (First Edition)

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RECORDS MANAGEMENT

Source: OHSC
STORAGE OF MEDICINES
CREATING A QUALITY REVOLUTION

Office of Health Standards Compliance (OHSC)
The **Objects of the Office** are to protect and promote the health and safety of health service users by:

1. **Monitoring and enforcing compliance** of health establishments with norms and standards

2. **Investigation and disposal of complaints** relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner

Source: RSA: National Health Amendment Act, no 12 of 2013
• Advise the Minister on determination and review of norms and standards
• Inspect and certify health establishments as compliant or non-compliant
  – **NB**- where appropriate and necessary, withdraw certification
• Investigate complaints relating to breaches of prescribed norms and standards
• Monitor indicators of risk as an early warning system
• Identify areas and make recommendations for intervention
• Publish information relating to prescribed norms and standards
• Recommend quality assurance and management systems for the national health system
• Keep records of all its activities

Source: RSA: National Health Amendment Act, no 12 of 2013
• The OHSC may:
  – Issue guidelines
  – Collect or request any information
  – Liaise with any other regulatory authority

Source: RSA: National Health Amendment Act, no 12 of 2013
• Independent regulator
• Ability to enforce legislation
• Envisaged links between compliance with quality standards and NHI re-imbursement & facility accreditation
• Improve overall system of quality of care
• Enhance accountability
• Risk management
• Monitoring of compliance to norms and standards
  – Entire health system (both public and private sectors)
BEHAVIOUR CHANGE

Promote and recognise

- Systems to assess and control risks to safety and quality
- "User focus" - compassionate, respectful, available
- "Provider focus" - effective, efficient
- Proactive, problem-solving
- Accountable

Discourage and penalise

- Ad-hoc and arbitrary actions / activities
- Impunity - for abuse of power, negligence, non-delivery
- Mediocrity
- "It's not my fault"
- The bottom line / the budget as the primary goal

Benchmarking and “Compliance” - Making it more comfortable to do job than not to
ROLE OF NURSES

- Clinical competence and scope of practice
  - Code of ethics
  - Service Pledge
- DENOSA important role as voice of nurses
  - Understand & teach members on background to OHSC and its objectives
    - Leadership role in quality of care initiatives
      - *Nurses in Wales – Bill which enables registered nurses to influence staffing decisions in health establishments
      - *American Nurses Association- National Nurses Week, May 6 - 12. 2016 official theme is “Culture of Safety: It starts with YOU!
- Do not under-estimate collective power of nurses to improve population health outcomes and health systems performance

Source: Nurses Group on Google
• Possible to create a quality revolution
• OHSC important body to ensure the right to quality health care
• However we need:
  – Stewardship & leadership from health managers, professionals and the academy
  – DENOSA and nurses important role to play
  – Active and aware citizens: patients & communities
  – Strong accountability mechanisms
  – Ongoing monitoring and evaluation
ACKNOWLEDGEMENTS

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