

INSPECTION STRATEGY

***OHSC SEMINAR
14 April 2016***



OHSC

Office of Health Standards Compliance
Ensuring quality and safety in health care

THE INSPECTORATE HAS SEVEN STRATEGIC OBJECTIVES ALIGNED WITH ONE STRATEGIC GOAL

Strategic Goal	Strategic Objectives
<p>1. Health Establishments (HEs) comply with quality norms and standards</p>	<ol style="list-style-type: none">1. All HEs obligated by prescribed norms and standards / regulated are registered annually for purposes of monitoring and inspections2. Guidance is provided on compliance with norms and standards for regulated HEs3. Compliance with quality standards in regulated health establishments is monitored and inspected at least every 4 years and relevant action is taken4. Non-compliant HE are subjected to re-inspection or review within 6 months5. Health Establishments found to be compliant with prescribed norms and standards are certified.6. Enforcement action is effected with respect to persistently non-compliant health establishments7. An early warning system of potential situations of risk is implemented by HEs to prioritise inspections

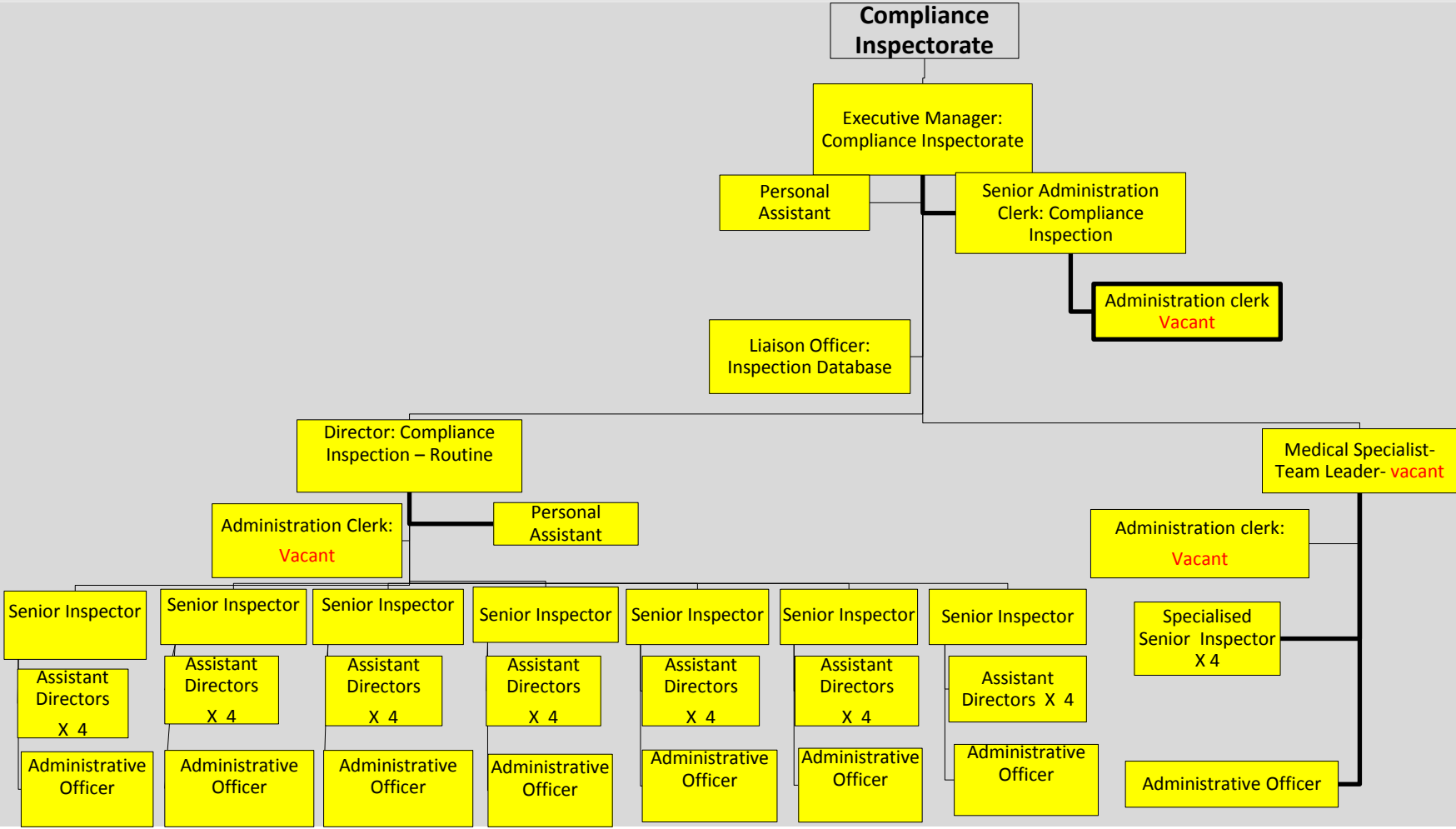
Performance Indicators 2016/17

Programme performance indicators and annual targets for 2016/17

The following table sets out the annual performance targets for the programme using indicators as identified

Programme Performance Indicator	Strategic Plan Target	Estimated performance				Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
# and % of public sector health establishment inspected annually by the OHSC	20%	-	-		10%	17% (649 of 3816)	17% (649 of 3816)	18% (689 of 3816)
# and % of private sector health establishment inspected annually by the OHSC	30%	-	-	-	New indicator	20% (74 of 369)	25% (92 of 369)	30% (111 of 369)
% of provisionally non-compliant health establishments subjected to re-inspection or review within 6 months	80%	-	-	-	30%	35%	40%	45%
# compliance inspectors accredited as competent	60				New indicator	20	20	20

ORGANOGRAM



INSPECTION PROCESSES

HSDAS

Annual submission by HE

Monitoring system:
facility profile submission, self assessments,
EWS

Low risk

Medium risk

High or extreme risk

Schedule/Annual Self reporting & renewal within 4 years

Schedule inspection before 4 years

Schedule inspection as soon as possible

Inspectorate

Scheduling/
planning

Conduct inspection

Validation of result, CJF

Is HE compliant?

Yes

No

Compliance notice

Review OR 1st re-inspection

Compliance notice

2nd re-inspection

Process for certification / renewal

Certification and enforcement unit

Enforcement

Core processes of Compliance Inspections

Annual
submissions
and Profiling

Sampling
and
scheduling

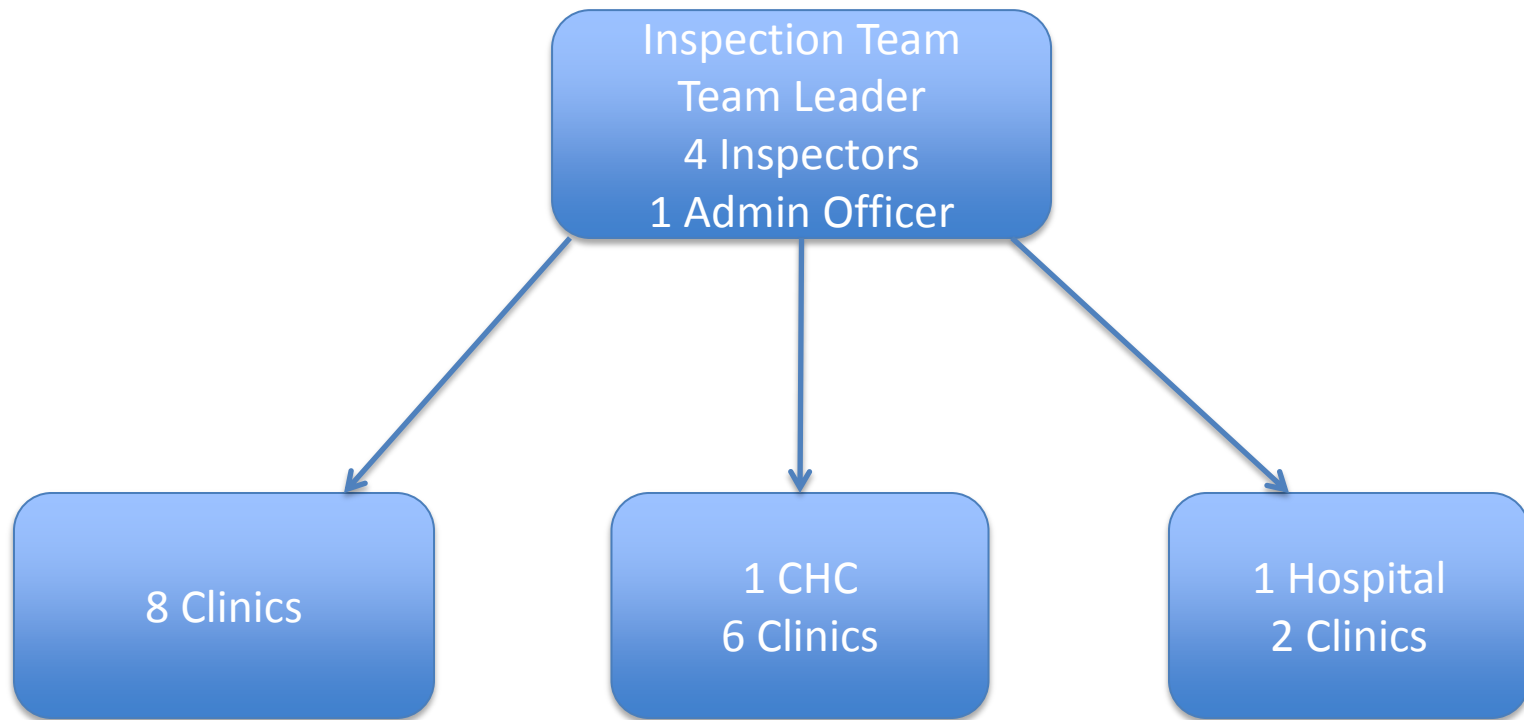
Inspect

Grading

Certificate
and
Enforcement

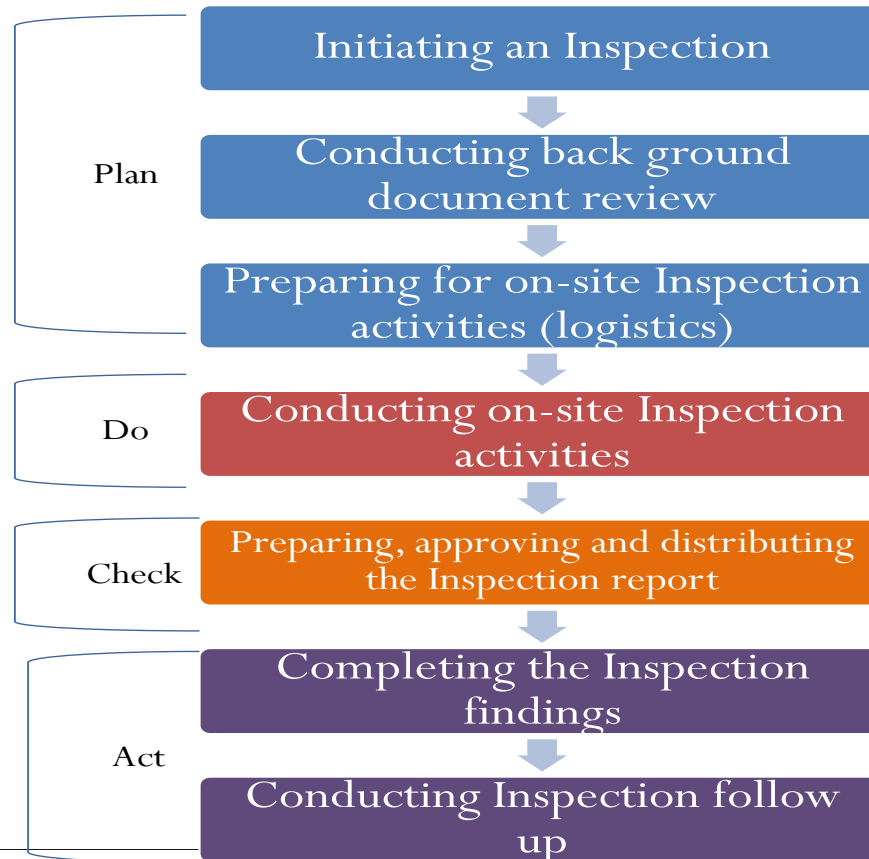
Monitor

Inspection model



INSPECTION PROCESS FLOW

Inspection Programme process flow



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ISO 19011:2002

PROJECTED COVERAGE

INSPECTIONS 2016/17

Quarter	Clinics	CHCs	Hospital	Total
Quarter 1	130	8	17	155
Quarter 2	266	21	20	307
Quarter 3	164	10	21	195
Quarter 4	202	11	25	238
Total	762	50	83	895

Public HE Inspections

Public Health Establishment				
	Clinics	CHCs	Hospital	Total
Q1	122	8	13	143
Q2	190	12	17	219
Q3	100	6	13	119
Q4	162	10	16	188
Total	574	36	59	669

PUBLIC: COVERAGE BY TYPE

Public health establishments			
Facility type	Number to be inspected	Total number of facilities	% Coverage
Clinics	574	3167	18%
CHCs	36	324	11%
Hospitals	59	325	18%
	669	3816	18%

PRIVATE HE INSPECTIONS

Private Health Establishment				
	Clinics	CHCs	Hospital	Total
Q1	8	0	4	12
Q2	42	7	0	49
Q3	10	0	5	15
Q4	12	0	6	18
Total	72	7	15	94

PRIVATE: COVERAGE BY TYPE

Private health establishments			
Facility type	Number to be inspected	Total number of facilities	% Coverage
Clinics	72	241	30%
<u>CHCs</u>	7	32	22%
Hospitals	15	96	16%
	94	369	<u>25%</u>

RE-INSPECTIONS

Re-inspections				
	Clinics	CHCs	Hospital	Total
Q1	0	0	0	0
Q2	34	2	3	39
Q3	54	4	3	61
Q4	28	1	3	32
Total	116	7	9	132

SUMMARY

	No of Inspections	Total Number of HE	% Coverage
PUBLIC	669	3816	18%
PRIVATE	94	369	25%
RE-INSPECTION	132	368 <i>(525)(0.7)(0.35)</i>	36%

SELECTION FOR HE

SCHEDULING

- **To maintain a balanced provision for all types of inspections - Routine including specialized, Re-inspections, Risk based additional inspection for persistent non compliance**
- **Ensuring the planning and efficient allocation of resources for inspections**
- **Setting the strategy for selection of provinces, districts and specific HE to be inspected**
- **Ensuring compliance with the prescribed inspection periods.**
- **Anticipate ad hoc inspections for which the need may arise as a result of Risk factor: EWS, triggers, persistent non compliance**

DETERMINING SAMPLE PER PROVINCE

Province	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
Clinics per province	727	211	326	554	509	234	127	267	212	3167
18%	132	38	59	100	92	43	23	48	39	574

SAMPLE PER PROVINCE

Province	No of Districts	Sub districts	No of HE	Number of Clinics inspected	Number of CHCs to be Inspected	Number of Hospitals	Total Number of HE to be Inspected
EC	8	26	830	132	5	10	159
FS	5	22	245	38	1	4	47
GP	5	27	393	59	4	10	78
KZN	11	51	643	100	2	11	123
LP	5	25	577	92	3	6	111
MP	3	18	313	43	5	5	58
NC	5	27	173	23	4	2	31
NW	4	19	331	48	5	4	63
WC	6	32	311	39	7	7	56
9	52	247	3816	574	36	59	669

THANK YOU