

Quarterly Bulletin

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What you need to know about the Compliance Status Framework for Hospitals



The Office of Health Standards Compliance (OHSC) continues working towards fulfilling its legal mandate by ensuring that health services are reliable, safe, and of acceptable quality for users in public and private health establishments in South Africa. One of the important ways the OHSC achieves this is by conducting inspections in health facilities to assess compliance with the promulgated norms and standards regulations.

The norms and standards regulations for different categories of health establishments were published by the Minister of Health in 2018, which came into

effect from 2019. Subsequently, the OHSC followed with the development of inspection tools for various categories of health establishments in consultation with various stakeholders.

The compliance status framework (CSF) is a guideline document that enables the OHSC to make compliance decisions of health establishments in a transparent, fair, and consistent manner. Furthermore, the framework outlines the methodology used to ensure an accurate, easy-to-use, and scalable process for the aggregation of the measures toward the determination of compliance status outcomes. Another important utility of the CSF is to enable stakeholders to have a clear understanding of processes used to synthesize the inspection findings and ultimately to determine the compliance outcome of inspected health establishments.

Each service area within the health establishment has its own section within the inspection tool and these sections are called functional areas. The district and regional hospitals' inspection tools consist of 36 functional areas each and the private acute hospital inspection tool consist of 28 functional areas. The risk rating is an important component of quality measurement and quality assurance. The importance and purpose of risk rating lie in its ability to assess the risks involved in the daily operational activities of any enterprise and classify them based on their impact on the business.

In healthcare services, the delivery model is made up of multiple and interdependent components and technologies. As a result, healthcare is very complex with multiple risks for the users and staff. Healthcare quality measurement and assurance requires the identification of these risks and classifying them according to their potential impact and likelihood. The risk rating is determined and applied at the measure level within the various functional areas. The OHSC adopted, modelled, and ultimately customised its risk rating of the measures around the Australian (Government of South Australia: SA Health) risk rating methodology as outlined in the Safety Assessments Code Matrix (SAC) of the Patient Incident Management Tool 2.

OHSC Fraud and Ethics Hotline

Toll-Free Number: 0800 003 231

Email: ohsc@thehotline.co.za

Website: <https://www.thehotline.co.za/report>

SMS: 30916

Fax: 0867261681

Postal Address: PO Box 10512, Centurion, 0046

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The SAC is a numerical score that rates incidents affecting a patient or security incident. The score is based on the consequence of identified incident and the likelihood of its recurrence. (www.sahealth.sa.gov.au/SafetyLearningSystem). The risk rating methodology, although modelled on the SAC matrix, has been customised for the South African healthcare system architecture and operational realities. The measures have been risk rated or classified into three categories of risk based on a consequence, likelihood, and potential impact on the users and staff of healthcare services. These categories are:

- a) Non-negotiable measures (NNM)
- b) Vital measures (V)
- c) Essential measures (E)

Scoring and grading model

Assessment measures are scored in line with the requirement/s stipulated in the inspection tool. The inspection tool consists of two broad types of measures. These types are: direct measures, and measures assessed through the use of a checklist.

The scoring approach for the direct measures (i.e., measures without a checklist) will be one (1) where the requirement/s are met/fulfilled and zero (0) where the requirements are not met/fulfilled. The scoring measures assessed through checklists (lists of aspects for the measure) are scored as a fraction (represents the number of aspects that met the requirement divided by the total number of applicable aspects in the checklist). The fractional score of the checklist represents the actual performance of the health establishment against the measure requirements at the time of inspection.

The fractional score achieved on the checklist measure is used in the computation of the grading score. To determine compliance level with the actual checklist measure using the fractional or proportional scoring, the cut-off levels are scored 100% for Non-Negotiable Measures, 80% for Vital Measures, and 60% for Essential Measures. The determination is solely for the purpose of the health establishment to know if they have complied with the measure requirements or not.

The cut-off levels are not meant for the purpose of converting the fractional score into a binary score and therefore do not impact the computation of the grading score. The computation of the health establishment score for non-negotiable (NNMs), vital or essential measures are scored according to the formula listed below:

Formula:

$$\text{Score} = \frac{\sum \text{scores for the achieved applicable measures}}{n}$$

n = total number of applicable measures

The proportional scoring will be used to show the level of performance on the health establishment report. The OHSC will grade health establishments' performance into one of the following four grading categories listed in a table below:

| HOSPITAL CSF GRADING MODEL | |
|----------------------------|--------------------------|
| Grading | Risk Ratings |
| Excellent | V ≥ 80% E ≥ 70% |
| Good | V – 70-79% E – 60-69% |
| Satisfactory | V – 60%-69 E – 50-59% |
| Unsatisfactory | V < 60% E < 50% |

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The OHSC welcomes appointment of Emeritus Mokoena as the Health Ombud



From Left to Right: The Health Ombud, Emeritus Professor Taole Mokoena welcomed by Minister of Health, Dr Joe Phaahla at GCIS media briefing

Emeritus Professor Taole Mokoena has been appointed as the incoming Health Ombud by the Minister of Health, Dr Joe Phaahla from 1 June 2023 for a period of seven years. He is succeeding Professor Malegapuru Makgoba whose term of office ended on 31 May 2023. The Health Ombud is an independent appointment by the Minister of Health and is tasked with serving by way of considering, investigating, and disposing of health users' complaints relating to breaches of norms and standards by health establishments. The OHSC, within which the Office of the Health Ombud is located, is honoured to welcome Professor Mokoena as the succeeding Ombud and looks forward to serving healthcare users jointly in fairness, impartially, honestly, and with integrity.

A surgeon by vocation, hailing from the village of Ponseng in Matatiele – a town located in the northern part of the Eastern Cape, Professor Mokoena has a wealth of experience within the health sector. Having spent extended study and working periods in the United Kingdom and Canada, he also holds a Doctor of Philosophy from the University of Oxford and is a Fellow of the Royal College of Physicians and Surgeons of Glasgow. He retired as a Professor and Academic Head of the Department of Surgery at the University of Pretoria and Chief Surgeon at Steve Biko Academic Hospital. Owing to his commitment to medicine, Professor Mokoena continues, on a part-time sessional basis, to teach, train, and supervise undergraduate and postgraduate medical students, and conduct research.

As one of the outstanding South African medical scholars, Prof Mokoena defines his vision as the Health Ombud to be responsive to people's plights and to keep the healthcare system and its delivery honest and ethical. He indicated that "even though we know that there are insufficient resources we should hold the healthcare system honest – to deliver honestly, ethically and cost-effectively without degrading efficiency and effectiveness." He admits that it is a tall order but as public representatives, we must set the bar high against which we can drive the healthcare system. "As they say, aim high and you may fall above the treetops" he affirmed. Professor Mokoena also firmly believes in the importance of ensuring that the Office of the Health Ombud vigorously strives for independence, "and that's not to say that it has not been".

As a rural African man, bought up not to give voice about one's deeds – but rather let your deeds speak for themselves, he characterises his leadership style as participative, results-driven, fair, and firm. He considers himself a great listener – and because of that, he likes working in a team. "I don't waver and don't expect my team to waver, we should pull in the same direction and keep pulling until we are convinced that this is the wrong direction – but otherwise pull". He believes that because as a team builds the vision together, they should all provide feedback on the approved plan of action and reflect as a team at regular intervals to make sure that they are still on track to ensure effectiveness.

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The Health Ombud, Emeritus Professor Taole Mokoena welcomed at GCIS media briefing

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He believes that because as a team builds the vision together, they should all provide feedback on the approved plan of action and reflect as a team at regular intervals to make sure that they are still on track to ensure effectiveness. Detailing how he intends to align the Health Ombuds' Office and work more closely with health users, Professor Mokoena expressed that the Office should be responsive, and agile and show empathy within the resources it has at its disposal.

He further stated that when health users complain, they expect solutions, the quicker the office responds and provides solutions the better. Prof Mokoena further indicated that having been in the clinical research field for a long time, complaints derive from a lack of communication and understanding.

Telling a complainant that despite the outcome being what they might not have expected or desired, they have received what they ought to have received. The undesirable outcome does not mean that the health establishment was wrong or did nothing, because "doing nothing is also doing something". Often complaints come from a mismatch between what health establishments can deliver or deliver on the expectations of the healthcare consumers, hence it is important for the Office to show empathy and fairness. "I have observed that people don't always understand the purpose of this Office, I hardly understand it myself. But in the past month, I have come to appreciate some of the things that might be leading to this, and this will be one of my key focus areas to correct this through various platforms and actions".

Outlining his focus area, the Health Ombud intends to converse with stakeholders within the next hundred days to ensure that they understand his vision and priorities – but more importantly, to obtain their expectations of the Office. In that way, he will be able to articulate an appropriate execution strategy.