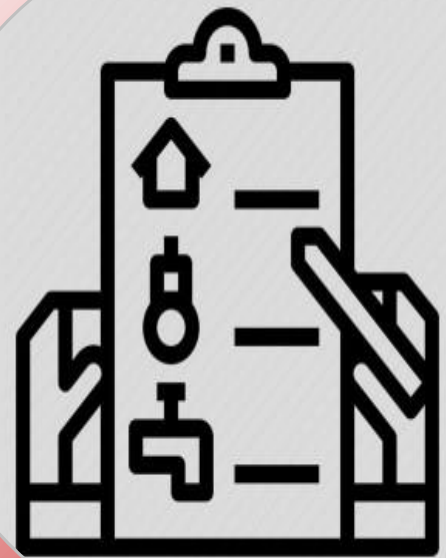


Regulatory Regional Hospital Inspection Tool v1.3



CEO or Hospital Manager



Facility: Date:

- **Tool Name:** Regulatory Regional Hospital Inspection tool v1.3 - Final
 - **HEs Type:** Hospitals
 - **Sector:** Public
- Specialization:** Regional
Created By: Health Standards Development and Training

1 CEO or Hospital Manager

Domain 1.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 1.2.1 6 User health records and management

Standard 1.2.1.1 6(3) The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

Criterion 1.2.1.1.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

1.2.1.1.1.1 Legislated requirements for the admission of users for 72-hour observation are met.

Assessment type: Document - **Risk rating:** Vital measure

Verify that Mental Health Care Act (MHCA) forms are received and submitted appropriately. Review records from the previous 6 months. Forms must be received from the health care practitioners requesting involuntary admission and must be submitted to the mental health care unit or the Mental Health Review Board. This will ensure that legislated requirements are met and the rights of mental health care users are protected. Request the folder in which these documents are stored and select the records of three users for review. Score 1 if evidence is available for each and 0 if not available. NB: Requirements not applicable where the health establishment does not admit mental health care users for 72-hour observation.

Score	Comment

Unit 1 User 1

Aspects	Score	Comment
1. One MHCA 04 (Application for assisted or involuntary care, treatment and rehabilitation)		

2. Two MHCA 05 (Examination and finding of mental health care practitioner following an application for assisted or involuntary care, treatment and rehabilitation) Explanatory note: Two forms for each user, documenting the findings of examination by two independent mental health care practitioners must be available.		
3. One MHCA 07 (Notice by head of health establishment on his/her decision whether to provide assisted or involuntary inpatient care, treatment and rehabilitation services)		
4. Two MHCA 06 (72-hour assessment, findings of medical practitioner or mental health care practitioner and recommendations regarding further treatment) Explanatory note: Two forms for each user, documenting the 72-hour assessment findings and recommendations of two independent mental health care practitioners must be available.		
5. One MHCA 08 (Notice by head of health establishment to review board requesting approval for further involuntary care, treatment and rehabilitation on an inpatient basis). NB: This should be marked Not applicable if there is no need for further involuntary care.		

Unit 2 User 2

Aspects	Score	Comment
1. One MHCA 04 (Application for assisted or involuntary care, treatment and rehabilitation)		
2. Two MHCA 05 (Examination and finding of mental health care practitioner following an application for assisted or involuntary care, treatment and rehabilitation) Explanatory note: Two forms for each user, documenting the findings of examination by two independent mental health care practitioners must be available.		
3. One MHCA 07 (Notice by head of health establishment on his/her decision whether to provide assisted or involuntary inpatient care, treatment and rehabilitation services)		
4. Two MHCA 06 (72-hour assessment, findings of medical practitioner or mental health care practitioner and recommendations regarding further treatment) Explanatory note: Two forms for each user, documenting the 72-hour assessment findings and recommendations of two independent mental health care practitioners must be available.		
5. One MHCA 08 (Notice by head of health establishment to review board requesting approval for further involuntary care, treatment and rehabilitation on an inpatient basis). NB: This should be marked Not applicable if there is no need for further involuntary care.		

Unit 3 User 3

Aspects	Score	Comment
1. One MHCA 04 (Application for assisted or involuntary care, treatment and rehabilitation)		
2. Two MHCA 05 (Examination and finding of mental health care practitioner following an application for assisted or involuntary care, treatment and rehabilitation) Explanatory note: Two forms for each user, documenting the findings of examination by two independent mental health care practitioners must be available.		
3. One MHCA 07 (Notice by head of health establishment on his/her decision whether to provide assisted or involuntary inpatient care, treatment and rehabilitation services)		
4. Two MHCA 06 (72-hour assessment, findings of medical practitioner or mental health care practitioner and recommendations regarding further treatment) Explanatory note: Two forms for each user, documenting the 72-hour assessment findings and recommendations of two independent mental health care practitioners must be available.		

5. One MHCA 08 (Notice by head of health establishment to review board requesting approval for further involuntary care, treatment and rehabilitation on an inpatient basis). NB: This should be marked Not applicable if there is no need for further involuntary care.

Standard 1.2.1.2 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 1.2.1.2.1 6 The health establishment must ensure that confidential information or user-identifiable data is not divulged without prior consent as per legislation.

1.2.1.2.1.1 A standard operating procedure for obtaining user consent when sharing user-identifiable information with a third party is available.

Assessment type: Document - **Risk rating:** Vital measure

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment, signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional), date of implementation or approval, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Aspects

1. Health care providers to obtain consent from the user prior to disclosure of information requested by third parties.
2. Data to be anonymised when disclosure is not warranted.
3. Disclosure to be kept to a minimum, i.e. the health care provider only divulges data as required, not the entire record.

References: <https://www.justice.gov.za/infoereg/docs/InfoRegSA-POPIA-act2013-004.pdf>

https://www.hpcs.co.za/Uploads/Professional_Practice/Conduct%20%26%20Ethics/Booklet%205%20Confidentiality%20Protecting%20and%20Providing%20Informat

1.2.1.2.1.2 Consent is obtained from a user before user-identifiable information is communicated to the third party.

Assessment type: Document - **Risk rating:** Vital measure

Select three records from the previous 12 months of users who have given consent to release their identifiable information to a third party, including, but not limited to, lawyers, insurance companies and statutory bodies. Score 1 if a signed consent form is available and 0 if not available. Score NA (not applicable) where no such requests have been made in the past 12 months.

Score	Comment	
Aspects	Score	Comment
1. Record 1		
2. Record 2		
3. Record 3		

Sub Domain 1.2.2 7 Clinical management

Standard 1.2.2.1 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 1.2.2.1.1 7 Standard operating procedures for the management of complaints must be implemented.

1.2.2.1.1.1 A complaints committee is appointed in the health establishment.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the complaints committee includes, but is not limited to, health care personnel with the designations listed below. Score 1 if the health care personnel member indicated below is part of the committee and score 0 if not part of the committee. NB: Any format for the structure will be acceptable, as long as the requirements stipulated in the measures are met. A single structure covering multiple functions will be acceptable, or any other configuration of multiple structures.

Score	Comment

Aspects	Score	Comment
1. Chief executive officer		
2. Clinical manager (chairperson)		
3. Complaints/helpdesk officer/public relations officer		
4. Quality assurance manager		
5. Nursing manager		
6. One health care personnel member from Rehabilitation services		
7. One member of the hospital board Reference: National Guideline to Manage Complaints, Compliments and Suggestions in the Public Health Sector of South Africa (9.1.3 Designation of members for hospital CCSCs)		

Criterion 1.2.2.1.2 7 All local tendering and contracting processes must be in accordance with relevant legislation.

1.2.2.1.2.1 A standard operating procedure on contract management is available.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the aspects listed below are included and explained the standard operating procedure. Appropriate tendering and contract management processes will ensure efficient service delivery with minimal service disruption due to unavailability of clinical supplies (including, but not limited to, medicines and medical supplies) and non-clinical supplies (including, but not limited to, food and cleaning materials). Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or subdistrict or health establishment, signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional), date of implementation or approval, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. Procedures for contract negotiation		
2. Health care personnel involved in the process.		
3. Management of service level agreements		
4. Contractual obligations		

1.2.2.1.2.2 Contracts are monitored monthly according to the specifications in the contract and service level agreement.

Assessment type: Document - **Risk rating:** Essential measure

Sample two current outsourced contracts including but not limited to security, cleaning, food services or laundry. Request documents from the previous quarter to establish whether the performance of the service provider has been monitored against the service level agreement. Score 1 if compliant and score 0 if non-compliant.

Score	Comment
1. Contract 1	

2. Contract 2		
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1.2.2.1.2.3 Any areas of failure or non-performance by the service provider are addressed with the service provider for rectification.

Assessment type: Document - **Risk rating:** Vital measure

Documented evidence of action taken must be available. The document must be dated and signed. Not applicable: Where no incidents of non-performance by service providers have occurred.

Score	Comment

Criterion 1.2.2.1.3 7 Managerial, clinical and administrative information must be used to support decision-making and planning.

1.2.2.1.3.1 A list of health establishments that provide 72 - hours assessments for mental health care users is available.

Assessment type: Document - **Risk rating:** Vital measure

The Mental Health Care Act, 2002 (Act no.17 of 2002) section 34; General Regulations Section 12 (1) requires the head of provincial department to submit to the National department and South African Police Services a list of all health establishments under the auspices of the State, Private health establishments within the province that provide the 72-hours assessments for mental healthcare users. The list must be updated annually by the Head of provincial department. Request a list with details of health establishments who admit mental healthcare users for 72- hours assessment to determine if health establishment is authorised to admit user for 72-hour assessment. Not applicable: Where the health establishment does not admit mental healthcare users for 72 -hours assessment.

Score	Comment

Domain 1.4 GOVERNANCE AND HUMAN

RESOURCES Sub Domain 1.4.1 18 Governance

Standard 1.4.1.1 18(1) The health establishment must have a functional governance structure with written Terms of Reference.

Criterion 1.4.1.1.1 18 The health establishment has a functional governance structure.

1.4.1.1.1.1 The governance structure has clear terms of reference.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the aspects listed below are included and explained in the terms of the reference document. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment	
Aspects	Score	Comment
1. The membership of the structure. Explanatory note: Membership in accordance with sections 41(7) and 42(2) of the National Health Act.		
2. Stakeholder representation required within the structure. Explanatory note: Expertise of members, e.g. accounting, finance and HR, in accordance with section 41(8) of the National Health Act.		
3. Responsibilities and lines of accountability for the structure.		
4. Term of office		
5. Frequency of meetings		

1.4.1.1.1.2 Meetings are held in accordance with the terms of reference.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether meetings are held in line with the frequency stipulated in the terms of reference. Request minutes for the past six months. Manual or electronic minutes must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) Not applicable: Never

Score	Comment

1.4.1.1.1.3 Appointment letters of governance structure members are signed by the relevant authority in terms of the National Health Act are available.

Assessment type: Document - **Risk rating:** Vital measure

The Member of the Executive Council (MEC) of Health appoints the governance structure members as stipulated in section 41(6)a of the National Health Act. Request appointment letters for members of the governance structure. Refer to the terms of reference and determine whether all appointment letters are available. Score 1 if the appointment letter complies with the instructions above and score 0 if it does not comply. Not applicable: Never

Score	Comment

Criterion 1.4.1.1.2 18 The governance structure must monitor implementation of the strategic plan.

1.4.1.1.2.1 Minutes of meetings of the governance structure indicate that strategic plan and/ or Annual Performance Plan of the health establishment are discussed regularly and monitored.

Assessment type: Document - **Risk rating:** Essential measure

Manual or electronic minutes from the previous six months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content of the minutes must reflect discussions on the strategic plan and/or Annual Performance Plan of health establishment and the monitoring thereof. Not applicable: Never

Score	Comment

1.4.1.1.2.2 Remedial action is implemented to ensure achievement of strategic targets where it has been identified that the targets may not be met.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Evidence of plans submitted to the governance structure, detailing the remedial action to be implemented, must be available. Not applicable: Where no gaps or challenges are identified regarding the strategic plan and direction (goals and targets)

Score	Comment

Criterion 1.4.1.1.3 18 The governance structure must monitor the quality of care, including user safety.

1.4.1.1.3.1 Minutes of meetings of the governance structure indicate that quality of care in the health establishment is discussed regularly and monitored.

Assessment type: Document - **Risk rating:** Essential measure

Manual or electronic minutes from the previous six months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on the quality of care and monitoring thereof. Not applicable: Never

Score	Comment

1.4.1.1.3.2 Remedial action is implemented where gaps are identified in the quality of care provided.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no gaps or challenges are identified regarding the quality of care.

Score	Comment

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Criterion 1.4.1.1.4 18 The governance structure must ensure that organisational risks are identified and mitigated.

1.4.1.1.4.1 Minutes of meetings of the governance structure indicate that organisational risks in the health establishment are discussed and monitored regularly.

Assessment type: Document - **Risk rating:** Essential measure

Manual or electronic minutes must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on organisational risks and the monitoring thereof. Not applicable: Never

Score	Comment

1.4.1.1.4.2 Remedial action is implemented where risks are escalating, or mitigation strategies are not effective.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where all organisational risks are effectively controlled.

Score	Comment

Criterion 1.4.1.1.5 18 The governance structure must ensure that the financial sustainability of the health establishment is assured.

1.4.1.1.5.1 Minutes of meetings of the governance structure indicate that financial reports are discussed and monitored regularly.

Assessment type: Document - **Risk rating:** Essential measure

Manual or electronic minutes from the previous six months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on financial reports and the monitoring of financial performance. Not applicable: Never

Score	Comment

1.4.1.1.5.2 Remedial action is taken where findings are reported.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no findings are recorded.

Score	Comment

1.4.1.1.5.3 The health establishment has received an unqualified or emphasis-of-matter audit result from the Auditor General.

Assessment type: Document - **Risk rating:** Essential measure

A copy of the auditor's report must be available. Qualified or disclaimer audits constitute a 0 score. Not applicable: Where the health establishment has not undergone an external audit or when awaiting the audit report.

Score	Comment

1.4.1.1.5.4 External audit reports are discussed with the governance structure.

Assessment type: Document - **Risk rating:** Essential measure

Manual or electronic minutes must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on external audit reports. Not applicable:

Where an external audit was not conducted in the past 12 months, or where an audit was conducted in the past 12 months, but the report has not been made available by the Auditor General.

Score	Comment

1.4.1.1.5.5 Remedial action is taken where findings are reported.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no findings are recorded.

Score	Comment

1.4.1.1.5.6 Minutes of meetings of the governance structure demonstrate that disclosures of financial interest for managers have been discussed and monitored.

Assessment type: Document - **Risk rating:** Essential measure

In terms of the Public Service Regulations, 2016 (PSR, 2016) designated employees are required to disclose their financial interests (Chapter 2, Part 2). The following are categories of designated employees (SMS members, OSD / personal notches (level 13 & above), Level 12 (including OSD/personal notches), Ethics Officers / PSC officials, Level 11 (including OSD / personal notches). Manual or electronic minutes from the previous 12 months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on disclosures of financial interest and the monitoring thereof. Not applicable: Never Reference:

<http://www.dpsa.gov.za/edisclosure.php>

Score	Comment

1.4.1.1.5.7 Remedial action is implemented where gaps/challenges are identified.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no gaps or challenges are identified regarding the financial disclosures.

Score	Comment

1.4.1.1.5.8 A copy of the delegation of authority for the health establishment's manager is available

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the aspects below are included in the delegation document. Original documents or copies must be available for inspection. Delegations must be signed by the individual delegating the authority and the individual to whom the authority is delegated. Score 1 if the aspect is included and 0 if not included. Please note: This will not apply where no delegations of authority have been made or have been revoked, e.g. where a province is under administration, or delegations are centralised at province/district or any other reason. In such cases, documented evidence must be provided.

Score	Comment	
Aspects	Score	Comment
1. Financial management		
2. Supply chain management		
3. Human resources management		

1.4.1.1.5.9 The health establishment monitors adherence to the appropriate delegations of authority.

Assessment type: Document - **Risk rating:** Essential measure

Examine the documents monitoring adherence to the terms and conditions of the delegations listed below. Score 1 if the terms and conditions are met and 0 if not met. Please note: This will not apply where no delegations of authority have been made or have been revoked, e.g. where a province is under administration, or delegations are centralised at province/district or any other reason. In such cases, documented evidence must be provided.

Score	Comment	
Aspects	Score	Comment
1. Financial management		
2. Supply chain management		
3. Human resources management		

Criterion 1.4.1.1.6 18 The governance structure must ensure effective management and development of human resources.

1.4.1.1.6.1 Minutes of meetings of the governance structure indicate that human resources management and development reports are discussed regularly.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Never

Score	Comment

1.4.1.1.6.2 Remedial action is implemented where gaps are identified.

Assessment type: Document - **Risk rating:** Essential measure

This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no gaps or challenges are identified regarding human resource management and development.

Score	Comment

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.

To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Regional Hospitals.

Acknowledgements

There are many people who have contributed to the development of the Regulatory Regional Hospital Inspection Tools Version 1.3. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

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- The internal OHSC teams (Compliance Inspectorate, Certification and Enforcement, Complaints and Assessment, Complaints and Investigation, Systems, Data Analysis and Research), for their contribution during the development of the Regional Hospital Inspection tools and (Information Technology and Communication and Stakeholder Relations) for providing support.
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- Provincial Department of Health personnel, Quality Assurance Managers, District Managers, Programme Managers, Operational Managers for their valuable feedback
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

It is hereby certified that the Regulatory Regional Hospital Inspection tools version 1.3 was developed by the Office of Health Standards Compliance.

Ms W Moleko

Signature:



**Executive Manager: Health Standards
Development Analysis and Support**

Date:

10/08/2022

Dr Sipiwe Mndaweni

Signature:



Chief Executive Officer: OHSC

Date:

10/08/2022

Telephone: 012 942 7700
Email: admin@ohsc.org.za
Website: www.ohsc.org.za

Physical address:
The Office of Health Standards
Compliance,
79 Steve Biko Road,
Prinshof,
Pretoria
0084

Postal Address:
Private Bag X21
Arcadia
0007

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