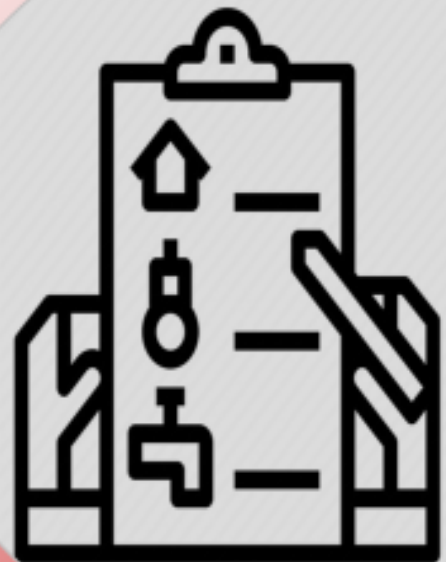




Office of Health Standards Compliance  
Ensuring quality and safety in health care

# Regulatory District Hospital Inspection Tool v1.3



Healthcare Quality Management



Facility:
Date:

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

## 6 Healthcare Quality Management

### Domain 6.1 USER RIGHTS

#### Sub Domain 6.1.1 4 User information

**Standard 6.1.1.1 4(1)** The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

**Criterion 6.1.1.1.1 4(2)(c)** The health establishment must display the results of user experience of care surveys conducted within the past twelve months.

**6.1.1.1.1.1** Results of the user experience of care survey are displayed.

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

The results of patient experience of care survey from the previous 12 months must be visibly displayed in a public area of the health establishment. It must be signed and dated. Not applicable:

Never

Score	Comment

#### Sub Domain 6.1.2 22 Waiting times

**Standard 6.1.2.1 22** The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

**Criterion 6.1.2.1.1 22** Waiting times are monitored and improvement plans are implemented.

**6.1.2.1.1.1** The waiting time survey report is available.

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

The waiting times report from the previous six months must be available, signed and dated. Contents of the report should include but not limited to: Title or name of report, Background information, Targets and Findings, Causes of delays(if any) ,Recommendations, Conclusion. Not applicable: Never

Score	Comment

**6.1.2.1.1.2** Minutes of the forum reviewing waiting times indicate that analysed results of each waiting time survey are discussed.

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

The content of the minutes from the previous six months must reflect discussions on analysed results of the waiting time survey. Minutes must be dated and signed, can be manual or electronic Not applicable: Never

Score	Comment

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**6.1.2.1.1.3** Waiting times have improved over a period of 12 months.

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

Request a record for monitoring waiting times for the previous 12 months. The action taken in response to improve waiting times must be effective. A reduction in overall waiting time of more than 10% must be achieved. Not applicable: Where local waiting time targets are consistently met.

Score	Comment

**Domain 6.2 CLINICAL GOVERNANCE AND CLINICAL CARE**

**Sub Domain 6.2.1 7 Clinical management**

**Standard 6.2.1.1 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

**Criterion 6.2.1.1.1 7 The management of complaints must deliver improvements in the quality of services provided to users.**

**6.2.1.1.1.1** The terms of reference for the forum reviewing complaints is available.

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

Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained. 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. Interdisciplinary membership required.		
2. Term in office		
3. Roles and responsibilities of forum members		
4. Accountability of the forum		
5. Frequency of meetings		
6. Quorum for the structure		

**6.2.1.1.1.2** Minutes of the forum reviewing complaints indicates that complaints statistics are discussed.

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

Minutes must reflect that remedial action has been agreed upon in response to identified gaps and that implementation of the agreed-upon action is being monitored. This will require the review of several sets of consecutive minutes. Other documented evidence of remedial action may include, but need not be limited to, action plans, quality improvement plans and documented evidence of ongoing monitoring for evaluation of remedial plans. Not applicable: Where no complaints are received.

Score	Comment

**6.2.1.1.1.3** Remedial plans are developed, implemented and monitored where trends are identified.

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

Minutes must reflect that remedial action has been agreed upon in response to identified gaps and that implementation of the agreed-upon action is being monitored. This will require the review of several sets of consecutive minutes. Other documented evidence of remedial action may include, but need not be limited to, action plans, quality improvement plans and documented evidence of ongoing monitoring for evaluation of remedial plans. Not applicable: Where no complaints are received.

Score	Comment

**Criterion 6.2.1.1.2 7 Standard operating procedures for the management of complaints must be implemented.**

**6.2.1.1.2.1** A standard operating procedure for the management of complaints is available.

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

Score	Comment	
Aspects	Score	Comment
1. Procedure for lodging complaints (including telephonic complaints)		
2. Procedure for acknowledgement of complaints		
3. Procedure for investigating complaints.		
4. Procedure for determining required action to be taken according to severity of complaint (risk rating)		
5. Procedure for identifying patterns in system failures (categorisation)		

6. Procedure for redress		
7. Timelines to be met.		
8. Procedure for recording statistical data on complaints.		
9. Monitoring mechanisms and their response timelines		
10. Mechanism to enable children to participate in complaints process.		
11. Mechanism to enable vulnerable groups to participate in complaints process.		

**6.2.1.1.2.2** Complaints are logged in a complaint register.

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

The health establishment must log all complaints in a register, which is a documented record containing information on complaints lodged. The register may be in the form of a paper-based or an electronic record. Request the complaints register, check three resolved complaints registered and verify whether the aspects listed below are included. Score 1 if the aspect is included and 0 if not included.

Score	Comment

Unit 1 Complaint 1

Aspects	Score	Comment
1. Reference number of a complaint		
2. Date complaint was received.		
3. Surname and name of user		
4. Surname and name of person who lodged complaint on user's behalf (where relevant)		
5. Service area where the incident resulting in the complaint occurred.		
6. Short summary describing the essence of the complaint.		
7. Category of complaint (assessed when logged and reassessed once resolved)		

8. Severity of complaint (determined when logged and reassessed once resolved)		
9. Escalation of complaints relating to serious patient safety incidents to forum responsible for such incidents (where applicable)		
10. Action taken to resolve complaint.		
11. Outcome of complaint (including level of satisfaction of complainant)		
12. Date the complaint was resolved.		
13. Number of working days taken to resolve complaint.		
14. Action taken to prevent a recurrence of the same incident.		

Unit 2 Complaint 2

Aspects	Score	Comment
1. Reference number of a complaint		
2. Date complaint was received.		
3. Surname and name of user		
4. Surname and name of person who lodged complaint on user's behalf (where relevant)		
5. Service area where the incident resulting in the complaint occurred.		
6. Short summary describing the essence of the complaint.		
7. Category of complaint (assessed when logged and reassessed once resolved)		
8. Severity of complaint (determined when logged and reassessed once resolved)		
9. Escalation of complaints relating to serious patient safety incidents to forum responsible for such incidents (where applicable)		

10. Action taken to resolve complaint.		
11. Outcome of complaint (including level of satisfaction of complainant)		
12. Date the complaint was resolved.		
13. Number of working days taken to resolve complaint.		
14. Action taken to prevent a recurrence of the same incident.		

Unit 3 Complaint 3

Aspects	Score	Comment
1. Reference number of a complaint		
2. Date complaint was received.		
3. Surname and name of user		
4. Surname and name of person who lodged complaint on user's behalf (where relevant)		
5. Service area where the incident resulting in the complaint occurred.		
6. Short summary describing the essence of the complaint.		
7. Category of complaint (assessed when logged and reassessed once resolved)		
8. Severity of complaint (determined when logged and reassessed once resolved)		
9. Escalation of complaints relating to serious patient safety incidents to forum responsible for such incidents (where applicable)		
10. Action taken to resolve complaint.		
11. Outcome of complaint (including level of satisfaction of complainant)		
12. Date the complaint was resolved.		

13. Number of working days taken to resolve complaint.		
14. Action taken to prevent a recurrence of the same incident.		

**6.2.1.1.2.3** Complaints identified as serious patient safety incidents are referred to the forum reviewing patient safety incidents for further management.

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

All serious patient safety incidents must be reported to the forum responsible for managing them. The column indicating the level of risk represented by the complaint must be completed in the complaints register. The register must indicate that these complaints have been escalated to the forum dealing with serious patient safety incidents. In cases where no serious patient safety incidents occurred, zero reporting must be done. Not applicable: Where no complaints in relation to serious patient safety incidents are made and where there is proof that zero reporting was done.

Score	Comment

**6.2.1.1.2.4** Complaints are managed in accordance with the prescribed timelines and targets

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

Review entries made in the complaints register in the previous month. Verify that the timelines for acknowledgement of complaints, the timelines for their resolution and target for resolved complaints have been met. Score 1 if compliant and 0 if not compliant

Score	Comment

Unit 1 Complaint 1

Aspects	Score	Comment
1. All complaints acknowledge within 5 working days		
2. 90% of Complaints resolved within 25 working days		
3. 90% of Complaint resolved		

Unit 2 Complaint 2

Aspects	Score	Comment
1. All complaints acknowledge within 5 working days		
2. 90% of Complaints resolved within 25 working days		
3. 90% of Complaint resolved		

Unit 3 Complaint 3

Aspects	Score	Comment



1. All complaints acknowledge within 5 working days		
2. 90% of Complaints resolved within 25 working days		
3. 90% of Complaint resolved		

**6.2.1.1.2.5** Information regarding the resolution of the complaint is made available to the complainant.

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

Select three records of resolved complaints from the complaints management folder or file. Verify whether a record of the communication of the resolution of the complaint to the complainant is available in the folder, file or register. This could include but need not be limited to a written letter or report on the outcome of the investigation. Where a redress meeting was held, the complainant should be provided with a report on such meeting and in cases where the complainant was not present in the meeting a letter should be sent to the complainant. Score 1 if the documentation is available in the file and includes the aspects listed below and 0 if not available or the aspects are not included. NB: Telephonic conversations to address redress will only be accepted when witnessed, documented signed by two colleagues.

Score	Comment

Unit 1 Complaint 1

Aspects	Score	Comment
1. Outcome of the complaint investigation Explanatory notes: Following an investigation the outcome of the complaint must be recorded as resolved, closed or progress report where the complexity of the investigation requires further investigations. Resolution of complaint can include but not limited to patient satisfied and redress done, Patient Safety Incident, litigation and complainant could not be traced.		
2. Redress of complainant Explanatory notes: Redress may include one or more of the following: An apology, explanation or an acknowledgement of responsibility; and/or Remedial action that may include: (i) the review or changing of a decision on the service or care provided to an individual user; (ii) revising published material; (iii) revising a procedure to prevent the recurrence of an adverse event or incident; and (iv) the training of health care personnel or strengthening of their supervision; or any combination of the above. Not applicable: Where the complainant is not satisfied with investigation outcome or resolution or cannot be traced		

Unit 2 Complaint 2

Aspects	Score	Comment
1. Outcome of the complaint investigation Explanatory notes: Following an investigation the outcome of the complaint must be recorded as resolved, closed or progress report where the complexity of the investigation requires further investigations. Resolution of complaint can include but not limited to patient satisfied and redress done, Patient Safety Incident, litigation and complainant could not be traced.		

<p>2. Redress of complainant Explanatory notes: Redress may include one or more of the following: An apology, explanation or an acknowledgement of responsibility; and/or Remedial action that may include: (i) the review or changing of a decision on the service or care provided to an individual user; (ii) revising published material; (iii) revising a procedure to prevent the recurrence of an adverse event or incident; and (iv) the training of health care personnel or strengthening of their supervision; or any combination of the above. Not applicable: Where the complainant is not satisfied with investigation outcome or resolution or cannot be traced</p>		
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Unit 3 Complaint 3

Aspects	Score	Comment
<p>1. Outcome of the complaint investigation Explanatory notes: Following an investigation the outcome of the complaint must be recorded as resolved, closed or progress report where the complexity of the investigation requires further investigations. Resolution of complaint can include but not limited to patient satisfied and redress done, Patient Safety Incident, litigation and complainant could not be traced.</p>		
<p>2. Redress of complainant Explanatory notes: Redress may include one or more of the following: An apology, explanation or an acknowledgement of responsibility; and/or Remedial action that may include: (i) the review or changing of a decision on the service or care provided to an individual user; (ii) revising published material; (iii) revising a procedure to prevent the recurrence of an adverse event or incident; and (iv) the training of health care personnel or strengthening of their supervision; or any combination of the above. Not applicable: Where the complainant is not satisfied with investigation outcome or resolution or cannot be traced</p>		

**Criterion 6.2.1.1.3 7 The health establishment must have a functional quality management system**

**6.2.1.1.3.1** The terms of reference for the structure established to review quality improvement activities are available.

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

Verify whether the aspects listed below are included and explained in the document. Score 1 if the aspect is included and explained and 0 if not included or not explained. 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. Interdisciplinary membership required.		
2. Term in office		
3. Roles and responsibilities of structure members		

4. Frequency of meetings		
5. Quorum for the structure		

**6.2.1.1.3.2** Healthcare providers participate in quality improvement activities of the health establishment.

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

Examine the minutes of the meeting from the previous quarter and the attendance register to verify whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. Doctors participate in the structure.		
2. Nurses participate in the structure.		
3. Pharmacists participate in the structure.		
4. Rehabilitation services participates in the structure.		
5. The structure is chaired by a health care provider.		

**6.2.1.1.3.3** Minutes of meetings of the structure responsible for reviewing quality improvement activities are available.

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

Examine the minutes to verify whether the aspects listed below are addressed. Score 1 if the aspect is addressed and 0 if not addressed.

Score	Comment	
Aspects	Score	Comment
1. Quality management (including Quality Improvement Plans)		
2. Complaints management		
3. Adverse events		
4. Waiting times		

**6.2.1.1.3.4** Quality improvement plans are developed by health care personnel.

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

Randomly select one quality improvement plan from the previous six months. Verify whether the aspects listed below are documented. Score 1 if aspect is documented and 0 if not. Score not applicable where no gaps have been identified

Score	Comment

Aspects	Score	Comment
1. Gaps identified		
2. Activities required or implemented to address gaps		
3. Healthcare personnel responsible		
4. Time frames		

**6.2.1.1.3.5** Implementation of quality improvement plans is monitored.

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

Evidence must be available that quality improvement activities are implemented by the units. This could include but is not limited to minutes of meetings, reports. Not applicable: Where there were no gaps identified

Score	Comment

**Sub Domain 6.2.2 21** Adverse events

**Standard 6.2.2.1 21(1)** The health establishment must have a system to monitor and report all adverse events.

**Criterion 6.2.2.1.1 21(2)(a)** The health establishment must have a register for all adverse events.

**6.2.2.1.1.1** An adverse event reporting register is available in the health establishment.

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

The health establishment must keep an adverse event register. The register must include name of affected person, date of incident, time of incident and nature of incident. Not applicable: Never

Score	Comment

**Criterion 6.2.2.1.2 21(2)(b)** The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.

**6.2.2.1.2.1** A standard operating procedure for management of adverse events and patient safety incidents is available.

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

Score	Comment

Aspects	Score	Comment
1. Criteria for identification of patient safety incidents		
2. Action taken to mitigate harmful consequences.		
3. Criteria for prioritisation of notification of incidents		
4. Recording and analysis of incidents		
5. Methods of investigating incidents		
6. Classification of adverse events		
7. Development of action plans to prevent or avoid recurrences.		
8. Implementation of recommendations from investigations and reviews to ensure the development of improved practices.  Reference: <a href="https://www.idealhealthfacility.org.za/">https://www.idealhealthfacility.org.za/</a>		

**6.2.2.1.2.2** The terms of reference for the forum reviewing adverse incidents are available.

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

Verify whether the aspects listed below are included and explained in the terms of reference document. Score 1 if the aspect is included and explained and 0 if not included or not explained. 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. Interdisciplinary membership required.		
2. Roles and responsibilities of forum members		
3. Accountability of the forum		
4. Strategy to manage adverse events.		

**6.2.2.1.2.3** Minutes of the forum responsible for reviewing adverse events indicate that adverse events are discussed.

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

The content of the minutes from the previous quarter must reflect discussions on adverse events. Zero reporting must be done where no adverse events occur. Not applicable: Where no adverse events occurred in the previous quarter.

Score	Comment

**6.2.2.1.2.4** Minutes of the forum responsible for reviewing adverse events indicate that analysed data from the adverse event monitoring system is regularly presented and discussed.

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

The content of the minutes from the previous quarter must reflect discussions on analysed data from the adverse events monitoring system. Zero reporting must be done where no adverse events occur. Not applicable: Where no adverse events occurred in the previous quarter.

Score	Comment

**6.2.2.1.2.5** Minutes of the forum responsible for reviewing adverse events indicate that action is taken to prevent a recurrence of similar adverse events.

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

The content of the minutes from the previous quarter must reflect discussions on actions taken to prevent a recurrence of similar adverse events. Zero reporting must be done where no adverse events occur. Not applicable: Where no adverse events occurred in the previous quarter.

Score	Comment

**6.2.2.1.2.6** A reporting system for adverse events is in place.

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

Examine three adverse event and/or patient safety incident reports to verify whether the aspects listed below are included. Score 1 if the aspect is included and 0 if not.

Score	Comment

Unit 1 Adverse event 1

Aspects	Score	Comment
1. Severity of the incident		

2. Category (type) of the incident		
3. Action taken to address gaps identified during the investigation process.		

Unit 2 Adverse event 2

Aspects	Score	Comment
1. Severity of the incident		
2. Category (type) of the incident		
3. Action taken to address gaps identified during the investigation process.		

Unit 3 Adverse event 3

Aspects	Score	Comment
1. Severity of the incident		
2. Category (type) of the incident		
3. Action taken to address gaps identified during the investigation process.		

**6.2.2.1.2.7** Adverse event reports reflect that immediate action is taken at the time of an incident and that an investigation was conducted to identify contributing factors and prevent a recurrence.

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

Examine health records of three users involved in an adverse event in the previous 12 months to verify whether immediate action was taken at the time of an incident to address harm that has occurred. Also verify whether an investigation was conducted to identify contributory causes. In the event that the results of the investigation are not documented in the user's health record, the health establishment must provide relevant documentation recording the investigation process and findings. Score 1 if the aspect is compliant and 0 if not.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Immediate action taken.		
2. Root cause analysis conducted		
3. Findings		

4. Recommendations (Where investigation is completed)		
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Unit 2 Health record 2

Aspects	Score	Comment
1. Immediate action taken.		
2. Root cause analysis conducted		
3. Findings		
4. Recommendations (Where investigation is completed)		

Unit 3 Health record 3

Aspects	Score	Comment
1. Immediate action taken.		
2. Root cause analysis conducted		
3. Findings		
4. Recommendations (Where investigation is completed)		

6.2.2.1.2.8 Patient Safety incident reporting and learning procedure is adhered to.

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

Use the checklist below to check that the standard operating procedure is adhered to. Review the statistical report for indicators for two quarters back for example if the current quarter is quarter 4 review quarter 2 this will allow for the 60 working days to close PSI cases. Score 1 if compliant with targets below 0 if not. In cases where no incidents occurred in the past three months, the Patient Safety Incident Compliance report for the health establishment as generated from the national web based information system must show 100% compliance for "Null" reporting for the health establishment for the past three months. In this case, score Not Applicable for the relevant aspects as indicated below.

Score	Comment

Aspects	Score	Comment
1. 90% of SAC 1 incidents reported to the next level within 24 hours		
2. 90% of PSI cases closed		
3. 90% of PSI cases closed within 60 working days.		



### 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 District Hospitals.

### Acknowledgements

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

- The WHO technical team for providing guidance on the very first draft inspection tools database
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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 District 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**

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