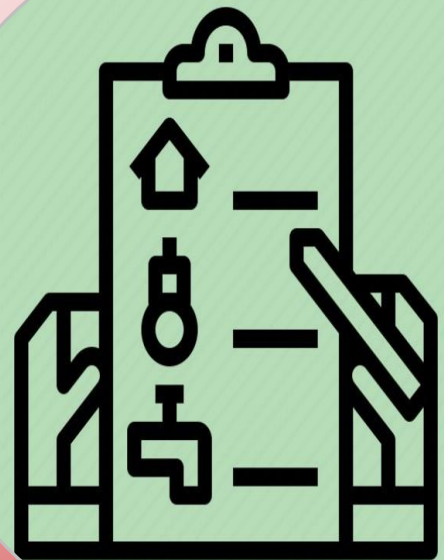




OHSC

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

Regulatory Central Hospital Inspection Tool v1.0



Health Care Quality Management



Facility:
Date:

- **Tool Name:** Regulatory Central Hospital Inspection Tool v1.0
- **HES Type:** Hospitals
- **Sector:** Public
- **Specialization:** Central
- **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)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

6.1.1.1.1.1 Complaints toolkits are available in various units of the health establishment.

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

Randomly sample five units where users are seen and check if the complaint tool kits are available and comply with the aspects listed below. Score 1 if compliant and 0 if not compliant.

Score	Comment

Unit 1 Area 1

Aspects	Score	Comment
1. The complaints box is visibly placed in the units.		
2. The complaints box is lockable.		
3. The complaints box is mounted on the wall or fixed surface.		
4. Standardized complaints forms are readily available next to the box or upon request.		
5. The poster describing the process for lodging a complaint is posted next to or nearby the complaints box.		
6. The poster describing the process for lodging a complaint is available in at least two official languages commonly spoken in the area.		

Unit 2 Area 2

Aspects	Score	Comment
1. The complaints box is visibly placed in the units.		
2. The complaints box is lockable.		

3. The complaints box is mounted on the wall or fixed surface.		
4. Standardized complaints forms are readily available next to the box or upon request.		
5. The poster describing the process for lodging a complaint is posted next to or nearby the complaints box.		
6. The poster describing the process for lodging a complaint is available in at least two official languages commonly spoken in the area.		

Unit 3 Area 3

Aspects	Score	Comment
1. The complaints box is visibly placed in the units.		
2. The complaints box is lockable.		
3. The complaints box is mounted on the wall or fixed surface.		
4. Standardized complaints forms are readily available next to the box or upon request.		
5. The poster describing the process for lodging a complaint is posted next to or nearby the complaints box.		
6. The poster describing the process for lodging a complaint is available in at least two official languages commonly spoken in the area.		

Unit 4 Area 4

Aspects	Score	Comment
1. The complaints box is visibly placed in the units.		
2. The complaints box is lockable.		
3. The complaints box is mounted on the wall or fixed surface.		
4. Standardized complaints forms are readily available next to the box or upon request.		
5. The poster describing the process for lodging a complaint is posted next to or nearby the complaints box.		
6. The poster describing the process for lodging a complaint is available in at least two official languages commonly spoken in the area.		

Unit 5 Area 5

Aspects	Score	Comment
1. The complaints box is visibly placed in the units.		
2. The complaints box is lockable.		
3. The complaints box is mounted on the wall or fixed surface.		
4. Standardized complaints forms are readily available next to the box or upon request.		

5. The poster describing the process for lodging a complaint is posted next to or nearby the complaints box.		
6. The poster describing the process for lodging a complaint is available in at least two official languages commonly spoken in the area.		

Criterion 6.1.1.1.2 4(2)(c) The health establishment must display the results of user experience of care surveys conducted within the past twelve months.

6.1.1.1.2.1 Results of the user experience of care survey are visibly displayed.

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

The results from the most recent survey must be visibly displayed in strategic areas (This could be but not limited to entrance/ helpdesk/reception area, registration area, waiting area, pharmacy waiting area, etc). The survey must have been conducted within the previous twelve months and it must be signed and dated by the relevant authority.

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 twelve months must be available, signed and dated by the relevant authority. Contents of the report should include but not limited to: Title or name of report, Background, 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 waiting time survey are discussed.

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 discussion on analysed results of the waiting time survey.

Not applicable: Never

Score	Comment

6.1.2.1.1.3 There is an improvement in waiting times.

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

Request a record for monitoring waiting times for the previous twelve months and verify if there has been a reduction in waiting time.

Not applicable: Where local waiting time targets are consistently met.

Score	Comment

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

6.2.1.1.1.1 Complaints are recorded in a complaints register.

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

Request the complaints register and select three entries from the previous quarter. Assess for comprehensive completion of each entry with the information as stipulated in Appendix D of the National Guideline to Manage Complaints, Compliments and Suggestions - Version 2, 2022. The register may be manual or electronic. Score 1 if compliant and 0 if not compliant or where there is no register available. Score not applicable for zero reporting where no complaints were lodged in the previous quarter.

Score	Comment		
Aspects	Score	Comment	
1. Entry 1			
2. Entry 2			
3. Entry 3			

6.2.1.1.1.2 Complaints are managed in accordance with the prescribed targets.

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

Request the statistical data or report on complaints for the previous quarter and verify whether the targets listed below were met. Score 1 if the targets were met, 0 if not met. Score not applicable if the health establishment did not record any complaints in the previous quarter and there is evidence of zero reporting.

Score	Comment		
Aspects	Score	Comment	
1. 90% of complaints resolved within 25 working days			
2. 90% of complaints resolved			

6.2.1.1.1.3 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. Select records from the previous twelve months. Verify whether a record of the communication of the resolution of the complaint to the complainant is available. 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 and includes the aspects listed below and 0 if not available or the aspects are not included.

Score	Comment		

Unit 1 Complaint 1

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. A complaint is viewed as having been resolved under the following circumstances: Patient satisfied /redress done, Litigation, Patient Safety Incident and Patient or family/supporting person cannot be traced.</p>		
<p>2. Redress of complainant. Explanatory notes: Redress refers to responses or remedies which include but are not limited to an apology, explanation or an acknowledgement of responsibility; remedial action, a written letter/report on the outcome of the investigation or a redress meeting report. Not applicable: Where the complainant is not satisfied with investigation outcome or resolution or cannot be traced</p>		

Unit 2 Complaint 2

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. A complaint is viewed as having been resolved under the following circumstances: Patient satisfied /redress done, Litigation, Patient Safety Incident and Patient or family/supporting person cannot be traced.</p>		
<p>2. Redress of complainant. Explanatory notes: Redress refers to responses or remedies which include but are not limited to an apology, explanation or an acknowledgement of responsibility; remedial action, a written letter/report on the outcome of the investigation or a redress meeting report. Not applicable: Where the complainant is not satisfied with investigation outcome or resolution or cannot be traced</p>		

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. A complaint is viewed as having been resolved under the following circumstances: Patient satisfied /redress done, Litigation, Patient Safety Incident and Patient or family/supporting person cannot be traced.</p>		
<p>2. Redress of complainant. Explanatory notes: Redress refers to responses or remedies which include but are not limited to an apology, explanation or an acknowledgement of responsibility; remedial action, a written letter/report on the outcome of the investigation or a redress meeting report. Not applicable: Where the complainant is not satisfied with investigation outcome or resolution or cannot be traced</p>		

Criterion 6.2.1.1.2 7 The management of complaints must deliver improvements in the quality of services provided to users.

6.2.1.1.2.1 The terms of reference for the forum reviewing complaints are 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. 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. Explanatory notes: The membership representation must include various categories of health care personnel as stipulated in section 11.1.3 of the National Guideline to Manage Complaints, Compliments and Suggestions - Version 2, 2022.		
2. Term in office		
3. Roles and responsibilities of forum members		
4. Frequency of meetings		
5. Quorum for the structure		

6.2.1.1.2.2 Minutes of the forum reviewing complaints indicates that complaints are discussed.

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 discussion on complaints.

Not applicable: Where no complaints have been received in the previous six months.

Score	Comment

6.2.1.1.2.3 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 have been identified.

Score	Comment

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 quality improvement structure 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. 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. Explanatory notes: The membership representation must include various categories of health care personnel (clinical and non-clinical).			
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 Minutes of meetings of the structure responsible for reviewing quality improvement activities are available.

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

Examine the minutes from the previous six months and 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			

6.2.1.1.3.3 Quality improvement plans are developed by health care personnel.

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

Request the quality improvement plan/s of the health establishment, for the previous twelve months and 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 in the previous twelve months.

Score	Comment		
Aspects	Score	Comment	
1. Gaps identified			
2. Activities required to address gaps			

3. Health care personnel responsible		
4. Time frames		

6.2.1.1.3.4 Implementation of quality improvement plans is monitored.

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

Evidence must be available that quality improvement plans are implemented by the units. This could include but is not limited to minutes of meetings or 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)(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.

6.2.2.1.1.1 The terms of reference for the adverse incidents (Patient safety incidents) forum 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. 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. Explanatory notes: The forum membership representation must include various categories of health care personnel as stipulated in section 10.1.2 of the National Guideline for Patient Safety Incident Reporting and Learning in the Health Sector of South Africa – Version 2, 2022.		
2. Term in office		
3. Roles and responsibilities of forum members		
4. Frequency of meetings		
5. Quorum for the structure		

6.2.2.1.1.2 Minutes of the forum responsible for reviewing adverse events (Patient safety incidents) are available.

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

The content of the minutes from the previous six months must reflect discussions on analysed data from the adverse events monitoring system and action to be taken to prevent 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 six months.

Score	Comment

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6.2.2.1.1.3 Adverse events (Patient Safety incidents) are recorded in a register.

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

Request the Patient Safety Incident register and select three entries from the previous quarter. Assess for comprehensive completion of each entry with the information as stipulated in Appendix G of the National Guideline for Patient Safety Incident Reporting and Learning in the Health Sector of South Africa – Version 2, 2022. The register may be manual or electronic. Score 1 if compliant and 0 if not compliant or where there is no register available. Score not applicable for zero reporting where no adverse events occurred in the previous quarter.

Score	Comment		
Aspects	Score	Comment	
1. Entry 1			
2. Entry 2			
3. Entry 3			

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

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

Request the statistical data or report on indicators for Patient Safety Incidents for two quarters back (For example, if currently in quarter four request report for quarter two). This will allow for the sixty working days to close Patient Safety Incidents cases. Verify whether the targets listed below were met. Score 1 if the targets were met, 0 if not met where there is no statistical data or report available. Score not applicable where no incidents occurred in the reporting quarter and the Patient Safety Incident Compliance report as generated from the national web-based information system shows 100% compliance for “Null” reporting.

Score	Comment		
Aspects	Score	Comment	
1. 90% Patient Safety Incidents cases closed.			
2. 90% Severity assessment code (SAC 1) incident reported within 24 hours.			
3. 90% Patient Safety Incidents case 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 Central Hospitals.


Acknowledgments


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It is hereby certified that the Regulatory Central Hospital Inspection Tools version 1.0 was developed by the Office of Health Standards Compliance.

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A decorative graphic on the left side of the page, consisting of three curved, overlapping bands of color: a dark blue band at the top, a red band in the middle, and a green band at the bottom. The bands curve from the left edge towards the right, creating a sense of movement and depth.