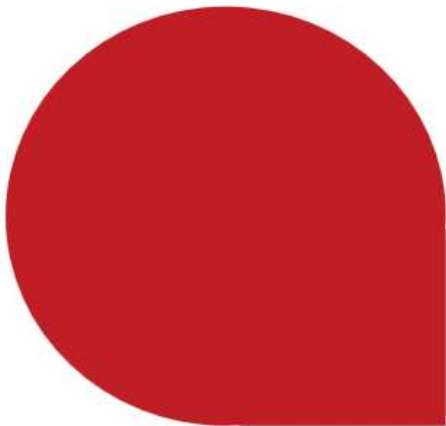




Office of Health Standards Compliance
Ensuring quality and safety in health care



v1.2.1

Hospital Manager

**Regulatory Private Acute
Hospital Inspection tool**

Facility:
Date:

- **Tool Name:** Regulatory Private Acute Hospital Inspection Tool v1.2.1
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital
- **Created By:** Health Standards Development and Training

44 Hospital Manager

Domain 44.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 44.2.1 6 User health records and management.

Standard 44.2.1.1 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 44.2.1.1.1 6 The health establishment must ensure that confidential information or user-identifiable data is not divulged without prior consent as per legislation.

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

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

The aspects listed below are included and explained in the policy or standard operating procedure or procedure or guideline. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, signed and dated by the relevant authority responsible for approving the document, designation of the approver, date of implementation or approval, date of next review. Documents must be reviewed regularly up to the maximum of every 5 years. Document could be from the corporate head office. The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment	
Aspects	Score	Comment
1. Consent to be obtained 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/inforeact2013-004.pdf https://www.hpcs.co.za/Uploads/Professional_Practice/Conduct%20%26%20Ethics/Booklet%205%20Confidentiality%20Protecting%20and%20Providing%20Information		

44.2.1.1.1.2 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. Not applicable where no such requests have been made in the past 12 months. Zero reporting must be available if there were no requests.

Score	Comment

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

Sub Domain 44.2.2 7 Clinical management.

Standard 44.2.2.1 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 44.2.2.1.1 7 Users and health care personnel must be protected against ionising radiation exposure.

44.2.2.1.1.1 The health establishment is provided with a report on radiation safety measures by the service provider.

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

A signed and dated report submitted by the service provider to the health establishment from the previous six months must be available. The report must reflect actions taken to limit radiation exposure. This report will include but not limited to checking of radiation levels in the unit, reports from dosimeter readings.

Not applicable: Never

Score	Comment

Criterion 44.2.2.1.2 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.

44.2.2.1.2.1 The health establishment is provided with a copy of the quality control audit done by the laboratory services provider.

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

A signed and dated quality control audit report submitted by the service provider to the health establishment from the previous three months must be available. The report must indicate that test results provided by the laboratory are accurate and reliable.

Not applicable: Never

Score	Comment

Criterion 44.2.2.1.3 7 An effective clinical risk management system must be implemented for diagnostic services.

44.2.2.1.3.1 A valid service level agreement for outsourced laboratory services is available.

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

The service level agreement must be valid (not expired) and signed by the service provider and the responsible authority. Verify that the aspects listed below are included in the service level agreement. Score 1 if the aspect is included and 0 if not included.

Not Applicable if the service is not outsourced.

Score	Comment

Aspects	Score	Comment
1. Service levels required.		
2. Turnaround times for test results.		

44.2.2.1.3.2 A valid service level agreement for outsourced diagnostic imaging services is available.

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

The service level agreement must be valid (not expired) and signed by the service provider and the responsible authority. Verify that the aspects listed below are included in the service level agreement. Score 1 if the aspect is included and 0 if not included. Not Applicable if the service is not outsourced.

Score	Comment	
Aspects	Score	Comment
1. Service levels required.		
2. Turnaround times for diagnostic imaging services		

Criterion 44.2.2.1.4 7 All local tendering and contracting processes must be in accordance with relevant legislation.

44.2.2.1.4.1 Compliance with Service level agreements is monitored.

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

Request a list of outsourced services and sample three current outsourced contracts including but not limited to waste, security, cleaning, food services, CSSD 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	
Aspects	Score	Comment
1. Service level agreement 1		
2. Service level agreement 2		
3. Service level agreement 3		

44.2.2.1.4.2 Non-compliance with the service level agreement is addressed with the service provider for rectification.

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

Documented evidence of action taken must be available. The document must be dated and signed. This will include but is not limited to report or email communication sent to the service provider. Not applicable: Where no incidents of non-compliance to service level agreement have occurred.

Score	Comment

Sub Domain 44.2.3 9 Waste management.

Standard 44.2.3.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 44.2.3.1.1 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

44.2.3.1.1.1 A copy of service level agreement for waste removal is available.

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

The service level agreement must be valid (not expired) and signed by the service provider and the responsible authority. The service level agreement must be between the hospital group and the service providers.

Not applicable: Never

Score	Comment

Domain 44.3 CLINICAL SUPPORT SERVICES

Sub Domain 44.3.1 11 Diagnostic services.

Standard 44.3.1.1 11(1) Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.

Criterion 44.3.1.1.1 11 Laboratory services are available, and results provided within agreed timescales.

44.3.1.1.1.1 The health establishment monitors whether laboratory results are completed within the agreed-upon turnaround times.

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

Evidence includes but is not limited to signed monitoring checklists, minutes of meetings and reports. Request records from the previous quarter.

Not applicable: Never

Score	Comment

Criterion 44.3.1.1.2 11 Diagnostic imaging services are available, and results provided within agreed timescales.

44.3.1.1.2.1 The health establishment monitors whether reports for diagnostic imaging investigations are completed within the agreed-upon turnaround times.

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

Evidence includes, but is not limited to, signed monitoring checklists, minutes of meetings, and reports. Request records from the previous quarter.

Not applicable: Never

Score	Comment

Domain 44.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 44.4.1 18 Governance.

Standard 44.4.1.1 18(1) The health establishment must have a functional governance structure with written Terms of Reference.

Criterion 44.4.1.1.1 18 The health establishment has a functional governance structure.

44.4.1.1.1.1 The Governance or Sub-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. 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, therefore evidence could be available from various sources. Note that health establishments will use different names for this structure which includes but is not limited to Hospital Board, Physician Advisory Board, Clinical and Quality Board.

Score	Comment

Aspects	Score	Comment
1. The membership of the structure		
2. Responsibilities and lines of accountability for the structure		
3. Term of office		
4. Frequency of meetings		
5. Quorum for the structure		

44.4.1.1.1.2 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

Criterion 44.4.1.1.2 18 The governance structure must monitor the quality of care, including user safety.

44.4.1.1.2.1 Minutes of meetings of the Governance or Sub-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

44.4.1.1.2.2 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 there were no gaps identified.

Score	Comment

Criterion 44.4.1.1.3 18 The governance structure must ensure that organisational risks are identified and mitigated.

44.4.1.1.3.1 Minutes of meetings of the Governance or Sub-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 which could include but not limited to factors resulting from the policies, work practices, culture of the organization, strategic risks, compliance risk, reputational risk and the monitoring thereof.

Not applicable: Never

Score	Comment

44.4.1.1.3.2 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 and there are no gaps identified.

Score	Comment

Criterion 44.4.1.1.4 18 The governance structure must ensure effective management and development of human resources.

44.4.1.1.4.1 Minutes of meetings of the Governance or Sub-governance structure indicate that human resources management and development reports are discussed 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 human resources management and development and the monitoring thereof.

Not applicable: Never

Score	Comment

44.4.1.1.4.2 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 there were no gaps identified.

Score	Comment

Sub Domain 44.4.2 19 Human resources management.

Standard 44.4.2.1 19(1) The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

Criterion 44.4.2.1.1 19(2)(c) The health establishment must, as appropriate to the type and size of the establishment, have a system to monitor that health care personnel maintain their professional registration with the relevant councils on an annual basis.

44.4.2.1.1.1 A valid service level agreement with a service provider for providing agency staff is available.

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

The service level agreement must be valid (not expired) and signed by the service provider and the responsible accounting officers.

Not applicable: Where there are no agency staff services required by the health establishment.

Score	Comment

44.4.2.1.1.2 The Service level agreement details the responsibility for confirmation of registration of staff with the relevant statutory bodies.

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

The service level agreement must provide details on who is responsible for confirming that agency staff have current registration with relevant statutory bodies.

Not applicable: Where there are no agency staff services employed by the health establishment.

Score	Comment

44.4.2.1.1.3 The health establishment routinely monitors that healthcare providers supplied by the service provider/agency have current registration with relevant statutory bodies.

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

Request records from the previous three months which confirms that the health establishment routinely monitors whether agency staff providing service to users are registered with the relevant statutory bodies. The records can be electronic or manual.

Not applicable: Where there are no agency staff services employed by the health establishment.

Score	Comment

44.4.2.1.1.4 The health establishment routinely monitors that healthcare providers (including but not limited to medical practitioners, physiotherapists) have current registration with relevant statutory bodies.

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

Request records from the previous three months which confirms that the health establishment routinely monitors whether healthcare providers providing service to users are registered with the relevant statutory bodies. Randomly select three healthcare providers. The records can be electronic or manual.

Not applicable: Never

Score	Comment

Domain 44.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 44.5.1 17 Security services.

Standard 44.5.1.1 17(1) The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

Criterion 44.5.1.1.1 17 The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.

44.5.1.1.1.1 The report or statistics from the previous twelve months specifies incidents of harm to health care personnel.

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

The report or statistics from the previous twelve months must include information about incidents of harm to health care personnel. This refers to incidents of physical harm.

Not applicable: Where no incidents of harm to health care personnel have occurred in the previous twelve months.

Score	Comment

44.5.1.1.1.2 The report for the previous twelve months includes remedial action taken in response to incidents of harm to health care personnel.

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

Records indicating remedial action taken in response to specific incidents must be available.

Not applicable: Where no incidents of harm to health care personnel have occurred in the previous twelve months.

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 Private Acute Hospitals.

Acknowledgments

Many people have contributed to the update of the Private Acute Hospital Inspection Tools version 1.2.1. The Office of Health Standards Compliance wishes to extend the most heartfelt acknowledgment and gratitude to the following:

- Health Standards Development and Training unit team (Ms. Izelle Loots, Mr. Jabu Nkambule, Ms. Busisiwe Mashinini, Ms. Derelene Hans, and Ms. Andiswa Mafilika) for the update of the Private Acute Hospital inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the update of the Private Acute Hospital inspection tools).

It is hereby certified that the Regulatory Private Acute Hospital Inspection tools version 1.2.1 was updated by the Office of Health Standards Compliance.



SIGNATURE:

MS. WINNIE MOLEKO

EXECUTIVE MANAGER: HEALTH STANDARDS, DEVELOPMENT ANALYSIS AND SUPPORT

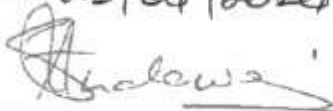
DATE: 1804/2024

SIGNATURE:

DR MATHABO MATHEBULA

CHIEF OPERATIONS OFFICER: OHSC

DATE: 23/04/2024

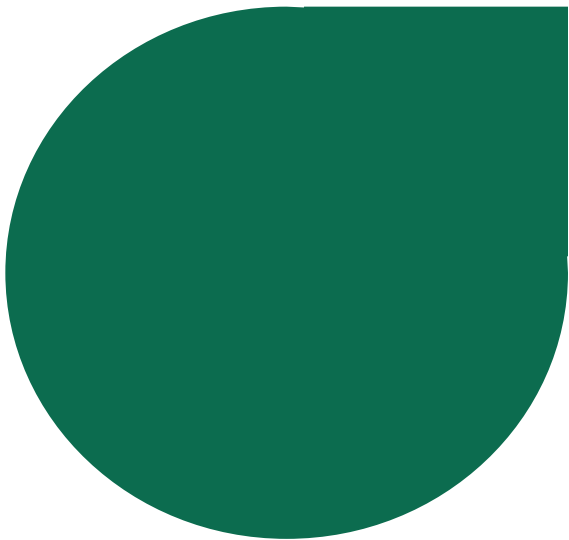
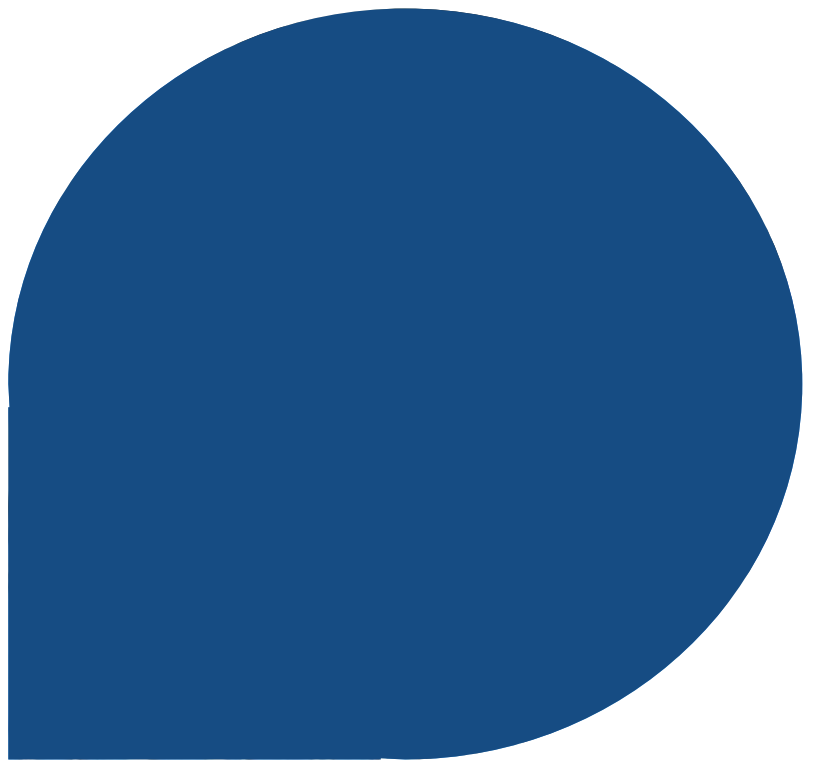
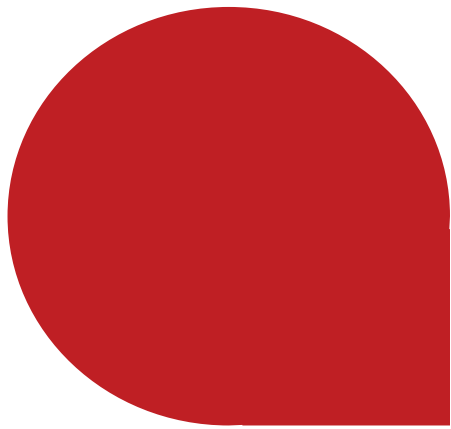


SIGNATURE:

DR SIPHIWE MNDAWENI

CHIEF EXECUTIVE OFFICER: OHSC

DATE 23/04/2024



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



ISBN:

978-0-620-90157-4

