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The OHSC strives to sustain a level of engagement with all stakeholders to create awareness and understanding of its role – particularly with implementation of the National Health Insurance (NHI) system and build relationships. The engagement with stakeholders is part of OHSC to fulfil its legal mandate of promoting and protecting the health and safety of the users across all sectors of health in South Africa. The Health Ombud, located within the OHSC, also contributes to safe, quality care by receiving and investigating complaints concerning sub-standard care.

As a healthcare quality assurance regulator, the OHSC strives to conduct inspection and certification processes professionally and impartially in line with its legal mandate of ensuring consistent, safe, and quality improvement in all levels of health establishments. The process of conducting inspection and certification processes is assisted by clear, timeous communication between the OHSC and health establishments, health service users as well as other interested organisations. The regulation of the quality of health services requires all health establishments in different levels of care to comply with policy priorities and minimum standards of care.

The OHSC Board has concluded a series of roadshows as part of interacting with the provincial health departments and private hospital groups of the important role of OHSC in implementation of the NHI and overall quality and safety improvements. The board would like to express its appreciation to the provincial health departments and private groups – particularly the cooperation, and honesty of challenges and experiences during the engagements.

The OHSC undertakes to strengthen more efforts to communicate with stakeholders, including health service users, and health workers through meetings, participation in conferences, its website, use of the mass media and community activities. The above undertaking is in alignment with legislation, which requires the OHSC to prepare and publish its regular reports that provide an overview of inspection and compliance activities and the capacity of health establishments to meet minimum norms and standards for good quality healthcare. In addition, the OHSC is required by law to publish its bi-annual and annual reports and annual performance plans every year.

The OHSC anticipates stakeholders to rely on the bulletin to get first-hand information on the functions and activities of OHSC and Office of the Health Ombud (OHO).

Any suggestions, or comments on the bulletin, or any other aspect of the OHSC and OHO – including its service offerings are welcome. The bulletin to be distributed electronically to stakeholders quarterly and published on the OHSC and OHO websites ([www.ohsc.org.za](http://www.ohsc.org.za), or [www.oho.org.za](http://www.oho.org.za)).

An option to ‘**subscribe**’ tab has been created in respect of the Protection of Personal Information Act (POPI Act) on both the OHSC and OHO websites to enable stakeholders to receive the publication regularly.

Happy reading!



## What you need to know on OHSC's role in transformation of the South African healthcare sector – particularly with implementation of the planned NHI system



The OHSC is ever conscious that it is part of a much-needed larger national project to ensure universal access to healthcare of good quality in anticipation of NHI system. The extent to which the OHSC fulfils its mandate impacts the other bodies harnessed to the same purpose – including a whole range of health sector regulators, national legislators, and the National Department of Health (NDoH). At the centre of these efforts is the envisioning of the system of NHI.

The OHSC's position within the NHI program is well-defined in clause 39 of the NHI Bill. The role of OHSC is centred on improving the quality of health services within a transformative health agenda by monitoring and enforcing compliance with norms and standards that relate to the overall functioning of health establishments. The significance of its role is underscored by the fact that OHSC certification is a precondition for any health establishment seeking accreditation by the planned NHI fund.

The OHSC is aware that the contracting of private and public healthcare providers by the planned NHI fund will depend, in part, on healthcare providers attaining certification by the OHSC. The OHSC will need to speed up the pace of inspection and certification significantly to certify the required number of health establishments. The inspections and certification process by OHSC are part of a process aimed at ensuring the overall quality and safety improvements in all health establishments.

The OHSC's role to the NHI is noted by the Competition Commission's Health Market Inquiry (HMI). The HMI has recommended that both doctors' surgical rooms as well as hospitals, be given a practice code number conditional on achieving OHSC certification. As service providers will not be able to be reimbursed without such a number, this will be useful as a lever to promote compliance with health norms and standards regulations. It will also allow the NHI fund, once it begins to purchase, to know where both general practitioners (GPs) and hospital resources are located and have some reassurance of minimum quality standards being met.



The OHSC is aware of other significant initiatives in place to address the quality of healthcare in all levels of care. The initiatives include acceleration of identified four quality learning centres in each province. The quality learning centres are part of cluster of facilities made up of hospitals, clinics and family practitioner practices that will be the focus for learning and disseminating knowledge and skills in each province. All constituent services will be assessed by the OHSC and assisted to become fully compliant with regulated norms and standards. Following this they will provide quality improvement support to all other health establishments in their areas to enable them to achieve OHSC certification.

The National Department of Health in recent years spearheaded various initiatives to improve the quality of healthcare in all levels of care in preparation for a planned integrated public and private provider network under NHI system. The initiatives reiterated the department's commitment to overcoming the current two-tier (public and private) health system, its inequities, and inefficiencies through the progressive implementation of the NHI system.

The OHSC's success will be measured by the improvement in the quality and safety of the services provided in the country.

### **Overview of inspection (barometer) and the capacity of health establishments to meet the required norms and standards for good quality healthcare**



OHSC inspector conducting routine inspection at one of the healthcare facilities in Newcastle, KwaZulu-Natal Province

The OHSC continued to conduct routine and specialised inspections in different levels of care in the public health establishments across the country. The other category of inspections conducted by the OHSC includes re-inspections and risk-based inspections, where the OHSC has reason to believe conditions might pose a risk to the health and safety of service users.

The OHSC carried out routine inspections at 387 public health clinics during 2020/21. The health regulator also conducted eight risk-based inspections in various provinces, prompted by reports in the media, which are monitored by the OHSC as part of the early warning system. The number of health establishments inspected during 2021/22 was 544. Cumulatively, 1 578/3 748 (42%) of all public sector health establishments were inspected since the promulgation of norms and standards regulations.



The OHSC started the process of conducting re-inspections in the public sector health establishments for the first time during 2021/22. All health establishments due for re-inspection and located near a health establishment scheduled for routine inspection, were thus inspected during 2021/22.

The number of public sector health establishments to be inspected during 2022/23 fiscal year has increased significantly to 786. The increase in the number of inspections is to ensure that all public sector health establishments to be inspected by the end of the 2024/25 fiscal year. The inspections in the private health sector also commenced from October 2022 subsequent finalisation of the tools for the private acute hospitals.

### Compliance status outcome for 2020/21 financial year



OHSC handover the certificate of compliance to Nkangala healthcare facilities in eMalahleni District, Mpumalanga Province

The OHSC started the process of implementing its certification and enforcement framework in May 2020. As at the end of the 2021/22 financial year, 189 public sector health clinics and community health centres were issued with certificates of compliance.

The OHSC noted that a large proportion of health establishments inspected for compliance with norms and standards regulations were found to be non-compliant, and not eligible for certification. Thirty-three and 189 health establishments were recommended for certification during 2020/21 and 2021/22. Although all the recommended health establishment were issued with certificates of compliance during the period under review, only 161 were certified within 15 days of the recommendation date, as per turnaround times specified in the Certification and Enforcement Policy.

Of the provinces inspected, the highest number of compliant health establishments were found in Gauteng (52.4%), KwaZulu-Natal (40.9%) and Western Cape (40.0%). The provinces with the lowest number of compliant health establishments were Limpopo (1.9%), Free State (3.6%) and Northern Cape (5.9%).

The provinces with the largest proportion of health establishments graded excellent were Gauteng (19.0%) and KwaZulu-Natal (18.2%). Unsatisfactory health establishments were found in Free State (85.7%), Northern Cape (82.4%) and Limpopo (81.3%), and in these provinces, there were no health establishments that received a grading of excellent.

All health establishments that were not compliant with the norms and standards were issued with notices of compliance, giving health establishments an opportunity to remedy the identified breaches within a prescribed timeframe.

During the 2021/22 financial year, the health establishments issued with compliance notices were subjected to a re-inspection process. Re-inspection reports were completed at the end of the 2021/2022 financial year.



## How the grading of health establishments determined by the OHSC?

Compliance is the term used to indicate that a health establishment has met the required standards and may be issued with a certificate of compliance. It is a pre-condition for meeting 100% of the non-negotiable vital compliance measures at primary healthcare level. Three of the non-negotiable vital measures at primary healthcare level includes the following:

- 1 Having an emergency trolley stocked with medicines and equipment.
- 2 Having an oxygen cylinder with a pressure gauge available.
- 3 Having more than the minimum level of oxygen in the cylinder.

Provided that all the non-negotiable vital measures have been met, the health establishment must score in the satisfactory, good, or excellent grading categories to qualify for certification. If this overall score is only satisfactory or good, conditions may be attached to certification and the health establishment may have to report improvements on a regular basis.

The OHSC grades health establishments into four broad categories namely: **excellent, good, satisfactory, and unsatisfactory**, as depicted in table below.

### Health establishments grading model

Vital measures	Essential measures	Overall Grading
80+%	+ 70+%	= Excellent
70-79%	+ 60-69%	= Good
60-69%	+ 50-59%	= Satisfactory
<60%	+ <50%	= Unsatisfactory

The grade is an average score across all the measures taken on all standards. However, some measures count for more than others in calculating the average grading, because failure to perform on these measures carries a greater risk to the health and safety of health service users. These are known as vital measures and a higher score is required on vital measures than on essential measures.

#### What is a non-negotiable vital measure?

One that addresses conditions, practices, and processes that could cause loss of life or result in harm requiring a prolonged period of recovery.

#### What is a vital measure?

One that focuses on conditions, practices, and processes that might adversely affect the rights, safety and wellbeing of service users and staff.

#### What is an essential measure?

One that applies to conditions, processes, and practices that are necessary to provide safe, decent, and quality care.

### Health establishments self-assessment

All health establishments are expected to perform self-assessments to monitor their performance in relation to the regulated norms and standards. The results of these self-assessments must be made available to the OHSC at least once a year and must be conducted against the inspection tools approved by the OHSC. The OHSC will review these results as part of its system to monitor the health establishments compliance with the regulated norms and standards.

The content of the Ideal Clinic framework is aligned with the OHSC's regulatory inspection tools. Self-assessments submitted by health establishments to the NDoH as part of the Ideal Clinic programme will be made available to the OHSC for the office's monitoring purposes.

Copies of the regulatory inspection tools used by the OHSC during inspections are available on the OHSC website should health establishments wish to access them.