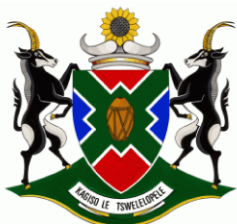


The Guidebook for District Hospital Managers



Developed for the North West Provincial
Department of Health

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North West Province



HEALTH
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TRUST



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PREFACE

The North West Department of Health commissioned the Health Systems Trust (HST) to develop a supervisory manual or handbook for district hospitals. The overriding aim of developing a guidebook for district hospitals in the North West Province was to develop a practical resource tool for hospital managers which can be used to improve the daily management and supervision of district hospitals. The guidebook will guide managers on how to critically assess the functioning of the district hospital and will ultimately be instrumental in ensuring the provision of high quality district hospital services throughout the province and nationally.

The process of developing the Guidebook for District Hospital managers involved two phases. The first phase was the development of the concept and content of the Guidebook. The second phase involved the testing of the Guidebook in four district hospitals in the North West Province.

The HST appointed a research and development team consisting of Marietjie de Villiers (Convenor), Ian Couper, Vincent Shaw, HOFFIE Conradie and Jannie Hugo to develop the handbook who followed an extensive process of data gathering and consultation.

Firstly, published data was accumulated, studied and recorded. Secondly, a series of interviews were conducted with district hospital management team members, mainly in the North West, Western Cape, Limpopo and KwaZuluNatal provinces, and other key informants. The interviews established (a) what the managers would like included in a Guidebook, and (b) how they picture the management of a successful district hospital. These interviews were analysed and yielded a practical set of criteria for a successful district hospital.

Thirdly a draft of the Guidebook was distributed to a number of experts in the field, including senior provincial managers. A second draft was developed and circulated to policy makers enabling the team to compile the final draft. A large number of reference documents were utilised throughout the process.

The North West Province identified 4 district hospitals in which the Guidebook was to be piloted namely:

Schweizer-Reinecke Hospital (Bophirima district)

Nic Bodenstein Hospital, Wolmaranstad (Southern district)

Swartruggens Hospital (Bojanala District)

Thusong - General de la Rey Hospital complex, Lichtenburg (Central district).

An orientation workshop was held with the management of these 4 hospitals to introduce the aim and objectives of the Guidebook. Thereafter a series of pre-test workshops were held with each of the hospitals. Following a period of using the Guidebook in their hospitals for 6 – 8 weeks, a series of post-test workshops were conducted at each hospital. The team who performed the pilot testing of the Guidebook consisted of Marietjie de Villiers (Project Manager), Ian Couper, Vincent Shaw, Nzapfurundi Chabikuli, Isabel Brouwer, and Jannie Hugo. The results of the pilot and recommendations for changes to the Guidebook were presented to the North West Province at a feedback meeting and final input was obtained on the completion of the project. The National Department of Health indicated their interest in using the Guidebook in other provinces especially to assist in quality initiatives.

The authors wish to thank the many people who assisted in various stages of this work, in particular the reviewers who provided us with feedback on the document during various stages. Louis Claassens, Nzapfurundi Chabikuli, Athol Kent, Muzi Matse, Petrida Ijumba, Nomsa Mmope, Theuns Oosthuizen, Yogan Pillay, Claire van Deventer, Wendy Venter, and Keith Wimble need particular mention for their role in the development of the Guidebook. We would like to especially thank the 4 pilot hospitals and their staff for their co-operation in the field-testing of the Guidebook. Lastly but most importantly we thank the various managers and staff of the North West Department who assisted us in completing the Guidebook.

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CHAPTER 1

USING THE GUIDEBOOK

Introduction

Welcome to the Guidebook for district hospital management.

The purpose of the Guidebook is to assist the hospital management team in:

- ◆ assessing the critical elements for the efficient functioning of a district hospital
- ◆ instituting action plans.

This Guidebook was developed for the North West Province to provide practical guidelines for managers in district hospitals with varying degrees of experience. The Guidebook can be utilised anywhere in South Africa. Although the Guidebook is primarily aimed at the district hospital management team it was also found to be useful to heads of wards, units and components of the district hospital. Provincial management can also use the guidebook to assist them in their task of assessing the functioning of district hospitals.

EXPECTED OUTCOMES OF THE GUIDEBOOK

- ◆ Empowering managers to assess their hospitals;
- ◆ Improvement in quality of district hospital services;
- ◆ Improvement in district hospital supervision;
- ◆ Improved morale among hospital managers, supervisors and health workers;
- ◆ A well functioning monitoring system able to pick up difficulties before they become obstacles to service delivery.

The Guidebook assists in identifying and prioritising problem areas and provides tools to do this. It provides a road map to use when needed, and demonstrates how managers can make information work for them. The tools and checklists provided are useful instruments for hospital managers to demonstrate to head office that they are acting on relevant issues.

It is recognised that there are many processes being followed to assist hospital management teams to improve the standards in their hospitals, provincially and nationally. These may relate to provincial operational planning and budgeting, with a focus on efficiency, or to accreditation programmes such as COHSASA, with a focus on meeting norms and standards. The Guidebook does not add to or compete with such processes, but rather provides tools to assist with these. Its advantage is that it provides instruments that are quick and easy to use, for management teams to assess themselves and develop their own systems. It will enable hospitals to prepare themselves to meet external accreditation requirements.

In addition there are a variety of documents, guidelines and policies that are constantly under development to improve quality of district hospital services, for instance on referral systems. The Guidebook aims to be a resource to improve district hospital management, however it was completed at a certain point and invariably new regulations will overtake parts of it. Managers need to make sure that they are aware of the most recent policies, for instance risk assessment and management.

Using the guidebook should not be seen as a time-consuming process, but rather as a means of focusing attention on essential aspects in an efficient and cost-effective way.

The Guidebook seeks to

- ◆ simplify things in the environment in which hospital managers operate
- ◆ provide some **signposts for managers** to find their way through complex systems

The Guidebook supports a model of health care delivery according to the Batho Pele philosophy, underpinned by sound management principles.

The theme is **People caring for People**.

This implies that the district hospital can run best if people are cared for on all levels – the patients, the staff, and the management team.

People who are cared for are more likely to care for other people.

People Caring for People

The **theme** of this guide is “People Caring for People”.

The **work** of a district hospital is about caring for people.

The **purpose** of a district hospital is to provide health care for the people in its district.

The **main method** of achieving this is staff members caring for patients.

Management has the **task** of caring for staff so that they can care for patients.

And management are people too!

People caring for people

Thus the focus of the guidebook is deliberately on patient care aspects of management. This does not mean other aspects are not important, but these are often well-covered in other resource books. It is intended to remind management teams that the ultimate aim of a hospital is excellent patient care, with the outcome of healthy and happy patients. A condition for this is healthy and happy staff.

How to use this Guidebook

The Guidebook can be used as:

- ◆ A day-to-day practical tool to improve supervision in the district hospital
- ◆ A guide for managers to assess and improve services
- ◆ A resource book to use when particular problems arise
- ◆ A tool in workshops and training sessions with district hospital staff
- ◆ A study book for new managers of district hospitals
- ◆ A reference for further reading on district hospital management
- ◆ A source of information for performance management appraisals.

The Guidebook consists of three parts:

1. Six chapters
2. Tools and checklists
3. Resources

The text guides management through the following areas:

- ◆ How to use the Guidebook
- ◆ Strategic management
- ◆ Sourcing and using information
- ◆ Risk identification and management
- ◆ Dealing with information - developing priorities and solving problems
- ◆ Quality improvement.

Each chapter has examples, tools and checklists that can be used practically in the district hospital setting. There are many other tools available, which can be adapted by the district hospital for their own use. Using the checklist format provided in Chapter 3 has been found to be particularly useful for hospitals to develop their own checklists.

There are four resource documents that are essential for district hospital management. The compact disc (CD) that accompanies the hard copy of the Guidebook contains the main text, the four main resource documents, as well as other informative documents. The tools provided in the Guidebook can be copied and used freely.

Chapter 1 - Quick reference – Using the Guidebook

This reference guide describes how the sections fit together and provides a short description of each section in the Guidebook.

The Guidebook approaches the district hospital using the analogy of a patient who needs assessment and management. When a patient presents with a problem, the first task is to carry out a comprehensive assessment of the patient by gathering information. The second is to formulate a management plan which includes critical problems but also plans to address chronic or long-term issues. This process takes place in the health worker's environment and strives to provide quality care.

Chapter 2 - Strategic management

This section outlines the importance of a plan providing an overview.

Using the patient analogy, this section deals with:

- ◆ Understanding yourself as a management team (health worker)
- ◆ Understanding your hospital (patient)
- ◆ Understanding your approach to the hospital (doctor-patient relationship)
- ◆ Identifying issues to be dealt with for the hospital (diagnosis)
- ◆ Setting objectives for the hospital (management plan / treatment).

This chapter contains a number of tools and checklists that are useful to assess the day-to-day functioning of the hospital in areas such as human resources, operational planning and community participation.

Chapter 3 - Sourcing and using information

This section outlines information gathering in order to make an assessment and diagnosis of your hospital. There are various sources of information that can be utilised to make an appraisal of the health of your hospital, and this requires key reporting systems to assist the hospital's functioning. This information also promotes strategic thinking and identifies problems as early as possible.

At the end of chapter 3 there is a series of tools and checklists that can be used to assess the day-to-day functioning of the district hospital, including a plan to address the issues.

Chapter 4 - Risk identification and management

This section addresses acute and urgent problems. It looks at the process of risk identification and management for identifying risk areas before they become problems. This can be compared to emergency care of acute problems and prevention of illness.

Chapter 5 - Dealing with information – developing priorities and solving problems

Prioritising problems is addressed in a way similar to a problem-list for a patient who is systematically investigated and treated. It involves approaches to deal with the hospital on a continuous and comprehensive basis. Without problem-solving strategies, the information-gathering exercise is of little practical use. The section also provides practical tools to use in the district hospital context.

Chapter 6 - Quality improvement

The goal of assessment and management is to provide quality care. Quality improvement is an integral part of managing health services. This section provides an outline of the Quality Improvement Plan (QIP) and answers the questions "What, Why and How?"

Resources

There are five key resources that should be used concurrently with the Guidebook. They are provided on the compact disc (CD) that comes with the Guidebook.

1. *A District Hospital Service Package for South Africa. A set of norms and standards. Pretoria: Department of Health; 2002.*

This is a set of norms and standards according to which the district hospital should function. It is intended to support the development of district hospitals to improve local district health services for all.

The standards contained in this document do not specify how the services are to be provided, but what levels of service are required in district hospitals to meet the health needs of communities.

2. *A District Hospital Service Package for South Africa. A set of norms and standards. Service Assessment Tool (Draft 2). Pretoria: Department of Health; June 2003.*

This assessment tool is designed to assist managers assess their current position with respect to the National Norms and Standards for district hospitals. It is intended for use as part of the process of gap analysis, i.e. the identification of deficiencies in current services. Very often it will be used as a first step (baseline survey) as well as for ongoing reviews.

Each norm is evaluated by a team which must include managers, supervisors and health care workers at the level of the service being assessed. The team should agree on two separate scores for each norm or standard, which reflect the current status of that element as well as the importance attached to it.

3. *Implementation Guide: District Hospital Service Package. A guide using the National Norms and Standards for District Hospitals for the Assessment and Improvement of Service Delivery. Pretoria: Department of Health Directorate: Quality Assurance; 2003.*

This guide is to assist hospitals to implement the National Norms and Standards. It helps hospitals in the process of self-assessment and bottom-up quality improvement.

4. *Management of District Hospitals: Suggested Elements for Improvement. Couper I, Hugo J. Durban: Health Systems Trust; 2002.*

This report outlines strategies used by successful hospital management teams. It provides useful lessons learnt in the field of district hospital management.

5. *Guideline Improving Quality in Health Care: An Imperative for Health Districts and Hospitals. Unpublished; July 2003.*

This guideline aims to provide district and hospital management teams with an understanding of the rationale for and processes of quality improvement, together with a framework for doing quality improvement.

The CD also contains tools 3.2, 3.3, 3.4 and 3.6 for easy access when needed.

References and further reading

A complete list of references used in the chapters as well as others for further reading is listed in the Bibliography section at the end of the Guidebook.

CHAPTER 2

STRATEGIC MANAGEMENT

Introduction

This chapter outlines the importance of a strategic approach in managing your district hospital. Strategic management provides an overview for the hospital, the management team, the staff and the patients. It helps the management team to develop plans for the effective functioning of the hospital and to remain focused despite competing demands.

An important part of strategic management is ensuring that all managers at all levels are part of (buy into) the strategic vision of the leadership. Strategic management should involve encouraging and developing leadership at all levels of the hospitals, and thus getting all units or section heads involved in the process. This chapter is intended to assist with this process.

How will this chapter help you?

Using the patient analogy, this chapter is about the health care worker (management team). It concentrates on the tasks of planning, implementation, and dealing with difficult issues.

We address the following questions in this chapter:

1. How can strategic leadership make a difference?
2. How can the management team become leaders?
3. How can good teamwork benefit the hospital?
4. How can the hospital be a place where people want to work?
5. How do you achieve strategic direction?
6. What should be included in the hospital's plans?
7. How do you work with your community?
8. How do you balance competing demands?
9. How do you deal with a crisis?

People Caring for People

People need a sense of purpose, direction and commitment to perform at their best.

Staff needs to know the strategic direction of the hospital.

They need to assist in developing it.

Patients feel more cared for by a hospital which has a clear focus and vision.

Your community can share in caring for patients and staff, and also need to feel they are cared for, through involvement with hospital management.

People caring for people

Key performance areas

The job of a district hospital manager is to plan, direct, co-ordinate and manage the efficient and effective delivery of health and administrative support services at the hospital within the prevailing legal and statutory framework. It includes the following key performance areas:

KEY PERFORMANCE AREAS

- ◆ Ensure the effective and efficient overall management of the hospital
- ◆ Financial management
- ◆ Human resources management and people development
- ◆ Hospital planning
- ◆ Corporate governance
- ◆ Procurement and the management of equipment and facilities
- ◆ Implement and manage an information technology policy, system and procedures to support the delivery of services
- ◆ Manage all aspects of patient care and ensure high standards of patient care
- ◆ Serve on internal and external committees, and provide input into the development of provincial policy and strategy on the provision of health care.

See Tool 2.1 for a list of competencies required for the job of district hospital manager as a helpful guide to appreciate the challenges of the task.

I. How can strategic leadership make a difference?

How can strategic leadership by hospital management contribute to the better functioning of a district hospital? This is the greatest challenge you face.

A study done in South African district hospitals found that the key issue for a successful hospital is the development of a team with a unified vision. This vision has patients as its priority and staff who respect each other and work with the community to achieve optimal health care. Coupled with this are structures and leaders who believe in what they are doing (Couper & Hugo, 2002).

As a manager your leadership is crucial to the success of your hospital. A caring, competent and professional leader will earn the respect and support of all the staff. Managers who show by example that they are acting according to a sound value system and a high work ethic are well on the road to managing a successful hospital. To do this, managers need personal goals.

The following four golden keys open the door to a successful district hospital.

KEYS TO SUCCESSFUL LEADERSHIP

1. Develop and maintain a clear **vision** for the hospital.
2. Leadership by **example**: “walking the talk”, back to basics, and keeping things simple.
3. Establish a **team** with a positive work ethic and focus on patient care (Batho Pele principles, Patient’s Charter).
4. Ensure accountability to the **community** by delivering quality health services.

Critical to this is being visible and available to staff. When a CEO or manager is never present, and seldom seen by staff except in high level meetings, they lose their trust and become alienated and demoralised. Hospitals where staff report that “the CEO is never in” seldom function well. Part of “walking the talk” is for a manager to be in touch with all aspects of the hospital’s functioning and the people involved in these

2. How can the management team become leaders?

Strategic leadership requires four competencies (Van der Waldt & Du Toit, 1999):

- ◆ **Effectiveness**: Choose and do the most appropriate things.
- ◆ **Efficiency**: Doing the right things correctly. Determine the criteria against which goal achievement can be measured.
- ◆ **Long-term vision**: Anticipating the future. Identify what to do now to ensure correct positioning later.
- ◆ **Short-term action**: Identify obvious and immediate things to get done and define how to achieve them.

A good way to move forward is to follow the principles of breakthrough thinking (Nadler & Hibino, 1998). These are the following:

- ◆ **Uniqueness**: every situation is unique and requires its own solution. What works in one context, even an apparently similar one, may not work for another.
- ◆ **Purpose**: the purpose of what you are trying to do must be very, very clear and the team must share your view.
- ◆ **Solution after next**: a solution must anticipate the next thing to address, once the current outcome is achieved.
- ◆ **Systems thinking**: think of the hospital as a whole unit and not as parts only.
- ◆ **Limited information collection**: only collect information that is really needed to achieve the outcome. Don’t get paralysed by information.
- ◆ **People design**: focus on people.
- ◆ **Betterment over time**: continuous quality improvement.

Effective leaders all have a high degree of emotional intelligence. This includes self-awareness, self-regulation, motivation, empathy and social skill (Coleman, 1998). Use the following block to reflect on your leadership skills.

COMPONENTS OF EMOTIONAL INTELLIGENCE (EQ)

Self-awareness is the ability to recognise and understand your moods, emotions, and drives, as well as their effect on others working with you.

Characteristics: self-confidence; realistic self-assessment; sense of humour.

Self-regulation is the ability to control disruptive impulses and moods; and to think before you act.

Characteristics: trustworthiness and integrity; comfort with ambiguity; openness to change.

Motivation means a passion to work for reasons beyond money or status; and to pursue goals with energy.

Characteristics: strong drive to achieve; optimism even in the face of failure.

Empathy is the ability to understand the emotional make-up of other people, and skill in treating people according to their emotional reactions.

Characteristics: cross-cultural sensitivity; expertise in building and retaining talent; service to clients and customers.

Social skill means proficiency in managing relationships and building networks, plus the ability to find common ground and build rapport.

Characteristics: effectiveness in learning change; persuasiveness; expertise in leading teams.

3. How can good teamwork benefit the hospital?

“I shine my brightest when I have others to shine with.”

“We can learn to structure the work environment in ways that give people the opportunity to match their special talents, skills, and perspectives to the needs of the task, and then give them the opportunity to share them with others and connect to purposes beyond the immediate.” (Hanson, 1996)

Teamwork, defined as working together to maintain standards, is the focus of effective management. The team must have a clear strategy for themselves and communicate this clearly to others. Teamwork involves all levels of staff, starting with the management. Developing a shared vision and purpose for the hospital within its shared core values is a way to unify people from different backgrounds and professions.

The following ingredients foster teamwork (Couper & Hugo, 2002).

INGREDIENTS FOR TEAM WORK

- ◆ Clear, agreed-upon vision
- ◆ Good relationships based on respect
- ◆ Individuals who set good examples
- ◆ Effective communication
- ◆ Unity
- ◆ Sound management structure and systems
- ◆ Commitment
- ◆ Timeous problem solving
- ◆ Leaders who are team players
- ◆ Shared purpose

Unity and commitment are the factors which allow hospital staff to work together in teams. This must be facilitated by regular meetings and good communication. The solid cement of good relationships holds all this together.

It is useful to remember that teams go through phases of development as they work together. These phases are the forming, storming, norming and performing stages. When a team comes together for the first time they need to get to know each other. When they know each other, team members may challenge each other in the storming phase, until they have developed shared visions and values in the norming phase. Finally the team focuses on the job at hand in the performing stage.

Eikenberry uses an easy acronym, namely the CARB model, for the four main dimensions that are ultimately responsible for a teams’ effectiveness. (<http://changethis.com/21.TrueTeamBuilding>)

- C - Commitment to the team and each other
- A - Alignment and goal agreement
- R - Relationship among team members
- B - Behaviours and skills

This article is a useful and practical tool to use when next you plan to do some team building with your staff.

4. How can the hospital be a place where people want to work?

“A place to shine is a place where each individual is confirmed as a special person capable of making a unique and significant contribution to the whole in the presence of others who care.” (Hanson, 1996)

District hospitals are labour intensive organisations. They have to deliver a wide range of services which require a broad range of skills and knowledge from staff. Your staff should be at the centre of your hospital.

Here are four aspects of personnel management that can make your hospital a place where people want to work and for your hospital to be an employer of choice.

1. Make sure that proper appointment, salary grading and promotion systems are in place.
2. Each staff member must have a clear job description. Personnel need to know what their responsibilities are. Thorough staff orientation with ample time for clarification of issues is essential
3. The hospital’s human capital must be built up through a skills development plan implemented in a supportive environment. Each staff member must have opportunities for development. This influences the quality of the work done and demonstrates that management is genuinely interested. Strive to make your hospital a learning organisation.
4. There must be a working performance agreement system in place. This includes an administrative system which has been explained to staff members plus, very importantly, personal feedback from the supervisors to staff members. Personal feedback can be done informally during the course of the day as well as formally by appointment. This includes responses to comments and grievances.

Use the following table to see to what extent your hospital fulfils the criteria of being an employer of choice.

Employer of Choice Criteria	Yes	No	Action Planned	Action Actual
Do we treat our employees as we want them to treat others / patients?				
Does our staff understand the link between their day-to-day activities and the success of the hospital?				
Do we manage our staff so they can maximise their potential?				
Does our staff have the required skills to be successful in their role?				
Do we provide enough feedback to our staff regarding their performance?				

5. How do you get strategic direction?

The organisational culture - the values, belief and norms of the organisation that shape its and its employees' behaviour - is key in the ability of the organisation to change. District hospital managers should realise that they are in fact “managers for change”, as strong leadership is needed to build an organisation supportive of change.

The following practical steps will help you in this process. For newly appointed managers the first step is especially important.

1. Talk to staff members in all categories to obtain and understand their views.
2. Develop a strategic plan as per provincial guidelines (see later in this section).
3. Develop and share your vision with all staff, including the unions. Recognise that this takes time.
4. Focus on personnel – get to know the Personnel Administration (PERSAL) system so that you are able to understand and analyse it.
5. Construct a skills development plan and establish a supportive environment for its implementation.
6. Become knowledgeable in terms of financial management. Know the Public Finance Management Act (PFMA) and its obligations. Introduce monthly financial review meetings.
7. Ensure adherence to systems and procedures.
8. Establish a clear “client focus” of patients in out- and in-patient services as well as the community and outlying clinics.
9. Manage the hospital by “walkabout” - that is getting out of your office and into the workplace to experience its realities.

Hospital management must develop a strategic plan in line with national and provincial priority programmes. The emphasis for district hospitals should be on alignment with the provincial strategy. Local demands such as quality care, enough medication, well trained personnel and effective HIV and TB programmes can be accommodated within the national, provincial and regional objectives.

There are various ways of achieving a strategic plan. One way is to have a Lekgotla (a special planning meeting) facilitated by an external person at a venue away from the hospital. See Tool 2.2 for more information on conducting a Lekgotla. Brainstorming can also be used for developing basic concepts, then circulating documents, and conducting meetings to develop these ideas.

People who should be involved in strategic planning are the members of the executive management of the hospital i.e. the general manager, clinical manager, nursing services manager and administration manager, as well as the sectional heads such as radiography, pharmacy, medical wards etc. Also involve representatives from the administration, allied health, and labour divisions. From outside the hospital, invite two to three people from the Health Facility Board and two to three people from district and provincial levels.

The strategic plan is the direction that your hospital wants to take, whilst the operational plan stipulates the actions needed to achieve this. The first year of the strategic plan forms the basis for your hospital's operational plans. A three to five year plan which is updated annually and includes budget information should be drawn up. In the first year you will find that your planning is mostly strategic and less operational. In the following year this will most likely change to less strategic and mostly operational.

Management should review the plans monthly to see how they have done – or not done! Every quarter each hospital and sub-district management in the region has to present a report to the Head of Health in the province. This provides a useful overview of what has been accomplished or what has not been accomplished.

Implementation of strategy is a challenge. There are important elements for effective implementation. (Unpublished S Covey www.franklincovey.com)

Clarity	Do you know the goals?
Commitment	Do you buy into the goals?
Translation	Do you know what to do?
Enabling	Do you take down the barriers?
Synergy	Do you work together?
Accountability	Do you account to each other?

6. What should be included in strategic and operational plans?

Strategic planning must be synchronised with the entire planning, budgeting, monitoring and reporting framework of the PFMA (Public Finance Management Act). Make sure that the management team is knowledgeable about the PFMA, its obligations and responsibilities. It is critical that the hospital's plan **fits into and is linked to the district and provincial strategic plan**, for which formats are available. Example of operational format included on CD accompanying the Guidebook.

The plan should provide measurable objectives that are linked to the budget. The following block lists the areas to be included.

STRATEGIC PLAN CONTENT	
	Strategic objective
	Specific objective
	Indicator
	Target
	Activities
	Responsible person
	Time lines
	Output
	Costs

The strategic plan consists of two parts

- ◆ the strategic overview
- ◆ the detailed planning of individual areas.

Tool 2.3 gives examples of operational plans.

Part I - Strategic overview

This is the description of the hospital's overall policy, priorities and strategic goals. Include here your hospital's mission and vision, as well as your alignment with provincial and regional strategies.

The following information should be included in this section:

- ◆ details of the population served by your hospital
- ◆ health problems of the area
- ◆ map of the area served by your hospital

- ◆ clinics, community health centres, etc. referring to your hospital
- ◆ an outline of your hospital (size, departments, condition of facility etc.)
- ◆ personnel categories, numbers and vacancies
- ◆ income and expenditure, as well as trends experienced
- ◆ key challenges.

Part 2 - Detailed operational plans and budget

This is the crucial link between the strategic plan and service provision. One of your strategic objectives should be the linking of planning and services. The management team must understand not only the tools and structures but also the “product” of its services. This understanding is the basis of adequately planned services.

Two of the resource documents for the Guidebook should be used to assist the management team in linking planning with services.

- ◆ The Service Assessment Tool for the district hospital norms and standards, and
- ◆ The Implementation Guide: District Hospital Service Package. A guide using the National Norms and Standards for District Hospitals for the Assessment and Improvement of Service Delivery.

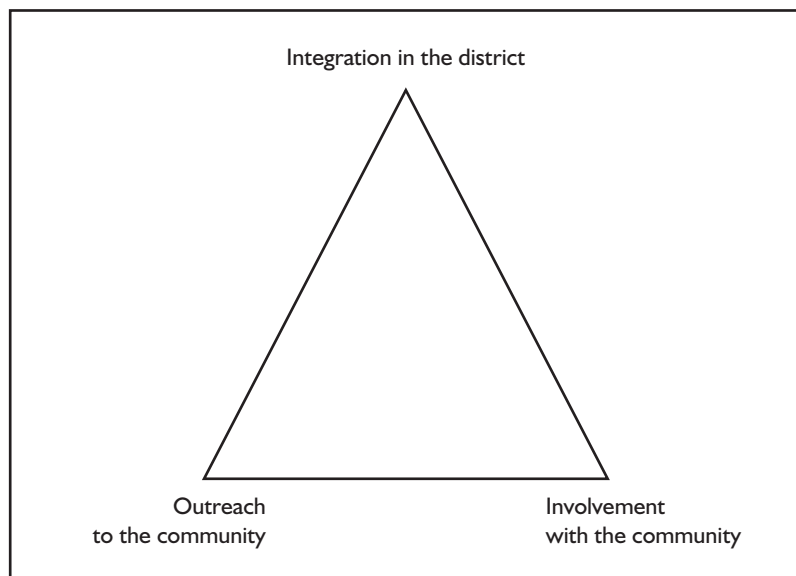
7. How do you work with the community?

The district hospital must be accountable to the community it serves. Remember that it is one of the four golden keys for an effective district hospital. The hospital is there because of the community.

Accountability is a two-way process from which all parties should benefit. It presupposes knowledge of the community by the hospital, and full participation by community members in all areas of the hospital. An effective district hospital reaches out, taking services to the community. A district-friendly hospital has a vision to provide health care in the district, not just within its walls.

The following figure demonstrates the integration with district services, hospital outreach to the community, and community involvement in the hospital (Couper & Hugo, 2002).

The hospital and the community



This checklist measures how your hospital is integrating into the district.

Actions Facilitating Integration of the Hospital into the District	Yes	No	Action Planned	Action Actual
Sensitivity to the district as a whole				
Involving district management (i.e. combined executive meetings)				
Regular interaction with clinics (meetings, visits)				
Clear referral guidelines				
Support to the clinics (drugs, transport)				
Regular visits by doctors to the clinics				
Continuity of care between clinics and hospital				
In-service education by hospital staff at clinics				
Collaboration between EMS and the hospital				
Rotation of clinic staff to hospital for experience				

A well-functioning Health Facility Board is crucial for community involvement in the district hospital. The Board has an important function for the dissemination of information. The Board and management must forge strong relations with each other. Management must take measures to assist the Board in performing its functions.

The Board shall, amongst others, also deal with matters relating to the quality of care that is being rendered to the community. Such matters include (a) whether patients’ health rights are being upheld, (b) whether the Batho-Pele principles are adhered to in service delivery, and (c) to try to collectively resolve complaints. Please refer to relevant Provincial legislation in your Province for the establishment and functioning of a Health Facility Board, as these may differ between provinces.

This checklist measures your hospital’s community involvement.

Community Involvement Indicators	Yes	No	Action Planned	Action Actual
Is there a Health Facility (hospital) Board?				
Are you providing administrative support to the Board?				
Do you and your senior staff attend the Board meetings?				
Is the Board involved in the hospital?				
Have you approached community organisations to become involved in the hospital?				
Is the hospital involved in public forums (i.e. Community Policing Forum)?				
Are there community organisations that the hospital is supporting?				

8. How do you balance competing demands?

There are competing aspects in the work of the district hospital management team which make it essential to strike a balance. For example, the tension between resources (staff, money) and political commitments, head office requests versus attention to the hospital, crisis versus strategic demands, staff requests versus patient needs, and personal versus work priorities all have to be dealt with equally.

Despite experiencing budgetary constraints (which will always be with us!), quality of care is still achievable. Managers are responsible for making budgets work, and financial management is often the yardstick used and the driver for all actions. Yet the hospital exists for the sake of patients, in other words to care for people rather than money, and managers should never lose this focus. Prioritisation and sound financial administration ensure patients are cared for effectively, within resource constraints. See Chapter 5 on how to do prioritisation.

Prevent tensions through clear strategic planning. A strategic plan provides a comprehensive overview and ensures that attention is not only dedicated to urgent everyday operational issues. The aim of strategic planning is to bridge the gap between policy and budgets. Prevent trouble by getting the strategic and operational plan in line with provincial objectives and local needs.

Have a copy of the Annual Business Plan available in electronic format and use sections from that to reply to urgent demands from head office. Deal with information requests from Head Office swiftly. Appoint an Information Officer whose task it is to be acquainted with what is needed and make sure information is available to management (See Chapter 3).

The following can help you to respond to requests for information at short notice:

- ◆ Establish well-functioning committees to deal with important functions. Ensure people in these committees are able to respond at short notice. The following committees are suggested: ethics, pharmacy and therapeutics, health technology management, cash flow, resuscitation, protocols and policies, health and safety.
- ◆ Establish QI programmes in the areas that are prone to problems such as forensics, therapeutics, mortality rates, maintenance, and resuscitation (See Chapter 6).

Remember that the performance assessment of managers in a hospital is linked to the functioning of the hospital or section they are responsible for. If you are always at meetings, functions and training courses, then you cannot perform. Local responsibilities must always be assessed in deciding where to allocate time.

It is wise to remember that, while meetings are very important and essential for a team approach to management, meetings cannot perform the task of caring for people efficiently and effectively – that requires hands-on action. A helpful tip is to make sure you spend at least double the time spent in a meeting carrying out or putting into practice any decisions taken in the meeting. In the same way, no-one should go to a training course until they can show how they have implemented what they learnt during the last training session.

9. How do you deal with a crisis?

The management team often have to deal with a crisis such as too few doctors or nurses, or conflict resolution. It is good for the manager to have some basic approaches in resolving the problem and even use the crisis as an opportunity. The Guidebook suggests the following practical “A” approach to crisis management.

1. **A**cknowledge the crisis: listen and understand the emotions, fears, perceptions and personal issues.
2. **A**gree on the crisis: talk about what the crisis is and how different people view it. Put it into perspective.
3. **A**ssess the size and impact of the crisis: establish its importance and possible effect on the hospital. How does it link to the bigger picture?
4. **A**ccept a plan: consider options on how to deal with the crisis, look at alternatives as well as how to change the crisis into an opportunity.
5. **A**ct: take a clear decision and do it! Do something different. Overcome indifference.
6. **A**dvice: communicate with the hospital and community on how the crisis is being addressed.
7. **A**gain assess: is the action having the desired effect? Has the crisis been resolved?
8. **A**ddress the bigger issue: often crises are a symptom of something wrong in the bigger scheme of things – identify and address these.

CHAPTER 2

TOOLS

Only a few selected tools are provided here. There are many tools available for looking at strategic management – see the resources section at the end of this Guidebook.

The section on Core Management Standards, which is the first section in the Service Assessment Tool on your CD, is also very useful.

TOOL 2.1: LIST OF COMPETENCIES – DISTRICT HOSPITAL MANAGERS

These can be adapted for different levels of managers in the hospital.

Typical Competencies Required	Examples of Application of Competencies
Leadership and management competencies	
Decision making	Ability to evaluate / analyse information and act on it. Recommend changes to meet new challenges.
Honesty, integrity and ethics	Ability to display highest standards of ethical conduct. Ensure standards are complied with.
Initiative	Develop new ideas whilst managing risks.
Judgement	Grasp the complexities. Analyse problems objectively.
Managing in politico-cultural context	Understand conventions and objections of government and wider environment. Awareness of internal and external influences.
Negotiation	Manage process tactfully for an optimal solution.
Problem solving and analysis	Devise and implement most effective solutions. Systematically identify, analyse and resolve problems.
People management and empowerment	Manage and encourage people to optimise their output. Effectively manage relationships.
Programme and project management	Manage, monitor and evaluate specific projects and activities.
Public service knowledge	Manage, co-ordinate and implement government policy within public service statutory frameworks.
Strategic capability and leadership	Provide a vision and set direction in order to inspire others to deliver on mandate.
Strategic orientation	Implement provincial health care strategy in terms of business plan.
Time management	Effective prioritisation of demands on time.
Applying technology	Utilise appropriate technology to enhance productivity and efficiency.
Organisational competencies	
Relationship building	Develop and maintain wide network of strategic internal and external relationships.
Client orientation and customer focus	Ensure that services provided are delivered in the spirit of Batho Pele principles.
People development	Implement systems and procedures to optimally utilise and develop people. Recognise the value of diversity on the workforce.
Financial analysis	Apply financial concepts and processes to determine the financial impact of decisions.
Financial management	Manage budgets, control cash flow, institute risk management and administer procurement processes in accordance with recognised financial practices.
Knowledge management	Promote the generation and sharing of knowledge and learning.
Resource management	Appropriate allocation of resources.
Service delivery innovation	Implement new ways of service delivery contributing to the improvement of organisational processes.

Typical Competencies Required	Examples of Application of Competencies
Interpersonal competencies	
Adaptability	Work effectively in a changing environment. Responds resourcefully to new demands.
Assertiveness	Work independently or as team member. Confident of own abilities to influence team members.
Change management	Initiate and support organisational transformation and change.
Communication	Exchange information and ideas in clear concise manner.
Conflict resolution	Effectively manage conflict and achieve acceptable solutions.
Cultural understanding	Manage hospital effectively and efficiently through diverse teams.
Influencing skills	Interact with government, public service, private sector and academic institutions.
Team player	Function in a collaborative and collegial manner. Manage and guide diverse team of professionals.

TOOL 2.2: FORMAT FOR HOSPITAL LEKGOTLA

A Hospital Lekgotla is one of the ways to do strategic planning. Another way is that each cost centre or ward / unit has their own meetings and then feed into a hospital wide meeting – this will increase participation at ward / unit level. The hospital board should also be included in the strategic planning.

The Lekgotla can take place once a year and last for two days. During that time the management team works out a hospital vision and mission within the national, provincial and regional strategic plans. Choose a place away from the hustle and bustle of the hospital so that you can spend time working out your hospital's strategic plan and preferably somewhere where people can enjoy the environment but do not have to drive too far.

It is always a good idea to get an external facilitator for strategic planning. There are various ways in which these planning sessions can be run. Most of the work should be done in small groups (6-8 people) so that the participants feel that they can take ownership of the plan at the end of the workshop. The following steps should be followed:

1. Always start with an ice-breaker. People working together do not always know each other. For instance ask people to introduce themselves to the person sitting next to them, with a short description of their hobby. Then ask each person to present the other's hobby to the bigger group.
2. Ask each person, in a round robin fashion, to express their expectations of the workshop. This will help to understand the ideas that people have brought with them, and clarify uncertainties.
3. Set out and explain the purpose of the meeting, as well as the programme so everyone understands what they will be doing. Allow participants to add specific items to the agenda. It is very important to keep to the timelines so that participants can relax, knowing that the whole agenda will be covered.
4. Ask someone to present an overview of the management structure (organogram) of the district hospital, as well as the management structure of the district and region. This will assist everyone to understand structures that will come up during the discussions.
5. Present an analysis of the hospital including number of beds, staff numbers and categories, income and expenditure, numbers and categories of patients seen, population of the community you are serving, health problems of the area etc. If you do not have this information yet, it will become part of your plan to obtain it, and then present it at your Lekgotla for next year.
6. Divide into small groups, each with a specific task to complete and report back to the bigger group. Ask someone in the group to chair the group and someone to be the scribe. This helps when you have to compile a report of the meeting making written material available. Make sure that each group knows exactly what it needs to do. Rotate between the groups to see how they are progressing and to provide guidance.
7. The following are examples of discussion topics for the small groups, but you can add any that are relevant for your hospital.

- ◆ An understanding of stakeholders - their role and influence
 - ◆ Develop the hospital's vision and mission
 - ◆ Perform a SWOT analysis (looking at the hospital's strengths, weaknesses, opportunities and threats) and plan how to use the strengths and opportunities and lessen the impact of the weaknesses and threats.
 - ◆ Define priority areas for the hospital
8. Give feedback on all these issues in the big group and allow for some discussion and clarification.
 9. Spend some time on planning for the next year.

Once you have held your first Lekgotla, you will find that at the next one more time can be spent on operational issues. At the next meeting, after presentation of all the background information (see 5 above), spend some time on questions, discussion and identification of problems.

Go into small groups and spend time considering ways in which the problems and issues can be dealt with. This is then presented to the big group again, where consensus is reached. The small groups then each get tasks to capture specific issues indicating the following

- ◆ strategic objective
- ◆ specific objective
- ◆ indicators
- ◆ target
- ◆ activities
- ◆ responsible person
- ◆ time lines
- ◆ output
- ◆ costs

Once this has been put together, you have your operational / business plan!

TOOL 2.3: EXAMPLES OF OPERATIONAL PLANS

OPERATIONAL PLANS

YEAR: 2004/2005

PROGRAMME: Clinicians

STRATEGIC OBJECTIVE: Empowered and performance focused staff

SPECIFIC OBJECTIVE: To ensure appropriate and on-going education of professional team

TARGET: Nurses, doctors and allied health professionals

INDICATOR(S): training plan with at least one opportunity per year per personnel member for training.

ACTIVITIES	RESPONSIBLE PERSON	MONTHS												OUTPUT	COST
		4	5	6	7	8	9	10	11	12	1	2	3		
PLANNED: 1. Skills audit.	Clinical manager														
PLANNED: 2. Training needs identified.	"														
PLANNED: Training plan in place.	"														
PLANNED: 2 doctors to do ATLS, ACLS, APLS.	"														
PLANNED: 4 nurses to do HIV management course.	"														
PLANNED: 1 doctor and nurse to do IMCI training.	"														
PLANNED: Twice weekly CPD meetings with annual plan including at least 20% outside presenters.	"														

YEAR: 2004/2005 ANNUAL

PROGRAMME: Interdisciplinary

STRATEGIC OBJECTIVE: IMPLEMENT A COMPREHENSIVE PACKAGE OF SERVICES

SPECIFIC OBJECTIVE: To establish a rehabilitation unit by March 2005

TARGET(S): 30% of availability of services including equipment and space

INDICATOR(S): 1) Adequate and appropriate allocated space 2) rehabilitation year plan 3) available basic essential equipment

ACTIVITIES	RESPONSIBLE PERSON	MONTHS												OUTPUT	COST
		4	5	6	7	8	9	10	11	12	1	2	3		
PLANNED: 1. To use 2 rooms for counselling and therapy.	Clinical manager														Available space in hospital
PLANNED: 2. To draw up an annual integrated plan which involve personnel in the district as well.	"														Plan available
PLANNED: To identify and plan equipment and submit equipment list.	"														Some equipment available

CHAPTER 3

SOURCING AND USING INFORMATION

Introduction

Good management is a precondition for increasing the effectiveness of health services. Effective health management relies on information at every stage of planning, implementation, monitoring and evaluation of health services. The purpose of a health information system is to provide managers and health care workers with information that is relevant, appropriate, timeously and of good quality, in order to assist their decision-making. A well-functioning health information system is crucial to a well-functioning health system. In the analogy of the hospital as patient, the history and the examination are critical for decision-making. Without information, no assessment can be made and no management plan can be started.

How will this chapter help you

This chapter identifies the information and key areas of reporting systems that hospital management teams need to have in place to assess how their hospital is functioning, to assist strategic thinking and to identify problems as early as possible. It also provides practical ways how to use information appropriately. The principles of information gathering and use are outlined, and thereafter the types of information needed for management are described. In the Tools section of this chapter you will find a number of checklists that can be used to assess various sections of the district hospital.

Theme

To care effectively for people, we need to know what is happening to them, how they are feeling and to what extent their needs are being met. Information is the only way to find this out.

People Caring for People

Managers and staff need to know what is happening to the people they are caring for – how many there are, how often they need care, whether or not their needs are being met and how they are feeling.

Managers also need to know staff conditions, whether they are experiencing problems and what resources (physical or human) are needed to address these.

Managers also need to know how the whole organism of the hospital is functioning to plan effectively and care better for staff and patients.

People caring for people

I. Principles of information gathering and use

- ◆ The most important principle is to act on information. Managers must know how to use information to improve the hospital's functioning.
- ◆ The people on the ground level who record the information need to know the importance and relevance of the data so that care will be taken to record it correctly. Data need to be fed back to these staff members. Graphs at ward level displaying the latest data keep staff informed.
- ◆ It is better to start by collecting a small amount of crucial data and use it well, rather than collecting a large amount of information and not doing anything with it. Start small, but make sure that the quality of the data is good.
- ◆ Determine the information that has to be gathered legally and is required by the provincial office which can be used for your own purposes.

Information management is all about measuring, and there are two golden rules when measuring:

1. One cannot measure what one cannot define. The list of essential data that is required of hospitals by the National Department of Health is included as a source document on the CD accompanying the Guidebook.
2. One cannot improve what one cannot measure or, you cannot improve if you are not measuring. Measuring generates data thus the keeping of data is important. The existing hospital minimum data set within the District Health Information System (DHIS) provides managers with a reasonable range of information that can effectively be put to good use in managing their institution.

2. What is health information?

2.1 Health information categories

Health information may be broadly grouped into the following categories (adapted from Lippeveld et al., 2000):

- ◆ **Health status information**
Reflects the health needs of the population (i.e. the patterns of disease)
Involves: Epidemiological surveillance data (mortality and morbidity).
- ◆ **Health service information**
Reflects the coverage, quality and efficiency of health services
Involves: general health service data (e.g. ANC coverage, bed occupancy, etc.)
vertical programme data (e.g. EPI, TB, HIV)
administrative data (e.g. finance system, personnel management system, drugs and supplies management system).
- ◆ **Population information**
Provides the figures for surveillance and service coverage
Involves: vital registration data (births, deaths, census data, population movements).

This chapter focuses on the second category, health service information, and specifically on general health service reporting. However, the categories are linked and coordinated use of all three categories is necessary for good decisions. An overall integrated health information system will include information subsystems to provide categories of information.

2.2 *Data element types*

Information is obtained through collecting and processing data. Data may be considered routine, periodic or permanent.

- ◆ **Routine data**
Vary over short time intervals and require ongoing routine collection - e.g. total headcount, inpatient days, VCT visits. Must be the essential data set.
- ◆ **Periodic data**
Vary over medium time intervals and thus require periodic updates, e.g. number of staff positions; equipment available in a facility. Usually obtained through audits or surveys.
- ◆ **Permanent data**
Change slowly over long periods, e.g. population data, health facility structures.

Most of the information needed for decisions is routinely collected data, but some indicators are calculated using permanent or periodic data, e.g. population size, bed capacity.

2.3 *Methods of collecting data*

- ◆ **Routine methods**
Routine data (“normal” data or “stats”)
This is collected from all facilities every month as aggregated data. Sometimes the frequency of collection is not monthly, but weekly or daily. The box below provides some examples:

Daily Reports:

Daily reports should be submitted at the end of each day.

- ◆ **Risk Reports:**

A daily risk report should be submitted from each unit that identifies any problems that could arise during the day. A status report on the outcomes must be presented at the end of the day.

- ◆ **Adverse events:** These provide detail regarding urgent incidents. In each case there should be a brief description of the event with:

- ◆ the likely cause, divided into human error and equipment or system failure,
- ◆ the action taken thus far, and
- ◆ the action recommended.

- ◆ **Critical equipment:** A list of critical equipment should be identified. Daily reports should indicate if the equipment is present and working. Items on this list would include theatre equipment, life support systems, defibrillators, resuscitation trolleys, neonatal resuscitation equipment.

- ◆ **Staffing:** Staff absentees.

- ◆ **Patients:**

- ◆ List of admissions, discharges, transfers and deaths.
- ◆ List of patients in the ward for more than five days with reasons.
- ◆ Bed occupancy rate.
- ◆ Re-admissions.

Weekly Reports:

Weekly reports should include the following:

- ◆ Top ten discharge list (the ten most common diagnoses) to monitor trends.
- ◆ List of notifiable diseases.
- ◆ Drug levels – list of drugs where stocks are below an agreed minimum level.
- ◆ Dry dispensary items – list of items where stocks are below an agreed minimum.
- ◆ Equipment for repair – current status, when sent for repair, and whether or not returned.
Works orders for maintenance – current status, when reported and if attended to.
- ◆ Staffing – reasons for absence of staff during the week.

Monthly Reports:

Monthly **management team** meetings should take place where in addition to the above critical personnel issues and creditors are reviewed. See Tool 3.1 in the Tools Section of this chapter for an example of a monthly report.

Sentinel data

Certain issues need more in-depth data than in the routine data set. Information is collected on a routine basis, but only from designated sites which are selected to be representative sites - e.g. sexually transmitted infections aetiology; anonymous unlinked testing for HIV prevalence among ANC clinic attendees. Decisions on sentinel data collection are usually made at national and provincial level.

Notifiable diseases data

Routine mechanisms must be in place to detect and follow up cases of notifiable conditions as they occur, so that immediate action can be taken - e.g. when a case of cholera or acute flaccid paralysis is diagnosed.

◆ **Intermittent methods**Facility audits and surveys

Surveys and audits are used to complement routine data. A survey is a more formal method of collecting information. An audit is a situational analysis of a facility. Examples of audits and surveys are given below:

EXAMPLES OF THE USE OF SURVEYS AND AUDITS

◆ A client satisfaction survey can be used to determine the:

- ◆ average waiting time on a selected day of the month,
- ◆ level of acceptability of services based on the results of a client satisfaction questionnaire.

See Tool 3.2 in the Tools Section of this chapter for a client satisfaction template.

See also Tool 3.3 for an example of a client satisfaction survey specifically developed for district hospitals by the Madibeng Research Centre.

Guidelines on how to conduct a client satisfaction survey are provided as a source document on the CD accompanying the Guidebook).

◆ Staff satisfaction can be determined from surveys conducted :

- ◆ formal questionnaires results, and
- ◆ training and development activities (capacity building for staff)

See Tool 3.4 in the Tools Section of this chapter for an example of a staff satisfaction template.

Formal satisfaction surveys should be done 6-12 monthly. The information obtained can be complemented by the use of “suggestion boxes” which provide ad hoc reporting on services or work conditions.

- ◆ Levels of critical personnel: Report of personnel in the “scarce skills” categories (as per the scarce skills allowances), indicating posts filled, posts vacant, resignations with reasons, action taken to fill vacant posts, action needed to fill vacant posts.

◆ **Ad hoc methods**

At times there are requests for data that do not fit into neat categories - e.g. urgent reports (see below), numbers of diabetics seen, trauma cases, etc. This data would be collected for a short period only in response to a specific need, or, in terms of routine data, would be reported only when a change occurs or a critical level is reached.

URGENT REPORTS

Urgent reports are ad hoc reports that detail any problems immediately as they arise.

Examples:

- ◆ Patient numbers (greater than a set limit, agreed by management)
- ◆ Disasters
- ◆ Dispensary items that are out of stock, using a critical tracer list, agreed upon by management
- ◆ Incident reports.

Summary

Health Information Categories	Data Types	Data Collection Methods
<ul style="list-style-type: none"> • Health status information: <ul style="list-style-type: none"> - epidemiological surveillance • Health service information: <ul style="list-style-type: none"> - general health service - vertical program - administrative • Population information: <ul style="list-style-type: none"> - vital registration - census 	<ul style="list-style-type: none"> • Routine • Periodic • Permanent 	<ul style="list-style-type: none"> • Routine methods: <ul style="list-style-type: none"> - routine - sentinel - notifiable diseases • Intermittent methods: <ul style="list-style-type: none"> - audits - surveys • Ad hoc methods

3. How is information useful for management?

3.1 Basing decisions on information

Reliable, timely information provides managers with evidence of how services are performing. It provides a basis for planning, budgeting, allocating resources and identifying service problems. Information linked with a monitoring and evaluation framework also provides funding organisations with the information they need.

EXAMPLES OF HEALTH MANAGEMENT DECISIONS BASED ON HEALTH INFORMATION

A district has decided to reduce mother to child transmission of HIV. One of the objectives is to make HIV testing available to all pregnant women in the region. The number of women attending ANC clinics in the district over the past year provides a starting point for planning. The hospital provides an access point to women as well, especially those that have not attended ANC clinics but who come to hospital to deliver their babies. If data were provided per clinic and hospital per district, this would allow the estimation of the number of testing kits required and the costs involved. As not all women will accept testing, a target could be set of testing 25% in the first six months, moving up to 60% by one year. In the following year the target could be moved up to 80%. Budgeting for and ordering HIV testing kits is then based on these targets.

After reviewing quarterly regional reports, a national supervisor noted that the number of neonatal deaths in one particular district hospital was significantly higher than in other hospitals. An investigation revealed substandard infection control practices in the neonatal unit, resulting in a high number of nosocomial

infections. Action was taken to educate the staff on appropriate practices and to provide adequate infection control.

The maternity staff in a district hospital complains that they are overworked, and cannot cope. They believe that they need more staff in their unit. On closer inspection, the hospital management find that over the last year, the 40-bedded maternity unit has an occupancy rate of 115%, while the chronic care wards (60 beds) have an occupancy rate of only 40%. Both units have the same staff allocation. A decision is taken to reduce the number of active beds in the chronic care ward by 20 beds, and increase the maternity beds by 10 beds (this 25% increase in beds should address the shortage of beds in the maternity unit). They also decide to move two nurses from the chronic care ward to the maternity ward, thus bringing about greater equity in staff allocation between the units.

A district hospital finds that the male surgical ward is constantly full, and cannot accommodate new admissions. They also find that the length of stay for patients in this ward is 6 days, compared to an average of 3.5 days for the other wards. The doctor managing this ward is extremely conscientious, and wants management to allocate him more beds so that he can accommodate new admissions. But management cannot accede to this because additional beds would require additional staff, and incur additional cost. A decision is taken to develop protocols for the management of common diseases, and to improve follow-up at clinics. As the protocols are implemented over the next few months, they find that the average length of stay in the male surgical ward decreases, and the new patients requiring admission can be accommodated.

3.2 Indicators

Information for management decision-making is expressed in the form of indicators. An indicator is a variable that describes a particular situation and can be used to measure changes in that situation over time (Green, 1992). An indicator is composed of a numerator, and a denominator. Depending on the type of data used for the numerator and denominator, indicators can be grouped into a number of different types (adapted from Lippeveld et al., 2000):

- ◆ Count indicators:
Measure the number of events without a denominator.
e.g. number of new clients presenting for VCT
- ◆ Proportion indicators:
The numerator is contained in the denominator and the indicator is usually expressed as a percentage.
e.g. % ANC HIV testing = $\frac{\text{number of ANC clients tested (Numerator)} \times 100}{\text{number of ANC clients offered testing (Denominator)}}$
- ◆ Rate indicators:
Measure the frequency of an event over a specified time period in a defined population.
Often expressed per 1000 or per 100,000 population.
e.g. TB incidence = $\frac{\text{number of new cases of TB detected in one year}}{\text{defined population}}$
- ◆ Ratio indicators:
The numerator is not included in the denominator; used to express comparisons between two groups.
e.g. ratio of males to females using VCT services = $\frac{\text{number of males using services}}{\text{number of females using services}}$

Indicators measure progress towards management targets and objectives. A health information system should be built on a set of indicators that reflect management priorities for improving the coverage, quality and efficiency of health services.

The box below lists a number of useful indicators that can be used by hospital management:

USEFUL DISTRICT HOSPITAL INDICATORS

Indicators of activity

- Inpatient days
- Inpatient admissions
- Outpatient headcounts
- Emergency attendances

Indicators of efficiency

- Average length of stay
- Bed occupancy rate
- Theatre utilisation
- Staff turnover
- Admission rates per category of staff

Indicators of quality

- Complaints received (and resolved)
- Adverse events recorded
- % of neonatal / maternal deaths that are clinically audited

Financial indicators

- Monthly expenditure as a percentage of total expenditure
- Cost per patient day
- Hospital income as a percentage of total budget

Human resource indicators

- Vacancy rate
- Staff turnover rate

Tool 3.5 in the Tools section of this chapter provides an example of using indicators in monitoring and evaluation.

HELPFUL QUESTIONS USING AN INDICATOR

(Lippeveld et al., 2000)

- ◆ What are the sources of the data? (numerator and denominator)
- ◆ At what frequency should the numerator and denominator be collected?
- ◆ At what frequency should the indicator be processed and analysed?
- ◆ Who will actually make use of the indicator?
- ◆ What is the target that needs to be achieved?
- ◆ What is the threshold, the minimum or maximum value, of the indicator that should trigger an action?
- ◆ What action (decision) will be taken once the indicator reaches the threshold?

3.3 *The essential data set:*

A minimum essential data set (EDS) provides priority management information. (See example of National EDS in CD accompanying the Guidebook). An EDS usually contains about seventy indicators across all programmes (maternal health, child health, curative services, and management services).

The examples given illustrate that different kinds of decisions are required at different levels of the health system. The amount of information needed at successive levels of the health system decreases from peripheral to central levels.

Each level can add to the EDS the indicators they believe to be important. The regional level can expand the national EDS and develop a regional data set (RDS). District Hospitals can in turn add further data elements to develop a facility data set (FDS) to suit their particular management needs. These additional elements may not be relevant at a regional level and are therefore not submitted to higher levels. Hospital management may for instance, decide to collect data that is relevant to their needs but which they would not necessarily send on to the District office. Similarly, ward staff may collect data that is for their specific use, but which would not be sent on to management.

Vertical programmes such as EPI, TB and HIV/AIDS include data within the EDS that could be collected using surveys.

In defining an essential data set, consider the following:

- a. Which data need to be collected and reported upon daily, weekly and monthly (routine data)?
- b. Which data can be reported on annually?
- c. Which data can be collected through surveys? Surveys should be used to collect information that will complement the routine reporting. As some indicators do not change much over time, they do not need to be reported monthly – they can be collected annually or quarterly through the use of surveys. Typical contents of a survey questionnaire would be questions about quality of care, availability of equipment, staffing and budget allocations.

Surveys can be used creatively to strengthen health services – for example, it may be that to reduce the cost of surveys, a three-year rolling plan is developed, ensuring that annually a third of all facilities are surveyed. Over the three-year period all facilities are surveyed. A survey data set would contain core information that is common to all the years, and additional information that could be changed annually.

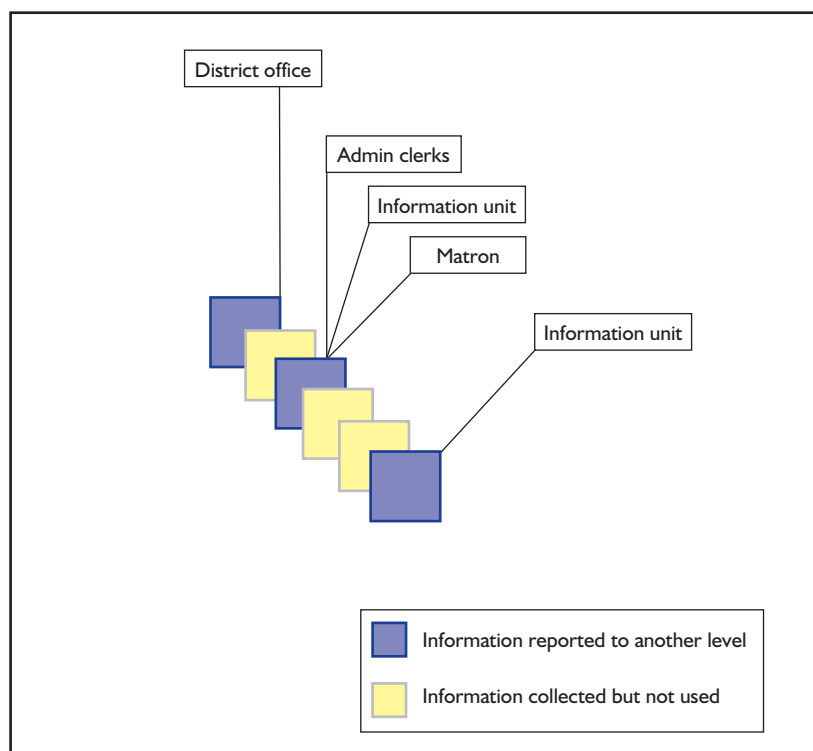
3.4 Co-ordinating the flow of information

When a new indicator-based data set is developed, an effort is required to identify all the information that is being collected. These need to be co-ordinated. District hospital management and district management should sit together and think about the data that is generated in the district as a whole, and to consider interventions in the context of this data. This will strengthen the linkage between the district hospital and the district.

Often, as needs for information increase over time, forms and small tools are developed and result in information flows similar to that depicted in the box below. Here we see that in a single unit within the hospital:

- ◆ Information is collected but not used
- ◆ Information is distributed to a number of different points.

CURRENT FLOW OF INFORMATION



If we consider that the other units in the hospital may be doing the same, we realise that a lot of people are receiving information from various sources – all this information needs to be collated and interpreted. When the flow of information is not co-ordinated, confusion results in the interpretation of the raw data. This is because:

- a. different recipients may get different data for the same reporting period (for example – a district office may ask for data on PMTCT programme from the maternity ward by the 4th of the month following the end of the reporting period, and management may want it by the 2nd. Two different forms are used to provide this data. Different people complete these forms, and one person does a more thorough job than the other, so the District office gets told they had treated 205 patients, while management gets told that they treated 215 patients. Different values result and there is an argument about which data are the more accurate!); or
- b. different recipients get more or less complete data sets. In one hospital, midnight census data was sent to the matrons on a daily basis. A similar, but differently laid out midnight census form was completed and

sent to the administrator daily. However, while the matrons received their midnight census reports on a regular basis, the administrator did not. At the end of the month, each calculated the bed occupancy rates, and got different values! The matron's value was more accurate because it was more complete.

To ensure that data flow is co-ordinated, the following steps need to be taken:

Step 1: Identify all the reporting units in the hospital (e.g. theatre, wards, OPD (and within OPD which clinics), stores, transport unit, administration, etc.).

Step 2: Using the essential data set as a basis, determine the data required to be reported by each unit routinely. An example might be that all wards are required to report on a monthly basis:

- ◆ Total admissions
- ◆ Total discharges
- ◆ Total in-patient days.

All out-patient clinics might be required to report on a monthly basis:

- ◆ Total OPD attendance
- ◆ New visits
- ◆ Follow-up visits.

Step 3: Determine to whom this data should be submitted and the time frames required. We will call the person who plays this co-ordinating role the "Health Information System (HIS) Unit". This person may be full-time or part-time.

Step 4: Identify what information needs to be sent from the HIS Unit, and to whom. Always include those who submitted data – they should be provided with reports so that they can evaluate how they have done compared to other similar units. This flow of information is depicted in the Information Cycle diagram below.

Hospital management needs to make their information available to the District Management Team within a given time frame, usually to reach the district office by the 12th working day after the end of the reporting period.

4. The health information system

A HIS consists of an information process and a support structure that enables that process, consisting of human and technical resources. It is a cycle of obtaining data and turning the data into information that can be used for management decisions. Improvements to the HIS require attention to all three components of the system: the information process, human resources and technical resources.

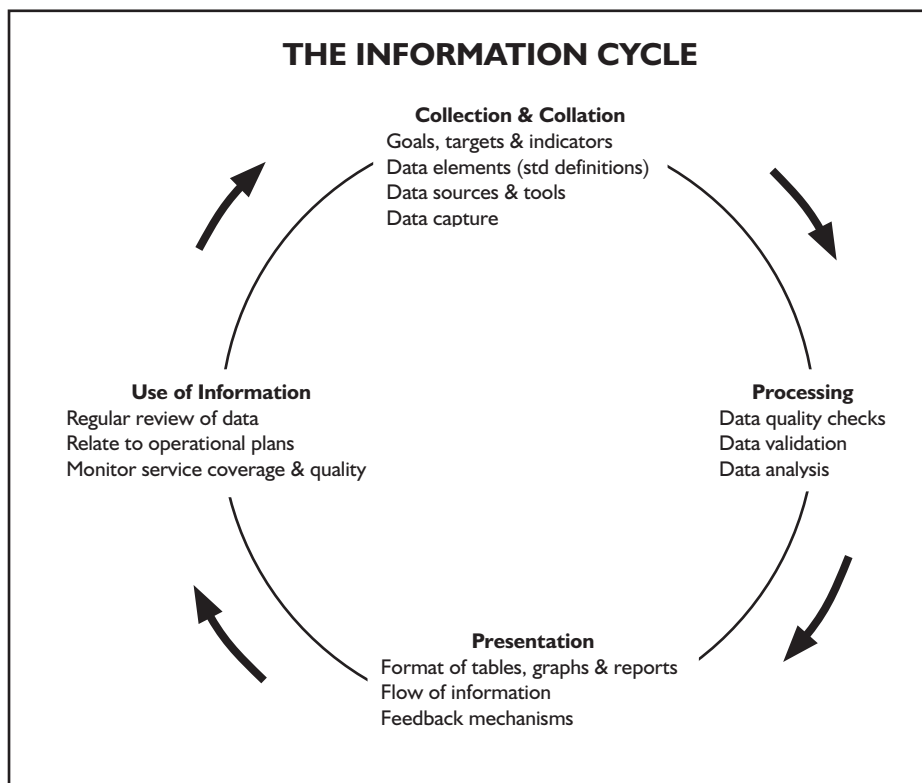
A HIS must be able to respond to the needs of health services management. It requires appropriately qualified personnel at all levels of the health system. HIS personnel consist of two categories: those involved in information technology (IT) support, and those involved in the information gathering process. A health background is considered an advantage for staff in the latter group.

In a district hospital, the HIS workload may not warrant a full-time staff member. Nevertheless, someone needs to be allocated the tasks associated with the co-ordination and presentation of information to management.

The technical resources supporting an information system must be appropriate. In developing countries, paper-based and computerised systems are combined, depending on resources available.

The District Health Information System (DHIS) software has been used successfully in many developing country settings, and provides a systematic approach to presenting information. It is free source software. More information can be obtained from the Health Information Systems Programme website (www.hisp.org).

The process of turning data into information for management decision-making is described using a framework called the information cycle.



Stages of the information cycle:

Stage 1: Collection and collation

The data collected should be based on goals, targets and indicators that monitor the current plans. All data elements used as numerator or denominator for indicators must have standardised definitions. Data collection sources must be identified and tools aligned to the essential data set. Health service data should be collected from routine sources. If uniform capturing tools are not used, the data captured at different sites is likely to have different meanings. Both manual and computerised processes require mechanisms (checks) that support good data quality. For example, manual systems can have simple double check procedures to ensure that arithmetic is correct and comparisons with previous data help to highlight unlikely entries. In computerised systems, a validation rule included in the software can be programmed to flash a warning when an unlikely figure is entered.

- ◇ Goals, targets & indicators
- ◇ Data elements
- ◇ Data sources & tools
- ◇ Data capture

Stage 2: Processing

The data processing stage should include data quality checks and data validation processes. This ensures that when raw data are converted into information during analysis, the resulting indicators are accurate and provide a true reflection of the situation. If data quality is not assured, the other stages of the information process have little value.

- ◇ Data quality checks
- ◇ Data validation
- ◇ Data analysis

Good quality data are defined as being:

- ◆ **correct:** the data are accurate, i.e. the numbers provided are what actually occurred.
- ◆ **complete:** all the data have been collected and reporting units have reported for each month.
- ◆ **consistent:** the data are stable and show no unexplained large variances.

At each level, analysis should be performed to determine the indicators relevant to that level - e.g. a matron may note that the average length of stay in a ward is high, resulting in high occupancy rates. This may highlight a problem with shortage of doctors or infrequent ward rounds. This helps to ensure that staff sees the immediate relevance of data to their work situation.

Common problems to look out for when assessing data are:

- a. Aggregation errors – doubling up of data, the same data gets added up again and again.
- b. Arithmetic errors – the totals are not correct. Check a few totals to see if they reflect the numbers.
- c. Meaningless values - the total is meaningless since it adds up totally unrelated events.

The staff responsible for collecting the information must understand how and why it is needed.

Reporting units (service delivery points) should calculate their own data and not depend on “a computer somewhere” doing the calculations for them.

Stage 3: Presentation

- ◇ Tables, graphs, reports
- ◇ Flow of information
- ◇ Feedback mechanisms

Feedback to facilities is very important. Presentation of feedback involves compiling information into a format that is quickly and easily understood. After analysis, the information is presented as reports which emphasize indicators using tables and graphs.

Reports are essential in the feedback process.

The establishment of a data flow policy is necessary to ensure the flow of information and feedback. Data / information flow should occur vertically- i.e. upwards from hospitals through intermediate levels to national level and downwards from higher levels to hospitals. A horizontal flow of information between role-players at each level is also important. Thus feedback to hospitals should include analysis of indicators for each facility or region as well as across hospitals and regions. This allows for comparisons as well as providing an overall view. Reports must be regular if the information is used for decision-making. Review of historical data is rarely of value.

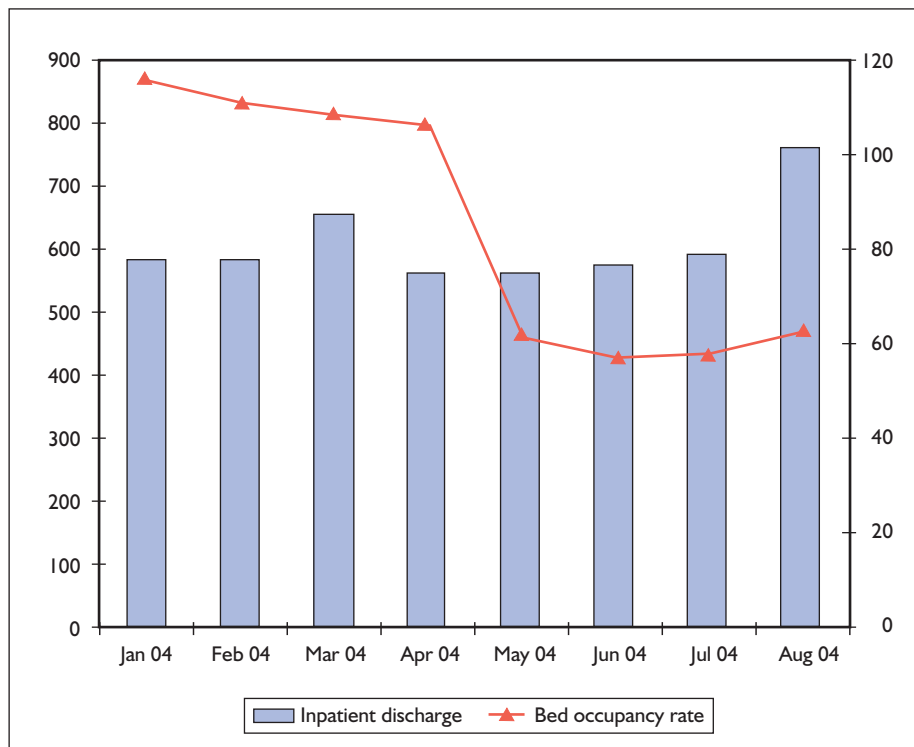
The tables below indicate the difference between graphic presentation of data and table format. Different formats provide different insights.

Indicator / Data element	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Grand Total
In-patient days	2 960	2 820	2 770	2 101	1 542	1 381	1 397	1 558	16 529
In-patient discharges	583	585	657	561	563	573	592	763	4 877
Average length of stay	5.1	4.8	4.2	3.7	2.7	2.4	2.4	2.0	3.4
Bed occupancy rate	115.8	110.4	108.4	106.3	61.8	56.7	57.4	62.5	84.8

In this table we can see a number of trends:

- ◆ A steady decline in inpatient days over the months from January to August
- ◆ Fairly constant trends in in-patient discharges (March and August show peaks, and this should be checked to ensure that it is a normal variation, rather than a data collection error)
- ◆ The average length of stay decreases over the reporting period, as does the occupancy rate.

Selected data are depicted graphically below.



Stage 4: Use of Information

Information is used to support the management processes of planning, budgeting, operating, monitoring and evaluation. Indicators reveal progress towards management objectives. A culture of information use must be developed through the production of regular reports, as well as the process of analysing and acting upon them as a monthly activity.

- ◇ Regular review of data
- ◇ Relate to operational plans
- ◇ Maintain service coverage & quality

The previous example is taken from hospital records and reflects how information can be used by management to improve efficiency. In this case, more doctors were allocated to the ward. This allowed more frequent ward rounds to be made, and as a result patients were discharged sooner, resulting in shorter lengths of stay, and less pressure on beds. Many managers would have motivated for an increased bed allocation, with the resultant increase in costs.

Another option is to conduct quarterly reviews of information. Here, management teams should review:

- ◆ Progress in the implementation of the Norms and Standards for District Hospitals. (See implementation guide). These would be linked to strategic and operational plans.
- ◆ Status of the hospital's activities related to strategic vision.
- ◆ Functioning of the hospital in light of key factors which promote success. (Refer to Chapter 2).
- ◆ PFMA (Public Finance Management Act) / DHP (District Health Plan) quarterly progress report.
- ◆ Provincial and National EWS (Early Warning System) reports.

5. Linking to the district

The characteristics of a good health information system include (Heywood & Rohde, undated):

1. A data set that is small, focused, integrated and relevant.
2. Definitions of all data items agreed by all stakeholders.
3. Simple tools, minimum overlap, useful, relevant, clearly laid out and effective.
4. Indicators that are relevant, agreed, valid, easy, sensitive and specific.

5. Indicators that link in with the national monitoring and evaluation framework for the health sector.
6. Flexibility to adapt to changing health information needs.
7. Analysis done locally by data gatherers themselves.
8. Presentation as graphs at meetings, in-service training and workshops.
9. Feedback that is regular, focused and relevant.
10. Supervision is information-focused and supportive.
11. Teamwork is encouraged at all levels.
12. A close supportive relationship between HIS and management staff.
13. Ongoing training in information use as part of an overall “learning culture”.

The district hospital should be seen within the context of a community. It is part of a network of primary care facilities (whether PHC clinics or community health centres), and serves the community. The district hospital is a resource base for the community services, and we need to develop indicators of work done at the district hospital that reflects the overall health of the community served by the hospital. The hospital needs input from the clinics which refer in to it, via the district health information system, regarding referrals, health programme activities, and where services are taking place which, in turn, need to provide the district with information.

Hospitals should get quarterly report-backs from the district office with all the (sub) district information, and should supply the district office with information on the services that they provide, particularly those services that are of importance to the district (for example maternal health and child health data). If there is a good relationship between the DH and the sub-districts, with regular meetings, it is possible to set up a feedback process, which might include data on referral in each direction, critical patient care data, information about immunisation and infectious diseases, etc. This will improve collaboration, the ability of the district hospital to respond to needs in the sub-districts, and quality of care.

CHAPTER 3

TOOLS

TOOL 3.1: EXAMPLE OF A MONTHLY REPORT FOR DISTRICT HOSPITALS

	Indicators	Numerator	Denominator
In Patient			
Activity	Bed Occupancy Rate (Bed utilisation rate)	In-patient days	Active beds
	Average length of stay	In-patient days	Discharges + Deaths + Transfers out
	% TB patient days	TB patient days	Total inpatient days
Deaths	Crude Death Rate	# deaths in hospital	Total hospital admissions
	Perinatal Mortality Rate	Still Births + deaths in first week	Total births
	Maternal Mortality Rate	Maternal deaths	Total deliveries
	Death audit rate	Total deaths audited	Total deaths
Nutrition	% severe childhood malnutrition	# children with severe malnutrition	# children < 5 admitted
Gynaecology	# ToP performed	# ToP performed	N/A
Obstetrics	Low Birth Weight rate	# live babies with birth weight <2,500g	Total live births
	% Deliveries with WR recorded	# deliveries with WR recorded	Total deliveries
	% assisted deliveries	% Assisted deliveries	Total deliveries
	Caesarean Section Rate	# caesarean sections	Total deliveries
	Teenage delivery rate	Deliveries to women < 18 years	Total deliveries
Outpatient			
OPD	% Referrals from clinics	Patients with clinic referral letter	OPD + casualty headcount
	% Trauma	MVAs + interpersonal violence	OPD + casualty headcount
Support			
	% stores items out of stock	# store items out of stock	# items should be in stock
Pharmacy	% EDL items out of stock	# EDL items out of stock	# items should be in stock
	Items per script	# Items prescribed	# prescriptions
Financial			
	Cost per PDE	Total amount spent in last calendar month	Patient day equivalent
	% Budget spent to date	Expenditure to date this year	Budget for the year
	% Target Income collected	Total income in last calendar month	Target for last month
Annual Survey Indicators			
Systems	Notifiable Disease Submission rate	# Monthly reports submitted	12 months
	ToP Submission rate	# Monthly reports submitted	12 months
	Maternal death notification	# Monthly reports submitted	12 months
	% Transaid reports sent	# Transaid reports sent	12 months
	PHC reports	# PHC reports	12 months
Finance	Budget allocation per PDE	Annual Budget	PDE for year
	% Expenditure on		
	- Personnel	Total spent on personnel in last year	Total expenditure
	- Drugs	Total spent on drugs in last year	Total expenditure

	Indicators	Numerator	Denominator
Quality			
	PIPP programme	Written record of meetings	# monthly meetings scheduled
	Case fatality rate	# deaths	# admissions
Personnel			
	% Critical posts filled		
	- Management	# critical posts filled	# critical posts allocated
	- medical	# critical posts filled	# critical posts allocated
Support			
	Cost per patient day for support services	Total money spent on service	PDE

TOOL 3.2: STANDARDISED NATIONAL CLIENT SATISFACTION SURVEY TEMPLATE

Readers are also referred to the HST website for more information and for analysis <http://www.hst.org.za>

Directions:

Based on your experiences as a patient at this hospital, please tell us whether you strongly disagree, disagree, don't know, agree, or strongly agree with the following statements. Please mark your answer for each question by circling the number. For example, if you disagree with a statement you would circle 2, if you agree with the statement you would circle 4. You may only choose one answer per question. If you spent at least one night in this hospital, please will you also answer the questions on the back of this form. The information on this form will be treated confidentially. Please do not put your name on this form. **THANK YOU.**

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. It takes more than 30 minutes to get to the hospital	1	2	3	4	5
2. It costs more than R7.00 to get to the hospital	1	2	3	4	5
3. The hospital is in good condition	1	2	3	4	5
4. The hospital is clean	1	2	3	4	5
5. OPD / casualty department has convenient hours of opening	1	2	3	4	5
6. The toilets are dirty	1	2	3	4	5
7. I had to wait a long time to get my folder	1	2	3	4	5
8. There was a bench for me to sit on while I waited	1	2	3	4	5
9. The person who gave me my folder was helpful	1	2	3	4	5
10. The nurse who treated me listened to my problems	1	2	3	4	5
11. The doctor who treated me was polite	1	2	3	4	5
12. I was pleased with the way I was treated at the hospital	1	2	3	4	5
13. The doctor explained to me what was wrong with me	1	2	3	4	5
14. My privacy was respected by all the staff	1	2	3	4	5
15. I did not have to wait long for medicine / pills	1	2	3	4	5
16. Next time I am ill I will come back here	1	2	3	4	5

NB: Please complete the questions overleaf if you have spent at least one night or more in the hospital

In-patients (Clients who spent at least one night in the hospital) Only					
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
17. The ward was clean	1	2	3	4	5
18. The bedding was clean	1	2	3	4	5
19. The food was good	1	2	3	4	5
20. Visiting hours were long enough	1	2	3	4	5
21. The staff at the hospital answered all my questions about my illness	1	2	3	4	5
22. I was very bored in the hospital	1	2	3	4	5
23. When I needed help at night, there was always a nurse to help me	1	2	3	4	5
24. I did not feel safe at night in the hospital	1	2	3	4	5
25. The hospital made sure I got a lift home	1	2	3	4	5
26. The hospital will tell my local health clinic about my future care needs	1	2	3	4	5
27. If my friends are sick I will tell them to come to this hospital	1	2	3	4	5

TOOL 3.3: EXAMPLE OF ADDITIONAL DISTRICT HOSPITAL CLIENT SATISFACTION SURVEY

(Developed by Madibeng Research Centre)

PATIENT SATISFACTION SURVEY

OUT PATIENTS

Age	18-30	30-40	40-50	50-60	Others			
Language	Tswana	Afrikaans	English	Sotho	Xhosa	Tsonga	Zulu	Others
Gender	Male			Female				

DIRECTIONS:

Please mark your answer for each question by making a cross next to the statement relevant to your answer. **You may only choose one answer per question.** The information on this form will be treated confidentially. Do not put your name on this form. **THANK YOU.**

Mark x Official Use Only

Self Administered		
Assisted		

	Choose one			
1. The hospital is in a good condition	Agree	Unsure	Disagree	
2. The hospital is clean	Agree	Unsure	Disagree	
3. I had to wait a long time to get my file	Agree	Unsure	Disagree	
4. There was a bench for me to sit on while I waited	Agree	Unsure	Disagree	
5. For what it cost me I got good service	Agree	Unsure	Disagree	
6. The person who gave me the file was helpful and friendly	Agree	Unsure	Disagree	
7. Concerning the prescribed medicine did I receive?	All	Some	None	
8. The explanation I received on how to use a medicine was?	Understandable	Not clear	Not given	
9. My privacy was respected by all staff	Agree	Unsure	Disagree	
10. I was pleased with treatment I received	Agree	Unsure	Disagree	

CONSULTED BY THE NURSE

Yes	No	
-----	----	--

If yes answer the following questions

	Choose one			
11. The nurse listened to my problem	Agree	Unsure	Disagree	
12. My privacy was respected by the nurse	Agree	Unsure	Disagree	
13. The language used by the nurse was understandable.	Agree	Unsure	Disagree	
14. The nurse examined me adequately	Agree	Unsure	Disagree	
15. The nurse involved me in decisions about my medical care.	Agree	Unsure	Disagree	
16. Was the nurse interrupted during consultation?	Yes	Unsure	No	
17. The nurse explained her findings and my illness to me	Agree	Unsure	Disagree	
18. I was pleased with the treatment I received	Agree	Unsure	Disagree	

After a visit to the nurse I am

19. Able to cope with life	Better	Same	Less	Not applicable	
20. Able to understand my illness	Better	Same	Less	Not applicable	
22. Able to cope with my illness	Better	Same	Less	Not applicable	
23. Able to keep myself healthy	Better	Same	Less	Not applicable	
24. Able to help myself	Better	Same	Less	Not applicable	

CONSULTED BY A DOCTOR

Yes	No	
-----	----	--

If yes answer the following questions

	Choose one			
25. The doctor listened to my problem	Agree	Unsure	Disagree	
26. The doctor examined me adequately	Agree	Unsure	Disagree	
27. The doctor explained the purpose of the test and / or treatment	Agree	Unsure	Disagree	
28. The doctor explained my test results	Agree	Unsure	Disagree	
29. The doctor involved me in decisions about my care	Agree	Unsure	Disagree	
30. My privacy was respected by the doctor	Agree	Unsure	Disagree	
31. The language used by the doctor was understandable.	Agree	Unsure	Disagree	
32. Was the doctor interrupted during consultation	Yes	Unsure	No	
33. I was pleased with the treatment I received	Agree	Unsure	Disagree	

After a visit to the doctor I am

34. Able to cope with life	Better	Same	Less	Not applicable	
35. Able to understand my illness	Better	Same	Less	Not applicable	
36. Able to cope with my illness	Better	Same	Less	Not applicable	
37. Able to keep myself healthy	Better	Same	Less	Not applicable	
38. Able to help myself	Better	Same	Less	Not applicable	

During my visit I had contact with:	I was satisfied with my interaction with them				
	Yes	No	Agree	Unsure	Disagree
Gate Guard					
Clerk					
Nurse					
Doctor					
X-ray staff					
Pharmacy staff					
Laboratory staff					
Porter					
Cleaner					
Management					
Others					

IN-PATIENT SATISFACTION SURVEY**IN PATIENTS**

Age	18-30	30-40	40-50	50-60	Others			
Language	Tswana	Afrikaans	English	Sotho	Xhosa	Tsonga	Zulu	Others
Gender	Male			Female				

DIRECTIONS:

Please mark your answer for each question by making a cross next to the statement relevant to your answer. **You may only choose one answer per question.** The information on this form will be treated confidentially. Do not put your name on this form. **THANK YOU.**

Mark x Official Use Only

Self Administered		
Assisted		

	Choose one			
1. The ward was clean	Agree	Unsure	Disagree	
2. The bedding was clean	Agree	Unsure	Disagree	
3. The food was good	Agree	Unsure	Disagree	
4. Visiting hours were long enough	Agree	Unsure	Disagree	
5. The staff answered all my questions	Agree	Unsure	Disagree	
6. I was very bored in the hospital	Agree	Unsure	Disagree	
7. When I needed help at night, there was always a nurse to help me	Agree	Unsure	Disagree	
8. I felt safe at night	Agree	Unsure	Disagree	
9. I know where to go if I have a complaint	Agree	Unsure	Disagree	
10. If my friends are sick, I would tell them to come to this hospital	Agree	Unsure	Disagree	

TOOL 3.4: EXAMPLE OF STAFF SATISFACTION SURVEY TEMPLATE**DIRECTIONS:**

Please mark your answer for each question by making a cross next to the statement relevant to your answer. **You may only choose one answer per question.** The information on this form will be treated confidentially. Do not put your name on this form. **THANK YOU.**

	Agree	Disagree	Unsure	Comment
1. I am correctly placed in the current position				
2. My working times are acceptable				
3. I have a good relationship with my supervisor				
4. I feel I am getting the correct on-going training for my job				
5. If I had any choice, I would get another job				
6. I find my working environment clean and friendly and look forward to coming to work each day				
7. I get support from my supervisor				
8. There is transparency in the organisation				
9. My contributions to the organisations are recognised				

TOOL 3.5: EXAMPLE OF USING INDICATORS IN MONITORING AND EVALUATION

A monitoring and evaluation framework provides guidance for measuring progress in a programme by using indicators. Indicators are selected to reflect various aspects of a programme, namely input, process, output, outcome, and impact. The table below describes these indicator categories:

Indicator Category	Description
Input indicator	Measures resources needed to carry out activities
Process indicators	Monitor the activities carried out
Output indicators	Measure the results of activities (coverage, knowledge, attitude and behavioural changes)
Outcome indicators	Determine changes in health status (longer term changes)

Impact indicators are difficult to measure, and change very slowly over time. They are seldom useful for short term monitoring of services, and are influenced by a number of different initiatives, many of which may lie beyond the realm of health care provision (e.g. provision of water and sanitation services can have a more marked effect on childhood mortality than the provision of Nevirapine to HIV-positive pregnant mothers)

Input and process indicators on the other hand are relatively easy to measure, and can change rapidly over time. They are specific to the objective and associated activities.

Data elements used to calculate these indicators can be sourced from routine systems, sentinel sites, surveys, ad hoc and research based systems. The table on the next page provides an overview of a monitoring and evaluation framework for a maternal, child and women's health programme to reduce HIV transmission from mother to child through the provision of Nevirapine.

The framework may be expanded to include

- Behavioural surveillance
- Financial monitoring
- Human resource issues

Programme: Maternal, Child and Women's Health

Goal: To reduce child mortality

Objective: To reduce HIV transmission from mother to child through the provision of Nevirapine

Indicator	Indicator type	Numerator	Denominator	Numerator source	Denominator source
INPUT INDICATORS					
Availability of testing kits	Count indicator	Test kits out of stock	None	Routine reporting on out of stock items	
Availability of antiretroviral drugs	Count indicator	Antiretroviral drugs out of stock	None	Routine reporting on out of stock items	
Privacy for counselling	Count indicator	Private area for counselling	None	Survey	
Staff trained on PMTCT programme	Proportion indicator	# of staff trained on PMTCT in the year	Total number of staff to be trained in the year	Survey	Survey
PROCESS INDICATORS					
Proportion antenatal clients tested for HIV	Proportion indicator	Antenatal client tested for HIV	Antenatal 1st visit before 20 weeks + Antenatal 1st visit 20 weeks or later	PHC Routine data	PHC Routine data
HIV prevalence among antenatal clients tested	Proportion indicator	Antenatal client tested HIV positive - new	Antenatal client tested for HIV	PHC Routine data	PHC Routine data
OUTPUT INDICATORS					
Nevirapine uptake rate among pregnant women with HIV	Proportion indicator	Nevirapine dose to woman at antenatal or labour	Antenatal client tested HIV positive - new	Delivery register	Delivery register
Nevirapine uptake rate among babies born to women with HIV	Proportion indicator	Nevirapine dose to baby born to woman with HIV	Live birth to woman with HIV	Delivery register	Delivery register
OUTCOME INDICATORS					
Percentage of babies born to HIV positive women who test HIV positive at 15 months	Proportion indicator	HIV 1st test of baby at 15 months positive	HIV 1st test of baby at 15 months	Routine reporting (sentinel sites)	Routine reporting (sentinel sites)
IMPACT INDICATORS					
Under 5 child mortality rate	Rate indicator	# of children under 5 who die in a year	(Per 1000) Live births per year	Household survey, vital events data	Census data

TOOL 3.6: CHECKLISTS FOR VARIOUS SECTIONS OF THE HOSPITAL

These checklists need to be used in conjunction with the following documents:

- ◆ District Hospital Service Package for South Africa. A set of norms and standards. Pretoria: Department of Health; 2003.
- ◆ A District Hospital Service Package for South Africa. A set of norms and standards. Service Assessment Tool (Draft 2). Pretoria: Department of Health; June 2003.

Checklists for the following areas are included here:

Adult ward
Casualty / Resuscitation unit
Maternity and Women's Health
Out-patient department
Oral health
Paediatric ward
Pharmaceutical services
Rehabilitation services
Theatre.

Notes regarding the checklists:

1. These are intended for regular use and follow up, not simply for once-off checking.
2. The checklists are intended for use by section or unit managers and their teams, but can also be used by the hospital management team to assess their own hospital or by the hospital quality assurance team as part of their ongoing work.
3. These checklists are not comprehensive but are intended to highlight key issues only, providing a rapid method of assessment and review for managers. Consider these as a starting point, to which you can add issues as your hospital's standards improve.
4. These checklists focus on patient care, as the core activity of the hospital. However the principles can be applied to all sections. You are encouraged to develop your own checklists, based on these, for other areas, such as human resources, hotel services, transport, maintenance, etc.
5. The checklists are based on the National Norms and Standards for District Hospitals (NNSDH), also called the District Hospital package, which you can find on your CD. The CD also has a more comprehensive service assessment tool related to the NNSDH.

SECTION: ADULT WARD

Date of initial assessment:
 [✓] Tick appropriate box # = number

Date of follow-up assessment:

PROTOCOLS AND PATIENT CARE	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
	Y	N			
Adult CPR protocols visible	Y	N			
Standard Treatment Guidelines (In-patient and outpatient) available	Y	N			
National Guidelines on Chronic Diseases treatment	Y	N			
National Guidelines on the treatment of HIV/AIDS	Y	N			
National Guidelines on the treatment of TB	Y	N			
Notifiable diseases notified; check ward notification book and statistics	Y	N			
Mortality & morbidity meetings at least 3 monthly; Check minute book	Y	N			
Infectious occurrences are monitored; check register	Y	N			
All new and problematic patients seen at least once a day including weekends; Spot check of patient records, doctor's notes	Y	N			
Doctor coverage available 24-hours; Doctors on call register	Y	N			
Patient notes are kept in SOAP format; check in-patient files	Y	N			
Discharge summaries are made; check recent discharges	Y	N			
Quality improvement project active	Y	N			
EQUIPMENT	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Adult resuscitation trolley present	Y	N			
Resuscitation trolley has equipment as per NNSDH*	Y	N			
Evidence that resuscitation trolley equipment was checked within last 24 h	Y	N			
	Available	Working			
Defibrillator (accessible within 3 minutes)	Y	N			
Oxygen supply	Y	N			
Pulse oximeter accessible	Y	N			
Suction	Y	N			

ECG (available in hospital)	Y	N	Y	N		
Peak flow meter	Y	N	Y	N		
Baumanometer with different size cuffs	Y	N	Y	N		
Adult scales with height measurement	Y	N	Y	N		
Private, quiet room / area for counselling, grieving, family conferences, etc.	Y	N	Y	N		
Isolation ward or room (for barrier nursing)	Y	N	Y	N		
Beds for patients with stroke and other forms of paralysis and adult cot beds	Y	N	Y	N		
Intravenous solutions for adults	Y	N	Y	N		

*NNSDH = National Norms and Standards for District Hospitals

DRUGS & SUPPLIES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Medicine Supply according to EDL: Hospital Level: Adults	Y	N			
Patients receive their medication on time; do spot check of patients in ward	Y	N			
Anaphylaxis tray available	Y	N			
PERSONNEL	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Staff on duty with adult basic life support training	#				
Staff on duty with adult advanced life support training	#				
Weekly staff meeting held (minutes available), link with QI	Y	N			
Regular in-service training held (documented), link with QI	Y	N			
SUPPORT SERVICES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Provide diets according to appropriate therapeutic regimens prescribed	Y	N			
Rehabilitation services visit the ward	Y	N			
Sharps are disposed of safely	Y	N			
Functional system of waste disposal	Y	N			

SECTION: CASUALTY / RESUSCITATION UNIT

Date of initial assessment:
 Date of follow-up assessment:

[✓] Tick appropriate box # = number

PROTOCOLS AND PATIENT CARE		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
Emergency protocols available and easily accessible	Y	N							
CPR protocols visible	Y	N							
Poison Centre contact number visible from phone	Y	N							
Glasgow Coma Scale measurement guide visible	Y	N							
Quality improvement project active	Y	N							
Doctor coverage available 24-hours ; Doctors on call register	Y	N							
EQUIPMENT		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
Emergency trolley present	Y	N							
Emergency trolley has equipment prescribed in NNSDH*	Y	N							
Evidence that emergency trolley equipment was checked within last 24 hours	Y	N							
Oxygen masks available in full range of sizes	Y	N							
Spinal board present	Y	N							
Hard neck collars present	Y	N							
Chest drains available in full range of sizes	Y	N							
	Available	Working							
Baumanometer	Y	Y	N						
Defibrillator	Y	Y	N						
Glucometer	Y	Y	N						
Oxygen supply	Y	Y	N						
Pulse oximeter	Y	Y	N						
Suction	Y	Y	N						

*NNSDH = National Norms and Standards for District Hospitals (District Hospital Package)

DRUGS & SUPPLIES	Assessment	Action planned / Targets set	Target Date	Action taken / Targets met
Availability of the following:				
Drugs on emergency trolley as per NNSDH	Y	N		
Polyvalent antiserum	Y	N		
Goggles, gloves and aprons	Y	N		
Sharps container	Y	N		
Reliable oxygen supply	Y	N		
Intravenous cannulae, giving sets (15 and 60 dropper) and blood giving sets	Y	N		
Needles for intravenous infusion.	Y	N		
CVP Lines, administration sets and infusion pumps	Y	N		
Gastric tubes, small and large bore	Y	N		
Urethral catheters for adults and children	Y	N		
Urine strips for blood, protein, glucose, ketones and leukocytes	Y	N		
Emergency pregnancy test kit	Y	N		
HIV rapid test for needle stick injuries	Y	N		
PERSONNEL	Assessment	Action planned / Targets set	Target Date	Action taken / Targets met
Staff on duty with basic life support training	#			
Staff on duty with advanced life support training	#			
Weekly staff meeting held (minutes available), link with QI	Y	N		
Regular in-service training held (documented), link with QI	Y	N		
SUPPORT SERVICES	Assessment	Action planned / Targets set	Target Date	Action taken / Targets met
Emergency ultrasound and X-Ray facilities available	Y	N		
Emergency facilities for cross-match and supply of blood and blood products	Y	N		
Facilities equipment and competency for giving a general anesthetic easily accessible	Y	N		
Sharps are disposed of safely	Y	N		
Functional system of waste disposal	Y	N		

SECTION: MATERNITY AND WOMEN'S HEALTH

Date of initial assessment:		Date of follow-up assessment:	
[✓] Tick appropriate box # = number			
PROTOCOLS AND PATIENT CARE	Assessment	Action planned / Targets set	Target Date / Action taken / Targets met
The following guidelines are available			
Obstetrics & Gynaecology Manual	Y		
Breastfeeding guideline available	Y		
Neonatal resuscitation guidelines visible	Y		
Contraception protocols	Y		
STD and HIV protocols	Y		
Rape protocol	Y		
Termination of pregnancy protocol	Y		
Cervical cancer screening protocol	Y		
Quality improvement project active	Y		
EQUIPMENT, FACILITIES	Assessment	Action planned / Targets set	Target Date / Action taken / Targets met
	Available		
	Working		
Fixed and/or mobile oxygen supply	Y		
Good light source	Y		
Range of vaginal specula	Y		
Fixed and/or portable suction apparatus	Y		
Manual vacuum aspiration equipment	Y		
Vacuum extractors and cups	Y		
Neonatal resuscitation trolley	Y		
Incubators (minimum of two)	Y		
Equipment for PAP smear	Y		
Equipment for IUCD insertion	Y		
Resuscitation trolley	Y		
First stage room	Y		
Delivery room	Y		
Fully equipped theatre accessible	Y		
Facilities for rooming-in (premature & sick babies)	Y		
Kangaroo mother-care beds	Y		
Isolation neonatal ward / area	Y		

DRUGS & SUPPLIES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Medicine supply according to the EDL: Hospital Level	Y	N			
Protective gear for accidental exposure to HIV	Y	N			
PERSONNEL	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Staff on duty with maternity training	#				
Staff on duty with neonatal resuscitation training	#				
Regular monthly perinatal mortality	Y	N			
Regular maternal mortality meetings	Y	N			
Regular critical incident review meetings	Y	N			
Weekly staff meeting held (minutes available), linked to QI	Y	N			
Regular in-service training held (documented), linked to QI	Y	N			
SUPPORT SERVICES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Laboratory service for blood tests (routine and rapid)	Y	N			
X-Ray facilities	Y	N			
Sharps are disposed of safely	Y	N			
Functional system of waste disposal	Y	N			

SECTION: OUT-PATIENT DEPARTMENT

Date of initial assessment:	Date of follow-up assessment:	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
[✓] Tick appropriate box # = number		Y	N			
PATIENT CARE and PROTOCOLS						
Primary care / Family Medicine Handbooks		Y	N			
Standard Treatment Guidelines available		Y	N			
Notifiable diseases notified, check notification book		Y	N			
Patient care of adequate standard – system for review of charts		Y	N			
Unit fully functional, receives patients working hours 5 days a week		Y	N			
Waiting times recorded and acceptable		Y	N			
Situation in the waiting room acceptable		Y	N			
Patient notes are kept in SOAP format; check files		Y	N			
Referral letters replied to – evidence available		Y	N			
Referrals accepted from all clinics, health centres and other services – evidence available		Y	N			
Quality Improvement project active		Y	N			
Functional booking system		Y	N			
EQUIPMENT, FACILITIES						
Emergency resuscitation trolley, recently checked		Y	N			
		Available	Working			
Glucometer		Y	N	Y	N	
Haemoglobin meter		Y	N	Y	N	
Diagnostic set (ophthalmoscope and otoscope)		Y	N	Y	N	
ECG machine		Y	N	Y	N	
Peak flow meters		Y	N	Y	N	
Nebulizers		Y	N	Y	N	
Baumanometer with different size cuffs		Y	N	Y	N	
Equipment for pleural drainage and biopsy		Y	N			
Equipment for skin scraping and/or biopsy		Y	N			
Equipment for dressings and treatment.		Y	N			
Functional communication system		Y	N			
Snellen's charts		Y	N			

Adult scales with height measurement	Y	N			
Intravenous solutions	Y	N			
A short stay area for observation of acute patients	Y	N			
Oral rehydration corner	Y	N			
DRUGS & SUPPLIES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Medicine Supply according to EDL: Primary & Hospital Level: Adults	Y	N			
Dressings	Y	N			
Medication for nebulising	Y	N			
PERSONNEL	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Sufficient staff available at all times	Y	N			
Competence of staff on duty adequate	Y	N			
Regular patient education sessions are held	Y	N			
Weekly staff meeting held, link with QI (minutes available)	Y	N			
Regular in-service training held (documented), link with QI	Y	N			
SUPPORT SERVICES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Clinical support services: X-ray, Sonar and laboratory service available 8 hours in appropriate time	Y	N			
Investigation results available timeously: evidence	Y	N			
Sharps are disposed of safely	Y	N			
Functional system of waste disposal	Y	N			

SECTION: ORAL HEALTH		PROTOCOLS AND PATIENT CARE		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
Date of initial assessment:		Date of follow-up assessment:		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
[✓] Tick appropriate box # = number				Available Working							
National Oral Health Policy available	Y	N	N								
Primary Oral Health Care Package document available	Y	N	N								
Management of Medical Emergency Flow Chart visible	Y	N	N								
The restoration to extraction rate is 1:8	Y	N	N								
Quality improvement project active	Y	N	N								
EQUIPMENT			Assessment		Action planned / Targets set		Target Date		Action taken / Targets met		
	Available	Working									
Dental Unit complete with chair, light, hand piece unit with hand pieces, suction and compressor	Y	N	Y	N							
Dental autoclave	Y	N	Y	N							
Amalgamator	Y	N	Y	N							
Visible curing light	Y	N	Y	N							
Dental X-ray unit	Y	N	Y	N							
Intraoral X-ray film processor	Y	N	Y	N							
X-ray view box	Y	N	Y	N							
Mobile dental unit in the absence of fixed facilities	Y	N	Y	N							
Ultrasonic scaler	Y	N	Y	N							
Lead apron	Y	N	Y	N							
Dental operating stool (2)	Y	N	Y	N							
Dental hand instruments*	Y	N	Y	N							
Endodontic instruments*	Y	N	Y	N							
Portable oxygen cylinder	Y	N	Y	N							
Aseptic trolley	Y	N	Y	N							
Emergency trolley present	Y	N	Y	N							

* Refer to 'The National Norms, Standards and Practice Guidelines for Primary Oral Health Care' for details

DRUGS & SUPPLIES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Availability of the following:					
Medicines and supplies according to National Norms, Standards and Practice Guidelines for Primary Oral Health Care'	Y	N			
Medicines according to the EDL: Primary and Hospital	Y	N			
Local anaesthetic materials	Y	N			
Exodontia and oral surgery procedure materials*	Y	N			
Prophylaxis materials*	Y	N			
Conservative procedure materials*	Y	N			
Endodontic procedure materials*	Y	N			
Up-to-date X-ray register	Y	N			
Up-to-date medicine register	Y	N			
PERSONNEL	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Staff on duty with oral health training	#				
Documented evidence of promotive and preventive oral health services	Y	N			
Staff provides outreach mobile service to areas without fixed facilities	Y	N			
Regular staff meetings are held in the division (minutes available), link with QI	Y	N			
Regular in-service training held (documented), link with QI	Y	N			

SECTION: PAEDIATRIC WARD

Date of initial assessment:		Assessment		Action planned/Targets set		Target Date		Action taken / Targets met	
[✓] Tick appropriate box # = number		Assessment		Action planned/Targets set		Target Date		Action taken / Targets met	
Date of follow-up assessment:									
PROTOCOLS AND PATIENT CARE		Assessment		Action planned/Targets set		Target Date		Action taken / Targets met	
Essential Drug List: Hospital Level: Paediatrics	Y	N	N						
Child and infant CPR protocols visible	Y	N	N						
IMCI Standard Treatment Guidelines (In-patient and outpatient) available	Y	N	N						
Child Care Act available	Y	N	N						
Rehydration charts visible	Y	N	N						
Guidelines on diets for children available	Y	N	N						
Quality improvement project active	Y	N	N						
EQUIPMENT		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
Paediatric resuscitation trolley present	Y	N	N						
Resuscitation trolley has equipment prescribed in NNSDH*	Y	N	N						
Evidence that resuscitation trolley equipment was checked within last 24h	Y	N	N						
Each child in his/her own bed/cot	Y	N	N						
Accommodation available for mother / caregiver	Y	N	N						
Oral re-hydration therapy corner / area	Y	N	N						
Procedure room / area for lumbar puncture, blood taking, dripping, etc.	Y	N	N						
Private, quiet room / area for counselling, grieving, family conferences, etc.	Y	N	N						
Isolation ward or room (for barrier nursing)	Y	N	N						
Intravenous solutions for neonates and children	Y	N	N						
Incubators #	Available		Working						
	Y	N	Y	N					
Baumanometer with different size cuffs, suitable for children	Y	N	Y	N					
Large faced clock, with second hand, for counting respiratory rate	Y	N	Y	N					

Electronic scales or Salter hanging scales	Y	N	Y	N		
Weight for age, height for age, weight for height tables and skull circumference for age tables	Y		N			
Play and stimulation area for children with toys and educational material	Y		N			

*NNSDH = National Norms and Standards for District Hospitals

DRUGS & SUPPLIES	Assessment		Action planned / Targets set		Target Date	Action taken / Targets met
Medicine Supply according to EDL: Hospital Level: Paediatrics	Y	N				
Nebulizers for children	Y	N				
PERSONNEL	Assessment		Action planned / Targets set		Target Date	Action taken / Targets met
Staff on duty with paediatric basic life support training	#					
Staff on duty with paediatric advanced life support training	#					
Staff trained in IMCI	#					
Weekly staff meeting with minutes, link with QI	Y	N				
Regular in-service training (documented), link with QI	Y	N				
SUPPORT SERVICES	Assessment		Action planned / Targets set		Target Date	Action taken / Targets met
Diets for children in keeping with age group related recommended feeding practices and feeding of malnourished children, according to IMCI	Y	N				
Rehabilitation services visit the ward, including physiotherapy, occupational therapy and speech therapy	Y	N				
Sharps are disposed of safely	Y	N				
Functional system of waste disposal	Y	N				

SECTION: PHARMACEUTICAL SERVICES

Date of initial assessment:		Date of follow-up assessment:	
[✓] Tick appropriate box # = number			
PROTOCOLS AND PATIENT CARE	Assessment	Action planned / Targets set	Target Date
The following guidelines and protocols are available in the pharmacy			
SA Pharmacy Council Good Pharmacy Practice Booklet	Y N		
South African Medicines Formulary	Y N		
National Drug Policy	Y N		
National Standard Treatment Guidelines & Essential Drug Lists: Primary and Hospital	Y N		
Standard operating procedures for managing drugs and supplies	Y N		
Managing Drug Supply Manual	Y N		
Cold Chain manual	Y N		
Medical Waste Disposal Policy	Y N		
Quality improvement project active	Y N		
EQUIPMENT, FACILITIES	Assessment	Action planned / Targets set	Target Date
Availability of the following:			
Secure facilities with temperature control	Y N		
Secure storeroom for bulk supplies	Y N		
Adequate cold storage including thermometer for heat sensitive products	Y N		
DRUGS & SUPPLIES	Assessment	Action planned / Targets set	Target Date
Medicine according to EDL all available: Primary and Hospital	Y N		
Glucose for Glucose Tolerance Tests	Y N		
Guideline for obtaining emergency supplies when needed	Y N		
Guideline for obtaining drugs not on the EDL	Y N		
Registers for schedule 5,6,7 drugs are up-to-date	Y N		
Stock cards for recording drugs and supplies are kept	Y N		
Manual or computerised ordering system functional and up-to-date	Y N		

Documented evidence that the cold chain is maintained at all times	Y	N			
Documented evidence that staff monitors drug supply within the district	Y	N			
PERSONNEL	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Pharmacist on duty at all times: register	#				
Weekly staff meeting, minutes, link with QI	Y	N			
Regular in-service training documented, link with QI	Y	N			
Staff members contribute to Pharmacy and Therapeutic Committee (PTC).	Y	N			

SECTION: REHABILITATION SERVICES

Date of initial assessment:
 [✓] Tick appropriate box # = number

Date of follow-up assessment:

PROTOCOLS AND PATIENT CARE		Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
National Rehabilitation Policy available.	Y	N				
Disability grant assessment guidelines	Y	N				
Assistive Devices Policy	Y	N				
Quality improvement project active	Y	N				
EQUIPMENT		Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Availability of the following:						
Physiotherapy mats	Y	N				
Bobath balls	Y	N				
Balance boards	Y	N				
Mirror	Y	N				
Parallel bars	Y	N				
Educational toys	Y	N				
Specific Assessment Tools for OT, speech, hearing and physiotherapy	Y	N				
Pressure garment material	Y	N				
Splinting material	Y	N				
Screening audiometer	Y	N				
Ultrasound machine	Y	N				
Child development charts	Y	N				
Assistive devices and accessories as per the Assistive Devices Policy	Y	N				
DRUGS & SUPPLIES		Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Tubigrip	Y	N				
Crepe bandage	Y	N				

PERSONNEL	Assessment	Action planned / Targets set	Target Date	Action taken / Targets met
Physiotherapy staff present	#			
Occupational therapy staff present	#			
Speech therapy staff present	#			
Weekly staff meeting, minutes, link with QI	Y			
Regular in-service training, documented, link with QI	Y			
Rehabilitation Services are coordinated (timetables available)	Y			

SECTION: THEATRE		Date of initial assessment:		Date of follow-up assessment:					
		[✓] Tick appropriate box # = number							
PROTOCOLS AND PATIENT CARE		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
Primary Surgery handbook (reference)		Y	N						
Orthopaedics & Trauma handbook (reference)		Y	N						
Anaesthetic Guidelines for Rural Hospitals or similar book		Y	N						
Anatomy atlas (e.g. Grant's)		Y	N						
Contact numbers of surgeons at referral hospitals		Y	N						
Resuscitation checklist detailing the duties of each team member, fixed to wall		Y	N						
All minor elective surgical procedures performed locally		Y	N						
95% of elective procedures performed within 3 months		Y	N						
No preventable anaesthetic deaths at elective surgery		Y	N						
Quarterly review of post-operative sepsis rates		Y	N						
Completed theatre records		Y	N						
Incidents are recorded		Y	N						
Theatre functional 100% of the time		Y	N						
Quality improvement project active		Y	N						
EQUIPMENT, FACILITIES		Assessment		Action planned / Targets set		Target Date		Action taken / Targets met	
		Available	Working						
Operating theatre with dedicated uninterrupted power supply		Y	N	Y	N				
Standby electricity generator		Y	N	Y	N				
At least one fully functioning, regularly serviced anaesthetic machine		Y	N	Y	N				
Surgical instruments for range of operations		Y	N	Y	N				
A CSSD or access to a sterilising service		Y	N	Y	N				
Standby suction machine		Y	N	Y	N				
Diathermy machine		Y	N	Y	N				
Pulse oximeter		Y	N	Y	N				

Ventilator to support patients with delayed recovery	Y	N	Y	N				
Life support equipment for the transfer of patients	Y	N	Y	N				
Functional tourniquet for bloodless field surgery	Y	N	Y	N				
Orthopaedic appliances, e.g. traction, pulleys etc	Y	N	Y	N				
Sterilized equipment	Y			N				
Sterilized lined	Y			N				
Resuscitation trolley, checked daily	Y			N				
Post-operative recovery area	Y			N				
DRUGS & SUPPLIES	Assessment		Action planned / Targets set		Target Date	Action taken/Targets met		
Bandages, dressings	Y			N				
Full range of suture material	Y			N				
Anaesthetic gases (oxygen, nitrous oxide, compressed air) through a central supply bank, maintenance of the system, regular, scheduled delivery of gas supplies	Y			N				
Emergency oxygen back-up	Y			N				
Anaesthetic drugs (local and general)	Y			N				
Theatre sterilisation materials	Y			N				
Stationery for recording of operations, anaesthetics, informed consent and critical incidents	Y			N				
PERSONNEL	Assessment		Action planned / Targets set		Target Date	Action taken/Targets met		
A professional nurse, with theatre training / experience is available at all times	Y			N				
A nurse trained (or with experience) as an anaesthetic assistant is available at all times	Y			N				
All staff involved in theatre undergoes regular emergency drills	Y			N				
On-site artisan for minor maintenance, running repairs to anaesthetic machines, or accessible service on call when needed	Y			N				
Regular morbidity mortality meetings, at least bi-monthly	Y			N				
Regular in-service training, documented, link with QI	Y			N				

SUPPORT SERVICES	Assessment		Action planned / Targets set	Target Date	Action taken / Targets met
Laboratory service	Y	N			
X-Ray facilities	Y	N			
Ultrasonography	Y	N			
Emergency transport system	Y	N			
Sharps are disposed of safely	Y	N			
Functional system of waste disposal	Y	N			

CHAPTER 4

RISK IDENTIFICATION AND MANAGEMENT

Introduction

In keeping with the hospital as patient analogy, risk identification is the assessment or diagnosis of critical problems that your hospital (patient) may have needing urgent attention. It also encompasses preventive measures.

Risk management forms part of the review of information to inform managers of what is going on in the hospital through a proactive, ongoing process of identifying and assessing risks. Risk management needs to be incorporated in the strategic management process of the hospital. If not, management may have good plans but only manage crises that arise out of risk reports. These crises may be symptoms of a larger system in trouble, and some basic approaches are useful, such as involving head office early, looking after the staff, and articulating the vision. These moves can change a crisis into an opportunity.

How will this chapter help you?

This chapter looks at how the district hospital management team needs to identify risks and provide ways of dealing with these risks. Much of the information in this chapter originates from the North West Province's 2003 official policy document on risk management "Hospital risk management and strategy". Remember that new policies and regulations develop continuously and that those may have different indicators outlined in this document. Managers need to be up to date with the latest Provincial requirements regarding risk management, as the Guidebook aims to provide a guide and can not contain all the statutory requirements.

Theme

The Guidebook's theme **People caring for people** is of particular importance in this chapter as risk identification and management is all about preventing harm to patients, staff and the hospital by identifying and dealing with dangers.

People Caring for People

Caring for people includes minimising risk of harm and dealing with problems early.

Managers should establish mechanisms to identify risk to staff and patients before they become dangerous, and manage them together with staff support.

Patients and staff will feel safer, and more cared for, in an environment where there is evidence of active risk management.

People caring for people

What is risk management?

Risk is inherent in everything that the hospital does: treating patients, financial management, determining service priorities, managing projects, purchasing medical equipment, taking decisions about future strategies, or even deciding not to take any action at all. The objective of risk management is therefore to ensure a safe and healthy environment for both patients and staff.

Risk particularly relates to adverse events. Adverse events occur all the time and may be unavoidable or due to errors in the system, such as lack of safety devices or to problems in the health care process. These may involve errors by health care providers, such as dispensing the wrong drugs or operations going wrong. Risk management seeks to minimise errors by ensuring that the risks are identified early and dealt with so that corrective action can be taken (rescue and recovery) and the consequences minimised.

Risk management can be defined as the systematic process of assessing potential risks amongst patients, personnel, equipment and the environment, followed by implementing and enforcing measures to prevent or rectify the risk. See Tool 4.1 in the Tools section of this chapter for examples of risks identified within the district hospital.

The management of risk is a key responsibility of all employees. Risk management is a requirement in terms of the following laws and policies:

- ◆ Public Finance Management Act
- ◆ Health Acts
- ◆ Departmental Guidelines and Procedures
- ◆ Approved Packages of Services for all levels of Health care.

As a minimum, all staff is expected to:

- ◆ Participate in the identification of all risks to the hospital, staff and patients
- ◆ Report any concerns they have about any of the hospital's activities
- ◆ Report the occurrence of any adverse incident
- ◆ Carry out their day-to-day duties with due regard to minimising risk.

The following Risk Management Organisational Structure should be present in your hospital namely

- ◆ Risk Register
- ◆ Quality Assurance Committee / Critical Incident Review Committee / Hospital Risk Management Committee – consisting of
- ◆ Hospital General Manager - Convenor
- ◆ Occupational Health and Safety officer
- ◆ Infection Control officer
- ◆ Resuscitation coordinator
- ◆ Health Care Technology manager
- ◆ Drug and Therapeutic services manager
- ◆ Nursing Care / Clinical Manager .

Techniques

Approaches used to identify risk include checklists, brainstorming and systems analysis. The approach used depends on the nature of the risk to be identified. The following guidelines can be used when judging the likelihood of occurrence of an incident, and the likely consequences.

Judging the likelihood of occurrence	
Descriptor	Description
Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Rare	May occur only in exceptional circumstances

Descriptor	Potential consequences (examples)
Catastrophic	Death, extended service closure, national adverse publicity, large breach of confidentiality, massive litigation, large numbers of patients affected at one time (e.g. cervical screening programme closure), huge financial loss
Major	Major injury / disability, temporary service closure, local adverse publicity, major litigation, infant abduction, major financial loss, major clinical error
Moderate	Temporary harm, high financial loss
Minor	Little harm, medium financial loss
Insignificant	No obvious harm, low financial loss

N.B. For some risks there may be physical as well as financial consequences. When assessing the weight of the consequences of a risk, the clinical assessment (e.g. serious injury or death) will always take precedence over the financial assessment.

A risk matrix should be used to allocate the category or grade of risk. The matrix should be used to assess all risks, even if they have been previously 'managed'. Whether the risk is adequately managed or not is a decision to be made after the risk has been assigned to a particular category. Knowledge of procedures could play a part in determining both the likelihood of occurrence, and the potential consequences. To avoid bias, all risk assessments should be carried out by more than one person.

Risk prioritisation

The four categories of risk within the matrix provide an initial prioritisation for management action. Refer to the Tool 4.2 Risk grading matrix in the Tools section for this chapter.

Low risk (blue): Can be managed by routine procedures. A low risk should not justify significant expenditure. Further detailed analysis is unlikely to be beneficial.

Moderate risk (green): General-, Nurse- and Clinical Managers / Lead Clinicians should make an assessment of the consequences against cost of managing the risk. Some action should be taken to reduce the risk to the lowest practicable level. Hospital / Facility Managers may take responsibility for accepting the consequences of the risk, but should be cautious.




High risk (yellow): Detailed review and urgent action should be undertaken by senior management (Directors and Chief Directors). If it is not possible to reduce the risk, it should be passed through the Department's risk management structure for further assessment. Only Directors upwards can accept the consequences of a 'high' risk.

Extreme risk (red): Immediate review and action required at Departmental Level. A Chief Director must be informed and he/she will take responsibility for immediate action. Only the Deputy Director General and the MEC may accept the consequences of ‘extreme’ risks. The Department should be informed of all risks that are graded as ‘extreme’.

Frequency of assessing risk

The risks to an organisation are variable, and may depend on many factors beyond the control of the organisation. An awareness of how risks may change should be a continuous and active process:

The frequency of re-assessing risk is related to the priority allocated as follows. This is applicable to a formal process of teams devoted to assessing risks.

- ◆ Low risks (blue no lines) should be reassessed at least annually
- ◆ Moderate risks (green with lines ) should be reassessed at least every 6 months
- ◆ High risks (coloured yellow with lines ) should be reassessed at least every 3 months
- ◆ Extreme risks (coloured red with lines ) should be reassessed at least every month.

Outside these timescales, staff should assess risks in the light of any relevant change in circumstances, however small (e.g. changes in personnel) or large (e.g. service re-design).

Risk reporting

Risk reporting is essential. The following table can be used to report risks. To compile this table you need to have done the risk grading using the Risk Grading Matrix (Tool 4.2 in Tools section of this chapter).

EXAMPLE OF RISK REPORT

Description of Risk	Category	Likelihood	Potential Consequences	Classification	Lessons Learnt	Action Taken

Explanation of the table:

The colours in the rows indicate the risk prioritisation from low to extreme.

In the first column the risk is described.

The second column indicates the category - for example patients, personnel and environment.

The likelihood column indicates the likelihood from 1-5 - i.e. rare to common.

Potential consequences are indicated numerically in 1-5 - i.e. from low to extreme.

The classification column depends on the likelihood of occurrence as well as the potential consequences.

See also Tool 4.3 in the Tools section of this chapter for a completed example of a risk report.

Risk treatment options

If management deems a risk unacceptable, then action should be taken to reduce the likelihood of its occurrence, or reduce the consequences. Action should be recorded in the hospital’s risk management plan. Options should be assessed between the extent of the risk reduction and the effort or expenditure required.

However, there are exceptions and it may be that vast expenditure is required to reduce the consequences of a risk. Although this may not appear to be an appropriate trade-off, the existence of the hospital may hinge on the risk being prevented.

Actions that can be taken to reduce or pre-empt consequences include:

- ◆ Contingency planning
- ◆ Public relations
- ◆ Minimising exposure to sources of risk
- ◆ Transferring risk
- ◆ Supervision
- ◆ Structured training
- ◆ Organisational arrangements
- ◆ Quality improvement
- ◆ Management and standards.

When doing risk assessment, consider:

- ◆ Patients
- ◆ Personnel
- ◆ Environment.

See the tools section for practical examples in the above-mentioned categories.

Early Warning System

The National Department of Health has developed a National Early Warning Systems (NEWS). This requires provinces and facilities within provinces, including district hospitals, to monitor key indicators of their core functions, on a regular basis and to report progress. The concept is that where their indicators are not improving, the provincial/national department of health can immediately be informed and plan an intervention. It is thus a form of global risk management.

CHAPTER 4

TOOLS

TOOL 4.1: EXAMPLES OF POSSIBLE RISKS IDENTIFIED WITHIN THE DISTRICT HOSPITAL

AREA / DEPARTMENT	RISKS
Clinical Departments	<p>Patients: Injuries Allergies Files of patients: missing / confidentiality Patient Identification Patients smoking Any body fluids Aggressive / psychotic patients Suicidal patients Restraining/seclusion of patients: Injuries Abscondment of patients Administering and recording of medicine Safekeeping of medicine Blood transfusions Personal belongings of patients</p> <p>Personnel: Personnel not identified Absenteeism of staff WCA injuries Health status of staff Ignore scope of practice ?Staff/patient ratio Lack of training</p> <p>Environment: Absence of disaster / fire action plan Fires Disposal of waste Handling of chemicals Broken glass or windows Unhygienic environment Matches and lighters Tap keys or other keys Faults in sanitation or buildings Open bathrooms and kitchens Any sharp object e.g. knives, needles Open electrical wires Lack of pest control</p> <p>Equipment: Faulty equipment Personnel not trained to use equipment properly</p> <p>Documents: Legality Safekeeping</p>
Human Resources Department	Filing of personnel files Files not confidential and in unlocked offices Missing files – no control measures Risk of Fire Fraud of data
Medical	Wrong diagnosis Medicine not available Gloves not available Incorrect administering and recording of medicine Shortage of doctors

AREA / DEPARTMENT	RISKS
Pharmacy	Non-delivery of medicine Staff shortage Theft Electricity failure – Computers used for ordering & packing of medicine & label printing Poor medicine control – issuing Fire control
Provisioning & Procurement	Expiring of contracts Stocktaking may not be finished in time due to problems – e.g. inventory, unauthorised movements
Switchboard	Wards / Departments that are not answering the phones – could be an emergency
Grounds	Outstanding protective clothing Delay in repair of equipment Electrical Hazards
Transport	Insufficient number of cars No ambulance Delay in repairs from Government Garage
Laundry	Lack of hospital transport Lack of pest control Poor maintenance for laundry machines – leading to defective machines and production problems No timeous replacement of condemned linen, and losses leading to deprivation of patient's rights to clean linen and clothes etc. Risk of contamination of clean linen/clothes due to unwashed linen or due to layout of laundry High rate of laundry personnel absenteeism
Nurses Home	Unauthorised people in nurses' rooms at night Letting of rooms when on leave Shortage of machinery Cooking in rooms – electrical risk / fire hazard
Physiotherapy	Swimming pool – infection risk Drowning in pool Risks in the handling of patients - e.g. fractures Patients assault staff Wrong therapeutic treatment
Occupational Therapy	Dangerous tools - e.g. scissors. Potentially hazardous substances e.g. thinners, varnish, paint, glue etc. Risks in the handling of patients e.g. fractures and other injuries Risk of patients choking during feeding – training Patients having a seizure during activities and hurting themselves against equipment Risk of HIV/AIDS when working in close contact with patients Suicide attempts by patients
Social Work	Improper record keeping Delay in identifying risk factors - e.g. Child abuse case sent to same home environment
Food Services	No protective wear Physical condition of building Hygiene – risk of infection Theft – lack of control
Theatre	Consent forms not properly completed Patient identification Sterile procedures – Risk of sepsis Incorrect swab & instrument counting Risk of wrong procedure performed Incorrect use of medical gasses
Radiography	Personnel exposure to radiation
Engineering	Equipment not maintained according to schedule

TOOL 4.2: RISK GRADING MATRIX
(With thanks to Dr Theuns Oosthuizen)

Likelihood of occurrence		Potential consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain 5 Is expected to occur in most circumstances	Moderate	Moderate	High	Extreme	Extreme	
Likely 4 Will probably occur in most circumstances	Moderate	Moderate	High	Extreme	Extreme	
Possible 3 Might occur at some time	Low	Moderate	High	Extreme	Extreme	
Unlikely 2 Could occur at some time	Low	Low	Moderate	High	Extreme	
Rare 1 May occur only in exceptional circumstances	Low	Low	Moderate	High	Extreme	
<p>Ratings are not strictly numeric. For example, an 'unlikely catastrophe' would have a numerical rating of 10 (2 x 5), but this is considered a greater risk ('extreme') than an 'almost certain minor' risk, which would have the same numerical rating, but would only be graded as 'minor'.</p> <p>However, numerical ratings may be used within the same banding to prioritise action &/or expenditure. For example, 'almost certain major' and 'possible catastrophe' are both graded 'extreme', but they have different numerical ratings (20 and 15 respectively) which may be used to prioritise.</p>		<p>No obvious harm, low financial loss etc.</p>	<p>Non-permanent harm, medium financial loss etc.</p>	<p>Semi-permanent harm, high financial loss etc.</p>	<p>Major injury / disability; temporary service closure; local adverse publicity; expected litigation between R500,000- R 1 million; infant abduction; major financial loss; individual breach of confidentiality; wrong-site surgery etc.</p>	<p>Death; extended service closure; national adverse publicity; large breach of confidentiality; expected litigation over R 1 million; large numbers of patients affected at one time (e.g. cervical screening concerns); huge financial loss etc.</p>
Treating and accepting different levels of risk		Moderate	High	Extreme		
Low	<p>Can be managed by routine procedures. Unit Manager</p> <p>Should not justify significant expenditure. Further detailed analysis is unlikely to be beneficial.</p> <p>Re-assessment date: 12 months</p>	<p>Clinic. Managers or Lead Clinicians should assess the consequences against cost of managing the risk. General Managers</p> <p>Some action should be taken to reduce the risk to the lowest practicable level. Departmental Managers may take responsibility for accepting the risk, but should be cautious.</p> <p>Re-assessment date: 6 months</p>	<p>Detailed review and urgent action should be taken by senior management. Directors and Chief Directors</p> <p>If not possible to reduce the risk, it should be passed through the risk management structure for further assessment. Only Directors can accept 'high' risks.</p> <p>Re-assessment date: 3 months</p>	<p>Immediate review and action required at Dept. level. Deputy Director General and MEC</p> <p>A Director must be informed and take responsibility for immediate action. Only the Department may accept 'extreme' risks</p> <p>Re-assessment date: 1 month</p>		

TOOL 4.3: RISK MANAGEMENT REPORT: AN EXAMPLE

Description Of Risk	Category	Classification	Potential Consequences	Lessons Learnt	Action Taken
<p>Psychiatric</p> <p>1. A female patient admitted from X hosp. with attempted suicide seven times. She is in a depressed mood with suicidal ideas.</p>	Nursing	Low	Potential injury to herself.	Vigilant observation Protecting & preventing injury to herself – ensuring patient safety at all times.	Patient was seen by Dr. B – prescribed treatment.
<p>Emergency</p> <p>1. Patient sustained a spontaneous greenstick fracture rt. tibia.</p> <p>2. Patient dislocation rt. small finger due to falling outside the ward.</p> <p>3. Didn't receive drip sets – same still outstanding.</p>	Nursing Nursing Provisioning	Low Low Low	Deterioration in the general condition. Deformity. Complications – embolus. Poor service delivery due to lack of resources.	To be well observed and meticulous recording. Spastic bedridden patients to be handled with care. Patient not to roam around alone & to ensure constant observation. To have enough surplus in store.	Seen by Dr. L. POP was applied. Seen by doctor V, referred to P Hospital for open reduction and internal fixation, consent form signed.
<p>Physiotherapy</p> <p>Patients missing physiotherapy sessions.</p>	Nursing	Low	Lengthening treatment period cause complications. Dissatisfactions uncomplimentary media reaction.	Prompt mobilisation of patients to address the situation.	Issue discussed at length with physiotherapy personnel plus follow-up discussions.
<p>Laundry</p> <p>Linen not regularly changed on beds due to erratic laundry deliveries.</p>	Nursing / laundry	Low	Ineffective control of nosocomial infections. Disregard for patients basic rights.	As above.	Wards to urgently compile linen requirements. Discuss with laundry supervisor.

CHAPTER 5

DEALING WITH INFORMATION

Developing Priorities and Solving Problems

Introduction

One reason for collecting information is to identify problems in order to find solutions to them, which in turn is fundamental to the process of improving quality of care. The usefulness of the information collected can be measured by the extent to which it assists this process. It is therefore important to know how to use information for problem solving.

How will this chapter help you?

In our analogy of the patient, when the clinician reaches the point of having taken a full history and having done the examination, s/he needs to decide what the key problems are (assessment / diagnosis), to identify their causes and to develop a management plan for the patient, giving priority to the most urgent and critical problems, without neglecting ongoing and chronic problems. It is the same process for the hospital.

Problem solving is similar to quality improvement (see chapter 6), and can be used as part of the quality improvement process. The main difference is that it starts with a problem that has been identified, rather than with a unit or service in the hospital. It is about correcting known inadequacies, rather than identifying new ones.

Theme

People Caring for People

Problems arise constantly in a hospital. Care of patients is determined by how effectively these problems are addressed.

Staff members become demoralised if problems are not being addressed, and can feel overwhelmed by the numbers of problems.

Prioritising problems gives management and staff a sense of control.

People Caring for People

Steps in problem solving

1. Identify the problem
2. Describe the problem
3. Analyse the problem
4. Plan solutions
5. Implement solutions

Steps in problem-solving

Problem solving involves a series of steps that one needs to go through, which fit in with the quality improvement process (see chapter 6). These require the management team to work together.

A word of caution: problem solving should not be an end in itself. The focus is on what one wants to achieve. Problems that need to be dealt with are those that prevent desired outcomes from being achieved. There is no point in solving problems which do not impinge on the strategic vision and plan.

Note that the tools described below can be used for a number of the steps.

1. Identify the problem (prioritisation)

There are many problems which can be identified by the data collection and monitoring processes described. The volume of information can be overwhelming. Managers need to decide on the most critical issues, because not all can be attended to simultaneously for reasons of logistics and resources. Improving quality of care is an ongoing, incremental process.

The simplest way to prioritise is to look at data collected from the hospital information system and to see which issues occur most commonly. See Chapter 3: Sourcing and using Information.

The following aid this process:

a. Patient or staff satisfaction surveys

The problems that patients or staff think are most critical may be the ones to start with, as the rewards from patient / staff satisfaction are potentially great.

b. Urgent-importance analysis

Using a grid, list problems according to their urgency (how essential is it to attend to the problem NOW or can it wait till LATER) and importance (how critical is the problem to the functioning of the hospital, or the fulfilment of the strategic vision).

		Urgent:	
		Yes (NOW)	No (LATER)
Important:	Yes (CRITICAL)	Problem A	Problem B
	No (NOT CRITICAL)	Problem C	Problem D

Usually managers prioritise urgent, important problems (A), and then decide whether to deal with urgent, non-important problems (C) or non-urgent, important problems (B) next. Managers should avoid the temptation to focus

on urgent, non-critical problems (C); choosing critical, non-urgent problems (B) is more likely to have a positive long-term impact. Avoid wasting time on non-urgent, non-important problems (D), until others are resolved.

c. **Brainstorming.** (Also known as the Nominal Group Technique)

This technique can be adapted and used for most of the steps to prioritise problems:

- ◆ A flip chart (newsprint) is needed; usually a white board or black board will not have enough space.
- ◆ The facilitator asks each team member to mention a problem he/she wants addressed. This is written on the flip chart.
- ◆ Go round the group for a second, third and fourth time - continuing the process until everyone has all their problems recorded.
- ◆ No one should comment on another person's suggestion – just yet.
- ◆ The team agrees on which problems are similar and groups these into single items.
- ◆ Once this is done, members privately write down their priority items – the team can choose how many, but for this example we will suggest 3.
- ◆ Each person is then asked to read out their selected 3 priorities in order of their preference. The first is given a score of 3 on the flip chart, the second a score of 2 and the third a score of 1.
- ◆ Once everyone has their priorities recorded, the points for each problem are totalled up.
- ◆ A list can then be made of the consensus priorities.

For example, a priority problem list may look something like this for a district hospital (DH), with a management team of 5 members.

Priority	Problems	Score
1	Long waiting times for patients	12
2	No. of maternal deaths	10
3	Shortage of doctors	10
4	BP machines in wards broken	9
5	No step down care for HIV patients	8
6	Absenteeism amongst staff	7

2. Describe the problem (understanding)

Once the team has decided to tackle a particular problem, it is important to fully understand it. Problems are always seen differently by different members of the team, so it is essential to gain a common perspective of the problem, as a basis for developing solutions near each person's view.

Questions that help to describe a problem are:

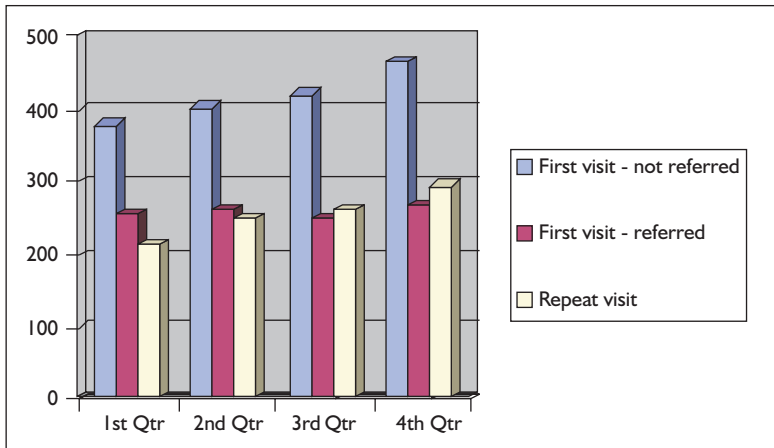
- a. **when** does it occur?
- b. **how often** does it happen?
- c. **where** does it occur?
- d. **who** is involved?
- e. **who** is mostly affected?
- f. **what** has been happening over time?

- e.g. Long waiting time for patients: possible answers
- when** – on weekdays, in the mornings
 - how often** – everyday except Wednesdays
 - where** – in the outpatients department (OPD)
 - who is involved** – clerks, nurses, doctors, pharmacists
 - who is mostly affected** – new patients with acute problems

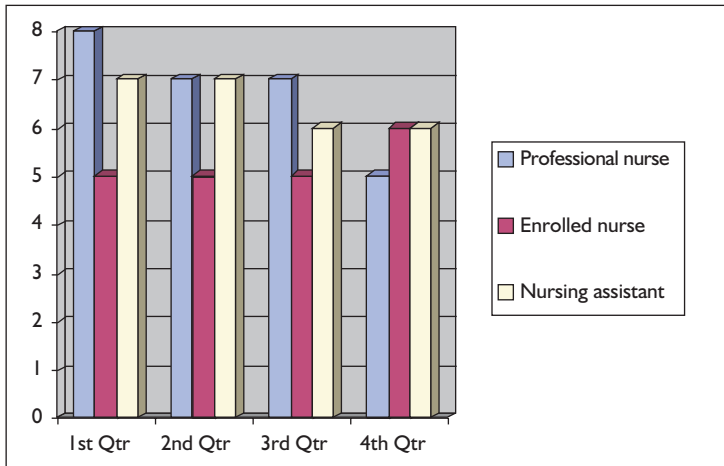
Routine data often provide this information and can be used to describe the problem graphically.

For example:

Hospital X: Patient attendances in OPD in 2003



Hospital X: Staff allocated to OPD in 2003



Some of the problems in hospital X's OPD are immediately apparent.

The data can be compared to provincial, national and international norms and standards, to assess the hospital's performance. This is known as benchmarking.

3. Analyse the problem (establishing causes)

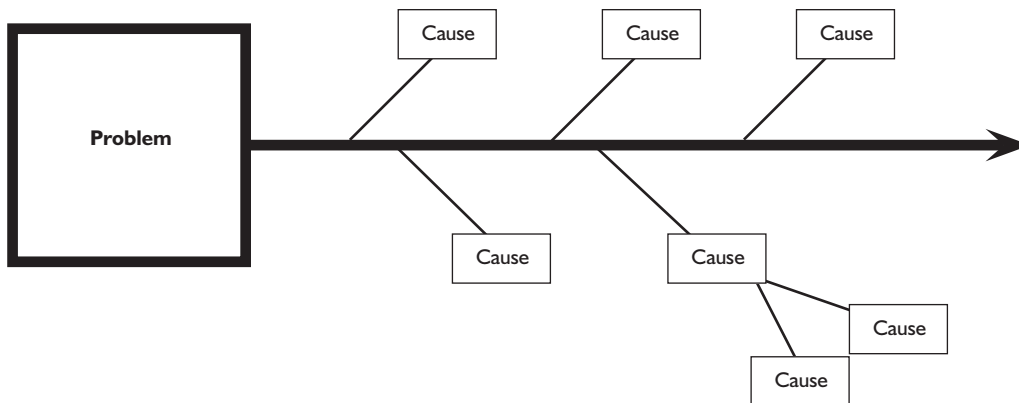
Analysis of the problem involves firstly looking at the causes. In order to solve a problem it is essential to understand the root causes, otherwise one will fail to deal with it adequately. It is important to do this carefully and not assume the cause - e.g. assuming that long waiting time in OPD is caused by shortages of staff does not identify other key issues.

Secondly, after the causes are established, a prioritisation exercise can again be undertaken to decide which causes should be attended to first.

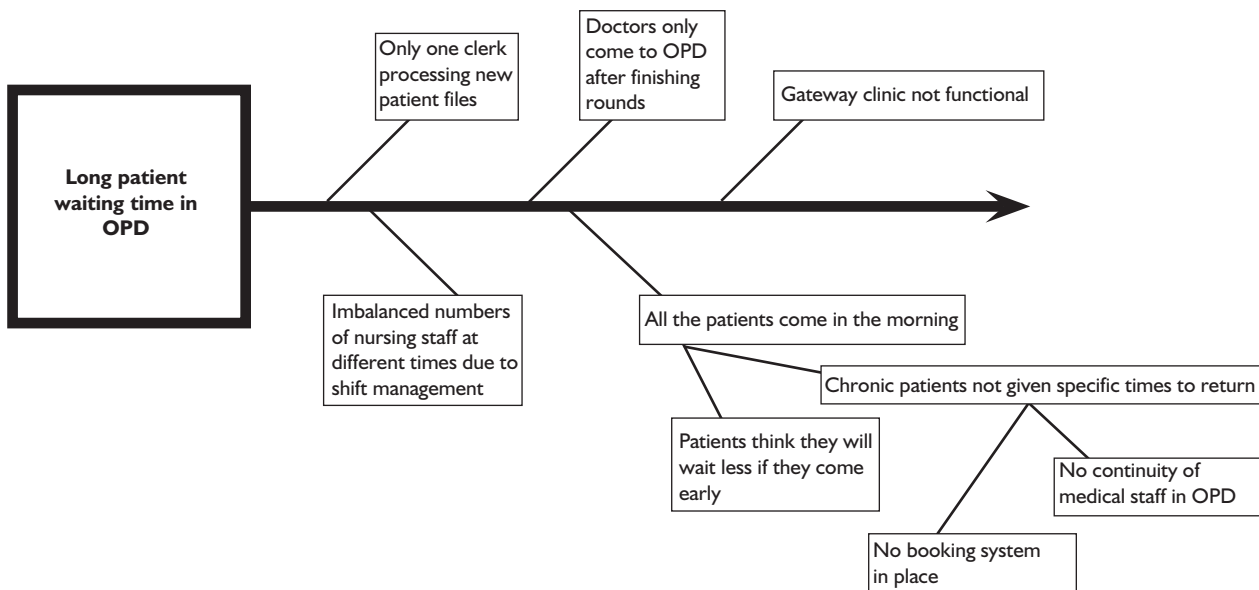
There are many tools that can be used to do this and two are described below.

a. Fish bone diagram

The problem is written down in a box (the head of the fish) with a line going out from it (the spine), and all the contributing causes are attached to this (the bones), indicating underlying causes of these causes as well.



Follow the process by asking “why” at each point. For each cause identified, ask “why” to identify underlying causes, and “why” again to identify the causes underlying these, until all possibilities are exhausted. Categories of causes to consider are money, manpower, equipment and processes. Thus, for our waiting time example, there might be a fish bone analysis like this:

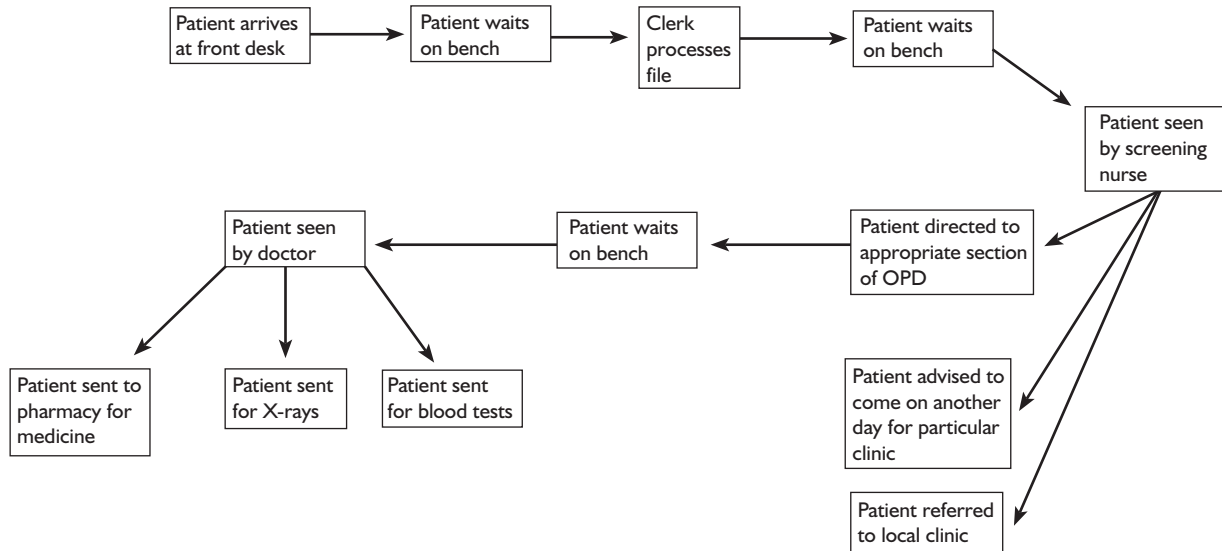


The process assists the team to come to a shared assessment of a situation or problem and to have a common understanding of its complexity.

b. Flow chart

A flow chart depicts the sequential steps in any process as a way of identifying and describing problems and their causes. To make a flow chart, one needs to identify each step with all the contributing elements.

For example, in the waiting time problem, record all the steps involved in a patient being seen in OPD. This may look like this:



To understand the causes or contributing factors for each element, again ask “why?” at each point, in the same way as for the fish bone analysis.

4. Plan solutions (way forward)

Solutions and planning the way forward requires the team to think creatively together, using some of the tools already discussed. (See “Dream together into a solution” in the Guide to Implementing Norms and Standards for District Hospitals). Be pragmatic, and to look at what has worked or not worked before, what the costs are of solutions and what resources are required. The team can list a range of alternative solutions and do a SWOT* analysis on them to determine which are likely to succeed. (*Strengths, weaknesses, opportunities, threats).

In order to determine what is needed, teams should look at common standards, which can be used as targets, such as provincial guidelines and the Norms and Standards for District Hospitals.

Two helpful tools for the process of finding solutions are described below.

a. “Bag of Goodies”

When a problem has been discussed over and over and a concrete solution cannot be found, this tool helps to release lateral thinking in a group. It is fun and can also serve as a team building exercise.

Take any bag (material or plastic) and put a number of small objects in it e.g. a key, a doll, a hairbrush, an eraser, a syringe, etc – anything that is easily available. Each team member is then requested to remove one object and to freely associate anything with it related to the problem.

For example, using the OPD problem:

A team member who selects a key may suggest:

- ◆ unlock OPD earlier
- ◆ “lock out” inappropriate patients
- ◆ unlock information in the community regarding referral
- ◆ protocols are the key to success.

A team member who selects a doll may suggest:

- ◆ caring remains important
- ◆ have a separate child clinic
- ◆ train OPD nurses in IMCI in order to staff an ORS corner.

Some very strange and hilarious associations may emerge! But these very associations may provide the solutions. It may get all the ideas reviewed freshly.

b. Matrix with weighted scores

This tool helps the team to evaluate solutions in order to plan the way forward.

Different solutions are listed and scored from 1 to 5, against 5 key features - accessibility, cost, benefit to staff, benefit to patients and ease of implementation. These features should be given a weighting in terms of their importance in relation to the problem. Using this, the scores for each model on each of the 5 issues can be weighted, simply by multiplying the scores with the weighting, and a total can be calculated for each solution.

Using the problem of OPD long waiting times, with 3 solutions being considered – as follows:

Model A = keep status quo of indiscriminate patient accessibility

Model B = departmentalise the OPD

Model C = stringent measures e.g. limited numbers, radio information, screening sister

Feature	Scores (5=high, 1=low)			Weighting	Weighted scores (score X weighting)		
	Model A	Model B	Model C		Model A	Model B	Model C
Accessibility	5	4	2	3	15	12	6
Cost	2	3	5	1	2	3	5
Benefit to patient	1	3	3	4	4	12	12
Benefit to staff	1	3	4	3	3	9	12
Ease of implementation	4	2	1	3	12	6	3
Total score					36	42	38

Based on the above, it would seem that the most objectively reached decision should be based on the score of 42 which refers to the departmentalising of the OPD.

Whatever solutions are decided upon, it is important that they are SMART!

SMART solutions:
Specific to the context
Measurable
Achievable given the resource constraints
Relevant to the problem
Time-bound

Solutions should also contribute to the desired outcomes of the hospital.

As part of the planning, it is important to develop a specific framework for the way forward:

Element of problem	Action to deal with it	Target	Resources required	Persons responsible	Date for evaluation
Chronic patients not given times to return	Introduce appointment system for chronic patients, especially using quieter afternoons	80% of chronic patients return for appointments 50% of appointments scheduled in afternoons	OPD clerk to record appointments Appointment diary	Unit manager, OPD	6 months

A flow chart depicting this solution can be used here, defining each of the processes one needs to reach the end point. This provides a helpful basis for planning.

5. Implement solutions (action)

This requires the people responsible for implementing the solution to inform, educate, encourage, motivate and supervise the staff, and to mobilise the necessary resources.

Normal tools of supervision are necessary here, together with teamwork, because different categories of staff will almost always be involved. Check lists, regular reporting, feedback, team meetings, rewards, etc. can all help this process.

(Refer to Chapters 2 and 3 for tools)

6. Evaluate (review)

It is essential to see if the solution has worked. In planning it is important to ensure that the routine information that is collected will show whether the solution has made a difference. If it is not measurable with current tools and instruments, new ones will need to be created.

The team should do this formally together. A time should be set aside to review what has happened in the same way as the initial problem was discussed together.

A specific framework should be used for the review, such as the one below:

Element of problem	Action taken	What happened? (Results)	What was the impact (Outcome)	What still needs to be done?	New plan
Chronic patients not given times to return	Introduced appointment system for chronic patients	60% of chronic patients returned for appointments 20% of appointments scheduled in afternoons	Waiting times in OPD decreased, but still much longer in the morning than in the afternoon	Spread the load between morning and afternoon	Ensure appointments for patients not requiring investigations are scheduled for afternoons

CHAPTER 6

QUALITY IMPROVEMENT

Introduction

All of management is aimed at improving quality of service and care. It is something that the whole hospital is involved in all the time. On the other hand, Quality Improvement (QI) is something special, something everyone can do with a smile.

National and Provincial policies on Quality in Health Care require each hospital to have a quality improvement programme. Make sure you have these policies and build them into all aspects of management of the hospital.

How will this chapter help you?

Managing and improving quality is the cornerstone of management. This chapter links the content of the Guidebook together into an ongoing process of revision, reflection and adaptation and is therefore appropriately included as the final chapter.

Firstly, the chapter explains how QI fits into the bigger picture of management of the district hospital. Secondly, it discusses some principles of quality improvement and, thirdly, provides a practical approach to QI in the hospital.

Theme

People Caring for People

In the district hospital people work in teams.

Quality improvement (QI) is a way in which people in teams work together to improve the care of other people.

QI is a way to enjoy working together, caring for each other, with the aim to care better for patients.

QI is about better outcomes for patients.

People caring for people

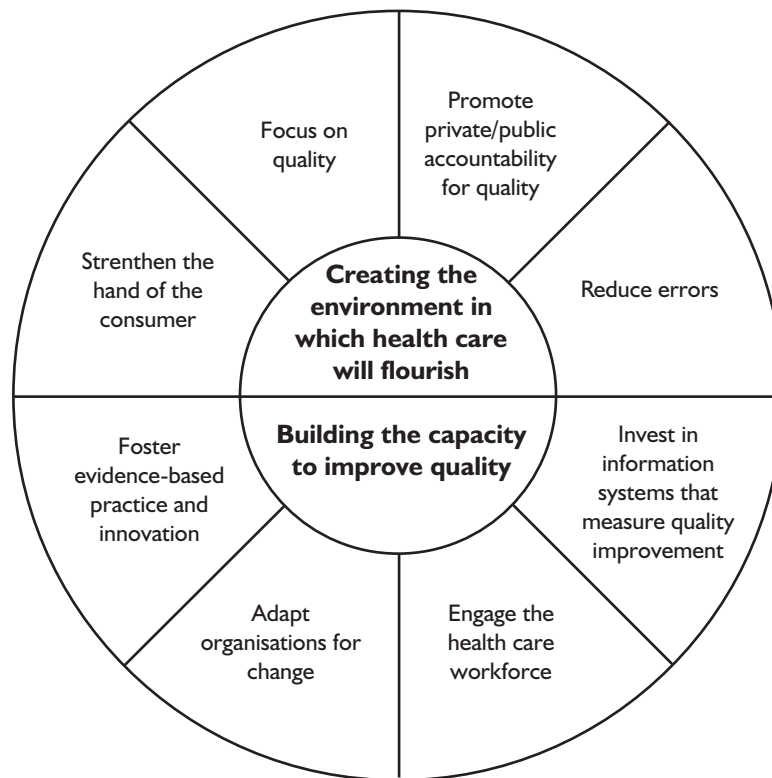
What is Quality?

Quality assurance is an approach that includes defining, measuring and improving quality. The dictionary defines quality as “degree of goodness or worth”. It is about achieving the best possible results with the available resources. Cooking a meal is a useful analogy. Using the same ingredients, one cook may produce a much better meal than another. The QI process should help you in the district hospital to continuously improve the care of patients using the available resources.

QI is related to problem solving and uses problem-solving methods (see chapter 5), but it can be more than problem solving. It is doing better in what you are already doing well. Private companies maintain competitiveness by continuously improving what is good in their product. We suggest that you do QI to address problems, but also do QI in those things you are already doing well in the hospital.

Most of the management work is functional, administrative, dictated by head office and vital. QI projects can be more of a choice. This makes use of the individuality and creativity of your staff and any member of the team can make a significant contribution.

The following figure demonstrates the two mutually inclusive approaches in the National Policy on Quality in Health Care namely creating the right environment and building capacity. In creating a conducive environment consumer input must be strengthened (e.g. using the Patients’ Rights Charter), errors should be reduced (risk identification and management) etcetera. In building capacity organisations should adapt to change and engage health workers.



Quality and Equity

QI needs to be seen in perspective with equity. Equity looks at the disparities between the best and the worst situation. An example is the health care of the poorest and the richest people. We cannot maintain quality for some people at the expense of other people. The manager must be able to focus on quality but balance it with equity. Work for good quality, then stand back and look at equity. Ask yourself what the quality of your service means to the most neglected, poorest people in the district. That may guide you towards the next point of QI improvement.

Resource Documents for QI

For QI projects, use the following Resource Documents together:

1. District Hospital Service Package for South Africa. A set of norms and standards.
2. Service Assessment Tool for the district hospital norms and standards.
3. Implementation Guide: District Hospital Service Package. A guide using the National Norms and Standards for District Hospitals for the Assessment and Improvement of Service Delivery. Department of Health Directorate: Quality Assurance 2003.

The first one sets out the norms and standards required for services in the district hospital, the second one provides an assessment tool for the services, and the third is a guide telling how to implement the norms and standards.

These resource documents will enable the management to implement QI projects.

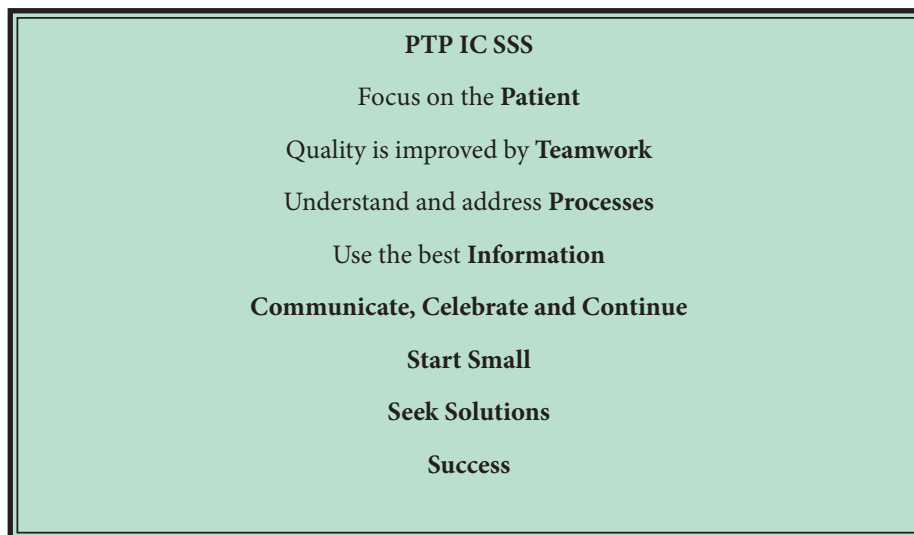
Additional hospital documents are important for QI projects, namely strategic plans, mission and vision statements, personal work plans and operational plans. QI projects must address issues in these hospital documents.

Principles of QI

There are many approaches to QI. Those described here are applicable in the district hospital situation where resources, especially time and people, are limited. Giving attention to these principles will make QI work more meaningful and sustainable.

These principles are described in more detail in Resource Document 3: Implementation Guide: District Hospital Service Package.

Principles of Quality Improvement in District Hospitals



Focus on the Patient

The purpose of a district hospital is to care for people who are unwell. The clients are patients and community members. The primary focus of quality improvement is on the client and how he or she experiences the care in the hospital. This is always the point of reference of QI.

Quality is improved by Teamwork

Quality is the result of teamwork. Teamwork is central to a successful district hospital and the golden thread running through this manual.

Teamwork is dependent on leadership. In the QI team leadership should ensure positive direction and optimum participation.

QI teams are seldom formed according to the usual hierarchies. You can put together a QI team with a leader who is not the manager or even a senior member of staff. Roles in the team can also vary.

Put a team together specifically for the situation and include people who enjoy working together and can function with synergy and be productive.

Understand processes

A process is the way in which something happens. A good manager is someone who is aware of processes, can understand them and can use them. In QI the most amazing and refreshing processes happen.

Have respect for existing processes and do not change things if existing processes can be adopted and strengthened.

Make best use of information

Making use of the best available information is important in QI projects. Use the same information systems described in Chapter 3. Add new data where necessary.

Communicate, Celebrate and Continue

QI gives management the opportunity to communicate good things to the clients, staff and the community. Make use of QI projects in quarterly and annual reviews as these afford the opportunity to celebrate not only the launch of a new project, but also the success of teams achieving QI. To continue with good practice is a particular challenge for management and QI gives that substance.

Start small

This is one of the most useful aspects of QI. Identify a small aspect of any hospital task and do a QI project about that. A large project takes lots of energy from many people and has a high risk of failure, while the positive effect of a small successful project often delivers far beyond the energy it takes.

Seek Solutions

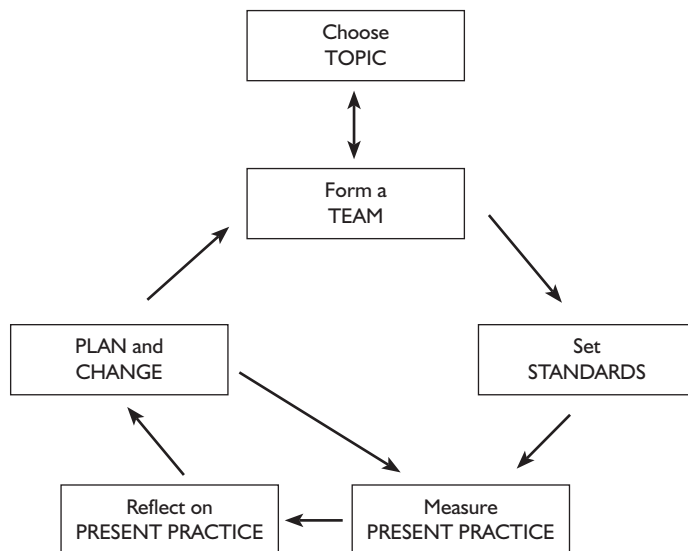
In QI, the manager can focus on solutions rather than problems. Problems will always be present but a solution often lies in a surprisingly different place from the problem. Spend more energy on looking for a solution than dissecting the problem. “Dream together into a solution” - Resource Document 3: Implementation Guide: District Hospital Service Package” page 14.

Success, Success, Success

Success breeds success. We need to make maximum use of success in our often challenging circumstances of the district hospital. It is part of the attitude of good managers to seek out success, encourage it and build on it. QI is an opportunity to do just that.

QUALITY IMPROVEMENT CYCLE

Working with the QI cycle is an easy and structured way to do a QI project.



The cycle can be entered at any of the steps but usually starts with a topic to improve something. The arrow going both ways between the topic and the team means that the team refines the topic and then reviews the composition of the team.

1. Choose the Topic

The topic can relate to any section, function or process in the hospital. It is often chosen because of a problem or a complaint. It can also be initiated by a team that wants to improve quality of care and then decides on a topic.

From Perinatal Mortality Meeting statistics, it is shown, for example, that babies are dying from asphyxia, and something needs to be done. The maternity team meets and decides to do a QI cycle. They identify neonatal resuscitation as a topic that can be improved. After the QI team has been chosen, they discuss the topic, decide to start small and identify the resuscitation equipment as their focus. The topic needs further definition and description, and they may decide “*To ensure that the necessary resuscitation equipment is available and functioning at all times in the labour ward*”.

A topic must be specific, relevant and something that can be addressed by the local team.

2. Forming the Team

Teamwork is essential for QI. A team needs to be formed to deal with the issue identified – though sometimes the team is already formed and decide together on the issue to be tackled. Even then the team needs to see if others should be included. All the stakeholders should be involved. It is important to include patient representatives in the broader group where possible.

A danger is to make the team too big – very big teams do not function well and sometimes include people who are too busy to really get involved. A way to deal with this is to have a core team, which does most of the thinking and planning and implementing, and a consultative group, which can give support, direction and influence as needed.

In the project for resuscitation equipment in the labour ward, someone from the nursing staff, medical staff and stores must be involved.

Team functioning is important and roles in the team need to be defined. QI is a good opportunity to develop teamwork skills in the hospital.

3. *Set Standards*

The next step is to agree on the standards to be set. This is an important discussion and needs to be informed fully about existing standards and what is described in the evidence based literature.

Here Document 1: *District Hospital Service Package for South Africa. A set of norms and standards* can be used. In the Resuscitation Equipment QI project, a list of equipment will be agreed on in keeping with national standards and what can be acquired for the local situation.

Linked to standards there are criteria, levels and time-lines.

- ◆ The criteria are the specific issues. In this example: The list of equipment.
- ◆ The standards are the measurements relating to the criteria. In this example: The equipment is up-to-date, available and functioning.
- ◆ The level indicates the standard to be met. In this example: That 100% of the equipment is available and functional 100% of time.
- ◆ Time-lines: This the time which the team gives itself to meet standards and levels. In this example: 90% equipment is available 90% of time after 2 months and 100% equipment is available 100% of time after 4 months.

The team will have to do some reading to set standards adequately.

4. *Measure Present Practice*

In this step the criteria are measured. Data collection can be taken from *Document 2: "Service Assessment Tool for the district hospital norms and standards."*

Specific data collection forms can be designed. In the Resuscitation of Neonates project a list can be made of the equipment with a column of availability and a column for functioning. The form can then be filled in at specific times of the day in the delivery rooms. Involve several members of the team in the data collection. Do not expect those who work there to do this on top of their existing work.

The result is then presented in a meaningful way e.g. tables, graphs and pictures.

5. *Reflect on Present Practice*

The team now discuss the results of the survey in terms of the standards and levels that were set. They reflect on the difference between the standard and the present practice. The tools referred to in Chapter 5 on problem solving can be used here.

This is an important step for team functioning and understanding.

6. *Plan and Implement Change*

Now the team is ready to decide on an improvement plan. Solution thinking and problem solving skills are used to decide on a simple feasible plan to be implemented. Specific steps, roles, responsible people and time-lines are chosen. It is essential to get agreement from the team on these changes, otherwise nothing will be achieved. It will also require selling the changes to other colleagues who are in the unit or section.

With the Neonatal Resuscitation Equipment project the plan may include getting equipment from the stores, maintenance and regular checking of equipment or ordering new equipment.

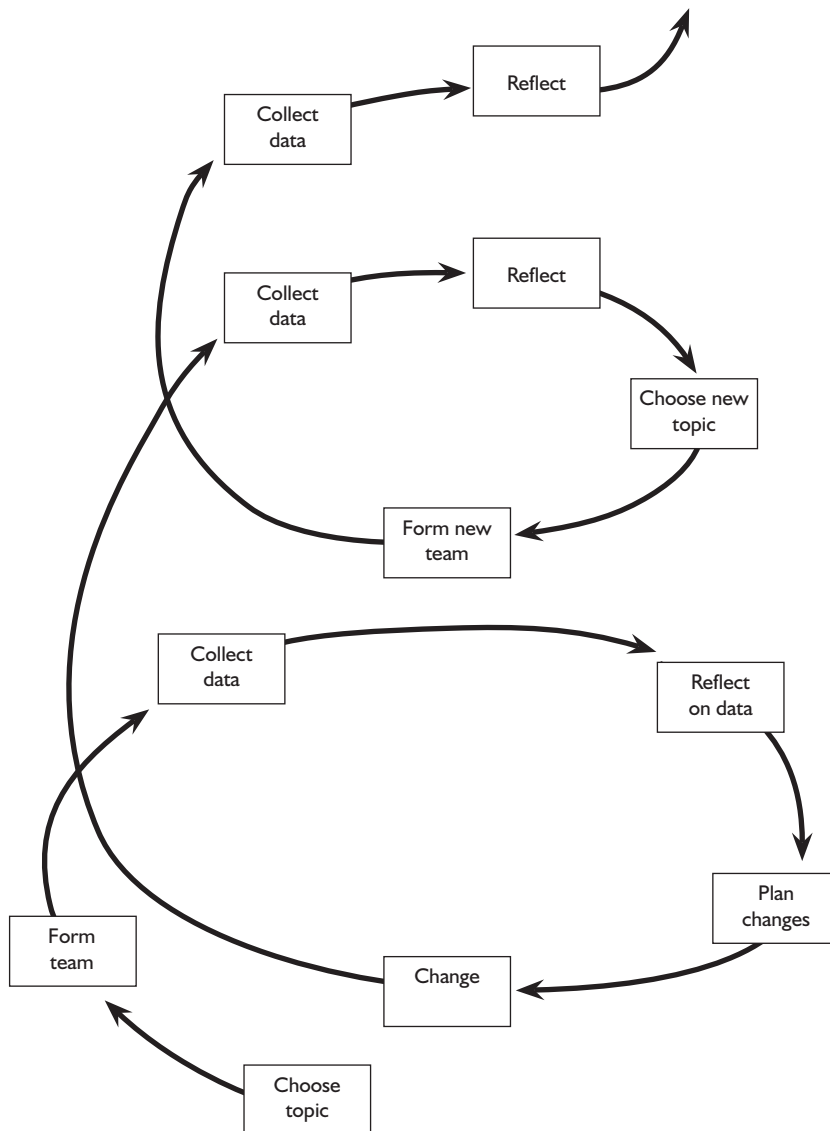
7. *Measure Present (New) Practice*

After implementation, the same measurements are done as before. The results are reviewed in terms of the previous results and the set standards. The team will then see to what extent the plan was successful and where it can be improved further.

8. *Continue the Cycle into a Spiral*

The QI cycle is continued according to the results and the team’s satisfaction. New, higher standards and levels can be set, or a new related topic can be identified. In the Neonatal Resuscitation Equipment project, the next step may be to improve the skills of those who do the resuscitation. This new topic may require new team members - e.g. people who can do the training. Whatever is decided, it involves entering a new cycle of quality improvement. This is called continuous QI and allows the quality to continue improving all the time, rather than just reaching a certain level and stopping there. This can be referred to as a quality spiral.

Quality Improvement Spiral



How to start with QI in your hospital

1. Make sure the management team gains experience of QI by being part of different QI teams. Do not expect to be the team leader.
2. Read the Documents 1, 2 and 3 referred to above namely:
 - ◆ District Hospital Service Package for South Africa. A set of norms and standards.
 - ◆ Service Assessment Tool for the district hospital norms and standards.
 - ◆ Implementation Guide: District Hospital Service Package. A guide using the National Norms and Standards for District Hospitals for the Assessment and Improvement of Service Delivery. Department of Health Directorate: Quality Assurance 2003.
3. Choose a team and a topic together. Choose these for the maximum chance of success. Start with an enthusiastic team and decide on a small project
4. First let the team discuss the theory of the QI cycle and QI principles. Give each team member a copy of this section and Document 3: “Implementation Guide: District Hospital Service Package. A guide using the National Norms and Standards for District Hospitals for the Assessment and Improvement of Service Delivery”. Allocate each QI cycle step to a team member at the first meeting. This will help the team to have a common understanding of QI, apply it to their situation and learn from each other. This step will take less time as teams become more acquainted with QI, but do not skip this step. We learn more with time and your team may develop a better system and new principles.
5. Now the team is ready to formalise its composition and the roles of different team members.
6. A specific plan of action is then made according to the steps of the QI cycle.
7. Try to work towards an end point with each QI project, including a final communication and celebration. Ensure that a plan is made for the maintenance of the quality gained and that it is built into the routine functioning of the hospital.
8. Some form of healthy competition between teams can be useful. Teams can communicate and celebrate together and boast a little bit about their success!

The tools in chapter 3 (Tool 3.6) provide a useful assessment format for hospital units and sections, as a baseline before a quality improvement project, as a source of ideas for quality improvement projects or as a way of monitoring the progress of quality improvement activities.

CONCLUSION

The Guidebook takes the district hospital management team through strategic leadership, using information, risk identification and management, problem solving and finally quality improvement in order to manage your hospital better. Using the theme “People caring for People” throughout the Guidebook we have attempted to help you to think beyond paper and processes to the people who are the core business of the hospital – its staff and its patients. They are the ones who need to be considered at every point and who guide you as the management team in your tasks.

We have also used the concept of the hospital as a patient, to help you to think about how you see the facility you are leading. We hope this has inspired you to give it the care it is due, to nourish, nurture and protect it, and to introduce preventive and curative measures that will assist it towards greater health and wellbeing.

We trust that you will go back to different chapters at different times and use them in your own creative way. If this booklet remains in a file, it is worthless; it must be used, tested, discussed, workshopped, criticised, revised, and digested.

You may have encountered many things you already knew in this guide, and you may do some things better than what we have described here. Nevertheless, we as managers always have something more to learn. We thus hope that we helped you and your team to learn something and, even more importantly, to do even better.

Lastly we want to thank you for your hard work, commitment and persistence despite all the difficulties you may face in managing your hospital. Thank you for what you do for the people in your district and the people that work in your hospital. Thank you for being caring people who are caring for people; do not forget to take care of yourselves as well.

Thank you for working with the things we describe in this book.

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Additional documents provided on the CD

Format for Strategic Plans of Provincial Health Departments

Guide to measuring Client Satisfaction

National Minimum Data Set

