

"Towards Quality Care for Patients"

National Core Standards for Health Establishments in South Africa

National Department of Health
2011



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

National Core Standards for Health Establishments in South Africa

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Contents

Acknowledgments and Contributors	4
Foreword by the Minister of Health	5
Preamble by the Director General	6
1. Introduction	8
Policy context	8
Legal context	8
2. Purpose of the National Core Standards	8
3. National Core Standards as a basis for quality	8
4. Background – How the National Core standards were developed	9
5. Structure of the National Core Standards	10
6. Measuring compliance	13
6.1 The Assessment Tool and the Measures	13
6.2 Rating of measures – vital, essential and developmental	13
6.3 Reporting on compliance	14
7. The use of the Standards	14
7.1 Meeting standards	14
7.2 Measuring and enforcing compliance with standards	15
7.3 Fast-track improvement to meet patients' immediate expectations	15
Domain 1: Patient Rights	17
Domain 2: Patient Safety, Clinical Governance and Clinical Care	21
Domain 3: Clinical Support Services	25
Domain 4: Public Health	29
Domain 5: Leadership and Governance	33
Domain 6: Operational Management	37
Domain 7: Facilities and Infrastructure	41
A. Bibliography	46
Acts of the Republic of South Africa	46
National Department of Health Guidelines	46
Other organisations' guidelines	47

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Foreword by the Minister of Health

The importance of providing quality health services is non negotiable. Better quality of care is fundamental in improving South Africa's current poor health outcomes and in restoring patient and staff confidence in the public and private health care system. If quality is defined as "getting the best possible results within available resources", then these National Core Standards set out how best to achieve this.

A number of areas have been selected for fast track improvement. These essential areas include cleaner facilities, shorter waiting times, and better patient safety and care. In spite of some clear successes, more improvements are needed to ensure patients are provided with proper, decent health care. All managers at all levels are expected to ensure that these standards are met.

Simply reminding health care staff of their basic duty is not enough to achieve widespread and sustainable improvement in South Africa's quality of care. The factors that contributed to the current situation must also be taken into account: poor management, a lack of accountability, a culture of mediocrity rather than excellence, demotivated staff, and even an erosion of professional ethics, are all to blame.

The root causes of these problems are varied and complex, therefore the system set in place to deal with them must be suitably comprehensive. Leadership is critical and the Department of Health intends to provide it throughout this process.

Developed with extensive input from many different partners, these standards speak to everyone. Most importantly they address staff caring for patients and the managers of clinics and hospitals, whether public or private. The National Core Standards reflect a vision for South Africa's health services, rather than introducing a list of new requirements. They focus on what needs to be done to meet that vision.

Continuous assessment to ensure compliance with these standards will go a long way towards providing basic quality care. It will also mean that when an external audit team comes to measure compliance, all services should be good enough to meet quality standards.

Dr Aaron Motsoaledi (MP)
MINISTER OF HEALTH



Preamble by the Director General

South Africa faces an enormous challenge in transforming its health care delivery system - not only to meet citizens' expectations of good quality care, but also to improve critical health care outcomes linked to the Millennium Development Goals.

The National Core Standards for Health Establishments have been expressly created as a statement of what is expected, and required, to deliver decent, safe, quality care. Through a national process of certification, an external body will formally assess each health establishment for compliance against these National Core Standards.

Where health establishments meet the standards, a process of continuous improvement will be encouraged to further enhance outcomes for patients. And for those not up to standard, the relevant governance structures and managers will be expected to make rapid improvements in service delivery to achieve compliance, or face progressive punitive measures.

The National Core Standards have been formulated through an extensive and participative consultation process. A diverse range of health care professionals and managers were involved, including the private sector and non-governmental organisations. Piloting and field testing has ensured that these standards are uniformly and universally acceptable, and applicable to the public and private sector, from the smallest rural clinic to the largest tertiary academic hospital. The National Core Standards have been based on the existing policy environment and tailored to South Africa's health care context, while also reflecting international best practice and a strong evidence base.



However, the key challenge is to implement improvements at scale on the ground – to bridge the policy-implementation gap.

This gap is being addressed through a tool for managers, which makes clear what is expected of them both in terms of the systems that need to be in place and the outputs that should be delivered. It is hoped that this will achieve more than just better guidance – the tool is also provided so managers can assess themselves and close the gaps they find. It is believed that managers will be further incentivised by the knowledge that at some stage they will be assessed and held accountable by an external body. All of this is relevant not just for frontline managers in the establishments, but also for those who supervise and support them and whose job it is to enable them to deliver quality care.

Implementing these National Core Standards throughout every health care establishment in South Africa will take time and effort. To focus managers' and supervisors' efforts, six quality priorities have been identified for the first phase of implementation. These priorities reflect patients' most pressing concerns regarding services, especially in the public sector.

Of these six priorities, improving the cleanliness of facilities is the most obvious and urgent. The others (reducing queues and waiting times, improving patient safety, preventing health facility acquired infections and ensuring availability of medicines through improved procurement and supply management) require process-based improvement strategies and a certain degree of process change over time. However, the last priority is a process of culture change: achieving more positive values and attitudes among staff and managers is part of a bigger shift – towards a future where a caring and positive attitude to patients and their families, as well as one another, is the norm.

Ms MP Matsoso
DIRECTOR GENERAL
NATIONAL DEPARTMENT OF HEALTH

1. Introduction

1.1 Policy context

The 10 Point Plan of the National Department of Health (NDoH) 2009-2014 makes provision for the “establishment of a quality management and accreditation body” and “improving the quality of health services”, as is also reflected in the Strategic Plan for 2009/12. One of the core outcomes of government is to ensure “a long and healthy life for all South Africans” through the achievement of the four specific areas in the Minister’s Performance Agreement with the President and spelt out in the Service Delivery Agreement negotiated with provinces and key stakeholders. These four performance areas are:

- **Improve life expectancy**
- **Improve mother and child health and survival**
- **Reduce the impact of HIV/AIDS and TB**
- **Improve health system effectiveness**

1.2 Legal context

The National Health Act, 61 of 2003 emphasises the need to foster good quality health services by developing structures to monitor the compliance of health establishments and agencies with health care standards. It provides for the creation of an Office of Standards Compliance as well as an Inspectorate of Health Establishments within each province. The Act further envisages a broad role for the Office of Standards Compliance in advising on health standards, revising or setting standards, monitoring compliance, reporting non-compliance, and advising on strategies to improve quality.

Amendments to aspects of this Act related to quality and compliance will align the legislative framework to the policy direction with the establishment of an independent body for certification of compliance, a clear process for setting of standards, and recognition of quality improvement as an intrinsic part of effective management.

2. Purpose of the National Core Standards

In fulfilling its strategic and legislative imperatives, the Office of Standards Compliance developed the National Core Standards for Health Establishments in South Africa, which will assist in setting the benchmark of quality care against which delivery of services can be monitored.

The main purpose of the National Core Standards is to:

- Develop a common definition of quality care which should be found in all health establishments in South Africa, as a guide to the public and to managers and staff at all levels;
- Establish a benchmark against which health establishments can be assessed, gaps identified and strengths appraised; and
- Provide for the national certification of compliance of health establishments with mandatory standards.

3. National Core Standards as a basis for quality

Quality can be defined in various ways.

Quality is getting the best results possible within the available resources (Policy on Quality in Health Care for South Africa, National Department of Health, April 2007); and

Quality is the level of attainment of health systems’ intrinsic goals for health improvement and responsiveness to legitimate expectations of the population. (World Health Organisation).

Quality has six dimensions according to the World Health Organisation: it should be effective, efficient, accessible, acceptable/patient-centered, equitable and safe.

In order to provide more detail to managers of establishments as to what this definition of quality means in practical terms, standards have been developed. A **standard** is a statement of an expected level of quality delivery. Standards reflect the ideal performance level of a health establishment in providing quality care.

These National Core Standards reflect the South African policy context and are based to a large extent on existing legislation, policies, guidelines and protocols (as reflected in the Bibliography), many of which are specific to the Department of Health. Others emanate from other relevant areas such as Treasury or the Department of Public Service Administration or the King guidelines on corporate governance. They therefore embody what managers are expected to be delivering in our health establishments, and do not embody new demands. Achieving compliance with these standards will assist in proactively putting the systems in place to avoid the most important risks to quality care or to reduce their impact.

What is important to note is that these standards are focused at **health establishment level** where delivery of care takes place. In Primary Health Care where some aspects of care are co-ordinated at the support levels (i.e. district, province, national, company corporate), these have been incorporated. Higher level support structures are specifically taken into account in assessing that the necessary governance and support functions, including strategic planning and oversight, are in place.

These particular standards do not cover other agencies or services such as community-based care, emergency medical services or private general practitioners, although such standards will be developed over time.

Standards are but one way of measuring performance. The use of standard clinical and other indicators as specified in the DHIS (District Health Information System) and the stipulated targets are a critical and complementary source of information and guidance. Non-routine information (for instance through surveys or surveillance systems) is another important mechanism for assessing quality and outcomes. Regular reporting on selected indicators as well as use of surveillance systems monitoring complaints and incidents will be used to identify high risk establishments requiring further investigation and support.

4. Background – how the National Core standards were developed

Responding to concerns regarding the multiplicity of different standards and guidelines for managers throughout the health system and the consequent difficulty in measuring performance against a common benchmark, a set of “Core Standards for Health Establishments” was launched in April 2008.

The standards and assessment tools were piloted in 2008 and again in revised form in March 2010 in a sample of public and some private hospitals and community health centres. These were purposively selected to cover all provinces and types of establishments.

Following these extensive pilots, significant technical input was used to revise the assessment tools and standards, including the introduction of a risk-based approach. An important part of the revision process has been the benchmarking of the standards against other accreditation systems.

The approach taken to the development of the standards has used a set of principles that reflect the overall policy direction of the Department, namely universality, relevance, validity, reliability and logic:

- **Universality** in terms of ensuring that the standards and assessment measures are generally applicable across all health care levels and settings – from public to private hospitals; from tertiary hospitals to primary health care facilities and from specialised to generalist care settings. (It must, however, be noted that certain standards or criteria may not be applicable in all contexts);
- **Relevance** in terms of ensuring that standards and assessment measures represent elements of care that are critical to the provision of safe, quality health care services in South Africa;

- **Validity and reliability** of what can be measured objectively and practically during an audit of a health establishment; and
- **Logic** through the arrangement and classification of criteria and measures into those concerned with inputs or systems, policies, procedures or processes and outputs, and as far as possible outcomes.

Many people have been consulted on, or contributed to, the development of the National Core Standards over the past two years, including quality managers from the National Department, the provinces and the private sector; experts in the various specialty fields such as pharmacy, management, infection control and health technology and infrastructure; partners in the form of non-governmental organisations and research councils, professional associations, organised labour, statutory bodies and consultants. (See Acknowledgements in Appendix).

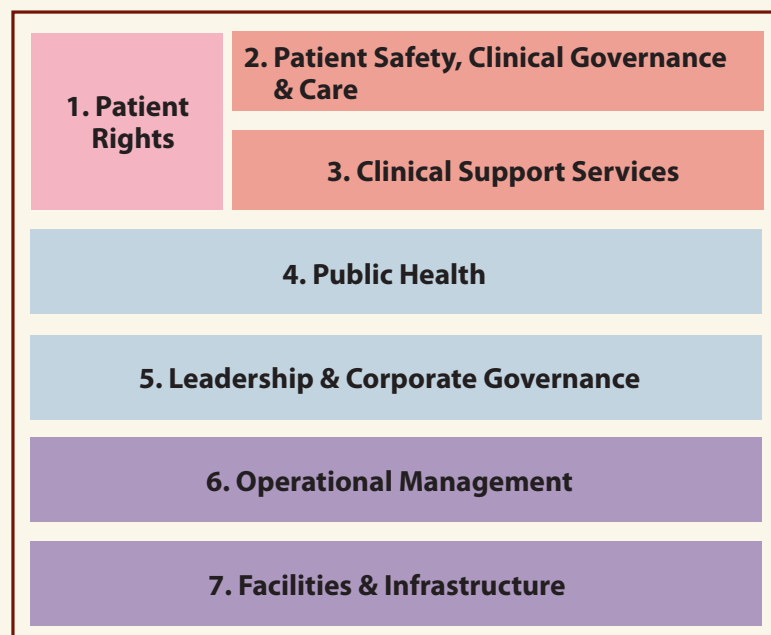
5. Structure of the National Core Standards

The National Core Standards are structured into seven cross-cutting domains (see figure 1), with a domain being defined by the World Health Organisation as an area where quality or safety might be at risk.

Their layout is deliberate, in that the first three domains (Patient Rights, Safety, Clinical Governance and Care, and Clinical Support Services) are those domains that are involved directly with the core business of the health system of delivering quality health care to our users or patients.

The remaining domains (Public Health, Leadership & Corporate Governance, Operational Management and Facilities & Infrastructure) are essentially the support system that ensures the system delivers its core business, although our internal clients (our staff) are absolutely key in achieving this.

Figure 1: Seven Domains of the National Core Standards



The overall scope of each domain is reflected in Figure 2. Within each domain are sub-domains which further break down the domains into sub-sections or critical areas, which together describe the scope of that domain. The structure of the National Core Standards with domains and sub-domains is reflected in Figure 3: Structure of Domains and Sub-domains.

Figure 2: Scope of each Domain

The domain of **Patient Rights** sets out what a hospital or clinic must do to make sure that patients are respected and their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with Batho Pele principles and the Patient Rights Charter.

The **Patient Safety, Clinical Governance and Clinical Care** domain covers how to ensure quality nursing and clinical care and ethical practice; reduce unintended harm to health care users or patients in identified cases of greater clinical risk; prevent or manage problems or adverse events, including health care associated infections; and support any affected patients or staff.

The **Clinical Support Services** domain covers specific services essential in the provision of clinical care and includes the timely availability of medicines and efficient provision of diagnostic, therapeutic and other clinical support services and necessary medical technology, as well as systems to monitor the efficiency of the care provided to patients.

The **Public Health** domain covers how health facilities should work with NGOs and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications; and ensure that integrated and quality care is provided for their whole community, including during disasters.

The **Leadership and Governance** domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management, supported by the hospital board, clinic committee as well the relevant supervisory support structures and includes the strategic functions of communication and quality improvement.

The **Operational Management** domain covers the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and of information and records.

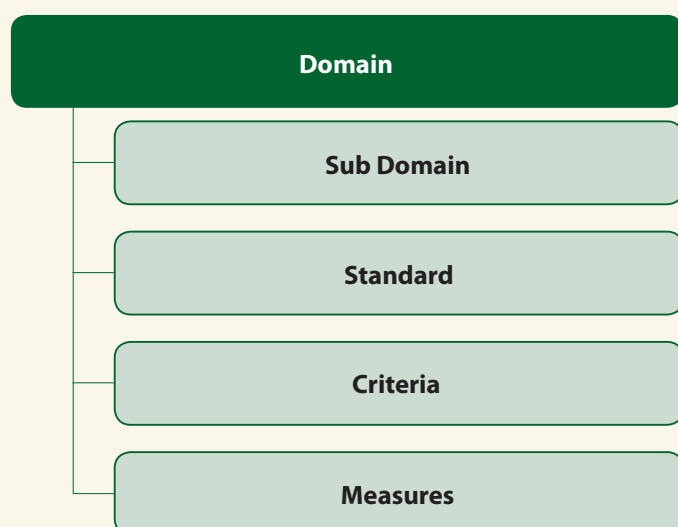
The **Facilities and Infrastructure** domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and functional, well managed hotel services; and effective waste disposal.

Figure 3: Structure of Domains and Sub-domains



Within each sub-domain are a set of standards which define what is expected to be delivered in terms of quality care and best practice. Linked to each standard are a number of criteria, which are the elements setting out the requirements to achieve compliance with the standard. Criteria are measurable and achievable as reflected in the measures.

Figure 4: Structure of the National Core Standards



The domains and sub-domains do not reflect how a health establishment is physically organised to deliver care. The standards have therefore been cross-referenced to all service areas (such as paediatric ward, MOU, infection control, theatre, or pharmacy) for purposes of assessment and in order for the assessment reports to provide each manager with a status report for each service area.

6. Measuring compliance

6.1 The Assessment Tool and the Measures (contained in the data base)

To enable objective and comparable assessment of compliance, each criterion is broken down into measures which have been adapted to be context specific, e.g. PHC, private and public hospitals. Measures are the means or evidence for determining whether or not the criterion has been met. They examine direct observables i.e. aspects that can be seen, heard or felt by the assessors; and indirect observables such as analysis of policies, minutes of committees and patient record reviews, which, while they may not entirely demonstrate that a criterion is met, give reasonable assurance that it is. The measures form the basis for the assessment tool used for both self assessments and the compliance audit.

6.2 Rating of measures – vital, essential and developmental

The component measures for each standard were classified according to a risk-rating approach, using a risk matrix adapted from that used by the Australian Capital Territory Government (2009) and assessing the severity of the impact as well as the likelihood of a risk occurring in each case.

Based on this risk rating the respective measures have then been placed in three risk levels:

- **Vital** measures are those that ensure that the safety of patients and staff are safeguarded so as not to result in unnecessary harm or death.
- **Essential** measures are those considered fundamental to the provision of safe, decent, quality care and are designed to provide an in-depth view of what is expected within available resources (for example: clinical risk management and quality improvement processes; or guidelines for maternity care).

- **Developmental** measures are those elements of quality of care to which health management should aspire to, in order to achieve optimal care. While non-compliance with these standards does not necessarily constitute a risk to patients, they form an integral part of a comprehensive quality health care system. Developmental standards enhance the health establishment's ability to provide optimal care and reflect continuous improvement.

This risk-based approach allows an objective assessment of the impact of failure to comply with a standard in different areas. It also allows for more efficient reallocation of effort and resources within the current health care system to those standards where non-compliance poses extreme and/or high risks to the establishment's health outcomes and patient or staff safety.

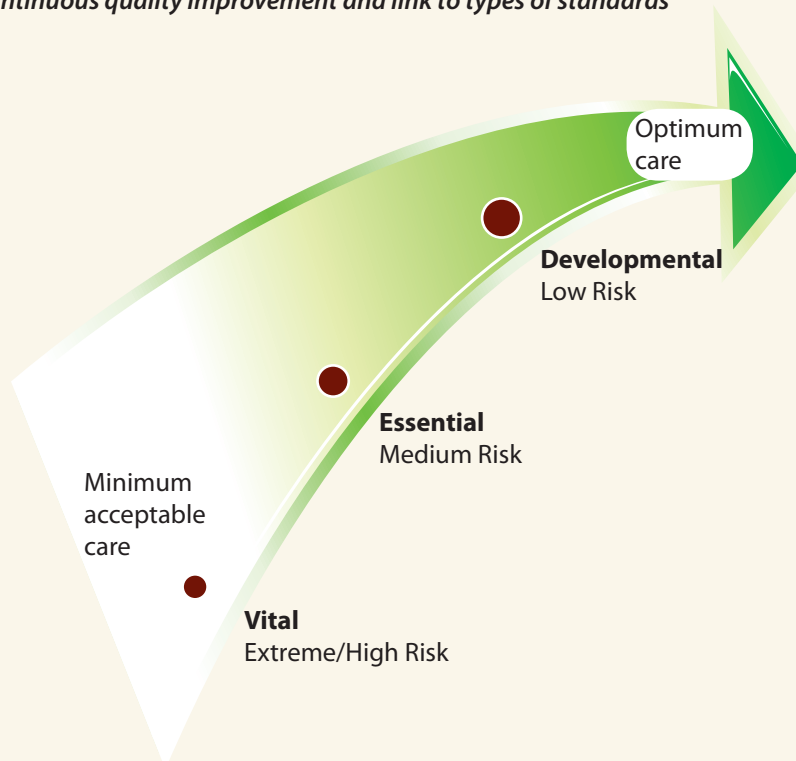
6.3 Reporting on compliance

The assessment tool produces reports on compliance with standards and gives a percentage score per domain, sub-domain or standard. The risk rating also informs the reporting of how compliance against the standards will be scored and reported, with weighting of results in accordance with the impact on patient care and safety. In addition the highest risk areas are also reported separately, to highlight the need for immediate corrective action to avoid potential catastrophic events.

7. The use of the Standards

The over-riding goal of the standards is to assist in improving the quality of care. The primary activity is therefore to ensure that the standards are disseminated throughout the health system and that compliance with them becomes the norm for staff and managers as a continuous improvement process is implemented (see figure 5).

Figure 5: Continuous quality improvement and link to types of standards



7.1 Meeting standards

Standards are designed to be used by all managers and supervisors as a guide to expected service planning and delivery. Thus, compliance with standards and certification will be one of the requirements for increased management autonomy, formally reflected in the delegation of authority and ultimately in access to public funding through a system of national health insurance.

7.2 Measuring and enforcing compliance with standards

While self assessments can be used to improve the quality of care provided by the health care establishment, explicit regulation ensures that patients are safeguarded from life threatening situations that may arise from poor or non-compliance with minimum standards.

The National Core Standards for Health Establishments are part of the development of a new regulatory framework within the health sector. This regulatory framework will ensure that the health, safety and welfare of patients who use health establishments and the staff who care for them are protected through the enforcement of National Core Standards for quality.

To ensure compliance with National Core Standards, an independent body will undertake external audits of health care establishments. Audit reports issued by the body will assess the extent of compliance and will allow the independent regulator to issue certificates regarding the degree of compliance with standards, as stipulated by law, and take appropriate measures to enforce compliance.

The regulatory framework is designed to place emphasis on the inter-linkages between quality assurance (through regulation) and quality improvement in the implementation of quality standards. An initial self assessment undertaken by the health care establishment will provide a baseline for the health establishment to undertake remedial actions and implement quality improvement measures prior to a formal external audit of the degree of compliance. Once the external audit is completed, the health care establishment will also use the findings of the audit to implement further quality improvement initiatives.

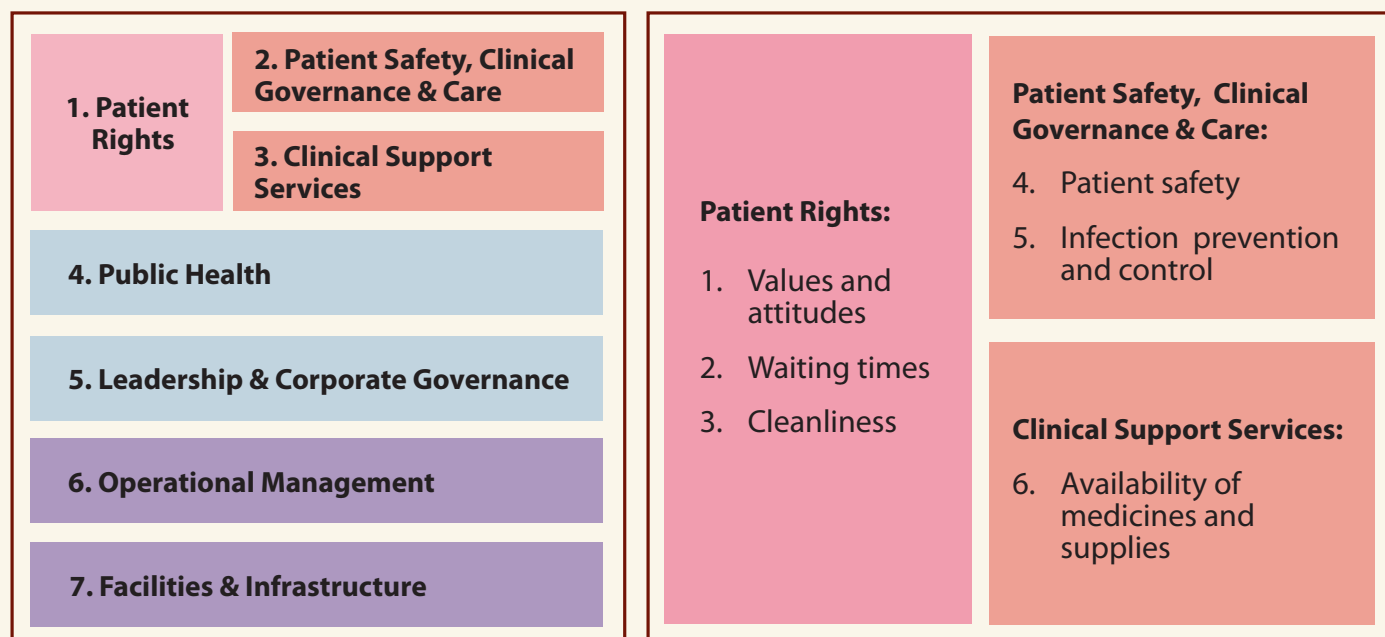
7.3 Fast-track improvement to meet patients' immediate expectations

It is expected that all establishments will ensure they are compliant with these standards. However, as improving quality is a process, not a once-off event, we have identified six critical areas where we are aware that many establishments (especially in the public sector) have much to improve. These are at the same time absolutely fundamental to the provision of safe, decent care.

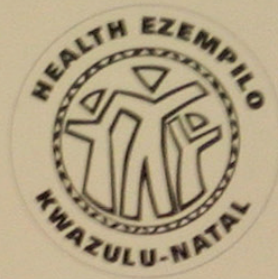
Managers are therefore expected to ensure that they are compliant with these six fast-track areas in as short a time as possible (see also the document: "Fast Track to Quality"). These fast-track areas are a subset of the most critical standards and are largely reflected in the first 3 domains (see figure 6), namely:

- 1. Values and attitudes of staff**
- 2. Cleanliness**
- 3. Waiting times**
- 4. Patient safety and security**
- 5. Infection prevention and control**
- 6. Availability of basic medicines and supplies**

Figure 6: Six fast track priorities inter relationship with the National Core Standards



Patients' Rights Charter



Your right to dignity

Every patient has a right to

Healthy and safe environment

Participation in decision-making

Access to health care

Knowledge of one's health

Insurance/medical aid scheme

Choice of health services

Treated by a named health care provider

Confidentiality and privacy

Informed consent

Refusal of treatment

A second opinion

Continuity of care

Complaints about health services



Domain 1: Patient Rights

The domain of **Patient Rights** sets out what a hospital or clinic must do to make sure that patients are respected and their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with Batho Pele principles and the Patient Rights Charter.

Sub-domain	Standard	Criteria
1.1 Respect and dignity	1.1.1 Staff treat patients with care and respect, with consideration for patient privacy and choice	1.1.1.1. Staff treat patients with courtesy and empathy and there is zero tolerance for abuse
		1.1.1.2 Care provided maximises patient privacy
		1.1.1.3 Mentally ill patients are managed and treated in the least restrictive or intrusive manner possible
		1.1.1.4 Where possible, children are not separated from their parents and other relatives
	1.1.2 Patient satisfaction surveys and patient complaints are used to improve service quality	1.1.2.1 Patient satisfaction surveys are conducted and analysed annually
		1.1.2.2 Quality improvements at the health establishment are based on patient satisfaction surveys
	1.1.3 Patients are satisfied with the cleanliness and hygiene of the facility and with their accommodation.	1.1.3.1 Patients are satisfied with the cleanliness and hygiene at the health establishment
		1.1.3.2 Patients are satisfied with the linen, where provided
		1.1.3.3 Patients are satisfied with the food, where provided
		1.1.3.4 Patients have access to clean water in waiting areas
1.2 Access to information for patients	1.2.1 Patients are given the information they need regarding their treatment, their care after discharge, and their participation in research where relevant.	1.2.1.1 Patients are informed of their rights and responsibilities, and any medical charges
		1.2.1.2 Procedures are followed to get informed consent
		1.2.1.3 All patients receive a discharge report (as required by the National Health Act 61 of 2003)
		1.2.1.4 Where research projects are being conducted, ethical research guidelines are followed
	1.2.2 Information on services and service times is available, key service areas are clearly signposted and all staff are identifiable.	1.2.2.1 Easy access to information on services is provided through the health establishment's help desk
		1.2.2.2 Key service areas of the health establishment are clearly signposted
		1.2.2.3 Service operating times and visiting hours are clearly displayed at the entrance to the health establishment
		1.2.2.4 Staff are easily identifiable

Sub-domain	Standard	Criteria
1.3 Physical access	1.3.1 Services are easy and safe to access including for the disabled	1.3.1.1 The health establishment is easy and safe to access
		1.3.1.2 There is easy access for persons with disabilities and the aged
		1.3.1.4 There are ablution facilities for persons with disabilities
		1.3.1.5 Information and facilities are available for hearing and visually impaired patients
1.4 Continuity of care	1.4.1 Patients who need to be referred or transferred receive the care and support they need	1.4.1.1 An effective district health care referral policy and system is available, covering continuity of care, emergency care management, infrastructure and resources required
		1.4.1.2 Referrals are monitored to identify progress, trends and gaps in the system
		1.4.1.3 Patients are given information about referrals and specialist bookings
1.5. Reducing delays in care	1.5.1 Waiting times and queues are managed to improve patient satisfaction and care, and serious patients are attended to first	1.5.1.1 Procedures are followed to manage queues and minimise waiting times
		1.5.1.2 Waiting times are monitored and improvement plans are implemented
		1.5.1.3 Patients receive their medicines on the day of their scheduled visit
		1.5.1.4 Patients are treated according to the severity and nature of their health condition or problem
		1.5.1.5 An efficient filing system is in place for patients' records
	1.5.2 Waiting lists are kept as short as possible.	1.5.2.1 Waiting lists for elective procedures are efficiently managed
1.6. Emergency care	1.6.1 Emergency patients are attended to, examined and stabilised appropriately and then referred or transferred if needed	1.6.1.1 Patient safety is ensured during handover from life support practitioners to health establishment staff
		1.6.1.2 Guidelines on examining and stabilising patients arriving at the accident & emergency/PHC outpatient department are followed
		1.6.1.3 Health establishment closures and ambulance diversions are managed to minimise impact on patient care and ambulance services
		1.6.1.4 The emergency services provide a quality outcome for patients
1.7. Access to a package of services	1.7.1 Services provided meet with national guidelines or licensing specifications.	1.7.1.1 Services at the health establishment meet national guidelines or licensing specifications

Sub-domain	Standard	Criteria
1.8. Complaints management	1.8.1 Patients who wish to complain about poor service are helped to do so and their concerns are properly addressed	1.8.1.1 A clear procedure is used to deal with complaints
		1.8.1.2 Patients are made aware of the complaints procedure
	1.8.2 Complaints are used to improve service delivery	1.8.2.1 Complaints are recorded using a formal procedure
		1.8.2.2 Complaints are screened to ensure adverse events are identified and appropriately managed
		1.8.2.3 A procedure is in place for acknowledging, investigating and dealing with complaints
		1.8.2.4 Complaints are used to improve the quality of service delivery
		1.8.2.5 Complaints are addressed within nationally agreed timescales



DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE AND CLINICAL CARE

Domain 2: Patient Safety, Clinical Governance and Clinical Care

The **Patient Safety, Clinical Governance and Clinical Care** domain covers how to ensure quality nursing and clinical care and ethical practice; reduce unintended harm to health care users or patients in identified cases of greater clinical risk; prevent or manage problems or adverse events, including health care associated infections, and support any affected patients or staff.

Sub-domain	Standard	Criteria
2.1 Patient care	2.1.1 Patients receive care and treatment that follows nursing protocols, meets basic needs and contributes to their recovery	2.1.1.1 Procedures are in place to ensure delivery of basic care that optimises health outcomes
		2.1.1.2 There is evidence that care provided optimises health outcomes
2.2 Clinical management of priority health conditions	2.2.1 Care provided contributes positively to national priorities, including the United Nations Millennium Development Goals for maternal and child health, HIV and Tuberculosis	2.2.1.1 The latest guidelines are available for implementing strategic priority programmes or health initiatives
		2.2.1.2 There is evidence that the health establishment implements priority programmes or health initiatives according to the latest guidelines available
		2.2.1.3 A system is in place to regularly collect and analyse data on priority programmes/health initiative outcomes and to address any shortcomings
2.3 Clinical leadership	2.3.1 Doctors, nurses and other health professionals constantly work to improve the care they provide through proper support systems	2.3.1.1 Health professionals are appointed as heads of department/sections, with clear job descriptions and lines of accountability
		2.3.1.2 There is a formal supervision programme for health professionals
		2.3.1.3 Health professionals are responsible for setting up and managing a quality committee for the health establishment
		2.3.1.4 Quality committee reviews are used by health professionals to continuously improve patient care
2.4 Clinical risk	2.4.1 Clinical risk identification and analysis takes place in every ward to prevent patient safety incidents	2.4.1.1 A clinical risk policy and protocol for the health establishment is available which highlights the health establishment's approach to the management of clinical risk
		2.4.1.2 A system is in place to monitor clinical risk and ensure control measures are carried out
	2.4.2 Patients with special needs or at high risk, such as pregnant mothers, children, the mentally ill or the elderly, received special attention	2.4.2.1. Procedures are in place for the care of patients who are terminally ill
		2.4.2.2 The manager of the health establishment ensures that where patients require observation for 72 hours the Mental Health Care Act No 17 of 2002 is complied with
		2.4.2.3 Frail and aged patients receive risk assessments, special observations and care as needed
		2.4.2.4 Patients belonging to high-risk groups, including violent, suicidal and mentally challenged patients, are kept safe

Sub-domain	Standard	Criteria
		2.4.2.5 High risk maternity patients are kept safe
		2.4. 2.6 Newborns and children are kept safe and secure
	2.4.3 Safety protocols are in place to protect patients undergoing high risk procedures such as surgery, medication administration, blood transfusions or resuscitations	2.4.3.1 Patients transferred between departments and to other health establishments are kept safe
		2.4.3.2 Appropriate safety measures are carried out in the operating theatre before and during surgery
		2.4.3.3 The safety of patients requiring resuscitation is assured
		2.4.3.4 The safety of patients receiving medication is assured
		2.4.3.5 Blood and blood products are administered safely
		2.4.3.6 Appropriate safety measures are in place for acutely ill patients in intensive care units
2.5 Adverse Events	2.5.1 Adverse events or patient safety incidents are promptly identified and managed to minimise patient harm and suffering	2.5.1.1 The health establishment's adverse events policy and procedure is available and in place
		2.5.1.2 The health establishment actively encourages reporting of adverse events
	2.5.2 Adverse events are routinely analysed and managed to prevent recurrence and learn from mistakes	2.5.2.1 A system is in place to monitor adverse events and carry out control measures
		2.5.2.2. Recommendations to prevent adverse events recurring are implemented and monitored
		2.5.2.3 Staff are constantly aware of risks in the environment
		2.5.2.4 The number of adverse events in the health establishment is monitored against relevant targets
2.6 Infection prevention and control	2.6.1 An Infection Prevention and Control Programme is in place to reduce health care associated infections	2.6.1.1. An infection prevention and control policy outlines the health establishment's approach to managing health care associated infections
		2.6.1.2 A qualified health professional is responsible for infection control
		2.6.1.3 A formal surveillance and reporting system is in place
		2.6.1.4 A formal system is in place to monitor infection prevention and control and ensure appropriate actions are taken to minimise infection rates
		2.6.1.5 The health establishment reports health care associated infections and notifiable diseases to appropriate public health agencies
		2.6.1.6 Staff and patients and, as appropriate, family and other caregivers, are educated on infection control practices

Sub-domain	Standard	Criteria
	2.6.2 Specific precautions are taken to prevent the spread of respiratory infections	2.6.2.1 A programme for the prevention and control of respiratory infections is in place (eg for tuberculosis)
	2.6.3 Standard precautions are applied to prevent health care associated infections	2.6.3.1 Standard precautions to prevent health care associated infections are actively implemented and applied in all clinical areas of the health establishment
		2.6.3.2 Sharps are safely handled and disposed of
		2.6.3.3 Effective hand washing is used to limit the spread of health care associated infections
		2.6.3.4 Appropriate facilities are provided for patients with hazardous infections to reduce the risk of transmission
		2.6.3.5 Equipment used by infected patients is safely disinfected
	2.6.4 Strict infection control practices are observed in the designated infant feed preparation areas	2.6.4.1 Infant feeds are prepared to ensure safety of infants



DOMAIN 3: CLINICAL SUPPORT SERVICES

Domain 3: Clinical Support Services

Clinical Support Services covers specific services essential in the provision of clinical care and includes the timely availability of medicines, and efficient provision of diagnostic, therapeutic and other clinical support services and necessary medical technology, as well as systems to monitor the efficiency of the care provided to patients.

Sub-domain	Standard	Criteria
3.1 Pharmaceutical services	3.1.1 Pharmaceutical services are licensed and are supervised by a registered pharmacist	3.1.1.1 The pharmacy is licensed by the Director General of the National Department of Health
		3.1.1.2 The pharmacy is registered with the South African Pharmacy Council (SAPC)
		3.1.1.3 A responsible pharmacist is in post and registered with SAPC
	3.1.2 Medicines and medical supplies are in stock and their delivery is reliable	3.1.2.1 All essential medicines are in stock (in accordance with applicable Essential Drugs List or formulary)
		3.1.2.2 Medical supplies required to care for patients are in stock
		3.1.2.3 Supply and delivery of medicines complies with contractual obligations
		3.1.2.4 Supply and delivery of medical supplies comply with contractual obligations
		3.1.2.5 Access to medicines is ensured during the health establishment's operating hours
		3.1.2.6 Health professionals can access medicines when required urgently after hours
	3.1.3 Stock levels and storage of medicines and medical supplies are managed appropriately	3.1.3.1 Medicines are stored in compliance with the Pharmacy Act, Medicines and Related Substances Act, and relevant rules and regulations
		3.1.3.2 An up-dated computerised or manual (stock cards) inventory management system medicines is in place
		3.1.3.3 Schedule 5 and 6 medicines are controlled and distributed in accordance with the Medicines and Related Substances Act and Good Pharmacy Practice Guidelines
		3.1.3.4 Medical supplies comply with medicine supply management principles
		3.1.3.5 An up-dated computerised or manual (stock cards) inventory management system for medical supplies is in place
	3.1.4 Medicines are prescribed according to treatment guidelines and patients are educated to understand how and when to take them	3.1.4.1 There is a functional Pharmaceuticals and Therapeutics Committee in the health establishment or the district
		3.1.4.2 Medicine is dispensed in compliance with the Pharmacy Act (53 of 1974), Medicines and Substance Act (101 of 1965) and relevant regulations
		3.1.4.3 Advice is given to ensure patients adhere to therapy
		3.1.4.4 Prescribing complies with applicable guidelines and policies

Sub-domain	Standard	Criteria
	3.1.5 Reactions to drugs or severe side effects are reported and the patient is properly cared for.	3.1.5.1 A clear system is in place to manage adverse drug reactions
3.2 Diagnostic services	3.2.1 Laboratory services are available and provide accurate results within agreed timescales	3.2.1.1 Laboratory services are available and results provided within agreed timescales
		3.2.1.2 The diagnostic laboratory results are accurate and reliable
		3.2.1.3 The laboratory and its staff have the equipment, consumables and protective gear needed to function effectively
	3.2.2 X-ray services are available and provide good quality reports or results within agreed timescales, and staff are protected from unintentional exposure	3.2.2.1 Radiology and related services (e.g. ultrasonography) are available and provided within agreed timescales
		3.2.2.2 Staff and patients are protected from unnecessary exposure
		3.2.2.3 Films and reagents are stored and disposed of according to guidelines
3.3 Therapeutic and support services	3.3.1 Blood for transfusion is available within an acceptable time	3.3.1.1 Blood and blood products are available to support care
	3.3.2 Rehabilitation and social support services are available where needed by the respective/relevant, professional staff	3.3.2.1 Patient treatment is holistic and includes comprehensive multi-disciplinary therapeutic programmes
		3.3.2.2 Patients are rehabilitated according to local clinical protocols, and receive required assistive devices
		3.3.2.3 Patients with existing or potential disabilities are referred as necessary, according to local clinical protocols
		3.3.2.4 Patients requiring social support are assessed, treated and referred according to local clinical protocols
3.4 Health technology	3.4.1 Medical equipment for safe and effective patient care is available and functional	3.4.1.1 Medical equipment meets minimum requirements for the appropriate level of care
	3.4.2 Staff are trained in the correct use of medical equipment	3.4.2.1 Staff are able to correctly use the medical equipment in the unit
	3.4.3 Medical devices are maintained to ensure safety and functionality	3.4.3.1 Critical devices are maintained to manufacturer requirements

Sub-domain	Standard	Criteria
3.5 Sterilisation services	3.5.1 Decontamination and sterilisation services are available and effective	3.5.1.1 A system is in place for decontamination of surgical instruments
		3.5.1.2 Suitably qualified staff manage the sterilisation department
		3.5.1.3 Clear lines of accountability exist for the decontamination cycle
		3.5.1.4 Sterilisation equipment meets legislative requirements
		3.5.1.5 All sterilisation failures are monitored
3.6 Mortuary services	3.6.1 The mortuary has adequate storage and refrigeration	3.6.1.1 Policies and procedures guide all aspects of storage, removal and transportation of bodies
		3.6.1.2 Equipment for storage and transportation of bodies meet environmental hygiene standards
		3.6.1.3 Mortuary staff wear protective gear to prevent accident, injury or infection
3.7 Clinical Efficiency Management	3.7.1 Clinical efficiency management systems ensure patients receive adequate, safe, quality health care	3.7.1.1 Effective and efficient case management systems are in place
		3.7.1.2 A process is in place to manage financial risks for payment of care and to protect patients from unnecessary costs
		3.7.1.3 Billing and case management systems ensure patients are not overcharged and can access benefits



Domain 4: Public Health

Public health covers how health facilities should work with NGOs and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications; and ensure that integrated and quality care is provided for their whole community, including during disasters.

Sub-domain	Standard	Criteria
4.1 Population-based planning and service delivery	4.1.1 Communities, as well as other government departments and sectors are involved in the planning and delivery of local health services	4.1.1.1 Feedback and forums are used to involve the public in the health establishment's planning
		4.1.1.2 Management identify community health needs, poor health outcomes and reduced access in their catchment area or population
		4.1.1.3 Management works with local and district planners to improve the population's health status through the district or local health plan
		4.1.1.4 Management collaborates with relevant government entities or departments to identify social determinants of disease
		4.1.1.5 Management collaborates with relevant authorities and stakeholders to ensure the establishment is accessible and clearly signposted
	4.1.2 Different health authorities work together effectively to improve service delivery to the community	4.1.2.1 Management collaborates with other relevant health services (e.g. ambulance services and private health providers) to deliver seamless services
4.2 Health promotion and disease prevention	4.2.1 Health promotion and the prevention disease or of its further progression are emphasised as part of patient care	4.1.2.2 Health establishment staff provide outreach services to facilities, organisations and patients in their catchment area
		4.2.1.1 The health establishment provides health promotion and other disease prevention activities among at risk patients
		4.2.1.2 The health establishment provides effective treatment which avoids complications to at-risk patients
		4.2.1.3 The health establishment provides effective rehabilitation for at-risk patients
		4.2.1.4 The health establishment supports and/or participates in relevant community health promotion initiatives

Sub-domain	Standard	Criteria
4.3 Health emergencies and disaster preparedness	4.3.1 Emergency plans exist to protect public safety if there are significant disease outbreaks or other health emergencies	4.3.1.1 Inter-sectoral plans for responding to possible health emergencies and disease outbreak are annually reviewed and updated
		4.3.1.2 The health establishment can demonstrate its capacity to respond promptly and effectively to disease outbreaks
		4.3.1.3 The health establishment has an annually updated disaster management plan, which includes health emergencies
4.4 Environmental controls	4.4.1 Regulatory controls are in place to limit environmental damage and public health risks	4.4.1.1 The incinerator complies with environmental regulations
		4.4.1.2 The incinerator emissions comply with license and registration requirements
		4.4.1.3 Procedures ensure that toxic chemicals, radioactive waste and expired medicines are disposed of safely





DOMAIN 5: LEADERSHIP AND GOVERNANCE

Domain 5: Leadership and Governance

The **Leadership and Governance** domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management, supported by the hospital board, clinic committee as well the relevant supervisory support structures and includes the strategic functions of communication and quality improvement.

Sub-domain	Standard	Criteria
5.1 Oversight and accountability	5.1.1 The national / provincial department or parent company oversees and supports the hospital or clinic.	5.1.1.1 The Auditor General monitors compliance of the establishment <i>* only applicable to the public sector</i>
		5.1.1.2 The provincial department or parent company provides guidance to the health establishment on matters related to governance
	5.1.2 A functional governance structure is in place	5.1.2 A governance structure is in place and functional at the health establishment (i.e. Hospital Facility Board, Community Health Forums and/or private sector equivalent)
	5.1.3 The governance structure ensures quality care and good management is provided	5.1.3.1 The governance structure ensures the strategic direction meets stakeholder needs
		5.1.3.2 The governance structure ensures quality of care, including patient safety, is properly monitored
		5.1.3.3 The governance structure ensures the health establishment's risks are identified and managed
		5.1.3.4 The governance structure ensures the financial sustainability of the health establishment
		5.1.3.5 The governance structure ensures the health establishment's human resources are effectively managed and developed
		5.1.3.6 The governance structure monitors senior management performance and compliance with ethical business practice
5.2 Strategic management	5.2.1 The management structure is appropriate for the health establishment and has the authority to ensure efficient service delivery	5.2.1.1 The health establishment has an appropriate management structure in place and is familiar to all staff
		5.2.1.2 The delegation of authority for the health establishment's manager details limits of authority
		5.2.1.3 Delegations of authority for financial, human resources and other processes are clearly documented and followed
	5.2.2 Strategic plans set key priorities and operational plans show how the targets will be achieved	5.2.2.1 A comprehensive strategic plan is in line with national/provincial or parent company strategic plans
		5.2.2.2 Operational plans are in line with strategic plans so as to meet service delivery objectives

Sub-domain	Standard	Criteria
	5.2.3 Budget allocations and staffing ensure services can be delivered as planned	5.2.3.1 The annual budget is developed as part of the strategic and operational plan to meet agreed priorities using available resources and capacity
		5.2.3.2 Efficiencies and savings are identified and included in the budget
		5.2.3.3 The human resource allocation plan ensures sufficient staff to meet the health establishment's agreed service levels
	5.2.4 Senior managers monitor and evaluate operational plans to ensure the health establishment's targets are met	5.2.4.1 The health establishment's performance is monitored against key objectives in the operational plans
		5.2.4.2 Internal and external financial audits are carried out annually
5.3 Risk management	5.3.1 Risks are regularly analysed and controlled	5.3.1.1 Risks are actively monitored and managed to minimise or eliminate risk where possible
	5.3.2 Medico-legal incidents and cases are properly managed	5.3.2.1 The establishment has appropriate insurance or other cover for medico-legal incidents and damages claims
5.4 Quality improvement	5.4.1 A quality improvement system is in place and monitored for effectiveness	5.4.1.1 A committee guides and coordinates the quality assurance system
		5.4.1.2 Actions are taken on all quality improvement needs and their implementation is monitored
5.5 Effective leadership	5.5.1 Senior managers make sure that plans are implemented and targets are met	5.5.1.1 Key senior positions are filled by persons with appropriate competencies, qualifications, experience and knowledge
		5.5.1.2 Each senior manager's responsibilities are defined in a current job description
		5.5.1.3 Performance management of senior managers is in line with strategic and operational plans
	5.5.2 Senior managers' actions demonstrate their leadership and values	5.5.2.1 Senior managers provide positive role models
		5.5.2.2 Leadership development is actively supported at all levels
5.6 Communications and public relations	5.6.1 Staff are involved in improving services and are kept informed about these efforts	5.6.1.1 A communication strategy ensures staff are informed about all relevant issues within and affecting the health establishment
		5.6.1.2 Staff actively participate in decisions about quality in the health establishment

Sub-domain	Standard	Criteria
	5.6.2 Public relations staff provide the public and the media with accurate and appropriate information when needed	5.6.2.1 A communication strategy ensures that the public are informed about all relevant issues within and affecting the health establishment
		5.6.2.2 A member of staff is responsible for performing the functions of communication officer
		5.6.2.3 Information about the health establishment, health-related issues, public concerns and queries is released in a timely and appropriate manner
		5.6.2.4 All publicity and information material includes up-to-date contact details and the customer call-centre number
		5.6.2.5 The health establishment does not divulge confidential information or patient identifiable data without prior consent (as per legislation)
		5.6.2.6 Access to information conforms to Section 51 of the Promotion of Access to Information Act 2 of 2000 through an accessible PROATIA Manual



DOMAIN 6: OPERATIONAL MANAGEMENT

Domain 6: Operational Management

Operational management covers the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and of information and records

Sub-domain	Standard	Criteria
6.1 Human resource management and development	6.1.1 Staff is managed efficiently and fairly, and recruitment, administrative and registration processes ensure safe and effective service delivery	6.1.1.1 The health establishment has the most up to date human resource policies and relevant legislation
		6.1.1.2 An approved staffing plan is in place, in accordance with occupancy rates, utilisation rates and patient profiles
		6.1.1.3 The health establishment follows staff recruitment and selection procedures
		6.1.1.4 Health professionals are registered and provide clinical services consistent with their qualifications
		6.1.1.5 Staff absenteeism, turnover and vacancy rates are monitored to identify and address trends
		6.1.1.6 A human resource retention strategy ensures adequate and motivated staff
	6.1.2 Staff performance is regularly reviewed against job descriptions or performance plans to ensure these are achieved	6.1.2.1 Staff responsibilities are defined in current job descriptions
		6.1.2.2 Staff are involved in periodic reviews to appraise their performance and set objectives and targets
	6.1.3 Labour Relations policies are supported by sound employee relations to protect employee and employer rights	6.1.3.1 Labour Relations policies recognise employees' and employers' rights and are applied fairly and consistently
	6.1.4 A comprehensive programme for staff training and continuing professional development is in place	6.1.4.1 Staff are briefed on the health establishment and their specific responsibilities
		6.1.4.2 Staff receive ongoing in-service education according to their roles and responsibilities
6.2 Staff welfare and employee wellness	6.2.1 Staff health and welfare is actively promoted	6.2.1.1 There is a zero-tolerance policy on violence and abuse towards staff and action is taken to support this
		6.2.1.2 Staff health and healthy lifestyle initiatives are promoted and supported
	6.2.2 Staff are protected from workplace hazards through effective occupational health and safety systems	6.2.2.1 Responsibilities under the Occupational Health and Safety Act are in writing
		6.2.2.2 An active Health and Safety Committee ensures a safe working environment
		6.2.2.3 A medical surveillance plan is in place for at-risk staff, based on health risk assessments
		6.2.2.4 Measures are in place to minimise critical occupationally acquired injuries and diseases

Sub-domain	Standard	Criteria
6.3 Financial management	6.3.1 Expenditure is managed and monitored to ensure efficiency within legal frameworks	6.3.1.1 All financial processes are in line with the Public Finance Management Act or Generally Accepted Accounting Principles
		6.3.1.2 Procedures ensure that expenditure meets defined service needs for staff and other inputs
		6.3.1.3 Analysis of actual spend against budgets ensures continuity of services and prompt payment of suppliers
6.4 Supply chain and asset management	6.4.1 All tendering and purchasing is transparent and fair and reflects planned needs and budgets	6.4.1.1 Asset and equipment needs are identified in the annual plans and budgets and incorporated into procurement plans
		6.4.1.2 Transparent policies and procedures limit influences on purchasing decisions are enforced through transparency and segregation of duties
		6.4.1.3 All local tendering and contracting processes comply with relevant legislation
	6.4.2 Assets are properly registered, managed and controlled to maximise use and reduce losses	6.4.2.1 A complete, accurate and updated asset register is available
		6.4.2.2 Maintenance and disposal of assets is managed effectively and efficiently
		6.4.2.3 Assets are monitored and variances addressed
		6.4.2.4 Risk of loss or theft is identified and managed
	6.4.3 Contracts for the supply of goods and services are managed and monitored to ensure performance, quality and value-for-money	6.4.3.1 All contract management processes comply with relevant legislation or policies
		6.4.3.2 Management proactively monitors contracts to ensure compliance by all parties
		6.4.3.3 Prompt action is taken should contractors fail to deliver against their service level agreements
	6.4.4 Stock and suppliers are efficiently managed to ensure supplies meet planned service needs at all times	6.4.4.1 Designated suppliers adhere to contractual obligations
		6.4.4.2 An up-dated computerised or manual (stock cards) inventory management system for supplies is in place
6.5 Transport and fleet management	6.5.1 The availability and safety of vehicles are assured through proper maintenance, licensing of drivers and monitoring of utilisation	6.5.1.1 All vehicles owned or used by the health establishment are licensed and maintained
		6.5.1.2 The health establishment ensures that all employed or contracted drivers have an appropriate licence.
		6.5.1.3 Transport use is recorded and monitored to prevent misuse of vehicles

Sub-domain	Standard	Criteria
6.6 Information management	6.6.1 A health management information system collects, stores and provides data to meet management’s needs	6.6.1.1 Staff have adequate IT hardware, skills and support to effectively use the systems provided
		6.6.1.2 Computerised systems are functional and used where available
		6.6.1.3 Contingency plans for system failure or other challenges are available and known to staff and managers
	6.6.2 Management uses information to inform decision-making and planning	6.6.2.1 The health establishment submits clinical, managerial and administrative information as required
		6.6.2.2 Managerial, clinical and administrative information is used to support decision-making and planning
	6.6.3 Confidential information is handled in line with data protection policies and legislation	6.6.3.1 Patient, personnel and other confidential records are archived securely and only accessed by authorised personnel
		6.6.3.2 Procedures for the disposal of confidential waste are followed
6.7 Medical Records	6.7.1 Patient information is accurately and completely recorded according to clinical, legal and ethical requirements	6.7.1.1 Patient records are complete and contain all legal and statutory requirements
		6.7.1.2 Patient’s records are managed confidentially
	6.7.2 An efficient system is in place to archive and retrieve medical or patient records	6.7.2.1 Dedicated, trained staff and appropriate systems are in place to manage the record archive
		6.7.2.2 Processes and infrastructure for filing and retrieval of patient files ensure effective and efficient services



Domain 7: Facilities and Infrastructure

The **facilities and infrastructure** domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment), functional, well managed hotel services and effective waste disposal.

Sub-domain	Standard	Criteria
7.1 Buildings and grounds	7.1.1 The building meets all applicable regulations	7.1.1.1 The health establishment has been licensed annually against the R158 or R187 regulations <i>* only applicable to the private sector</i>
		7.1.1.2 The health establishment complies with infrastructure standards <i>* only applicable to the public sector</i>
	7.1.2 Infrastructure is appropriately used according to level of care	7.1.2.1 Available facilities are regularly checked to ensure they are fit for purpose
		7.1.2.2 The health establishment layout is planned or adapted to ensure it meets service and patient needs
	7.1.3 Waiting areas are convenient and provide adequate shelter and seating for patients	7.1.3.1 Waiting areas are appropriately located and adequate for the number of patients using them
	7.1.4 Buildings are safe and adequately maintained	7.1.4.1 The health establishment holds regular, documented and comprehensive inspections of its physical facilities
		7.1.4.2 Maintenance is carried out promptly and efficiently by qualified personnel
	7.1.5 The health establishment is organised, furnished and equipped to meet patient needs and comfort	7.1.5.1 All areas are adequately furnished and provide an acceptable environment for patient care
	7.1.6 Grounds are maintained to be safe and orderly	7.1.6.1 A regular maintenance programme ensures grounds are safe and attractive
		7.1.6.2 All pedestrian and vehicular access routes are maintained to ensure the smooth running of the health establishment
		7.1.6.3 Emergency vehicle access roads are kept clear
7.2 Machinery and utilities	7.2.1 Electrical power, water, sewerage and other internal bulk supply systems meet the needs of the establishment	7.2.1.1 Site and floor plans show the location and layout of the main services (e.g. water, sanitation and electricity)
		7.2.1.2 Routine and emergency electrical power services meet the needs of the health establishment
		7.2.1.3 Routine and emergency water supplies meet the needs of the health establishment
		7.2.1.4 The sewerage disposal system is functional and properly maintained

Sub-domain	Standard	Criteria
		7.2.1.5 Appropriate ventilation is provided in theatres, patient accommodation and waiting areas
		7.2.1.6 Routine and emergency medical gas and vacuum systems meet the needs of the health establishment
	7.2.2 Operational plant, machinery and equipment is well maintained, fully functional and complies with regulations	7.2.2.1 Operational plant, equipment and installations are tested and properly maintained
		7.2.2.2 The operational plant, machinery and equipment is upgraded, replaced, decommissioned and disposed of according to a documented system
	7.2.3 A reliable internal and external telephone system provides routine and emergency back-up communication	7.2.3.1 The telephone system is functional and reliable
		7.2.3.2 A functional back-up system ensures communication if the telephone system fails
		7.2.3.3 Private telephone facilities are available for communicating confidential information
	7.2.4 A functional public communication system allows communication throughout the health establishment in the event of an emergency	7.2.4.1 A system is in place for alerting occupants in the event of an emergency
		7.2.4.2 Staff are briefed to react to emergency warnings
		7.2.4.3 All beds and ablution facilities have an emergency call system to alert the nursing staff
7.3 Safe and secure environment	7.3.1 People and property are actively protected from safety and security risks	7.3.1.1 Security systems safeguard the building, patients, visitors and staff
		7.3.1.2 The layout of security systems protect vulnerable patients
		7.3.1.3 Adequate internal and external lighting protects patients, visitors and staff
		7.3.1.4 All security incidents are reported and addressed
		7.3.1.5 Safety and security awareness is promoted among staff
		7.3.1.6 Current Local Fire Authority certificates show the health establishment complies with relevant fire safety regulations
		7.3.1.7 An emergency plan is available to show that patient well-being is protected at all times
7.4 Hygiene and cleanliness	7.4.1 The buildings and grounds are kept clean and hygienic to maximise safety and comfort	7.4.1.1 The health establishment is kept clean, including critical areas of public use (especially toilets) and areas for patient care
		7.4.1.2 Appropriate cleaning materials and equipment are available, and properly used and stored

Sub-domain	Standard	Criteria
		7.4.1.3 Pests are controlled in internal and external areas, and infestations are dealt with promptly and effectively
		7.4.1.4 There is a no smoking policy
7.5 Waste management	7.5.1 Waste management in the health establishment and surrounding environment complies with legal requirements, national standards and good practice	7.5.1.1 There is a current waste management policy and procedure
		7.5.1.2 A designated and knowledgeable staff member ensures compliance with relevant waste management legislation and standards
	7.5.2 Health care risk waste (HCRW) is handled, stored and disposed of safely to reduce potential health risks and to protect the environment	7.5.2.1 The health establishment reviews its HCRW management every two years to identify the hazardous waste it generates and establish processes for its safe management
		7.5.2.2 Documented policies and procedures are available for the collection, handling, segregation, storage and disposal of HCRW
		7.5.2.3 A contract and service level agreement is in place with an approved and legally compliant waste removal service provider
		7.5.2.4 There are sufficient, accessible and appropriate waste disposal containers to handle all the HCRW generated
		7.5.2.5 Anatomical waste is disposed of legally while taking into account cultural preferences
	7.5.3 Management of general waste (e.g. office, kitchen, garden or household waste) ensures general cleanliness and the safety of staff and patients	7.5.3.1 General waste is stored and transported appropriately and securely, and removed promptly
		7.5.3.2 Sufficient numbers of suitable containers are conveniently located to allow safe disposal of waste
7.6 Linen and laundry	7.6.1 Linen and laundry services meet the needs of the hospital or clinic and safety standards	7.6.1.1 The laundry service is effectively managed and delivered (on-site or out-sourced) to meet the needs of the health establishment and laundry standards
		7.6.1.2 All laundry is handled in line with infection control and safety requirements
		7.6.1.3 The laundry has suitable equipment to meet the needs of the health establishment
		7.6.1.4 Adequate stocks of linen are maintained to ensure that items are always available

Sub-domain	Standard	Criteria
7.7 Food services	7.7.1 Food services are provided to meet patients' needs as well as safety standards	7.7.1.1 Policies and procedures guide all aspects of food procurement, storage, preparation and serving
		7.7.1.2 Food services are effectively managed and delivered (on-site or out-sourced) to meet the needs of the health establishment
		7.7.1.3 Patients are satisfied with food quality and presentation
		7.7.1.4 Food services provide patients with adequate and nutritious food and drink
		7.7.1.5 Policies and procedures are in place for infection control, safety and food hygiene
		7.7.1.6 Food services meet patients' cultural, religious and dietary needs
		7.7.1.7 Equipment for the safe preparation of food is available
		7.7.1.8 Kitchens meet hygiene and environmental health standards

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