

# **Developing Health Facility Improvement Plans [HFIP] for an initial set of hospitals and community health centres**

## **1. INTRODUCTION**

The Department is initiating a process of measuring and benchmarking the performance of health facilities against a set of core standards. These standards, while covering a broad range of expected performance, will weight those areas concerned with the basic safety and rights of patients as well as essential management responsibilities. The results are intended to be used as a tool to enable facility managers and management teams, within their broader ongoing service delivery efforts, to design and implement plans for improvement, focussed on the areas of most concern for their institution. Areas of acceptable or excellent practice identified through the process will serve as benchmarks or examples for others. The uniform, comparable and detailed results will assist managers at all levels to better assess management capacity and its detailed work, using the performance of individual facilities also to mirror local initiative against the performance of the health system as a whole.

Over the years there have been numerous attempts to address health system problems in various facilities with mixed outcomes. There are many initiatives that provinces have successfully experimented with in their ongoing attempts to address quality of care and ensure the most effective operation of their hospitals. Many of these programmes are already producing remarkable results. However, there are still serious concerns or perceptions expressed by many stakeholders regarding the quality and effectiveness of care delivered and the efficiency with which resources are used.

Taking these concerns into account, teams from national and provincial departments will be focussing their support on the initial set of 28 hospitals and 4 Community Health Centres where Rapid Appraisals of performance against core standards have been conducted. This document outlines the Department's proposal on how best to assist those hospitals where areas of concern are identified by the rapid appraisal to move rapidly to improve their performance.

Based on previous work in South Africa as well as international experience, we anticipate that many of the problems identified will reflect challenges in the way work is organised rather than being due entirely (or even significantly) to resource constraints. In simultaneously identifying and highlighting best practices achieved by similarly-resourced institutions, the support teams will assist management to maximise the available resources as best as we can.

A further strategic principle we are basing this work on is the focus on a limited number of "rapid results". Through identifying and focussing on a manageable number of concrete outputs, albeit within a larger overall plan, well-constituted teams have been shown in many projects to achieve significant progress in unblocking constraints, even within complex environments. The outcome will justify this work as a preliminary contribution to addressing more complex problems faced by different institutions.

## **2. BACKGROUND**

### **2.1 Initiatives and results**

There have been many initiatives that both NDoH and provinces have employed to improve performance of health facilities. Key among them are the Hospital Revitalisation Programme, Hospital improvement plans, Modernisation of Tertiary Services, Cost Centre Accounting and the MPH management development programme. There were remarkable successes with some, while others were ground breaking work pointing to the future. What seems to be common is the resolve to mobilise resources adequately at local level to address the evidence shown recommendations in these document.

#### **Hospital Improvement Plans**

These plans were developed in 2006 for implementation at various hospitals. This initiative succeeded in raising awareness around the priority areas in hospitals, and focussed on many of the smaller “soft” issues like cleanliness, linen, catering, etc. What was less successful however was the attempt to tackle a wide range of disparate problems in all 400 hospitals across the country. The limited support available from the national and provincial departments was not able to tailor individualised responses to the specific challenges of each province and each hospital; or to sufficiently recognise and address blockages occurring beyond the competency of the hospital manager to address (for instance delegations, procurement support etc). What was learnt from this exercise has informed us on the methodology to be used to tackle challenges in health facilities.

#### **Revitalisation**

This programme has been in existence for five years. It has achieved a significant impact in its short period in existence. The service platform review in this programme offers most provinces an opportunity to address systematically issues within the hospital operational environment. The four

pillars of this programme (physical facility revitalisation, appropriate Health Technology, Organisational Development and Quality Assurance) if addressed properly make a telling story for service delivery transformation.

However it has been realised that the lessons in some provinces are not encouraging, often due to the failure to address all the four pillars of the programme, leading in some cases to a good building but with no impact on service delivery; or conversely to service improvements getting “backed up” behind building delays. In addition, problems with the integration of this programme have led to discussions on the wisdom of implementing various programmes separately. The hospital sector needs to address urgently more integrated procurement methods (coordinating and leading the processes both within health at different levels and also with outside players especially Public Works) and the financial resources to increase impact and number of projects.

#### Modernisation of Tertiary Services (MTS)

This extensive study interrogated the current provision of the tertiary services in the country, and made wide-ranging proposals to improve both efficiency and equity. This study has outlined the systemic way in which hospitals need to be strengthened and the costs of this. The biggest issue has been to mobilise sufficient resources to address the recommendations of this study.

#### Other initiatives

There are various other initiatives such as the MPH programme for managers and Cost Centre management that have shown acceptable progress. There are several projects in different provinces supported by development partners all aiming to achieve improved hospital managements and performance; while the NGO COHSASA has been contracted by some provinces and has accredited a limited number of hospitals over the past 10 years. The urgent need for improved information is also now starting to be more systematically addressed: a

national Minimum data set is regularly monitored and an Electronic Patient record is in the pipeline.

## **2.2 Challenges / problem statement**

In summarising the lessons from experience to date, we have identified the ambitious nature of previous improvement plans that were spread over many areas and facilities as one of the areas where we are trying a different approach. We intend through this to strengthen support that might otherwise be too diluted and ensure better follow-through. We are also trying to facilitate maximal coordination and synergy among different initiatives that are happening at facility level. This includes clarifying the roles of provincial (and even national) programmes in enhancing facility performance.

Management at all levels is currently unable to clearly rate both the performance of those they are responsible for as well as their own performance, in order to implement or monitor needed improvements. This can have several unfortunate results: significant improvements and successes may go unrecognised, hard work may appear to bring no demonstrable benefits compared to doing as little as possible; while serious failings can simply be covered up or passed on to someone else to sort out.

## **3. Rationale for the approach**

Our approach aims to address the key challenges identified above through a standardised appraisal process, a phased approach to bringing facilities into the process, an integrated approach between the appraisal and the improvement plans as well as between the national and provincial support, and a focus on the involvement of local management and staff.

### **3.1 Common standards and establishing a baseline**

As set out in the Framework documents for the Core Standards, the proposed appraisal aims to provide objective and comparable measurements of the performance of health facilities against a set of core national standards, with a focus on the areas relating to basic patient safety and dignity, and essential management activities.

The standards have been developed within seven core “domains” aligned with hospital management areas, covering safety; clinical care; governance; patient perceptions and experience of care received; access to care; infrastructure, environment and facilities management; and health promotion, prevention and public health. Within these, critical action areas have been identified and standards and criteria for assessment developed, using existing national policies and guidelines to establish the expected best practice.

Through a structured baseline assessment of an initial group of hospitals and CHCs using a rapid appraisal methodology, comparison between the various facilities and also within facilities over a period of time will be possible. The reports from the appraisal will enable us to identify:

- Areas of weakness, especially where patient safety or basic human rights are at risk or management is seriously compromised
- Areas which can potentially give rise to problems and where action and monitoring are indicated
- Areas of good performance or best practice where standards are met and which can be replicated in various facilities.

The findings will be of immediate use in recognition of best practice and benchmarking of performance. They will also inform the development and implementation of improvement plans to close the identified gaps. Once action to correct these situations has been initiated, close monitoring of performance against the standard will be needed.

### **3.2 The focus on an initial group of facilities**

This process builds on and strengthens work done over the past few years in improving hospital services (the Hospital Improvement plan; the Revitalisation of Hospital services, the reconfiguration of tertiary services and the monitoring of a Minimum data set).

While recognising that the Department of Health and the provincial Departments are accountable for ensuring the delivery of quality services in all establishments, this proposal deliberately targets a small selected group of hospitals and will focus on these first. Once the effectiveness of the evidence-based planning process and the enhanced management accountability have been established, the process will be progressively rolled out to all establishments.

With regard to district services, some baseline data on performance do become available annually through the National Primary Health Care Facilities Survey conducted by the Health Systems Trust; as well as through the DHIS. Through including a limited number of CHCs at this stage, and covering the relationships between them and the hospitals they refer to, the information from the PHC Facilities Audit, the work underway on Referral systems as well as other sources, will be used / complemented to ensure that core national standards are assessed.

### **3.3 An Integrated Approach**

An integrated Health Planning and Monitoring project that clearly shows the link between assessment and improvement of performance that is rolled out in phases.

Core standards and appraisal	Facilities (Hospitals, CHC's)
<p>Within the 7 core domains and the most critical areas, develop core standards and criteria.</p> <p>Conduct a rapid appraisal of these using questionnaires and indicators.</p>	<p>Identify an initial group of facilities for the rapid appraisal.</p> <p>Where results demonstrate the need, develop an improvement plan addressing the most critical concerns.</p>
<p>Review the Standards and Appraisal methodology.</p> <p>Progressively expand the Appraisals to other facilities</p>	<p>Roll out the Facility Improvement support process following the further Rapid Appraisals; based on the lessons with Improvement plans in the first group of facilities</p>

### 3.4 – Focussed support from provincial and national levels

- The development and appraisal of the standards, the development of the improvement plans, and the focus on adequate support and regular monitoring of implementation will be facilitated and pushed from the national level in support of provinces, with close provincial involvement at all stages. Both through the standards themselves and through the implementation support, all programmes and initiatives working to support the selected hospitals will be integrated into the process.
- The health facilities will receive ongoing facilitation from a national-driven team that will oversee the work and ensure progress. This will be an inclusive process with provinces closely involved in hospital operations while empowering health facility management



While there is a need to provide some results in the short term, the need for a long-term commitment from health workers and from management to a “**quality and performance culture**” is absolutely essential for success. The hospital management teams will be the leaders and champions of facilitation to ensure continuity beyond provincial and national support that also can ensure full and committed involvement of all staff. A proactive approach to stakeholder information and involvement will be followed from the start. The involvement of both internal stakeholders and external holders will ensure buy-in and sustained change management.



#### **4. OBJECTIVES OF THE HEALTH FACILITY IMPROVEMENT PLANS**

- To identify the initial set of hospitals and CHCs
- To develop “health facilities improvement plans” for the initial 28 hospitals and 4 CHC’s that respond to the priority problems identified by the rapid appraisal
- To ensure ongoing support and monitoring to the facilities in the implementation of the plans.
- To review the process and then scale-up to other facilities so as to ensure continuity sustainability and provincial and local facility ownership.

#### **5. PROPOSED HOSPITALS**

It is recognised that improving the services offered in hospitals and PHC facilities is our core business and is ongoing in all facilities across the country and these programmes will not in any way be affected by this focussed initiative. It was felt however that previous efforts to achieve universal gains have struggled to ensure adequate capacity and focus.

This proposal puts forward a suggested list of both well-performing as well as less-well-performing hospitals to be included in Phase 1.

### Proposed list of facilities for initial review:

Province	Tertiary hospitals	Regional hospitals	District hospitals	Specialized hospitals	PHC facilities
WC	Groote Schuur / Tygerberg*	JF Jooste			Khayelitsha
NC	Kimberley			West End	
EC	Livingstone	Frere	Butterworth	Komani	Ngqamakwe
FS	Pelonomi	Manapo			
KZN	Ngw elezana	Edendale	Mahatma-Ghandi	Fort Napier	Kw a-mashu
MP	Rob Ferreira	Witbank	Ermelo Themba		
GP	Chris Hani B G. Mukhari	Tembisa		Sizwe	Lillian Ngoyi
LP	Polokwane – Mankweng	Tshilidzini	Jane Furse	Thabo-Moopo	
NW		Mafikeng	Potchefstroom		
TOTAL	9	9	5	5	4

\* NHC to decide which hospital will form part of appraisal

## 6. THE IMPLEMENTATION PLAN

In developing and implementing the Improvement plans, our bias will be towards achieving rapid results using a strategic process change approach to make best use of the resources that are already allocated with each hospital.

The facilitation teams [Team made of NDoH, hospital management and Provincial managers] will support the CEO of each hospital as the champion of the improvement strategy based on actions and "small steps" in the form of concrete results and paced by the management team of each hospital.

Provincial and national facilitation team members will be responsible for identifying and resolving those constraints and blockages that are above the capacity of the facility manager to resolve. They will also be keeping a tab on issues that are to be addressed coming from the rapid appraisal process, within the provincial strategic path.

Each small step achieved will be the result of meeting numerous challenges thus this will be 'voetpaaitjie' whose twists and turns are managed either by provinces or the hospital management.

## **6.1 Facility Support teams**

Hospital and District National Programmes are working closely with the Appraisal team [Located in Office of Standard Compliance] to ensure that they are ready to receive and respond to the Appraisal reports as soon as these are generated. They are also reviewing possible responses to appraisal scores that indicate serious problems so as to prepare for the range of support options that would need to be ready.

Facility Support Teams will take this process forward together with provinces, starting their work approximately 2 weeks after the Appraisal teams have visited a hospital and finalised their report. Support Team members will have the following tasks:

- Assist the hospitals and their provincial managers in reviewing the Appraisal reports and developing specific plans to address any critical problems identified
- Take up the issues which are not within the hospital's / CHC's power to resolve and ensure that the roles of provincial and national departments in addressing these issues is clear
- Together with provinces ensure that hospitals and CHCs receive ongoing encouragement and support (including follow-up visits); and that all monitoring targets are strictly adhered to
- look at areas of alignment between what the facility should achieve for the province and align the red flags from the Appraisal to that strategic focus. (This process will be part of the first workshops held with hospitals to finalise specific hospital implementation plan.)

Their functions are:

- Facilitate implementation per hospital
- Attend facilitation meetings as required
- Compile national report
- Conduct M&E for designated provinces
- Technical and Survey assistance to the provinces.

The ultimate schedule and range of support will be reflected in the Implementation Plan and will take into account the level of resources available to support this work. The composition and areas covered are listed in the table below.

## **6.2 Technical and logistical support from Hospital Services**

The national department hospital services cluster will serve as the backbone of the back office staff that will perform the following:

- Development of standard formats for the whole project [tools, compilation, and typesetting]
- Consolidate all reports for tabling at NHC periodically
- Assist in communication of the activities of the two teams mooted to support provinces.
- Actively correspond with all the hospitals on all the activities agreed and make sure they are done on time.
- Coordination and secretarial support to the two teams identified.

Capacity of the back office staff will be built slowly as the workload increases over the development of the project. The initial back office staff will be composed of two admin officers and six clerks; but will need to obtain further technical support.

## **6.3 Methodology**

The full extent of the methodology will be contained in the final guide line however it is important to outline the principles of the methods to be employed in this project.

**Step 1:** An appraisal team will conduct a rapid review of hospital operation using the seven domains with related priorities at least five per domain. A report will be generated that will categorise the priorities into different categories depending on the extent of achievement in each institution. Their worst outcome on these priorities will be the basis of formulation of the implementation plan.

**Step 2:** The report generated by the appraisal team will be the basis of finalising the range of support the facilitation team will use to finalise an implementation plan for each hospital. Jointly the facilitation team and the hospital management will be involved in a workshop to align the priority outcome with the provincial APP. The outcome of this workshop will be a well thought through implementation plan.

**Step 3:** The CEO with their management will execute the implementation plan. They're suggested milestone review interval within the management will be biweekly. The Facilitation team will review the milestones weekly and send feedback to each hospital. The monitoring meeting and feedback to all staff of the hospital will be every six weeks, and will be done jointly by hospital management and the facilitation team.

## **6.4 Review and Scale-up**

Once the improvement plans have commenced implementation, a review will be conducted to assess strengths and weakness in the process followed to date and to identify where blockages still remain to supporting the process within the hospitals and CHCs, with a view to corrective action at all levels.

This review will also be focussed on planning for the next phase in this appraisal and improvement process by developing a robust system that will enable progressive scale-up. There are several initiatives already underway

that could serve to facilitate this process, within the already accepted need to strengthen integration of projects as much as possible.

As there are many projects that support hospital and PHC management and delivery, an updated list of which facilities are covered by which programme in each province is a pre-requisite. Some immediate examples are: Revitalisation, Hospital management training, direct support projects (Italians, French, EU), other twinning arrangements, the BTS project, COHSASA contracts, PHC projects (referrals, Youth Friendly services, ARV sites etc.)

- The Department of Health (national and provincial) needs to understand whether these are initiatives are similar or related to the Core Standards and Improvement projects and review whether they could assist our current process in terms of inputs, capacity or resources as well as the envisaged scale-up.
- They should also themselves be able to draw from the work underway in the Core Standards development and the Phase 1 Facility Improvement plans, rather than either duplicating or contradicting our approach.
- Given their involvement with different facilities, they would also be able to assist us to assess whether any of the facilities they are familiar with are in serious need of review and support. From this information, facilities that could or should be part of our scale-up to the next set of facilities can be identified.