

## *Public health facilities in a dire state*

A POISONOUS snake slithering through a district hospital, badly cracked walls and rooms filled to the roof with broken equipment were some of the challenges facing researchers as they conducted the first national audit of public health facilities. For most of last year, 20 data collection teams visited 3 880 public health facilities throughout the country, ranging from tiny clinics to national central hospitals. The vast majority - 3 074 - were clinics. The aim was to assess all public health facilities according to six criteria so problems could be identified and addressed. Areas of concern emerging from the audit were poor infection control in most facilities (the average countrywide score for "vital" life-or-death indicators was a mere 54 percent) and dismal maintenance of equipment and infrastructure. Almost half the clinics reported never being visited by a doctor, and more than two-thirds could not offer dental care. There are also 56 clinics without running water, 36 without electricity and one-fifth of clinics do not have managers. This is worrying for ordinary South Africans, whose first stop for health services is their local clinic. The audit, which was presented to parliament recently, has for the first time provided the Health Department with baseline information against which future progress can be measured. Ongoing assessments are going to be conducted by inspectors employed by the new Office of Health Standards Compliance. Sadly, the City of Cape Town opted not to take part in the audit despite high-level negotiations, so its 21 primary healthcare facilities were excluded. Apparently the city officials felt that their facilities' audit by the Council of Health Service Accreditation of SA (Cohsasa) was sufficient - although this audit uses entirely different measures.

Many health facilities fared badly in the audit, but this was partly because the criteria were strictly applied, according to Ronel Visser, project leader of the National Health Facilities Audit team. Visser's non-profit organisation, the Health Systems Trust (HST), won the Health Department tender to conduct the audit. The six performance areas were: Availability of medicine and supplies, particularly availability of medicines on the Essential Drugs List and stock control; Cleanliness, particularly in bathrooms, kitchens, laundries and grounds, and whether daily inspections took place; Improved patient safety, including emergency services' response times, physical safety measures to protect patients, and how a facility manages adverse events; Infection prevention and control, including how a facility manages infectious diseases, disposes of waste and monitors infection control; Positive and caring attitudes of staff, including how they interact with patients, if there is a satisfactory mechanism for complaints, if patients have privacy and staff satisfaction; and, waiting times. These six criteria have been defined as "priority areas for patient-centred care" by the Department of Health in its quest to clean up health services. Standards relating to these have been set by the Health Department. The newly formed Office of Health Standards Compliance in the Health Department is going to be the custodian of these standards and will send inspectors to monitor facilities. Facilities fared worst on "positive and caring attitudes", with a countrywide average score of only 30 percent for compliance with vital measures in this area. Clinics scored considerably lower than hospitals on all measures, but were particularly poor when it came

to staff attitudes to patients, with an average score of only 25 percent. The worst staff attitudes towards patients were found in the Northern Cape, where facilities scored a dismal 17 percent, North West (21 percent) and Eastern Cape (22 percent). The average score for patient safety was 34 percent, while the average cleanliness and infection control scores were both 50 percent. On average, facilities scored best on waiting areas, with an average score of 68 percent. The standards were also categorised as vital, essential and developmental, and a facility was expected to achieve 100 percent in the "vital" indicators or it would fail.

Visser said the standards set were new - so the audit was also test-driving them to see whether they worked. They found that in many cases it was not appropriate to expect clinics to have the same standards as hospitals, which is in part why so many of the clinics failed badly. Despite the poor performance, however, Visser said many of the problems were relatively easy to fix. This was a sentiment shared by the director-general of health, Precious Matsoso, who said shortly after briefing MPs about the audit that "some of our people seem to have lost their problem-solving skills". In a bid to sort out some of these relatively minor problems, Matsoso set up Facility Improvement Teams made up of people from head office plus provincial officials, and dispatched them to some of the facilities first audited to sort out problems. As for broken infrastructure - such as pipes, windows and roofs - and furniture, Matsoso has enlisted the help of local FET colleges that train artisans. In the past, the Department of Public Works was charged with fixing such things. From the audit, it is clear that the Northern Cape needs particular attention. The average score for facilities on all priority areas combined was a dismal 40 percent, the lowest in the country. Monitors reported filthy facilities and rude staff in this province. JT Galeshewe district (31 percent) around Kuruman was the worst performing district in the country, while Tshwane (74 percent) was the best. Gauteng scored highest with 69 percent, but many of this province's health facilities are hospitals rather than PHC clinics. KwaZulu-Natal (58 percent), Free State (57 percent) and the Western Cape (57 percent) were neck-and-neck for second place - the Western Cape undoubtedly pulled down by the refusal of Cape Town to take part in the audit as some of its more rural facilities in the Central Karoo and Overberg scored relatively poorly. The Eastern Cape (51 percent), North West (48 percent), Mpumalanga (47 percent) and Limpopo (46 percent) made up the bottom half. While the findings are generally poor, they were not unexpected. Horror stories about public health facilities have been told over a number of years. The National Health Insurance (NHI) scheme is based on healthcare being delivered mainly by primary healthcare facilities, yet clinics in particular scored badly. The audit has delineated clearly the many failings of the public health services and unless these are addressed and regularly assessed, the NHI will flounder and fail.

*Kerry Cullinan: Health-e News Service, 29 April 2013*