

Hospital watchdog lacks power to enforce standards

BABIES sharing incubators and sedated patients left lying unattended on the floors were among grim findings made by the Office of Health Standards Compliance (OHSC), which on Wednesday told Parliament it lacked the legal muscle to force public hospitals and clinics to up their game. The OHSC was established three years ago, but until Health Minister Aaron Motsoaledi promulgates regulations for the norms and standards hospitals and clinics must meet, it cannot take firm action against failing facilities.

The lack of regulations also means the OHSC cannot inspect private healthcare facilities, which are not subject to scrutiny by any independent authority and self-regulate using a variety of international and locally set standards. "Our hands are tied," board member Stuart Whittaker told MPs. Once the regulations became law, the pressure on hospital managers to ensure compliance with the norms and standards would intensify, and they could be prosecuted if they failed to do so.

The OHSC was established in 2013 in terms of the National Health Amendment Act, and is tasked with safeguarding patient safety by monitoring and enforcing standards at healthcare facilities. It is a key aspect of the minister's drive to improve the quality of services provided by the public sector, and a vital part of his plans to introduce National Health Insurance.

On Wednesday the OHSC reported to Parliament on the inspections it conducted in the 2014-15 fiscal year, revealing life-threatening conditions at many hospitals and clinics that highlight the pressing need to improve standards. Acting CEO Bafana Msibi described how an inspection of Mamelodi Hospital found babies sharing incubators and sedated patients lying on the floor of the casualty department. Many hospitals failed even basic cleanliness measures, and inspectors found several hospitals that used the same mop to clean different parts of the facility. "It just spreads infection," he said. The findings have not been made public before.

During the period under review, the OHSC inspected 10% of SA's public healthcare facilities, far short of the 25% target it had set itself. It was unable to inspect more facilities due to resource constraints, it said. Of the 417 facilities it inspected, 358 were clinics, of which 254 failed to score more than 50% on performance measures. The top hospitals among those surveyed were Steve Biko Academic Hospital (93%) in Gauteng, Inkosi Albert Luthuli Central Hospital (89%) in KwaZulu-Natal and Groote Schuur Hospital (88%) in the Western Cape. The worst included De Aar Hospital (37%) in the Northern Cape, Witpoort Hospital in Limpopo (38%) and Zithulele Hospital in the Eastern Cape (40%).

Mr Msibi said one of the most important factors that determined standards at public health facilities was the quality of their management. As an example, he cited Manne Dipico Hospital in the Northern

Cape, which he said scored just 44% on performance measures because its CEO was a theatre scrub nurse who spent most of her time in theatre because the facility was short-staffed. The Department of Health published draft regulations for norms and standards for facilities inspected by the OHSC last February, and gave interested parties three months to comment. At the time, the proposed regulations were criticised for failing to take into account the differences between the public and private sector, which industry sources said rendered them unworkable.

On Wednesday the department's deputy director-general for regulation and compliance, Anban Pillay, said the promulgation of the revised regulations was "imminent". The revised draft regulations were due to be presented to the National Health Council at its next meeting. After that they would be signed off and published by the minister, he said. Dr Pillay said private hospitals had indicated that they would not permit OHSC inspectors to enter their facilities until the regulations were brought into effect.

OHSC board chairman Lizo Mazwai drew attention to repeat inspections, saying these had to date had little effect on many healthcare facilities. If the regulations had been enacted, the OHSC would have the power to close down health facilities, or dysfunctional units within them, he said. Mr Msibi agreed, noting that conditions at Universitas Hospital in Bloemfontein had deteriorated over the course of three different inspections.

By Tamar Khan Business Day