

SA Health Department cracking down on health officials for shoddy care

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Hospitals and clinics in South Africa face audits, and penalties will be applied if they do not meet basic healthcare standards.

This was the warning from Dr Carol Marshall, Director of the National Health Department's Office of Standards Compliance, speaking on behalf of Malebana Precious Matsoso, Director-General of Health in South Africa.

Marshall was addressing a meeting of international healthcare professionals and policy makers attending the launch of the SafeCare Initiative, a global quality think tank that will provide healthcare facilities in resource-restricted settings with a means to improve service delivery.

The new standards regulator, which will have legal authority, is in the process of being established to enforce basic healthcare standards. This regulatory body, which is outlined in a national healthcare amendment bill currently out for public comment ahead of promulgation, will be independent of the National Health Department.

South Africa was not using its resources optimally and managers in healthcare facilities or senior health officials would be held accountable if they were shown to be neglecting their duties and patient safety was compromised, she said.

The National Department of Health has implemented a "standards programme" and was on a renewed mission to enforce its "excellent policies" and ensure that those responsible met the requirements of their job.

Already hospital managers have been sent a booklet reminding them of basic requirements and expectations against which they will be audited. There were no added responsibilities for management only a strong reminder of what their current jobs required.

"We (the National Health Department) are asking ourselves: 'are we making the best use of resources?'" said Marshall. "There are complaints that our hospital and clinic staff are rude and uncaring, hospitals and clinics are dirty and unsafe and patients, even those who are critically ill, wait for hours for treatment and are often turned away. This is unacceptable."

The country's excellent healthcare policies included a Patients' Rights Charter and a large number of standards and guidelines. The failure in the healthcare system was a lack of accountability, said Marshall, both in the management of facilities and in the care of patients. This was exacerbated by a lack of uniform, credible and legitimate compliance procedures that held management accountable and enforced government policy.

"With responsibilities shared among many different people in the system it is difficult to hold people accountable. This means there are never consequences for poor performance and an attitude that 'why should management make any extra effort, if nothing was going to happen?'"

The opposite was also true in that those who were giving their best were never credited.

The country's health authorities had done "a lot of introspection" and there was recognition that there had to be major effort to improve the system, said Marshall.

In a presentation read by Dr Keith Shongwe, Executive Director of Healthcare Policy for the Life Group, on behalf of Dr Olive Shisana, CEO of the Human Sciences Research Council, he said South African health care was being impeded by a

lack of management skills which lead to a host of problems. These included corruption, poor induction and in-service training, a failure of identified deficiencies, a delayed response to quality improvement requirements and poor technology management and ineffective supply chain management systems.

In its 2006 report *Working Together for Health* the World Health Organisation found Africa suffered 24% of the global burden of disease but had access to only 3% of health workers and less than 1% of the world's financial resources - even with loans and grants from abroad.

According to Professor Stuart Whittaker, CEO of COHSASA and first Chair of the SafeCare Initiative, the shortage of qualified personnel and funds and the enormous burden of disease in Africa, particularly in the rural areas, stopped health workers from being effective.

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