

THE ROAD TO COMPREHENSIVE HEALTH CARE

A DETAILED ACCOUNT OF EVENTS LEADING TO THE URBAN RENEWAL OF BRITS HOSPITAL.

In 2001, I was nominated to become the new chairperson of Brits Hospital. This was in conjunction with government policy to start a process of programming hospital boards to replace the former exclusive white only boards. By then, I was chairperson of the Greater Brits health forum, a sub-committee of the Greater Brits Development Forum which latter was transformed to the Greater Brits Investment Group. Brits hospital, for many decades served the white minority of the former conservative town of Brits. It brought with it an insufficient infrastructure of apartheid design and configuration that would be useless for the new democratic dispensation of 1994.

The new District Health System gave emphasis on the ideas of democratic primary health care which is deeply grounded on the notion of community participation and a principle commonly known as Batho Pele (People First). It has certain components that emphasises the value of human rights and patient rights and civil rights in general.

With the new dawn of Democracy, a new customer profile has emerged and after December 2000, local government elections, Brits which later became known as Madibeng has proven to be a vastly expanding area with its semi-rural geographic exposition.

The newly elected hospital board was challenged not only by the Political growth of the town and its social consequences, but also the growing manifestation of the new infections of the HIV-AIDS population, Tuberculosis, Diabetes ,infantile mortality as a result of multiple social factors.

Brits hospital in itself was a problem. It was besieged by internal administration ills of staff shortage, particularly medical staff, old and archaic medical facilities, paradigm shift in terms of new Clientele, (patients),poor filing systems, old laboratories and dilapidated buildings. The rating, as a level one hospital did not satisfy the criteria so Brits hospital remained a glorified health centre. The hardworking staff in the hospital tried hard to cope with the patient load but that has proven to be a nightmare. Resignations by medical staff became the order of the day.

We must also remember that the referral system was also inadequate, i.e. patients would either go to Rustenburg in Bojanala (Provincial hospital in North West) or to the Ga-Rankuwa (Dr. George Mokhari) hospital which according to crazy South African legislation is in Gauteng. One would think that you are referring a patient from your country to the neighbouring country.

Under my leadership as chairperson, I persuaded my board to look into a strategic plan to remedy the ills that are listed. But to be precise, the following were identified as key problem areas at the hospital:-

- Large inequities in Hospital spending, bed availability and staffing levels with the North West public Hospital spending averaging R 303 per capita per annum
- No systematic and consistent quality improvement system still representing the most pressing challenge of the industry.
- Deteriorating capital infrastructure and equipment at level exceeding existing spending on rehabilitation, maintenance and replacement with around 4.5% annually, currently estimated at a backlog of R 1.2 billion per annum nationally.
- General inability to maintain the existing Hospital estate
- Absence of sufficient reliable standardised data on Hospital services at a national service delivery
- Substantial inefficiencies
- Inequitable distribution of services with large variation in quality and equality of services
- Blood transfusion not available on a 24 hour basis in about half of district Hospitals nationally
- Annual maintenance expenditure three times lower than the need
- Medical equipment replacement and maintenance backlog of R 1.02 billion per annum
- Most interventions to date to improve the functioning and efficiency of Hospital have generally been focused on the biggest Hospitals
- Budgeting is still very much informed by prior expenditure which clearly is not aligning with real needs and dynamically changing service areas as the case with Brits area
- General lack of rational and service driven planning at Provincial levels
- Role clarification between National, Provincial and Local Government in terms of researching and directing hospital services is not fully resolved
- An extensive rural population where distances to fully functioning services, are far and expensive.
- Underdeveloped health transport system to support services
- A Growing threat from HIV/AIDS and TB
- Many Hospitals not delivering services according to the expected level definition
- Public perception still not favourable towards the use of Primary Health Care (PHC) as the first point of contact for Healthcare, leaving district Hospitals like Brits, with an undefined and unmanageable case load
- Very limited standardised data on Hospital health outcomes such as peri-natal mortality rates, post operative infection rates etc. making intelligent resource allocation and preventative program planning, virtually impossible
- Current staffing level severely restrict the effective delivery of PHC

Expectations

Within this operating context, the future of Brits Hospital is also being informed by amongst others the following national initiatives:

- **Certificate of Need (CoN)** approach to control licensing of future facilities expected to drive more stringent record keeping and reporting systems
- **Social Health Insurance (SHI)** system to be incorporated as part of the broader social security system paving the way for Hospitals towards improved corporate governance
- **Uniform Patient Fee Schedule (UPFS)** to provide a simplified and efficient mechanism to recoup fees from full-paying customers with a focus on customers treated for Road traffic Accidents and injuries claimed through the Worker's Compensation Fund which will require reliable billing and debtor control systems
- **Retention of revenue** collected at Hospital level is to serve as incentive to hospital Management in order to improve the collection of fees at that level

The five year Health sector Strategic Framework (1999-2004), also suggests the following guidelines:

- Strengthening of the Batho Pele Program
- Operationalisation of National Policy on Quality in Health Care
- Implementation of the Patients Charter of 1999
- Establishment of complaints mechanism and the measurement of patient satisfaction in district Hospital has already been piloted
- Development and Management of clinical management guidelines
- Introduction of peer review and clinical audit of all facilities
- Establishment of Hospital governance structures at all facilities
- The Council for Health Service Accreditation of Southern Africa (COHSASA) conducting quality based accreditation
- Health sector Strategic Framework priorities on the National Planning Framework for rehabilitation of Hospital stock and the decentralisation of hospital management
- Introduction of cost centre management, paving the way for activity based and standard costing systems
- Instituting performance agreements across all hospitals
- Appointment of General Managers and CEO's for increased accountability at hospital level
- Adoption of the District Health system as the vehicle to deliver PHC (Primary Health Care).

Future trends

Clearly, the centralised healthcare provision model is starting to pave the way for more responsive local level service provision around the specific needs and dynamics of regions and their relationship to other healthcare providers. Furthermore, it would seem that there is general appreciation and acceptance for incorporating service demands with facility planning and:

- Incorporation of **demographic shift** in service planning
- Shifting from a Hospital focussed approach towards one of **primary healthcare**
- Focussing and increased use of ambulatory/home based services and day case treatments
- **Medical technology innovations** improving early diagnoses and treatment and reducing “cradle to grave” treatment costs
- Emergence of alternative **operating models** for income recovery
- Ever increasing **public awareness** and service quality expectations
- The introduction of more **rational planning models** and in particular the definition of service delivery systems using business process modelling and engineering techniques to introduce better control and performance management practices in a intergrated fashion
- Finally, GBIG also believes that the time has come for more **innovative partnerships** to increase the capital base (human and physical) through niche market development strategies that will engage organised business, new medical insurance schemes and private customers, and using existing infrastructures to leverage external support.

I would like to indicate that, for four years as Chairperson of the board, I got the support from my colleagues and comrades, who were board members. I also would like to single out two of amazing wonderful state employees, Mrs. Mmule Rakau, who was District Manager for the Madibeng Health Sub District; Assisted by Ms. Tiny Magano, who was Assistant Director within the same district. They helped consolidate the strategic plan and funded it. They supported initiatives to present the plan to the then MEC for Health in North West Province, Dr Molefi Sefularo. The latter an experienced Cadre of the ANC and former militant of the YCW (Young Christian Workers)whom we shared the same liberation struggle values and were conscientised almost in the same period through the YCW. He knew the needs of the community and never hesitated to put the plan through cabinet for approval. The road to Mafikeng for presentations was tiresome and lonely, but the strategic plan for the hospital saw the light at the end of the tunnel. The CEO of the hospital was a young energetic medical doctor, Dr Mphake who accompanied me to Mafikeng and provided enormous assistance with his medical expertise. Countless meetings were held in the tiny hospital board room and many changes were effected there. I should also not forget the role played by the regional manager, Mr Morewane. He also helped to keep the fire burning through contacts with head office in Mafikeng. This was a real community effort.

The hospital became the hive of activity and lots of improvements were initiated through community efforts. One of my board members, Rashida Ghoor, a prominent business woman, who provided unequivocal support, became a powerful voice for rights of children and women also helped to raise money to paint the wards and to recreate the children's ward. With the assistance of Mrs. Peens a very cheerful hospital administrator, things were running for the better in Brits Hospital.

Things were not always easy at the hospital. We were at times accused by some hospital staff, of interfering in the running of the hospital. We kept our community flag upright, preaching patient's rights and universal declaration of human rights. Our "interference" yielded good results. The ambulance services were dramatically improved and staff patient's relations was improved. Unscheduled hospital visits were also done.

Finally the hospital plan was approved by province, to the disappointment of KPMG, who initially were commissioned to do a feasibility study about health facilities in the country. Their findings were to create a less impressive health facility in the form of a "glorified health centre". In a meeting at the Moruleng's old George Stegman hospital, during their presentation, they were surprised by a community driven strategic plan for Brits hospital. The initiative led to other similar plans for Jubilee hospital and for national government to introduce the hospital revitalization plan. It was the same KPMG that later helped to develop a new plan for the hospital. Thanks to their involvement in this province.

I was then appointed to represent the North West Province in a national initiative of making Hospital board Legal entities. I must confess that through my involvement, I was supported by the board of Oukasie Development Trust, who gave a lot of technical expertise and time space to do what I was doing.

We failed nonetheless to rope in our Local government, who thought that the idea was just a pipe dream. I often said to them; you want to lead a sick society, what type of leadership are you? In the last years of my tenure as chairperson, some councillors showed interest, the late Billy Mashao and councillor Victor Mkhabela. I comment you for your interest.

Finally seven years later, Brits hospital is under Construction. A new 200 bed hospital building is underway. The patients are now housed temporarily in the old commando building, which was provided by the Local Madibeng Council. Thanks to the involvement of the Mayor, and her Council.

The road to a comprehensive primary health care has been achieved. Some Clinics around Madibeng are working for 24 hours. A mini hospital is under construction in Letlhabile. The Oukasie maternity clinic is working for 24 hours. Clinics in other parts of Madibeng will finally refer patients to a newly established 200 bed hospital. A plan that was conceived while still chairperson of the Greater Brits Health Forum and of the Brits hospital has been realized.

I also appreciate national government for having recognised the need to fund this initiative. Atleast, we have a caring government that recognised the needs of civil society. This approach has shown the strength and importance of community participation. An approach that can yield good results if planned and supported by the same people that it will benefit.

I would also like to acknowledge my colleagues who served tirelessly with me in the hospital board. Let them also enjoy the fruits of our hard work.

As a life time member of Ashoka and a Social Entrepreneur I like to quote the President of Ashoka Foundation, Bill Drayton, me too will never rest until I have created a network of fishing industries:-

“Social entrepreneurs are not content just to give a fish, or teach how to fish. They will not rest until they have revolutionalized the fishing industry”

Bill Drayton (President of Ashoka Foundation)