Is the solution to some of the country’s healthcare problems in your hands?

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A news headline from the Daily Maverick in April read, “Grim findings after health facilities are inspected”. The article went on to describe the results of inspections of 567 clinics and 51 hospitals around the country. The results were, to say the least, very disappointing, and to be brutally honest, they were both unacceptable and terrifying.

A year ago, SAPA carried an article on the Patients’ Rights Charter. What are those patients’ rights?

Patients’ rights

- The right to a healthy and safe environment
- The right to participate in decision-making
- The right to access to healthcare
- The right to knowledge of one’s health insurance/medical aid scheme
- The right to choose health services
- The right to be treated by a named health care provider
- The right to confidentiality and privacy
- The right to informed consent
- The right to refuse treatment
- The right to be referred for a second opinion
- The right to continuity of care
- The right to complain about health services

How do we protect patients’ rights?

One of the ways in which patients’ rights are protected was the establishment of the Office of Health Standards Compliance (OHSC). Its purpose is to protect the health, safety and well-being of people living in South Africa. The way in which it does this is to inspect healthcare facilities to make sure that they comply with the National Core Standards, which were developed to ensure that the standard of service delivery in any facility throughout the country meets basic quality requirements.

The intention is not to punish the health establishment and its staff. In fact, it can be a powerful way of motivating for the allocation of enough funding to enable the facility to meet the required standards.

National Core Standards

The national core standards (NCS) were developed in order to ensure that no matter what the geographical or socioeconomic situation of a facility is, a consistently high standard of service delivery is attained. The standards can be used for self inspection, in which we determine ourselves whether or not we meet the standards, or for inspection by specially trained and appointed inspectors of the OHSC. Either way, the inspection results are intended to recognise best practices as well as to point out areas that need improvement.

Domains of the NCS

Seven domains that are aligned with healthcare facility management form the basis of the NCS. They are safety, clinical care, governance, patient experience of care, access to care, infrastructure and environment, and public health.

Where do you fit in?

At first glance, it may appear as though this has nothing to do with us as individuals. Certainly, we may say that we’re not part of management of the facility. We may feel that nothing we can do will make a difference.

You are the eyes and ears (and hands) of management

Remember that as a pharmacy technician, a pharmacist’s assistant (post-basic) or a pharmacist’s assistant (basic), you are in touch with the everyday reality of the facility, whether it’s a community or institutional pharmacy, including primary healthcare clinics. You are the one who can best identify problems because you are living in the situation. If patients wait for hours to see the doctor or nurse, or to receive their medicines, you know that because they complain to you. If medicine is out of stock, you will not only know about it, but you’ll hear about it from patients too.

Back to the inspections

When it came to inspection of healthcare facilities during 2015/2016, the OHSC focused on six priority areas.
• Availability of medicines and supplies
• Cleanliness
• Patient and staff safety and security
• Infection prevention and control
• Values and attitudes, including positive and caring attitude
• Waiting times

Do you see how closely these areas are aligned to patients’ rights? Doesn’t every patient have the right to these areas? Are they not generally really basic? Availability of medicines and supplies may be difficult, and certainly we know that the lack of funds may influence what we can supply. But how difficult is it to display a positive and caring attitude? And it doesn’t cost anything!

When the inspections were conducted, a number of ways were used in order to get the information that was needed. Documents were reviewed and analysed, and patient records were assessed. The inspectors observed patient experiences and asked for their opinions. They also asked staff for their opinions.

Where did the clinics do badly?

We’ll use the clinics as an example. Even if you don’t work in a clinic, the basic requirements apply to all healthcare facilities so you will be able to evaluate the patient experience in your own pharmacy.

Bearing in mind that the OHSC’s inspection report for the period 2015/2016 has a number of inaccuracies, it is still possible to form an opinion about the health of the clinics. The overall results were bad enough to horrify the media. Compliance with 80% of standards is deemed to be essential. A score of between 60% and 79% conveys the message that the clinic is still in a developmental phase. So what does less than 60% say about the clinic?

Overall scores, 2015/2016

- Availability of medicines – 45%
- Cleanliness – 40%
- Improve patient safety and security – 41%
- Infection prevention and control – 53%
- Positive and caring attitudes – 50%
- Waiting times – 55%

What can we do about it?

Obviously management must take responsibility for each facility’s performance, but pharmacist’s assistants are able to make a difference.

I have a few thoughts on these areas, but I’d really be interested in hearing about your experience.

If you are working under indirect supervision in a primary healthcare clinic, you will recognise that, although your supervising pharmacist must take responsibility for the dispensary, you are the one who will first notice when stock levels fall. You’ll be able to identify trends in prescribing practices and the influence this will have on your stock levels.

Cleanliness is surely a responsibility that everyone in a pharmacy must share! We may not be able to do much about the consulting rooms in a clinic, or the waiting area, but our own working environment should be kept clean and hygienic. And we cannot rely on a cleaner for that – the responsibility is ultimately ours.

Improvement of patient safety and security is an interesting one. We’re not just talking about the physical safety in a facility. What about the medicines that you provide, and the effect they will have on the patient? (Do you see that this also applies to pharmacist’s assistants working in the private sector? Medicine selection and the accompanying patient counselling are critical there.) If you’re working in a primary healthcare clinic, it is your responsibility to ensure that the prescription complies with the standard treatment guidelines for primary healthcare.

All pharmacist’s assistants must be really careful about dispensing errors – you cannot just sweep them under the carpet in your cleaning frenzy. Remember that our mantra is check, check, then check again. A dispensing error can seriously compromise a patient’s health will also affect your career progression.

When it comes to infection prevention and control, you may feel as though you’re not in a position to contribute to it. Don’t forget that you speak to patients, and you speak to relatives and friends of patients. Use the opportunity to emphasise the importance of simple hygienic procedures like washing of hands. It all adds up to infection prevention.

Waiting times? What can we do about that? By being effective and efficient, but not standing chatting or wasting time. That’s simple. Not so simple are the problems in the process, such as lack of technology or lack of staff. You may not be able to fix those problems, but you can identify them and bring them to the attention of your supervising pharmacist.

I left the positive and caring attitudes until last. I found it hard to believe that only 50% of the staff inspected displayed positive and caring attitudes. I’ve met many pharmacist’s assistants, and I know that it isn’t always possible to be a ray of sunshine. Adverse working conditions, hostile patients, difficult bosses – they all contribute to our attitude to and at work. BUT ... in my experience, most pharmacist’s assistants and pharmacists that I’ve met have been sincere and caring people. They must be to do the work that they do. Now we just need to find a way of infecting the others with the same positive and caring attitudes.